

<b>STATE OF CALIFORNIA</b>													
<b>TRAVEL EXPENSE CLAIM</b>													
<i>See Instructions and *Privacy Statement On Reverse Side</i>										Page <b>1</b> of <b>1</b> Pages			
CLAIMANT'S NAME <b>BEN E. HILL</b>						SSAN OR EMPLOYEE NUMBER* <b>123-45-6789</b>			DEPARTMENT <b>FORESTRY AND FIRE PROTECTION</b>				
POSITION <b>FIRE CAPTAIN</b>				CB/ID NUMBER <b>RO#8</b>		DIVISION OR BUREAU <b>PARKHILL FIRE STATION</b>				INDEX NUMBER <b>3400</b>			
RESIDENCE ADDRESS* <b>1234 HOGSFATHER LANE (Paso Robles 93446)</b>						HEADQUARTERS ADDRESS <b>6140 PARKHILL RD</b>				TELEPHONE NUMBER <b>(805) 438-5426</b>			
CITY <b>SANTA MARGARITA</b>		STATE <b>CA</b>		ZIP CODE <b>93454</b>		CITY <b>SANTA MARGARITA</b>		STATE <b>CA</b>		ZIP CODE <b>93454</b>			
(1) MONTH/YEAR <b>AUG 2005</b>	(3) LOCATION WHERE EXPENSES WERE INCURRED		(4) LODGING	(5) MEALS BREAK-FAST LUNCH		(6) INCIDENTALS OT., LT N/C. RELO. OR DINNER	(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	
(2) DATE <b>24</b>	TIME <b>0400</b>	<b>Riverside</b>					<b>SC</b>						
<b>25</b>		<b>"</b>				<b>\$6.00</b>						<b>\$6.00</b>	
<b>26</b>		<b>"</b>				<b>\$6.00</b>						<b>\$6.00</b>	
<b>27</b>		<b>"</b>				<b>\$6.00</b>						<b>\$6.00</b>	
<b>28</b>		<b>"</b>				<b>\$6.00</b>						<b>\$6.00</b>	
<b>29</b>		<b>Plumas Nat'l Forest</b>				<b>\$6.00</b>	<b>SC</b>					<b>\$6.00</b>	
<b>30</b>		<b>"</b>				<b>\$6.00</b>						<b>\$6.00</b>	
<b>31</b>		<b>Lompoc</b>				<b>\$6.00</b>	<b>SC</b>					<b>\$6.00</b>	
<b>1</b>		<b>"</b>				<b>\$6.00</b>						<b>\$6.00</b>	
<b>2</b>	<b>2200</b>	<b>"</b>				<b>\$6.00</b>	<b>SC</b>					<b>\$6.00</b>	
<b>ASSIGNED AS CACHE DEMOB. SPECIALIST ON INCIDENT CARRU 001000</b>													
<b>REASSIGNED ON 08/29 AS FIELD OBSERVER ON INCIDENT CAPNF 004554</b>													
<b>REASSIGNED ON 08/31 AS PART OF STRIKE TEAM 9340-C ON INCIDENT CASBC 009988</b>													
Sample													
<b>(10) SUBTOTALS</b>			<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$54.00</b>
<b>COLUMN CODE (ACCTG. USE ONLY)</b>													
<b>CLAIM TOTAL</b>													
<b>\$54.00</b>													
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)										(12) NORMAL WORK HOURS			
<b>05</b>	<b>3100</b>	<b>292</b>	<b>00900</b>	<b>\$24.00</b>	<b>CARRU 010000</b>							(13) PRIVATE VEHICLE LICENSE NO.	
<b>05</b>	<b>2153</b>	<b>292</b>	<b>00900</b>	<b>\$12.00</b>	<b>CAPNF 004554</b>							(14) MILEAGE RATE	
<b>05</b>	<b>3012</b>	<b>292</b>	<b>00903</b>	<b>\$18.00</b>	<b>CASBC 009988</b>							<b>0.34</b>	
										<b>AGENCY ACCOUNTING OFFICE USE ONLY</b>			
										PAID BY REVOLVING 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 Section 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.													
CLAIMANT'S SIGNATURE <b>Ben E. Hill</b>					DATE <b>3-15-02</b>		(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <b>Big Cheese</b>					DATE <b>3-24-02</b>	
(17.) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES										(See Item 17 on reverse)		DATE	