

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

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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 [REDACTED]	STATE	ZIP CODE	CITY San Francisco
			STATE CA
			ZIP CODE 94107

(1) MONTH/YEAR	(2) DATE 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		
4/19	4:00	Palm Springs			32.08	4.80							-4.80	36.88
4/20	19:00	Palm Springs		19.28	15.78	4.80							-4.80	39.86
6/3		San Francisco											15.91	15.91
6/6		San Francisco						10.00					78.00 147.38	88.00 157.38
6/7		San Francisco						22.00						22.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
SUBTOTALS			0.00	19.28	47.86	0.00	0.00	32.00		0.00	0	0.00	172.89	202.65 272.03
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL	202.65 272.03
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 4/19-20: PCRS AOT was a speaker 6/3: Breakfast with JT 6/6: Meeting with David Adamson 6/7: Meeting with Bob Palay and Tom Novak	(12) NORMAL WORK HOURS
	(13) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]
	(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 6-20-13	DATE 6/24/13
SIGNATURE and TITLE (See Item 17 on reverse)		DATE