

**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		STATE ZIP CODE		CITY STATE ZIP CODE	

(1) MONTH/YEAR 05/2012	(2) DATE 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			
7	05:30 19:45	LA to San Francisco to LA		11.03	21.95	17.33		88.59 <del>91.73</del>	T	14.92	26	14.43	168.25 <del>170.39</del>	
9	07:00	Los Angeles to San Jose		16.88				45.65	T		13	7.21	69.74	
10	19:00	San Francisco to Los Angeles			20.00			50.00	T	29.82	13	7.21	107.03	
14	05:45	Los Angeles to San Francisco	179.12	10.85	9.88	33.61		54.00	T		13	7.21	294.67	
15	19:30	San Francisco to Los Angeles		13.35	11.22						13	7.21	31.78	
20	20:15	Los Angeles to San Francisco	161.85					50.60	T		13	7.21	219.66	
21	18:00	San Francisco to Los Angeles		8.55	11.42						13	7.21	27.18	
23	20:30	Los Angeles to San Francisco						42.00	A		13	7.21	49.21	
24		Burlingame				64.00		12.00	T				76.00	
25	17:00	Burlingame to Los Angeles			8.62					29.82	13	7.21	45.65	
29	06:30	Los Angeles to San Francisco	161.85	6.60	11.94	45.46		53.00	T		13	7.21	286.06	
30	19:00	San Francisco to Los Angeles			16.06						13	7.21	23.27	
31		Los Angeles											87.13	
<b>(10) SUBTOTALS</b>			502.82	67.26	111.09	160.40	0.00	397.98		74.56	156	86.53	87.13	1485.63 <del>1487.77</del>
<b>COLUMN CODE (ACCTG. USE ONLY)</b>														

**CLAIM TOTAL**

**1,485.63**  
~~1,487.77~~

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 7) CIRM meetings; 9-10) CIRM meetings + UCSC stem cell bldg opening; 14-15) CIRM meetings; 20-21) CIRM Meetings; 23-25) ICOC Board Meeting; 29-30) CIRM Meetings; 31) Lunch meeting with Patient Advocate		(12) NORMAL WORK HOURS [REDACTED]
		(13) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]
		(14) MILEAGE RATE CLAIMED .555
		<b>AGENCY ACCOUNTING OFFICE USE ONLY</b> 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.

CLA [REDACTED]	DATE 6/22/12	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 6/22/12
(17) [REDACTED]	(See item 17 on reverse)		DATE