STATE OF CALIFORNIA – DEPARTMENT OF PERSONNEL ADMINISTRATION

# TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

*See Instructions and *Privacy Statement On Reverse Side*



| CLAIMANT'S NAME | SSN or EMPLOYEE NUMBER* | DEPARTMENT |
|---|---|---|
| Steve Spears | | CalHFA |

| POSITION | CB/ID No. | DIVISION or BUREAU | INDEX NUMBER |
|---|---|---|---|
| Executive Director | EX | Executive Office | 1000 |

| RESIDENCE ADDRESS * | HEADQUARTERS ADDRESS | TELEPHONE NUMBER |
|---|---|---|
| [redacted] | 1415 L Street, Suite 500 | (916) 324-4640 |

| CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |
|---|---|---|---|---|---|
| [redacted] | [redacted] | [redacted] | Sacramento | CA | 95814 |

| (1) NORMAL WORK HOURS | (2) PRIVATE VEHICLE LICENSE NUMBER | (3) MILEAGE RATE CLAIMED |
|---|---|---|
| 8:00 to 17:00 | [redacted] | 0.500 |

| (4) MONTH/YEAR: July 10 | | (6) | (7) | (8) MEALS | | | (9) | (10) TRANSPORTATION | | | | | (11) | (12) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (5) DATE | TIME | LOCATION WHERE EXPENSES WERE INCURRED | LODGING | BREAK-FAST | LUNCH | O.T., L/T, N/C, RELO. OR DINNER | INCIDEN-TALS | (A) COST OF TRANS. | (B) TYPE USED | (C) CARFARE, TOLLS, PARKING | (D) PRIVATE CAR USE MILES | (D) PRIVATE CAR USE AMOUNT | BUSINESS EXPENSE | TOTAL EXPENSES FOR DAY |
| 7/16 | 8:00-18:30 | Sacramento to Burbank and return | | | | | | | A RC | 2.00 | 50.00 | 25.00 | | 27.00 |
| | | | | | | | | | | | | 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 | 0.00 | | 2.00 | 50.00 | 25.00 | 0.00 | 27.00 |
| COLUMN CODE (ACCTG. USE ONLY) | | | | | | | | | | | | | | |

2010 AUG -6 AM 11:40

**CLAIM TOTAL** $27.00

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

7/16 – Meeting with Congressman Mike Eng at his offices in El Monte

Mileage is from residence to airport and return

**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 bell usage.

| CLAIMANT'S SIGNATURE | DATE | (16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT | DATE |
|---|---|---|---|
| [redacted] | 8/4/10 | [redacted] | 8/4/10 |

| (17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE *(See Item 17 on reverse)* | DATE |
|---|---|
| | |