

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
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(4) MONTH/YEAR July 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., LT, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CAREFARE, TOLLS, PARKING	(D) PRIVATE CAR USE				
											MILES	AMOUNT				
	7/8	7:00-17:00	Sacramento to San Francisco and return						gas	28.54	pc	*	50.00		0.00	78.54
														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	
														0.00	0.00	
														0.00	0.00	
														0.00	0.00	
(13) SUBTOTALS				0.00	0.00	0.00	0.00	0.00	28.54		50.00	0.00	0.00	0.00	78.54	
COLUMN CODE (ACCTG. USE ONLY)																

CA HFA ACCOUNTING
 2010 JUL 14 AM 7:27

CLAIM TOTAL	\$78.54
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

7/8: Speaker at California Mortgage Bankers Association Western Secondary Marketing Conference in San Francisco

*Parking at Conference Location: \$39
 Bridge tolls: \$11
 Gas for Rental Car: \$28.54

AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER
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(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 7/9/10	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 7/9/10
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE