

See Instructions and \*Privacy  
 Statement On Reverse Side

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

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED 0.555
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(4) MONTH/YEAR 10/2013	(5) DATE	(6) TIME	(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		
											MILES	AMOUNT		
10/10	21:40 24:00		London	165.84 <del>161.07</del>			-19.06		-147.36			0.00		332.26 <del>327.49</del>
10/11	09:15 24:00		London	165.84 <del>161.07</del>		23.15	38.56		28.74			0.00		256.29 <del>251.52</del>
10/12	11:30		London						59.00			0.00		59.00
												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
<b>(13) SUBTOTALS</b>				322.14	0.00	23.15	57.62	0.00	235.10		0.00	0.00	0.00	647.55 <del>638.01</del>
<b>COLUMN CODE (ACCTG. USE ONLY)</b>														
<b>CLAIM TOTAL</b>													647.55 <del>638.01</del>	

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  
 10/11 - Meeting Kieran Murphy, GE Healthcare, London

O/S # 2013 P004

<b>AGENCY ACCOUNTING OFFICE                  USE ONLY</b>  PAID BY REVOLVING FUND CHECK NUMBER
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(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 reasonable and necessary for the performance of my duties and in accordance with the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

DATE 11-7-13	DATE 11/13/13
NAME and TITLE (See Item 17 on reverse)	DATE