	EXPENSE CLAIM					and *Priv								
STD. 262 (REV. 7/2005) CLAIMANT'S NAME Alan Trounson						SSN or EMPLOYEE NUMBER*				Page of Pages				
										1				
POSITION CB/ID No.						DIVISION or BUREAU				INDEX NUMBER				
President						CIRM								
RESIDENCE ADDRESS *							HEADQUARTERS ADDRESS				TELEPHONE NUMBER			
							210 King St				(415) 396-9105			
CITY STATE ZIP CODE							CITY				STATE		ZIP CODE	
San Francisco						San Francisco				CA		94107		
H/YEAR	(3)	(4)	(5)	MEALS		(6)	(7)		TRANSPORTAT	ION		(8)	(9)	
12	WHERE EXPENSES	LODGING	BREAK- FAST	LUNCH			(A)	OF TYPE	(C)	(D)		BUOMESS	TOTAL	
TIME	WERE INCURRED				OR DINNER	TALS	TRANS.		TOLLS, PARKING			EXPENSE	FOR DAY	
	San Francisco								22.00	WILLO	711100111		. 22.00	
0930	T A1								33.00				33.00	
1935	Los Angeles		10.00										10.00	
	San Diego											200.8	200-81	
			***************************************									156.00	156.0	
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(SUBTOTALS	0.00	10.00	0.00	0.00	0.00	0.00		33.00	0	0.00	206.84	249.8400	
UMN C	CODE (ACCTG. USE ONLY)	1						,						
C	CLAIM TOTAL												212.8	
RPOSE O	OF TRIP, REMARKS AND DETAILS (Atta	ach receipts/vo	uchers when	required)						(12) NORMAL WORK HOURS				
		irmont												
		Dia== = '	4h D 1	C:	a1!					(13) P	WATE VEUL	CLE LICENSE	NUMBER	
	ness meeting while in San	Diego, wi	in Dr. Li	ica Giana	iroli					(14) M	LEAGE HATE	- CLAIMED		
Dusii										, 1411		_ ==		
Dusii												SOUNITING !	NASSAC ALTA VALLA DE	
Dusii													JEEICE 1	
Dusii						*				AG	ENCY ACC	E ONLY	OFFICE	
Dusii						*				1	US			
HERERY	CERTIFY That the above is a true statia. If a privately owned vehicle was us	ement of the tr	avel expense age rates exc	s incurred by	me in acco	rdance with D	PA rules in the cost of ope	ne service	e of the State	1	US	E ONLY		
HEREBY Californi qual to o	 ia. If a privately owned vehicle was us r greater than the rate claimed, and th to vehicle safety and seat belt usage. 	ement of the tr ed, and if mile at I have met	age rates ext the requirem	s incurred by seed the mining ents as prese	mum rate, I cribed by S	certify that the AM Sections	e cost of ope 0750, 0751,	rating the 0752, 07	e vehicle was 53 and 0754	PAID BY	US Y REVOLVIN	E ONLY G FUND CHE		
HEREBY Californi qual to o	 ia. If a privately owned vehicle was us r greater than the rate claimed, and th 	ement of the tr ed, and if mile at I have met	age rates ext the requirem	s incurred by beed the minin ents as preso	mum rate, I cribed by S	certify that the AM Sections	e cost of ope 0750, 0751,	rating the 0752, 07	e of the State o vehicle was 53 and 0754 NG TRAVEL AND	PAID BY	US Y REVOLVIN	E ONLY		
	Trour ON dent Francis Francis OF 30 (935) UMN C	SUBTOTALS UMN CODE (ACCTG. USE ONLY) CLAIM TOTAL RPOSE OF TRIP, REMARKS AND DETAILS (Att.)	STATE TOURSON ON dent INCE ADDRESS * STATE Francisco THYEAR /12 TIME San Francisco O 930	CB/D CB/D	STATE ZIP CODE	Statement On Inverse	Statement On Reverse Stateme	Care Care	Statement On Reverse Side	STATE ZP CODE STATE ZP CODE STATE ZP CODE SAN FERDINGER SON EMPTONERS SON EM	REPEX TOTALS Statement On Reverse Side Page Corn Corn	Carry Carr	Reper Proper Pr	