

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 7/2005)

*See Instructions and \*Privacy Statement On Reverse Side*

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

(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				
<b>AUGUST</b>															
	27	8:00	Los Angeles/San Francisco			22.92	11.39		50.00	T					
	28	5:00	San Francisco/Los Angeles	164.01		27.70			48.00	T			<del>27.70</del> 239.71		
													0.00		
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<b>(10) SUBTOTALS</b>				164.01	0.00	22.92	11.39	0.00	98.00		0.00	0	0.00	27.70	324.02
<b>(10) COLUMN CODE (ACCTG. USE ONLY)</b>															

**CLAIM TOTAL** 324.02

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) <b>CIRM Meetings August 27th - 28th, 2012</b>	(12) NORMAL WORK HOURS
	(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 pertaining to vehicle safety and seat belt usage.

CLAIMANT SIGNATURE [REDACTED]	DATE <b>9/17/12</b>	TRAVEL AND PAYMENT	DATE <b>9.17.12</b>
(17) SPONSOR SIGNATURE [REDACTED]	(See Item 17 on reverse)		DATE