

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	STATE	ZIP CODE
			San Francisco	CA	94107

(1) MONTH/YEAR 09/12	(2) DATE 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			
9/26	1100	San Francisco						57.55					57.55	
9/30		Sao Paulo				25.78							25.78	
10/1		Sao Paulo	302.11 284.78		27.98	17.38							330.09	
10/2		Sao Paulo						98.69				175.53	274.22	
10/3		Sao Paulo				40.62							40.62	
10/4		Sao Paulo				41.05							41.05	
10/5		Sao Paulo				30.44							30.44	
10/8	1130	San Francisco						54.00					54.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
(10) SUBTOTALS			284.78	0.00	27.98	155.22	0.00	210.24		0.00	0	0.00	175.53	853.75

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL 853.75

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) CIRM Workshop in Sao Paulo Oct 1-2 ISSCR Brazil Oct 3-6, Alan was a speaker	(12) NORMAL WORK HOURS 0800-1700
	(13) PRIVATE VEHICLE LICENSE NUMBER
	(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

0/5# 2012 P003

(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 SIGNATURE [REDACTED]	DATE 10.25.12	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 10/26/2012
(17) SIGNATURE and TITLE (See Item 17 on reverse)			DATE