

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

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 Street | TELEPHONE NUMBER (415) 396-9105 |
| CITY [REDACTED] | STATE [REDACTED] | ZIP CODE [REDACTED] | CITY San Francisco |
| | | STATE CA | ZIP CODE 94107 |

(1) NORMAL WORK HOURS [REDACTED] (2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED] (3) MILEAGE RATE CLAIMED

| (4) MONTH/YEAR | (5) DATE | (6) LOCATION WHERE EXPENSES WERE INCURRED | (7) LODGING | (8) MEALS | | | (9) INCIDENTALS | (10) TRANSPORTATION | | | | (11) BUSINESS EXPENSE | (12) 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 | | |
| 09/11 | | | | | | | | | | | | | | |
| 09/02 | 10:48 11:30 | Town's End Restaurant, San Francisco, CA | | | 30.75 | | | | | | | 0.00 | | 30.75 |
| 09/13 | 11:34 15:49 | Parking @ UCSF, San Francisco | | | | | | | | 14.00 | | 0.00 | | 14.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| (13) SUBTOTALS | | | 0.00 | 0.00 | 30.75 | 0.00 | 0.00 | 0.00 | | 14.00 | 0.00 | 0.00 | 0.00 | 44.75 |
| COLUMN CODE (ACCTG. USE ONLY) | | | | | | | | | | | | | | |

CLAIM TOTAL \$44.75

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 Miscellaneous Local Expenses for September
 9/2 Business Meeting/Lunch at Town's End - see attached form
 9/13 Parking at UCSF, attending President's Scientific Advisory Meeting

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 9-23-11 | (16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED] | DATE 10/10/2011 |
| | | (See Item 17 on reverse) | DATE |