

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* [REDACTED]		DEPARTMENT	
POSITION Chariman		CB/ID No.	DIVISION or BUREAU CIRM		
RESIDENCE ADDRESS*		HEADQUARTERS ADDRESS 210 King Street			INDEX NUMBER
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY San Francisco	STATE CA	ZIP CODE 94107

(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. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE		
										MILES	AMOUNT		
13	8:00 7:00	San Francisco				16.59		45.77 49.75	T	35.09			97.45 101.43
22	8:00 19:00	San Francisco				6.52 6.00				36.96 43.86			43.48 49.86
26	11:00 12:30	Los Angeles										31.07	31.07
28	8:00 7:00	San Diego								8.00		28.38 23.68	36.38 51.68
													0.00
													0.00
													0.00
													0.00
													0.00
													0.00
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													0.00
													0.00
													0.00
													0.00
(10) SUBTOTALS			0.00	0.00	0.00	22.59	0.00	49.75		86.95	0	0.00	54.75 203.48 208.38
(10) COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL											\$208.38	203.48 214.04	

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

August 13, Creativity Awards
 August 22, CIRM MEETINGS
 August 26, Business Meeting with Bob Beyers - **DISCUSS THE CIRM BUSINESS**
 August 28, ICOC Meeting San Diego

(12) NORMAL WORK HOURS
[REDACTED]

(13) EMPLOYEE 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 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: 12/10

DATE: 11-7-13

DATE: _____