

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 000		
RESIDENCE ADDRESS* on file			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 to 17:00	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED 0.565
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(5) DATE	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		
3/5	18:00	Sacramento	125.35				38.00	T			0.00		163.35
3/6	20:00	Sacramento to Burbank	122.20					A			0.00		122.20
3/11		Amtrak Ten Trip Ticket Discount Transportation					65.00				0.00	65.00	65.00
3/21	7:00	Oakland to Los Angeles/Burbank and Return					215.00	A T		55.00 56.00 59.00	45.00	0.00	215.00
3/27	2:00	Oakland to Ontario	165.64					A			0.00		165.64
3/28	16:30	Ontario to Oakland		6.00	10.00		6.00	A T			0.00		73.00
											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			413.19	6.00	10.00	0.00	6.00	154.00 304.00		0.00	0.00	0.00	65.00 804.19
COLUMN CODE (ACCTG. USE ONLY)													

CLAIM TOTAL 804.19 \$804.19

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

3/5 and 3/6: CalHFA Board of Directors Meeting (stayed in Sac night before due to late arrival from Washington DC and agency need early 3/6 ~ see out of state TEC for those expenses and details)

3/11: Discount Transportation Program for March 2013 (actual amount paid \$171.00)

3/21: Attend City of Los Angeles Neighborhood Stabilization Event

3/27 and 3/28: Keynote Speaker, Coachella Valley Housing Trust Summit, Rancho Mirage

AGENCY ACCOUNTING OFFICE USE ONLY
PAY BY REVOLVING FUND CHECK NUMBER

(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 4/18/13	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE 4-22-13
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE