

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		EMPLOYEE NUMBER*		DEPARTMENT CIRM	
POSITION President		CB/ID No.	DIVISION or BUREAU CIRM		
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 210 King St		TELEPHONE NUMBER (415) 396-9105
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
			San Francisco	CA	94107

(1) MONTH/YEAR	(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				
12/12		San Francisco								28.00			28.00	
12/10	1600	San Francisco - San Diego						52.00					52.00	
12/11		Los Angeles			16.33	54.67 62.36		50.31 93.31					124.00 172.00 121.31 43.00 0.00 40.25	
12/12	1730	LOS ANGELES						40.25 43.00					0.00	
SUBTOTALS			0.00	0.00	16.33	62.36	0.00	145.31		28.00	0	0.00	0.00	241.56 252.00

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL 241.56
252.00

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 12/1 Meeting with Corey Goodman, Ed Penhoet and Khalil BineBine 12/12 ICOC LA	(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

DATE	(16) SIGNATURE OF OFFICER APPROVING CLAIM	DATE
	<i>[Signature]</i> 12.18.12	1/4/2013
and TITLE (See Item 17 on reverse)		DATE