12/30/09 SW

STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

STD. 262 A (REV.6/2000c)

*See Instructions and *Privacy Statement On Reverse Side*

Page of Pages

CLAIMANT'S NAME	SSAN OR EMPLOYEE NUMBER*	DEPARTMENT
Maziar Movassaghi	[redacted]	Toxic Substances Control

POSITION	CB/ID NUMBER	DIVISION OR BUREAU	INDEX NUMBER
Acting Director	NR	Executive Office	5000

RESIDENCE ADDRESS*	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
[redacted]	1001 I Street	916-322-0504

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[redacted]			Sacramento	CA	95814

(1) MONTH/YEAR: Nov 2009

(2) DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS BREAK-FAST	LUNCH	(6) O.T., L/T, N/C, RELO. DINNER	INCIDEN-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
11/4	18:00	Residence to San Diego	124.96						SC/A	28.00				152.96
11/5		Speaker - Pfizer Annual Green Chemistry Symposium & Competition - Tour							RC					
11/5		Pfizer Laboratory	124.96	6.00	N/A	18.00				28.00				176.96
11/6		San Diego to Santa Monica held at Sheraton Delfina							RC					
11/6		Speaker - Los Angeles County Bar Assocciation- Environmental Law Fall Symposium												
11/6	20:10	Los Angeles to Residence		6.00	10.00	18.00	6.00	27.13	A/SC	22.00				89.13
11/11	16:50	Residence to Orange County	95.00			N/A			SC/A	9.00				104.00
		Attend Quarterly BRAG* Meeting in Cypress Office - AM							RC					
11/12	17:45	Orange County to Residence		~~6.00~~	10.00			10.84	A/SC					20.84 ~~26.84~~
11/30	07:50	Residence to San Diego												
		Ocean Protection Council Meeting and Panel Presentation												
11/30	21:12	San Diego to Residence				18.00		9.71		9.00				36.71
(10)		SUBTOTALS	344.92	~~18.00~~ 12.00	20.00	54.00	6.00	47.68		96.00				580.60 ~~586.60~~
		CLAIM TOTAL												580.60 ~~$586.60~~

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

A (Air) RC (Rental) SC (State Car) *BRAG (Brownfields Revitalization Advisory Group)

(12) NORMAL WORK HOURS: 8:00 am - 5:00 pm

(13) PRIVATE VEHICLE LICENSE No.: [redacted]

(14) MILEAGE RATE CLAIMED: /mile

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REV. FUND CHECK No. 121-127595

PCA	PROJECT	WORK PHASE	OBJ AO	AMOUNT	OBJ AO	AMOUNT	OBJ AO	AMOUNT	OBJ AO	AMOUNT	TOTAL
95080			292	~~442.92~~ 436.92	295	96.00	525.20	47.68			~~$586.60~~ 580.60
				436.92							580.60
	TOTALS			~~442.92~~		96.00		47.68			~~$586.60~~

Meal Reportable

(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.

[redacted] DATE 12/17/09

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [redacted] DATE 12/29/09

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