

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	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[REDACTED]	[REDACTED]	[REDACTED]	Los Angeles	CA	90049

(1) MONTH/YEAR 3/2013	(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			
	3 19:00	Los Angeles to San Francisco	161.79			9.02		75.00	T		12	6.78		252.59
	4 18:15	San Francisco to Los Angeles		5.25	4.99			50.00	T		12	6.78		67.02
	5 07:00 12:00	Los Angeles to San Diego to Los Angeles +		5.99						11.00	268	151.42		168.36 162.42
	6 07:00	Los Angeles to San Francisco		3.69	9.25			76.48 78.50	T		12	6.78		96.20 98.22
	7	San Francisco												0.00
	8 18:15	San Francisco to Los Angeles			23.49			63.25 66.00	T	52.64	12	6.78		146.16 148.91
														0.00
	11 06:00 20:30	Los Angeles to San Francisco to Los Angeles +		5.25	20.00	22.57		45.13	T	17.55	24	13.56		124.06
														0.00
	14 20:00	Washington DC to San Francisco +				10.07		92.00	T					102.07
	15 20:00	Berkeley to Los Angeles		23.08 22.88				73.00	T	52.64	12	6.78		155.50 156.30
														0.00
														0.00
(10)	SUBTOTALS		161.79	43.21 38.07	57.73	41.66	0.00	474.86 479.63		133.83	352	198.88	0.00	1111.96 1111.59

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

\$ 1,533.66 1,111.59

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

3-4) CIRM meetings; 5) meeting with San Diego Union Tribune Ed Board; 6-8) CIRM Grantee Meeting; 11) CIRM meetings; 14-15) Grants Working Group meeting

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(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

DATE

4/15/13
(See Item 17 on Reverse)

(1)

MOVING TRAVEL AND PAYMENT

DATE

4/15/2013

DATE

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		TELEPHONE NUMBER (415) 396-9113	
CITY [REDACTED]		STATE [REDACTED]		ZIP CODE [REDACTED]	
CITY Los Angeles		STATE CA		ZIP CODE 90049	

(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				
18	05:45		Los Angeles to San Francisco		10.08	20.16 16.52	33.87 39.95		58.00	T		12	6.78	128.73 131.33	
19	20:30		San Francisco to Los Angeles				17.37					12	6.78	24.15	
20	20:30		Los Angeles to Berkeley				18.56		60.50	T		12	6.78	85.84	
21			Berkeley											0.00	
22	20:00		Berkeley to Los Angeles									12	6.78	6.78	
														0.00	
27	05:45 20:30		Los Angeles to San Francisco to Los Angeles +		9.33	17.81			135.50	T		24	13.56	176.20	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
(10) SUBTOTALS				0.00	19.41	37.81 34.33	69.80 75.88	0.00	254.00		0.00	72	40.68	0.00	424.30 424.30
COLUMN CODE (ACCTG. USE ONLY)															

CLAIM TOTAL

1,535.89 424.30

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

18) CIRM meetings; 19) ICOC board meeting; 20-22) Parkinson's Workshop; 27) CIRM meetings

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

.565

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

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DATE

4/15/13

(16) SIGNATURE

[REDACTED]

DATE OF TRAVEL AND PAYMENT

DATE

4/15/2013

DATE

(See Item 17 on reverse)