

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 7/2005)

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

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CLAIMANT'S NAME <b>Alan Trounson</b>		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT <b>CIRM</b>	
POSITION <b>President</b>		CB/ID No.		DIVISION or BUREAU <b>CIRM</b>	
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS <b>210 King St</b>		TELEPHONE NUMBER <b>(415) 396-9105</b>	
CITY [REDACTED]		STATE <b>CA</b>		ZIP CODE <b>94107</b>	

(1) MONTH/YEAR 11/11	(2) DATE   TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED San Francisco	(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			
11/21										3.50			3.50	
													0.00	
													0.00	
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<b>(10) SUBTOTALS</b>			0.00	0.00	0.00	0.00	0.00	0.00		3.50	0	0.00	0.00	3.50
<b>COLUMN CODE (ACCTG. USE ONLY)</b>														

<b>CLAIM TOTAL</b>	<b>3.50</b>
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Alan and Pat meeting with Dr Berger at UCSF	(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 12/14/2011
SIGNATURE and TITLE (See Item 17 on reverse)	