Clear Print [redacted]

STATE OF CALIFORNIA - DEPARTMENT OF PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and 'Privacy Statement On Reverse Side

Page 1 of 1 Pages

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

POSITION	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
Executive Director	E99	Executive Office	1000

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
[redacted]	500 Capitol Mall, Suite 1400	(916) 326-8088

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[redacted]	[redacted]	[redacted]	Sacramento	CA	95814

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

(4) MONTH/YEAR Oct 2012		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7)	(8) MEALS			(9)	(10) TRANSPORTATION					(11)	(12)
(5) DATE	TIME		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
10/20	11:00	Oakland to Orlando	219.80		10.00	18.00	6.00	42.00	A T			0.00		295.80
10/21		Orlando	219.80	6.00	10.00	18.00	6.00					0.00		259.80
10/22		Orlando	219.80	6.00	10.00	18.00	6.00					0.00		259.80
10/23		Orlando						40.00	T			0.00		40.00
10/25	22:00	Orlando to Sacramento						33.00	T A			0.00		33.00
												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	659.40	12.00	30.00	54.00	18.00	115.00		0.00	0.00	0.00	0.00	888.40

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL $888.40

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

Attend and participate in National Council of State Housing Agencies (NCSHA) 2012 Annual Conference in Orlando, 10/20 through a.m. 10/23. (Remainder of 10/23 through 10/25 until return flight was personal time, so no per diems or other expenses are claimed during this time period.)

Out of State

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

0755957
12/12/12

(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
	12/4/12		12-7-12

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