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: 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) 326-8084
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: 0.555

(4) MONTH/YEAR: Feb 2012		(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
2/3		Oakland to Los Angeles and Return						18.00	B			0.00	~~65.00~~	18.00 ~~83.00~~
2/10		Amtrak 10-Trip Ticket										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
(13)		SUBTOTALS	0.00	0.00	0.00	0.00	0.00	18.00		0.00	0.00	0.00	65.00 ~~130.00~~	83.00 ~~148.00~~

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL $ 83.00 ~~$148.00~~

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

2/3: Speaker/panelist at UCLA Land use Law and Planning Conference at Milennium Biltmore Hotel, Los Angeles

2/10: Discount transportation program for February 2012 (actual amount paid $165.00)

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 safely and seat belt usage.

CLAIMANT'S SIGNATURE	DATE 2/16/12	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE 2/16/12
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE *(See Item 17 on reverse)*			DATE

2012 FEB 21 PM 2:36