

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				INDEX NUMBER	
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 210 King St				TELEPHONE NUMBER (415) 396-9105	
CITY	STATE	ZIP CODE	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., L.T., N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
										MILES	AMOUNT				
10/11	9.23	1800	San Francisco						50.00					50.00	
	9.26		Melbourne								63.85			63.85	
	9.28		Melbourne						21.82		30.35			52.17	
10/1	9.30		San Francisco						46.00					46.00	
10/1		1500	San Francisco			13.62								13.62	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
(10) SUBTOTALS				0.00	0.00	13.62	0.00	0.00	117.82		94.20	0	0.00	0.00	225.64
COLUMN CODE (ACCTG. USE ONLY)															

CLAIM TOTAL 225.64

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Monash University 20th Anniversary Symposium, speaker Meeting with Minister Asher O/S# 201100P03	(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 10.28.11	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 11/18/2011
SIGNATURE and TITLE (See Item 17 on reverse)			DATE