

CLAIMANT'S NAME Steve Spears			SSN or EMPLOYEE NUMBER*			DEPARTMENT CalHFA		
POSITION Executive Director		CB/ID No. BR	DIVISION or BUREAU Executive Office			INDEX NUMBER 1000		
RESIDENCE ADDRESS*			HEADQUARTERS ADDRESS 500 Capitol Mall, Suite 1400			TELEPHONE NUMBER (916) 326-8086		
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	(3) MILEAGE RATE CLAIMED 0.510
--	------------------------------------	-----------------------------------

(4) MONTH/YEAR Feb 11	(5) DATE	(6) TIME	(8) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(9) MEALS			(10) (A) COST OF TRANS.	(B) TYPE USED	(10) TRANSPORTATION		(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY	
					BREAK-FAST	LUNCH	O.T., LT, N/C, RELO. OR DINNER			(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
										MILES	AMOUNT			
	2/8	9:18-13:29	Sacramento							13.50	0.00		13.50	
	2/17		Sacramento to LA and return							20.00	50.00	25.50	45.50	
	2/22	16:48-15:49	Sacramento							5.25	0.00		5.25	
											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	
											0.00		0.00	
											0.00		0.00	
(13) SUBTOTALS				0.00	0.00	0.00	0.00	0.00		38.75	50.00	25.50	0.00	64.25
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL \$64.25

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 2/8: Parking for Sacramento Board of Director's Meeting in Sacramento
 2/17: CalHFA Culver City office staff meetings (Parking- \$9 for Sac Airport + \$11 for CC office parking)
 2/22: Parking for BTH Agency Director's Meeting

AGENCY ACCOUNTING OFFICE
 USE ONLY
 PAID BY REVOLVING FUND CHECK NUMBER
 749077
 3/16/2011

(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 3/4/11	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE 3/8/2011
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE