

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

(1) MONTH/YEAR 4/2012	(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., LT, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
										MILES	AMOUNT				
1	19:30		Los Angeles to San Francisco	161.79					58.00	T		13	7.21	227.00	
2			San Francisco	161.79	14.80	8.84	15.12							200.55	
3	19:00		San Francisco to Los Angeles		6.60	10.81	5.46		48.80	T	35.09	13	7.21	113.97	
4	19:00		Los Angeles to San Francisco	161.79			17.16		55.00	T		13	7.21	241.16	
5			San Francisco		8.85	12.43	8.41							29.69	
6	20:00		San Francisco to Los Angeles				3.25		55.00	T	35.09	13	7.21	100.55	
														0.00	
9			Santa Monica										53.59	53.59	
10	07:00 18:30		LA to Irvine to LA									106	58.83	58.83	
11	05:00 21:00		LA to San Francisco to LA		6.60	11.03	20.57		101.00	T	17.55			156.75	
14	08:00 19:30		LA to Novato to LA			10.84					20.92	26	14.42	46.18	
														0.00	
17	19:00		LA to Burlingame									13	7.21	7.21	
(10) SUBTOTALS				485.37	36.85	53.95	69.97	0.00	317.80		108.65	197	109.30	53.59	1,235.48
COLUMN CODE (ACCTG. USE ONLY)															

CLAIM TOTAL

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Sub-Total 1,235.48
(See total on page 2)

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

1-3) CIRM meetings; 4-6) CIRM meetings and Standards Working group; 9) Lunch Meeting re possible donation to CIRM; 10) IOM public meeting @ UC Irvine; 11) CIRM meetings; 17-20) Grants Working Group

(12) NORMAL WORK HOURS
[REDACTED]

(13) PRIVATE VEHICLE LICENSE NUMBER
[REDACTED]

(14) MILEAGE RATE CLAIMED
.555

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 pertaining to vehicle safety and seat belt usage.

CL [REDACTED] (16) S [REDACTED]

(17) [REDACTED]

CLAIMANT'S NAME Jonathan Y. Thomas		EMPLOYEE NUMBER [REDACTED]		DEPARTMENT CIRM	
POSITION Chairman		CB/ID No.		DIVISION OF BUREAU CIRM	
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS		INDEX NUMBER (415) 396-9113	
CITY [REDACTED]		STATE [REDACTED]		ZIP CODE [REDACTED]	
CITY Los Angeles		STATE CA		ZIP CODE 90049	

(1) MONTH/YEAR 4/2012	(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				
18		Burlingame		4.26		11.14		55.00	T				70.40	
19		Burlingame/ San Francisco		22.39		32.08							54.47	
20	19:00	Burlingame to LA		22.79		24.22		55.00	T	44.74	13	7.21	153.96	
23	05:00	Los Angeles to San Francisco	161.79	8.85	17.08	38.07		52.00	T		13	7.21	285.00	
24	21:00	San Francisco to Los Angeles			11.03	19.33		48.00	T	29.82	13	7.21	115.39	
25		Santa Monica										55.52	55.52	
29	19:00	Los Angeles to San Francisco	161.79			13.83 12.81		53.76 56.00	T		13	7.21	236.59 238.81	
30		San Francisco	161.79		8.89	50.63							221.31	
5/1	21:00	San Francisco to Los Angeles		6.60	32.65			51.00	T	29.82	13	7.21	127.28 76.28	
													0.00	
													0.00	
													0.00	
													0.00	
(10) SUBTOTALS			485.37	64.89	69.65	189.28	0.00	266.00		104.38	65	36.05	55.52	Sub-Total 1,319.92
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

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 # 25060
 TOTAL: \$ 2,555.40

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 17-20) Grants Working Group; 23-24) CIRM meetings; 25) Lunch meeting re: venture philanthropy fund;
 29-1) CIRM meetings

(12) NORMAL WORK HOURS
 [REDACTED]

(13) PRIVATE VEHICLE LICENSE NUMBER
 [REDACTED]

(14) MILEAGE RATE CLAIMED
 .555

AGENCY ACCOUNTING OFFICE
 USE ONLY
 PAID BY REVOLVING FUND CHECK NUMBER

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(16) SIGNATURE
 [REDACTED]