

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 7/2005)

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

CLAIMANT'S NAME Jonathan Y. Thomas		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT CIRM	
POSITION Chairman		CB/ID No.	DIVISION or BUREAU CIRM		INDEX NUMBER
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS		TELEPHONE NUMBER (415) 396-9113
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY Los Angeles	STATE CA	ZIP CODE 90049

(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		
10/2011	18	08:30	LA to Wash DC											0.00
	19	22:00	Wash DC to LA		15.95						35.09			51.04
														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
<b>(10) SUBTOTALS</b>				0.00	15.95	0.00	0.00	0.00	0.00	35.09	0	0.00	0.00	51.04
<b>COLUMN CODE (ACCTG. USE ONLY)</b>														

<b>CLAIM TOTAL</b>	51.04
--------------------	-------

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  <i>meeting with IOM Washington DC (IOM - Institute of Medicine)</i>	(12) NORMAL WORK HOURS [REDACTED]
	(13) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]
	(14) MILEAGE RATE CLAIMED .555

<b>AGENCY ACCOUNTING OFFICE USE ONLY</b>
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	
(16) DATE 6/9/12	(16) DATE 6/6/12
(17) DATE (See Item 17 on reverse)	DATE 6/6/12