

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 7/2005)

See Instructions and \*Privacy Statement On Reverse Side

Page 1 of 2 Pages

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 (415) 396-9113	
CITY [REDACTED]		STATE [REDACTED]		STATE CA	
ZIP CODE [REDACTED]		CITY Los Angeles		ZIP CODE 90049	

(1) MONTH/YEAR July 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			
11	06:30	Los Angeles to San Francisco	175.56	14.93		49.07		117.30	T		12	6.66		363.52
12	18:00	San Francisco to Los Angeles		8.85	17.11						12	6.66		32.62
13	09:00 17:00	Los Angeles to La Jolla to Los Angeles									244	135.42		135.42
15	19:00	Los Angeles to San Francisco	179.28			4.92		53.00	T		12	6.66		243.86
16		San Francisco	179.28	8.85	11.42	43.73								243.25
17	18:00	San Francisco to Los Angeles									12	6.66		6.66
														0.00
22	19:00	Los Angeles to San Francisco	161.86			2.45		48.30	T		12	6.66		219.27
23	20:30	San Francisco to Los Angeles		10.28	8.02	16.97		47.03	T	21.46	12	6.66		110.42
24		Santa Monica											47.88	47.88
														0.00
														0.00
														0.00
(10) SUBTOTALS			695.98	42.91	36.55	117.14	0.00	265.63		21.46	316	175.38	47.88	1,402.93
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

\$1842.15  
1,402.93

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

11-12) CIRM meetings; 13) lunch meeting with D. Roth; 15-17) CIRM meetings; 22-23) CIRM meetings

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

.555

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 pertaining to vehicle safety and seat belt usage.

DATE

10/9/12

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

24 Oct 2012

(See Item 17 on reverse)

DATE

CLAIMANT'S NAME Jonathan Y. Thomas		SSN or EMPLOYEE NUMBER*		DEPARTMENT CIRM	
POSITION Chairman		CB/ID No.	DIVISION or BUREAU CIRM		INDEX NUMBER
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS		TELEPHONE NUMBER (415) 396-9113
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

(1) MONTH/YEAR 07/2012	(2) DATE	(3) TIME	(4) 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			
25	06:45		Los Angeles to San Francisco		8.54	9.41	42.72		59.80 <del>62.00</del>	T				120.47 <del>122.67</del>	
26			San Francisco				55.63							55.63	
27			San Francisco		18.94		12.00		58.00	T				88.94	
28	19:00		San Francisco to Los Angeles						45.77	T		59.65		105.42	
29	19:00		Los Angeles to San Francisco				2.49							2.49	
30			Burlingame				29.90							29.90	
31	20:30		San Francisco to Los Angeles									36.37		36.37	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
(10)	<b>SUBTOTALS</b>			0.00	27.48	9.41	142.74	0.00	165.77		96.02	0	0.00	0.00	439.22 <del>441.42</del>

**COLUMN CODE (ACCTG. USE ONLY)**

**CLAIM TOTAL** 1,844.35 ~~439.22~~ ~~441.42~~

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 25-28) CIRM meetings and ICOC Board Meeting; 29-31) CDAP meeting	(12) NORMAL WORK HOURS
	(13) PRIVATE VEHICLE LICENSE NUMBER
	(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.

DATE 10/24/12 (16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [Signature] DATE 24 Oct 2012

(See item 17 on reverse)