

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 * on file			HEADQUARTERS ADDRESS 500 Capitol Mall, Suite 1400			TELEPHONE NUMBER (916) 326-8088		
CITY STATE ZIP CODE			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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(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			
Mar 2013	3/1	10:00	Oakland to Washington DC												
	3/2		Washington DC	364.12	6.00	10.00	18.00	6.00				0.00		404.12	
	3/3		Washington DC	364.12	6.00	10.00	18.00	6.00				0.00		404.12	
	3/4		Washington DC	364.12	6.00	10.00	18.00	6.00				0.00		404.12	
	3/5	19:30	Washington DC to Sacramento		6.00	10.00	18.00		25.00	AR		0.00		59.00	
												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				1,092.36	24.00	40.00	72.00	18.00	25.00 -120.00		95.00 0.00	0.00	0.00	0.00	1,366.36

COLUMN CODE (ACCTG. USE ONLY)															
CLAIM TOTAL													\$1,366.36		

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 3/1 to 3/5: Attend National Council of State Housing Agencies 2013 Legislative Conference and related meetings
Out of state

AGENCY ACCOUNTING OFFICE USE ONLY
PAID 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 <i>[Signature]</i>	DATE 4/18/13	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <i>[Signature]</i>	DATE 4/27/13
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE