STATE OF CALIFORNIA
TRAVEL EXPENSE CLAIM
STD. 262 (REV. 10/92)

Traveler Count Code: ORIGINAL

See Instructions and *Privacy Statement on Reverse Side

STAFF

BK Trip? ○ YES ○ NO

Page ____ of ____ Pages

CLAIMANT'S NAME: Karen Baker	Fiscal Year 2008-2009 2008TEC1767	SSN OR EMPLOYEE NUMBER*: 269-52-5702	DEPARTMENT: OPR
POSITION: Secretary of Volunteering and	CB/ID NO.: EXEMPT	DIVISION OR BUREAU: CaliforniaVolunteers	PCA #: 21401
RESIDENCE ADDRESS*: 971 Castec Dr.		HEADQUARTERS ADDRESS: 1110 K Street Suite 210	TELEPHONE NUMBER: 916-323-7646
CITY: Sacramento STATE: CA ZIP CODE: 95864		CITY: Sacramento STATE: CA ZIP CODE: 95814	

(1) MONTH/YEAR Oct 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) INCIDENT-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
												$0.00		$0.00
10/8	0430 1530	Sac/Ontario/Sac			~~$10.00~~ 0					$9.00	36	$19.80		~~$38.80~~ 28.80
												$0.00		$0.00
												$0.00		$0.00
												$0.00		$0.00
												$0.00		$0.00
												$0.00		$0.00
												$0.00		$0.00
												$0.00		$0.00
												$0.00		$0.00
												$0.00		$0.00
												$0.00		$0.00
												$0.00		$0
(10) SUBTOTALS					~~$10.00~~ 0					$9.00	$36	19.8		~~$38.80~~ 28.80

RECEIVED
OCT 21 2009
OFFICE OF PLANNING & RESEARCH
ADMINISTRATIVE SERVICES

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL $28.80 ~~$38.80~~

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

Attended Riverside Op Area Disaster Corps Presentation

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER: 4ybd289

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER: $0.55

THEREBY 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 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.

(15) CLAIMANT'S SIGNATURE: Karen Baker DATE: 10/19/09

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT: Karen B. Engate DATE: 10-20-09

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse) DATE