

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 *			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 [REDACTED]	(3) MILEAGE RATE CLAIMED 0.555
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(4) MONTH/YEAR Feb 2012	(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			
	2/8	13:00	San Francisco to Washington DC +	302.28			18.00	6.00							
	2/9	21:30	Washington DC to San Francisco +		6.00	10.00	18.00		163.50	T	28.00	12.00	6.66	232.16	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
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												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
(13) SUBTOTALS				302.28	6.00	10.00	36.00	6.00	163.50		28.00	24.00	13.32	0.00	565.10
COLUMN CODE (ACCTG. USE ONLY)															

2012 FEB 21 PM 2:36

CLAIM TOTAL	<i>Out of State</i>	\$565.10
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 2/8 and 2/9: Meetings with U.S. Treasury officials and Fannie Mae stakeholders in Washington, DC

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 <i>[Signature]</i>	DATE 2/16/12	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <i>[Signature]</i>	DATE 2/16/12
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE