

**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				INDEX NUMBER	
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS				TELEPHONE NUMBER (415) 396-9113	
CITY		STATE	ZIP CODE		CITY		STATE	ZIP CODE
[REDACTED]			[REDACTED]		Los Angeles		CA	90049

(1) MONTH/YEAR	(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				
07/2011	27	19:30	LA to SF	164.10	✓				43.13	T		13	7.21	214.44	
	28		SF to Palo Alto to SF	164.10	✓		54.29	✓	93.61	T				312.00	
	29	15:30	SF to LA									13	7.21	7.21	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
<b>(10) SUBTOTALS</b>				328.20	0.00	0.00	54.29	0.00	136.74		0.00	26	14.42	0.00	533.65
<b>COLUMN CODE (ACCTG. USE ONLY)</b>															

<b>CLAIM TOTAL</b>	533.65
--------------------	--------

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 27-29) CIRM meetings and Stanford event	(12) NORMAL WORK HOURS [REDACTED]
	(13) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]
	(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.

[REDACTED]	DATE 1/3/12	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 1.3. 2012
See Item 17 on reverse)			DATE