

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*	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 CA
			Los Angeles	ZIP CODE 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			
08/2012	2	06:45 00:30	LAX to SFO to LAX		14.09	10.38		94.19	T	14.92			133.58	
	20	15:45	Los Angeles to San Francisco	161.79	2.99	20.03	52.00						0.00	
	21		San Francisco	161.79	20.00	10.77							236.81	
	22	2345	San Francisco to Los Angeles		15.68	12.02	185.00	T	44.74				192.56	
	27	07:00	Los Angeles to San Francisco	164.01			50.00	T					257.44	
	28	17:00	San Francisco to Los Angeles		27.70		48.00	T	29.82			98.46	227.40	
	30		Los Angeles to La Jolla to LA							11.00	243	132.86	0.00	
													145.87	
													143.86	
(10) SUBTOTALS				487.59	29.77	73.09	30.80	0.00	429.19	100.48	243	132.86	111.85	1,397.64
COLUMN CODE (ACCTG. USE ONLY)														1,395.63

CLAIM TOTAL 1,397.64

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

2) CIRM meetings and speaking engagement; 20-22) CIRM meetings and dinner w/RNK; 27-28) CIRM meetings, breakfast mtg w/ A. Duliege; 30) meeting with F. Marletta

22) taxi ride to Portola Valley from CIRM. No receipt. See AMEX 8/25/12 statement for charge.

22) parking charge of \$44.74. No receipt. See AMEX 8/25/12 statement for charge.

29-28) Taxi rides for \$500.00. No receipts. See AMEX 9/25/12 statement for charges.

(12) NORMAL WORK HOURS: 8-5

(13) PRIVATE VEHICLE LICENSE NUMBER: 6MQC801

(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.

(16) SIC