

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 - 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

(1) MONTH/YEAR 1/12	(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		
	1/27	0600 1830	LA		4.65	13.90			60.00		33.00				111.55
															0.00
															0.00
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SUBTOTALS				0.00	4.65	13.90	0.00	0.00	60.00		33.00	0	0.00	0.00	111.55

CLAIM TOTAL 111.55

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

(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.

DATE 2.7.12

(16) [REDACTED] AND PAYMENT DATE 2/18/2012

TITLE (See Item 17 on reverse)

DATE