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. 2012 MAY -4 PM 2:14	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	(3) MILEAGE RATE CLAIMED: 0.555

(4) MONTH/YEAR: April 12

(5) DATE	TIME	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS: BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	(9) INCIDEN-TALS	(10) TRANSPORTATION: (A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, (PARKING)	(D) PRIVATE CAR USE: MILES	AMOUNT	(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
4/19	15:00	Los Angeles to Baltimore				18.00		20.00	R K			0.00		38.00
4/22		Washington DC	353.81	6.00	10.00	18.00	6.00					0.00		393.81
4/23	23:00	Baltimore to Oakland		6.00	10.00	18.00		35.00	TR A	12.00		0.00	interest 10.99	91.99
												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			353.81	12.00	20.00	54.00	6.00	55.00		12.00	0.00	0.00	10.99	523.80
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL			Out of State											$523.80

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

4/19 ~ Continuation of California-based travel to Los Angeles to speak at Greenlining Institute Housing Symposium at Federal Reserve Bank in Los Angeles (see CA TEC for dates 4/18-4/19, which includes per diem expenses for breakfast and lunch on 4/19)

4/22 and 4/23 ~ Attend National Council of State Housing Agencies Legislative Conference, and meetings with U.S. Treasury

* Note: No expenses claimed for 4/20 or 4/21 ~ personal time

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

0758563
5/11/12

(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
	4/26/12		5/3/12

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

PAID BY REVOLVING