

**TRAVEL EXPENSE CLAIM**

STD 262 (REV. 7/2005)

See Instructions and \*Privacy Statement On Reverse Side

Page \_\_\_\_\_ of \_\_\_\_\_ Pages

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

(1) MONTH/YEAR 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		
5/17	0700	LA			27.59	86.41 <del>67.39</del>		122.74					186.74 <del>217.2</del>
5/18	2230	LA	211.72	2.00						48.00			261.72
6/5		San Diego		4.16 <del>2.80</del>	36.68	23.16 <del>68.47</del>		59.10					123.10 <del>167.75</del>
6/6		San Diego	238.65					59.00		48.00			345.65
5/7		San Francisco								33.00			33.00
6/7		San Francisco								3.50			3.50
4/16		San Francisco				60.47						60.47	60.47
4/24		San Francisco				17.08						17.08	17.08
4/24		San Francisco				40.13						40.13	40.13
													0.00
													0.00
													0.00
													0.00
<b>(10) SUBTOTALS</b>			450.37	5.80	181.95	135.56	0.00	240.84		132.50	0	0.00	1,071.39 <del>1,147.02</del>

**(10) SUBTOTALS**

**COLUMN CODE (ACCTG. USE ONLY)**

**CLAIM TOTAL** **1,071.39**  
~~1,147.02~~

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

May 17&18 Alpha Clinics Tour: Doheny Eye Institute, Cedars- Sinai, Capricor  
 June 5&6 Alpha Clinics tour: Sanford, Scripps  
 May 7: Stem Cell Leadership Meeting, UC Irvine  
 June 7: UCSF Alpha Clinic meeting  
 April 16: AT and Jeff Sheehy, Business Meeting  
 April 23: AT and JT Business Lunch  
 April 24: AT and Larry Reynolds, Scottish Development CFP lunch

(12) NORMAL WORK HOURS  
[REDACTED]

(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	DATE 6-21-12	(16) SUPERVISOR'S SIGNATURE	DATE 6/13/12
TITLE and TITLE (See Item 17 on reverse)		DATE	