

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		INDEX NUMBER 268
RESIDENCE ADDRESS * [REDACTED]			HEADQUARTERS ADDRESS 700 Exposition Park Drive		TELEPHONE NUMBER (213) 744-7483
CITY [REDACTED]		STATE [REDACTED]	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
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(5) DATE	(6) TIME	(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		
29	0900	LAX-PHL Philadelphia, PA	178.56					0.00	A	7.00		0.00	185.56
30		Philadelphia, PA	178.56									0.00	178.56
5/01		Philadelphia, PA	178.56									0.00	178.56
5/02		Philadelphia, PA	178.56									0.00	178.56
5/03	2100	PHL-LAX Philadelphia, PA						0.00	A	7.00		0.00	7.00
												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			714.24	0.00	0.00	0.00	0.00	0.00		14.00	0.00	0.00	728.24
COLUMN CODE (ACCTG USE ONLY)													

CLAIM TOTAL	\$728.24
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 4-29-09 to 5-03-09 Attended American Association of Museums (AAM) Annual Conference and Committee meetings in Philadelphia, PA. Executive Director will serve as Chair of the 2010 AAM Annual Conference in Los Angeles.
 Airfare cost \$287.26 paid by State AMEX. Conference registration fees \$300.00.

AGENCY ACCOUNTING OFFICE USE ONLY
PAID 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 6/1/09
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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)	DATE
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