STATE OF CALIFORNIA - DEPARTMENT OF PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and Privacy Statement On Reverse Side

Page 1 of 1 Pages

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

(4) MONTH/YEAR: Dec 10		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7)	(8) MEALS			(9)	(10) TRANSPORTATION					(11)	(12)
(5) DATE	TIME		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
12/3	6:00	Sacramento to Los Angeles and return							A	18.00		0.00		18.00
												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		0.00
(13) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00		18.00	0.00	0.00	0.00	18.00
COLUMN CODE (ACCTG. USE ONLY)														

2010 DEC 21 PM 3:33

CLAIM TOTAL $18.00

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

12/3/10 ~ To attend meetings and staff lunch meeting at CalHFA Culver City office

Parking: Total $18 ($9.00 at Sac Intl Airport, $9.00 at Culver City office garage)

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

745503
12/22/10

(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
	12/21/10		12/21/10

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