

**TRAVEL EXPENSE CLAIM**

06/09

See Instructions and \*Privacy Statement on Reverse Side

STD. 262 (REV. 7/2005)

CLAIMANT'S NAME <b>Cynthia Bryant</b>		SSN or EMPLOYEE NUMBER*	DEPARTMENT <b>Planning &amp; Research</b>
POSITION <b>Director</b>	EB/ID No. <b>Exempt</b>	DIVISION or BUREAU <b>Governor's Office</b>	INDEX NUMBER <b>352</b>
RESIDENCE ADDRESS*		HEADQUARTERS ADDRESS <b>1400 Tenth Street</b>	TELEPHONE NUMBER
CITY <b>[REDACTED]</b>	STATE <b>[REDACTED]</b>	ZIP <b>[REDACTED]</b>	CITY <b>Sacramento</b>
		STATE <b>CA</b>	ZIP <b>95814</b>

**ORIGINAL**

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) DATE	TIME			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			
4/28	5:00	Sac to LA to Dulles	455.72			11.51		479.20		87.00	29	15.95	1,049.38
4/29						18.00							18.00
4/30		Dulles to LA	125.54		10.00	18.00				69.00			222.54
5/1	13:50	LA		2.62						68.75			71.37
5/4	6:00	Sac to LA		6.00						33.00			39.00
5/4	14:15	Burbank to Sac							58	31.90			31.90
<b>(10) SUBTOTALS</b>			581.26	8.62	10.00	47.51		479.20		257.75	87	47.85	1,432.19
COLUMN CODE (ACCTG. USE ONLY)													
<b>CLAIM TOTAL</b>												1,432.19	

**RECEIVED**  
JUN 0 2009  
OFFICE OF PLANNING & RESEARCH  
ADMINISTRATIVE SERVICES

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)		(12) NORMAL WORK HOURS
4/29 Represented the Sate of California at the National Governor Association sponsored ARRA Implementation Conference in Washington, D.C.		
5/1 Staffed the Governor for a meeting at the Beverly Hilton Hotel with Mark Fabiani re: the I-5 expansion		(13) PRIVATE VEHICLE LICENSE NUMBER <b>4NMC786</b>
5/4 Staffed the Governor for the Stimulus Funding for Youth Summer Jobs press conference at LA City Hall		(14) MILEAGE RATE CLAIMED <b>0.55</b>
(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.		<b>AGENCY ACCOUNTING OFFICE USE ONLY</b> PAID BY REVOLVING FUND CHECK NUMBER

(16) SIGNATURE OF TRAVELER	DATE	(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)	DATE
<b>[REDACTED]</b>	<b>6-10-09</b>	<b>[REDACTED]</b>	<b>6-10-09</b>