

FD-262 (REV. 7/2005)

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 Los Angeles CA 90049

1) MONTH/YEAR 7/ 2011	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., LT, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE		
									MILES	AMOUNT			
	27 19:30	Los Angeles to San Francisco										0.00	
	28	San Francisco										0.00	
	29 15:30	San Francisco to Los Angeles			15.08		10.00	T		35.09		60.17	
												0.00	
												0.00	
												0.00	
												0.00	
												0.00	
												0.00	
												0.00	
												0.00	
												0.00	
												0.00	
												0.00	
(10) SUBTOTALS			0.00	0.00	15.08	0.00	0.00	10.00		35.09	0	0.00	60.17
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												60.17	

(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
 .565

**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 not less than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

DATE 2/25/13 (16) [REDACTED] [REDACTED]

DATE 2/25/2013

(17) [REDACTED]