

STATE OF CALIFORNIA - PERSONNEL ADMINISTRATION
TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy
 Statement On Reverse Side

Page _____ of _____ Pages

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		STATE		ZIP CODE	
San Francisco		CA		94107	

(1) MONTH/YEAR 04/12	(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			
4/8	0700		NYC				64.00	52.33 55.50					116.33 119.50		
4/9			NYC				54.44	40.14 44.90					94.58 99.34		
4/10	2000		NYC/SF					57.85 60.00		72.00			129.85 132.00		
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(10) SUBTOTALS				0.00	0.00	0.00	118.44	0.00	160.40		72.00	0	0.00	0.00	340.76 350.84
COLUMN CODE (ACCTG. USE ONLY)															
CLAIM TOTAL												340.76 350.84			

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) NYSCF trip, plus meetings o/s # 201100P19	(12) NORMAL WORK HOURS [REDACTED]
	(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.	
CLAIMANT'S SIGNATURE [REDACTED]	DATE [REDACTED]
(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE [REDACTED]
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE AND TITLE (See item 17 on reverse) [REDACTED]	