STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

TRAVEL EXPENSE CLAIM

FA-0302 (REV 2/2005) 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)*		CALTRANS EMPLOYEE ID NUMBER	CONTACT PHONE # NUMBER
Cal T. Rans		999999	(916) 123-4567
POSITION TITLE	B.U./M.D.	NUMERIC DIST/UNIT *(For Check to Be Sent)*	ALTERNATE PHONE NUMBER
Transportation Engineer	9	59/501	(916) 234-5678

CLAIMANT'S HOME ADDRESS			HEADQUARTERS ADDRESS			M.S.
111 Broadway			1820 Alhambra Blvd			25
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE	
Sacramento	CA	91234-5678	Sacramento	CA	91234-5678	

(1) MONTH/YEAR August 2005

(2) DATE	TIME	(3) LOCATION Where Expenses Were Incurred	(4) LODGING	(5) MEALS BREAK-FAST	LUNCH	O.T., L/T. 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 (Box 18)	(9) TOTAL EXPENSE FOR DAY
18	0500	Sacramento - Lindon, UT	66.21		8.36	18.00			A			25	XX		XX
19		Lindon, UT	66.21	5.64	10.00	16.12	4.48								102.45
20		Lindon, UT	66.21	6.00	9.56	18.00	6.00								105.77
21		Lindon, UT	66.21	6.00	10.00	12.46	3.00								97.67
22	1400	Lindon, UT - Sacramento		5.50	7.85		6.00	280.75	RC	P	45.00	25	XX		XX
(10)		SUBTOTALS	264.84	23.14	45.77	64.58	19.48	280.75			45.00	50	XX		XX

(11) PURPOSE OF TRIP, REMARKS AND DETAILS *(Attach receipts/vouchers when required)*
Quality Assurance-Steel Contractor Inspection

CLAIM TOTAL $ XX

(12) NORMAL WORK HOURS	T. CODE	SOURCE DIST	SOURCE UNIT	CHG DIST	EXP. AUTH.	SUBJOB	SPECIAL DESIGNATION	FA	AGCY. OBJ.	AMOUNT	FY	MSA CODE
7:00-4:00												
(13) WORK SCHEDULE		59	501	59	912076			7	101	$342.75	05	
9/80 Friday B		59	501	59	912076			7	021	$417.81	05	
(14) PRIVATE VEHICLE LICENSE#												
4IAM123												
(15) MILEAGE RATE CLAIMED												
Current Rate												

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.

(16) CLAIMANT'S SIGNATURE		DATE
Cal T. Rans		08/29/05
(17) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	PRINT NAME	DATE
Boss T. Rans	Boss T. Rans	08/29/05
(18) SIGNATURE AND TITLE OF AUTHORITY FOR BUSINESS EXPENSES EXCEEDING $25.00	PRINT NAME	DATE

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