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	[redacted]	0.555

(4) MONTH/YEAR: Jan 2012

(5) DATE	(5) TIME	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS: BREAK-FAST	(8) MEALS: LUNCH	(8) MEALS: O.T., L/T, N/C, RELO. OR DINNER	(9) INCIDEN-TALS	(10) TRANSPORTATION: (A) COST OF TRANS.	(10) (B) TYPE USED	(10) (C) CARFARE, TOLLS, PARKING	(10) (D) PRIVATE CAR USE: MILES	(10) (D) PRIVATE CAR USE: AMOUNT	(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
1/24	6:30-21:30	Oakland to Orange County and return						109.50	T	12.34	24.00	13.32		135.16
												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	109.50		12.34	24.00	13.32	0.00	135.16

COLUMN CODE (ACCTG. USE ONLY)

2012 FEB 21 PM 2:35

CLAIM TOTAL $135.16

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

To attend the Affordable Housing Tax Credit Coalition annual meeting

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

0752550
2/22/12

(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
	2/16/12		2/16/12

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