TRAVEL EXPENSE CLAIM

STD 262 (REV 10/92)

See Instructions and Privacy Statement on Reverse Side

CLAIMANT'S NAME	SSAN OR EMPLOYEE NUMBER	DEPARTMENT
Andrea McCarthy		

POSITION	CB/ID NUMBER	DIVISION OR BUREAU	INDEX NUMBER
Deputy Press Secretary			

RESIDENCE ADDRESS	HEADQUARTERS ADDRESS	TELEPHONE NUMBER

CITY	STATE	ZIP	CITY	STATE	ZIP

MONTH/YEAR 1/10		LOCATION		MEALS				TRANSPORTATION						
DATE	TIME	WHERE EXPENSES WERE INCURRED	LODGING	BREAKFAST	LUNCH	DINNER	INCIDENTALS	COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES	PRIVATE CAR USE AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
7-Jan	8am-5pm	SAC-LA-SAC						317.40	air	54.00	24	10.68		382.08
10-Jan	6pm	SAC-LA						373.99	air/rc	9.00	24	10.68	9.79	403.46
11-Jan	6am-3pm	LA-SAC					6.00					0.00		6.00
13-Jan	6am-11pm	SAC-FRS-ERKA	92.40	4.30										96.70
14-Jan	6am-6pm	EUREKA-SAC			7.11		6.00					0.00		13.11
15-Jan	6am-5pm	SAC-LA-SAC		6.00				317.40	air	9.00	24	10.68		343.08
22-Jan	6am-6pm	SAC-LA-SAC						347.40	air	9.00	24	10.68		367.08
25-Jan	6pm	SAC-SD	123.83	1.45				177.70	air			0.00		302.98
26-Jan	All Day	SD-LA				17.56	6.00			16.00		0.00		39.56
27-Jan	All Day	LA	125.55		3.80	4.95	6.00			31.90		0.00		172.20
28-Jan	6am-4pm	LA-SAC		6.00	10.00			325.57	air/rc			0.00	41.30	382.87
29-Jan	6am-4pm	SAC-FRES-SAC		3.90							340	151.30		155.20
31-Jan	8pm	SAC-LA	121.10					317.40	air	9.00	24	10.68		458.18
1-Feb	12pm	LA-SAC												
SUBTOTALS			462.88	21.65	20.91	22.51	24.00	2,176.86	0.00	137.90	460	204.70	51.09	
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL														$3,122.50

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

1-7-10 RTTT Event in LA/ 1-11-10 Jobs Initiative @ Ace Clearwater

1-13-10 Home Buyer Tax Credit i Fresno/ 1-14-10 Earthquake in Eureka

1-15-10 RTTT Legislation signing in LA/ 1-22-10 Storm Damage LA

1-26-10 Burnham Institute La Jolla/ 1/27/10 Nuclear Tipping Point LA

1-28-10 BNSF Railway LA/ 1/29/10 High Speed Rail Fresno

2/1/10 Green Tax Credit LA

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

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 [illegible] le was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate cl[illegible] [illegible] e met the requirements as prescribed by SAM Sections 0750, 0751,0752, 0753 and 0754 pertaining to vel[illegible] [illegible]ety an[illegible] use

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

940885

CLAIMANT'S SI[illegible]	DATE	SIGNATURE OF [illegible] RAVE	DATE
	2/4/09		2/8/10
SIGNAT[illegible] TITLE OF AUTHORITY FOR SPEC[illegible] PENSES			DATE 2/16/10