

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

*See Instructions and *Privacy Statement On Reverse Side*

Page _____ of _____ Pages

| | | | | | |
|------------------------------------|---------------------|---|----------------------------|-------------|-------------------|
| 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 | (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., L.T., N/C, RELO. OR DINNER | | (A) COST OF TRANS. | (B) TYPE USED | (C) CARFARE, TOLLS, PARKING | (D) PRIVATE CAR USE MILES AMOUNT | | |
| | 2 | 8:00 | San Francisco | 179.15 | | | 2.62 2.49 | | | | | | | 2.62 2.49 181.77 |
| | 3 | 9:00 | San Francisco | | 18.91 | | 20.45 | | 45.77 49.99 | T | 17.55 | | | 78.24 185.05 180.92 |
| | 6 | 8:00 | San Francisco | | | | | | 17.00 | T | | | | 85.02 168.39 102.02 |
| | 7 | 5:00 | San Francisco | | | | | | | | 52.64 | | | 52.64 |
| | 10 | 8:00 9:00 | Los Angeles/San Francisco | | 7.25 | | 7.29 | | 167.00 | T | 17.55 | | 72.36 | 271.45 |
| | 17 | 8:00 | San Francisco | | 7.25 | 20.00 | 16.62 | | 82.80 80.00 | T | | | | 126.67 129.87 |
| | 18 | 9:00 | San Francisco/Los Angeles | | | | | | | | 35.09 | | | 35.09 |
| | 23 24 | 2100 | San Francisco | | 7.50 | | | | 95.65 | T | | | | 103.15 |
| | 25 | 2130 | Los Angeles | | | | | | | | | | | 0.00 |
| (10) SUBTOTALS | | | | 0.00 | 40.91 | 20.00 | 46.85 | 0.00 | 415.55 | | 122.83 | 0 | 0.00 | 318.99 874.56 965.13 |

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL \$1053.71 ~~874.56~~
~~965.13~~

| | |
|--|---|
| (11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) June 2-3 CIRM Meetings June 6-7 Attend GWG Meeting June 10 - CIRM Meetings June 17 -18 CIRM Meetings June 24 CIRM Meetings | (12) NORMAL WORK HOURS |
| | (13) PRIVATE VEHICLE LICENSE NUMBER [REDACTED] |
| | (14) MILEAGE RATE CLAIMED |

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 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 7/9/13 | DATE 7-9-13 |
|----------------|----------------|