

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 7/2005)

See Instructions and \*Privacy Statement On Reverse Side

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CLAIMANT'S NAME <b>Jonathan Thomas</b>		SSN or EMPLOYEE NUMBER*	DEPARTMENT
POSITION <b>Chariman</b>	CB/ID No.	DIVISION or BUREAU <b>CIRM</b>	INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS	TELEPHONE NUMBER
CITY	STATE	CITY	STATE ZIP CODE

(1) MONTH/YEAR Aug 16	(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., L.T., N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
	TIME									MILES	AMOUNT			
8/1	7:00	LAX to OAK		11.00	16.00	22.34		44.00	T				93.34	
8/2		Oakland		13.50	14.10								27.60	
8/3	6:00	SFO to LAX		12.00				52.72	T	65.36			130.08	
8/4	7:00 7:30	LAX to SMF		7.55		17.25		121.73	T	21.79		70.56	238.88	
8/8	7:00	LAX to OAK				10.66				100.00			110.66	
8/9	7:00	OAK to LAX		6.75				49.82	T	43.57			100.14	
8/23	8:00	LAX to OAK		9.80	16.57	32.31		58.85	T				117.53	
8/24		Oakland		11.00		32.81		85.73	T			57.47	187.01	
8/25	4:00	OAK to LAX		11.00	15.53			20.03	T	65.36			111.92	
													0.00	
													0.00	
													0.00	
													0.00	
<b>(10) SUBTOTALS</b>			0.00	82.60	62.20	115.37	0.00	432.88		296.08	0	0.00	128.03	1,117.16
<b>COLUMN CODE (ACCTG. USE ONLY)</b>														

**CLAIM TOTAL**

1,117.16

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

8/1-8/3 - CIRM Business Meetings  
 8/4 - Sacramento Meeting  
 8/8-8/9 - SPARK and CIRM Business Meetings  
 8/23 - 8/25 - CIRM Meeting and Application Subcommittee Meeting

(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 the mileage requirements as prescribed.

DATE <b>9/27/16</b>	DATE <b>10/7/16</b>
DATE <b>10/7/16</b>	DATE