

STATE OF CALIFORNIA - PERSONNEL ADMINISTRATION
TRAVEL EXPENSE CLAIM

See Instructions and *Privacy
 Statement On Reverse Side

STD. 262 (REV. 7/2005)

Page _____ of _____ Pages

CLAIMANT'S NAME Jonathan Thomas		SSN or EMPLOYEE NUMBER* XXX-XX-7550	DEPARTMENT
POSITION Chariman	CB/ID No.	DIVISION or BUREAU CIRM	INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS	TELEPHONE NUMBER
CITY		STATE	ZIP CODE

(1) MONTH/YEAR DEC 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
				BREAKFAST	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		
12/5	5:00	MSP to PBI				14.83		46.00	T				60.83
12/6		PBI				17.76		13.50	T				31.26 17.76
12/8	10:00	FLL to LAX				14.99		54.41	T	109.00			178.40
													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
(10) SUBTOTALS			0.00	0.00	0.00	47.58	0.00	113.91 100.41		109.00	0	0.00	270.49 256.99

(10) SUBTOTALS

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL \$ 270.49 256.99

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

Travel for World Stem Cell Summit West Palm Beach

2016 CO.08

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

.54

Remit payment to: CIRM 1999 Harrison St. Ste 1150 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 accordance with the provisions of the State Personnel Administration Code of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, equal to or greater than the rate claimed, and that I have met the requirements as prescribed by the State Personnel Administration Code of California.

DATE 1/19/17

(16) SIGNATURE

DATE 1/19/17