

See Instructions and *Privacy
 Statement On Reverse Side

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 Los Angeles		STATE CA	ZIP CODE 90049		

(1) MONTH/YEAR 10/2011	(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		
3	07:00 22:00	LA to Pasadena to LA							9.00	T	54	29.97	38.97
4	07:00 23:30	LA to Pasadena to LA						18.00		T	54	29.97	47.97
6	19:00	Los Angeles to San Francisco						56.00		T			56.00
7	18:30	San Francisco to Los Angeles						45.77 46.80		T		17.55	63.32 64.35
13	13:00	Los Angeles to San Francisco						12.00		T			12.00
14	14:30	San Francisco to Los Angeles											0.00
16	19:00	Los Angeles to San Francisco											0.00
17	20:30	San Francisco to Los Angeles						50.00		T			50.00
21	06:00 18:30	LA to SF, OAK to LA							17.55				17.55
23	19:00	LA to San Francisco											0.00
24	20:30	San Francisco to LA							17.55				17.55
25	17:00	LA to Irvine			24.36								24.36
26	17:00	Irvine to LA											0.00
(10)	SUBTOTALS		0.00	0.00	24.36	0.00	0.00	164.80	79.65	108	59.94	0.00	<i>Subtotal</i> 328.75 327.72
COLUMN CODE (ACCTG. USE ONLY)													

CLAIM TOTAL

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

3-4) World Stem Cell Summit, Pasadena; 6-7) Patent Funding Prog meeting; 13-14) CIRM meetings; 16-17) CIRM meetings; 21) UC Berkeley stem cell building opening; 23-24) CIRM meetings; 25-26) ICOC Board Meeting, Irvine;

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(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.

CLAIMANT'S SIGNATURE

DATE

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

*Page 1 of 2 ? 327.72
 328.75
 (See Total on pag 2)*

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*	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 Los Angeles CA 90049

(1) MONTH/YEAR 10/2011	(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		
31	06:00 17:30	LA to SF to LA			13.07								13.07
													0.00
													0.00
													0.00
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													0.00
													0.00
													0.00
													0.00
													0.00
(10) SUBTOTALS			0.00	0.00	13.07	0.00	0.00	0.00	0.00	0	0.00	0.00	SUB-TOTAL 13.07
COLUMN CODE (ACCTG. USE ONLY)													

CLAIM TOTAL

page 2 of 2 = 13.07
TOTAL 13.07

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 31) CIRM meetings	(12) NORMAL WORK HOURS [REDACTED]
	(13) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]
	(14) MILEAGE RATE CLAIMED .555

AGENCY ACCOUNTING OFFICE USE ONLY
PAID BY REVOLVING FUND CHECK NUMBER

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CLAIMANT'S SIGNATURE [REDACTED] DATE [REDACTED]