

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	
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS		INDEX NUMBER	
CITY		STATE		ZIP CODE	
[REDACTED]		[REDACTED]		[REDACTED]	
CITY Los Angeles		STATE CA		ZIP CODE 90049	

(1) MONTH/YEAR	(2) DATE	(3) 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				
3/2012	1	19:30	Los Angeles to Novato	144.57			12.17				RC	13	7.21	163.95	
	2	23:30	Novato to Los Angeles									29.10	13	7.21	36.31
	5	05:30	Los Angeles to San Francisco	161.79	6.60	12.43	10.30		50.00	T		13	7.21	248.33	
	6		San Francisco		5.25		25.74		<del>55.57</del> 6.00	B				66.44	158.55 <del>108.98</del>
	7		San Francisco		12.83				<del>50.00</del>	T					12.83 <del>63.83</del>
	8		San Francisco				63.05								63.05
	9	18:30	San Francisco to Los Angeles						50.00	T	87.73	13	7.21	144.94	
	12	05:30 20:45	LA to San Francisco to LA		4.35	17.59	14.98		102.00	T	17.55	26	14.42	170.89	
	14	05:30 18:00	LA to San Francisco to LA			31.37			160.50	T	17.55	26	14.42	223.84	
	15		Los Angeles											16.20	16.20
	19	05:50	Los Angeles to San Francisco	161.79		12.50			49.96	T		13	7.21	231.46	
	20		San Francisco to Sacramento		7.75	12.92	43.33								64.00
	21	21:00	Sacramento to Los Angeles				14.31		<del>52.04</del> 54.25	T	44.74	13	7.21	118.30 <del>120.51</del>	
<b>(10) SUBTOTALS</b>				468.15	36.78	86.81	183.88	0.00	523.71		202.22	130	72.10	82.64	1,652.65 <del>1,656.29</del>

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

**CLAIM TOTAL**

See next page for total  
 sub-total 1,652.65  
 1,656.29

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 1-2) Buck Institute Symposium; 5-9) CIRM meetings and Grants Working Group; 12) CIRM Meetings; 14) CIRM meetings; 19-21) Meetings with Legislators and ICOC meeting in Sacramento		(12) NORMAL WORK HOURS [REDACTED]
		(13) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]
		(14) MILEAGE RATE CLAIMED [REDACTED]
		<b>AGENCY ACCOUNTING OFFICE USE ONLY</b>
		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 [REDACTED] DATE [REDACTED]

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

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 Statement On Reverse Side

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	(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		
03/2012	22	LA to San Diego to LA			24.47					240	133.20		157.67
	23	Santa Monica									6.00		6.00
													0.00
													0.00
													0.00
													0.00
													0.00
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													0.00
													0.00
													0.00
													0.00
													0.00
													0.00
													0.00
<b>(10) SUBTOTALS</b>			0.00	0.00	24.47	0.00	0.00	0.00	6.00	240	133.20	0.00	163.67
<b>COLUMN CODE (ACCTG. USE ONLY)</b>													

**CLAIM TOTAL**

*pg 1 = 1,652.65* } *# 1,816.32* *Subtotal 163.67*  
*pg 2 = 163.67* } *# 1,819.90* *1,809.77* *163.67* *pg 2*

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 22) Speaking engagement at UCSD; 23) Stem cell retreat with CHLA	(12) NORMAL WORK HOURS
	(13) PRIVATE VEHICLE LICENSE NUMBER
	(14) MILEAGE RATE CLAIMED
	<b>AGENCY ACCOUNTING OFFICE USE ONLY</b> PAID BY REVOLVING FUND CHECK NUMBER

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CLAIMANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT \_\_\_\_\_ DATE \_\_\_\_\_

(17) SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_