

CLAIMANT'S NAME Claudia Cappio		SSN or EMPLOYEE NUMBER		DEPARTMENT CalHFA	
POSITION Executive Director		CB/D No. <input checked="" type="checkbox"/>	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 8:0-0-17:00	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED 0.555
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(4) MONTH/YEAR Sept 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		
	9/17	Antrak Ten Trip Pass									0.00	65.00	65.00
	9/28	8:00-22:00 Oakland to Los Angeles and return					184.75	A	184.75*		0.00		184.75
											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
<b>(13) SUBTOTALS</b>			0.00	0.00	0.00	0.00	0.00	184.75	184.75	0.00	0.00	65.00	249.75

<b>COLUMN CODE (ACCTG. USE ONLY)</b>	<b>CLAIM TOTAL</b>	\$249.75
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

9/17 ~ Discount transportation program for September (amount paid \$171.00)

9/28 ~ Attend and speak at Southern California Association of NonProfit Housing (SCANPH) 24th Annual Housing Conference at JW Marriott LA Live, Los Angeles \* TAXI

**AGENCY ACCOUNTING OFFICE  
USE ONLY**

PAID BY REVOLVING FUND CHECK NUMBER

0755441

10/17/12

(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 10/10/12	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE 10-10-12
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)		DATE	