

**TRAVEL EXPENSE CLAIM**

See Instructions and \*Privacy Statement On Reverse Side

STD. 262 (REV. 7/2005)

CLAIMANT'S NAME Alan Trounson			SSN or EMPLOYEE NUMBER* [REDACTED]			DEPARTMENT CIRM		
POSITION President		CB/D 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., LT, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
										MILES	AMOUNT				
	3/21	1800 1800	Sacramento							18.00	173	96.02 95.15		113.15	
	3/16		San Francisco										54.83	54.83	
	4/3	0500	Irvine											128.00 <del>191.83</del>	
	4/4		LA	844.06	6.14					45.00				895.20	
	4/5		San Francisco	141.90										141.90	
	4/6	2300		<del>328.20</del> 141.90				8.08	424.33	R	96.00		20.00	<del>868.53</del> 690.31	
<b>(10) SUBTOTALS</b>				1,172.26	6.14	34.37	212.29	0.00	424.33		159.00	173	95.15	20.00	<del>2,123.54</del>
<b>COLUMN CODE (ACCTG. USE ONLY)</b>															

**CLAIM TOTAL**

2024.26  
~~2,123.54~~

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

3/21 ICOC Sacramento  
3/16 Dinner with Tom Novak, Cellular Dynamics  
4/3-4/4 Alpha Clinics Tour with Natalie Dewitt  
4/5-4/6 CSUSB Lectures

*note: 4/3/12 - Lodging - claimant paid 422.03 lodging expense for CIRM coworker.*  
*- Dinner - claimant paid dinner expense for firm coworker. Claim adjusted to \$128.00 to comply with 64.00 limit for each meal.*  
*note: no itemized receipt for 4/3/12 dinner. No alcohol purchased with meal.*

(12) NORMAL WORK HOURS  
[REDACTED]

(13) PRIVATE VEHICLE LICENSE NUMBER  
[REDACTED]

(14) MILEAGE RATE CLAIMED  
.555

**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

[REDACTED]	DATE	(16) SIGNATURE	DATE
[REDACTED]		[REDACTED]	4/16/12
JOB TITLE (See Item 17 on reverse)		[REDACTED]	DATE
		[REDACTED]	