STATE OF CALIFORNIA – PERSONNEL ADMINISTRATION

# TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

***See Instructions and *Privacy Statement On Reverse Side***

Page _____ of _____ Pages

| CLAIMANT'S NAME | SSN or EMPLOYEE NUMBER* | DEPARTMENT |
|---|---|---|
| Alan Trounson | [redacted] | CIRM |

| POSITION | CB/ID No. | DIVISION or BUREAU | INDEX NUMBER |
|---|---|---|---|
| President | | CIRM | |

| RESIDENCE ADDRESS * | HEADQUARTERS ADDRESS | TELEPHONE NUMBER |
|---|---|---|
| | 210 King St | (415) 396-9105 |

| CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |
|---|---|---|---|---|---|
| | | | San Francisco | CA | 94107 |

| (1) MONTH/YEAR 8/12 | | (3) LOCATION WHERE EXPENSES WERE INCURRED | (4) LODGING | (5) MEALS | | | (6) INCIDENTALS | (7) TRANSPORTATION | | | | | (8) BUSINESS EXPENSE | (9) TOTAL EXPENSES FOR DAY |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (2) DATE | TIME | | | BREAKFAST | 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 | (D) PRIVATE CAR USE AMOUNT | | |
| 8/17 8/21/22 | 1100 | San Francisco | | | | | | 53.00 | ✓ | | | | 105.47 | 53.00 ~~53.00~~ 105.47 |
| 8/25 8/23 24 | | Sao Paulo | ~~191.39~~ | | | | | 49.14 | ✓ | 14.80 | | | 71.12 | 85.92 ~~240.53~~ 49.14 |
| 8/29 | | Sao Paulo | | | | ~~32.56~~ | | 22.25 | ✓ | ~~14.80~~ | | | | 22.25 ~~54.81~~ |
| 8/30 | 1300 | San Francisco | | | | | | 53.00 | ✓ | | | | | 53.00 |
| | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | 0.00 |
| (10) **SUBTOTALS** | | | 191.39 | 0.00 | 0.00 | 32.56 | 0.00 | 177.39 | | 0.00 | 0 | 0.00 | 0.00 | 368.78 ~~401.34~~ |
| **COLUMN CODE (ACCTG. USE ONLY)** | | | | | | | | | | | | | | |

**CLAIM TOTAL** $ 368.78 ~~401.34~~

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

Brazil Human Reproduction Conference, Sao Paulo
Alan was a speaker for 3 sessions

(12) NO [redacted]

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

**AGENCY ACCOUNTING OFFICE USE ONLY**

PAID BY REVOLVING FUND CHECK NUMBER

O/S # 2012PO02

(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.

| CL[redacted] | DATE | (16) SI[redacted]TRAVEL AND PAYMENT | DATE |
|---|---|---|---|
| [redacted] | 10.25.12 | [redacted] | 10/26/2012 |

| (17 [redacted] N - SIGNATURE and TITLE *(See Item 17 on reverse)* | DATE |
|---|---|
| [redacted] | |