STATE OF CALIFORNIA – PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

Page ___1___ of ___1___ Pages

CLAIMANT'S NAME	SSN or EMPLOYEE NUMBER*	DEPARTMENT
Jonathan Y. Thomas	▮▮▮▮▮▮	CIRM

POSITION	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
Chairman		CIRM	

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
		(415) 396-9113

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
▮▮▮	▮▮▮		▮▮▮	▮▮▮	

(1) MONTH/YEAR 01/2012 (2) DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	(6) INCIDEN-TALS	(7) (A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	AMOUNT	(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
29	18:30	LA to San Francisco												0.00
30		San Francisco												0.00
31	15:30	San Francisco to LA			18.40			46.40 ~~48.00~~	T	35.09				99.89 ~~101.49~~
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
(10) SUBTOTALS			0.00	0.00	18.40	0.00	0.00	48.00		35.09	0	0.00	0.00	99.89 ~~101.49~~

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL — 99.89 ~~101.49~~

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)	
29-31) CIRM Meetings	(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

	DATE 6/22/12	(16) ...EL AND PAYMENT	DATE 6/22/12
	...LE (See Item 17 on reverse)		DATE