STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

STD. 262 (Rev. 9-91)

See Instructions and Privacy Statement On Reverse Side

Page ___ of ___ Pages

EMPLOYEE NAME: Endsley, Debbie		SSAN OR EMPLOYEE NUMBER	DEPARTMENT: CalPERS
STATION	CBID NUMBER	DIVISION OR BUREAU: EXEO	INDEX NUMBER
RESIDENCE ADDRESS: [redacted]		HEADQUARTERS ADDRESS: 400 Q St.	TELEPHONE NUMBER
CITY: [redacted] STATE: [redacted] ZIP CODE: [redacted]		CITY: Sacramento STATE: CA ZIP CODE: 95814	

MONTH/YEAR: Feb 10		(3) LOCATION	(4)	(5) MEALS			(6)	(7) TRANSPORTATION					(8)	(9)
DATE	TIME	WHERE EXPENSES WERE INCURRED	LODGING	BREAK-FAST	LUNCH	O.T., L/T N/C, REL0. DINNER	INCIDEN-TALS	(A) COST OF TRANS	(B) TYPE USED	(C) TOLLS, CARFARE PARKING	(D) PRIVATE CAR USE MILES	(D) PRIVATE CAR USE AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
11	16:00	Los Angeles, CA	125.40			18.00			p,t	35.00				178.40
12	19:00	"		0.00	10.00	18.00	6.00		p,t	35.00				69.00
		Purpose: Attend Public Retirement Seminar.												
(10) SUBTOTALS			125.40	0.00	10.00	36.00	6.00			70.00				247.40

CLAIM CODE (ACCTG. USE ONLY)

CLAIM TOTAL $ 247.40

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

Reason:

(4) Lodging 2/11 $125.40 paid by personal cc.

(5) '0.00' Indicates meal provided

(7) Parking 2/11 $11.00 & 2/12 $11.00 paid by cash. Taxi 2/11 $20.00 & 2/12 $20.00 paid by cash.

(8)

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED: 0.5

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY (1) that this account is a true statement of the traveling expenses incurred by me in accordance with DPA rules and the service rules of the State of California. (2) that privately owned vehicles used in business are not used at rates exceed the minimum rate. I certify that the cost of operating the vehicle is equal to or greater than the rate claimed, and that I have the required statutory insurance. (3) SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT > [redacted] DATE 2/16/10 [redacted] PAYMENT DATE 3/4/10

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