

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

Page _____ of _____ Pages

CLAIMANT'S NAME Jonathan Thomas		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT	
POSITION Chariman		CB/ID No.		DIVISION or BUREAU CIRM	
RESIDENCE ADDRESS *				HEADQUARTERS ADDRESS 210 King Street	
CITY [REDACTED]		STATE [REDACTED]		ZIP CODE [REDACTED]	
CITY San Francisco		STATE CA		ZIP CODE 94107	

(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., LT, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
									MILES	AMOUNT				
October	08	San Francisco						22.14 ✓ 29.25	T				22.14 ✓ 29.25	
	10	San Francisco		13.45 ✓	15.80 ✓	19.55 ✓		46.40 ✓ 50.00	T	37.29 ✓			132.49 ✓ 136.09	
	14	Los Angeles/La Jolla									112	63.28 ✓	63.28 ✓	
	16	La Jolla/Los Angeles									112	63.28 ✓	63.28 ✓	
	30	Los Angeles/San Francisco				6.37 ✓		52.73 ✓ 55.85					59.10 ✓ 62.22	
(10) SUBTOTALS			0.00	13.45	15.80	25.92	0.00	135.10		37.29	224	126.56	0.00	340.29 ✓ 354.12
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													340.29 ✓ 354.12	

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)		(12) NORMAL WORK HOURS
10/8 - 10/10 - Attend CIRM Meetings and ICOC Meeting - NO MILEAGE CLAIM		[REDACTED]
10/14-10/16 - Attend Stem Cells on the Mesa Meeting, La Jolla		(13) PRIVATE VEHICLE LICENSE NUMBER
10/30 - Attend CDAP Meeting		[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

CLA [REDACTED]	DATE 11/18/13	REL AND PAYMENT	DATE 11-19-13
(17) [REDACTED]	(See Item 17 on reverse)		DATE