TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

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CLAIMANT'S NAME	SSN or EMPLOYEE NUMBER*	DEPARTMENT
Gabriel Thompson	▉	CIRM

POSITION	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
Grants Management Officer			

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
▉	1999 Harrison Street Suite 1650	(415) 396-9274

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
▉			Oakland	CA	94612

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
8-5	▉	0.540

(4) MONTH/YEAR Aug-16	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDEN-TALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
(5) DATE / TIME			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	(D) PRIVATE CAR USE AMOUNT		
10/31	Monthly AC Transit reimbursement ➕			~~7.84~~			44.00	B			0.00		51.84
10/16 9 2:15	CIRM Roadshow: UC Davis Medical Center. Sac. CA ➕								19.00	178.00	96.12		115.12
											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		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
(13) SUBTOTALS		0.00	0.00	~~7.84~~	0.00	0.00	44.00		19.00	178.00	96.12	0.00	159.12 ~~166.96~~

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL   ~~$166.96~~ $159.12

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

October AC Transit reimbursement to/from work
CIRM Roadshow at UC David Medical Center, Sacramento, CA

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

Meal/Lunch not allowed per CIRM policy 9/21/2016

(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	DATE 11/17/16	(16) S▉	DATE 11/17/16
(17) SPE▉ and TITLE (See Item 17 on reverse)			DATE

11.17.16