STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 10/92)

*See Instructions and *Privacy Statement on Reverse Side*

Traveler ID | Unit Code 210 | ORIGINAL | STAFF

BK Trip? ○ YES ○ NO

Page _____ of _____ Pages

CLAIMANT'S NAME: Karen Baker	Fiscal Year: 2008-2009	2008TEC1754	SSN OR EMPLOYEE NUMBER*: 269-52-5702	DEPARTMENT: OPR
POSITION: Secretary of Volunteering and	CB/ID NO.: EXEMPT	DIVISION OR BUREAU: CaliforniaVolunteers	PCA #: 11100
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: Sep 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
9/4	7:30 15:30	Sac/Riverside/Sac						$307.20		$9.00	36	$19.80		$336.00
												$0.00		$0.00
												$0.00		$0.00
												$0.00		$0.00
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												$0.00		$0.00
												$0.00		$0.00
												$0.00		$0
(10) SUBTOTALS								$307.20		$9.00	$36	19.8		$336.00

RECEIVED SEP 21 2009 OFFICE OF PLANNING & RESEARCH ADMINISTRATIVE SERVICES

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL $ $336.00

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

Riverside Press Event re: Fire and Disaster Recovery

(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 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.

(15) CLAIMANT'S SIGNATURE: Karen Baker | DATE: 9/18/09 | (16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT: Karen B. Espe | DATE: 9.21.09

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