

See Instructions and \*Privacy  
 Statement On Reverse Side

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

(1) NORMAL WORK HOURS <b>8:00 to 17:00</b>	(2) PRIVATE VEHICLE LICENSE NUMBER <b>[REDACTED]</b>	(3) MILEAGE RATE CLAIMED <b>0.500</b>
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(4) MONTH/YEAR <b>May 10</b>	(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			
	4/21	20:09	Sacramento - BT&H Agency										0.00		19.25	
	5/11	15:30	Sacramento to Burbank	121.10			18.00			<b>A</b>		25.00	12.50		151.60	
	5/12		Burbank/Santa Monica	307.31	6.00	10.00	18.00	6.00			33.00		0.00		380.31	
	5/13		Santa Monica	204.19			18.00	6.00	<del>106.46</del>	RC	15.99		0.00		<del>244.18</del> 350.64 <b>SB</b>	
	5/14	17:00	Culver City		6.00	10.00		6.00		<b>A</b>			0.00		33.00	
													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)	<b>SUBTOTALS</b>			632.60	12.00	20.00	54.00	18.00	106.46			79.24	25.00	12.50	0.00	<del>828.34</del> 894.80

CALHFA ACCOUNTING  
 2010 MAY 25 AM 10:44

**828.34**  
894.80

COLUMN CODE (ACCTG. USE ONLY)	
<b>CLAIM TOTAL</b>	

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)	AGENCY ACCOUNTING OFFICE USE ONLY
	PAID BY REVOLVING FUND CHECK NUMBER
4/21 ~ Parking for Directors Meeting @ BT&H w/ D. Bonner and M. Berte 5/11-14 ~ Attended CalHFA Board of Directors Meeting in Burbank, CHC Policy Forum in Santa Monica, and met with CalHFA staff in Culver City (after hours 5/14 and weekend personal, weekend return)	

(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 <b>[REDACTED]</b>	DATE <b>5/19/10</b>	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <b>[REDACTED]</b>	DATE <b>5-19-10</b>
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE
<b>[REDACTED]</b>			