

CLAIMANT'S NAME Alan Trounson			SSN or EMPLOYEE NUMBER* [REDACTED]			DEPARTMENT CIRM											
POSITION President			CB/ID No.			DIVISION or BUREAU CIRM			INDEX NUMBER								
RESIDENCE ADDRESS *						HEADQUARTERS ADDRESS 210 King Street			TELEPHONE NUMBER (415) 396-9105								
CITY San Francisco			STATE CA			ZIP CODE			CITY San Francisco			STATE CA			ZIP CODE 94107		
(1) NORMAL WORK HOURS [REDACTED]						(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]			(3) MILEAGE RATE CLAIMED 0.565 ✓								

(4) MONTH/YEAR AUG 2013 OCT	(5) DATE	(5) TIME	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
					BREAK-FAST	LUNCH	O.T., L.T., N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CAREFARE, (TOLLS, PARKING)	(D) PRIVATE CAR USE		
										MILES	AMOUNT			
8/19	19:21		San Francisco								0.00	52.42 52.18	52.42 52.18	
8/20	21:04		Portola Valley								0.00	61.60	61.60 ✓	
9/18	13:00 18:30		San Francisco/Berkeley							6.00 ✓	23.40	13.22 ✓	19.22 ✓	
9/19	08:00 18:30		San Francisco/Berkeley							6.00 ✓	23.40	13.22 ✓	19.22 ✓	
09/20	08:00 13:30		San Francisco/Berkeley							6.00 ✓	23.40	13.22 ✓	19.22 ✓	
9/25	09:18		San Francisco								0.00	32.28	32.28 ✓	
9/30	19:42		San Francisco								0.00	63.09 63.00	63.09 63.00	
10/2	13:00 18:30		San Francisco / Burlingame								28.80	16.27 ✓	16.27 ✓	
10/3	08:00 18:30		San Francisco / Burlingame								28.80	16.27 ✓	16.27 ✓	
10/4	08:00 17:30		San Francisco / Burlingame								28.80	16.27 ✓	16.27 ✓	
											0.00		0.00	
											0.00		0.00	
(13) SUBTOTALS				0.00	0.00	0.00	0.00	0.00	0.00	18.00	156.60	88.48	209.12	315.86 315.60
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													315.86 315.60	

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

8/19 - Business Meeting with Corey Goodman
 8/20 - Business Meeting with Robert Klein
 9/18 - 9/20 - GWG, Berkeley
 9/25 - Business Meeting with Jeff Sheehy
 9/30 - Business Meeting with Ed Penhoet
 10/2 - 10/1 - GWG, Burlingame

AGENCY ACCOUNTING OFFICE USE ONLY
PAYED 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.

[REDACTED]	DATE 11.7.13	(16) SIGNATURE [REDACTED]	DATE 11/13/13
NAME and TITLE (See Item 17 on reverse)		[REDACTED]	DATE