

CLAIMANT'S NAME Claudia Cappio			SSN or EMPLOYEE NUMBER*			DEPARTMENT CalHFA		
POSITION Executive Director		CB/D 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 Sacramento	STATE CA	ZIP CODE 95814	CITY Sacramento	STATE CA	ZIP CODE 95814			

(1) NORMAL WORK HOURS 8:00 to 17:00	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.565
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(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			
7/9	16:00	Oakland to Fresno	95.19				6.00		PC		178.00	100.57		201.76
7/10	16:00	Fresno to Oakland							PC	7.00	178.00	100.57		107.57
7/15		500 Cap Mall to 2020 West El Camino and return +							PC		7.50	4.24		4.24
7/19		500 Cap Mall to 2020 West El Camino and return +							PC		7.50	4.24		4.24
7/21		Sac Airport to Embassy Suites, Sacramento +							PC		11.50	6.50		6.50
7/22		Embassy Suites to 2020 West El Camino and return +							PC		7.00	3.96		3.96
7/29		500 Capitol Mall to 2020 West El Camino and return +							PC		7.50	4.24		4.24
7/31		Amtrak Ten-trip ticket discount transp. program +						65.00				0.00	65.00	65.00
											0.00			0.00
											0.00			0.00
											0.00			0.00
											0.00			0.00
<b>(13) SUBTOTALS</b>			95.19	0.00	0.00	0.00	6.00	65.00		7.00	397.00	224.31	65.00	397.50

<b>COLUMN CODE (ACCTG. USE ONLY)</b>	
<b>CLAIM TOTAL</b>	\$397.50

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

July 9 and 10: Fresno Infill Task Force meeting ~ downtown Holiday Inn, Fresno

July 15 through 29 ~ Mileage to and from Dept. of Housing and Community Development (HCD) offices for meetings and office hours

July 21 ~ Airport pickup of Dr. Rajan Kamath, University of Notre Dame, for HCD/CalHFA meeting

July 31 ~ Discount transportation program for July ~ Amtrak multi-trip ticket (paid \$175.00)

<b>AGENCY ACCOUNTING OFFICE USE ONLY</b>
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 8/1/13	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <i>[Signature]</i>	DATE 8/5/13
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse) <i>[Signature]</i> 8/5/13		DATE	