

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

*See Instructions and *Privacy Statement On Reverse Side*

CLAIMANT'S NAME Alan Trounson		SSN or 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 [REDACTED]		STATE		CITY San Francisco	
ZIP CODE		STATE CA		ZIP CODE 94107	

(1) MONTH/YEAR 4/13	(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., LT, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE					
											MILES	AMOUNT				
	4/7	San Francisco										64.00		64.00		
	5/2	San Francisco				11.44								11.44		
	5/3	San Diego										5.00	159.80 166.07	164.80 171.07		
	5/4	San Diego				5.94						90.77		96.71		
														0.00		
														0.00		
														0.00		
														0.00		
														0.00		
														0.00		
														0.00		
														0.00		
														0.00		
(10)	SUBTOTALS		0.00	0.00	17.38	0.00	0.00	0.00				159.77	0	0.00	166.07	336.95 343.22
	COLUMN CODE (ACCTG. USE ONLY)															
	CLAIM TOTAL													336.95 343.22		

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 4/5-4/7: Business trip to San Diego. Meetings with Dr. BineBine and associates 5/2-5/4: Business meetings with Samumed, Venter, Sanford, Salk, Dr. Goldstein, Scripps		(12) [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.		(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 6/28/13
		DATE 6/10/13	