

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 9/2007)

*See Instructions and \*Privacy Statement On Reverse Side*

Page \_\_\_\_\_ of \_\_\_\_\_ Pages

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

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
-----------------------	------------------------------------	--------------------------

(4) MONTH/YEAR 10/11	(5) DATE	(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			
	TIME										MILES	AMOUNT		
	1600	Pasadena, CA	195.61			27.94		97.50				0.00		321.05
		Pasadena, CA	195.61	8.00	46.72	<del>64.69</del>	8.00					0.00		203.61 <del>215.92</del>
		Pasadena, CA	195.61	<del>60.23</del>	64.83							0.00	128.72	324.33 <del>219.87</del>
	1800	Pasadena, CA		<del>84.66</del>				90.00		78.00		0.00	84.66	252.66
												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>			586.83	144.89	110.75	92.63	8.00	187.50		78.00	0.00	0.00	0.00	1,101.65 <del>1,208.60</del>
<b>COLUMN CODE (ACCTG. USE ONLY)</b>														
<b>CLAIM TOTAL</b>														1,101.65 \$1,208.60

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) World Stem Cell Summit 2011	<b>AGENCY ACCOUNTING OFFICE USE ONLY</b>
	PAY 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.

CLAIMANT'S SIGNATURE [REDACTED]	DATE 8.12.11	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 9 Dec 2011
(17) SIGNATURE and TITLE (See Item 17 on reverse)		DATE	