

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

Page _____ of _____ Pages

CLAIMANT'S NAME Ruth Holton-Hodson		SSN or EMPLOYEE NUMBER*	DEPARTMENT See
POSITION Deputy State Controller	CB/ID No.	DIVISION or BUREAU Executive	INDEX NUMBER
RESIDENCE ADDRESS*		HEADQUARTERS ADDRESS 300 Capitol Mall, Suite 1850	TELEPHONE NUMBER (916) 445-8551
		CITY Sacramento	STATE ZIP CODE CA 95814

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
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(4) MONTH/YEAR Aug 2009	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE		
(5) DATE	TIME								MILES	AMOUNT		
8/4		Sacramento								12.25	0.00	12.25
8/14		Sacramento								10.00	0.00	10.00
8/24		Sacramento								4.50	0.00	4.50
										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
										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		26.75	0.00	26.75

COPY

COLUMN CODE (ACCTG. USE ONLY)	
CLAIM TOTAL	\$26.75

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

Travel to various committee meetings in which I attended as the Controller's designee.

AGENCY ACCOUNTING OFFICE USE ONLY
PAYED 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	(16)	DATE
	12-31-09		1-4-10

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)	DATE
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CLAIMANT'S NAME Ruth Holton-Hodson		SSN or EMPLOYEE NUMBER*	DEPARTMENT 500
POSITION Deputy State Controller	CB/ID No.	DIVISION or BUREAU Executive	
RESIDENCE ADDRESS*		HEADQUARTERS ADDRESS 300 Capitol Mall, Suite 1850	TELEPHONE NUMBER (916) 445-8551
		CITY Sacramento	STATE CA
			ZIP CODE 95814

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
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(4) MONTH/YEAR Nov 2009	(5) DATE	(5) TIME	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
					BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE		
										MILES	AMOUNT			
	11/5		Sacramento								10.00	0.00		10.00
												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
												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		10.00	0.00	0.00	10.00
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													\$10.00	

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

Staff Controller in meeting.

AGENCY ACCOUNTING OFFICE USE ONLY
PAY 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	(16) SIGNATURE OF STATE APPROVED ACCOUNTING OFFICER	DATE
	12-31-09		1-4-10

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

	DATE
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