

CLAIMANT'S NAME Steve Spears		SSN or EMPLOYEE NUMBER*		DEPARTMENT CalHFA	
POSITION Acting Executive Director		CB/ID No. EX	DIVISION or BUREAU Executive Office		INDEX NUMBER 1000
RESIDENCE ADDRESS*			HEADQUARTERS ADDRESS 1415 L Street, Suite 500		TELEPHONE NUMBER (916) 324-4640
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
			Sacramento	CA	95814

(1) NORMAL WORK HOURS: 8:00 to 17:00
 (2) PRIVATE VEHICLE LICENSE NUMBER: [REDACTED]
 (3) MILEAGE RATE CLAIMED: 0.550

(4) MONTH/YEAR Ap/My 09	(5) DATE	(6) TIME	(5) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY	
					BREAK-FAST	LUNCH	O.T., LT, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
										MILES	AMOUNT				
4/21	9:00		Sacramento - BT&H Office 980 9th St., Sacramento								5.25	0.00		5.25	
5/6	7:00		Sacramento to Los Angeles/Santa Monica	124.26		10.00	18.00				25.00	13.75		166.01	
5/7	7:00		Los Angeles to Sacramento		6.00	10.00					25.00	13.75		61.75 73.75 sb	
5/15	7:00 19:15		Sacramento to Burbank (r.t.)			10.00					50.00	27.50		43.50 50.50 sb	
5/20	10:30		Sacramento to Burbank	121.10			18.00				12.00	6.60		145.70	
5/21	16:30		Burbank to Sacramento		6.00	10.00					12.00	6.60		40.60 22.00 sb	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
(13) SUBTOTALS				245.36	12.00	40.00	36.00	0.00	0.00		71.25	124.00	68.20	0.00	462.81 472.81

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL 462.81
472.81

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

4/21 ~ Parking reimbursement for meeting w/M. Berte of Business, Transportation & Housing Agency
 5/6 and 5/7 ~ Century Housing Board meeting and Policy Forum, Santa Monica, CA
 5/15 ~ SCANPH "Weathering the Storm" affordable housing policy forum, Los Angeles, CA
 5/20 ~ Meeting with Heather Peters of BT&H and Brian Cosgrove of Just Price Solutions, Pasadena, CA
 5/20 and 5/21 ~ CalHFA Board of Directors Meeting, Burbank Airport Marriott Hotel, Burbank, CA

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

727787
6/9/09

(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: [REDACTED] DATE: 5/29/09

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT: [REDACTED] DATE: 5/29/09

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)