STATE OF CALIFORNIA – DEPARTMENT OF PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

*See Instructions and *Privacy Statement On Reverse Side*

Page _____ of _____ Pages

CLAIMANT'S NAME	SSN or EMPLOYEE NUMBER*	DEPARTMENT
Gabriel Thompson	[redacted]	CIRM

POSITION	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
Grants Management Officer			

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
[redacted]	1999 Harrison Street Suite 1650	(415) 396-9274

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[redacted]			Oakland	CA	94612

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
[redacted]	[redacted]	0.535

(4) MONTH/YEAR: Sep-17		(6)	(7)	(8) MEALS			(9)	(10) TRANSPORTATION					(11)	(12)
(5) DATE	TIME	LOCATION 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 MILES	(D) PRIVATE CAR USE AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
9/15	6:00AM	OAK--> BUR --> Duarte, CA				~~18.51~~			PC	16.00	36.00	19.26		~~35.26~~ 53.77
9/15	10PM	OAK--> BUR --> Duarte, CA						~~79.50~~ 82.13	RC			0.00		~~79.50~~ 82.13
												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
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13)	SUBTOTALS		0.00	0.00	0.00	~~18.51~~	0.00	~~79.50~~ 82.13		16.00	36.00	19.26	0.00	~~114.76~~ 135.90
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL														114.76 ~~$135.90~~

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

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

CIRM visit to City of Hope with National Institute of Heart, Lung and Blood Institute to discuss partnership opportunities for their Sickle Cell Cure Initiative with Abla Creasey and Sohel Talib

9/15 = $18.51 – (NO itemized Receipt NO alcohol consumed will not seek reimbursement from any other source.

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	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
Gabriel Thompson	9/18/17		9.18.2017

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

[redacted]