

Clear

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Important Note

See Instructions and *Privacy
Statement On Reverse Side

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
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(4) MONTH/YEAR	(5) DATE	(5) TIME	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LOGGING	(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		
Oct 13	10/19	8:30	Oakland to New Orleans	293.41		11.00	23.00	5.00	45.00 -82.00 37.00	A T			0.00	14.95	429.36
	10/20		New Orleans	293.41	7.00	11.00	23.00	5.00					0.00		339.41
	10/21		New Orleans	293.41	7.00	11.00	23.00	5.00	38.00	A T			0.00		377.41
	10/22	13:00	New Orleans to Sacramento		7.00								0.00		7.00
													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				880.23	21.00	33.00	69.00	15.00	120.00		0.00	0.00	0.00	14.95	1,153.18
COLUMN CODE (ACCTG. USE ONLY)															

CLAIM TOTAL	<i>Out of State</i>	\$1,153.18
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 10/19 to 10/22: Attend National Council of State Housing Agencies (NCSHA) 213 annual conference. Agenda included panel presentations and a variety of meetings with housing officials and housing finance executive directors representing a majority of states.

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 11/13/13	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <i>[Signature]</i>	DATE 11-19-13
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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

<i>[Signature]</i>	DATE
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