

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

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

(1) MONTH/YEAR June		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
DATE	TIME			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			
19	7:00 9:00	Los Angeles											
23 24	8:00	San Francisco			48.75							40.79	40.79
25	9:00	San Francisco/Los Angeles			24.94	15.21		77.97				29.63	147.75
(10) SUBTOTALS													237.29
COLUMN CODE (ACCTG. USE ONLY)													155.57

CLAIM TOTAL

237.29
155.57

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

June 24 - 25 - Attend Patient Advocate and Tools and Technology Meeting

June 19 - Jon Thomas (Chair) hosted prospective alternate board members.

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

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

DATE 7/24/03	DATE 7-26-03
(17) (See Item 17 on reverse)	DATE