

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]

(1) MONTH/YEAR 01/2013	(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., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE		
									MILES	AMOUNT			
6	18:30	Los Angeles to San Francisco	206.75			18.56		84.53 87.50	T		12	6.78	316.62 319.59
7		San Francisco	157.75	6.70				76.16 77.75	T				240.61 242.20
8		San Francisco	164.01		13.63	46.18		10.00	T	33.06			266.88
9	17:30	San Francisco to Los Angeles			20.69	9.55		78.00	T	52.64	12	6.78	167.66
10		Los Angeles										42.43	42.43
13	18:30	Los Angeles to San Francisco	161.79			28.28		76.48 78.50	T		12	6.78	273.33 275.35
14		San Francisco	161.79	13.74		8.59							184.12
15	18:45	San Francisco to Los Angeles			11.05	6.98				35.09 31.09	12	6.78	59.90 55.90
22	07:00	Los Angeles to San Francisco to Berkeley +		9.15	9.50	42.90		49.96	T		12	6.78	118.29
23		Berkeley		21.99	11.30								33.29
24	17:30	Berkeley to Los Angeles			5.50			60.00	T	52.64	12	6.78	124.92
30		Los Angeles to San Francisco to Los Angeles +		5.70	20.00	6.55		129.27	T				161.52
(10) SUBTOTALS			852.09	77.97	80.53	158.04	0.00	570.98		169.43	72	40.68	1991.16 1,992.15 1989.57

CLAIM TOTAL \$18 1989.57

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 6-9) CIRM meetings; 10) CIRM business meeting; 13-15) CIRM meetings; 22-24) ICOC Board Meeting; 30) CIRM meetings

(12) NORMAL WORK HOURS
[REDACTED]

(13) PRIVATE VEHICLE LICENSE NUMBER
[REDACTED]

(14) MILEAGE RATE CLAIMED
.565

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.

DATE: 2/13/13

(See Item 17 on reverse)

AND PAYMENT DATE: 2/13/2013

DATE: [REDACTED]