| LOCATION WHERE EXPENSES WERE INCURRED | MEALS | INCIDEN
t| TRANSPORTATION | BUSINESS EXPENSE | TOTAL EXPENSES FOR DAY |
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**SUBTOTALS**

**CLAIM TOTAL**

(1) PURPOSE OF TRIP, REASONS AND DETAILS (Attach reimbursement when required)

(1.2) NORMAL WORK HOURS

(1.3) PRIVATE VEHICLE LICENSE NUMBER

(1.4) MILEAGE PER MILE CHARGED

(12) 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 it has been noted on the above, 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 C.A.R., sections 1000, 6629, 1662, 1903, and 7924 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

SIGNATURE AND TITLE (See Item 17 on reverse)

DATE

DATE