STATE OF CALIFORNIA – PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

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CLAIMANT'S NAME	SSN or EMPLOYEE NUMBER*	DEPARTMENT
Alan Trounson	[redacted]	CIRM

POSITION	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
President		CIRM	

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
	210 King St	(415) 396-9105

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
San Francisco			San Francisco	CA	94107

(1) MONTH/YEAR 10/12		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4)	(5) MEALS			(6)	(7) TRANSPORTATION					(8)	(9)
(2) DATE	TIME		LODGING	BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	INCIDEN-TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	(D) PRIVATE CAR USE AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
10/28	1000	San Francisco	191.36			48.93		214.80					~~48.93~~	455.09 ~~263.73~~
~~10/29~~			~~191.36~~											191.36
10/30		San Diego	191.36			24.50							70.92	~~95.42~~ 286.78
10/31	2200	San Diego/San Francisco	~~574.08~~		11.84	25.31		65.00		112.00				~~788.23~~ 214.15
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
(10) **SUBTOTALS**			574.08	0.00	11.84	49.81	0.00	279.80		112.00	0	0.00	119.85	1,147.38

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL 1,147.38

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

Stem Cells meeting on the Mesa
10/28 meeting with Elona Baum
10/30 meeting with Gil Van Bokkelen, Elona Baum, Ellen Feigal, for SP2

(12) NORMAL WORK HOURS [redacted]

(13) PRIVATE VEHICLE LICENSE NUMBER [redacted]

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

Note: no detailed receipt for dinner of 10/30 ($24.50) ~~no~~ no alcohol purchased with meal.

(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	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
[redacted]	12-18-12	[redacted]	1/4/2013

(1[redacted]N - SIGNATURE and TITLE *(See Item 17 on reverse)*	DATE
[redacted]	