

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

CLAIMANT'S NAME Alan Trounson		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT CIRM	
POSITION President		CB/D No.		DIVISION or BUREAU CIRM	
RESIDENCE ADDRESS*		HEADQUARTERS ADDRESS 210 King St		TELEPHONE NUMBER (415) 396-9105	
CITY [REDACTED]		STATE CA		ZIP CODE 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., LT, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE				
	TIME								MILES	AMOUNT					
02/13		Melbourne			54.07						70.28 63.89		54.07	124.35 117.96	
		Melbourne									12.53			12.53	
2/13	0930	Melbourne/San Francisco			12.54			143.77						156.31	
2/19	2300													0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
(10) SUBTOTALS			0.00	0.00	12.54 66.61	0.00	0.00	143.77			82.81 76.42	0	0.00	54.07 0.00	393.19 286.80

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

\$136.88 ^{293.19}
286.80

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)	(12) NORMAL WORK HOURS
	(13) PRIVATE VEHICLE LICENSE NUMBER
	(14) MILEAGE RATE CLAIMED
	AGENCY ACCOUNTING OFFICE USE ONLY

2/4: Lunch with Mesoblast
 2/11: Meeting with the Australian Stem Cell Center
 2/13- RFA 1206 Genomics Meeting. (Grants working Group Review)
 2/19

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 3-26-13 <small>(See Item 17 on reverse)</small>	VEHICLE AND PAYMENT	DATE 3/28/2013
		DATE