STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

ELECTRONIC STD. 262 (REV. 04/95)

*See Instructions and *Privacy Statement On Reverse Side*

OST F-212

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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
Sacramento	CA	95833	Mather	CA	95655

(1) MONTH/YEAR July 2009		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSE FOR DAY
(2) DATE	TIME			BREAKFAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CAREFARE TOLLS, PARKING	(D) PRIVATE CAR USE MILES	(D) PRIVATE CAR USE AMOUNT		
27-Jul	6:00	SMF to MD		$ 6.00	$ 10.00	$ 18.00				$ 4.00				$ 38.00
28-Jul		Maryland		$ 6.00	$ 10.00	$ 18.00	$ 6.00							$ 40.00
29-Jul		Maryland		$ 6.00	$ 10.00	$ 18.00	$ 6.00							$ 40.00
30-Jul		Maryland to Chicago		$ 6.00	$ 10.00	$ 18.00	$ 6.00	$ 13.05	RC					$ 53.05
31-Jul		Chicago		$ 6.00	$ 10.00	$ 18.00	$ 6.00			$ 10.00				$ 50.00
1-Aug		Chicago		$ 6.00	$ 10.00	$ 18.00	$ 6.00	~~$ 37.28~~	~~PC~~					$ ~~77.28~~ 40.00
2-Aug	17:00	Chicago						~~$ 41.08~~	~~PC~~					$ ~~41.08~~
3-Aug		Chicago to DC												
4-Aug		DC to Chicago												
5-Aug		Chicago												
6-Aug		Chicago												
7-Aug		Chicago												
8-Aug		Chicago												
9-Aug		Chicago to Sacramento								~~$ 51.00~~ 36.00				$ ~~51.00~~ 36.00
(10) SUBTOTALS				$ 36.00	$ 60.00	$ 108.00	$ 30.00	~~$ 91.41~~ 13.05		$ 65.00				$ ~~390.41~~ 297.05
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL														~~$ 390.41~~ 297.05

ACCOUNTING RECEIVED 10 MAY 11 AM 9:51

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

7/27-30/09: Attend EMI State Director's Training.

7/31-8/1: National Security Threats in Cyberspace

8/3-4: Travel to DC for HSAS meeting. No claim to Cal EMA.

8/5-9: Personal time.

(12) NORMAL WORK HOURS: 9:00 - 6:00

(13) PRIVATE VEHICLE LICENSE NUMBER: Illinois Plate 7FF

(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 ma[illegible] to SAM Section 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE DATE

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT — DATE 5/6/10

(17) SIGNATURE AND TITLE [illegible] FOR SPECIAL EXPENSES (See item 17 on reverse) — DATE