STATE OF CALIFORNIA - DEPARTMENT OF PERSONNEL ADMIN. . RATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

*See Instructions and *Privacy Statement On Reverse Side*

CLAIMANT'S NAME	SSN or EMPLOYEE NUMBER*	DEPARTMENT
Claudia Cappio		CalHFA

POSITION	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
Executive Director	E-99	Executive Office	1000

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
on file	500 Capitol Mall, Suite 1400	(916) 326-8088

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
			Sacramento	CA	95814

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
8:00 to 17:00		0.555

(4) MONTH/YEAR: July 12		(6)	(7)	(8) MEALS			(9)	(10) TRANSPORTATION					(11)	(12)
(5) DATE	TIME	LOCATION WHERE EXPENSES WERE INCURRED	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
7/2		Amtrak ten-trip ticket										0.00	65.00	65.00
7/6		California Co-Op Cab, Inc										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	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)

7/2 ~ Discount transportation program for July (Amtrak 10-ride ticket, actual price paid $171.00)

7/6 ~ Shuttle service to and from West Sac office for internal meetings (no out of pocket expense incurred)

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

07646560
8/6/12

(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
	7/12/10		7-12-12

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