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.	DIVISION or BUREAU: Executive Office	INDEX NUMBER
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
9/27	5:45	Sacramento to New York, NY	393.66	6.00	10.00	18.00	6.00	30.00	T	9.00		0.00		472.66
9/28	20:30	New York to Sacramento		6.00		18.00		18.20	T	9.00	25.00	12.50		63.70
												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
(13) SUBTOTALS			393.66	12.00	10.00	36.00	6.00	48.20		18.00	25.00	12.50	0.00	536.36
COLUMN CODE (ACCTG. USE ONLY)														

CalHFA ACCOUNTING 2010 OCT 15 AM 7:00

CLAIM TOTAL $536.36

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

9/27 and 28: Meeting with Moody's Investors Service re: CalHFA credit rating and financial condition (New York, NY)

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 0760, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE: [redacted] DATE

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT: [redacted] DATE 10/14/10

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