

See Instructions and *Privacy
 Statement On Reverse Side

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

(1) NORMAL WORK HOURS 8:00 to 17:00	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.550
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(4) MONTH/YEAR Oct 2009	(5) DATE	(5) TIME	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY	
					BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT			
	10/13		Sacramento								15.75	0.00		15.75	
	10/16	6:00	Sacramento to Burbank Burbank to Sacramento			10.00			9.00		50.00	27.50		54.68 46.58	
	10/26	13:00	Sacramento to Pacific Grove	128.71			18.00				186.00	102.30		249.01	
	10/27	15:00	Pacific Grove to Sacramento		6.00	10.00					186.00	102.30		118.30	
	10/28	7:00-21:30	Sacramento to Orange County Orange County to Sacramento				18.00				9.00	50.00	27.50	54.50	
	10/23		Sacramento								1.25	0.00		1.25	
											0.00	0.00		0.00	
											0.00	0.00		0.00	
											0.00	0.00		0.00	
											0.00	0.00		0.00	
											0.00	0.00		0.00	
											0.00	0.00		0.00	
(13) SUBTOTALS				128.71	6.00	20.00	36.00	0.00	9.00		35.00	472.00	259.60	0.00	493.49 485.31

CLAIM TOTAL **493.49**
~~485.31~~

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

10/13 ~ Parking at BT&H Agency for meeting w/D. Bonner, M. Berte and P. Carey
 10/16 ~ Meeting with Heather Peters of BT&H Agency, and Board of Directors Briefing w/Paul Hudson;
 Sac Airport parking claimed at \$9.00
 10/23 ~ Parking at Treasurer's Office ~ Meeting with S. Cooney and B. Redway
 10/26 and 10/27 ~ To attend CA Coalition for Rural Housing Rural Housing Summit, Pacific Grove
 10/28 ~ To speak at CA Redevelopment Association CRA/CAL-ALHFA Affordable Housing Conference in Garden Grove

AGENCY ACCOUNTING OFFICE USE ONLY
PAYED BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE [REDACTED]	DATE 11/13/09	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 11/13/09
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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE