

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

*See Instructions and *Privacy Statement On Reverse Side*

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 [REDACTED]	TELEPHONE NUMBER
CITY [REDACTED]	STATE [REDACTED]	CITY [REDACTED]	STATE [REDACTED]
[REDACTED]		[REDACTED]	

(1) MONTH/YEAR Sept 16	(2) DATE TIME	(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., LT, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES AMOUNT			
9/6	7:00	LAX to OAK	161.26	9.80		22.34		44.00	T			43.04	280.44	
9/7	8:00	OAK to LAX		11.00		18.74		24.86	TB	43.57		66.19	164.36	
9/12	7:00	LAX to SFO						52.45	T			137.61 147.54	199.99	
9/13		Oakland		9.30	8.70			12.36	TB				30.36	
9/14	4:00	OAK to LAX		10.50	19.40			65.80	T				95.70	
9/19	7:00 7:00	OAK to LAX to OAK			14:00			57.98 62.31	T	21.79			98.10	
9/20	2:00	Los Angeles to San Diego				56.05					124	66.96	123.01	
9/21	6:00	San Diego to Los Angeles									124	66.96	66.96	
9/22	10:00 12:00	Los Angeles								30.00			30.00	
9/26	11:00 1:00	Los Angeles								7.00		27.32	34.32	
9/27	8:00	LAX to OAK		11.00	12.20	44.14				23.84			91.18	
9/28	6:00	SFO to LAX		7.00						1.95			8.95	
(10) SUBTOTALS			161.26	58.60	54.30	141.27	0.00	261.78 357.45		128.15	248	133.92	274.16 284.09	1,209.11 1,223.37
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

\$1209.11 ~~1,223.37~~

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 9/6 - 9/7 - CIRM Business Meetings 9/12 - 9/14 - Attend Translating Center Meeting/Science Subcommittee Meeting 9/20 - 9/21 - Attend ICOC Meeting in San Diego 9/22 - Attend Roadshow Meeting 9/26 - Lunch w/E. Broad D. Baltimore - Sustainability 9/27 - 9/28 - Attend September Clinical Review and Roadshow Meetings No Mileage Claimed	(12) NORMAL WORK HOURS [REDACTED]
	(13) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]
	(14) MILEAGE RATE CLAIMED .54
	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 requirements as prescribed

DATE 10/3/16	DATE 10/9/16
See Item 17 on reverse)	DATE