

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 7/2005)

See Instructions and \*Privacy Statement On Reverse Side

Page 1 of 17 Pages

CLAIMANT'S NAME Alan Trounson		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT	
POSITION President		CB/ID No.	DIVISION or BUREAU CIRM		INDEX NUMBER
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 210 King Street		TELEPHONE NUMBER (415) 396-9104
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY San Francisco	STATE CA	ZIP CODE 94107

(1) MONTH/YEAR 08/11	(2) DATE DATE	(3) LOCATION WHERE EXPENSES WERE INCURRED TIME	(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			
	06/20	06:33 06:41	Washington, DC										10.00	
	07/25	08:00 17:00	San Francisco							21.00			21.00	
	07/26	08:00 17:00	San Francisco							21.00			21.00	
	08/12	11:30 13:00	San Francisco									45.97	45.97	
	08/16	12:00 14:00	San Francisco									62.86	62.86	
	08/17	14:00 15:30	San Francisco									32.94	32.94	
	08/18	08:15 16:00	San Francisco							28.00			28.00	
	08/15	07:30 09:00	San Francisco									5.48	5.48	
	08/19	10:00 14:30	San Francisco to Sacramento							12.00 <del>2.00</del>	109	60.50	72.50 <del>20.00</del>	
	08/24	19:00	San Francisco to Palo Alto							10.00	64	35.52	45.52	
	08/25	07:00	San Francisco to Palo Alto							12.00			12.00	
													0.00	
													0.00	
(10)	<b>SUBTOTALS</b>			0.00	0.00	0.00	0.00	0.00	10.00	104.00 <del>95.00</del>	173	96.02	147.25	347.27 <del>248.27</del>

**COLUMN CODE (ACCTG. USE ONLY)**

**CLAIM TOTAL** **380.70**  
~~348.27~~

#3343 added from pg. 2

- (11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
- NICHD/NIH Meeting in Washington, DC on June 20, 2011
  - Parking for the CDAP Meeting at the Hyatt Wharf Hotel in San Francisco on July 25 - 26, 2011
  - CIRM Business Meeting on August 12, 2011
  - CIRM Business Meeting on August 16, 2011
  - CIRM Business Meeting on August 17, 2011
  - Parking for the Strategic Planning Retreat Meeting on August 18, 2011
  - CIRM Business Meeting on August 15, 2011
  - Travel to Sacramento for DOF Mtg on 8/19/11 - note # 3.00 bridge toll.
  - ICOC Board Mtg - Stanford on 8/24 - 8/25
- (12) NORMAL WORK HOURS
- (13) PRIVATE VEHICLE LICENSE NUMBER
- (14) MILEAGE RATE CLAIMED  
0.555

**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 09/01/11	DATE 09/01/11
TITLE (See Item 17 on reverse)	DATE

See Instructions and \*Privacy  
 Statement On Reverse Side

CLAIMANT'S NAME Alan Trounson			SSN or EMPLOYEE NUMBER* [REDACTED]			DEPARTMENT		
POSITION President		CB/D No.	DIVISION or BUREAU CIRM				INDEX NUMBER	
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 210 King Street				TELEPHONE NUMBER (415) 396-9104	
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY San Francisco		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., LT, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE		
											MILES	AMOUNT		
08/11	08/30	12:00 14:00	San Francisco										16.78	16.78
	08/30	14:00 17:00	San Francisco to Menlo Park								30	16.65		16.65
														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
														0.00
<b>(10) SUBTOTALS</b>				0.00	0.00	0.00	0.00	0.00	0.00	0.00	30	16.65	16.78	33.43

**COLUMN CODE (ACCTG. USE ONLY)**

**CLAIM TOTAL** 33.43

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  1) CIRM Business Meeting on August 30, 2011 2) Travel to Geron Kickoff Meeting on August 30, 2011	(12) NORMAL WORK HOURS [REDACTED]
	(13) PRIVATE VEHICLE LICENSE NUMBER
	(14) MILEAGE RATE CLAIMED 0.55
	<b>AGENCY ACCOUNTING OFFICE          USE ONLY</b> PAID BY REVOLVING FUND CHECK NUMBER

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CLAIMANT'S SIGNATURE [REDACTED]	DATE 09/01/11	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 09/01/11
TITLE (See Item 17 on reverse)		DATE	