

CLAIMANT'S NAME Claudia Cappio		SSN or EMPLOYEE NUMBER*		DEPARTMENT CalHFA	
POSITION Executive Director	CB/ID No. E99	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 - 17:00
 (2) PRIVATE VEHICLE LICENSE NUMBER:
 (3) MILEAGE RATE CLAIMED: 0.555

(4) MONTH/YEAR	(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		
Nov 2012	11/15	19:30	Oakland to New York JFK						620.60	A			0.00		620.60
	11/16		New York		6.00	70.00			62.00	T			0.00		78.00
	11/18	22:30	New York to Oakland						50.00	T			0.00		50.00
													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	6.00	10.00	0.00	0.00	732.60		0.00	0.00	0.00	0.00	748.60

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL \$748.60

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

11/15 and 11/16 ~ Meeting with Moody's Investors Service at Moody's offices in New York (11/16 p.m. until return flight ~ Personal time, no per diem or other expenses 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 <i>[Signature]</i>	DATE 12/3/12	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <i>[Signature]</i>	DATE 12-7-12
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE

ACCTG. MOUD DEC 7 12 PM 11:15

[Handwritten mark]

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