

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

Page _____ of _____ Pages

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

(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		
October	27	8:00	Washington DC			5.00	10.32						15.32	
	28		Washington DC			9.67	48.05		86.40				144.12	
	29	11:00	Washington DC		18.17	23.20	17.97		64.40	T			123.74	
(10) SUBTOTALS													283.18	
COLUMN CODE (ACCTG. USE ONLY)													197.78	

CLAIM TOTAL

283.18
197.78

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

10/28 - 10/30 - CIRM Meetings in Washington DC

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

.565

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

015# 2013C007

(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
11/18/13

DATE
11-19-13

(See Item 17 on reverse)