

CLAIMANT'S NAME Claudia Cappio		SSN or EMPLOYEE NUMBER	DEPARTMENT CalHFA
POSITION Executive Director	CBID 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 Sacramento	STATE CA	ZIP CODE 95814	

(1) NORMAL WORK HOURS 8:00 - 17:00	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED 0.565
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(4) MONTH/YEAR	(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., LT, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
	TIME										MILES	AMOUNT		
Jan 13	1/15	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
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												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	65.00			0.00	0.00	65.00	65.00

COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL														\$65.00

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 1/15 - Discount transportation program reimbursement for January 2013 - total cost of ticket \$171.00 (reimbursable at \$65.00)

AGENCY ACCOUNTING OFFICE USE ONLY
PAYED BY REVOLVING FUND CHECK NUMBER
0756558
2/13/13

(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 <i>[Signature]</i>	DATE 2/1/13	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <i>[Signature]</i>	DATE 2-9-13
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE