STATE OF CALIFORNIA – PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

*See Instructions and *Privacy Statement On Reverse Side*

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CLAIMANT'S NAME	SSN or EMPLOYEE NUMBER*	DEPARTMENT
Alan Trounson	[redacted]	

POSITION	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
President			

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
	210 King Street	(415) 396-9105

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[redacted]			San Francisco,	CA	94107

(1) MONTH/YEAR April/20		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) DATE	TIME			BREAKFAST	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	(D) PRIVATE CAR USE AMOUNT		
28	14:00	San Francisco			6.56						28	14.28		20.84
29	19:30	San Francisco								55.00	28	14.28		69.28
														0.00
25	17:00 20:00	San Francisco								32.00				32.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
(10) SUBTOTALS			0.00	0.00	6.56	0.00	0.00	0.00		87.00	56	28.56	0.00	122.12
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL														122.12

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

4/28/11 to 4/29/11 - Travel to SWG meeting at Palomar Hotel, LA
4/25/2012 - Attend Event for UCSF Founders Lost Parking Ticket → lost ticket ok

(12) NORMAL WORK HOURS [redacted]

(13) PRIVATE VEHICLE LICENSE NUMBER [redacted]

(14) MILEAGE RATE CLAIMED .51

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 [redacted] DATE 4/20/11

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [redacted] DATE 5/16/2011

(17) SPE[redacted]TURE and TITLE *(See Item 17 on reverse)* DATE