STATE OF CALIFORNIA - DEPARTMENT OF PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

*See Instructions and *Privacy Statement On Reverse Side*

CLAIMANT'S NAME: Renee Zito		SSN or EMPLOYEE NUMBER*: [redacted]	DEPARTMENT: ADP
TITLE: Director	CB/ID No.	DIVISION or BUREAU: Office of the Director	INDEX NUMBER: 1500/33036
RESIDENCE ADDRESS*: [redacted]		HEADQUARTERS ADDRESS: 1700 K Street	TELEPHONE NUMBER: 445-1943
CITY: Sacramento	STATE: CA	ZIP CODE: [redacted]	CITY: Sacramento	STATE: CA	ZIP CODE: 95811
(1) NORMAL WORK HOURS: 8:00 -5:00		(2) PRIVATE VEHICLE LICENSE NUMBER: [redacted]	(3) MILEAGE RATE CLAIMED: 0.550

(4) MONTH/YEAR: May 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
5		Sacramento							PC	18.00		0.00		18.00
												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			0.00	0.00	0.00	0.00	0.00	0.00		18.00	0.00	0.00	0.00	18.00

RECEIVED JUN 08 2009 DIRECTOR'S OFFICE

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL $18.00

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

May 5, 2009 - Renee presented at the CADA Conference, Sheraton Hotel, 15th & J, $18.00 parking fee.

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: [redacted] DATE: 5/7/09

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT: [redacted] DATE: 5/7/09

(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. 9/2007)

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Page 1 of ____ Pages

CLAIMANT'S NAME: Renee Zito		SSN or EMPLOYEE NUMBER: [redacted]	DEPARTMENT: ADP
SITION: irector	CB/ID No.	DIVISION or BUREAU: Office of the Director	INDEX NUMBER: 1500/33036
RESIDENCE ADDRESS: [redacted]		HEADQUARTERS ADDRESS: 1700 K Street	TELEPHONE NUMBER: 445-1943
CITY: Sacramento; STATE: CA; ZIP CODE: [redacted]		CITY: Sacramento; STATE: CA; ZIP CODE: 95811	
(1) NORMAL WORK HOURS: 8:00 -5:00		(2) PRIVATE VEHICLE LICENSE NUMBER: [redacted]	(3) MILEAGE RATE CLAIMED: 0.550

(4) MONTH/YEAR: May 2009

(5) DATE	(5) TIME	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS: BREAK-FAST	(8) MEALS: LUNCH	(8) MEALS: O.T., L/T, N/C, RELO. OR DINNER	(9) INCIDEN-TALS	(10) TRANSPORTATION: (A) COST OF TRANS.	(10) (B) TYPE USED	(10) (C) CARFARE, TOLLS, PARKING	(10) (D) PRIVATE CAR USE: MILES	(10) (D) PRIVATE CAR USE: AMOUNT	(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
12	1400	Sacramento/Pacific Grove	116.50			18.00			PC		194.00	106.70		241.20
13		Pacific Grove/Asilomar	209.61				6.00					0.00		215.61
14		Pacific Grove/Asilomar	209.61				6.00					0.00		215.61
15	1700	Pacific Grove/Sacramento					6.00		PC		194.00	106.70		112.70
												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			535.72	0.00	0.00	18.00	18.00	0.00		0.00	388.00	213.40	0.00	785.12

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL $785.12

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

May 12-15, 2009: Renee attended the California Mental Health Advocates for Children and Youth 29th Annual Conference - Prevention and Early Intervention and the MHSA - Better Outcomes in Tough Times at the Asilomar Conference Center, Pacific Grove, California.

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

RECEIVED JUN 08 2009 DIRECTOR'S OFFICE

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 SA[redacted]rtaining to vehicle safety and seat belt usage.

CLAIMANT [redacted] DATE 5-20-09

(18) SIGNATURE OF OFFICER APPROVING TRAVEL [redacted]YMENT [redacted] DATE 5/21/09

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