

CLAIMANT'S NAME Steve Spears		SSN or EMPLOYEE NUMBER*		DEPARTMENT CalHFA	
POSITION 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 [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: **0.500**

(4) MONTH/YEAR June 10	(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		
	6/22	11:45	Sacramento to Chicago	298.89		10.00	18.00	6.00	40.00	T			0.00	7.00	356.89 379.89
	6/23		Chicago	298.89	6.00		18.00	6.00					0.00		328.89
	6/24	17:30	Chicago to Los Angeles		6.00	10.00		6.00	40.00	T			0.00	7.00	602.00 69.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
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													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
(13) SUBTOTALS				597.78	12.00	20.00	36.00	18.00	80.00				0.00	14.00	747.78 717.78

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL *Out of State* **747.78**
717.78

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 6/22-6/24~To participate in the National Council of State Housing Agencies 2010 Housing Credit Conference in Chicago, IL

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 [REDACTED]	DATE 6/30/10	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 6/30/10
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE