STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

TRAVEL EXPENSE CLAIM

FA-0302 (REV 1/2008) Front CT #7541-0620-9

PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principle purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your IPA Officer.

See Instructions On Reverse Side

CLAIMANT'S NAME *(First, Mi, Last)*		CALTRANS EMPLOYEE ID NUMBER	CONTACT PHONE NUMBER
Will Kempton		[redacted]	(916) 654-5267
POSITION TITLE	B.U./M.D.	NUMERIC DIST/UNIT *(For Check to Be Sent)*	ALTERNATE PHONE NUMBER
Director	M	85/100	(916) 654-6130
CLAIMANT'S HOME ADDRESS		HEADQUARTERS ADDRESS	M.S.
[redacted]		1120 N Street	49
CITY / STATE / ZIP CODE		CITY / STATE / ZIP CODE	
[redacted]		Sacramento / CA / 95814	

(1) MONTH/YEAR April 2009		(3) LOCATION	(4)	(5) MEALS			(6)	(7) TRANSPORTATION						(8)	(9)
(2) DATE	TIME	Where Expenses Were Incurred	LODGING	BREAK-FAST	LUNCH	O.T. L/T OR DINNER	INCIDEN-TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE TOLLS, PARKING		(D) PRIVATE CAR USE MILES	(D) PRIVATE CAR USE AMOUNT	BUSINESS EXPENSE (Box 18)	TOTAL EXPENSE FOR DAY
21	0724 2053	Sacto-LA-Sacto							SC	P	15.00				15.00
26	1716 2118	Sacramento							SC	P	7.00				7.00
27	0819 1646	Sacramento							SC	P	15.00				15.00
28	0806 1013	Sacramento							SC	P	6.50				6.50
(10)		SUBTOTALS									43.50				43.50

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

4/21/09 attended the Grand Opening of the Ronald Regan Freeway in Simi Valley, 4/26/09, 4/27/09 and 4/28/09 attended WASHTO events in Downtown Sacramento.

Claim Total $ 43.50

(12) NORMAL WORK HOURS	T. CODE	SOURCE DIST	SOURCE UNIT	CHG DIST	EXP. AUTH.	SUBJOB	SPECIAL DESIGNATION	FA	AGCY. OBJ.	AMOUNT	FY	MSA CODE
0800-1700												
(13) WORK SCHEDULE		85	001	85	961010			7	001	$43.50	08/09	
M-F		85	001	85	961010			7	010			
(14) PRIVATE VEHICLE LICENSE #												
[redacted]												
(15) MILEAGE RATE CLAIMED												
.55												

I HEREBY CERTIFY that the above line 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.

(16) CLAIMANT'S SIGNATURE [redacted]		DATE 04/29/09
(17) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [redacted]	PRINT NAME Srikanth Balasubramanian	DATE 04/29/09
(18) SIGNATURE AND TITLE OF AUTHORITY FOR BUSINESS EXPENSES EXCEEDING $25.00	PRINT NAME	DATE

NOTE: ORIGINAL TEC AND RECEIPTS PLUS ONE COPY MUST BE SENT TO ACCOUNTING

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CLAIMANT'S NAME *(First, Mi, Last)*		CALTRANS EMPLOYEE ID NUMBER	CONTACT PHONE NUMBER
Will Kempton		[redacted]	(916) 654-5267
POSITION TITLE	B.U./M.D.	NUMERIC DIST/UNIT *(For Check to Be Sent)*	ALTERNATE PHONE NUMBER
Director	M	85/100	(916) 654-6130

CLAIMANT'S HOME ADDRESS			HEADQUARTERS ADDRESS		M.S.
[redacted]			1120 N Street		49
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[redacted]			Sacramento	CA	95814

(1) MONTH/YEAR May 2009		(3) LOCATION	(4)	(5) MEALS			(6)	(7) TRANSPORTATION					(8)	(9)
(2) DATE	TIME	Where Expenses Were Incurred	LODGING	BREAK-FAST	LUNCH	O.T., L/T. OR DINNER	INCIDEN-TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE TOLLS, PARKING	(D) PRIVATE CAR USE MILES	(D) PRIVATE CAR USE AMOUNT	BUSINESS EXPENSE (Box 18)	TOTAL EXPENSE FOR DAY
16	0400	Sacramento to Pennsylvania	264.60	6.00	10.00	18.00			RC	T	6.90	30	16.50		322.00
17		Pennsylvania	264.60					6.00		T	27.94				298.54
18	2230	Pennsylvania to Sacramento					18.00	6.00	RC	P	39.00	30	16.50		79.50
(10)		SUBTOTALS	529.20	6.00	10.00	18.00	18.00	12.00			73.84	60	33.00		700.04

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

Attended the AASHTO Spring Conference in Bedford, Pennsylvania May 16-18, 2009.

Claim Total $ 700.04

(12) NORMAL WORK HOURS	T. CODE	SOURCE DIST	SOURCE UNIT	CHG DIST	EXP. AUTH.	SUBJOB	SPECIAL DESIGNATION	FA	AGCY. OBJ.	AMOUNT	FY	MSA CODE
0800-1700		85	001	85	961010			7	001	$73.94	08/09	
(13) WORK SCHEDULE		85	001	85	961010			7	010	$33.00	08/09	
M-F		85	001	85	961010			7	021	$593.14	08/09	
(14) PRIVATE VEHICLE LICENSE #												
[redacted]												
(15) MILEAGE RATE CLAIMED												
.55												

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(16) CLAIMANT'S SIGNATURE		DATE
[redacted]		05/22/2009
(17) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	PRINT NAME	DATE
[redacted]	Srikanth Balasubramanian	05/22/2009
(18) SIGNATURE AND TITLE OF AUTHORITY FOR BUSINESS EXPENSES EXCEEDING $25.00	PRINT NAME	DATE

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