

TRAVEL EXPENSE CLAIM

See Instructions and *Privacy Statement On Reverse Side

STD. 262 (REV. 7/2005)

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

(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., LT, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
									MILES	AMOUNT				
12/12	4:30	London/Oxford						153.88				56.40	210.28	
12/15		Cambridge										53.02 72.94	53.02 72.94	
12/16		Cambridge/London			20.05 21.67	10.99		76.01					107.05 108.67	
12/17	15:00	London/SF			6.68	13.34		56.95					76.97	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
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													0.00	
													0.00	
													0.00	
													0.00	
SUBTOTALS			0.00	28.35	24.33	0.00	0.00	286.84		0.00	0	0.00	129.34	447.32 468.86
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL #447.32
468.86

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) <p style="font-size: 1.2em; font-family: cursive;">grantee meetings + conference speaker in Cambridge.</p> <p style="font-size: 1.2em; font-family: cursive;">O/S# 2012 P065</p>	(12) NORMAL WORK HOURS [REDACTED]
	(13) PRIVATE VEHICLE LICENSE NUMBER
	(14) MILEAGE RATE CLAIMED
	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 12.18.17
(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 1/4/2018
SIGNATURE and TITLE (See Item 17 on reverse)	