

**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		INDEX NUMBER	
CITY		STATE		ZIP CODE	
[REDACTED]		[REDACTED]		[REDACTED]	
CITY		STATE		ZIP CODE	
[REDACTED]		[REDACTED]		[REDACTED]	

(1) MONTH/YEAR 06/2012	(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		Los Angeles to Boston	330.76		17.69	16.97		23.12 <del>25.10</del>	T		13	7.21	395.75 <del>397.73</del>
<del>19</del> 19		Boston to Los Angeles						55.17	T	29.82	13	7.21	92.20
													0.00
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<b>(10) SUBTOTALS</b>			330.76	0.00	17.69	16.97	0.00	80.27		29.82	26	14.42	487.95 <del>489.93</del>
<b>COLUMN CODE (ACCTG. USE ONLY)</b>													

**CLAIM TOTAL** 487.95  
~~489.93~~

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  18-19) ARM: Clinical Outlooks for Regenerative Medicine   O/S# 2011 00010	(12) NORMAL WORK HOURS [REDACTED]
	(13) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]
	(14) MILEAGE RATE CLAIMED [REDACTED]
	<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

CLERK	DATE 7/24/12	(16) SIGNATURE [REDACTED]	PAYMENT	DATE 7/24/12
		(See Item 17 on reverse)		DATE