

**TRAVEL EXPENSE CLAIM**

See Instructions and \*Privacy Statement On Reverse Side

STD. 262 (REV. 7/2005)

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

(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., LT, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT			
06/2012	3	19:00	Los Angeles to San Francisco	161.79			4.95		55.00	T		13	7.22	228.96	
	4		San Francisco	161.79	12.05	21.97	29.98							225.79	
						<del>22.47</del>	<del>29.48</del>								
	5	19:30	San Francisco to Los Angeles		12.05	22.62			47.75	T	29.82	13	7.22	119.46	
	22	06:30	Los Angeles to San Francisco		4.15	17.88			48.70	T				70.73	
	23	22:00	San Francisco to Los Angeles								29.82			29.82	
	24	20:00	Los Angeles to San Francisco	161.79										161.79	
	25	21:30	San Francisco		13.82		23.84							37.66	
	27	0800	San Francisco to Berkeley			17.14			58.00	T				75.14	
	28		Berkeley		17.18									17.18	
	29	20:30	Berkeley to Los Angeles			4.64	5.27		53.00	T	77.84			140.75	
														0.00	
														0.00	
														0.00	
(10) SUBTOTALS				485.37	59.25	84.75	63.54	0.00	262.45		137.48	26	14.44	0.00	1,107.28
COLUMN CODE (ACCTG. USE ONLY)															

**CLAIM TOTAL**

1,107.28

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

3-5) CIRM Meetings; 22-25) CIRM meetings; 27-29) GWG Meeting

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

.555

**AGENCY ACCOUNTING OFFICE USE ONLY**

PAYD 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

CLAIMANT'S SIGNATURE [REDACTED]	DATE 10/5/12	AGENCY SIGNATURE AND PAYMENT [REDACTED]	DATE 10.10.12
(17) SIGNATURE [REDACTED]	(17) SIGNATURE [REDACTED]	(17) SIGNATURE [REDACTED]	DATE