

**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	(2) DATE	(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			
	TIME									MILES	AMOUNT			
02/2012	1 11:45 13:10	Cedars Sinai Med Ctr									5.00		5.00	
													0.00	
													0.00	
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													0.00	
													0.00	
<b>(10) SUBTOTALS</b>			0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.00	0	0.00	0.00	5.00

**COLUMN CODE (ACCTG. USE ONLY)**

**CLAIM TOTAL** 5.00

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

1) lunch with Dr Melmed re ICOC issues

(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 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE: *Jonathan Thomas* DATE: 6/22/12

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT: *[Signature]* DATE: 6/22/12

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)