

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 7/2005)

*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 [REDACTED]		STATE [REDACTED]	ZIP CODE [REDACTED]		CITY San Francisco		STATE CA	ZIP CODE 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			
11/11	11/17		San Francisco							10.00			10.00	
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<b>(10) SUBTOTALS</b>				0.00	0.00	0.00	0.00	0.00	0.00	10.00	0	0.00	0.00	10.00
<b>COLUMN CODE (ACCTG. USE ONLY)</b>														

<b>CLAIM TOTAL</b>	10.00
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) CDAP	(12) NORMAL WORK HOURS
	(13) PRIVATE VEHICLE LICENSE NUMBER
	(14) MILEAGE RATE CLAIMED
<b>AGENCY ACCOUNTING OFFICE USE ONLY</b>	
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 12-12-11	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 12/19/2011
TITLE (See Item 17 on reverse)			DATE