

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			
			Sacramento	CA	95814			

(1) NORMAL WORK HOURS 8:00 to 17:00	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED 0.565
---	------------------------------------	--

(4) MONTH/YEAR June 13	(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, <u>PARKING</u>	(D) PRIVATE CAR USE		
	TIME								MILES	AMOUNT			
	6/10	Amtrak Ten-Trip Ticket						65.00			0.00	65.00	65.00
	6/14	Oakland								6.75	0.00		6.75
											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
											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		6.75	0.00	65.00	71.75
COLUMN CODE (ACCTG. USE ONLY)													

CLAIM TOTAL	\$71.75
--------------------	----------------

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

June 10: Discount transportation program for June (Ten-trip ticket purchased at \$171.00, \$65.00 claimed for reimbursement)

June 14: Oakland Airport Parking (Director Cappio was to speak in Los Angeles before the SCANPH Board of Directors, but flight was cancelled by Southwest Airlines ~ monetary credit toward future flight was issued by the airline)

**AGENCY ACCOUNTING OFFICE
USE ONLY**

PAID BY REVOLVING FUND CHECK NUMBER

AGCT FROM JUN 28 2013 7:51

(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 6/19/13	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE 6-19-13
--------------------------	------------------------	--	------------------------

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