

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* [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]	ZIP CODE [REDACTED]

(1) MONTH/YEAR 11/2012	(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			
2	06:00 18:00	LA to Irvine to LA								7.00	102	56.61		63.61
5	05:45 22:00	LA to San Francisco to LA			7.85	21.06	23.73	128.00 128.00	T	14.92	24	13.32		205.38 208.88
13	06:30 19:00	LA to San Francisco to LA						125.81	T	14.92	24	13.32		128.00 154.05
15	06:30	LA to Stanford				2.98	6.40	81.00	T		12	6.66		97.04
16	20:00	Stanford to LA						84.00	T	29.82	12	6.66		120.48
19	05:30 18:30	LA to San Francisco to LA				9.66		130.53	T	14.92	12	6.66		161.77
27	05:30	LA to San Francisco to Burlingame	+		5.40	13.73		134.65	T				20.65	174.43
28		Burlingame					44.43							44.43
29		Burlingame to San Francisco				5.00		111.26	T					179.13 189.13 295.39
30	16:00	San Francisco to LA			8.85			9.09	T	59.65	12	6.66		84.25
														0.00
														0.00
														0.00
(10) SUBTOTALS			189.13	22.10	52.43	74.56	0.00	804.34		141.23	198	109.89	20.65	1,414.33 1404.33
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													1,414.33 1404.33	

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 2) Speaking Engagement- Working 2 Walk Symposium; 5) CIRM meetings; 13) CIRM meetings; 15) Speaking Engagement- CIRM Alpha Clinic; 16) Stanford Symposium; 19) CIRM meetings; 27) CIRM meetings; 28-29) CDAP Meeting; 30) Appeals Task Force meeting

(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

(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: 12/18/12

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT: [REDACTED]

DATE: 18 Dec 2012

TITLE (See Item 17 on reverse): [REDACTED]

DATE: _____