

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			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	(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			
Sep 2013	9/20	Amtrak Ten-Trip Ticket						65.00				0.00	65.00
	9/28	Sacramento, CA								7.50		0.00	7.50
												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 0.00		7.50	0.00	0.00	72.50
COLUMN CODE (ACCTG. USE ONLY)													

CLAIM TOTAL	\$72.50
--------------------	----------------

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

9/20 ~ Discount transportation program for September (paid \$175.00)
 9/25 ~ Parking for Cap/Trade meeting at EPA Building, Sacramento

**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 	DATE 10/14/13	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE 10-16-13
--------------------------	-------------------------	--	-------------------------

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