

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

*See Instructions and *Privacy Statement On Reverse Side*

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CLAIMANT'S NAME Alan Trounson		PERSONNEL EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT CIRM	
POSITION President		CB/ID No.		DIVISION or BUREAU CIRM	
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 210 King St		TELEPHONE NUMBER (415) 396-9105	
CITY		STATE		ZIP CODE	
San Francisco		CA		94107	

(1) MONTH/YEAR 4/2012	(2) DATE 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		
4/11	8900	San Francisco			34.13							34.13	34.13
4/11	2000	Santa Cruz			4.55					238	132.09 -130.90		136.64 135.45
													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	38.68	0.00	0.00	0.00	0.00	238	130.90	0.00	170.77 169.58
COLUMN CODE (ACCTG. USE ONLY)													

CLAIM TOTAL 170.77
169.58

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)	(12) NORMAL WORK HOURS
4/11 Lunch with Helen Blau	[REDACTED]
4/11: Asilomar retreat, AOT was a speaker	(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.

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT _____ DATE _____

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse) _____ DATE _____