

CLAIMANT'S NAME Claudia Cappio			SSN or EMPLOYEE NUMBER*			DEPARTMENT CalHFA		
POSITION Executive Director		CB/ID No. EX	DIVISION or BUREAU Executive Office				INDEX NUMBER 1000	
RESIDENCE ADDRESS* [REDACTED]			HEADQUARTERS ADDRESS 500 Capitol Mall, Suite 1400				TELEPHONE NUMBER (916) 326-8088	
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY Sacramento		STATE CA	ZIP CODE 95814		

(1) NORMAL WORK HOURS 8:00 to 17:00	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
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(4) MONTH/YEAR	(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			
Oct 2011	10/1	945	Oakland to San Diego	149.84		10.00	18.00	6.00	17.00	T		0.00	200.84	
	10/2		San Diego	149.84	6.00	10.00	18.00	6.00				0.00	189.84	
	10/3	2230	San Diego to Oakland		6.00	10.00	18.00		15.00			0.00	49.00	
	10/12	1030-2230	Oakland to San Diego and return						40.00	T		0.00	40.00	
	10/14	700-1730	Oakland to Los Angeles and return						180.00			0.00	180.00	
	10/26	600-2100	Oakland to Burbank and return from Orange Cty.		6.00		18.00		120.75	T		0.00	144.75	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
(13) SUBTOTALS				299.68	18.00	30.00	72.00	12.00	372.75		0.00	0.00	804.43	

COLUMN CODE (ACCTG. USE ONLY)	CLAIM TOTAL	\$804.43
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Oct 1-3: Attend and participate in National Council of State Housing Agencies (NCSHA) Annual Conference at Manchester Hyatt in San Diego
 Oct 12: Participate in Affordable Housing Summit at Marina Village Conference Center in San Diego
 Oct 14: Keynote speaker at Southern Cal Assoc of Nonprofit Housing Annual Conference at Wilshire Grand Hotel in Los Angeles
 Oct 26: Participate in ULI Cost Containment Workshop, and speaker/panelist at CRA/Cal-ALHFA Affordable Housing Conf at Sheraton Pk Anaheim

AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER
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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 	DATE 11/4/11	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE 11/4/11
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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)	DATE
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