

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*	DEPARTMENT CIRM	
POSITION Chairman	CB/D No.	DIVISION or BUREAU CIRM		INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS		TELEPHONE NUMBER (415) 396-9113
CITY	STATE	ZIP CODE	CITY	STATE

(1) MONTH/YEAR	(2) DATE	(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			
	TIME									MILES	AMOUNT			
11/2011		Los Angeles to La Jolla	185.74								122	67.71		253.45
		La Jolla	185.74											185.74
		La Jolla to Los Angeles								7.25	122	67.71		74.96
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
(10) SUBTOTALS			371.48	0.00	0.00	0.00	0.00	0.00		7.25	244	135.42	0.00	514.15
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

514.15

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

29-1) Sanford Consortium Grand Opening, Stem Cells on the Mesa

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

.555

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	DATE 3/4/13	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE 3/4/2013
(17) (See Item 17 on reverse)		DATE	