

TRAVEL EXPENSE CLAIM

See Instructions and *Privacy Statement On Reverse Side

STD. 262 (REV. 7/2005)

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

(1) MONTH/YEAR 11/2011	(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				
6	19:00		Los Angeles to San Francisco						10.00	T		13	7.21	17.21	
7			San Francisco											0.00	
8	20:30		San Francisco to Los Angeles		6.92				106.00	T	38.94	13	7.21	159.07	
														0.00	
13	19:00		Los Angeles to San Francisco	161.79			6.83		56.00	T		13	7.21	231.83	
14			San Francisco	161.79	8.92	5.75	28.95							205.41	
15			San Francisco	279.21	7.25				55.00	T				341.46	
16	20:30		San Francisco to Los Angeles			7.79	14.00		55.00		56.49	13	7.21	85.49	
20	19:00		Los Angeles to San Francisco	161.79								13	7.21	169.00	
21	20:30		San Francisco to Los Angeles			5.73					21.40	13	7.21	34.34	
27	19:00		Los Angeles to San Francisco	161.79					55.00	T		13	7.21	224.00	
28	20:30		San Francisco to Los Angeles		6.92		22.60		48.00	T	25.25	13	7.21	109.98	
														0.00	
(10) SUBTOTALS				926.37	30.01	19.27	72.38	0.00	330.00		142.08	104	57.68	0.00	1,577.79
COLUMN CODE (ACCTG. USE ONLY)															

CLAIM TOTAL

1,577.79

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

6-8) CIRM and CDAP meeting; 13-16) CIRM and CDAP meeting; 20-21) CIRM meetings; 27-28) CIRM meetings

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

VEHICLE 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

(17)

See Item 17 on reverse

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

DATE