

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 | (2) DATE | (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 | | | |
| | TIME | | | | | | | | | | MILES | AMOUNT | | |
| September | 4 | San Francisco | | 8.98 | 28.12 | 18.57 | 135.00 | T | 17.55 | | | | 208.22 | |
| | 9 | San Francisco | | 19.21 | 21.22 | 44.15 | | | | | | | 84.58 | |
| | 10 | San Francisco | | 9.00 | 20.67 | 4.89 | 134.00 131.51 | T | 78.09 79.60 | | | | 246.65 245.67 | |
| | 19 | Oakland | | | 19.28 | 26.35 | | | | | | | 45.63 | |
| | 20 | Oakland | | 3.99 | 6.78 9.78 | | | | 52.64 | | | | 63.47 66.41 | |
| | 23 | San Francisco | | 9.79 | 20.44 | | 70.00 | T | | | | 209.58 | 309.81 | |
| | 24 | San Francisco | 380.78 | 5.54 | 14.89 | | | | | | | | 401.21 | |
| | | | | | | | | | | | | | 0.00 | |
| | | | | | | | | | | | | | 0.00 | |
| | | | | | | | | | | | | | 0.00 | |
| | | | | | | | | | | | | | 0.00 | |
| | | | | | | | | | | | | | 0.00 | |
| | | | | | | | | | | | | | 0.00 | |
| | | | | | | | | | | | | | 0.00 | |
| (10) SUBTOTALS | | | 380.78 | 56.51 | 131.40 | 93.96 | 0.00 | 339.00 | | 148.28 | 0 | 0.00 | 209.58 | 1,339.51 1,361.53 |
| COLUMN CODE (ACCTG. USE ONLY) | | | | | | | | | | | | | | |
| CLAIM TOTAL | | | | | | | | | | | | | 1,359.51 1,361.53 | |

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

September 4th, 2013 - CIRM Meetings
 September 9th and 10th, 2013 - CIRM Meetings
 September 18th - 20th, 2013 - Attend Grants Working Group Meeting
 September 23rd - 24th, 2013 - CIRM Meetings

Business Expense - CIRM MEETING with A. Trounson and S. Juelsgaard

NO MILEAGE CLAIMED

(12) NORMAL WORK HOURS
[REDACTED]

(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.

| | | |
|-----------------|--------------------|------------------|
| DATE 10/2/11 | TRAVEL AND PAYMENT | DATE 10-17-13 |
| [REDACTED] | | DATE |