

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	INDEX NUMBER
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 1/2012	(2) DATE 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			
3	05:30 18:30	LA to San Francisco to LA		8.50	7.12			90.91 101.05	T	17.55	26	14.43		138.51 148.65
4	11:30 13:30	Los Angeles											70.02	70.02
6	12:00 13:00	Los Angeles			28.80					5.00				5.00 33.80
8	15:00	LA to San Francisco	229.85		5.38			51.00	T					286.23
9		San Francisco	157.75	9.19		15.99		42.61 44.46	T					225.54 227.39
10		San Francisco	172.10		7.84	9.93		52.00						241.87
11	18:30	San Francisco to LA			5.56					64.19	13	7.21		76.96
														0.00
16	15:00	Los Angeles to San Diego								22.00	134	74.37		96.37
17	19:00	San Diego to Los Angeles								5.00	134	74.37		79.37
20	05:30 16:30	LA to San Francisco to LA		10.85	12.80			101.73 104.30	T	30.00	26	14.43		169.81 172.38
22	18:30	LA to San Francisco	173.35			18.25		61.00	T	5.00				257.60
23		San Francisco	173.35	9.20	7.34	40.44								230.33
(10) SUBTOTALS			906.40	37.74	74.84	84.61	0.00	413.81		148.74	333	184.81	70.02	1877.61 1920.97
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

\$ 1,877.61 ~~1,920.97~~

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

3) CIRM Meetings; 4) Business Mtg w/Grant Albrecht; 6) Business Lunch with P Glassman; 8-11) CIRM Meetings; 16-17) ICOC Board Meeting; 20) CIRM Meetings; 22-25) CIRM Meetings and IOM Public Meeting

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

.555

AGENCY ACCOUNTING OFFICE USE ONLY
PAYED 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

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

(17) SP

DATE

2/8/12
2/7/12