STATE OF CALIFORNIA - DEPARTMENT OF PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

*See Instructions and *Privacy Statement On Reverse Side*

Page 1 of ____ Pages

CLAIMANT'S NAME	SSN or EMPLOYEE NUMBER*	DEPARTMENT
Renee Zito	[redacted]	ADP

POSITION	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
Director		Office of the Director	1500/33036

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
[redacted]	1700 K Street	445-1943

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[redacted]	CA	[redacted]	Sacramento	CA	95811

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
8:00 -5:00	[redacted]	0.550

(4) MONTH/YEAR: May 2009		(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
31	1330	Los Angeles	146.07			18.00		65.00	PC		20.00	11.00		240.07
1	1800	Los Angeles/Sacramento		6.00	10.00		6.00		PC	15.00 ~~27.00~~	20.00	11.00		48.00 ~~69.00~~
												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		0.00
												0.00		0.00
(13) SUBTOTALS			146.07	6.00	10.00	18.00	6.00	65.00		15.00 ~~27.00~~	40.00	22.00	0.00	288.07 ~~300.07~~

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL (GE) 292 $186.07 302 $80.00 296 $22.00 — 288.07 ~~$300.07~~

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

June 1, 2009: Renee attended the Second Chance Women's Re-Entry Court Graduation. Also, site visit to Prototypes.

[redacted]

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 [redacted] 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 [redacted] pertaining to vehicle safety and seat belt usage.

CLAIMANT'S	DATE	[redacted] ENT	DATE
[redacted]	6-15-09	[redacted]	6/17/09

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

STATE OF CALIFORNIA – DEPARTMENT OF PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2. 77)

*See Instructions and *Privacy Statement On Reverse Side*

Page 1 of ____ Pages

CLAIMANT'S NAME		DEPARTMENT
Renee Zito	[redacted]	ADP

POSITION	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
Director		Office of the Director	1500/33036

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
[redacted]	1700 K Street	445-1943

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[redacted]	CA	[redacted]	Sacramento	CA	95811

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
8:00 -5:00	[redacted]	0.550

(4) MONTH/YEAR: June 2009

(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
9	0630	Anaheim	148.35		10.00	18.00		35.00	PC		20.00	11.00		222.35
10		Anaheim	148.35	6.00	10.00	18.00	6.00					0.00		188.35
11		Anaheim	148.35	6.00	10.00	18.00	6.00					0.00		188.35
12	1630	Anaheim / Sacramento		6.00	10.00		6.00	49.00	PC	36.00 ~~60.00~~	12 ~~20.00~~	6.60 ~~11.00~~		113.60 ~~182.00~~
												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**	445.05	18.00	40.00	54.00	18.00	84.00		36.00 ~~60.00~~	32 ~~40.00~~	17.60 ~~22.00~~	0.00	712.65 ~~741.05~~

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL (GF) 712.65 ~~$741.05~~

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

June 9, 2009 - Attended community court site visit, Santa Ana.
June 10-12, 2009 - Attended NADCP Conference, Anaheim, CA

[redacted]

292-$ 15.05
302-$ 120.00
296-$ 17.60

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	DATE	[redacted]	DATE
[redacted]	6-15-09	[redacted]	6/17/09

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