

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*		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 2012	(2) DATE	(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			
	TIME									MILES	AMOUNT			
11/29		San Francisco										57.10 67.34	57.10 67.34	
11/28		San Francisco										128.00 164.44	128.00 164.44	
11/26		San Francisco						46.92 50.00					46.92 50.00	
11/18		San Francisco						47.04 49.90					47.04 49.90	
11.16		San Francisco				109.70		29.00		76.4	42.02	109.70	180.72	
11/05		San Francisco				22.74						22.74	22.74	
11/09		San Francisco								25.00		96.36	121.36	
11/06		San Francisco										132.40	132.40	
11/13		San Francisco								14.00			14.00	
11/01		San Francisco								53.75			53.75	
10/27		San Francisco										19.19	19.19	
10/26		San Francisco										29 92.48	29 92.48	
10/10		San Francisco										25.62	25.62	
(10) SUBTOTALS			0.00	0.00	22.74	109.70 -0.00	0.00	122.96 -128.90		92.75	0	42.02	573.70 307.53	941.13 993.94
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													941.13 993.94	

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

11/29: meeting with BlueBird Bio
 11/28: meeting with Greg Sturmer
 11/18 & 11/26: taxi from trip to Qatar, CFP meeting *paid for*
 11/16: CIRM Alpha Clinics Workshop at Stanford *winner w/ coworker N. DeWitt (on travel status)*
 11/05 Business Lunch with Jon Thomas
 11/09: Business Meeting re: collaborating in grant application
 11/06: Business meeting re: collaborating in grant application
 11/13: CIRM off site

(12) NORMAL WORK HOURS
[REDACTED]

(13) PRIVATE VEHICLE LICENSE NUMBER
[REDACTED]

(14) MILEAGE RATE CLAIMED
0.535

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 12-7-12	(16) SIGNATURE [REDACTED]	DATE 17 Dec 2012
POSITION AND TITLE (See Item 17 on reverse)		DATE