

STATE OF CALIFORNIA – PERSONNEL ADMINISTRATION  
**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 7/2005)

See Instructions and \*Privacy  
 Statement On Reverse Side

Page \_\_\_\_\_ of \_\_\_\_\_ Pages

CLAIMANT'S NAME <b>Jonathan Thomas</b>		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT	
POSITION <b>Chariman</b>		CB/ID No.	DIVISION OF BUREAU <b>CIRM</b>		INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS <b>11440 San Vicente</b>			TELEPHONE NUMBER
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[REDACTED]	[REDACTED]	[REDACTED]	<b>Los Angeles</b>	<b>CA</b>	<b>90049</b>

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY		
(2)				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	
DATE	TIME									MILES	AMOUNT				
Feb 17															
2/27	8:00	LAX to OAK			27.07	10.68	1.95	B					39.70		
2/28	2:00	OAK to LAX			14.18				44.69				58.87		
													0.00		
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(10) SUBTOTALS			0.00	0.00	41.25	10.68	0.00	1.95	44.69	0	0.00	0.00	98.57		
COLUMN CODE (ACCTG. USE ONLY)															
CLAIM TOTAL												98.57			

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

Travel for Clinical Meeting  
 No Mileage Claimed

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

.535

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

**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, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE <i>Jonathan Thomas</i>	DATE 4/24/17	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <i>[Signature]</i>	DATE
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE