

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

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 Dec 13	(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			
DATE	TIME								MILES	AMOUNT			
12/6	7:00-17:00	Oakland to Los Angeles and return					30.00 60.00 30.00	A T		12.34		0.00	72.34
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
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											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	60.00			12.34	0.00	0.00	72.34
COLUMN CODE (ACCTG. USE ONLY)													

CLAIM TOTAL	\$72.34
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
Dec 6 ~ Attend CalHFA Culver City Office holiday event and meet internally with agency regional staff

AGENCY ACCOUNTING OFFICE USE ONLY
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 	DATE 12/12/13	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE 12/13/13
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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)	DATE
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