STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

STD. 262 - CCC (REV 2/96)

*See Instructions and *Privacy Statement On Reverse Side*

Page 1 of 1 Pages

CLAIMANT'S NAME: David N. Muraki		SSAN OR EMPLOYEE NUMBER*: [redacted]	DEPARTMENT: California Conservation Corps
POSITION: Director	Rep/Non Rep (R/NR): Exempt	DIVISION OR BUREAU: California Conservation Corps	INDEX NUMBER: 1100
RESIDENCE ADDRESS*: [redacted]		HEADQUARTERS ADDRESS: 1719 24th Street	YOUR Office Phone No.: 341-3207
CITY: [redacted]	STATE: [redacted] ZIP CODE: [redacted]	CITY: Sacramento	STATE: CA ZIP CODE: 95816

(1) MONTH/YEAR Jan/Feb/Mar 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) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	AMOUNT	(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
1/6/09		Sacramento								8.25				8.25
2/3/09		Sacramento								9.00				9.00
2/18/09		Sacramento								12.00				12.00
3/12/09		Sacramento								6.00				6.00
3/18/09	0500	Lincoln to Holtville	82.08	6.00	10.00	18.00					45	24.75		140.83
3/19/09	2100	Holtville to Lincoln		6.00	10.00	18.00	6.00			30.00	45	24.75		94.75
(10) SUBTOTALS			82.08	12.00	20.00	36.00	6.00			65.25		49.50		270.83
COLUMN CODE AMOUNTS (ACCTG. USE ONLY)							156.08			65.25		49.5		
COLUMN CODES (ACCTG. USE ONLY)							2420			308		296		
CLAIM TOTAL											PCA code: 93000		$	270.83

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

1/6, 2/3, 2/18 & 3/12: Parking for meetings downtown

3/18-19: CA Biodiversity Council meeting in Holtville

(12) NORMAL WORK HOURS: 0800 to 1700

(13) PRIVATE VEHICLE LICENSE NUMBER: 8P26775

(14) MILEAGE RATE CLAIMED: 0.55

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 mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal [redacted] met the requirements prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to

CLAIM [redacted] DATE 3/25/09 (16) [redacted] PAYMENT DATE 3/26/09

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