STATE OF CALIFORNIA - DEPARTMENT OF PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

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CLAIMANT'S NAME	SSN or EMPLOYEE NUMBER*	DEPARTMENT
Joan M. Borucki		California State Lottery

POSITION	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
Director	E99	Executive	1100

RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS	TELEPHONE NUMBER
			600 North 10th Street	(916) 323-0403
CITY	STATE	ZIP CODE	CITY / STATE / ZIP CODE	
			Sacramento / CA / 95811	

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
0800-1700		0.550

(4) MONTH/YEAR 09/09		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7)	(8) MEALS			(9)	(10) TRANSPORTATION					(11)	(12)
(5) DATE	TIME		LODGING	BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. 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	TOTAL EXPENSES FOR DAY
09/01	1430	Sacramento - San Diego	154.22			18.00					10.50	5.78		178.00
09/02	2030	San Diego - Sacramento		6.00	10.00	18.00	6.00			18.00	29.00	15.95		73.95
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13)		**SUBTOTALS**	154.22	6.00	10.00	36.00	6.00	0.00		18.00	39.50	21.73	0.00	251.95
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL $251.95

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

Major League Baseball Educational Event - San Diego Chargers

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

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

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POSITION	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
Director	E99	Executive	1100

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
	600 North 10th Street	(916) 323-0403

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
			Sacramento	CA	95811

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
0800-1700		0.550

(4) MONTH/YEAR 09/09 (5) DATE	TIME	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	(9) INCIDEN-TALS	(10) TRANSPORTATION (A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	AMOUNT	(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
09/12	0730	Sacramento - Orange County				18.00					29.00	15.95		33.95
09/12	2200	Orange County - Sacramento								9.00	29.00	15.95		24.95
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13)		**SUBTOTALS**	0.00	0.00	0.00	18.00	0.00	0.00		9.00	58.00	31.90	0.00	58.90

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL $58.90

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

Major League Baseball Educational Event - Anaheim Angels

AGENCY ACCOUNTING OFFICE USE ONLY

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

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POSITION	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
Director	E99	Executive	

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
	600 North 10th Street	(916) 323-0403

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
			Sacramento	CA	95811

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
0800-1700		0.550

(4) MONTH/YEAR 09/09		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7)	(8) MEALS			(9)	(10) TRANSPORTATION					(11)	(12)
(5) DATE	TIME		LODGING	BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. 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	TOTAL EXPENSES FOR DAY
09/15	0730	Sacramento - San Jose - Burbank	146.12		10.00	18.00			pc		162.00	89.10		263.22
09/16			146.12	6.00	10.00	18.00						0.00	12.95	193.07
09/17	1930	Burbank - San Jose - Sacramento		6.00	10.00	18.00			pc	30.00	135.00	74.25		138.25
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS			292.24	12.00	30.00	54.00	0.00	0.00		30.00	297.00	163.35	12.95	594.54

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL $594.54

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

09/15 - Promotional Event with Lottery Sponsor in San Jose
09/16-09/17 - LA Roadshow
**Business Expense - Internet usage at hotel

AGENCY ACCOUNTING OFFICE USE ONLY

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RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS	TELEPHONE NUMBER
		600 North 10th Street	(916) 323-0403
CITY / STATE / ZIP CODE		CITY / STATE / ZIP CODE	
		Sacramento / CA / 95811	

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
0800-1700		0.550

(4) MONTH/YEAR 09/09 (5) DATE	TIME	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	(9) INCIDEN-TALS	(10) TRANSPORTATION (A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	AMOUNT	(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
09/18	1400	Sacramento - Burbank	125.50			18.00			rc		29.00	15.95		159.45
09/19	1330	Burbank - Sacramento		6.00					pc	39.00	29.00	15.95		60.95
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13)		SUBTOTALS	125.50	6.00	0.00	18.00	0.00	0.00		39.00	58.00	31.90	0.00	220.40
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL $220.40

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

MLB Education Event - Los Angeles Dodgers Game
Parking includes hotel (only valet parking available) & airport.

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