

**TRAVEL EXPENSE CLAIM**

See Instructions and \*Privacy  
Statement on Reverse Side

STD 262 (REV 7/2005)

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

**ORIGINAL**

(1) MONTH/YEAR	(2) DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
					BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(E) TYPE USED	(C) GASFARE, TOLLS, PARKING	(D) PRIVATE CAR USE		
											MILES	AMOUNT		
9/29	12:00		Sac to San Diego								11	6.05		6.05
	22:45		San Diego to Sac								28	15.40		24.40
9/30	12:30		Sac to Burbank								11	6.05		78.05
	21:30		Burbank to Sac								28	15.40		24.40
10/2	5:00		Sac to Burbank								28	15.40		15.40
	14:00		Burbank to Sac								11	6.05		15.05
<b>(10) SUBTOTALS</b>											99.00	117	64.35	163.35
<b>COLUMN CODE (ACCTG. USE ONLY)</b>														
<b>CLAIM TOTAL</b>													163.35	

**RECEIVED**  
OCT - 6 2009  
OFFICE OF PLANNING & RESEARCH  
ADMINISTRATIVE SERVICES

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)	(12) NORMAL WORK HOURS
9/29 Represented the Governor's Office at the Marine Corps Change of Command Ceremony at Camp Pendleton.	
9/30 Dollars and Dirt Symposium in Century City	(13) PRIVATE VEHICLE LICENSE NUMBER 4NMC786
10/2 Staffed the Governor at the High Speed Rail Press Conference at Union Station in Los Angeles	(14) MILEAGE RATE CLAIMED 0.55
(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.	AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER
[REDACTED]	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]
DATE 10-6-09	DATE 10-5-09

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

DATE