STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 2/10/2009)

*See Instructions and *Privacy Statement on Reverse Side*

CLAIMANT'S NAME	SSAN OR EMPLOYEE NUMBER*	DEPARTMENT
Lloyd Throne		Community Services and Development

POSITION	CB/ID NO.	DIVISION OR BUREAU	INDEX NUMBER / PCA
Director		Executive	0100-50010

RESIDENCE ADDRESS*	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
[redacted]	2389 Gateway Oaks Drive, Ste. 100	

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[redacted]	[redacted]		Sacramento,	CA	95833

(1) MONTH / YEAR 7-8-9-[redacted]/09 (2) DATE	TIME	(3) LOCATION Where Expenses Were Incurred	(4) LODGING	(5) MEALS Break-fast	Lunch	O.T., L.T, N/C, Reto. 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
7/1	1300-1400	Sacramento							PC	10.00	3	1.65		$11.65
7/16	1100-1500	Sacramento							PC	10.00	3	1.65		$11.65
7/22	1000-1130	Sacramento							PC	10.00	3	1.65		$11.65
8/17	1500-1600	Sacramento							PC	10.00	3	1.65		$11.65
8/19	1500-1530	Sacramento							PC	6.00	3	1.65		$7.65
8/25	1350-1530	Sacramento							PC	12.00	3	1.65		$13.65
9/2	1500-1900	Sacramento to Watsonville	92.40			18.00		28.68	SC	4.00		0.00		143.08 ~~$144.40~~
9/3	0600-1900	Watsonville to Sacramento				18.00			SC			0.00		$18.00
9/21	1200-1400	Sacramento							PC	7.50	3	1.65		$9.15
												0.00		$0.00
												0.00		$0.00
(10) SUBTOTALS			92.40	0.00	0.00	36.00	0.00	28.68 ~~0.00~~		69.50	21	11.55	0.00	238.13 ~~$209.45~~
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													$	238.13 ~~209.45~~

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

7-1 & 8-17 - Meeting @ agency - Lost parking receipts

7-16 & 9-21 - Meeting with Directors - Lost 7-16 parking receipt

7-22 - Cal/Neva Meeting - Lost parking receipt

8-19 - Inspector General

8-25 - Hearing at Capitol

9-2 & 9-3 - Speaker at CCES - $4.00 Benicia Bridge Toll - only collect one way

9-2 - Cost of transportation - gas for state car - personal credit card

(12) NORMAL WORK HOURS: 0800-1700

(13) PRIVATE VEHICLE LICENSE #: ADIOSLT

(14) MILEAGE RATE CLAIMED: 0.550

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER: 312-159526

(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 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.

CLAIMANT'S SIGNATURE >> [redacted] DATE 12-3-09

(16) SIGNATURE OF APPROVING TRAVEL AND PAYMENT >> [redacted] DATE 12/3/09

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE AND TITLE 9 *(See Item 17 on reverse)* >> DATE