

See Instructions and \*Privacy Statement On Reverse Side

CLAIMANT'S NAME <b>Steve Spears</b>			SSN or EMPLOYEE NUMBER*			DEPARTMENT <b>CalHFA</b>		
POSITION <b>Acting Executive Director</b>		CB/ID No. <b>Ex</b>	DIVISION or BUREAU <b>Executive Office</b>			INDEX NUMBER <b>1000</b>		
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS <b>1415 L Street, Suite 500</b>			TELEPHONE NUMBER <b>(916) 324-4640</b>		
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE	
				<b>Sacramento</b>		<b>CA</b>	<b>95814</b>	

(1) NORMAL WORK HOURS <b>8:00 to 17:00</b>	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED <b>0.500</b>
---	------------------------------------	--

(4) MONTH/YEAR <b>Jan 10</b>	(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			
	1/11	900 ↑	Sacramento to Burbank/Encino							A RC	25.00	12.50		12.50	
	1/11	1845	Burbank/Encino to Sacramento								9.00	25.00	12.50	21.50	
	1/20	2000	Sacramento to Burbank	121.10						A	25.00	12.50		133.60	
	1/21	2100	Burbank to Sacramento		6.00	10.00	18.00	6.00				0.00		40.00	
	1/25	1200p	Sacramento to Los Angeles							A RC	12.00	6.00		6.00	
	1/25	2200	Los Angeles to Sacramento								9.00	25.00	12.50	21.50	
												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	
(13)	<b>SUBTOTALS</b>			121.10	6.00	10.00	18.00	6.00	0.00		18.00	112.00	56.00	0.00	235.10

CALIFORNIA ACCOUNTING  
 210 FEB 10 PM 12:06

<b>COLUMN CODE (ACCTG. USE ONLY)</b>	<b>CLAIM TOTAL</b>	<b>\$235.10</b>
--------------------------------------	--------------------	-----------------

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

1/11~Burbank and Encino, CA: Board of Directors new member orientation (Barbara Macri-Ortiz), and meeting with Board member (Jack Shine)

1/20-1/21~Burbank, CA: Attend CalHFA Board of Directors Meeting at Burbank Airport Marriott

1/25~Attend Retirement function for Richard West of CSU Chancellor's Office

<b>AGENCY ACCOUNTING OFFICE          USE ONLY</b> 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 BPA 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 <b>2/3/10</b>	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE <b>2/10/2010</b>
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE