

See Instructions and *Privacy Statement On Reverse Side

CLAIMANT'S NAME Claudia Cappio		SSN or EMPLOYEE NUMBER	DEPARTMENT CalHFA
POSITION Executive Director	CB/D No.	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
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(4) MONTH/YEAR June 12	(5) DATE 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			
	6/11	Amtrak Ten-Trip Pass										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
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00			0.00	0.00	65.00	65.00

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL \$65.00

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 Discount transportation program for June (Amtrak 10-trip commute pass, purchase price \$171.00)

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

0754251
6/29/12

(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>C. Cappio</i>	DATE 7/5/12	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <i>[Signature]</i>	DATE 7/9/12
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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE