

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 9/2007)

Clear
Print
Important Note

See Instructions and \*Privacy Statement On Reverse Side

|  |  |  |   |  |  |   |  |  |
|--|--|--|---|--|--|---|--|--|
| CLAIMANT'S NAME<br><b>Claudia Cappio</b> |  |  | SSN or EMPLOYEE NUMBER*                                     |  |  | DEPARTMENT<br><b>CalHFA</b>                   |  |  |
| POSITION<br><b>Executive Director</b>    |  |  | CB/ID No.<br><b>E49</b>                                     |  |  | DIVISION or BUREAU<br><b>Executive Office</b> |  |  |
| RESIDENCE ADDRESS *<br><b>on file</b>    |  |  | HEADQUARTERS ADDRESS<br><b>500 Capitol Mall, Suite 1400</b> |  |  | INDEX NUMBER<br><b>1000</b>                   |  |  |
| CITY<br><b>Sacramento</b>                |  |  | STATE<br><b>CA</b>  |  |  | TELEPHONE NUMBER<br><b>(916) 326-8088</b>     |  |  |
| STATE<br><b>CA</b>                       |  |  | ZIP CODE<br><b>95814</b>                                    |  |  | CITY<br><b>Sacramento</b>                     |  |  |
| STATE<br><b>CA</b>                       |  |  | ZIP CODE<br><b>95814</b>                                    |  |  | STATE<br><b>CA</b>                            |  |  |

|   |                                    |  |
|---|------------------------------------|--|
| (1) NORMAL WORK HOURS<br><b>8:00 to 17:00</b> | (2) PRIVATE VEHICLE LICENSE NUMBER | (3) MILEAGE RATE CLAIMED<br><b>0.565</b> |
|---|------------------------------------|--|

| (4) MONTH/YEAR        | (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, <u>PARKING</u> | (D) PRIVATE CAR USE |                       |                             |
|                       |          |               |   |             |            |       |                                 |                 |                          | MILES         | AMOUNT                             |                     |                       |                             |
| Nov 13                | 11/11    | 18:00         | Oakland to Burbank                        | 135.15      |            |       |                                 |                 | 55.00                    | A<br>T        |                                    | 0.00                | 190.15                |                             |
|                       | 11/12    | 14:30         | Burbank to Sacramento                     |             | 7.00       |       |                                 |                 |                          | A             |                                    | 0.00                | 7.00                  |                             |
|                       | 11/13    | 17:30         | Sacramento to Ontario                     | 93.00       |            |       |                                 |                 |                          | RC<br>A       |                                    | 0.00                | 93.00                 |                             |
|                       | 11/14    | 17:30         | Ontario to Oakland                        |             | 7.00       |       |                                 |                 | 82.80                    | RC<br>T<br>A  |                                    | 0.00                | 89.80                 |                             |
|                       | 11/21    | 7:00<br>21:00 | Oakland to Los Angeles and return         |             |            |       |                                 |                 | 41.95<br>-93.95<br>52.00 | A<br>T        | 12.34                              | 0.00                | 106.29                |                             |
|                       | 11/26    |               | Amtrak Ten-trip ticket                    |             |            |       |                                 |                 | 65.00                    |               |                                    | 0.00                | 65.00                 |                             |
| <b>(13) SUBTOTALS</b> |          |               |   | 228.15      | 14.00      | 0.00  | 0.00                            | 0.00            | 296.75<br>-231.75        |               | 12.34                              | 0.00                | 551.24                |                             |

|                                      |  |  |  |  |  |  |  |  |  |  |  |  |                 |
|--------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|-----------------|
| <b>COLUMN CODE (ACCTG. USE ONLY)</b> |  |  |  |  |  |  |  |  |  |  |  |  |                 |
| <b>CLAIM TOTAL</b>                   |  |  |  |  |  |  |  |  |  |  |  |  | <b>\$551.24</b> |

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

Nov 11 and 12 ~ Attend CalHFA Board of Directors meeting in Burbank  
 Nov 13 and 14 ~ Attend and speak at Coachella Valley Financial Resources Conference in Indio  
 Nov 21 ~ Attend and speak at Milken Institute Summit California meeting in Santa Monica (Taxi ~ \$52 + \$41.95 = \$93.95 total claimed)  
 Nov 26 ~ Discount transportation program for November ~ Amtrak 10-trip ticket (amt. paid \$175.00)

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| <b>AGENCY ACCOUNTING OFFICE<br/>USE ONLY</b> |
| PAYED 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<br> | DATE | (16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT<br> | DATE<br><b>12/12/13</b> |
|--------------------------|------|--|-------------------------|

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

|                     |      |
|---------------------|------|
| SIGNATURE and TITLE | DATE |
|---------------------|------|