

**TRAVEL EXPENSE CLAIM**

See Instructions and Privacy Statement\* in Tab 2 and 3

(AQC Electronic) Revised 08/06


CLAIMANT'S NAME <b>Steven E. Jahr</b>		SSN OR EMPLOYEE NUMBER*		DIVISION <b>EXEC</b>	
POSITION/TITLE <b>Administrative Director of the Courts</b>		CBID**		E-MAIL ADDRESS	
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS <b>455 Golden Gate Ave, 5th Floor</b>		TELEPHONE NUMBER	
CITY		STATE <b>CA</b>		ZIP CODE <b>94102</b>	

(1) MONTH/YEAR	(2) DATE	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
				BREAK-FAST	LUNCH	DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE TOLLS PARKING	(D) PRIVATE CAR USE MILES AMOUNT		
2	2013												
	4 0600	Travel to San Francisco	142.10			18.00				t	6.00		
										P	31.92		198.02
	5	San Francisco	142.10			18.00	6.00			p	31.92		198.02
	6 2000	Return to Sacramento				18.00				t	5.00		23.00
	8 0900	Downtown Sacramento								p	6.00		6.00
	8 1300	Downtown Sacramento								p	9.00		
	11 0800	Downtown Sacramento								p	5.00		14.00
	12 0800	Downtown Sacramento								p	15.00		15.00
	12 1700	Downtown Sacramento								p	15.00		15.00
	14 1100	Downtown Sacramento								p	9.00		9.00
	14 1730	Downtown Sacramento								p	9.00		9.00
	15 0930	Downtown Sacramento								p	6.00		6.00
	15 1200	Downtown Sacramento								p	6.00		6.00
	22 0830	Downtown Sacramento								p	10.00		10.00
	22 1200	Downtown Sacramento								p	10.00		10.00
	28 0830	Downtown Sacramento								p	10.00		10.00
	28 1500	Downtown Sacramento								p	10.00		10.00
(10) SUBTOTALS			284.20			54.00	6.00				144.84		489.04

COLUMN CODE (ACCTG USE ONLY)

**CLAIM TOTAL** **\$489.04**

(11) PURPOSE OF TRIP, REMARKS, AND DETAILS (Attach receipts/vouchers when required)		ACCOUNTING OFFICE USE ONLY
February 4-6, 2013 - Executive Office Meeting, Black History Month Celebration, New Judge Orientation Reception, Office of Security - Office Briefing, New Judge Orientation Judicial Council Presentation, Management Council Meeting, Administrative Services Office Briefing		
February 8, 2013 - Meeting with Office of Governmental Affairs re: Assembly Judiciary Hearing		
February 11, 2013 - Various Meetings at Office of Governmental Affairs		
February 12, 2013 - Assembly Judiciary Hearing, State Capitol		CLAIMANT # <b>106815</b>
February 14-15, 2013 - Chief Justice Liaison Meetings at Office of Governmental Affairs		INVOICE DATE <b>02 28 13</b>
(12) PROJECT COST CENTER 0001-0101-1001-0298		INVOICE AMOUNT <b>\$ 489.04</b>
(13) NORMAL WORK HOURS <b>8:00 a.m. - 5:00 p.m.</b>	(14) PRIVATE VEHICLE LICENSE NO.	PAID BY REVOLVING FUND CHECK # <b>198112</b>
(15) MILEAGE RATE CLAIMED		
(16) I HEREBY CERTIFY that the above statement is a true statement of the travel expenses incurred by me in accordance with the State of California travel reimbursement policy and guidelines as adopted by the Administrative Office of the Courts.		

CLAIMANT'S SIGNATURE 	DATE <b>3/5/13</b>	(17) SIGNATURE, OFFICER APPROVING TRAVEL AND PAYMENT <b>t. canley</b>	DATE <b>3/17/13</b>
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**TRAVEL EXPENSE CLAIM**


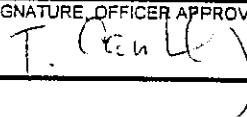
See Instructions and Privacy Statement\* in Tab 2 and 3

(ACC Electronic) Revised 08/06

CLAIMANT'S NAME <b>Steven E. Jahr</b>		SSN OR EMPLOYEE NUMBER*		DIVISION <b>EXEC</b>	
POSITION/TITLE <b>Administrative Director of the Courts</b>		CBID**	UNIT/OFFICE OR DISTRICT (as applicable)		E-MAIL ADDRESS
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS <b>455 Golden Gate Ave. 5th Floor</b>		TELEPHONE NUMBER <b>415-865-4235</b>	
CITY	STATE <b>CA</b>	ZIP CODE	CITY <b>San Francisco</b>	STATE <b>CA</b>	ZIP CODE <b>94102</b>

(1) MONTH/YEAR		(3)	(4)	(5) MEALS			(6)	(7) TRANSPORTATION				(8)	(9)
DATE	TIME	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK-FAST	LUNCH	DINNER	INCIDENTALS	(A) COST OF TRANS	(B) TYPE USED	(C) CARFARE TOLLS PARKING	(D) PRIVATE CAR USE MILES	BUSINESS EXPENSE AMOUNT	TOTAL EXPENSES FOR DAY
03	2013												
11	0900 1700	State Capitol, Sacramento							PC	P	15.00		15.00
<b>SUBTOTALS</b>												15.00	15.00
COLUMN CODE (ACCTS USE ONLY)													
<b>CLAIM TOTAL</b>												<b>\$15.00</b>	

2013 MAR 15 A 9:33  
 EXECUTIVE DIVISION

(11) PURPOSE OF TRIP, REMARKS, AND DETAILS (Attach receipts/vouchers when required)		<b>ACCOUNTING OFFICE USE ONLY</b>	
March 11: Attend the Bench Bar Coation and Chief Justice State of the Judiciary Address		CLAIMANT #	<b>V# 106815</b>
		INVOICE DATE	<b>03/11/13</b>
(12) PROJECT COST CENTER 0001-0101-1001-0298		INVOICE AMOUNT	<b>\$15.00</b>
(13) NORMAL WORK HOURS <b>8:00 a.m. - 5:00 p.m.</b>	(14) PRIVATE VEHICLE LICENSE NO.	(15) MILEAGE RATE CLAIMED	PAID BY REVOLVING FUND CHECK # <b>198112</b>
(18) I HEREBY CERTIFY that the above statement is a true statement of the travel expenses incurred by me in accordance with the State of California travel reimbursement policy and guidelines as adopted by the Administrative Office of the Courts.			
CLAIMANT'S SIGNATURE 	DATE <b>3.12.13</b>	(17) SIGNATURE OFFICER APPROVING TRAVEL AND PAYMENT 	DATE <b>3/13/13</b>

STATE OF CALIFORNIA  
**TRAVEL EXPENSE CLAIM**

See Instructions and Privacy Statement in Tab 2 and 3

(AOC Electronic) Revised DR/CF

CLAIMANT'S NAME Steven E. Janz		SSN OR EMPLOYEE NUMBER	DIVISION EXEC
POSITION/TITLE Administrative Director of the Courts	CBIC#	UNIT/OFFICE OR DISTRICT (as applicable)	E-MAIL ADDRESS
RESIDENCE ADDRESS [REDACTED]		HEADQUARTERS ADDRESS 455 Golden Gate Ave. 8th Floor	TELEPHONE NUMBER 415-863-4554
STATE [REDACTED]		CITY San Francisco	ZIP CODE 94102

(11) MONTH	YEAR	LOCATION WHERE EXPENSES WERE INCURRED	LOGGING	MEALS			TRANSPORTATION					BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
				BREAKFAST	LUNCH	DINNER	COST OF TRANS.	TYPE OF USE	CARFARE TOLLS PARKING	PRIVATE CAR USE MILES	AMOUNT			
03	2013	Enroute to San Francisco	142	10										
		San Francisco	142	10										
		Enroute to Sacramento												

(16) SUBTOTALS	284.20	73.84	358.04
COLUMN CODE (ACCTG USE ONLY)			

CLAIM TOTAL \$358.04

(11) PURPOSE OF TRIP, REMARKS, AND DETAILS (Attach receipts/vouchers when required)	ACCOUNTING OFFICE USE ONLY
Mar. 18-20: Meetings w/ the Chief Justice/Supervising Judges Institute/Court Clerks	CLAIMANT # 108815
	INVOICE DATE 03/20/13

(12) PROJECT COST CENTER 0001-0101-1001-0298	(13) NORMAL WORK HOURS 8:00 a.m. - 5:00 p.m.	(14) PRIVATE VEHICLE LICENSE NO.	(15) MILEAGE RATE CLAIMED	INVOICE AMOUNT 3358.04
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(16) I HEREBY CERTIFY that the above statement is a true statement of the travel expenses incurred by me in accordance with the State of California travel reimbursement policy and guidelines as adopted by the Administrative Office of the Courts

PAID BY REVOLVING FUND CHECK # 195586

CLAIMANT'S SIGNATURE 	DATE 3/20/13	(17) SIGNATURE, OFFICER APPROVING TRAVEL AND PAYMENT T. G. [Signature]	DATE 3/23/13
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STATE OF CALIFORNIA  
TRAVEL EXPENSE CLAIM

See Instructions and Privacy Statement in Tab 2 and 3

(AOC Electronic) Revised 08/07

CLAIMANT'S NAME Steven E. Jahn		SSN OR EMPLOYEE NUMBER	DIVISION DABE1
POSITION/TITLE Administrative Director of the Courts	UNIT/OFFICE OR DISTRICT (for addressee)	E-MAIL ADDRESS	
RESIDENCE ADDRESS	HEADQUARTERS ADDRESS 457 Golden Gate Ave. 4th Floor	TELEPHONE NUMBER 415 695 4222	
STATE	CITY San Francisco	STATE	ZIP CODE 94102

DATE	TIME	LOCATION WHERE EXPENSES WERE INCURRED	LOGGING	MEALS			INCIDENT	COST OF TRAVEL	TYPE	TRANSPORTATION		PRIVATE CAR USE	BUSINESS EXPENSE	TOTAL EXPENSES FOR DATE
				BREAKFAST	LUNCH	DINNER				FARE	TOLLS/PARKING			
01	10:15	Enroute to San Diego and return									18.00			
		Sacramento									17.00			35.00
21	19:00	Enroute to San Francisco									5.00			17.00
											5.00			11.00
<b>SUBTOTALS</b>											63.00		63.00	
<b>CLAIM TOTAL</b>													63.00	

(11) PURPOSE OF TRIP, REMARKS, AND DETAILS (attach receipts/vouchers when required)		ACCOUNTING OFFICE USE ONLY
Mar 22: Court of Appeal, Fourth Appellate District Special Session in Memory of Stephen L. Jahn		CLAIMANT # 100015
Mar 25: Regional Meeting		
(12) PROJECT COST CENTER 0011-0101-1001-0298		INVOICE DATE 03/27/13
(13) NORMAL WORK HOURS 8:00 a.m. - 5:00 p.m.	(14) PRIVATE VEHICLE LICENSE NO.	(15) MILEAGE RATE CLAIMED
(16) I HEREBY CERTIFY that the above statement is a true statement of the travel expenses incurred by me in accordance with the State of California travel reimbursement policy and guidelines as adopted by the Administrative Office of the Courts.		INVOICE AMOUNT \$63.00
CLAIMANT'S SIGNATURE 		PAID BY REVOLVING FUND CHECK # 198769
DATE 3/25/13	(17) SIGNATURE OFFICER APPROVING TRAVEL AND PAYMENT 	DATE 3/25/13

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STATE OF CALIFORNIA  
TRAVEL EXPENSE CLAIM

See Instructions and Privacy Statement\* in Tab 2 and 3

AOC Electronic Revised 08/06

CLAIMANT'S NAME Steven E. Jahr			SSN OR EMPLOYEE NUMBER*			DIVISION EXEC					
POSITION/TITLE Administrative Director of the Courts			CBID**			UNIT/OFFICE OR DISTRICT (as applicable)			E-MAIL ADDRESS		
RESIDENCE ADDRESS						HEADQUARTERS ADDRESS 455 Golden Gate Ave. 5th Floor			TELEPHONE NUMBER 415-865-4235		
CITY F		STATE CA		ZIP CODE		CITY San Francisco		STATE CA		ZIP CODE 94102	

(1) MONTH/YEAR	(2) DATE	(3) TIME	(4) LOCATION WHERE EXPENSES WERE INCURRED	(5) MEALS				(6) INCIDENTALS	(7) TRANSPORTATION			(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
				LODGING	BREAK-FAST	LUNCH	DINNER		(A) COST OF TRANS	(B) TYPE USED	(C) CARFARE TOLLS PARKING		
03	12	0800	San Francisco CA				18.00		P	31.92		49.92	
	13	1900	San Francisco CA	142.10	6.00		6.00					154.10	
	14	0800 1700	Sacramento, CA						P	10.00		10.00	
	29	0600 1700	Sacramento Airport					Best A	P	17.00		17.00	
<b>(10) SUBTOTALS</b>				142.10	6.00	18.00	6.00			58.92		231.02	
<b>CLAIM TOTAL</b>													\$231.02

2013 JUL 17 A 9:02  
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(11) PURPOSE OF TRIP, REMARKS, AND DETAILS (Attach receipts/vouchers when required)		<b>ACCOUNTING OFFICE USE ONLY</b>	
March 12-13: Overnight stay to attend meetings at the San Fransigo offices March 14: Parking expense at the State Capitol to testify at Senate Budget Hearing. March 20: Parking expense at the Sacramento Airport - attended the Regional Meeting in Burbank.		CLAIMANT #	106815
(12) PROJECT COST CENTER 0001-0101-1001-0298		INVOICE DATE	<del>04/10/13</del> 03/29/13
(13) NORMAL WORK HOURS 8:00 a.m. - 5:00 p.m.	(14) PRIVATE VEHICLE LICENSE NO.	(15) MILEAGE RATE CLAIMED	INVOICE AMOUNT \$ 231.02
(16) I HEREBY CERTIFY that the above statement is a true statement of the travel expenses incurred by me in accordance with the State of California travel reimbursement policy and guidelines as adopted by the Administrative Office of the Courts.		PAID BY REVOLVING FUND CHECK #	
CLAIMANT'S SIGNATURE 	DATE 4/10/13	(17) SIGNATURE, OFFICER APPROVING TRAVEL AND PAYMENT T. Canell	DATE 04.15.13

**TRAVEL EXPENSE CLAIM**

See Instructions and Privacy Statement\* in Tab 2 and 3

(AOC Electronic) Revised 08/05


CLAIMANT'S NAME <b>Steven E. Jahr</b>		ISSN OR EMPLOYEE NUMBER*	DIVISION <b>EXEC</b>
POSITION/TITLE <b>Administrative Director of the Courts</b>	CSID**	UNIT/OFFICE OR DISTRICT (as applicable)	E-MAIL ADDRESS
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS <b>455 Golden Gate Ave. 5th Floor</b>	TELEPHONE NUMBER <b>415-865-4235</b>
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY <b>San Francisco</b>
		STATE <b>CA</b>	ZIP CODE <b>94102</b>

(1) MONTH/YEAR	(2) DATE	(3) TIME	(4) LOCATION WHERE EXPENSES WERE INCURRED	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION			(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
				LOGGING	BREAK-FAST	LUNCH		DINNER	(A) COST OF TRANS.	(B) TYPE USED		
04   2013	2	0800-1700	Sacramento, CA						P	12.00		12.00
	3	0800-1500	Sacramento, CA						P	10.00		10.00
	6	0900	Ontario/Palm Springs, CA				18.00		BSA A	P 20.00		38.00
	7	1700	Ontario/Palm Springs, CA	219.31	6.00		6.00			P 34.00		265.31
	9	0800	San Francisco, CA				18.00			P 31.92		49.92
	10	1700	San Francisco, CA	142.10	5.00		6.00					154.10
<b>(10) SUBTOTALS</b>				361.41	12.00	36.00	12.00			107.92		529.33

COLUMN CODE (ACCTG. USE ONLY)

**CLAIM TOTAL** **\$529.33**

(11) PURPOSE OF TRIP, REMARKS, AND DETAILS (Attach receipts/vouchers when required)	ACCOUNTING OFFICE USE ONLY
	CLAIMANT # <b>106215</b>
	INVOICE DATE <b>04/10/13</b>
	INVOICE AMOUNT <b>\$ 529.33</b>
(12) PROJECT COST CENTER 0001-0101-1001-0298	PAYED BY REVOLVING FUND CHECK #
(13) NORMAL WORK HOURS <b>8:00 a.m. - 5:00 p.m.</b>	(14) PRIVATE VEHICLE LICENSE NO.
(15) MILEAGE RATE CLAIMED	
(16) I HEREBY CERTIFY that the above statement is a true statement of the travel expenses incurred by me in accordance with the State of California travel reimbursement policy and guidelines as adopted by the Administrative Office of the Courts.	

CLAIMANT'S SIGNATURE 	DATE <b>4/10/13</b>	(17) SIGNATURE, OFFICER APPROVING TRAVEL AND PAYMENT <b>T. Gault</b>	DATE <b>04.15.13</b>
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STATE OF CALIFORNIA  
**TRAVEL EXPENSE CLAIM**

See Instructions and Privacy Statement in Tab 2 and 3

(AOC Electronic) Revised 05/06

CLAIMANT'S NAME <b>Steven E. Jahr</b>		SSN OR EMPLOYEE NUMBER	DIVISION <b>EXEC</b>
POSITION/TITLE <b>Administrative Director of the Courts</b>	CBID**	UNIT/OFFICE OR DISTRICT (if applicable)	E-MAIL ADDRESS
RESIDENCE ADDRESS [REDACTED]		HEADQUARTERS ADDRESS <b>455 Golden Gate Ave. 5th Floor</b>	TELEPHONE NUMBER <b>415-865-4225</b>
STATE [REDACTED]	ZIP CODE [REDACTED]	CITY <b>San Francisco</b>	STATE <b>CA</b> ZIP CODE <b>94102</b>

(1) MONTH/YEAR	(2) DATE	(3) TIME	(4) LOCATION WHERE EXPENSES WERE INCURRED	(5) LODGING	(6) MEALS				(7) INCIDENTALS	(8) TRANSPORTATION				(9) BUSINESS EXPENSE	(10) TOTAL EXPENSES FOR DAY
					(11) BREAKFAST	(12) LUNCH	(13) DINNER	(14) TAXES		(15) COST OF TRANS.	(16) TYPE USED	(17) CARFARE TOLLS PARKING	(18) PRIVATE CAR USE MILEAGE AMOUNT		
04	2013	0800	San Francisco CA					18.00					28.50		46.50
04	2013	1700	San Francisco CA	141.40				6.00							153.40
<b>SUBTOTALS</b>				<del>16.00</del>	6.00	18.00	6.00						28.50		<del>216.00</del>

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141.40 <sup>KD</sup>

**CLAIM TOTAL** \$ 199.90 <sup>FD</sup>      \$216.00

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

April 29-30: Overnight stay for meetings in the San Francisco offices.

ACCOUNTING OFFICE USE ONLY	
CLAIMANT #	V# 106815
INVOICE DATE	043013
INVOICE AMOUNT	\$ 199.90
PAYED BY REVOLVING FUND CHECK #	179555

(12) PROJECT COST CENTER 0001-0101-1001-0298

(13) NORMAL WORK HOURS: 8:00 a.m. - 5:00 p.m.

(14) PRIVATE VEHICLE LICENSE NO

(15) MILEAGE RATE CLAIMED

(16) I HEREBY CERTIFY that the above statement is a true statement of the travel expenses incurred by me in accordance with the State of California travel reimbursement policy and guidelines as adopted by the Administrative Office of the Courts

CLAIMANT'S SIGNATURE 	DATE 5.6.13	(17) SIGNATURE, OFFICER APPROVING TRAVEL AND PAYMENT 	DATE 5.6.13
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8-73

STATE OF CALIFORNIA  
**TRAVEL EXPENSE CLAIM**


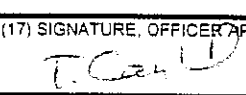
See Instructions and Privacy Statement\* In Tab 2 and 3

(AOC Electronic) Revised 09/06

CLAIMANT'S NAME <b>Steven E. Jahr</b>		SSN OR EMPLOYEE NUMBER*	DIVISION <b>EXEC</b>	
POSITION/TITLE <b>Administrative Director of the Courts</b>		CBID**	UNIT/OFFICE OR DISTRICT (as applicable)	E-MAIL ADDRESS
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS <b>455 Golden Gate Ave. 5th Floor</b>		TELEPHONE NUMBER <b>415-865-4235</b>
CITY	STATE <b>CA</b>	ZIP CODE	CITY <b>San Francisco</b>	STATE <b>CA</b>
				ZIP CODE <b>94102</b>

(1) MONTH	(2) YEAR	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
				BREAK-FAST	LUNCH	DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE TOLLS PARKING	(D) PRIVATE CAR USE MILES   AMOUNT		
04	2013	San Francisco, CA				18.00			P	31.92		49.92	
16	1700	San Francisco, CA	142.10	6.00			6.00					154.10	
17	0930 1700	Sacramento, CA							P	10.00		10.00	
18	0930 1200	Sacramento, CA							P	8.00		8.00	
19	0800 1200	Sacramento, CA							P	11.00		11.00	
25	0800	San Francisco, CA				18.00			P	31.92		49.92	
26	1700	San Francisco, CA	142.10	6.00			6.00					154.10	
<b>(10) SUBTOTALS</b>			284.20	12.00		36.00	12.00			92.84		437.04	
<b>CLAIM TOTAL</b>													<b>\$437.04</b>

AOC  
 EXEC DIVISION  
 2013 MAY -2 P 4: 11

(11) PURPOSE OF TRIP, REMARKS, AND DETAILS (Attach receipts/vouchers when required)		ACCOUNTING OFFICE USE ONLY	
April 15-16: Overnight stay in San Francisco for meetings in the SF offices April 17: Parking fee - meeting with Legislative representatives at the State Capitol April 18: Parking fee - meeting with representatives from the CA State Sheriffs' Association April 19: Parking fee - meeting with Legislative representatives at the State Capitol April 25-26: Overnight stay in San Francisco for meetings in the SF offices			
		CLAIMANT #	<b>106815</b>
		INVOICE DATE	<b>042613</b>
(12) PROJECT COST CENTER 0001-0101-1001-0298		INVOICE AMOUNT	<b>\$ 437.04</b>
(13) NORMAL WORK HOURS	(14) PRIVATE VEHICLE LICENSE NO.	(15) MILEAGE RATE CLAIMED	PAID BY REVOLVING FUND CHECK #
8:00 a.m. - 5:00 p.m.			
(16) I HEREBY CERTIFY that the above statement is a true statement of the travel expenses incurred by me in accordance with the State of California travel reimbursement policy and guidelines as adopted by the Administrative Office of the Courts.			
CLAIMANT'S SIGNATURE 	DATE <b>4/30/13</b>	(17) SIGNATURE, OFFICER APPROVING TRAVEL AND PAYMENT 	DATE <b>4/30/13</b>



**TRAVEL EXPENSE CLAIM**

See Instructions and Privacy Statement in Tab 2 and 3

(AOC Electronic) Revised 09/02

CLAIMANT'S NAME <b>Steven E. Jahr</b>		SSN OR EMPLOYEE NUMBER*	DIVISION <b>EXEC</b>
POSITION/TITLE <b>Administrative Director of the Courts</b>	CBID**	UNIT/OFFICE OR DISTRICT (as applicable)	E-MAIL ADDRESS
RESIDENCE ADDRESS [REDACTED]		HEADQUARTERS ADDRESS <b>455 Golden Gate Ave, 5th Floor</b>	TELEPHONE NUMBER <b>415-865-1235</b>
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY <b>San Francisco</b>
		STATE <b>CA</b>	ZIP CODE <b>94102</b>

(1) MONTH	(2) YEAR	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION			(8) PRIVATE CAR USE MILES	(9) BUSINESS EXPENSE AMOUNT	(10) TOTAL EXPENSES FOR DAY	
				BREAK-FAST	LUNCH	DINNER		(A) COST OF TRANC	(B) TYPE USED	(C) CARFARE TOLLS PARKING				
05	2013													
29	1000	Sacramento, CA								F	4.00		4.00	
	1200													
	1100	Placerville, CA												
	1400													
2	1200	Sacramento, CA								F	11.00	95	49.95	
	1500												11.00	
6	0800	San Francisco, CA											18.00	
													18.00	
7	1700	San Francisco, CA	142.10	6.00			6.00			P	31.92		186.02	
<b>(10) SUBTOTALS</b>			142.10	6.00			6.00				46.92	90	49.95	268.97
<b>CLAIM TOTAL</b>													<b>\$268.97</b>	

(11) PURPOSE OF TRIP, REMARKS, AND DETAILS (Attach receipts/vouchers when required)		ACCOUNTING OFFICE USE ONLY
4/29/13: Parking expense at the State Capitol to attend a meeting with Asm. Lowenthal and the Chief		CLAIMANT # <b>V# 106815</b>
5/2/13: Parking Expense at the State Capitol to attend meetings with Leg staff and Labor Groups		
5/1/13: Roundtrip travel to Placerville, CA for the El Dorado 100th Anniversary and Law Day event		
5/6-5/7: Overnight stay to attend meeting in the San Francisco offices		
(12) PROJECT COST CENTER 0001-0101-1001-0298	INVOICE DATE <b>050713</b>	
(13) NORMAL WORK HOURS <b>8:00 a.m. - 5:00 p.m.</b>	(14) PRIVATE VEHICLE LICENSE NO. [REDACTED]	INVOICE AMOUNT <b>\$ 268.97</b>
(15) I HEREBY CERTIFY that the above statement is a true statement of the travel expenses incurred by me in accordance with the State of California travel reimbursement policy and guidelines as adopted by the Administrative Office of the Courts.	(16) MILEAGE RATE CLAIMED <b>0.555</b>	PAID BY REVOLVING FUND CHECK # <b>199555</b>
CLAIMANT'S SIGNATURE <i>[Signature]</i>	DATE <b>5/8/13</b>	(17) SIGNATURE, OFFICER APPROVING TRAVEL AND PAYMENT <i>[Signature]</i>
		DATE <b>5/9/13</b>

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**TRAVEL EXPENSE CLAIM**

See Instructions and Privacy Statement in Tab 2 and 3

(AOC Electronic) Revised 08/06

CLAIMANT'S NAME <b>Steven E. Jahr</b>		SSN OR EMPLOYEE NUMBER*	DIVISION <b>EXEC</b>	
POSITION/TITLE <b>Administrative Director of the Courts</b>		CBID**	UNIT/OFFICE OR DISTRICT (as applicable)	E-MAIL ADDRESS
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS <b>455 Golden Gate Ave. 5th Floor</b>		TELEPHONE NUMBER <b>415-865-4235</b>
CITY	STATE <b>CA</b>	ZIP CODE	CITY <b>San Francisco</b>	STATE <b>CA</b> ZIP CODE <b>94102</b>

(1) MONTH/YEAR 05   2013	(2) DATE TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION			(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
				BREAK-FAST	LUNCH	DINNER		(A) COST OF TRANS	(B) TYPE USED	(C) CARFARE TOLLS PARKING		
	8 0800	Sacramento, CA						P	6.00			37.92
	9 1700	San Francisco, CA	142.10	6.00		6.00		P	31.92			55.92
	10 0658	Sacramento Airport										154.10
	13 1630	Sacramento Airport						P	68.00			68.00
	15 0800 1700	Sacramento, CA						P	9.00			9.00
	16 0800 1700	Sacramento, CA						P	6.00			6.00
	21 0800 1700	Sacramento, CA						P	10.00			10.00
	22 0800 1700	Sacramento, CA						P	10.00			10.00
	23 0800 1700	Sacramento, CA						P	10.00			10.00
<b>(10) SUBTOTALS</b>			142.10	6.00	<del>18.00</del>	6.00			150.92			305.02
COLUMN CODE (ACCTG USE ONLY)												523.02
<b>CLAIM TOTAL</b>											8026.02	

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

May 8-9: Parking expense for a meeting at the State Capitol; overnight lodging to attend meetings in the San Francisco offices May 10-13: Parking expense at the Sacramento Airport to attend meetings in Los Angeles on 5/10-13. May 15, 16, 21, 22, 23: Parking expenses in Sacramento for participation in multiple meetings at the State Capitol with Legislators	ACCOUNTING OFFICE USE ONLY
	CLAIMANT # <b>106815</b>
	INVOICE DATE <b>05 23 13</b>
(12) PROJECT COST CENTER 0001-0101-1001-0298	INVOICE AMOUNT <b>\$ 305.02</b>
(13) NORMAL WORK HOURS <b>8:00 a.m. - 5:00 p.m.</b>	PAID BY REVOLVING FUND CHECK #
(14) PRIVATE VEHICLE LICENSE NO.	
(15) MILEAGE RATE CLAIMED	

(16) I HEREBY CERTIFY that the above statement is a true statement of the travel expenses incurred by me in accordance with the State of California travel reimbursement policy and guidelines as adopted by the Administrative Office of the Courts.

CLAIMANT'S SIGNATURE 	DATE <b>5/31/13</b>	(17) SIGNATURE, OFFICER APPROVING TRAVEL AND PAYMENT 	DATE <b>6/1/13</b>
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