STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

TRAVEL EXPENSE CLAIM

FA-0302 (REV. 1/1999) Front CT #7541-0620-9

PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principle purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your IPA Officer.

See Instructions On Reverse Side

CLAIMANT'S NAME *(First, Mi, Last)*		SOCIAL SECURITY NUMBER	DEPARTMENT
Cal T. Rans		123-45-6789	TRANSPORTATION
POSITION	B.U./M.D.	NUMERIC DIST/UNIT *(For Check to Be Sent)*	CONTACT PHONE # *(Include Area Code)*
Transportation Engineer	9	59/501	(916) 227-9999
CLAIMANT'S HOME ADDRESS		HEADQUARTERS ADDRESS	
123 First Ave		1820 Alhambra Blvd	

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Sacramento	CA	95814	Sacramento	CA	95816

(1) MONTH/YEAR 6/03 (2) DATE	TIME	(3) LOCATION Where Expenses Were Incurred	(4) LODGING	(5) MEALS BREAK-FAST	LUNCH	O.T., L/T, N/C.REL. OR DINNER	(6) INCIDEN-TALS	(7) TRANSPORTATION (A) COST OF	(B) TYPE USED	(C) CARFARE TOLLS, PARKING	(D) PRIVATE CAR USE MILES	AMOUNT	(8) BUSINESS EXPENSE	(9) TOTAL EXPENSE FOR DAY
1	continued	LTA Location				10.00					15	5.10		15.10
2		LTA Location				10.00					20	6.80		16.80
3		LTA Location				10.00					25	8.50		18.50
4		LTA Location				10.00					23	7.82		17.82
5		LTA Location				10.00					20	6.80		16.80
6	1600	LTA Location to Permanent Residence				5.00					150	51.00		56.00
8	1500	Permanent Residence to LTA Location				10.00					21	7.14		17.14
9		LTA Location				10.00					20	6.80		16.80
10		LTA Location				10.00					23	7.82		17.82
11		LTA Location				10.00					25	8.50		18.50
12	continued					10.00					25	8.50		18.50
(10)		SUBTOTALS				105.00					367	124.78		229.78

(11) PURPOSE OF TRIP, REMARKS AND DETAILS *(Attach receipts/vouchers when required)*
LTA $1130 Option (include reason for LTA)

CLAIM TOTAL $ 229.78

(12) NORMAL WORK HOURS	SUF-FIX	T. CODE	MOD	SOURCE DIST	SOURCE UNIT	CHG DIST	EXP. AUTH.	SUBJOB	SPECIAL DESIGNATION	FAE	AGCY. OBJ.	AMOUNT	FY	MSA CODE
07:00 - 15:00														
(13) PRIVATE VEHICLE LICENSE#				81	053	81	961370			7	020	$105.00		
TRAVEL				81	053	81	961370			7	010	$124.78		
(14) MILEAGE RATE CLAIMED														
0.34														
AGENCY ACCOUNTING OFFICE USE ONLY														
PAID BY REV. FUND CHECK #														

(15) **I HEREBY CERTIFY** that the above line 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	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
Cal T. Rans	6.16.03	Bobb T. Rans	6.19.03

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

NOTE: ORIGINAL TEC AND RECEIPTS PLUS ONE COPY MUST BE SENT TO ACCOUNTING