OCT Ind. Trip Req

STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

ELECTRONIC STD. 262 (REV. 04/95)

*See Instructions and *Privacy Statement On Reverse Side*

Page ___ of ___ Pages

CLAIMANT'S NAME: Matthew R. Bettenhausen		SSAN OR EMPLOYEE NUMBER*	DEPARTMENT: California Emergency Management A
POSITION: Secretary	CB/ID NUMBER: E99	DIVISION OR BUREAU: Executive	INDEX NUMBER:
RESIDENCE*		HEADQUARTERS ADDRESS: 3650 Schriever Ave.	TELEPHONE NUMBER: 916-324-8908
CITY: Sacramento	STATE: CA	ZIP CODE: 95833	CITY: Mather / STATE: CA / ZIP CODE: 95655

(1) MONTH/YEAR: April 2010		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS		(6)	(7) TRANSPORTATION					(8)	(9)
(2) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	INCIDEN-TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CAREFARE TOLLS, PARKING	(D) PRIVATE CAR USE: MILES	(D) PRIVATE CAR USE: AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSE FOR DAY
3-Apr	12:40	Sacramento to Santiago, Chile				$ 18.00								$ 18.00
4-Apr		Chile		$ 15.00	$ 25.00	$ 40.00	$ 19.00						$ 130.00	$ 229.00
5-Apr		Chile		$ 15.00	$ 25.00	$ 40.00	$ 19.00							$ 99.00
6-Apr		Chile		$ 15.00	$ 25.00	$ 40.00	$ 19.00							$ 99.00
7-Apr		Chile		$ 15.00	$ 25.00	$ 40.00	$ 19.00							$ 99.00
8-Apr	12:10	Chile to Sacramento		$ 6.00						$ 45.00				$ 51.00
(10) SUBTOTALS				$ 66.00	100.00 ######	$ 178.00	$ 76.00			$ 45.00			$ 130.00	$ 595.00
COLUMN CODE (ACCTG. USE ONLY)														

ACCOUNTING RECEIVED 10 MAY 1 AM 9:52

CLAIM TOTAL $ 595.00

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

Meet with Chilean government and speak at "The Reconstruction of Chile" seminar regarding his experience in Natural disasters and recovery.
- Business Expense - Fee for VISA to enter Chile

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

(13) PRIVATE VEHICLE LICENSE NUMBER:

(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 mileage rates exceed the minimun rate, I certify the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements prescribed by SAM Section 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE — DATE 4/30/10

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT — DATE 5/5/2010.

(17) SIGNATURE AND TITLE OF AUTH (See item 17 on reverse) — DATE 5/6/10