

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.	DIVISION or BUREAU CIRM	INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS [REDACTED]	TELEPHONE NUMBER
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY [REDACTED]
STATE [REDACTED]		ZIP CODE [REDACTED]	

(1) MONTH/YEAR Nov 16	(2) DATE 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		
11/1	7:00	LAX to OAK		4.25 ✓	9.86 ✓	31.37 ✓		46.00 ✓	T				91.48
11/2	8:00	OAK to LAX		9.30 ✓	10.58 ✓					43.57 ✓			63.45
11/9	8:00	LAX to OAK				48.40 ✓		91.01 ✓	T				139.41
11/10	8:00	OAK to LAX				18.69 ✓		40.08 ✓	T	43.57 ✓			102.34
11/16	8:00	LAX to OAK				3.99 13.99		60.00 ✓	T				63.99 73.99
11/17		OAK		9.50 ✓	9.47 ✓								18.97
11/18	2:00	OAK/LAX	149.96 ✓										149.96
11/21	9:00	LAX to OAK											0.00
11/22	9:00	OAK to LAX						37.57 ✓	T				37.57
11/28	7:00	LAX to OAK				23.34 ?		45.00 ✓	T				68.34
11/29	6:00	OAK to LAX		9.00 ✓	9.20 ✓	20.65 ✓		18.30 ✓	T	43.57 ✓			100.72
													0.00
													0.00
(10) SUBTOTALS			149.96	32.05	39.11	146.44 156.44	0.00	337.96		130.71	0	0.00	836.23 846.23
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL													836.23 846.23

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Travel for CIRM Business 11/9 - Meetings in Sacramento 11/17 - Application Review Subcommittee Meeting 11/21 - 11/22 - World Alliance Forum Meeting	(12) NORMAL WORK HOURS [REDACTED]
	(13) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]
	(14) MILEAGE RATE CLAIMED .54

Remit Payment to CIRM: 1999 Harrison St., Ste 1650, Oakland

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 rates exceed the minimum requirements as prescribed

DATE 11/18/19

DATE 11/17/19