2009-11b-IG-TEC.pdf

STATE OF CALIFORNIA - PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

*See Instructions and *Privacy Statement on Reverse Side*

CLAIMANT'S NAME	SSN or EMPLOYEE NUMBER*	DEPARTMENT
LAURA N. CHICK		Planning & Research

POSITION	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
Inspector General	Exempt	Governor's Office	226

RESIDENCE ADDRESS*	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
	1400 Tenth Street	

CITY	STATE	ZIP	CITY	STATE	ZIP
			Sacramento	CA	95814

(1) MONTH/YEAR Nov 2009 (2) DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	(6) 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
11/30	9:30	San Francisco				14.75				60.40				75.15
	21:30													
(10)		SUBTOTALS				14.75				60.40				75.15
COLUMN CODE (ACCTG. USE ONLY)														
		CLAIM TOTAL												75.15

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

Speaker at joint training session of FBI.

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

0.55

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 [illegible] ns 0750, 0751, 0752, 0753 and 0754 pertaining to v[illegible] and seal belt usage

CLAIM[illegible] E 12/3/09

(16) SIGNATURE OF OFF[illegible] OVING TRAVEL AND PAYMENT DATE 12/9/09

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

Riders AMTRAK Baggage

Name of Passenger
ICK/LAURA N
7018161435

From
SACRAMENTO,CA

To
EMERYVILLE,CA

Carrier Train Date
2V

Accom Space/Car
U UNRESERVED

Form of Payment
P22.95IK 2269

Rail Fare $22.95 Accom Charge $.00

Fare Plans CJ Total $22.95

CC

Ticket Number 49101262325 No. 01 of 02

Date of Issue NOV09 Reservation # 16D7B6

PASSENGER RECEIPT

Riders AMTRAK Baggage

Name of Passenger
ICK/LAURA N
7018161435

From
EMERYVILLE,CA

To
SACRAMENTO,CA

Carrier Train Date
2V

Accom Space/Car
U UNRESERVED

Form of Payment
P22.95IK 2269

Rail Fare $.00 Accom Charge $.00

Fare Plans CJ Total $22.95

CC

Ticket Number 49101262358 No. 02 of 02

Date of Issue NOV09 Reservation # 16D7B6

PASSENGER RECEIPT

Amtrak Food Service
1-800-USA-RAIL
www.amtrak.com

AMTRAK# 0720

11/30/09 17:44

SALE	[52]
ENTRY METHOD:	SWIPE
TRANS ID:	057
BatchID	424
TERMINAL ID:	008D64
Acct number:	XXXXXXXXXXXX4061
CARD TYPE:	VISA CARD
APPROVAL CODE:	02112C
AMOUNT:	$14.75

TIP: _____

TOTAL: _____

I AGREE TO PAY ABOVE TOTAL AMOUNT ACCORDING TO CARD ISSUER AGREEMENT.

EARN POINTS FOR TRAVEL AND PURCHASES WITH THE AMTRAK GUEST REWARDS MASTERCARD CALL 888-58-AMTRAK

=== CUSTO

PASSENGER TAXI FARE RECEIPT

Date 11/30/09

From Sac Train Station To home

Amount of Fare $ _____

Other Charges $ _____

Total $ 14 50 00

Driver's Name _____

Cab # _____