

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* [REDACTED]		DEPARTMENT CIRM	
POSITION Chairman		CB/ID No.	DIVISION or BUREAU CIRM		
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS		TELEPHONE NUMBER (415) 396-9113
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]

(1) MONTH/YEAR 9/2012	(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			
5	06:00	Los Angeles to San Francisco											0.00	
6		San Francisco											0.00	
9		San Francisco	184.16			9.00							193.16	
10	18:30	San Francisco to Los Angeles		14.28	5.46			47.67	T	89.47			156.88	
12	07:00	Los Angeles to Oakland		5.45				58.50	T			66.55	130.50	
13		Oakland				63.70							63.70	
14	16:00	Oakland to Los Angeles											0.00	
16	19:00	Los Angeles to San Francisco	172.10			4.29		57.00	T				233.39	
17		San Francisco	164.01			48.32							212.33	
18	18:30	San Francisco to Los Angeles		18.74				60.00	T				78.74	
21	08:00 17:00	Los Angeles								5.00			5.00	
													0.00	
													0.00	
(10) SUBTOTALS			520.27	38.47	5.46	125.31	0.00	223.17		94.47	0	0.00	66.55	1,073.70
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

\$2021.64 ~~1,073.70~~

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 5-10) ICOC Board Meeting, CIRM Meetings; 12-14) GWG Meeting; 16-18) CIRM meetings; 21) Cedars-Sinai Regenerative Medicine Symposium		(12) NORMAL WORK HOURS 8-5
		(13) PRIVATE VEHICLE LICENSE NUMBER 6MOC801
		(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

DATE 10/2/12	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 28 Oct 2012
	TITLE (See Item 17 on reverse)	DATE

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CLAIMANT'S NAME, SSN or EMPLOYEE NUMBER*, DEPARTMENT, POSITION, CB/ID No., DIVISION or BUREAU, INDEX NUMBER, RESIDENCE ADDRESS *, HEADQUARTERS ADDRESS, TELEPHONE NUMBER, CITY, STATE, ZIP CODE

Table with columns: (1) MONTH/YEAR, (2) DATE, TIME, (3) LOCATION WHERE EXPENSES WERE INCURRED, (4) LODGING, (5) MEALS (BREAK-FAST, LUNCH, O.T., L/T, N/C, RELO. OR DINNER), (6) INCIDENTALS, (7) TRANSPORTATION (A) COST OF TRANS., (B) TYPE USED, (C) CARFARE, TOLLS, PARKING, (D) PRIVATE CAR USE (MILES, AMOUNT), (8) BUSINESS EXPENSE, (9) TOTAL EXPENSES FOR DAY

(10) SUBTOTALS, COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required), (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... (16) TRAVEL AND PAYMENT, DATE, (17) TITLE (See Item 17 on reverse), DATE