D. 26'		EXPENSE CLAIM (72005)	See Instructions and *Privacy Statement On Reverse Side						Page of Pages						
STD. 262 (REV. 7/2005) CLAIMANT'S NAME							SSN or EMPLOYEE NUMBER*					DEPARTMENT			
Alan Trounson												<u> </u>	INDEX NU	MDED	
POSITION CB/ID No. President							DIVISION or BUREAU						INDEX NO	MIDEH	
RESIDENCE ADDRESS * HEAT 210								HEADQUARTERS ADDRESS 210 King St				(415) 396-9105		TELEPHONE NUMBER	
CITY STATE ZIP CODE							San Francisco				STATE ZIP CODE CA 94107				
MONTH/YEAR 7/12		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4)	(5) MEALS			(6)	(7) TRANSPORTATIO			ON		(8)	(9)	
				BREAK- FAST	LUNCH	O.T., L/T, N/C, RELO OR DINNER	TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES AMOUNT		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
12	3000	Australia				DINNER	1	39.90	· T	TARRING	MILES	AMOUNT		39.90	
13		Australia						143.17		143,17				143.17	
14		Australia					!	94.96	/					94.96	
18	1300	Australia						48:00	T			Accessed to the state of		48.00	
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))		SUBTOTALS	0.00	0.00	0.00	0.0	0,00	327.47		0.00	0	0.00	0.00	327.47	
COL	UMN (CODE (ACCTG. USE ONLY)		// (A 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1. 1. 1. 1.								
CLAIM TOTAL														# 326. 327.47	
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)											(12) NORMAL WORK HOURS				
All taxis except 7/14 is gas for travel to Gippsland Univ Lecture											(13) PRIVATE VEHICLE LICENSE NUMBER				
										(14) MILEAGE RATE CLAIMED AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER					
0/5# 2,012 PØ01															
5) [HEREBY of Californ equal to	Y CERTIFY That the above is a true sinia. If a privately owned vehicle was or greater than the rate claimed, and	used, and it mil that I have me	eage rares ex	ceed the min	imum rate.	i ceriiiv inai i	ne cost of obt	araunia ini	e veriicie was	1				
	oertain in g	to vehicle safety and seat belt usage. NATURE	-	DATE						ING TRAVEL ANI	D PAYMEN	i	ATE	1	
_ATTVIZ				1.0	.12	D						1	017	1,7	