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Important Note

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. EX	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 0.560
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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		
Feb 14	2/17	17:00	Oakland to Ontario, CA	106.46			23.00	5.00				0.00		134.46
	2/18	18:30	Ontario, CA to Oakland		7.00	11.00			54.00	A	24.68	0.00		96.68
												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
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS				106.46	7.00	11.00	23.00	5.00	54.00		24.68	0.00	0.00	231.14
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													\$231.14	

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
Feb 17 and 18: Keep Your Home California (KYHC) meeting with US Treasury in Riverside

* Airfare differential is due to meeting ending earlier than scheduled, so able to secure an earlier return flight

AGENCY ACCOUNTING OFFICE USE ONLY
PAYD 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 3/10/14	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE 3-10-14

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