

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

*See Instructions and *Privacy Statement On Reverse Side*

CLAIMANT'S NAME Jonathan Y. Thomas			SSN or EMPLOYEE NUMBER*			DEPARTMENT CIRM		
POSITION Chairman		CB/ID No.	DIVISION or BUREAU CIRM				INDEX NUMBER	
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS				TELEPHONE NUMBER (415) 396-9113	
CITY		STATE	ZIP CODE		CITY		STATE	ZIP CODE
[REDACTED]			[REDACTED]		Los Angeles		CA	90049

(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., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
										MILES	AMOUNT				
10/2011	3		LA									93.00	93.00		
	6	19:00	LA to SF					48.00	T		13	7.21	55.21		
	7	18:30	SF to LA								13	7.21	7.21		
	9	16:30	LAS to SF	212.64			17.30	27.84 60.09 62.70	T		13	7.21	297.24 337.69		
	10			212.64	6.92	17.95	28.90						266.41		
	11	19:00	SF to LA					105.25	T		13	7.21	112.46		
	13	13:00	LA to SF	161.79							13	7.21	169.00		
	14	14:30	SF to LA								13	7.21	7.21		
	16	19:00	LA to SF	187.22			17.56	57.30	T		13	7.21	269.29		
	17	20:30	SF to LA			5.80				21.40	13	7.21	34.41		
	21	06:00 18:30	LA to SF, OAK to LA			2.24					26	14.42	16.66		
	22		LA to Bakersfield to LA								212	117.66	117.66		
													0.00		
(10) SUBTOTALS				774.29	9.16	23.75	63.76	37.84	273.25		21.40	342	189.76	93.00	1,445.76 1,486.21
COLUMN CODE (ACCTG. USE ONLY)															

CLAIM TOTAL

1,445.76
1,486.21

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)		(12) NORMAL WORK HOURS	
3) Dinner with ICOC Board Member; 6-7) CIRM meetings; 9-11) CIRM meetings; 13-14) CIRM meetings; 16-17) CIRM meetings; 21) Berkeley stem cell bldg dedication; 22) speaking engagement in Bakersfield		[REDACTED]	
		(13) PRIVATE VEHICLE LICENSE NUMBER	
		[REDACTED]	
		(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 pertaining to vehicle safety and seat belt usage.

CLA [REDACTED]	DATE 1/31/12	ND PAYMENT	DATE 1-31-12
(17) [REDACTED]	See Item 17 on reverse)		DATE