

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

*See Instructions and *Privacy Statement On Reverse Side*

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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	ZIP CODE		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			
11/12	11/3	0730	San Francisco/San Diego		9.30	40.07		56.00	T	56.00 112.00			105.37 161.37	
	11/4	2130	SAN FRANCISCO							56.00			56.00 0.00	
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(10) SUBTOTALS				0.00	9.30	40.07	0.00	0.00	0.00	112.00	0	0.00	0.00	161.37
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL												161.37		

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) RFA discussion and ongoing collaboration. [REDACTED]	(12) NORMAL WORK HOURS
	(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.

[REDACTED]	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <i>[Signature]</i>	DATE <i>13 Dec 2012</i>
[REDACTED]	OFFICE and TITLE (See Item 17 on reverse)		DATE