

CLAIMANT'S NAME <b>Claudia Cappio</b>			SSN or EMPLOYEE NUMBER*			DEPARTMENT <b>CalHFA</b>		
POSITION <b>Executive Director</b>		CB/ID No. <b>E99</b>	DIVISION or BUREAU <b>Executive Office</b>			INDEX NUMBER <b>1000</b>		
RESIDENCE ADDRESS * <b>on file</b>			HEADQUARTERS ADDRESS <b>500 Capitol Mall, Suite 1400</b>			TELEPHONE NUMBER <b>(916) 326-8088</b>		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE			
			<b>Sacramento</b>	<b>CA</b>	<b>95814</b>			

(1) NORMAL WORK HOURS <b>8:00 to 17:00</b>	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED <b>0.565</b>
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(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, PARKING	(D) PRIVATE CAR USE		
										MILES	AMOUNT			
<b>Dec 13</b>	<b>11/30</b>	<b>20:00</b>	<b>Oakland to New York</b>							<b>A</b>		<b>0.00</b>	<b>0.00</b>	
	<b>12/3</b>	<b>21:00</b>	<b>New York to Oakland</b>						<b>75.00</b> <b>133.00</b> <b>58.00</b>	<b>A<sub>T</sub></b>		<b>0.00</b>	<b>133.00</b>	
												<b>0.00</b>	<b>0.00</b>	
												<b>0.00</b>	<b>0.00</b>	
												<b>0.00</b>	<b>0.00</b>	
												<b>0.00</b>	<b>0.00</b>	
												<b>0.00</b>	<b>0.00</b>	
												<b>0.00</b>	<b>0.00</b>	
												<b>0.00</b>	<b>0.00</b>	
												<b>0.00</b>	<b>0.00</b>	
												<b>0.00</b>	<b>0.00</b>	
												<b>0.00</b>	<b>0.00</b>	
												<b>0.00</b>	<b>0.00</b>	
												<b>0.00</b>	<b>0.00</b>	
<b>(13) SUBTOTALS</b>				<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>133.00</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>133.00</b>

<b>COLUMN CODE (ACCTG. USE ONLY)</b>													
<b>CLAIM TOTAL</b>	<b>Out of State</b>											<b>\$133.00</b>	

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  
**12/3 ~ CalHFA Financing meeting with Moody's Investor's Service (Arrival through 12/2 were personal time so no expenses claimed for those dates)**

**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 <b>12/12/13</b>	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE <b>12/13/13</b>
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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)	DATE

NOT RECORDED