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: Jonathan Y. Thomas		SSN or EMPLOYEE NUMBER*: [redacted]	DEPARTMENT:
POSITION: Chairman	CB/ID No.:	DIVISION or BUREAU: CIRM	INDEX NUMBER:
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS	TELEPHONE NUMBER:
CITY: [redacted] STATE: ZIP CODE:		CITY: San Francisco STATE: CA	ZIP CODE: 94107

(1) MONTH/YEAR: September		(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		
6th	2:00	Burlingame/Washington DC			11.59	8.48		66.70 ~~70.00~~	T					86.77 ~~90.07~~
8th		Washington DC				52.53								52.53
9th	8:00	Washington DC/San Francisco			9.53			144.34 ~~143.00~~	T					153.87 ~~152.53~~
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
(10)		**SUBTOTALS**	0.00	0.00	21.12	61.01	0.00	213.00		0.00	0	0.00	0.00	293.17 ~~295.13~~
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL														293.17 ~~295.13~~

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

September 6th Attend Celebration of Science Meeting in Washington DC September 6th to 9th, 2012

(12) NORMAL WORK HOURS: [redacted]

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

D/S # 2012 CO05

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

CL[redacted] DATE 9/17/12 [redacted] RAVEL AND PAYMENT DATE 9.17.12

(1[redacted] ee Item 17 on reverse) DATE