

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

*See Instructions and *Privacy Statement On Reverse Side*

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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 07/13	(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			
7/11		San Francisco										95.75	95.75	
													0.00	
													0.00	
													0.00	
													0.00	
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													0.00	
SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00		0.00	0	0.00	95.75	95.75
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL	95.75
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 7/11 Dinner after CDAP, on the public private fund. AOT, EF, EB, Nesson Bermingham	(12) NORMAL WORK HOURS
	(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.	DATE 7-29-13	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 7/30/13
SIGNATURE and TITLE (See Item 17 on reverse)		DATE	