

STATE OF CALIFORNIA TRAVEL EXPENSE CLAIM		See Instructions and *Privacy Statement On Reverse Side		Page <u>1</u> of <u>1</u> Pages									
CLAIMANT'S NAME BUFORD A. NEWSWORTHY			SSAN OR EMPLOYEE NUMBER* 123-45-6789		DEPARTMENT FORESTRY AND FIRE PROTECTION								
POSITION HEAVY FIRE EQUIP OPERATOR		CB/ID NUMBER RO#8	DIVISION OR BUREAU PASO ROBLES AIRBASE		INDEX NUMBER 3400								
RESIDENCE ADDRESS* 987 URANUS			HEADQUARTERS ADDRESS 3403 TAXIWAY A		TELEPHONE NUMBER (805) 238-1878								
CITY NIPOMO		STATE CA	ZIP CODE 93444	CITY PASO ROBLES									
		STATE CA	ZIP CODE 93446										
(1) MONTH/YEAR JUL 2008	(3) LOCATION	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
(2) DATE 10	WHERE EXPENSES WERE INCURRED 0800 1200 Paso Robles to Cuesta Camp to Morro Bay to Parkhill		BREAK-FAST	LUNCH	OT., LT N/C. RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	AMOUNT		
10	0800 1200 Paso Robles to Cuesta Camp to Morro Bay to Parkhill							PC		72	\$36.36		\$36.36
12	0900 1700 Paso Robles to Hwy 101 to Parkhill							PC		14	\$7.07		\$7.07
13	0800 1700 Paso Robles to Hwy 101 to Parkhill							PC		14	\$7.07		\$7.07
	INSTRUCTOR FOR S-212 CHAINSAW REFRESHER CLASS										\$0.00		\$0.00
											\$0.00		\$0.00
August												\$0.00	\$0.00
17	1200 lone				\$18.00			SC			\$0.00		\$18.00
18	"					\$6.00					\$0.00		\$6.00
19	"					\$6.00					\$0.00		\$6.00
20	2100 "				\$18.00	\$6.00		SC			\$0.00		\$24.00
	STATEWIDE CHAINSAW CADRE MEETING.										\$0.00		\$0.00
											\$0.00		\$0.00
September												\$0.00	\$0.00
12	0800 Paso Robles to Sacramento	\$92.40		\$10.00	\$18.00			PC		307	\$155.04		\$275.44
13	Sacramento	\$92.40	\$6.00	\$10.00	\$18.00	\$6.00		PC		8	\$4.04		\$136.44
14	2330 Sac to Paso		\$6.00	\$10.00	\$18.00	\$6.00		PC		307	\$155.04		\$195.04
	ATTENDED COMPUTER AIDED DISPATCH COMMITTEE MEETING										\$0.00		\$0.00
(10) SUBTOTALS		\$184.80	\$12.00	\$30.00	\$90.00	\$30.00	\$0.00		\$0.00	722	\$364.61	\$0.00	\$711.41
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$711.41	
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)											(12) NORMAL WORK HOURS		
07 3400 296 02350 \$50.50													
07 3400 292 02350 \$54.00											(13) PRIVATE VEHICLE LICENSE 2UGLY4W		
07 9211 292 94000 \$292.80											(14) MILEAGE RATE 0.505		
07 9211 296 94000 \$314.11											AGENCY ACCOUNTING OFF USE ONLY PAID BY REVOLVING CHECK N		
(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 Buford Newsworthy				DATE 3-15-05		(16.) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT Big Cheese				DATE 3-24-05			
(17.) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES <i>(See Item 17 on reverse)</i>											DATE		