

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: **8:00 to 17:00**  
 (2) PRIVATE VEHICLE LICENSE NUMBER: **[REDACTED]**  
 (3) MILEAGE RATE CLAIMED: **0.500**

(5) DATE	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			
3/7	545	Sacramento to Washington DC	307.64	6.00	10.00	18.00	6.00	61.00	T		25.00	12.50		421.14
3/8		Washington DC	307.64			18.00	6.00					0.00		331.64
3/9		Washington DC	307.64	6.00		18.00	6.00	8.00	T			0.00		345.64
3/10	2130	Washington DC to Sacramento		6.00		18.00	<del>6.00</del>	* 73.00	T		25.00	12.50	25.00	134.50 <del>146.50</del>
											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
<b>(13) SUBTOTALS</b>			922.92	18.00	10.00	72.00	<del>18.00</del> 24.00	142.00		0.00	50.00	25.00	25.00	1232.92 <del>1,238.92</del>

CalHFA ACCOUNTING  
 2010 MAR 18 AM 11:04

*Out of State*

**AGENCY ACCOUNTING OFFICE USE ONLY**  
 PAID BY REVOLVING FUND CHECK NUMBER  
**737124**  
**3/24/10**

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  
 Mar 7-10 ~ Washington, DC ~ Attend and participate in National Council of State Housing Agencies (NCSHA) Legislative Conference, and to meet with representatives from the United States Treasury, HUD, CA Governor's Office, the Mortgage Bankers Association, and legislative representatives  
 March 10 ~ Business expense ~ Checked bag charge  
 \*60+7+6=73

(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 <b>[REDACTED]</b>	DATE <b>3/15/10</b>	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <b>[REDACTED]</b>	DATE <b>3/16/10</b>
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse) <b>[REDACTED]</b>			DATE <b>3/16/10</b>