STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 6/93)

Page 1 of 1 pages

CLAIMANT'S NAME	SSAN OR EMPLOYEE NUMBER	DEPARTMENT
Anthony P. Sauer		Rehabilitation

	CBID NUMBER	DIVISION OR BUREAU	
813-001-9785-001	E99	Director's Office	

HEADQUARTERS ADDRESS	TELEPHONE NUMBER
721 Capitol Mall	(916) 558-5800

CITY	STATE	ZIP CODE
Sacramento	CA	95814

MONTH	(1) YEAR	(3) LOCATION	(4)	(5) MEALS			(6)	(7) TRANSPORTATION					(8)	(9)
Sept	2009							(A)	(B)	(C) TOLLS,	(D)			TOTAL
(2) DAY	TIME	WHERE EXPENSES WERE INCURRED	LODGING	BREAK-FAST	LUNCH	O.T., L/T N/C, RELO, DINNER	INCIDEN-TALS	COST OF TRANS.	TYPE USED	CARFARE, PARKING	PRIVATE CAR USE MILES	AMOUNT	BUSINESS EXPENSE	EXPENSES FOR DAY
23	800	Sac to Fresno	94.08		10.00	18.00	6	SC				0.00		128.09
24		Western Region Disability Conference	94.08	6.00	10.00	18.00	6.00					0.00		134.08
25		Center for Independent Living Event	94.08	6.00		18.00	6.00					0.00		124.08
26	1130	Fresno to Sac		6.00								0.00		6.00
												0.00		0.00
												0.00		0.00
(10) SUBTOTALS			282.24	18.00	20.00	54.00	18.00	0.00		0.00	0	0.00	0.00	392.25
CLAIM CODE (ACCTG. USE ONLY)														

CLAIM TOTAL $ 392.25

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

Director's Office 001 - Presenter at the Western Region Disability Conference and guest speaker at the Center for Independent Living Event

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED $0.550

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 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	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
> Original signed by Anthony Sauer		> Original signed by Luciana Profaca	

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

>