

**TRAVEL EXPENSE CLAIM**

See Instructions and \*Privacy Statement On Reverse Side

STD. 262 (REV. 7/2005)

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 11/11	(2) DATE	(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			
	TIME									MILES	AMOUNT			
11/22	1800	San Francisco						48.00					48.00	
11/24		Sydney											13.85	
11/29		Melbourne									60.72		60.72	
11/30		Melbourne									51.00		51.00	
12/1		Melbourne									30.36		30.36	
12/2		Melbourne									18.36		18.36	
12/3		Melbourne									28.00		28.00	
12/4	1200	San Francisco						46.00					46.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
<b>(10) SUBTOTALS</b>			0.00	0.00	13.85	0.00	0.00	94.00		188.44	0	0.00	0.00	296.29

COLUMN CODE (ACCTG. USE ONLY)

**CLAIM TOTAL**

296.29

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

Sydney/Melbourne Trip: Cerebral Palsy Research Conference, 14th World Congress on Human Reproduction, The Ritchie Centre Colloquium, Baker IDI talk.

[REDACTED]

(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

DATE

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

[REDACTED SIGNATURE]

12-12-11

[REDACTED SIGNATURE]

12/14/2011

SIGNATURE and TITLE (See Item 17 on reverse)

DATE