STATE OF CALIFORNIA – DEPARTMENT OF PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

CLAIMANT'S NAME		SSN or EMPLOYEE NUMBER*	DEPARTMENT
Claudia Cappio			CalHFA
POSITION	**CB/ID No.**	**DIVISION or BUREAU**	**INDEX NUMBER**
Executive Director	EX	Executive Office	1000
RESIDENCE ADDRESS *		**HEADQUARTERS ADDRESS**	**TELEPHONE NUMBER**
on file		500 Capitol Mall, Suite 1400	(916) 326-8084
CITY	**STATE / ZIP CODE**	**CITY / STATE / ZIP CODE**	
		Sacramento / CA / 95603	

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
8:00 to 17:00		0.560

(4) MONTH/YEAR: Feb 2014		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7)	(8) MEALS			(9)	(10) TRANSPORTATION					(11)	(12)
(5) DATE	TIME		LODGING	BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	INCIDEN-TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE: MILES	(D) PRIVATE CAR USE: AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
2/26		Amtrak 10- ride ticket						65.00				0.00	~~65.00~~	65.00
												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**	0.00	0.00	0.00	0.00	0.00	65.00 ~~0.00~~		0.00	0.00	0.00	~~65.00~~	65.00

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL $65.00

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

Discount transportation program for February ~ Amtrak 10-ride ticket (purchase price $175.00)

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	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
	3/12/14		3-18-14

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