

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	
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS		INDEX NUMBER	
CITY		STATE		ZIP CODE	
[REDACTED]		[REDACTED]		[REDACTED]	
CITY Los Angeles		STATE CA		ZIP CODE 90049	
TELEPHONE NUMBER (415) 396-9113					

(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				
3/2013	13	06:30	Los Angeles to Washington DC	256.48	4.99	12.98			67.27	T		12	6.78	348.50	
	14	20:15	Washington DC to San Francisco		2.35	8.53	12.98		201.00	T				224.86	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
(10) SUBTOTALS				256.48	7.34	21.51	12.98	0.00	268.27		0.00	12	6.78	0.00	573.36
COLUMN CODE (ACCTG. USE ONLY)															
CLAIM TOTAL													573.36		

(10) SUBTOTALS 256.48 7.34 21.51 12.98 0.00 268.27 0.00 12 6.78 0.00 573.36

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL 573.36

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 13-14) Research America awards and business meetings <i>015#2012 CO 08</i>	(12) NORMAL WORK HOURS [REDACTED]
	(13) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]
	(14) MILEAGE RATE 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

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 4/15/13
DATE 4/15/2013	DATE

(See Item 17 on reverse)