STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

STD 262 (REV. 6/93)

*See Instruction and *Privacy Statement On Reverse Side*

FY 2009/10

CLAIMANT'S NAME	SSN OR EMPLOYEE NUMBER*	DEPARTMENT
Brian Stiger	on file	Dept of Consumer Affairs

POSITION	CB/ID NUMBER	DIVISION OR BUREAU	INDEX NUMBER
Director	E	Executive Office	8201 / 70201

RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS		TELEPHONE NUMBER
			1625 North Market Blvd Ste S-308		(916) 574-8200
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Sacramento	CA	95691	Sacramento	CA	95834

(1) MONTH/YEAR: Feb-10

(2) DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS: BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	(6) INCIDEN-TALS	(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
17-Feb	0500	Sacramento to LA		$6.00		$18.00			PC/A/Rc/		17.0	$8.50		$32.50
18-Feb	1930	LA to Sacramento	$112.90	$6.00	$10.00	$18.00			RC/A/PC	$33.00	17.0	$8.50		$188.40
25-Feb	0500	Sacramento to San Diego		$6.00		$18.00			PC/A/Rc/		17.0	$8.50		$32.50
26-Feb	2030	San Diego to Sacramento	$123.82	$6.00	$10.00	$18.00		$10.15	PC/A/Rc/	$18.00	17.0	$8.50		$194.47
			$236.72	$24.00	$20.00	$72.00		$10.15	A RC RC	$51.00	68	$34.00		$447.87
														$447.87

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

2/17 Travel to LA to attend the BVNPT Board Meeting
2/18 Attend the BVNPT Board Meeting $15 HOTEL + $18 AIRPORT PARKING
2/25 Attend Townhall/BAR & Dental Board Meeting
2/26 Attend Dental Board Meeting

(12) NORMAL WORK HOURS: 0800-1700

(14) MILEAGE RATE CLAIMED: 50¢ per mile

AGENCY ACCOUNTING OFFICE
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 requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE | DATE 03/22/10 | (1 SIGNATURE OF OFFICER APPROV. | DATE 3/24/10

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