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: 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*: [redacted]		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: Sep 10 (5) DATE	TIME	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS: BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	(9) INCIDEN-TALS	(10) TRANSPORTATION: (A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE: MILES	AMOUNT	(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
9/14	15:00	Sacramento to Burbank	121.10				6.00		X			0.00		127.10
9/15	16:00	Burbank (no Sac flight return)		6.00	10.00							0.00		16.00
												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	121.10	6.00	10.00	0.00	6.00	0.00		0.00	0.00	0.00	0.00	143.10

COLUMN CODE (ACCTG. USE ONLY)

2010 OCT -5 PM 2:39

CLAIM TOTAL $143.10

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

9/14 and 15: CalHFA Board of Directors Meeting in Burbank (no return flight to Sacramento, personal time began after conclusion of board meeting)

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

744287

10/13/10

(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	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
[redacted]	9/29/10	[redacted]	9/29/10

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