

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 7/2005)

See Instructions and \*Privacy Statement On Reverse Side

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

(1) MONTH/YEAR 6/13	(2) DATE   TIME 0623	(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		
6/11		Boston	289.56			28.97		23.58 <del>25.50</del>				14.95	349.06 <del>358.98</del> 357.06
6/12		Boston	289.56	4.01	10.00			23.00					326.57
6/13		Boston	289.56			43.54 <del>24.29</del>		6.21 <del>7.40</del>					339.31 <del>321.24</del>
6/14		Boston	289.56		8.00							14.95	312.51
6/15	2200			6.53	24.13			18.12 <del>18.90</del>		140.00			188.78 <del>189.56</del>
													0.00
													0.00
													0.00
													0.00
													0.00
													0.00
													0.00
													0.00
													0.00
													0.00
<b>(10) SUBTOTALS</b>			1,158.24	10.54	42.13	53.25	0.00	74.80		140.00	0	0.00	29.90 1516.23 <del>1,508.86</del> 1,524.23

**COLUMN CODE (ACCTG. USE ONLY)**

**CLAIM TOTAL** 1,524.23 ~~1,508.86~~

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  
 ISSCR Boston 2013  
  
 0/51 2012 P030

(12) NORMAL WORK HOURS  
[REDACTED]  
 (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  
 [REDACTED] and TITLE (See Item 17 on reverse) DATE 6/24/13