

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	STATE	ZIP CODE	CITY	STATE	ZIP CODE
			San Francisco	CA	94107

(1) MONTH/YEAR 1/12	(2) DATE 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., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES AMOUNT			
1/16	1600	San Diego			5.50 4.20	43.64		48.00					97.14 102.84	
1/17	2100	San Diego	50.00	11.20 5.50									61.20 55.50	
													0.00	
													0.00	
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(10) SUBTOTALS			50.00	5.50	11.20	43.64	0.00	48.00		0.00	0	0.00	0.00	158.34
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL	158.34
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) ICOC San Diego 1/17/12	(12) NORMAL WORK HOURS
	(13) PRIVATE VEHICLE LICENSE NUMBER
	(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 2.7.12	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND AMOUNT [REDACTED]	DATE 2/15/2012
(17) SIGNATURE and TITLE (See Item 17 on reverse)		DATE	