

STATE OF CALIFORNIA - PERSONNEL ADMINISTRATION  
**TRAVEL EXPENSE CLAIM**

See Instructions and \*Privacy  
 Statement On Reverse Side

STD. 262 (REV. 7/2005)

Page \_\_\_\_\_ of \_\_\_\_\_ Pages

CLAIMANT'S NAME Jonathan Thomas		SSN or EMPLOYEE NUMBER* [REDACTED]	DEPARTMENT
POSITION Chariman	CB/D No.	DIVISION or BUREAU CIRM	INDEX NUMBER
RESIDENCE ADDRESS*		HEADQUARTERS ADDRESS 11440 San Vicente	TELEPHONE NUMBER
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY Los Angeles
		STATE CA	ZIP CODE 90049

(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., LT, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
										MILES	AMOUNT			
Mar 17	3/8	BUR to OAK		9.80	15.30			71.24 51.90	T				96.84 77.88	
	3/9	OAK to BUR		9.50				19.34	T	48.00			76.84 57.50	
	3/13	LAX to OAK		9.80	15.43			45.00	T				70.23	
	3/14	OAK to LAX		9.70	17.81			19.14	T	44.69			91.34	
	3/20	LAX to OAK						127.35	T				127.35	
	3/21	OAK to LAX			23.80			19.15	T	44.69 44.49			87.64 87.44	
	3/27	BUR to OAK		9.80	10.68			531.03 521.08	AT				551.51 551.50	
	3/28	OAK to BUR		18.87						48.00			66.87	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
(10)	<b>SUBTOTALS</b>		0.00	67.47	83.02	0.00	0.00	812.91 793.62		185.38 185.18	0	0.00	0.00	1,148.78 1,129.29

**COLUMN CODE (ACCTG. USE ONLY)**

**CLAIM TOTAL** 1148.78  
1,129.29

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) March - Travel for CIRM Business Meetings March 27 - 28 - Travel for Clinical Teleconference No Mileage Claimed [REDACTED]		(12) NORMAL WORK HOURS [REDACTED]
(13) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]		(14) MILEAGE RATE CLAIMED .535
		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.	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [Signature]	
CLAIMANT'S SIGNATURE Jonathan Thomas	DATE 4/24/17	DATE 3/15/17
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)		DATE

Remit to CIRM:  
 1999 Harrison St  
 Suit 165D  
 Oakland CA 94612