

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 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	(5) DATE	(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			
	TIME										MILES	AMOUNT		
Oct 2010	10/20	Sacramento to Ontario	123.32	6.00	10.00	18.00	6.00			9.00	25.00	12.50		184.82
	10/21	Los Angeles to Sacramento		6.00	10.00					9.00	25.00	12.50		37.50
												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			123.32	12.00	20.00	18.00	6.00	0.00		18.00	50.00	25.00	0.00	222.32
COLUMN CODE (ACCTG. USE ONLY)														

HARDEST HIT FUND

2010 NOV 10 AM 11:44

CLAIM TOTAL

\$222.32

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 All travel charges pertain to U.S. Treasury Hardest Hit Fund Program
 10/21 ~ Meet with Springboard executives, site inspection of Sprinboard facilities; Meet with CalHFA Board of Directors member Jack Shine re: HHF
 10/21 ~ Meeting with Sean Spear, ED of CDLAC re: CalHFA update on HHF, NIBP and TCLF; Meet with CalHFA Culver City staff

AGENCY ACCOUNTING OFFICE USE ONLY
PAID BY REVOLVING FUND CHECK NUMBER 744884 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)

[REDACTED]