

TRAVEL EXPENSE CLAIM

See Instructions and *Privacy Statement On Reverse Side

STP 262 (REV. 7/2005)

CLAIMANT'S NAME Alan Trounson			SSN or EMPLOYEE NUMBER*			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	STATE	ZIP CODE	CITY San Francisco			STATE CA	ZIP CODE 94107	

(1) MONTH/YEAR 03/12	(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		
	3/13	1225	Michigan			16.61	44.10							60.71
	3/14		Michigan			16.38	30.38							46.76
	3/15	1300	Michigan		5.89						62.00			67.89
														0.00
														0.00
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(10)	SUBTOTALS			0.00	5.89	32.99	74.48	0.00	0.00	62.00	0	0.00	0.00	175.36
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL	175.36
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 3/13-3/15 Speaking for Michigan State University, Lansing O/S# 2011MES03	(12) NORMAL WORK HOURS [REDACTED]
	(13) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]
	(14) MILEAGE RATE CLAIMED [REDACTED]

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 [REDACTED] (16) [REDACTED]

(See Item 17 on reverse)