STATE OF CALIFORNIA – PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

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CLAIMANT'S NAME	SSN or EMPLOYEE NUMBER*	DEPARTMENT
Alan Trounson	[redacted]	CIRM

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	CA	94107

(1) MONTH/YEAR 2/12 (2) DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	(6) INCIDEN-TALS	(7) TRANSPORTATION (A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	AMOUNT	(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
2/8		Bluestem Brasserie			~~48.43~~			10.00					48.43	58.43
2/10		Sports Club LA			~~112.88~~					24.00			112.88	136.88
2/13		Amici's			~~16.45~~								16.45	16.45
2/15		UCSF								3.50				3.50
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
(10) **SUBTOTALS**			0.00	0.00	177.76	0.00	0.00	10.00		27.50	0	0.00	0.00	215.26
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL 215.26

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

1. Buisness meeting to discuss Sanofi and Genzyme. AOT and EB
2. Alpha Clinics Meeting. AOT, ND and 3 doctors
3. Lunch with JT to discuss business
4. UCSF Lecture AOT gave

(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.

CLAIMANT'S SIGNATURE [redacted] DATE

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [redacted] DATE

(17)