TRAVEL EXPENSE CLAIM See Instructions and *Privacy STD. 262 (REV. 9/2007) Statement On Reverse Side											Page of Pages				
CLAIMANT'S NAME							SSN or EMPLOYEE NUMBER*				DEPARTMENT				
Gabriel Thompson POSITION CB/ID No.								DIVISION or BUREAU					CIRM		
Grants Management Officer RESIDENCE ADDRESS*								DIVISION OF BUREAU						INDEX NUMBER	
								HEADQUARTERS ADDRESS					TELEPHO	NE NUMBER	
27 - MIOREMAN ON THE STATE OF T							1999 Harrison Street Suite 1650						(415) 396-9274		
CITY STATE ZIP CODE							CITY Oakland				STATE		ZIP CODE		
1) NORMAL WORK HOURS								Oakland				CA 94612			
								Nomber				0.535			
4) MONTH/YEAR		(6)	(7)	(8) MEALS			(0)	(10) TRANSPOR		TRANSPORTA	ATION		(11)	(12)	
Jun	-17	WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	INCIDEN- TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE		BUSINESS	TOTAL EXPENSES	
	TIME 8-5										MILES	AMOUNT	EXPENSE	FOR DAY	
/12		Home-SFO-BOS-Element Boston Seaport	576.83	14.37/	4.591	9.50		33.30	Ť			0.00		638.59	
/13	8-5	Boston, MA	576.83	/		11.11						0.00		587.94	
6/14	8-5	Element Boston Seaport-BOS-SFO-Home	3		38.90	4.59	/	21.91	Т	75.00		0.00		141.35	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
					,							0.00		0.00	
13)												0.00		0.00	
												0.00		0.00	
		SUBTOTALS	1,153.66	14.37	43.49	25.20	0.00	55.21 .56.16		75.00	0.00	0.00	0.00	1,366.88	
COL		CODE (ACCTG, USE ONLY)												1,366.	
		CLAIM TOTAL												\$1,367.88	
14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) NIH preparation meeting with President, Boston, MA												AGENCY ACCOUNTING OFFICE USE ONLY			
Remit Payment To:											PAID BY REVOLVING FUND CHECK NUMBER				
					Oakla	ind. C	A 94	Ste 612-3	เธอ เรวก	U					

SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

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

DATE

South 6.19.17