

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 [REDACTED] (2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED] (3) MILEAGE RATE CLAIMED 0.565

(4) MONTH/YEAR 10/2013	(5) DATE 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., LT, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
										MILES	AMOUNT			
10/13	14:40 24:00	San Francisco/La Jolla			10.40	✓					10.00	0.00		20.40 ✓
10/14	12:01	La Jolla			<del>120.98</del>						10.00	0.00	120.98	130.98 ✓
10/16	08:37 19:32	La Jolla/San Francisco			18.34	✓			56.62		112.00	0.00		186.96 ✓
												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>			0.00	18.34	131.38	0.00	0.00	56.62		132.00	0.00	0.00	0.00	338.34

**COLUMN CODE (ACCTG. USE ONLY)**

**CLAIM TOTAL** \$338.34 ✓

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  
 10/13 - 10/16 - SCMOM, La Jolla, CA

**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 use.

[REDACTED]	DATE 11-7-13	[REDACTED]	DATE 11/13/13
[REDACTED]	SIGNATURE and TITLE (See Item 17 on reverse)	[REDACTED]	DATE