

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. E-99	DIVISION or BUREAU Executive Office		INDEX NUMBER 1000
RESIDENCE ADDRESS *		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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(4) MONTH/YEAR Aug 12	(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				
8/1	8:30	Oakland to Los Angeles					76.35	A T			0.00		76.35	
8/13		Amtrak Ten-trip ticket					65.00				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	
(13) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	141.35 -76.35		0.00	0.00	0.00	-65.00	141.35
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL	\$141.35
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

8/1: CalHFA Culver City office for staff meetings and to attend regional office picnic

8/16: Discount transportation program for August (\$171.00 paid)

AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER 0755118 9/5/12

(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 8/16/12	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE 8-28-12
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE