

CLAIMANT'S NAME Jeffrey N. Rudolph			SSN or EMPLOYEE NUMBER* [REDACTED]			DEPARTMENT President's Office		
POSITION Executive Director		CB/ID No. M01	DIVISION or BUREAU California Science Center			INDEX NUMBER 268		
RESIDENCE ADDRESS * [REDACTED]			HEADQUARTERS ADDRESS 700 Exposition Park Drive			TELEPHONE NUMBER (213) 744-7483		
CITY [REDACTED]		STATE CA	ZIP CODE [REDACTED]		CITY Los Angeles		STATE CA	ZIP CODE 90037

(1) NORMAL WORK HOURS 0800-1700 M-F	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED 0.000
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(4) MONTH/YEAR 9/09	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY	
			BREAK-FAST	LUNCH	O.T., L.T., N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE				
(5) DATE	TIME									MILES	AMOUNT			
13	600	Los Angeles-Portland	130.50	10.00	18.00		279.20	A,T	10.00		0.00	9.95	457.65	
14		Portland	130.50	10.00					2.00		0.00		142.50	
15		Portland	130.50								0.00		130.50	
16		Portland	130.50		6.95						0.00		137.45	
17	1900	Portland-Los Angeles						A	2.30		0.00		2.30	
13-17	0619 2100	LAX, Los Angeles						SC	40.00		0.00		40.00	
		Portland, Conference Registration.									0.00	475.00	475.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
(13) SUBTOTALS			522.00	0.00	20.00	24.95	0.00	279.20		54.30	0.00	0.00	484.95	1,385.40

COLUMN CODE (ACCTG. USE ONLY)												
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CLAIM TOTAL	\$1,385.40
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Traveled from Los Angeles to Portland to attend the Association of Zoos and Aquariums (AZA) Annual Conference during September 13 -17, 2009. Attendance is necessary to receive and share information on exhibit, animal care, education programs and operations for Phase II live animal exhibits. Conference registration was paid directly to AZA with check #017894 for \$475.00. Amount due for reimbursement is \$910.40. Out of State travel approved via the Blanket Approval for Out-of-State Travel.	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 requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE [REDACTED]	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 10/30/09
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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse) [REDACTED]	DATE 10/30/09
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