

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 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]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY Los Angeles
		STATE CA	ZIP CODE 90049

(1) MONTH/YEAR July 17	(2) DATE	(2) 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			
7/6	7:00		LAX to OAK						17.97	T				17.97	
7/7	6:00		OAK to LAX		9.00	8.20			20.69	T	44.69			82.58	
7/10	7:00		LAX to OAK				19.57		21.73	T				41.30	
7/11	8:00		OAK to LAX		6.70	18.58			20.53	T	44.69			90.50	
7/13	7:00		SEA to OAK				12.83		23.34	T				36.17	
7/16			OAK				12.51		45.00	T				57.51	
7/17			OAK				12.90		55.00	T				67.90	
7/18	8:00		OAK to LAX		9.00	11.59	13.26		48.71	T				82.56	
7/23	8:00		LAX to SAN				6.19		21.08	T				27.27	
7/25			SAN to OAK			20.01			43.25	T				63.26	
7/26	7:00		OAK to LAX						80.44	T				80.44	
														0.00	
														0.00	
(10) SUBTOTALS				0.00	24.70	58.38	77.26	0.00	397.74		89.38	0	0.00	0.00	647.46
COLUMN CODE (ACCTG. USE ONLY)															
CLAIM TOTAL													647.46		

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

7/6 - 7/7 - CIRM Business Meetings
 7/10 - 7/11 - CIRM Business Meetings
 7/16 - 7/18 - CIRM Business Meetings
 7/23 - Bridges Meeting - San Diego
 7/25 - 7/26 - Attend GWG Meeting - Alpha Clinics and Clinical Review

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
 .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 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 9/11/17	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <i>[Signature]</i>	DATE 9/12/17
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 of reverse)		DATE	