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: Matthew R. Bettenhausen		SSAN OR EMPLOYEE NUMBER*	DEPARTMENT: California Emergency Management Ag
POSITION: Secretary	CB/ID NUMBER: E99	DIVISION OR BUREAU: Executive	INDEX NUMBER
RESIDENCE*		HEADQUARTERS ADDRESS: 3650 Schriever Ave.	TELEPHONE NUMBER: 916-324-8908
CITY	STATE: CA	ZIP CODE: 95833	CITY: Mather · STATE: CA · ZIP CODE: 95655

(1) MONTH/YEAR: February 2010

(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
8-Feb	18:30	Sacramento to San Francisco	$ 161.83						PC	$ ~~61.00~~ 57.00 4.00				$ 222.83
9-Feb		San Francisco	$ 161.83	$ 6.00	$ 10.00	$ 18.00	$ 6.00		T PC	$ ~~67.00~~ 57.00 10.25				$ 268.83
10-Feb	14:30	San Francisco to Sacramento		$ 6.00	$ 10.00						Round Trip 183	$ 87.84		$ 103.84
10-Feb	19:00	Sacramento to L.A.	$ 125.50											$ 125.50
11-Feb	18:30	L.A. to Sacramento		$ 6.00	$ 10.00			$ 9.50	RC	$ ~~39.00~~ 30.00 9.00			$ 11.86	$ 76.36
19-Feb	11:10-21:00	Sac to Orange Co. and return				$ 18.00			PC	$ 9.00	21	$ 7.14		$ 34.14
28-Feb	9:30	Sacramento to San Jose	$ 153.48			$ 18.00			SC	$ 6.00				$ 177.48
1-Mar	19:15	San Jose to Sacramento		$ 6.00	$ 10.00	$ 18.00	$ 6.00		SC	$ 20.00				$ 60.00
(10) SUBTOTALS			$ 602.64	$ 24.00	$ 40.00	$ 72.00	$ 12.00	$ 9.50		$ 202.00	204	94.98	$ 11.86	$ 1,068.98

COLUMN CODE (ACCTG. USE ONLY)

ACCOUNTING RECEIVED 10 MAR 22 AM 1:41

CLAIM TOTAL $ 1,068.98

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

2/8-10: Participate in IQT Summit.

2/11: Participate in Preparedness/First Responder Event for USAR Team

2/19: Participate in Human Trafficking press event with Assemblymember Sanchez

2/28: Present at CSSA Board of Directors meeting

3/1: Tour of USGS facility

(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 minimum rate, I certify the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the [illegible] CAM Section 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

DATE 3/16/2010

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

DATE

F-226

STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

ELECTRONIC STD. 262 (REV. 04/95)

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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
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: February 2010

(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
21-Feb	13:30	Sacramento to Louisiana	$ 153.29			$ 18.00								$ 171.29
22-Feb		Louisiana	$ 153.29	$ 6.00	$ 10.00	$ 18.00	$ 6.00							$ 193.29
23-Feb		Louisiana	$ 153.29	$ 6.00	$ 10.00	$ 18.00	$ 6.00							$ 193.29
24-Feb		Louisiana	$ 153.29	$ 6.00	$ 10.00	$ 18.00	$ 6.00		T	$ 12.00				$ 205.29
25-Feb	20:50	Louisiana to Sacramento		$ 6.00	$ 10.00	$ 18.00	$ 6.00		T SC	$ ~~49.00~~ 36.00 13.00				$ 89.00
(10) SUBTOTALS			$ 613.16	$ 24.00	$ 40.00	$ 90.00	$ 24.00			$ 61.00				$ 852.16

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL $ 852.16

ACCOUNTING RECEIVED 10 MAR 22 PM 1:41

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

F-226
National Fusion Center Conference

(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

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CLA

DATE 9/16/2010

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

DATE