

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	STATE	ZIP CODE	CITY
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

(1) MONTH/YEAR Feb 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., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES AMOUNT			
2/8	7:00	LAX to OAK		4.89	13.53			54.39	T				72.81	
2/9	10:00	OAK to LAX		9.50	9.20	48.41		8.70	T	43.57			119.38	
2/13	6:00	LAX to SFO						118.30	T				118.30	
2/14	5:00	OAK to LAX		9.50	13.63			17.16	T				40.29	
2/22	7:00	LAX to OAK			2.26	71.74		78.30	T				152.30	
2/23	5:00	OAK to LAX						45.00	T	44.69			89.69	
2/27	7:00	LAX to OAK		6.50	5.99			47.00	T				59.49	
2/28	1:00	OAK to LAX						43.03	T				43.03	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
(10) SUBTOTALS			0.00	30.39	44.61	120.15	0.00	411.88		88.26	0	0.00	0.00	695.29
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

695.29

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

CIRM Business Meetings

No Mileage Claimed

(2/22-23/17) => ICDC board meeting

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

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

54.535

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 equal to or greater than the rate claimed, and that I have met the requirements as prescribed

CL [REDACTED]	DATE 2/8/17	DATE 2/17/17
[REDACTED]	(See Item 17 on reverse)	[REDACTED]