

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	INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 210 King St	TELEPHONE NUMBER (415) 396-9105
CITY San Francisco	STATE CA	ZIP CODE 94107	

(1) MONTH/YEAR 06/12	(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			
6/8		San Francisco						46.40 48.40					46.40 48.40	
6/9		Shanghai, China						31.50 63.00					31.50 63.00	
6/12		Shanghai, China						82.03 50.53					82.03 50.53	
6/13		Yokohama, Japan	203.04		5.07 5.03	65.99 65.45						292.30 291.84	566.40 362.32	
6/14		Yokohama, Japan	203.04			140.71 139.64		23.73 23.55					367.48 163.19	
6/15		Yokohama, Japan	203.04		11.42 11.43								214.46 11.43	
6/16		Yokohama, Japan	203.04	55.70 55.76	16.50 16.52	24.57 24.59						111.45 167.21	411.12 208.32	
6/17		Yokohama, Japan	203.04	16.50 16.47	25.38 25.34	78.59 78.45						111.31 111.31	323.51 120.26	
6/18		Yokohama, Japan	1,007.50 1,007.50					135.52 135.02					135.52 142.52	
													0.00	
													0.00	
													0.00	
													0.00	
(10)	SUBTOTALS		1,007.50	16.47	58.32	308.13	0.00	320.50		0.00	0	0.00	459.05	2178.42 2,169.97
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

2178.42
~~2,169.97~~

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

ISSCR Japan- see attached schedule for meetings.
 Per diem for meals & incidentals: \$168

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

O/S # 201100P11

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 6-29-12	(16) SUPERVISOR'S SIGNATURE [REDACTED]	DATE 7/5/12
TITLE and TITLE (See Item 17 on reverse)		DATE	