STATE OF CALIFORNIA – PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

Page _____ of _____ Pages

CLAIMANT'S NAME	SSN or EMPLOYEE NUMBER*	DEPARTMENT
Jonthan Thomas	[redacted]	

POSITION	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
Chariman		CIRM	

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
	210 King Street	

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[redacted]	[redacted]		San Francisco	CA	94107

(1) MONTH/YEAR: Sept		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) DATE	TIME			BREAKFAST	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	(D) PRIVATE CAR USE AMOUNT		
26	3:00	Los Angeles/ New York				~~38.97~~ ~~38.52~~ 38.52								~~38.97~~ ~~38.52~~ 38.52
27	10:00	New York/ Los Angeles				~~13.42~~ ~~13.48~~ 13.48		210.64 ~~215.35~~	T	35.09 ~~31.90~~				~~259.65~~ ~~260.73~~ 259.21
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
(10) SUBTOTALS			0.00	0.00	0.00	52.00	0.00	215.35		31.90	0	0.00	0.00	~~298.62~~ ~~299.25~~
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL														~~298.62~~ ~~299.25~~ $297.73

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

September 26 to 27th. 2013 - Attend Meetings to discuss future financing

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

OIS# 2013COD5

(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

CLAIM [redacted]	DATE 10/9/13	[redacted] ND PAYMENT	DATE 10.17.13
(17) S [redacted]	(See Item 17 on reverse)		DATE