STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

STD. 262 A (REV.6/2000c)

*See Instructions and *Privacy Statement On Reverse Side*

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CLAIMANT'S NAME	SSAN OR EMPLOYEE NUMBER*	DEPARTMENT
Maziar Movassaghi	[redacted]	Toxic Substances Control

POSITION	CB/ID NUMBER	DIVISION OR BUREAU	INDEX NUMBER
Acting Director	NR	Executive Office	5000

RESIDENCE ADDRESS*			HEADQUARTERS ADDRESS			TELEPHONE NUMBER
[redacted]			1001 I Street			[redacted]
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE	
[redacted]	[redacted]	[redacted]	Sacramento	CA	95814	

(1) MONTH/YEAR May 2010 (2) DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS BREAK-FAST	LUNCH	(6) O.T., L/T, N/C, RELO DINNER	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
5/20	07:00	Sacramento to Mountain View, CA							SC					
5/20	15:00	Mountain View to Sacramento							SC	4.00				4.00
		Opening of Green Products Innovation Institute												
		The Green Products Innovation Institute was created in part out of a need to meet California's new consumer protection regulations as outlined under California's Green Chemistry Laws. DTSC staff works closely with institute staff (as well as industry, nongovernmental organizations and other stakeholders) in implementing California's Green Chemistry Initiative, including the expansion of assessment standards for alternatives for potentially harmful chemicals currently sued in consumer products to include Cradle to Cradle criteria. The institute is one of the first businesses created in part as a result of the Green Chemistry Initiative.												
(10) SUBTOTALS										4.00				4.00
CLAIM TOTAL														$4.00

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

(12) NORMAL WORK HOURS

8:00 AM - 5:00 PM

[redacted]

(14) MILEAGE RATE CLAIMED

/mile

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REV. FUND CHECK No.

PCA	PROJECT	WORK PHASE	OBJ AO	AMOUNT	OBJ AO	AMOUNT	OBJ AO	AMOUNT	OBJ AO	AMOUNT	TOTAL
95080			295	4.00							$4.00
TOTALS				4.00							$4.00

(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 seal belt usage.

CLAIMANT'S SIGNATURE DATE / / (16.) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE / /

[redacted]

(17.) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE *(See item 17 on reverse)* DATE /