STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

STD. 262 A (REV. 12/96)

*See Instructions and *Privacy Statement on Reverse Side*

RECEIVED MAR 16 2009

Page _____ Pages

CLAIMANT'S NAME	SSAN OR EMPLOYEE NUMBER	DEPARTMENT
Samuel Schuchat		STATE COASTAL CONSERVANCY

POSITION	CB/ID NUMBER	DIVISION OR BUREAU	INDEX NUMBER
Executive Officer	E99 non Rep	ACCOUNTING	

RESIDENCE ADDRESS*	TELEPHONE NUMBER

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
	CA				

(1) MONTH/YEAR: 3/~~Feb~~-09

(2) DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS: BREAKFAST	LUNCH	O.T./L/T. N/C, RELO. OR DINNER	(6) INCIDENTALS	(7) TRANSPORTATION: (A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE: MILES	AMOUNT	(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES PER DAY
3/1	8:00am	San Francisco to DC	203.81		10.00	18.00	6.00	60.00	A T			-		297.81
3/2		Washington DC	203.81	6.00	10.00	18.00	6.00					-		243.81
3/3		Washington DC	203.81	6.00	10.00	18.00	6.00					-		243.81
3/4	9:00pm	DC to San Francisco		6.00	10.00	18.00		10.00	B			-		44.00 ~~34.00~~
												-		-
												-		-
												-		-
												-		-
						"OUT OF STATE TRAVEL - Washington DC"						-		-
												-		-
												-		-
												-		-
(10) SUBTOTALS			611.43	18.00	40.00	72.00	18.00	70.00 ~~60.00~~		-	-	-	-	829.43 ~~819.43~~

CLAIM TOTAL C20082408 $ 829.43

(11) PURPOSE OF TRIP, REMARKS AND DETAILS *(Attach receipts/vouchers when required)*

3/1-3/4, 2009 Meet with Legislators re; Federal funding Conservancy Projects

MN

(12) NORMAL WORK HOURS: 8 am - 5 pm

(13) PRIVATE VEHICLE LICENSE No.:

(14) MILEAGE RATE CLAIMED: 0.55

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REV. FUND CHECK No. 051-361186 03/19/09

PCA	PROJECT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	TOTAL
96150		312	759.43				-		-	~~819.43~~
		322	70.00						-	-
										-
										-
										-
										-
										-
										-
										-
TOTALS			829.43							$ ~~819.43~~

(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	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
▶ [signature]	3/11/09	▶ Regina Serrano	3-12-09

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

STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

STD. 262 A (REV. 12/96)

*See Instructions and *Privacy Statement on Reverse Side*

Page ____ Pages ____

RECEIVED MAY 12 2009 STATE COASTAL CONSERVANCY ACCOUNTING

CLAIMANT'S NAME	SSAN OR EMPLOYEE NUMBER*	DEPARTMENT
Samuel Schuchat		

POSITION	CB/ID NUMBER	DIVISION OR BUREAU	INDEX NUMBER
Executive Officer	E99/not Reg.		

RESIDENCE ADDRESS*	TELEPHONE NUMBER

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
	CA				

(1) MONTH/YEAR Apr-09 (2) DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS BREAK-FAST	LUNCH	O.T./L/T. N/C, RELO. 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	(9) TOTAL EXPENSES PER DAY
4/16	8am-5pm	Oakland to Stewarts Pt							PC		216	118.80		118.80
		and return												
4/21	8am-5opm	Oakland to Sac & rtn							PC	10.50	180	99.00		109.50
												-		-
4/23	6:30am-	Oakland to Sac to			10.00	18.00			PC	18.00	90	49.50		95.50
4/24	5:00pm	Yosemite rtn to		6.00	10.00						372	204.60		220.60
														-
4/28	6am-	Oakland to Santa Ana		6.00	10.00	18.00			PC	32.00	26	14.30		80.30
4/29	6pm	return to Oakland		6.00	10.00							-		16.00
												-		-
4/2	7:30 am 8:30a-3:30p	Oakland to Sac & Return			~~10.00~~				PC	12.00	180	99.00		~~121.00~~ 111.00
												-		-
(10) SUBTOTALS			-	18.00	~~50.00~~ 40.00	36.00	-	-		72.50		585.20	-	751.70
CLAIM TOTAL C2008262A													$	751.70

(11) PURPOSE OF TRIP, REMARKS AND DETAILS *(Attach receipts/vouchers when required)*

4/16 Tour project at Stewarts Point;4/21 Mtg with RLFF & Torlakson office 4/23-24 OPC mtg Sac - Trails Conf in Yosemite

4/28-29 CEC Work Shop Costa Mesa 4/2 SCC Board Meeting in Sac.

(12) NORMAL WORK HOURS 8 am - 5pm	PCA	PROJECT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	TOTAL
	96140			~~104.00~~		-		72.50			~~176.50~~
(13) PRIVATE VEHICLE LICENSE No.			292	28.00						-	-
			296	49.50							-
(14) MILEAGE RATE CLAIMED 0.55			308	18.00							-
											-
AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REV. FUND CHECK No. 051-361308 05/14/09	96150		292	66.00							-
			296	535.70							-
			308	521.50							-
											-
	TOTALS			751.70							$ ~~176.50~~

(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	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
▶ [signature]	5/11/09	▶ [signature]	5-11-09

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

▶

STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

STD. 262 A (REV. 12/96)

*See Instructions and *Privacy Statement on Reverse Side*

RECEIVED APR 06 2009 STATE COASTAL CONSERVANCY ACCOUNTING

Page ____ Pages

CLAIMANT'S NAME: Samuel Schuchat		SSAN OR EMPLOYEE NUMBER*	DEPARTMENT
POSITION: Executive Officer	CB/ID NUMBER: E99/mt mg	DIVISION OR BUREAU	INDEX NUMBER
RESIDENCE ADDRESS*			TELEPHONE NUMBER
CITY	STATE: CA / ZIP CODE	CITY	STATE / ZIP CODE

(1) MONTH/YEAR Mar-09 (2) DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS BREAK-FAST	LUNCH	O.T./L/T. N/C, RELO. 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	(9) TOTAL EXPENSES PER DAY
3/24	8-5pm	Oakland to Sac & Return							P	20.00	180	99.00		119.00
												-		-
3/26	8 - 9pm	Oakland to Sac & return							P	18.00	180	99.00		117.00
									P	10.00		-		10.00
												-		-
3/30	3pm-9pm	Oakland to							P	12.00	74	40.70		52.70
		Mt. View & return										-		-
												-		-
												-		-
												-		-
												-		-
												-		-
(10) SUBTOTALS			-	-	-	-	-	-		60.00	430 238.70		-	298.70
CLAIM TOTAL													$	298.70

C 2008248 7/16/09

(11) PURPOSE OF TRIP, REMARKS AND DETAILS *(Attach receipts/vouchers when required)*

3/24 Legislative Meet & greet at the Capitol; Meeting wit th Legislators; OPC/ DFG mtg; Fishery Forum & reception

3/30 Ca Fisheries Fund Event at Google in Mt. View

(12) NORMAL WORK HOURS	PCA	PROJECT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	TOTAL
8 am - 5pm	96140		296	99.00		-		~~60.00~~			~~60.00~~
(13) PRIVATE VEHICLE LICENSE No.			308	18.00						-	-
											-
(14) MILEAGE RATE CLAIMED	96150		296	139.70							-
0.55			308	42.00							-
											-
											-
											-
											-
AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REV. FUND CHECK No. 051-361249 04/16/09	TOTALS			298.70							$ ~~60.00~~

(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	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
▶ [signature]	4/6/09	▶ [signature]	4/6/09

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

▶

STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

STD. 262 A (REV. 12/96)

*See Instructions and *Privacy Statement on Reverse Side*

RECEIVED JUL 07 2009 STATE COASTAL CONSERVANCY ACCOUNTING

Page 1

CLAIMANT'S NAME	SSAN OR EMPLOYEE NUMBER *	DEPARTMENT
Samuel Schuchat		

POSITION	CB/ID NUMBER	DIVISION OR BUREAU	INDEX NUMBER
Executive Officer	E99/2001 Reg	State Coastal Conservancy	

RESIDENCE ADDRESS*	TELEPHONE NUMBER
1330 Broadway, 13th Floor	510-286-4185

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
	CA		Oakland	CA	94612

(1) MONTH/YEAR May-09 (2) DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS BREAK-FAST	LUNCH	O.T./L/T. N/C, RELO. 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	(9) TOTAL EXPENSES PER DAY
		OAKLAND –												
5/12	7:00	Sacramento: mtg w/OPC –	not.							4.00	180	99.00	20.00	123.00 ~~103.00~~
		staff; mtg with Karen										-		-
	17:00	Scarborough and TNC										-		-
		OAKLAND –												113.00
5/14	6:00	Sacramento: brief Fish & –	not							4.00	180	99.00	10.00	~~103.00~~
	17:00	Game Commission										-		-
												-		-
												-		-
												-		-
												-		-
												-		-
												-		-
												-		-
(10) SUBTOTALS			-	-	-	-	-	-		8.00	360	198.00	30.00	~~206.00~~

CLAIM TOTAL C 2009008 $ ~~206.00~~ 236.00

(11) PURPOSE OF TRIP, REMARKS AND DETAILS *(Attach receipts/vouchers when required)*

MT

(12) NORMAL WORK HOURS	PCA	PROJECT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	TOTAL
8-5	96140		296	99.00	120.00			~~6.00~~		~~198.00~~	~~206.00~~
(13) PRIVATE VEHICLE LICENSE No.			308	24.00						-	-
											-
(14) MILEAGE RATE CLAIMED	96150		296	99.00	113.00						-
0.55			308	14.00							-
AGENCY ACCOUNTING OFFICE USE ONLY											-
PAID BY REV. FUND CHECK No.											-
051-361450											-
07/09/09											-
	TOTALS			236.00							$ 206.00

(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	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
▶ [signature]	6/30/09	▶ [signature]	6-6-09

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

▶

STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

(TD 262 A (REV. 12/96))

*See Instructions and *Privacy Statement on Reverse Side*

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RECEIVED
JUL 01 2009
STATE COASTAL CONSERVANCY
ACCOUNTING

CLAIMANT'S NAME	SSAN OR EMPLOYEE NUMBER *	DEPARTMENT
Samuel Schuchat		

POSITION	CB/ID NUMBER	DIVISION OR BUREAU	INDEX NUMBER
Executive Officer	E99/non reg	State Coastal Conservancy	

RESIDENCE ADDRESS*		TELEPHONE NUMBER
	1330 Broadway, 13th Floor	510-286-4185

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
	CA		Oakland	CA	94612

MONTH/YEAR Jun-09 DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS BREAK-FAST	LUNCH	O.T./L/T. N/C, RELO. 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	(9) TOTAL EXPENSES PER DAY
8/4	8:00	Sacramento SCC Board						24.00	Train					24.00
		mtg; mtg with Secty.												-
	16:40	Chrisman; carpool up												-
		Amtrak home												-
8/15	6:00	OAK - + ret. San Diego: meet with							PC A	16.00	26	14.30		30.30
		John Robertus, tour										-		-
	18:30	Border area								-		-		-
8/19	13:00	OAK - + ret. Sacramento: mtg w/								22.75	180	99.00		121.75
	18:30	Secty Chrisman										-		-
												-		-
												-		-
												-		-
		SUBTOTALS	-	-	-	-	-	24.00		38.75	206	113.30	-	176.05

AMTRAK
Riders 1
Baggage
SCHUCHAT / SAMUEL MR
7000375456
SACRAMENTO, CA
EMERYVILLE, CA
Sender Train Date
Accom Space/Car
UNRESERVED
Form of Payment AP24.00AX 1006
Rail Fare $24.00 Accom Charge $.00
Fare Plans Total $24.00
UOCC
Ticket Number 1555917173405 01 01
04JUN09 15DEPC
PASSENGER RECEIPT

CLAIM TOTAL C2009008 $ 176.05

PURPOSE OF TRIP, REMARKS AND DETAILS *(Attach receipts/vouchers when required)*

WORK HOURS	PCA	PROJECT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	TOTAL
8-5	96150			-	302	24.00	308	38.75	296	113.30	176.05
VEHICLE LICENSE No.										-	-
RATE CLAIMED 0.55											-
ACCOUNTING USE ONLY											-
361450 07/09/09											-
											-
	TOTALS										$ 176.05

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 rate claimed 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.

	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
[signature]	6/30/09	[signature]	6-6-09

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

STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

STD. 262 A (REV. 12/96)

*See Instructions and *Privacy Statement on Reverse Side*

Page ____ Pages ____

CLAIMANT'S NAME	SSAN OR EMPLOYEE NUMBER *	DEPARTMENT
Samuel Schuchat		

POSITION	CB/ID NUMBER	DIVISION OR BUREAU	INDEX NUMBER
Executive Officer	E99 Non Rep	STATE COASTAL CONSERVANCY	

RESIDENCE ADDRESS*	TELEPHONE NUMBER
1330 BROADWAY #1300	

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
	CA		OAKLAND	CA	94612

(1) MONTH/YEAR Jul-Aug 09		(3) LOCATION	(4)	(5) MEALS			(6)	(7) TRANSPORTATION					(8)	(9)
(2) DATE	TIME	WHERE EXPENSES WERE INCURRED	LODGING	BREAK-FAST	LUNCH	O.T./L/T. N/C, RELO. OR DINNER	INCIDEN-TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	(D) PRIVATE CAR USE AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSES PER DAY
7/6	8-5pm	Oakl to Sac and Return							P	16.25	180	99.00		115.25
												-		-
8/17	8-4pm	Oak to Palo Alto & rtn							PC		72 ~~100~~	39.60 ~~55.00~~		~~55.00~~ 39.60
												-		-
8/28	6am-7pm	Oakl to LAX & return							~~A~~ P	25.25 ~~23.35~~	26	14.30		39.65 ~~37.65~~
									RC			-		-
												-		-
												-		-
												-		-
												-		-
												-		-
												-		-
(10) SUBTOTALS			-	-	-	-	-	-		41.60 ~~39.60~~	278 ~~306~~	152.90 ~~168.30~~	-	194.50 ~~207.90~~

CLAIM TOTAL C-20009048 Grand Total $ ~~207.90~~ 194.5

(11) PURPOSE OF TRIP, REMARKS AND DETAILS *(Attach receipts/vouchers when required)*

7/6 Resources - San Clemente Dam Mtg; 8/17 Marine Geospatial Workshop - Sanford University; 8/28 Mtg with Gary Gero (CAR) and Derik Broek hoff at Climate Action Reserve & UCLA mtg with Paul Bunje, Glen MacDonald & Rick Ambrose (Institute of Environment

(12) NORMAL WORK HOURS: 8am-5pm

(13) PRIVATE VEHICLE LICENSE No.:

(14) MILEAGE RATE CLAIMED: 0.55

PCA	PROJECT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	TOTAL
96150		296	152.90		-		~~39.60~~		~~168.30~~	207.90
		308	41.60						-	-
										-
										-
										-
										-
										-
										-
										-
TOTALS			194.50							$ 207.90

AGENCY ACCOUNTING OFFICE USE ONLY
PAID BY REV. FUND CHECK No.
051-361532
09/03/09

(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 ▶ [signature] DATE 8/31/09

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT ▶ Regina Serrano DATE 8-31-09

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

STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

TD-282 A (REV. 12/96)

See Instructions and Privacy Statement on Reverse Side

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SEP 16 2008

STATE COASTAL CONSERVANCY ACCOUNTING

Page _____ Pages

CLAIMANT'S NAME: Samuel Schuchat		SSAN OR EMPLOYEE NUMBER*	DEPARTMENT
POSITION: Executive Officer	CB/ID NUMBER: E99/[illegible]	DIVISION OR BUREAU	INDEX NUMBER
RESIDENCE ADDRESS*			TELEPHONE NUMBER
CITY	STATE: CA / ZIP CODE	CITY	STATE / ZIP CODE

(1) MONTH/YEAR Sep-08 DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS BREAK-FAST	LUNCH	O.T./L/T. N/C, RELO. 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	(9) TOTAL EXPENSES PER DAY
9/7	7am	Oak to SFO to Dulles, DC	215.26		10.00	18.00	6.00		A T PC	60.00	22	12.87 ~~12.88~~		322.13 ~~322.14~~
9/8		Washington DC	215.26	6.00	10.00	18.00	6.00							255.26
9/9	6:00pm	DC to SFO to Oakland		6.00	10.00				A T PC	65.00	22	12.89 ~~12.88~~		93.87 ~~93.88~~
									P	40.23				40.23
														-
														-
										-				-
					"OUT OF STATE TRAVEL TO WASHINTON DC"									-
														-
														-
														-
SUBTOTALS			430.52	12.00	30.00	36.00	12.00	-		165.23	44	25.74 ~~25.76~~	-	711.49 ~~711.51~~
CLAIM TOTAL				C2008122									$	711.49 ~~711.51~~

PURPOSE OF TRIP, REMARKS AND DETAILS *(Attach receipts/vouchers when required)*

7-9/9 - Meet with Legislators in Washington DC to discuss Federal funding of SCC Projects

711.49

NORMAL WORK HOURS	PCA	PROJECT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	TOTAL
8 am - 5 pm	96150		312	520.52		-		~~165.23~~		~~25.76~~	711.51
PRIVATE VEHICLE LICENSE No.			316	25.74						-	-
			322	125.00							-
MILEAGE RATE CLAIMED			315	40.23							-
.58.5											-
AGENCY ACCOUNTING OFFICE USE ONLY											-
PAID BY REV. FUND CHECK No.											-
51-360733 09/26/08											-
	TOTALS			711.49							$ 711.51

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	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
[signature]	9/16/08	Regina Serrano	9-16-08

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

STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

STD. 262 A (REV. 12/96)

*See Instructions and *Privacy Statement on Reverse Side*

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CLAIMANT'S NAME	SSAN OR EMPLOYEE NUMBER *	DEPARTMENT
Samuel Schuchat		

POSITION	CB/ID NUMBER	DIVISION OR BUREAU	INDEX NUMBER
Executive Officer	E99/Non Reg		

RESIDENCE ADDRESS*	TELEPHONE NUMBER

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
	CA				

(1) MONTH/YEAR Sep-09		(3) LOCATION	(4)	(5) MEALS			(6)	(7) TRANSPORTATION					(8)	(9)
(2) DATE	TIME	WHERE EXPENSES WERE INCURRED	LODGING	BREAK-FAST	LUNCH	O.T./L/T. N/C, RELO. OR DINNER	INCIDEN-TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	(D) PRIVATE CAR USE AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSES PER DAY
9/10	5-10pm	Oakland to Monterey							P	12.00	222	122.10	~~122.10~~	134.10
		and return										-		-
												-		-
												-		-
												-		-
												-		-
												-		-
												-		-
												-		-
												-		-
												-		-
(10) SUBTOTALS			-	-	-	-	-	-		12.00	222	122.10	~~122.10~~	134.10

CLAIM TOTAL C 2009075A $ 134.10

(11) PURPOSE OF TRIP, REMARKS AND DETAILS *(Attach receipts/vouchers when required)*

9/10 RLG/RLFR Event Monterey Aquarium 7-9 pm

(12) NORMAL WORK HOURS	PCA	PROJECT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	TOTAL
8 am - 5pm	96150			-		-	308	12.00	296	122.10	134.10
(13) PRIVATE VEHICLE LICENSE No.										~~122.10~~	~~122.10~~
(14) MILEAGE RATE CLAIMED 0.55											-
AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REV. FUND CHECK No. 051-361609 10/05/09											-
		TOTALS									$ 256.20

(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 ▶ [signature] DATE 10/1/09

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT ▶ [signature] DATE 10-5-09

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

STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

STD. 262 A (REV. 12/96)

RECEIVED NOV 0 9 2009 STATE COASTAL CONSERVANCY ACCOUNTING

*See Instructions and *Privacy Statement on Reverse Side*

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Page _____ Pages _____

CLAIMANT'S NAME	SSAN OR EMPLOYEE NUMBER	DEPARTMENT
Samuel Schuchat		

POSITION	CB/ID NUMBER	DIVISION OR BUREAU	INDEX NUMBER
Executive Officer	E99/TMN		

RESIDENCE ADDRESS*	CITY	STATE	ZIP CODE	TELEPHONE NUMBER
		CA		

CITY	STATE	ZIP CODE

(1) MONTH/YEAR Oct-09 (2) DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS BREAK-FAST	LUNCH	O.T./L/T. N/C, RELO. 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	(9) TOTAL EXPENSES PER DAY
20-Oct	8-5pm	Oakland to Sac & Return							PC	12.00	180	99.00		111.00
												-		-
10/21	8-5pm	Oakland to SJ and return							PC	1.00	73	40.15		41.15
												-		-
10/23	8-5pm	Oakland to SJ									90	49.50		49.50
												-		-
10/27	6-5pm	Oakland to Long Beach	126.58	6.00	10.00	18.00	6.00		PC	32.00	26	14.30		212.88
10/28	8am-12pm	and return		6.00					C	35.00		-		41.00
												-		-
												-		-
												-		-
												-		-
(10) SUBTOTALS			126.58	12.00	10.00	18.00	6.00	-		80.00	369	202.95	-	455.53

CLAIM TOTAL C 2009/100 $ 455.53

(11) PURPOSE OF TRIP, REMARKS AND DETAILS *(Attach receipts/vouchers when required)*

10/20 - CCLT Mtg; 10/21 - Lunch meetingwith Mayor Foust; Oakland to SanJose tomeet with Silcon Valley Leadership Group ~~10/27~~ (10/23)

10/27-10/28 H20 Conf Long Beach

(12) NORMAL WORK HOURS	PCA	PROJECT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	TOTAL
	96150		297	172.58		-		~~80.00~~		~~202.95~~	455.53
(13) PRIVATE VEHICLE LICENSE No.			296	202.95						-	-
			302	35.00							-
(14) MILEAGE RATE CLAIMED 0.55			308	45.00							-
											-
											-
											-
											-
											-
	TOTALS			455.53							$ 455.53

AGENCY ACCOUNTING OFFICE USE ONLY
PAID BY REV. FUND CHECK No.
051-361746
11/19/09

(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 ▸ [signature] DATE 11/2/09

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT ▸ [signature] DATE 11-3-09

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

STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

STD. 262 A (REV. 12/96)

*See Instructions and *Privacy Statement on Reverse Side*

Page 1 Pages

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OCT 14 2009
STATE COASTAL CONSERVANCY ACCOUNTING

CLAIMANT'S NAME	SSAN OR EMPLOYEE NUMBER	DEPARTMENT
Samuel Schuchat		

POSITION	CB/ID NUMBER	DIVISION OR BUREAU	INDEX NUMBER
Executive Officer	E99/nor		

RESIDENCE ADDRESS*	TELEPHONE NUMBER

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
	CA				

(1) MONTH/YEAR: Oct-09

(2) DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS BREAK-FAST	LUNCH	O.T./L/T. N/C, RELO. 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	(9) TOTAL EXPENSES PER DAY
10/6	8:00am	San Francisco to DC	180.91		10.00	18.00	6.00		A Cab	60.50		-		275.41
10/7		Washington DC	180.91	6.00	10.00	18.00	6.00		M	27.00		-		247.91
10/8	23:00	return to San Franciaco		6.00	10.00	18.00			Cab A	42.05 ~~15.08~~		-		76.05 ~~79.05~~
												-		-
												-		-
												-		-
												-		-
												-		-
						"OUT OF STATE TRAVEL - Washington DC"						-		-
												-		-
												-		-
												-		-
(10) SUBTOTALS			361.82	12.00	30.00	54.00	12.00	-		129.55 ~~132.55~~	-	-	-	~~602.37~~
CLAIM TOTAL		C 2009148											$	~~602.37~~ 599.37

(11) PURPOSE OF TRIP, REMARKS AND DETAILS *(Attach receipts/vouchers when required)*

10/6-108/09 Meet with Legislators regarding Federally Funded Projects

(12) NORMAL WORK HOURS: 8 am - 5 pm

(13) PRIVATE VEHICLE LICENSE No.:

(14) MILEAGE RATE CLAIMED: 0.55

AGENCY ACCOUNTING OFFICE USE ONLY
PAID BY REV. FUND CHECK No.
051-361609
10/15/09

PCA	PROJECT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	TOTAL
96150		312	469.82		-				-	-
		322	129.55						-	-
										-
										-
										-
										-
										-
										-
										-
TOTALS										$ -

(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	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
▶ [signature]	10/13/09	▶ [signature]	10-13-09

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

▶

DATE

STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

STD. 262 A (REV. 12/96)

*See Instructions and *Privacy Statement on Reverse Side*

RECEIVED DEC 09 2009 STATE COASTAL CONSERVANCY ACCOUNTING

Page _____ Pages

CLAIMANT'S NAME	SSAN OR EMPLOYEE NUMBER	DEPARTMENT
Samuel Schuchat		

POSITION	CB/ID NUMBER	DIVISION OR BUREAU	INDEX NUMBER
Executive Officer	E99/Non Reg		

RESIDENCE ADDRESS*	TELEPHONE NUMBER

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
	CA				

(1) MONTH/YEAR Nov-09 (2) DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS BREAK-FAST	LUNCH	O.T./L/T. N/C, RELO. 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	(9) TOTAL EXPENSES PER DAY
11/9	11:30-1pm	Oak to Larkspur & rtn							PC	8.75	40	22.00		30.75
11/10	9am-3pm	Oak to Sac & Rtn							P	4.50	180	99.00		103.50
11/12	2pm-8pm	Oak to SLO and rtn						10.00	A B			-		10.00
11/17	7:30am-6pm	SFO to ~~SB~~ Santa Barbara & Rtn						10.00	A B	10.00		-		20.00
11/24	8am-5pm	Oakland to Sac & rtn							P	15.25	180	99.00		114.25
11/30	7am-~~7pm~~	Oakland to San Diego	125.83		10.00	18.00	6.00		P	15.00				174.83
12/1	~~7~~-6pm	San Diego to Oakland		6.00	10.00									16.00
												-		-
												-		-
												-		-
												-		-
(10) SUBTOTALS			125.83	6.00	20.00	~~36.00~~ 18.00	6.00	20.00		53.50	400	220.00	-	~~487.33~~ 469.33
CLAIM TOTAL		C 2009116A											$	487.33

(11) PURPOSE OF TRIP, REMARKS AND DETAILS *(Attach receipts/vouchers when required)*

11/9 Lunch mtg w/ Supervisor McGlashan, 11/10 Lunch mtg w/ Lynn Terry in Sac, 11/12 NEP mtg in Morro Bay
11/17 Marine Resources Comm. mtg in Santa Barbara, 11/24 OPC Briefing @ Resources in Sac, 11/30-12/1 OPC in SD; OST mtg in SD

(12) NORMAL WORK HOURS	PCA	PROJECT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	TOTAL
8 am - 5pm	96150					~~20.00~~		~~53.50~~		~~220.00~~	~~487.33~~
(13) PRIVATE VEHICLE LICENSE No.			292	16.00						-	-
			296	220.00							-
(14) MILEAGE RATE CLAIMED			302	20.00							-
0.55			308	38.50							-
AGENCY ACCOUNTING OFFICE USE ONLY	96140										-
PAID BY REV. FUND CHECK No.			292	159.83							-
051-361819			308	15.00							-
12/16/09											-
	TOTALS			469.33							$ ~~487.33~~

(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	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
▶ [signature]	12/8/09	▶ Regina Serrano	12-9-09

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

▶

DATE

STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

STD. 262 A (REV. 12/96)

*See Instructions and *Privacy Statement on Reverse Side*

RECEIVED MAR 29 2010 STATE COASTAL C ACCOUNTING

Page ____ Pages ____

CLAIMANT'S NAME	SSAN OR EMPLOYEE NUMBER *	DEPARTMENT
Samuel Schuchat		

POSITION	CB/ID NUMBER	DIVISION OR BUREAU	INDEX NUMBER
Executive Officer	E99/not Rep		

RESIDENCE ADDRESS*	TELEPHONE NUMBER

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
	CA				

(1) MONTH/YEAR Feb-Mar 10 (2) DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS BREAK-FAST	LUNCH	O.T./L/T. N/C, RELO. 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	(9) TOTAL EXPENSES PER DAY
2/1	12-5pm	Oak to Sac and rtn								17.50	180	90.00		107.50
2/9	8am-5pm	Oak to Sac and rtn								18.00	180	90.00		108.00
2/16	12-5pm	Oak to Sac and rtn								4.50	180	90.00		94.50
										10.00				10.00
3/2	8-am	Oakland to Sac	95.58		10.00	18.00	6.00			28.00	180	90.00		247.58 ~~214.58~~
3/3	5pm	and return		6.00	10.00									16.00
3/17	8-5pm	Oakland to Sac & rtn								9	180	90		99
												-		-
												-		-
												-		-
												-		
(10) SUBTOTALS			95.58	6.00	20.00	18.00	6.00	-		87.00	900	450.00	-	682.58 ~~663.58~~
CLAIM TOTAL													$ 682.58 ~~663.58~~	

C 20092011

(11) PURPOSE OF TRIP, REMARKS AND DETAILS *(Attach receipts/vouchers when required)*

2/1 Climate ActioN Team Mtg in Sacramento; ;2/9 MLMA Assembly Hearing-testify; 2/16 Meeting with Assembly member Jerry Hill;

3/2 CA Land Trust Council Conf; 3/3 Ocean Protection Council Meeting; 3/17 Assembly Budget Sub 3 Hearing

(12) NORMAL WORK HOURS: 8 am - 5pm

(13) PRIVATE VEHICLE LICENSE No.: -

(14) MILEAGE RATE CLAIMED: 0.5

AGENCY ACCOUNTING OFFICE USE ONLY
PAID BY REV. FUND CHECK No.
051-362075
03/30/10

PCA	PROJECT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	TOTAL
96150		292	145.58		-					145.58
		296	450.00						-	-
		308	59.00							-
										-
96140		308	28.00							-
										-
										-
EA										-
TOTALS			682.58							$ 145.58

(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 ▶ [signature] DATE 3/25/10

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT ▶ [signature] DATE 3/25/10

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

STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

STD. 262 A (REV. 12/96)

*See Instructions and *Privacy Statement on Reverse Side*

Page ____ Pages ____

CLAIMANT'S NAME	SSAN OR EMPLOYEE NUMBER *	DEPARTMENT
Samuel Schuchat		

POSITION	CB/ID NUMBER	DIVISION OR BUREAU	INDEX NUMBER
Executive Officer	E99/Non Rep		

RESIDENCE ADDRESS*	TELEPHONE NUMBER

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
	CA				

(1) MONTH/YEAR: Mar-Apr 10

(2) DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS BREAK-FAST	LUNCH	O.T./L/T. N/C, RELO. 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	(9) TOTAL EXPENSES PER DAY
3/26	8am-7pm	Oak to Big Sur & rtn			~~10.00~~	18.00					288	144.00 ~~158.40~~		162.00 ~~186.40~~
3/29	9am-4pm	Oak to Hayward & rtn									44	22.00 ~~24.20~~		22.00
4/1	2-3pm	Oak SCC to Cal Trans								3.00		-		3.00
														-
4/6	7:30-5pm	Oak to Sac and rtn								18.00	190	95.00 ~~104.50~~		113.00 ~~122.50~~
														-
4/20	8am	Oakland to Cambria	93.24		10.00	18.00	6.00					-		127.24
4/21		Cambria	93.24	6.00			6.00					-		105.24
4/22		Cambria	93.24				6.00					-		99.24
4/23	5:00pm	Return to Oakland			10.00						553	276.50 ~~304.15~~		286.50 ~~314.15~~
												-		-
(10) SUBTOTALS			279.72	6.00	20.00 ~~30.00~~	36.00	18.00	-		21.00	1,075	537.50 ~~591.25~~		918.22 ~~957.77~~
CLAIM TOTAL														$ 918.22 ~~957.77~~

C 2009215 A

(11) PURPOSE OF TRIP, REMARKS AND DETAILS *(Attach receipts/vouchers when required)*

3/26 Coast Trail mtg in Big Sur; 3/29 M SBSP tou in Hayward; 4/1 Cal Trans meeting; 4/6 Ocean Day in Sac, variouis meetings

4/20-4/23 Trails Conference in Cambria

(12) NORMAL WORK HOURS: 8 am - 5pm

(13) PRIVATE VEHICLE LICENSE No.

(14) MILEAGE RATE CLAIMED: ~~0.55~~ .50

PCA	PROJECT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	TOTAL
96150			~~269.72~~		-		~~21.00~~		~~591.25~~	~~981.97~~
		292	359.72						-	-
		296	537.50							-
		368	21.00							-
										-
										-
										-
										-
										-
TOTALS			918.22							$ ~~981.97~~

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REV. FUND CHECK No. 051-362132 05/06/10

(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 ▶ [signature] DATE 5/5/10

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT ▶ [signature] DATE 5/6/2010

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

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JUN 03 2010

STATE COASTAL CONSERVANCY ACCOUNTING

STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

STD. 262A (REV. 12/96)

*See Instructions and *Privacy Statement on Reverse Side*

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CLAIMANT'S NAME	SSAN OR EMPLOYEE NUMBER *	DEPARTMENT
Samuel Schuchat		

POSITION	CB/ID NUMBER	DIVISION OR BUREAU	INDEX NUMBER
Executive Officer	E99/non pay		

RESIDENCE ADDRESS*	TELEPHONE NUMBER

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
	CA				

(1) MONTH/YEAR May-10 (2) DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS BREAK-FAST	LUNCH	O.T./L/T. N/C, RELO. 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	(9) TOTAL EXPENSES PER DAY
5/12	6am-8pm	Oak to Long Beach & rtn				18.00			PC	16.00				34.00
														-
5/19	6am-6pm	Emeryville to Sac & rtn						50.00	Tr					50.00
														-
5/24	4:00 PM	Oakland to Monterey	101.19			18.00	6.00		CP					125.19
5/25	6pm	and return to OAKLAND		6.00	10.00									16.00
5/26	8;30-5pm	OAK to Lawson Landing &							PC		149.8	74.9		74.90
		Ret										-		-
5/27	8-6pm	Oak to Sac and return							PC	18.00	162	81.00		99.00
												-		-
												-		-
(10) SUBTOTALS			101.19	6.00	10.00	36.00	6.00	50.00		34.00	311.80 ~~312~~	155.90	-	399.09
CLAIM TOTAL						C2009 246							$	399.09

(11) PURPOSE OF TRIP, REMARKS AND DETAILS *(Attach receipts/vouchers when required)*

5/12/10 LCWA mtg and tour of Crystal Cove in in Long Beach;5/19 OPC evaluations in S: Sac ; 5/24_5/25 Fish: Game Commission and Marine Resources Mtg; 5/26 Lawson's Landing tour ; 5/27 SCC Board Mtg - Sac

(12) NORMAL WORK HOURS	PCA	PROJECT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	TOTAL
8 am - 5pm	96150		292	159.19		50.00		34.00		155.90	399.09
(13) PRIVATE VEHICLE LICENSE No.			296	155.90						-	-
			308	34.00							-
(14) MILEAGE RATE CLAIMED											-
0.50	96140		302	50.00							-
AGENCY ACCOUNTING OFFICE USE ONLY											-
PAID BY REV. FUND CHECK No.											-
051-362199											-
06/03/10	TOTALS			399.09							$ 399.09

(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	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
▶ [signature]	6/2/10	▶ [signature]	6/2/10

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

▶

STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

STD. 262 A (REV. 12/96)

*See Instructions and *Privacy Statement on Reverse Side*

RECEIVED JUN 29 2010 STATE COASTAL CONSERVANCY ACCOUNTING

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CLAIMANT'S NAME	SSAN OR EMPLOYEE NUMBER *	DEPARTMENT
Samuel Schuchat		

POSITION	CB/ID NUMBER	DIVISION OR BUREAU	INDEX NUMBER
Executive Officer	E99 / non rep		

RESIDENCE ADDRESS*	TELEPHONE NUMBER

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
	CA				

(1) MONTH/YEAR Jun-10 (2) DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS BREAK-FAST	LUNCH	O.T./L/T. N/C, RELO. 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	(9) TOTAL EXPENSES PER DAY
5/28	1pm-5pm	Oakland to Marin ↓RT							PC	11.00	57	28.50		39.50
												-		-
6/2	8am-3pm	Oak to SAC and return							PC	12.50	180	90.00		102.50
6/3	6am-6pm	Oak to Burbank & rtn						11.00	PC M A	16.00	26	13.00		40.00
6/5	9am-1pm	Oak to Martinez & rtn							PC		45	22.50		22.50
6/8	8am-2pm	Oak to SAC ar and rtn							PC	11.25	160	80.00		91.25 ~~80.00~~
6/23	3pm-~~8pm~~	SFO to Santa Barbara	134.40			18.00	6.00	10.00	A B					168.40
6/24	~~8-5pm~~	Santa Barbara	134.40	6.00	10.00	18.00	6.00					-		174.40
6/25	8 ~~8am~~-8pm	Santa barbara to SFO		6.00	10.00	18.00				~~9.00~~		-		34.00 ~~43.00~~
												-		-
												-		-
												-		-
(10) SUBTOTALS			268.80	12.00	20.00	54.00	12.00	21.00		50.75 ~~48.50~~	468	234.00	-	672.55 ~~670.30~~
CLAIM TOTAL													$	~~670.30~~

C 2010027

(11) PURPOSE OF TRIP, REMARKS AND DETAILS *(Attach receipts/vouchers when required)*

5/28 Hamilton Tour with Dutch; 6/2 Rigs to Re Reef Briefing in Sac; 6/3WRB Board of Governors in Los Angeles; 6/5 Speak at Fernandez Ranch Ribbon Cutting; 6/8 WCB/State Parks/SCC Quarterly Meeting in Sac; 6/23-6/25 OPC mtg in Santa Barbara

(12) NORMAL WORK HOURS: 8 am - 5pm

(13) PRIVATE VEHICLE LICENSE No.:

(14) MILEAGE RATE CLAIMED: 0.5

AGENCY ACCOUNTING OFFICE USE ONLY
PAID BY REV. FUND CHECK No.
051-362317
07/12/10

PCA	PROJECT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	TOTAL
96140		292	366.80		~~21.00~~		~~48.50~~		~~234.00~~	~~670.30~~
		302	10.00						-	-
96150										-
		296	234.00							-
		302	11.00							-
		308	50.75							-
										-
										-
										-
TOTALS			672.55							$ ~~670.30~~

(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	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
▶ [signature]	6/28/10	▶ Regine Serrano	6/29/10

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

▶

DATE

STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

STD. 262 A (REV. 12/96)

*See Instructions and *Privacy Statement on Reverse Side*

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STATE COASTAL CONSERVANCY
ACCOUNTING

Page 1 of 2 Pages

CLAIMANT'S NAME	SSAN OR EMPLOYEE NUMBER *	DEPARTMENT
Samuel Schuchat	[redacted]	

POSITION	CB/ID NUMBER	DIVISION OR BUREAU	INDEX NUMBER
Executive Officer	Rax E99 non-Rep		

RESIDENCE ADDRESS*	TELEPHONE NUMBER
	510-286-4185

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Oakland	CA				

(1) MONTH/YEAR: July 2010
(2) - Aug '10

DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS: BREAK-FAST	LUNCH	O.T./L/T. N/C, RELO. 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	(9) TOTAL EXPENSES PER DAY
7/30	Noon	OAKLAND - Sacramento - Attend OPC							PC	20.25	164	82.00		102.25
		Steering Committee										-		-
7/30	18:00											-		-
												-		-
												-		-
												-		-
												-		-
												-		-
												-		-
												-		-
												-		-
												-		-
(10) SUBTOTALS			-	-	-	-	-	-		20.25	164	82.00	-	102.25

CLAIM TOTAL C 2010106B Total 102.25

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (*Attach receipts/vouchers when required*)
7/30 OPC Steering Committee Mtg-Sac.

(12) NORMAL WORK HOURS: 8am - 5pm

(13) PRIVATE VEHICLE LICENSE No.

(14) MILEAGE RATE CLAIMED: 0.50

AGENCY ACCOUNTING OFFICE USE ONLY
PAID BY REV. FUND CHECK No. 051-362841
10/18/10

PCA	PROJECT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	TOTAL
96145		296	82.00		-					102.25
		308	20.25						-	-
										-
										-
										-
										-
										-
										-
										-
TOTALS			102.25							$ 102.25

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with Dr A 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
▶ [signature]	8/30/10	▶ [signature]	8/30/10

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

▶

STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

STD. 262 A (REV. 12/96)

*See Instructions and *Privacy Statement on Reverse Side*

Page _____ Pages

CLAIMANT'S NAME	SSAN OR EMPLOYEE NUMBER *	DEPARTMENT
Samuel Schuchat		

POSITION	CB/ID NUMBER	DIVISION OR BUREAU	INDEX NUMBER
Executive Officer	E99/[illegible]		

RESIDENCE ADDRESS*	TELEPHONE NUMBER

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
	CA				

(1) MONTH/YEAR Oct-10 (2) DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS BREAK-FAST	LUNCH	O.T./L/T. N/C, RELO. 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	(9) TOTAL EXPENSES PER DAY
10/6	6:30am-6:30pm	Oak to Sac and return							PC	25.00	162	81.00		106.00
10/12	12pm	Oakland to Monterey	98.59			18.00	6.00		PC	27.75	268	134.00		284.34
10/13		Monterey	98.59	6.00	10.00	18.00	6.00		PC	19.00				157.59
10/14	6pm	Monterey to Oakland		6.00	10.00									16.00
10/19	6am	OAK to LAX to Long Beach	97.43		10	18	6		A PC	10	26	13		154.43
10/20		To Santa Monica to Malibu	97.43	6.00	10	18	6	9.65	RC ~~G~~					147.08
10/21	7pm	return to Oakland		6.00	10.00				P	108.00		-		124.00
												-		-
												-		-
												-		-
(10) SUBTOTALS			392.04 ~~197.18~~	24.00	50.00	72.00	24.00	9.65		189.75	456	228.00	-	989.44

CLAIM TOTAL C 2010117A 989.44

(11) PURPOSE OF TRIP, REMARKS AND DETAILS *(Attach receipts/vouchers when required)*

10/6 Attend Total Resource Mgmt Mtg in Sac; 10/12-10/14 Attend CSSL mtg in Monterey
10/19 speak at Water Ed Bond Mtg in Long Beach; 10/20-10/21 Board tour in Malibu - Bd Mtg Santa Monica

(12) NORMAL WORK HOURS	PCA	PROJECT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	TOTAL
8 am - 5pm	96150			~~367.18~~		~~9.65~~					~~376.83~~
(13) PRIVATE VEHICLE LICENSE No.			292	562.04						-	-
			296	228.00							-
(14) MILEAGE RATE CLAIMED 0.5			308	199.40							-
AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REV. FUND CHECK No. 051-362880 10/29/10		TA 362879									-
		TOTALS		989.44							$ ~~376.83~~

(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	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
▶ [signature]	10/26/10	▶ [signature]	10-26-10

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

▶

STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

STD. 262 A (REV. 12/96)*

*See Instructions and *Privacy Statement on Reverse Side*

Page _____ Pages

CLAIMANT'S NAME	SSAN OR EMPLOYEE NUMBER *	DEPARTMENT
Samuel Schuchat		

POSITION	CB/ID NUMBER	DIVISION OR BUREAU	INDEX NUMBER
Executive Officer	E99/non reg		

RESIDENCE ADDRESS*	TELEPHONE NUMBER

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
	CA				

(1) MONTH/YEAR Sep-10 (2) DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS BREAK-FAST	LUNCH	O.T./L/T. N/C, RELO. 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	(9) TOTAL EXPENSES PER DAY
9/22	6:00am	Oak to SFO to Wash DC		6.00	10.00	18.00	6.00	B 10.00	A C	58.00		-		108.00
9/23	~~8-5pm~~	Washington DC		6.00	10.00	18.00	6.00					-		40.00
9/24	~~8~~-10pm	Wash DC to SFO to Oak		6.00	10.00	18.00			A C	60.00		-		94.00
												-		-
												-		-
												-		-
												-		-
												-		-
						"OUT OF STATE TRAVEL - Washington DC"						-		-
												-		-
												-		-
												-		-
(10) SUBTOTALS			-	18.00	30.00	54.00	12.00	10.00		118.00	-	-	-	~~336.00~~ 242.00

CLAIM TOTAL C 20/0/97 $ 242.00 ~~336.00~~

(11) PURPOSE OF TRIP, REMARKS AND DETAILS *(Attach receipts/vouchers when required)*

09/22-09/24 Meet with legislators to discuss Federal Funded Coastal Conservancy Projects

(12) NORMAL WORK HOURS: 8 am - 5 pm

(13) PRIVATE VEHICLE LICENSE No.:

(14) MILEAGE RATE CLAIMED: 0.5

AGENCY ACCOUNTING OFFICE USE ONLY
PAID BY REV. FUND CHECK No.
051-362841
10/18/10

PCA	PROJECT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	TOTAL
96150		312	114.00		10.00				-	10.00
		322	128.00						-	-
										-
										-
										-
										-
										-
										-
										-
TOTALS			242.00							$ 10.00

(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	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
▶ [signature]	10/7/10	▶ [signature]	10/11/10

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

▶

STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

STD. 262 A (REV. 12/96)

*See Instructions and *Privacy Statement on Reverse Side*

Page _____ Pages

CLAIMANT'S NAME	SSAN OR EMPLOYEE NUMBER *	DEPARTMENT
Samuel Schuchat		

POSITION	CB/ID NUMBER	DIVISION OR BUREAU	INDEX NUMBER
Executive Officer	E99/Non Rep		

RESIDENCE ADDRESS*	TELEPHONE NUMBER

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
	CA				

(1) MONTH/YEAR Nov-10 (2) DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS BREAKFAST	LUNCH	O.T./L/T. N/C, RELO. OR DINNER	(6) INCIDENTALS	(7) TRANSPORTATION (A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE TOLLS, PARKING	(D) PRIVATE CAR USE MILES	AMOUNT	(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES PER DAY
11/16	8:00am	Oakland to Ft. Bragg	65.49			18.00	6.00		P	8.75	25	12.50		110.74
11/17	5:00pm	and return to Oakland		6.00	10.00						25	12.50		28.50
11/29	8:00am-5pm	Oak to SAC and return									162	81.00		81.00
												-		-
												-		-
												-		-
												-		-
(10) SUBTOTALS			65.49	6.00	10.00	18.00	6.00	-		8.75	212	106.00	-	220.24 ~~220.74~~
CLAIM TOTAL														$220.24 ~~220.74~~

(11) PURPOSE OF TRIP, REMARKS AND DETAILS *(Attach receipts/vouchers when required)*

11/14-11/17 - field trip to Usal forest
11/29 - OPC meeting in Sacramento

(12) NORMAL WORK HOURS: 8 am - 5pm

(13) PRIVATE VEHICLE LICENSE No.:

(14) MILEAGE RATE CLAIMED: 0.5

AGENCY ACCOUNTING OFFICE USE ONLY
PAID BY REV. FUND CHECK No. 051-36301.6
12/15/10

PCA	PROJECT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	TOTAL
96150		297	105.49		-					~~105.49~~
		296	25.00						-	-
		308	8.75							-
										-
96140		296	81.00							-
										-
										-
										-
										-
	TOTALS		220.24							$ ~~105.49~~

(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 ▶ [signature] DATE 12/10/10

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT ▶ [signature] DATE 12-15-10

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

STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

STD. 262 A (REV. 12/96)

*See Instructions and *Privacy Statement on Reverse Side*

Page _____ Pages

CLAIMANT'S NAME	SSAN OR EMPLOYEE NUMBER *	DEPARTMENT
Samuel Schuchat		

POSITION	CB/ID NUMBER	DIVISION OR BUREAU	INDEX NUMBER
Executive Officer	E99/ Not Req		

RESIDENCE ADDRESS*	TELEPHONE NUMBER

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
	CA				

(1) MONTH/YEAR Dec-10 (2) DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS BREAK-FAST	LUNCH	O.T./L/T. N/C, RELO. 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	(9) TOTAL EXPENSES PER DAY
11/22	7am-11am	Oakland to Oakland							PC	6.00	26	13.00		~~13.00~~ 19.00
11/29	8am-5pm	Oakland to Sac and							PC	18.00				18.00
12/2	8am-5pm	Oakland to Santa C							RC					
12/6	8:00am-8pm	Oakland to Sac and							PC	19.25	172	86.00		105.25
12/7	8am-5pm	Oakland to LAX						~~59.41~~	RC	16.00				~~59.41~~ 16.00
												-		-
												-		-
												-		-
												-		-
(10) SUBTOTALS			-	-	-	-	-	~~59.41~~		59.25	198	99.00	-	~~195.66~~ 158.25

CLAIM TOTAL C2010148 $158.25 ~~195.66~~

(11) PURPOSE OF TRIP, REMARKS AND DETAILS *(Attach receipts/vouchers when required)*

11/22 Lechuza mtg cancelled @ airport; 11/29 OPC mtg in Sac (parking only) 12/2 SCC Board mtg in S.C. 12/6 CLCV Fund Event in Sac; mtg w/ Betsy Butler; 12/7 Lechuza mtg in Malibu w/ MEHOA: MRCA

(12) NORMAL WORK HOURS	PCA	PROJECT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	TOTAL
8 am - 5pm		96140	308	18.00		~~59.41~~					~~59.41~~
(13) PRIVATE VEHICLE LICENSE No.										-	-
											-
(14) MILEAGE RATE CLAIMED		96150	296	99.00							-
0.5			308	41.25							-
ENCY. ACCOUNTING OFFICE USE ONLY											-
PAID BY REV. FUND CHECK No.											-
051-363039											-
01/07/11		TOTALS		158.25							$ ~~59.41~~

(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	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
▶ [signature]		▶ [signature]	1-4-2011

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

▶

STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

STD. 262 A (REV. 12/96)

*See Instructions and *Privacy Statement on Reverse Side*

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STATE COASTAL CONSERVANCY ACCOUNTING

Page _____ Pages

CLAIMANT'S NAME	SSAN OR EMPLOYEE NUMBER	DEPARTMENT
Samuel Schuchat		

POSITION	CB/ID NUMBER	DIVISION OR BUREAU	INDEX NUMBER
Executive Officer	E99/Non Rep		

RESIDENCE ADDRESS*	TELEPHONE NUMBER

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
	CA				

(1) MONTH/YEAR: Jan. 11

(2) DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS: BREAK-FAST	LUNCH	O.T./L/T. N/C, RELO. 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	(9) TOTAL EXPENSES PER DAY
1/10	11a-5pm	OAK to Sac & rtn							P	16.50	160	81.60		98.10
1/13	8am-5pm	OAK to SAC & rtn							P	18.00	160	81.60		99.60
1/18	8am-5pm	OAK to Sac & rt							P	18.00	160	81.60		99.60
1/20	8am-5pm	OAK to Sac & rtn							P	13.5	160	81.6		95.1
1/24	2pm-5pm	OAK to Sac & rtn							P	~~13.50~~ 22.25	160	81.60		95.10
												-		-
												-		-
												-		
(10) SUBTOTALS			-	-	-	-	-	-		~~79.50~~ 88.25	800	408.00		~~493.50~~ 496.25

CLAIM TOTAL C 2010171 A $ 496.25 ~~493.50~~

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (*Attach receipts/vouchers when required*)

1/10 Meet w/ New Legislators; 1/13 meet w/ New Legislators/ DFG; 1/18 Mtg w/ New Legislators and DPR/ WCB Qrterly
1/20 SCC Board Mtg; mtg w/ New Legislators; 1/24 mtg w/ New Legislators

(12) NORMAL WORK HOURS: 8 am - 5pm

(13) PRIVATE VEHICLE LICENSE No.:

(14) MILEAGE RATE CLAIMED: 0.51

ENCY ACCOUNTING OFFICE USE ONLY

AID BY REV. FUND CHECK No.

051-363131
02/17/11

PCA	PROJECT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	TOTAL
	96150	296	408.00		-		~~79.50~~		~~408.00~~	~~487.50~~
		308	88.25						-	-
										-
										-
										-
										-
										-
	EA 363132									-
										-
	TOTALS		496.25							$ ~~487.50~~

(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	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
▶ [signature]	2/4/11	▶ [signature]	2/7/2011

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

STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

STD. 262 A (REV. 12/96)

*See Instructions and *Privacy Statement on Reverse Side*

RECEIVED MAR 10 2011 STATE COASTAL CONSERVANCY ACCOUNTING

Page ____ Pages

CLAIMANT'S NAME	SSAN OR EMPLOYEE NUMBER *	DEPARTMENT
Samuel Schuchat		

POSITION	CB/ID NUMBER	DIVISION OR BUREAU	INDEX NUMBER
Executive Officer	E99/ ~~REP~~		

RESIDENCE ADDRESS*	TELEPHONE NUMBER

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
	CA				

(1) MONTH/YEAR Feb-11 (2) DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS BREAK-FAST	LUNCH	O.T./L/T. N/C, RELO. 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	(9) TOTAL EXPENSES PER DAY
2/7	11am-5pm	Oak to Sac and return								15.00	160	81.60 ~~80.00~~		96.60 ~~95.60~~
2/10	0am-2pm	Oak to Sac and return								7.50	160	81.60 ~~80.00~~		89.10 ~~88.10~~
2/24	2pm-5pm	Oak to Sac and return								4.50	160	81.60 ~~80.00~~		86.10 ~~85.10~~
												-		-
												-		-
												-		-
												-		-
												-		-
												-		-
(10) SUBTOTALS			-	-	-	-	-	-		27.00	480	244.80 ~~240.00~~	-	271.80 ~~268.80~~
CLAIM TOTAL C2010191 B													$ 271.80	~~268.80~~

(11) PURPOSE OF TRIP, REMARKS AND DETAILS *(Attach receipts/vouchers when required)*

2/7 - Budget Hearing in Sac; 2/10 OPC Briefing @ DFG; 2/24 OPC Briefing with Lt. Governor in Sac

(12) NORMAL WORK HOURS	PCA	PROJECT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	TOTAL
8 am - 5 pm	96145		296	244.80		-				240.00	240.00
(13) PRIVATE VEHICLE LICENSE No.			308	27.00						-	-
(14) MILEAGE RATE CLAIMED 0.51											-
AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REV. FUND CHECK No. 051-363171 03/17/11											-
	TOTALS			271.80							$ 240.00

(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	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
[signature]	3/9/11	Regina Serrano	3/8/2011

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

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STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

STD. 262 A (REV. 12/96)

*See Instructions and *Privacy Statement on Reverse Side*

Pages

CLAIMANT'S NAME	SSAN OR EMPLOYEE NUMBER *	DEPARTMENT
Samuel Schuchat		

POSITION	CB/ID NUMBER	DIVISION OR BUREAU	INDEX NUMBER
Executive Officer	E99/NON REP		

RESIDENCE ADDRESS*	TELEPHONE NUMBER

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
	CA				

(1) MONTH/YEAR: Feb/Mar 11

(2) DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS: BREAK-FAST	LUNCH	O.T./L/T. N/C, RELO. 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	(9) TOTAL EXPENSES PER DAY
2/27	7:30	Oak to San Bruno to DC	188.93		10.00	18.00	6.00		T	57.50	22	~~11.00~~ 11.22		~~291.43~~ 291.65
2/28		Washinton, DC	188.93	6.00	10.00	18.00	6.00		PC			-		228.93
3/1		Washington, DC							A			-		-
3/2	17:00	DC to Oakland							P	58.11	22	~~11.00~~ 11.22		~~69.11~~ 69.33
									T	40.00		-		40.00
												-		-
												-		-
												-		-
						"OUT OF STATE TRAVEL - Washington DC"						-		-
												-		-
												-		-
												-		-
(10) SUBTOTALS			377.86	6.00	20.00	36.00	12.00	-		155.61	44	~~22.00~~ 22.44	-	~~629.91~~
CLAIM TOTAL C 2010197													$	629.91

(11) PURPOSE OF TRIP, REMARKS AND DETAILS *(Attach receipts/vouchers when required)*

Feb 27 - March 2: Meet with Legislators in Washington, DC to discuss Federal funded Conservancy projects

M

(12) NORMAL WORK HOURS: 8 am - 5 pm

(13) PRIVATE VEHICLE LICENSE No.

(14) MILEAGE RATE CLAIMED: 0.50 .51

AGENCY ACCOUNTING OFFICE USE ONLY
PAID BY REV. FUND CHECK No.
051-363171
03/17/11

PCA	PROJECT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	TOTAL
96150		312	451.86		-				22.00	22.00
		316	22.44						-	-
		315	58.11							-
		322	97.50							-
										-
										-
										-
										-
										-
TOTALS			629.91							$ 22.00

(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	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
▶ [signature]	3/9/11	▶ [signature]	3/8/2011

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

▶

DATE

STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

STD. 262 A (REV. 12/96)

*See Instructions and *Privacy Statement on Reverse Side*

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Page ____ Pages

CLAIMANT'S NAME	SSAN OR EMPLOYEE NUMBER	
Samuel Schuchat		

POSITION	CB/ID NUMBER	DIVISION OR BUREAU	INDEX NUMBER
Executive Officer	E99/N0 REP		

RESIDENCE ADDRESS*	TELEPHONE NUMBER

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
	CA				

(1) MONTH/YEAR Mar-11 (2) DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS BREAK-FAST	LUNCH	O.T./L/T. N/C, RELO. 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	(9) TOTAL EXPENSES PER DAY
3/22	8-5pm	Oak to Redwood City & rtn							PC	10.25	70	35.70		45.95
												-		
3/23	8am-5pm	Oak to Sac and return							PC	18.00	160	81.60		99.60
3/28	8-5pm	Oak to Santa Rosa & return							PC	5.00	120	61.20		66.20
												-		-
3/29	8-5pm	Oak to San Diego & rtn							PC/A	16.00	26	13.26		29.26
												-		-
												-		-
												-		-
												-		-
												-		-
(10) SUBTOTALS			-	-	-	-	-	-		49.25	376	191.76	-	241.01

CLAIM TOTAL C 2010 220 A $ 241.01

(11) PURPOSE OF TRIP, REMARKS AND DETAILS *(Attach receipts/vouchers when required)*

3/22 Meet w/ Supervisor Brown Re: SFBRA; 3/23 Meet w/ Asm Member Michael Allen, Mike Mantel: RLG, Reed Addo in Sacramento Coastal Trail Reception; 3/28 Supervisor Valerie Brown in Santa Rosa; 3/29 Chula Vista RibbonCutting and Tour

(12) NORMAL WORK HOURS 8 am - 5 pm	PCA	PROJECT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	TOTAL
(13) PRIVATE VEHICLE LICENSE No.	96150		296	191.76		-				~~191.76~~	~~191.76~~
			308	49.25						-	-
(14) MILEAGE RATE CLAIMED 0.51											-
											-
											-
											-
											-
											-
											-
		TOTALS		241.01							$ ~~191.76~~

AGENCY ACCOUNTING OFFICE USE ONLY
PAID BY REV. FUND CHECK No.
051-363226
4/15/11

(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 ▶ [signature] DATE 4/4/11

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT ▶ [signature] DATE 04/12/11

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

STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

STD. 262 A (REV. 12/96)

*See Instructions and *Privacy Statement on Reverse Side*

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CLAIMANT'S NAME	SSAN OR EMPLOYEE NUMBER	DEPARTMENT
Samuel Schuchat		

POSITION	CB/ID NUMBER	DIVISION OR BUREAU	INDEX NUMBER
Executive Officer	E99/901 Rep		

RESIDENCE ADDRESS*	CITY	STATE	ZIP CODE	TELEPHONE NUMBER
		CA		

CITY	STATE	ZIP CODE

(1) MONTH/YEAR Apr-11 (2) DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS BREAKFAST	LUNCH	O.T./L/T. N/C, RELO. OR DINNER	(6) INCIDENTALS	(7) TRANSPORTATION (A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	AMOUNT	(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES PER DAY
2/2	8-5pm	Oakland											~~39.95~~	~~39.95~~
2/1	8-5pm	Oakland to Sac & rtn							p	13.50	160	81.60		95.10
4/8	8 - 5 pm	Oakland to Vallejo & Rtn									52	26.52		26.52
4/25	8 - 5pm	SCC to Oak airport & return									24	12.24		12.24
												-		-
												-		-
												-		-
												-		-
												-		
(10) SUBTOTALS			-	-	-	-	-	-		13.50	236	120.36	~~39.95~~	~~173.81~~ 133.86

CLAIM TOTAL C 20 10220 A $ 133.86 ~~173.81~~

(11) PURPOSE OF TRIP, REMARKS AND DETAILS *(Attach receipts/vouchers when required)*

~~2/2 Companion tin; Software to connect new cellphone to Office Outlook~~; 2/1 Mtg w/ Legislators & Secretary Laird; 4/8 SFBRA mtg w/ Supervisor Kordylis Vallejo; Speaker @ Bay Linking Coalition

(12) NORMAL WORK HOURS	PCA	PROJECT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	TOTAL
8 am - 5 pm	96AD		296	120.36		-				120.36	120.36
(13) PRIVATE VEHICLE LICENSE No.			308	13.50						39.95	~~39.95~~
											-
(14) MILEAGE RATE CLAIMED 0.51											-
											-
AGENCY ACCOUNTING OFFICE USE ONLY											-
		EA 363272									-
PAID BY REV. FUND CHECK No. 051-363272 05/06/17											-
											-
	TOTALS			133.86							$ ~~160.31~~

(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	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
▶ [signature]	4/29/11	▶ Pegaye Serna	5-3-11

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

STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

STD. 262 A (REV. 12/96)

*See Instructions and *Privacy Statement on Reverse Side*

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CLAIMANT'S NAME	SSAN OR EMPLOYEE NUMBER	DEPARTMENT
Samuel Schuchat		

POSITION	CB/ID NUMBER	DIVISION OR BUREAU	INDEX NUMBER
Executive Officer	E99/MOT REP		

RESIDENCE ADDRESS*	TELEPHONE NUMBER

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
	CA				

(1) MONTH/YEAR: May/June 11

(2) DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS: BREAKFAST	LUNCH	O.T./L/T. N/C, RELO. OR DINNER	(6) INCIDENTALS	(7) TRANSPORTATION: (A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE: MILES	AMOUNT	(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES PER DAY
5/14	10-5pm	Oak to SAC and return						16.50	P		160	81.60 ~~86.60~~		98.10
6/1	2pm-5pm	Oakland to Sac & Return						26.00	OW Amtrak					26.00
												-		-
												-		-
												-		-
												-		-
												-		-
(10) SUBTOTALS			-	-	-	-	-			-			-	124.10

CLAIM TOTAL C 2011011 $ 124.10

(11) PURPOSE OF TRIP, REMARKS AND DETAILS *(Attach receipts/vouchers when required)*

5/12 Ocean Protection Council mtg in Sac

6/2/11 Mtg w/ DFG to discuss San Clemente Dam

(12) NORMAL WORK HOURS: 8 am - 5 pm

(13) PRIVATE VEHICLE LICENSE No.

(14) MILEAGE RATE CLAIMED: 0.51

PCA	PROJECT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	TOTAL
96140		296	81.60							-
		308	16.50						-	-
										-
		302	26.00							-
										-
										-
										-
										-
TOTALS			124.10							$ -

AGENCY ACCOUNTING OFFICE USE ONLY
PAID BY REV. FUND CHECK No.
057-363388
7/12/11

(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 ▸ [signature] DATE 7/16/11

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT ▸ [signature] DATE 7-19-11

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