

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 CA		ZIP CODE 94107	

(1) MONTH/YEAR	(2) DATE	(2) 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			
7/12			San Francisco			34.34							34.34	34.34	
7/26			San Francisco								20.00			20.00	
														0.00	
														0.00	
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														0.00	
														0.00	
														0.00	
(10) SUBTOTALS				0.00	34.34	0.00	0.00	0.00	0.00		20.00	0	0.00	0.00	54.34
(10) COLUMN CODE (ACCTG. USE ONLY)															

CLAIM TOTAL 54.34

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 7/19 Breakfast with Dr. Helen Blau, Baxter Lab 7/26 ICOC Meeting	(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.

CLAIMANT'S SIGNATURE [REDACTED]	DATE 8/1/12	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 8/2/12
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LE (See Item 17 on reverse)