TRAVEL EXPENSE CLAIM

*See Instructions and *Privacy Statement on separate docushare document*

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CLAIMANT'S NAME	SSAN OR EMPLOYEE NUMBER*	DEPARTMENT
Patrick W. Henning		EDD

POSITION	BARGAINING UNIT	DIVISION OR BUREAU	EMPLOYEE MIC or 4-DIGIT MAIL SERVICES CODE
Director	Exempt	Director's Office	83

RESIDENCE ADDRESS*	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
	800 Capitol Mall	

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
			Sacramento	CA	95814

(1) MONTH/YEAR Mar 2009		(3) LOCATION	(4)	(5) MEALS			(6)	(7)	TRANSPORTATION				(8)	(9)
(2) Date	Time	WHERE EXPENSES WERE INCURRED	LODGING	BREAKFAST	LUNCH	O.T., L/T, RELO. or DINNER	INCIDENTALS	(A) COST OF TRANS	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE Miles	(D) PRIVATE CAR USE Amount	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
9	0600	Sacramento to Washington, DC			10.00	18.00								28.000
		Lodging-Washington Court	239.00											239.000
		Lodging room tax	34.66											34.660
		Subway to hotel						2.15	R					2.150
10		Washington, DC		6.00	10.00	18.00	6.00							40.000
		Lodging-Washington Court	239.00											239.000
		Lodging room tax	34.66											34.660
11	2350	Wash. DC to Sacto		6.00	10.00	18.00	6.00							40.000
		Subway to airport						2.15	R					2.150
		Airport Parking Sac International								27.00				27.000
(10) SUBTOTALS			547.32	12.00	30.00	54.00	12.00	4.30		27.00				$686.62
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL														$686.62

(11) PURPOSE OF TRIP:
REMARKS AND DETAILS (Attach receipts/vouchers when required)

At the request of the US Secty of Labor

to discuss CA programs & funding issues

Airline billed to State Agency

(11A) Summary

Description/ Cost Center	Exp. Code	Debit Amount	Project Code	Activity Code	For Fiscal Use Only
03810	530	686.62	000	100	
	Total	686.62	Document Reference		Prepared By

(12) NORMAL WORK HOURS: 0800-1700

(13) PRIVATE VEHICLE LICENSE: n/a

(14) MILEAGE RATE CLAIMED: $0.550

AGENCY ACCOUNTING OFFICE USE ONLY
PAID BY REVOLVING FUND 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 requirement as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
▷ Patrick W. Henning	3-17-09	▷ JM Hurns	3/19/09

(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse) ▷ | DATE