

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 7/2005)

See Instructions and \*Privacy Statement On Reverse Side

Page \_\_\_\_\_ of \_\_\_\_\_ Pages

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			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				
02/13	2/4		Melbourne			54.07							54.07	124.35	
	2/11		Melbourne							12.53				12.53	
2/13	2/19	0930-2300	Melbourne/San Francisco			12.54			143.77					156.31	
<b>(10) SUBTOTALS</b>				0.00	0.00	12.54 66.61	0.00	0.00	143.77		52.51 76.42	0	0.00	54.07 286.80	293.19 156.31
<b>COLUMN CODE (ACCTG. USE ONLY)</b>															
<b>CLAIM TOTAL</b>													156.31	286.80	

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)		(12) NORMAL WORK HOURS	
2/4: Lunch with Mesoblast			
2/11: Meeting with the Australian Stem Cell Center		(13) PRIVATE VEHICLE LICENSE NUMBER	
2/13- RFA 1206 Genomics Meeting. (Grants working Group Review)			
2/19		(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.		(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	
CL [REDACTED]	DATE 3-26-13	[REDACTED]	DATE 3/28/2013
TITLE (See Item 17 on reverse)		[REDACTED]	DATE 4/11/2013