

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 *			HEADQUARTERS ADDRESS 500 Capitol Mall, Suite 1400			TELEPHONE NUMBER (916) 326-8086		
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
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(4) MONTH/YEAR Oct 2010	(5) DATE	(5) 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., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
										MILES	AMOUNT				
	10/1	5:15	Sacramento to Boston	307.87	6.00	10.00		6.00	6.20	T	9.00	25.00	12.50		357.57
	10/2		Boston	307.87	6.00	10.00		6.00			9.00		0.00	9.95	348.82
	10/3		Boston	307.87	6.00	10.00	18.00	6.00			9.00		0.00	9.95	366.82
	10/4		Boston	307.87	6.00	10.00		6.00			9.00		0.00	12.75	351.62
	10/5	15:00	Boston to Sacramento		6.00	10.00			28.00	T	9.00	12.50	6.25	*	59.25
													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				1,231.48	30.00	50.00	18.00	24.00	34.20		45.00	37.50	18.75	32.65	1,484.08

COLUMN CODE (ACCTG. USE ONLY)	
CLAIM TOTAL	Out of State \$1,484.08

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 10/1-10/5 ~ Boston: National Council of State Housing Agencies (NCSHA) 2010 Annual Conference, Board of Directors meeting, and state housing agency Executive Director meetings; also meetings with State Street Bank, U.S. Treasury, J.P. Morgan, Hawkins Delafield & Wood, and Swap Financial
 * Printing services @ hotel

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 [REDACTED]	DATE 11/4/10	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 11/4/10
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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)	DATE
[REDACTED]	