

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

Page _____ of _____ Pages

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

(1) MONTH/YEAR	(2) DATE	(2) 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			
June 17	5th	7:00	LAX to OAK						22.61	T			22.61	
	6th		OAK			22.14	45.09						67.23	
	7th		OAK		9.75	28.02	21.75		3.65	B			63.17	
	8th	6:00	OAK to LAX		7.60	8.86	5.99		13.45	T			35.90	
	20th	3:00	LAX to SAN			12.98	4.50		29.80	T			47.28	
	21st		SAN to OAK			13.41	9.14		65.79	T			88.34	
	22nd	7:00	OAK to SAN		7.24				50.39 50.54	T			57.58	
	27th	6:00	LAX to OAK		9.00	10.31	13.40		53.80 52.80	T			86.51	
	28th		OAK			9.44			12.02	T			21.46	
	29th	6:00	SFO TO OAK						27.13	T			27.13	
	13th	6:00	LAX to OAK			13.78	7.30		58.26	T			79.34	
(10) SUBTOTALS				0.00	33.59	118.94	107.17	0.00	330.96 326.85		0.00	0	0.00	596.66 596.55

Remit Payment To
CIRM
1999 Harrison St. Ste 1650
Oakland, CA 94612-3520

CLAIM TOTAL 596.66

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

6/5 - 6/8 - Travel for Finance Subcommittee Meeting, Sacramento Hearing, and CIRM Business Meetings
 6/20 - 6/22 - Travel for CIRM Business Meetings
 6/27 - 6/29 - Travel for ICOC Meeting and CIRM Meetings

* 6/13 - Travel for CIRM Business Meetings - 6/14 left from SFO to BOS for ISSCR

No Mileage Claimed

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(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 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.

CLAIMANT'S SIGNATURE: *Jonathan Thomas* DATE: 7/11/17

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT: *Jullis* DATE: 7/27/17

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)