

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*			DEPARTMENT CIRM		
POSITION President		CB/D No.	DIVISION or BUREAU CIRM				INDEX NUMBER	
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 210 King St				TELEPHONE NUMBER (415) 396-9105	
CITY	STATE	ZIP CODE	CITY San Francisco			STATE CA	ZIP CODE 94107	

(1) MONTH/YEAR 6/12	(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/G, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE		
	TIME									MILES	AMOUNT		
6/20		San Francisco										375.00	375.00
													0.00
													0.00
													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	0.00	0.00	0.00	0.00	0.00	0	0.00	375.00	375.00
COLUMN CODE (ACCTG. USE ONLY)													

RECEIVED
 CHIEF OF SERVICES
 12 JUL -9 AM 9:00

CLAIM TOTAL 375.00

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 United Club Renewal
 REQUIRMENTS FOR BUSINESS MEETINGS

(12) NORMAL RATE CLAIMED

(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 6-29-12	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE 7/5/12
	(see item 17 on reverse)		DATE