

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

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

(1) MONTH/YEAR	(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., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT			
10/11															
	10/23	1000	United Airline			7.99	39.92		79.00					126.91	
	10/24		Washington DC						20.00					20.00	
	10/25	2200	Washington DC						76.25					76.25	
														0.00	
														0.00	
														0.00	
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														0.00	
														0.00	
														0.00	
(10)	SUBTOTALS			0.00	0.00	7.99	39.92	0.00	175.25		0.00	0	0.00	0.00	223.16
COLUMN CODE (ACCTG. USE ONLY)															

CLAIM TOTAL	223.16
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Immune Roundtable and NIH meetings, Washington DC		(12) NORMAL WORK HOURS [REDACTED]
[REDACTED SIGNATURE]		(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.

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	