

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 7/2005)

See Instructions and \*Privacy Statement On Reverse Side

Page \_\_\_\_\_ of \_\_\_\_\_ Pages

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				
09/11	9/20	04500 2100	Irvine		9.90	6.50				33.00			49.40		
													0.00		
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<b>(10) SUBTOTALS</b>				0.00	0.00	9.90	6.50	0.00	0.00		33.00	0	0.00	0.00	49.40
<b>(10) COLUMN CODE (ACCTG. USE ONLY)</b>															

**CLAIM TOTAL** 49.40

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  
 Visit to UC Irvine Stem Cell Research Center, meeting with Dr. Donovan and team

(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 10/10/11	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 10/12/2011
(17) POSITION AND TITLE (See Item 17 on reverse)		DATE	

[REDACTED]