

TRAVEL EXPENSE CLAIM

STD. 282 (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.	DIVISION or BUREAU Executive Office		
RESIDENCE ADDRESS*		HEADQUARTERS ADDRESS 1415 L Street, Suite 500			TELEPHONE NUMBER (916) 324-4640
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
			Sacramento	CA	95814

(1) NORMAL WORK HOURS 8:00 to 17:00	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED 0.500
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(4) MONTH/YEAR Sep 10	(5) DATE	(6) 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) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
										MILES	AMOUNT				
	9/20	6:00	Sacramento to Washington DC	262.21	6.00	10.00	18.00	6.00	72.50	T		25.00	12.50	13.73	400.94
	9/21	22:30	Washington DC to Sacramento		6.00	10.00	18.00		47.50	T			0.00		81.50
													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				262.21	12.00	20.00	36.00	6.00	120.00		0.00	25.00	12.50	13.73	482.44

COLUMN CODE (ACCTG. USE ONLY)	CLAIM TOTAL	<i>Out of State</i>	\$482.44
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 9/20 & 21: Meeting with U.S. Treasury and 10 Hardest Hit states at U.S. Treasury (Washington DC)

AGENCY ACCOUNTING OFFICE USE ONLY
PAY 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	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
			10/14/10

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

	DATE
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