

**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/ID No.		DIVISION or BUREAU CIRM	
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 210 King St		INDEX NUMBER (415) 396-9105	
CITY [REDACTED]	STATE	ZIP CODE	CITY San Francisco	STATE CA	ZIP CODE 94107

(1) MONTH/YEAR	(2) DATE	(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			
06/13	TIME										MILES	AMOUNT		
6/17	0600	NYC		6.59			82.04 <del>87.23</del>							88.63 <del>93.92</del>
6/18	1500		232.08	16.15	15.00		79.74 <del>80.88</del>			56.00				398.97 <del>400.11</del>
														0.00
														0.00
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														0.00
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														0.00
<b>(10) SUBTOTALS</b>			232.08	22.74	15.00	0.00	0.00	168.21		56.00	0	0.00	0.00	487.60 <del>494.02</del>
<b>COLUMN CODE (ACCTG. USE ONLY)</b>														487.60 <del>494.02</del>

**CLAIM TOTAL**

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  
 NYC meeting with Mesoblast and Elona. Ellen and Pat joined on the phone.  
  
 O/S # 2012 P024

(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	(16) [REDACTED]	PAYMENT	DATE 6/14/13
ORGANIZATION - SIGNATURE and TITLE (See Item 17 on reverse)				DATE