STATE OF CALIFORNIA - DEPARTMENT OF PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

[redacted] [redacted] [redacted]

See Instructions and *Privacy Statement On Reverse Side

CLAIMANT'S NAME	SSN or EMPLOYEE NUMBER*	DEPARTMENT
Claudia Cappio		CalHFA

POSITION	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
Executive Director	E99	Executive Office	1000

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
on file	500 Capitol Mall, Suite 1400	(916) 326-8088

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
			Sacramento	CA	95814

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

(4) MONTH/YEAR Oct 13 (5) DATE	TIME	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	(9) INCIDEN-TALS	(10) TRANSPORTATION (A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	AMOUNT	(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
10/28	18:30	Oakland to Alhambra	130.98				5.00	85.00	T A			0.00		220.98
10/29	19:30	Alhambra to Oakland		7.00	11.00			52.00	T A			0.00		70.00
												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			130.98	7.00	11.00	0.00	5.00	137.00		0.00	0.00	0.00	0.00	290.98

CLAIM TOTAL HARDEST HIT FUND $290.98

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

10/28 and 10/29: Attend Assembly Housing & Community Development and Committee on Banking and Finance Joint Hearing on the Keep Your Home California program

* Note: All expenses are related and billable to Keep Your Home California

[redacted]

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	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
	11/18/13		11-19-13

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

Scanned 11/27/13