

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	
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 3/2013	(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				
20	20:30		Los Angeles to Berkeley										0.00		
21			Berkeley										0.00		
22	20:00		Berkeley to Los Angeles								29.83		29.83		
													0.00		
27	05:45 20:30		Los Angeles to San Francisco to Los Angeles <input checked="" type="checkbox"/>				19.36		50.00	T	17.55		86.91		
													0.00		
													0.00		
													0.00		
													0.00		
													0.00		
													0.00		
													0.00		
													0.00		
													0.00		
(10) SUBTOTALS				0.00	0.00	0.00	19.36	0.00	50.00		47.38	0	0.00	0.00	116.74
COLUMN CODE (ACCTG. USE ONLY)															

CLAIM TOTAL	116.74
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 20-22) Parkinson's Workshop; 27) CIRM meetings	(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 the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 4-23-13
CLA [REDACTED]	DATE 4/16/13	(17) (See Item 17 on reverse)