

(REV. 7/2005)

CLAIMANT'S NAME Alan Trounson			CONTRACT 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	STATE	ZIP CODE			
			San Francisco	CA	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			
3/22			San Francisco						149.01 155.75			92.52	241.53 248.27	
3/23			San Francisco						68.20 70.00				68.20 70.00	
3/25			Brazil						188.92			188.56	188.56 188.92	
3/26			Brazil	733.61		32.94	30.06		179.82				976.43	
3/27			Brazil	347.93	5.76		30.36		27.45				411.50	
3/28			Argentina	950.23 961.66	21.72 4.80				223.62 212.19			100.36 241.00	6295.93 1419.65	
3/29			San Francisco						49.97 43.45				49.97 43.45	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
(10) SUBTOTALS				2,043.20	10.56	32.94	249.34	0.00	688.66	0.00	0	0.00	333.52	3232.12 3258.22

COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													3,232.12 3258.22	

(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 PAID BY REVOLVING FUND CHECK NUMBER	

3/22: to/from SFO, mistake with Brazil Visa. Visa costs.
 3/28: Visa cost for Argentina
 3/23 - 3/29 Travel to Brazil & Argentina To sign CFP MUs.
 O/S # 201100P48

(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 _____ DATE _____