

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

Page _____ of _____ Pages

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

(1) MONTH/YEAR July	(2) DATE	(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			
9	7:00	Los Angles/San Francisco		2.49	8.98 11.02	42.63		108.00	T				162.10 164.14	
10		San Francisco		24.77	5.49	10.00		8.70	T	48.30 52.00			97.26 100.96	
11	7:00	San Francisco/Los Angeles				4.99				64 52.84			57.83 52.84	
14	5:00	San Francisco	162.49			17.46 23.46		52.00	T				231.95 237.95	
15	5:00	San Francisco		7.25		6.53		45.77 50.00	T	46.78			106.33 104.03	
17	8:00 5:00	Los Angeles								12.00			12.00	
18	8:00 8:00	San Francisco/Los Angeles		23.81	18.40	17.45 22.44		150.72 152.45	T	17.55			227.93 224.65	
22	8:00 9:00	San Francisco/Los Angeles		8.48	7.78 8.79								16.26 17.27	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
(10)	SUBTOTALS		162.49	66.80	43.70	98.53	0.00	371.15		181.17	0	0.00	0.00	911.46 923.84

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL 911.46 ~~923.84~~

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) July 9-10 CIRM Meetings - CDAP July 12 Meeting at USC Creativity July 14-15 CIRM Meetings July 18 - CIRM Bridges Meeting July 22 - CIRM Meetings	(12) NORMAL WORK HOURS [REDACTED]
	(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 7/24/10

DATE 7.26.10

(See Item 17 on reverse)