

CLAIMANT'S NAME <b>Claudia Cappio</b>			SSN or EMPLOYEE NUMBER*			DEPARTMENT <b>CalHFA</b>		
POSITION <b>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>500 Capitol Mall, Suite 1400</b>				TELEPHONE NUMBER <b>(916) 326-8088</b>	
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE			
			<b>Sacramento</b>	<b>CA</b>	<b>95814</b>			

(1) NORMAL WORK HOURS <b>8:00 to 17:00</b>	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED <b>0.555</b>
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(4) MONTH/YEAR <b>Nov 11</b>	(5) DATE	(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		
TIME										MILES	AMOUNT		
		Amtrak Multi-Ride Ticket						65.00				0.00	65.00
	11/7 6:30	Oakland to San Diego	123.93		10.00	18.00	6.00	25.00	T			0.00	9.95 192.88
	11/8 16:30	San Diego to Oakland		6.00	10.00							0.00	16.00
												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
<b>(13) SUBTOTALS</b>			123.93	6.00	20.00	18.00	6.00	90.00		0.00	0.00	0.00	9.95 273.88
<b>COLUMN CODE (ACCTG. USE ONLY)</b>													

CONFIDENTIAL  
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<b>CLAIM TOTAL</b>	<b>\$273.88</b>
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

11/3 ~ Discount transportation program for November (\$65 reimbursement, \$159 paid)

11/7 and 11/8 ~ Keynote speaker and panelist at California Council for Affordable Housing Fall Conference at Hyatt Regency Mission Bay in San Diego

*\*internet charges*

<b>AGENCY ACCOUNTING OFFICE          USE ONLY</b>  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 <i>[Signature]</i>	DATE <b>12/14/11</b>	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <i>[Signature]</i>	DATE <b>12/16/11</b>
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE