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
Sacramento	CA	95833	Mather	CA	95655

(1) MONTH/YEAR: August 2009

(2) DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS: BREAKFAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	(6) INCIDENTALS	(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
12-Aug	18:30	Sacramento to L.A.	$ 125.47						SC A RC	$ 2.25				$ 127.72
13-Aug		L.A. to San Diego	$ 122.63	$ 6.00	$ 10.00	$ 18.00	$ 6.00		R					$ 162.63
14-Aug	20:20	San Diego to Sacramento		$ 6.00	$ 10.00	$ 18.00	$ 6.00	$ 21.28	A R SC	22.00 ~~$ 34.00~~				$ 83.28 ~~$ 95.28~~
29-Aug	15:15	Sacramento to L.A.	$ 121.10			$ 18.00			R	$ 14.00				$ 153.10
30-Aug	16:00	L.A. to Sacramento		$ 6.00	$ 10.00		$ 6.00	$ 7.79	A R SC	11.00 ~~$ 17.00~~				$ 40.79 ~~$ 46.79~~
31-Aug	16:40	Sacramento to L.A.	$ 143.19						SC R					$ 143.19
1-Sep		So. CA	$ 121.10	$ 6.00	$ 10.00	$ 18.00	$ 6.00	$ 25.58	R					$ 186.68
2-Sep	12:00	L.A. to Sacramento		$ 6.00	$ 10.00				R A SC	$ 18.00				$ 34.00
(10) SUBTOTALS			$ 633.49	$ 30.00	$ 50.00	$ 72.00	$ 24.00	$ 54.65		67.25 ~~$ 85.25~~				931.39 ~~$ 949.39~~
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL														931.39 ~~$ 949.39~~

ACCOUNTING RECEIVED 10 MAR -3 PM 3:31

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

8/13: Speak at Grand Opening of City of L.A. New Emergency Operations Center

8/14: Attend Navy's Change of Command Ceremony

8/30: Travel due to Fires.

8/12: Meter parking fee for H1N1 meeting with HHSA

(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 Section 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE → Matthew Bettenhausen — DATE

16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT → Yvonne E. McCabe — DATE 3/2/2010

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