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: 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*: [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: 8:00 to 17:00		(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED: 0.555

(4) MONTH/YEAR: Dec 12		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
(5) DATE	TIME			BREAKFAST	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	(D) PRIVATE CAR USE AMOUNT		
12/3	9:00-21:00	Oakland to Burbank and return						00.00 ~~152.00~~ 90.00	A T	12.34		0.00		164.34
12/7	8:00-17:00	Oakland to Los Angeles and return +						26.00 3x40 ~~104.00~~ 78.00	A T			0.00		104.00
12/15	7:00-15:00	Oakland to San Diego and return +						32.00 ~~62.00~~ 30.00	A T	12.34		0.00		74.34
												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	318.00		24.68	0.00	0.00	0.00	342.68

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL $342.68

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

12/3 ~ To participate as a panelist at the LA County/BPC Affordable Housing Roundtable in Alhambra
12/7 ~ To meet with CalHFA Culver City office staff and attend annual holiday function
12/15 ~ To give Keynote Address at Housing Fair co-sponsored by Mayor of San Diego and the National Asian American Coalition in San Diego

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

0756149
1/3/13

(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
	12/19/12		12-20-12

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