

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 Sacramento			STATE CA	ZIP CODE 95814	

(1) NORMAL WORK HOURS 8:00 to 17:00	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
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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			
Mar 2014	3/1	5:00	Oakland to Washington DC						26.00	A R		0.00		26.00
	3/2		Washington DC	372.13	7.00	11.00	23.00	5.00				0.00		418.13
	3/3		Washington DC	372.13	7.00	11.00	23.00	5.00				0.00		418.13
	3/4		Washington DC		7.00				87.00	T		0.00		94.00
	3/7	15:25	Oakland								57.56	0.00		57.56
												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				744.26	21.00	22.00	46.00	10.00	113.00		57.56	0.00	0.00	1,013.82
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													\$1,013.82	

CLAIM TOTAL *Out of state* **\$1,013.82**

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

March 1-4: Attend National Council of State Housing Agencies Legislative Conference in Washington DC

* Note ~ First night hotel (3/1) was for personal business, so no lodging or per diem reimbursements submitted for that date

* Note ~ Personal business necessitated return flight changes. Parking charges on 3/7 prorated to only include days covered for business travel.

**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 <i>[Signature]</i>	DATE 3/12/14	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <i>[Signature]</i>	DATE 3-15-14
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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)