STATE OF CALIFORNIA - DEPARTMENT OF PERSONNEL ADMINISTRATION

# TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

*See Instructions and *Privacy Statement On Reverse Side*



| CLAIMANT'S NAME | SSN or EMPLOYEE NUMBER* | DEPARTMENT |
|---|---|---|
| Claudia Cappio | | 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) 326-8088 |

| 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 | | 0.555 |

| (4) MONTH/YEAR Aug 11 | | (6) LOCATION WHERE EXPENSES WERE INCURRED | (7) | (8) MEALS | | | (9) | (10) TRANSPORTATION | | | | | (11) | (12) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (5) DATE | TIME | | 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 |
| 8/9 | | Sacramento, CA | | | | | | | | | | 0.00 | 65.00 | 65.00 |
| | | | | | | | | | | | | 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 | 0.00 | | 0.00 | 0.00 | 0.00 | 65.00 | 65.00 |
| COLUMN CODE (ACCTG. USE ONLY) | | | | | | | | | | | | | | |

**CLAIM TOTAL** $65.00

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

Discount transportation program ~ Amtrak commuter multi-ride ticket (paid $159.00)

**AGENCY ACCOUNTING OFFICE USE ONLY**

PAID BY REVOLVING FUND CHECK NUMBER

0749963
8/11/11

(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 |
|---|---|---|---|
| | 8/12/11 | | 8-19-11 |

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