

**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 [REDACTED]	STATE	ZIP CODE	CITY San Francisco	STATE CA	ZIP CODE 94107

(1) MONTH/YEAR 6/13	(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., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES   AMOUNT		
6/24		San Francisco				<del>69.99</del>						43.98	43.98 <del>69.99</del>
6/25		San Francisco								49.00			49.00
													0.00
<del>7/11</del>		<del>San Francisco</del>										<del>95.75</del>	<del>95.75</del>
													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
<b>(10) SUBTOTALS</b>			0.00	0.00	0.00	69.99	0.00	0.00		49.00	0	0.00	95.75 92.98 <del>214.74</del>
<b>COLUMN CODE (ACCTG. USE ONLY)</b>													

**CLAIM TOTAL**

92.98  
~~214.74~~

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 6/24: AOT, JT, DR meeting 6/25: ARM workshop parking 7/11 Dinner after CDAP, on the public-private fund. AOT, EF, EB, Nesson Bermingham	(12) NORMAL WORK HOURS [REDACTED]
	(13) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]
	(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 [REDACTED]	DATE 7-22-13	AGENT [REDACTED]	DATE 7/24/13
(17) EMPLOYEE NAME and TITLE (See Item 17 on reverse)		DATE	