Trip # B-6

STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

ELECTRONIC STD. 262 (REV. 04/95)

*See Instructions and *Privacy Statement On Reverse Side*

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CLAIMANT'S NAME	SSAN OR EMPLOYEE NUMBER*	DEPARTMENT
Matthew R. Bettenhausen		California Emergency Management Ag

POSITION	CB/ID NUMBER	DIVISION OR BUREAU	INDEX NUMBER
Acting Secretary	E99	Executive	

RESIDENCE*	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
	3650 Schriever Ave.	916-324-8908

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
	CA		Mather	CA	95655

(1) MONTH/YEAR: July 2009

(2) DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS: BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	(6) INCIDEN-TALS	(7) TRANSPORTATION: (A) COST OF TRANS.	(B) TYPE USED	(C) CAREFARE TOLLS, PARKING	(D) PRIVATE CAR USE: MILES	AMOUNT	(8) BUSINESS EXPENSE	(9) TOTAL EXPENSE FOR DAY
6-Jul	6:00	Sacramento to DC	$ 188.93	$ 6.00	$ 10.00	$ 18.00			T SC A	~~$ 73.00~~ 9.00				$ ~~295.93~~ 291.93
7-Jul		DC	$ 188.93	$ 6.00	$ 10.00	$ 18.00	$ 6.00							$ 228.93
8-Jul		DC	$ 188.93	$ 6.00	$ 10.00	$ 18.00	$ 6.00		T	$ 20.00				$ 248.93
9-Jul	0:20	DC to Sacramento		$ 6.00	$ 10.00	$ 18.00	$ 6.00		A SC	~~$ 43.00~~ 9.00				$ ~~53.00~~ 49.00
(10) SUBTOTALS			$ 566.79	$ 24.00	$ 40.00	$ 72.00	$ 18.00			~~$ 106.00~~ 98.00				$ ~~826.79~~ 818.79
COLUMN CODE (ACCTG. USE ONLY)														

ACCOUNTING RECEIVED 10 JAN -7 AM 11:45

CLAIM TOTAL $ ~~826.79~~ 818.79

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attached receipts/voucher when required)

Attend National Homeland Security meeting; National H1N1 Flu Summit; press interviews

(12) NORMAL WORK HOURS: 9:00 - 6:00

(13) PRIVATE VEHICLE LICENSE NUMBER:

(14) MILEAGE RATE CLAIMED: 48.5¢/Mile

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California.

If a privately owned vehicle was used, and if milage rates exceed the minimun rate, I certify the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CL → DATE

(1 AUTHORIZED APPROVING → DATE 1/5/2010

(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See item 17 on reverse) → DATE