

STATE OF CALIFORNIA - PERSONNEL ADMINISTRATION
TRAVEL EXPENSE CLAIM

See Instructions and *Privacy
 Statement On Reverse Side

STD. 262 (REV. 7/2005)

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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	STATE
			San Francisco	CA
				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., L.T., N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE		
	TIME								MILES	AMOUNT			
3/13		San Francisco						19.90 19.00					19.90 19.00
3/7		San Francisco						14.00					14.00
3/18		San Francisco										83.22	83.22
3/20		San Francisco						33.00					33.00
3/29		San Francisco								5.00			5.00
4/1		San Francisco										30.19	30.19
4/11		San Francisco										83.19	83.19
4/15		San Francisco										22.19	22.19
4/17		San Francisco										103.16 73.25	103.16 73.25
4/24		San Francisco						20.00					20.00
4/26		San Francisco								12.00			12.00
5/2		San Francisco										10.61	10.61
													0.00
(10) SUBTOTALS			0.00	0.00	32.80	0.00	0.00	86.00		17.00	0	0.00	269.85

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL \$436.46 ~~405.65~~

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 3/16 Grantee mtg 3/20 A/S filming 3/18 100C - mtg w/ Feizal 3/22 meeting w/ Larry Goldstein 4/1 meeting with V.A. 4/11 meeting with 100C mg Winokur 4/15 JT/Alan meeting 4/17 Alan/Jeff Sheehy 100C mtg w/ John Belo, SAs 4/24 mtg w/ British Consulate 4/26 Parkinson's Inst mtg 5/2 ADT/JT meeting	(12) NORMAL WORK HOURS
	(13) PRIVATE VEHICLE LICENSE NUMBER
	(14) MILEAGE RATE CLAIMED

(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 DATE

6/14/13

and TITLE (See Item 17 on reverse)

DATE

6/14/13