

CLAIMANT'S NAME Steve Spears			SSN or EMPLOYEE NUMBER*			DEPARTMENT CalHFA		
POSITION Acting Executive Director		CB/ID No. EX	DIVISION or BUREAU Executive Office				INDEX NUMBER 1000	
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 1415 L Street, Suite 500				TELEPHONE NUMBER (916) 324-4640	
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE			
			Sacramento	CA	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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(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		
2/10	700	Sacramento to Orlando, FL	201.38		10.00	18.00	6.00		A		25.00	12.50		247.88
2/11		Orlando, FL	201.38	6.00	10.00	18.00	6.00					0.00		241.38
2/12		Orlando, FL		6.00	10.00			105.80	RC			0.00		16.00 121.88
2/14	1400	Orlando, FL to Sacramento									25.00	12.50		12.50
												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
(13) SUBTOTALS			402.76	12.00	30.00	36.00	12.00	105.80		0.00	50.00	25.00	0.00	517.76 623.56

CalHFA ACCOUNTING
 2010 MAR -9 PM 2:02

COLUMN CODE (ACCTG. USE ONLY)	CLAIM TOTAL	517.76 \$623.56
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 Orlando, FL ~ To attend and participate in the Standard & Poor's 2010 Housing Conference

AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER 735459 2/24/2010
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(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 3/5/10	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 3/5/2010
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE