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	EA	Executive Office	1000

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
[redacted]	500 Capitol Mall, Suite 1400	(916) 326-8086

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: Oct 2010		(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
10/12	6:30 16:30	Sacramento to Burbank and return							A RC	9.00	50.00	25.00		34.00
10/25	12:00	Sacramento Pacific Grove	139.59			18.00	6.00	gas 46.23	RC			0.00		209.82
10/26	17:00	Pacific Grove to Sacramento		6.00	10.00							0.00		16.00
10/27	12:00 19:00	Sacramento to San Jose and return						gas 20.22	RC	12.00		0.00		32.22
												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			139.59	6.00	10.00	18.00	6.00	66.45		21.00	50.00	25.00	0.00	292.04
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL $292.04

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

10/12 ~ Los Angeles: Meeting with Bank of America
10/25-26 ~ Pacific Grove: California Coalition for Rural Housing, Rural Housing Summit 2010 (Panelist)
10/27 ~ San Jose: Cal-ALHFA Affordable Housing Conference (Panelist)

(Rental car returned to Enteprise on 10/28, as business return to Sacramento was after COB at Enterprise)

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

744885
11/17/10

(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]	11/4/10	[redacted]	11/4/10

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