

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 11440 San Vicente			TELEPHONE NUMBER
CITY [REDACTED]		CITY Los Angeles		STATE CA	ZIP CODE 90049

(1) MONTH/YEAR June/17	(2) DATE	(3) 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				
14	8:00		SFO to BOS										0,00		
15			BOS				44.92	✓	13.00	T			57,92		
16	12:00		BOS to JFK to LAX		8,50	12.28			108,77	T	89,38		218,93		
													0,00		
													0,00		
													0,00		
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													0,00		
													0,00		
													0,00		
(10) SUBTOTALS				0,00	0,00	8,50	57,20	0,00	121,77		89,38	0	0,00	0,00	276,85
COLUMN CODE (ACCTG. USE ONLY)															

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

CLAIM TOTAL	[REDACTED]	276,85
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 6/14 to 6/16 - Travel for ISSCR meeting in BOS 6/16 - CIRM Business Meeting in NY No Mileage Claimed		(12) NORMAL WORK HOURS [REDACTED]
[REDACTED]		(13) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]
[REDACTED]		(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 I have met the requirements as prescribed by SAM Sections 0750, 0754, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE <i>Jonathan Thomas</i>	DATE 7/1/17	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <i>[Signature]</i>	DATE 7/25/17
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE