

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			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 [REDACTED]	STATE	ZIP CODE	CITY San Francisco	STATE CA	ZIP CODE 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			
1/12	1/17	1930	Edinburgh						62.73	/				62.73	
	1/18		Edinburgh			27.64								27.64	
	1/19		Edinburgh		15.02 15.11									15.02 15.11	
	1/20		Edinburgh		16.02 15.21		52.05 52.73							67.07 67.94	
	1/21		London		6.12				75.02	/				81.14	
	1/22		London		23.23 23.08		31.75 31.75		14.98 14.88					70.16 69.71	
	1/23	1900	London/SF						115.08					115.08	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
(10)	SUBTOTALS			0.00	59.52	27.64	84.48	0.00	267.71		0.00	0	0.00	0.00	438.84 439.35
COLUMN CODE (ACCTG. USE ONLY)															
CLAIM TOTAL														438.84 439.35	

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) MOU Scotland Signing, Scotland Stem Cell Conference, meeting with MRC UK Meetings: British Heart Foundation, Technology Strategy Board o/s # 201100P01	(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

CLAIMANT SIGNATURE: [REDACTED] DATE: [REDACTED]

(17) SUPERVISOR SIGNATURE: [REDACTED] DATE: [REDACTED]