TRAVEL EXPENSE CLAIM STD. 262 (REV. 7/2005)  See Instructions and *Privacy Statement On Reverse Side										Page of Pages					
LAIMA	ANT'S NAM	AME		Management of the Control of the Con			SSN or EMPL	LOYEE NUMB	3ER*		DEPAF	RTMENT	SERVICE AND ADDRESS OF THE PARTY OF T		
		. Thomas		CB/IC			· · · · · · · · · · · · · · · · · · ·				CIRM	<u>1</u>	T DEV NII		
				CB/ID	No.	1	DIVISION or I	BUREAU					INDEX NUI	MBER	
		DRESS *						TERS ADDRE	ESS				TELEPHO	NE NUMBER	
													(415) 39		
CITY			STATE	E ZIP CO	ODE		CITY			1		STATE	ZIP C		
										Į.					
		(3)	(4)	(5)	MEALS		(6)	(7)		TRANSPORTAT	ION		(8)	(9)	
	.012	WHERE EXPENSES WERE INCURRED		BREAK-		O.T., L/T, N/C, RELO	). INCIDEN-	(A) COST OF	(B) TYPE	(C) CARFARE,	PRIVA	(D) TE CAR USE	BUSINESS	TOTAL EXPENSES	
COLUMN C	WERE INCORRED	LODGING	FAST	LUNCH	OR DINNER	TALS	TRANS.	USED	TOLLS, PARKING	MILES		EXPENSE	FOR DAY		
		Los Angeles to San Francisco	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				:							0.00	
6		San Francisco	:											0.00	
9	The state of the s	San Francisco	184.16			9.00	,			:				193.16	
10	+		3 3	14.28	5.46	:		47.67	Т	89.47				156.88	
12	07:00	Los Angeles to Oakland	i i i i i i i i i i i i i i i i i i i	5.45				58.50	Т				66.55	130.50	
13		Oakland	: :: ::		:	63.70	)						:	63.70	
14			:				:			:				0.00	
16	19:00	Los Aligeres to San Francisco	172.10			4.29		57.00	Т					233.39	
17		San Francisco	164.01			48.32					-			212.33	
18	+		8 8 8	18.74			-	60.00	Т		-		1	78.74	
21	1 1	Los migores	8 8		:		:			5.00	-		: :	5.00	
			1 1 1								-			0.00	
														0.00	
		SUBTOTALS	520.27	38.47	5,46	125.31	0.00	223.17		94.47	0	0.00	66,55	1,073.70	
COL		CODE (ACCTG. USE ONLY)  CLAIM TOTAL				<u></u>	<u> </u>					\$ 7	1021.64	1_073_70	
														-1,013-10	
5-10)	) ICOC	OF TRIP, REMARKS AND DETAILS (Atta C Board Meeting, CIRM M	Aeetings; 1	12-14) GV		eting; 16	-18) CIR	M meetir	ags; 21	1)	8-5	NORMAL WOR		E NI IMBER	
Cua	TS-Sin	nai Regenerative Medicine S	Symposiu	m							6MQ	OC801 MILEAGE RATE			
											.555				
												GENCY ACC US BY REVOLVIN	SE ONLY	OFFICE	

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

CI

DATE

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

TITLE (See Item 17 on reverse)

DATE

		EXPENSE CLAIM				tructions a ent On Ro					Paga	2 ~	2	00	
STD. 262 (REV. 7/2005) Statement Of CLAIMANT'S NAME							SSN or EMPLOYEE NUMBER*					Page of Pages			
											CIRN	1			
SITIC	N			CB/ID	No.	D	DIVISION or BUREAU  HEADQUARTERS ADDRESS							INDEX NUMBER	
SIDE	NCE ADD	DRESS *				H							TELEPHO	TELEPHONE NUMBER	
ESIDENCE ADDRESS *													(415) 396-9113		
ΓΥ			STATE	E ZIP C	ODE	С	YTI					STATE	ZIP C	ODE	
							T			20,17,640,491,640,491			(2)	(2)	
	H/YEAR	(3)	(4)	(5)	MEALS	0.7.1.7	(6)	(7)		TRANSPORTAT	ION	(5)	(8)	(9)	
9/2012		WHERE EXPENSES WERE INCURRED		BREAK-		O.T., L/T, N/C, RELO. OR		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS,		(D) E CAR USE	BUSINESS	TOTAL EXPENSES	
ATE	TIME		LODGING	FAST	LUNCH	DINNER	TALS	THANS.	USED	PARKING	MILES	AMOUNT	EXPENSE	FOR DAY	
3	18:30	Los Angeles to San Francisco	241.54			7.76		55.00	Т				1	304.30	
4		San Francisco						16,68						322.2	
4		San Prancisco	241.54	14.82		49.18	:	18.10	T	!			:	323.64	
5	15:00	San Francisco to Los Angeles		7.60	15.08			46.40	Т	60.00				129.08	
-	06:30	LA to Sacramento to LA		:						!					
8	19:30	LA to Sacramento to LA	:	5.38		8.37		106.00	Т				72.59	192.34	
		-		1		:							:	0.00	
				:		:								0.00	
			-										1	0.00	
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			-		ļ	-					-	<u> </u>	-	0.00	
)	9	SUBTOTALS	483.08	27.80	15.08	65.31	0.00	225.50		60.00	0	0.00	72,59	<del>-949.36</del>	
OL	UMN (	CODE (ACCTG. USE ONLY)													
												0	502	947.	
		CLAIM TOTAL									2,023. Up 949.30				
,		OF TRIP, REMARKS AND DETAILS (Att									(12) NORMAL WORK HOURS				
3-25	5) CIR	M meetings; 28) meetings	with legi	slative st	aff and I	COC me	mbers				(13) P	RIVATE VEH	CLE LICENS	E NUMBER	
											(14) N	IILEAGE RAT	E CLAIMED		
											A	GENCY ACC	COUNTING SE ONLY	OFFICE	
											PAID E	BY REVOLVIN		ECK NUMBEI	
								DA miles in t		f N Ct-t-	4				
	f Coliforn	CERTIFY That the above is a true stat nia. If a privately owned vehicle was us or greater than the rate claimed, and the	and if mile	aana ratae av	readd tha mir	nimiim rata 1 i	cartity that ti	A COST OF ODE	rating thi	venicie was					
p A	ertaining	to vehicle safety and seat belt usage.	lat i nave me	DATE	nonto do pro-	(16	W 0000000	0,00,0,0,	0.02, 0.	TRAVEL AND	PAYME	NT D	ATE		
				100 1	/ .	, ,						i		2012	
				101/	UM	<b>&gt;</b>						12	4 001 1	メひ/ つ	