							n Reverse Side				Page of Pages				
CLAIMANT'S NAME Alan Trounson							SSN or EMPLOYEE NUMBER*				DEPA	RTMENT			
Alan		nson	***	CRIID	No		DIVICION	DUDEALL						N. A. D. E. D.	
President RESIDENCE ADDRESS*								DIVISION or BUREAU CIRM HEADQUARTERS ADDRESS						INDEX NUMBER TELEPHONE NUMBER	
CITY STATE ZIP CODE								CITY				STATE		ZIP CODE	
								San Francisco				CA		94107	
1) NOR	MAL WO	RK HOURS				(2	2) PRIVATE V	EHICLE LICE	ENSE NU	MBER	(3) MII	EAGE RATE	CLAIMED		
(4) MONTH/YEAR		(6)	(7)	(8)	MEALS		(9)	(10) TRANSPORTA			ATION		(11)	(12)	
09/11		LOCATION WHERE EXPENSES		BBEAK	O.T., L			(A) (B)		(C)	(D)		 	TOTAL	
(5) DATE	TIME	- WERE INCURRED	LODGING	BREAK- FAST	LUNCH	N/C, RELC OR DINNER	TALS	COST OF TRANS.	TYPE	CARFARE, TOLLS, PARKING	MILES	AMOUNT	BUSINESS		
09/06	09:35	Mill Valley/SFO, San Fran to Winston/Salem, NC	213.10	6.50	8.59	25.70)	99.00	Т			0.00		352.89	
09/07	Cont	Winston/Salem, NC to Boston, MA	262.09	-23.88	7.89	28.44		25.55	Т			0.00		347.85	
09/08	Cont	Boston, MA	262.09		35.96	28.0	-					0.00		326. -359.05	
09/09	19:21	Boston, MA to SFO/Mill Valley, CA			20.62	6.51	-	47.00	Т			0.00		74.13	
												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	
12)	New part of the control of the con											0.00		0.00	
13)		SUBTOTALS	737.28	30.38	73.06	121.65	0.00	171.55		0.00	0.00	0.00	0.00	-1,133.92	
COL	UMN (CODE (ACCTG. USE ONLY)	er de la delation de						115						
	C	CLAIM TOTAL												*1,133.92 *1,00.96	
14) PUF	RPOSE C	OF TRIP, REMARKS AND DETAILS (Att	ach receipts/vo	ouchers when	required)						Γ Ac	SENCY ACC	COLINTING		
3osto	n – Sp	lem - meeting with Dr. Ata beak and attend BioPharm see sheet for detail calcula	America 2	2011 Cor	ference		: Translat	tional Me	edicine		e Pagaraga		E ONLY		
015	H	201100913													
									0.	0					
								/	T.	21.					
		BY CERTIFY That the above is a true sid if mileage rates exceed the minimum ctions 0750, 0751, 0752, 0753 and 0754					cordance wit as equal to or	h DPA rules i r greater than	n the ser the rate	vice of the State claimed, and that	of Califorr I have m	nia. If a privat et the requirer	tely owned ve ments as pres	hicle was scribed by	
DI AIRAA	NTIM BIO	NATURE		DATE	ana soat bell		GNATURE O	F OFFICER A	PPROVI	NG TRAVEL AND	PAYMEN	NT DA	TE.		
				9.2	3.11	De							9/28/2	011	
					- /							1			