

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. E19	DIVISION or BUREAU Executive Office		INDEX NUMBER 1050
RESIDENCE ADDRESS* on file		HEADQUARTERS ADDRESS 500 Capitol Mall, Suite 1400			TELEPHONE NUMBER (916) 326-8088
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
			Sacramento	CA	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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(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		
7/8	22:00	San Francisco to Washington DC									0.00		0.00
7/9		Washington DC	193.51	6.00	10.00	18.00	6.00	16.00	RT		0.00		249.51
7/10		Washington DC to Raleigh, NC	186.04	5.00	10.00	18.00	6.00	33.00 <del>73.00</del>	RT		0.00		259.04 <del>299.04</del>
7/11	23:00	Raleigh, NC to Oakland, CA		6.00	10.00	18.00	6.00	93.00	TK		0.00		133.00
											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
<b>(13) SUBTOTALS</b>			379.55	18.00	30.00	54.00	18.00	192.00 <del>182.00</del>		0.00	0.00	0.00	641.55 <del>681.55</del>

**COLUMN CODE (ACCTG. USE ONLY)**

**CLAIM TOTAL** Out of State \$641.55 5681.55

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

July 8-11: Meetings in Washington DC and Raleigh, NC for meetings with US Treasury and Genworth Financial, respectively

7/9: Cost of trans. (\$10.00 taxi + \$6.00 Amtrak = \$16.00 total)  
 7/10: Cost of trans. (~~\$40.00 Amtrak~~ + \$33.00 Taxi = \$73.00 total)  
 7/11: Cost of trans. (\$50.00 Raleigh taxi + \$43.00 Oakland airport taxi = \$93.00 total)

<b>AGENCY ACCOUNTING OFFICE          USE ONLY</b>  PAID BY REVOLVING FUND CHECK NUMBER  <div style="font-size: 2em; font-weight: bold;">0754656 8/6/12</div>
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(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 C754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE 	DATE 7/12/12	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE 7-12-12
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)		DATE	