

CLAIMANT'S NAME Steve Spears			SSN or EMPLOYEE NUMBER CalHFA ACCOUNTING		DEPARTMENT
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	STATE	ZIP CODE	CITY	STATE	ZIP CODE
			Sacramento	CA	95814

(1) NORMAL WORK HOURS 8:00 to 17:00	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED 0.500
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(4) MONTH/YEAR Mar 10	(5) DATE 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			
	2/16 18:47	980 9th St Parking Lot, Sacramento								14.00		0.00		14.00
	3/3 5:30-22:30	Sacramento to Orange Cty Los Angeles to Sacramento		6.00	10.00	18.00		181.02	RC	20.00	50.00	25.00		250.02 260.02
	3/25 8:30	Sacramento to Burbank	121.10		10.00	18.00	6.00		A		25.00	12.50	* 12.95	180.55
	3/26	Burbank		6.00	10.00				A		25.00	12.50		28.50
	3/30 8:30	Sacramento to Ontario via Burbank	123.96		10.00	18.00	6.00		RC		12.00	6.00		163.96
	3/31 20:00	San Diego to Sacramento		6.00	10.00	18.00					25.00	12.50		46.50
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13)	SUBTOTALS		245.06	18.00	40.00 50.00	72.00	12.00	181.02		34.00	137.00	68.50	12.95	693.53 683.53

COLUMN CODE (ACCTG. USE ONLY)	CLAIM TOTAL	683.53 693.53
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Feb 16: Pkng at BT&H Office, mtg w/ M. Berte
 Mar 3: Attend CA Municipal Finance Conference in Hunt. Bch. & visit CalHFA Culver City office (RC charge of \$181.02 due to Enterprise policy-Cars rented at OC Airport cannot be one way rental with drop at another airport, thus Hertz was utilized) (Parking: \$9.00 Sac Intl Airport + \$11.00 parking at Culver City CalHFA office)
 Mar 25, 26: CalHFA Board of Directors Mtg, Burbank-3/27 pers., wknd return * Internet service e hotel
 Mar 30, 31: Fed Hardest-Hit Program public mtgs

AGENCY ACCOUNTING OFFICE USE ONLY
PAID BY REVOLVING FUND CHECK NUMBER

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

CLAIMANT'S SIGNATURE	DATE 4/9/10	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE 4/13/10
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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)