

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

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

(1) MONTH/YEAR August 2013	(2) DATE	(3) TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED San Francisco	(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			
8/21	8:00	5:00	San Francisco		11.43	8.44	22.00	10.00	T					51.87	
24	8:00	5:00	San Francisco					17.00	T					17.00	
														0.00	
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(10) SUBTOTALS				0.00	11.43	8.44	22.00	0.00	27.00		0.00	0	0.00	0.00	68.87
(10) COLUMN CODE (ACCTG. USE ONLY)															

CLAIM TOTAL

68.87

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

8/21 - 8/24 - CIRM Meeting- SAB Meeting

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(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 rates exceed the minimum rate. I certify that the cost of operating the vehicle was requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

DATE 10/9/13

PAYMENT

DATE

10.17.13

DATE