STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

STD 262 (REV. 10/92)

*See Instructions and *Privacy Statement On Reverse Side*

CLAIMANT'S NAME	SSAN OR EMPLOYEE NUMBER*	DEPARTMENT
William S. Haraf		Financial Institutions

POSITION	CB/ID NUMBER	DIVISION OR BUREAU	INDEX NUMBER
Commissioner		Executive Division	

RESIDENCE ADDRESS*	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
	45 Fremont Street, Suite 1700	(415) 263-8507

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
	CA		San Francisco	CA	94105

(1) MONTH/YEAR June 09

(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	AMOUNTS	(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
6/1		Transit Subsidy						65.00						65.00
6/1		San Francisco (SFBAA)											50.00	50.00
6/3	0500	San Francisco to Los Angeles		6.00	10.00	18.00		54.00	Taxi - P	16.00				104.00
	2100	and return						52.00	Taxi - Toll	4.00	72	39.60		95.60
6/09	0530	San Francisco to Sacramento	134.93	6.00	10.00	18.00	6.00		P	17.00			30.20	222.13
6/10	1800	Sacramento to San Francisco		6.00	10.00				P	6.00				22.00
														558.73
COLUMN CODE (ACCTG. USE ONLY)														
		CLAIM TOTAL												558.73

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

(12) NORMAL WORK HOURS: 730 - 1800

June Transit: "I CERTIFY THAT NO RECEIPT IS AVAILABLE. AMOUNT CLAIMED IS AS PER DPA RULE 599.625 or 599.625.1".

June 1 - San Francisco Bank Attorneys Association meeting - Item 8. Registration $50.00.

Speaker(s): James A. Wilcox, University of California, Berkeley

Topic: Help for Homeowners and Housing: A Mortgage Plan for Negative, Too Little, or Too Much Equity."

June 3: Meeting with Department Managers and other staffs in Los Angeles.

Item 7c. Parking at Oakland Airport $16; Toll $4. (Airfare paid by Department.)

June 9/10: Meeting with Department Managers and other staffs, and also to attend a Directors/Commissioner meeting at BTH.

Item 8. $30.20 Gas for rental car. Item 7c. 6/9 $17 Hotel Parking; 6/10 $6.00 Parking - GSM reception for Dean Biggart

(13) PRIVATE VEHICLE LICENSE No.

(14) MILEAGE RATE CLAIMED: .55

Agency Accounting Office Use Only

(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
	6/30/09		7/14/09

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