

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 7/2005)

*See Instructions and \*Privacy Statement On Reverse Side*

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CLAIMANT'S NAME <b>Jonathan Thomas</b>		SSN or EMPLOYEE NUMBER*	DEPARTMENT
POSITION <b>Chariman</b>	CB/D No.	DIVISION or BUREAU <b>CIRM</b>	INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS <b>210 King Street</b>	TELEPHONE NUMBER
CITY <b>[REDACTED]</b>	STATE <b>[REDACTED]</b>	ZIP CODE <b>[REDACTED]</b>	CITY <b>San Francisco</b>
		STATE <b>CA</b>	ZIP CODE <b>94107</b>

(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., LT, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE		
										MILES	AMOUNT			
April/May	4/7	1800	San Francisco	161.79									161.79	
	4/18	1830	San Francisco	171.79									171.79	
	5/13	08:00	San Francisco		7.25								7.25	
	5/14	1600	Los Angeles							35.09			35.09	
	5/24	5:00	Los Angeles							52.64			52.64	
	5/28	8:00	Los Angeles - OAR			24.24				2.50			26.74	
	5/29	8:00	Los Angeles - San Francisco - Sacto	153.62		12.40	9.97			82.00			257.99	
	5/30	1700	San Francisco - Sacto - Los Angeles	153.62	7.50					40.09		91.20	138.79	
<b>(10) SUBTOTALS</b>				325.41	14.75	36.64	9.97	0.00	0.00	212.32	0	0.00	91.20	690.29
<b>COLUMN CODE (ACCTG. USE ONLY)</b>														

**CLAIM TOTAL**

**680.29**  
690.29

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

April 7 - CIRM Meetings  
 May 13 - 14 - CIRM Meetings  
 May 24th - CIRM Meetings  
 May 28th - Meeting with Milliken Institute  
 May 29th - CIRM Meetings  
 May 30 - Meeting with Diana Dooley, Sacramento - Business Expense Lunch with A.Torres F.Prieto

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

.565

**AGENCY ACCOUNTING OFFICE USE ONLY**

PAY 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

DATE **6/24/17**

DATE OF TRAVEL AND PAYMENT

DATE

**6-26-17**

(See Item 17 on reverse)

DATE