

**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* [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	(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				
2/2013	3	18:00	Los Angeles to San Francisco	161.79					78.50	T		12	6.78	247.07	
	4		San Francisco	161.79	15.23	8.50			33.91	T				219.43	
	5	16:00	San Francisco to San Jose to Los Angeles		8.70	13.12					35.09	12	6.78	63.69	
	6		Los Angeles								12.00			12.00 0.00	
	13	06:00	Los Angeles to San Francisco to Berkeley		10.45	8.09	10.04		83.50	T		12	6.78	118.86	
	14		Berkeley											0.00	
	15	19:00	Berkeley to Los Angeles			16.62			53.00	T	52.64	12	6.78	129.04	
														0.00	
	19	07:00 20:00	Los Angeles to San Francisco and return		5.60 <del>5.75</del>		6.52		164.27	T	17.55	24	13.56	207.50 207.65	
	20		Los Angeles								8.00			8.00	
														0.00	
	24	19:00	Los Angeles to San Francisco	161.79					78.50	T		12	6.78	247.07	
	25		San Francisco to Los Angeles		8.80	10.56	15.72		50.00	T	17.55	12	6.78	109.41	
(10)	<b>SUBTOTALS</b>			485.37	48.93	56.89	32.28	0.00	541.68		130.83	96	54.24	0.00	1,362.07 <del>1,350.22</del>
<b>COLUMN CODE (ACCTG. USE ONLY)</b>															

**CLAIM TOTAL**

\$1,362.07 ~~1,350.22~~

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

3-5) CIRM meetings, SJ Mercury Ed Board mtg; 6) meeting with LA Times Ed Board; 13-15) CIRM meetings and GWG meeting; 19) meeting with B. Lubin, Mtg with Kaiser; 20) CFAOC meeting; 24-25) CIRM meetings

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

[REDACTED] CLAIMED

.565

**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

CITY	DATE 4/2/10	(14) TRAVEL AND PAYMENT	DATE 4/3/2013
(See Item 17 on reverse)			DATE