

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 San Francisco		STATE CA	ZIP CODE 94107		CITY San Francisco		STATE CA	ZIP CODE 94107

(1) MONTH/YEAR 07-09, 12	(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., L.T., N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE		
	TIME									MILES	AMOUNT		
7/20		San Francisco										64.70	64.70
7/25		San Francisco										36.96	36.96
7/27		San Francisco			18.34					11.10	76	41.96	18.34
8/13		Stanford								11.10	75.6	41.96	58.06
9/6		Burlingame								8.00	32	17.76	25.76
9/12		Berkeley				22.58				4.00			26.58
9/17		San Francisco										99.32	99.32
9/18		San Francisco			18.14							18.14	18.14
(10) SUBTOTALS			0.00	36.48	124.22	99.32	0.00	0.00		23.10	76	81.96	0.00
COLUMN CODE (ACCTG. USE ONLY)												342.86	365.08

CLAIM TOTAL

* 342.86
365.08

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

7/20: business meeting with Marbans
 7/25: business meeting with Jeff Sheehy
 7/27: business meeting with JT
 8/13: Creativity Awards Poster Day
 9/6: ICOC
 9/12: SPI review
 9/17: business meeting with Corey Goodman
 9/18: business meeting with JT

(12) NUMBER	[REDACTED]
(13) PRIVATE VEHICLE LICENSE NUMBER	[REDACTED]
(14) MILEAGE RATE CLAIMED	.0555
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.

DATE	10.25.12	(16) SIGNATURE	[REDACTED]	TRAVEL AND PAYMENT	DATE	10/26, 2012
DUTY STATION AND TITLE (See Item 17 on reverse)					DATE	