

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	(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., LT, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
TIME										MILES	AMOUNT			
10-11/09	10-30	Los Angeles, CA-Fort Worth, Texas	124.20			18.00		219.20	A	17.00		0.00	378.40	
	10-31	Fort Worth, Texas	124.20		10.00	18.00						0.00	152.20	
	11-01	Fort Worth, Texas	124.20			18.00						0.00	142.20	
	11-02	Fort Worth, Texas	124.20	6.00		18.00						0.00	148.20	
	11-03	Fort Worth, Texas - Los Angeles, CA		6.00	10.00					20.00		0.00	36.00	
	30-03	Los Angeles, LAX parking								37.00		0.00	37.00	
		Fort Worth, Conference Registration										0.00	605.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
(13) SUBTOTALS			496.80	12.00	20.00	72.00	0.00	219.20		74.00	0.00	0.00	605.00	1,499.00

COLUMN CODE (ACCTG. USE ONLY)														
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CLAIM TOTAL \$1,499.00

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)	AGENCY ACCOUNTING OFFICE USE ONLY
	PAY BY REVOLVING FUND CHECK NUMBER
To attend the Association of Science Technology Centers (ASTC) Annual Conference. Attendance necessary to receive and share information on exhibit and education programs; and Science Center operations. Participation is important for accreditation. Conducting and attending Mtgs. w/key collaborative partners during the conference is a cost effective way to meet with peers and eliminate separate travel and reduce costs. Registration was paid directly to ASTC. Due for reimbursement:\$894.00.	

(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 11/19/09
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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See item 17 on reverse)	DATE 11/19/09
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