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	SSN or EMPLOYEE NUMBER*	DEPARTMENT
Steve Spears		CalHFA

POSITION	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
Executive Director	EX	Executive Office	1000

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
[redacted]	500 Capitol Mall, Suite 1400	(916) 326-8086

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[redacted]	[redacted]	[redacted]	Sacramento	CA	95814

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
8:00 to 17:00	[redacted]	0.510

(4) MONTH/YEAR: Mar 11		(6)	(7)	(8) MEALS			(9)	(10) TRANSPORTATION					(11)	(12)
(5) DATE	TIME	LOCATION WHERE EXPENSES WERE INCURRED	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
3/6	5:45	Sacramento to Washington DC	342.36	6.00	10.00	18.00	6.00		K		25.00	12.75	* 29.97	425.08
3/7		Washington DC	342.36			18.00	6.00					0.00		366.36
3/8		Washington DC	342.36			18.00	6.00					0.00		366.36
3/9	21:30	Washington DC to Sacramento		6.00	10.00	18.00		75.00	T		25.00	12.75		121.75
												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			1,027.08	12.00	20.00	72.00	18.00	75.00		0.00	50.00	25.50	29.97	1,279.55
COLUMN CODE (ACCTG. USE ONLY)														

2011 MAR 24 AM 10:15

CLAIM TOTAL Out of State $1,279.55

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

March 6-9: Attend and participate in National Council of State Housing Agencies (NCSHA) Legislative Conference and HFA Board of Directors Meeting in Washington, DC; also attended meetings with Citibank and U.S. Treasury

Internet charges @ hotel.

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

3/30/11
#0747358

(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
			3/23/2011

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE *(See Item 17 on reverse)* DATE 3/23/2011