

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

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: [REDACTED]

(3) MILEAGE RATE CLAIMED: **0.555**

(4) MONTH/YEAR	(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		
April 12	4/18	Oakland to Los Angeles	133.56				6.00	57.25	TR		0.00	10.99	207.80
	4/19	Los Angeles to Baltimore, MD		6.00	10.00			56.95	T		0.00		72.95
	4/26	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
											0.00		0.00
											0.00		0.00
											0.00		0.00
(13) SUBTOTALS			133.56	6.00	10.00	0.00	6.00	114.20		0.00	0.00	75.99	345.75
COLUMN CODE (ACCTG. USE ONLY)													

CLAIM TOTAL **\$345.75**

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

4/18 and 4/19 ~ Speaker at Greenlining Institute Housing Symposium at Federal Reserve Bank in Los Angeles

* Note: See Out of State TEC for 4/19 to 4/23 for continuation of travel to Washington DC/Baltimore and inclusion of per diem expense for dinner on 4/19

4/26 ~ Discount transportation program for April, 2012 (actual amount paid \$165.00)

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

0753563

5/14/12

(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 4/26/12	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <i>[Signature]</i>	DATE 5/3/12
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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE