

See Instructions and \*Privacy  
 Statement On Reverse Side

CLAIMANT'S NAME Alan Trounson			SSN or EMPLOYEE NUMBER* [REDACTED]			DEPARTMENT CIRM		
POSITION President		CB/ID No.	DIVISION or BUREAU CIRM				INDEX NUMBER	
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 210 King St				TELEPHONE NUMBER (415) 396-9105	
CITY		STATE	ZIP CODE		CITY		STATE	ZIP CODE
					San Francisco		CA	94107

(1) MONTH/YEAR	(2) DATE	(2) TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) 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			
11/11	11/10		San Francisco			43.54							43.54	
													0.00	
													0.00	
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<b>(10) SUBTOTALS</b>				0.00	0.00	43.54	0.00	0.00	0.00	0.00	0	0.00	0.00	43.54
<b>COLUMN CODE (ACCTG. USE ONLY)</b>														

<b>CLAIM TOTAL</b>	43.54
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Lunch with Jeff Sheehy to discuss ICOC business	(12) NORMAL WORK HOURS [REDACTED]
	(13) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]
	(14) MILEAGE RATE CLAIMED

<b>AGENCY ACCOUNTING OFFICE USE ONLY</b>
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 6-12-11	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 9 Dec 2011
(17) SIGNATURE AND TITLE (See Item 17 on reverse)		DATE	