STATE OF CALIFORNIA - OFFICE OF ENVIRONMENTAL HEALTH HAZARD ASSESSMENT

TRAVEL EXPENSE CLAIM

STD 262A (REV. 5/09)

CLAIMANT'S NAME		SSN OR EMPLOYEE NUMBER	DEPARTMENT
Joan E. Denton, Ph.D.			OEHHA
POSITION: Director	CB/ID NUMBER: N/R	DIVISION OR BUREAU: Executive Office	INDEX NUMBER: 1000
RESIDENCE ADDRESS: (See Work Address)		HEADQUARTERS ADDRESS: 1001 I Street	TELEPHONE NUMBER: (916) 322-6325
CITY: Sacramento	STATE: CA / ZIP CODE: 95814	CITY: Sacramento	STATE: CA / ZIP CODE: 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, NC, RELO. OR DINNER	(6) INCIDEN-TALS	(7) TRANSPORTATION (A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	AMT	(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
11/16	8:00	Oakland, CA and return.							SC	10.00		0.00		10.00
11/17	8:00	Oakland, CA and return.							SC	12.50		0.00		12.50
												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
(10) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00	0.00	22.50	0.0	0.00	0.00	22.50
CLAIM TOTAL												$		22.50

RECEIVED NOV 25 2009 OEHHA ACCOUNTING OFFICE

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

11/16-11/17/09: Attended the two-day workshop, "Moving Upstream; Using early biological signals to assess chemical toxicity."

(12) NORMAL WORK HOURS

0800 - 1700

(13) PRIVATE VEHICLE LICENSE NO.

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE USE ONLY

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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 11/25/09	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE