

CLAIMANT'S NAME Jeffrey N. Rudolph		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT President's Office	
POSITION Executive Director		CB/D No. M01	DIVISION or BUREAU California Science Center		
RESIDENCE ADDRESS* [REDACTED]		HEADQUARTERS ADDRESS 700 Exposition Park Drive			INDEX NUMBER 268
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 N/A		(3) MILEAGE RATE CLAIMED 0.000

(4) MONTH/YEAR 4/09	(5) DATE	(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		
TIME	TIME									MILES	AMOUNT		
18	1805 1922	LAX-SFO, San Francisco CA					0.00				0.00		0.00
20	1244	San Francisco-Monterey, CA	92.90			18.00	0.00	RC	13.00		0.00		123.90
21	0600 1900	Monterey, CA - SJC-LAX		6.00	10.00		0.00	A	16.30		0.00		32.30
28	0500 2000	LAX-SMF/SMF-LAX Sacramento, CA		6.00		18.00	0.00	A	15.80		0.00		39.80
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
(13) SUBTOTALS			92.90	12.00	10.00	36.00	0.00		44.80	0.00	0.00	0.00	195.70

COLUMN CODE (ACCTG. USE ONLY)	
<b>CLAIM TOTAL</b>	<b>\$195.70</b>

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

4/18/09 Traveled to San Francisco to attend below mentioned Mtg. in Monterey, CA. Airfare \$69.60, paid with State AMEX card.

4/20-21/09 Attended meetings with Phase II exhibit designer and staff at Monterey Bay Aquarium in Monterey, CA. \$100.41 for rental vehicle picked up at SFO on 4-20-09 to travel to Monterey and to return from Monterey to San Jose on 4-21-09, fuel \$16.30; and return airfare SJC-LAX \$69.60 paid with State AMEX card.

(Continued on attached sheet.)

<b>AGENCY ACCOUNTING OFFICE USE ONLY</b>
PAY 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 6/12/09
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)		DATE	