STATE OF CALIFORNIA – DEPARTMENT OF PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM
STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

Page _____ of _____ Pages

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. 535

3/17 **(4) MONTH/YEAR Aug-16**

(5) DATE	TIME	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	(9) INCIDEN-TALS	(10) (A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) MILES	AMOUNT	(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
2/16/17		Home-->CIRM-->Woodside, CA ⊞							PC	30.00	106.00	56.71 ~~57.24~~		86.71 ~~87.24~~
Jan'17 ⊞		Home-> Work AC Transit						64.20	B			0.00		64.20
												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	0.00	0.00	0.00	64.20		30.00	106.00	57.24	0.00	151.44

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL $ 150.91   ~~$151.44~~

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

Feb 16 - Quintiles IMS Executive Vision Forum: Connecting Insights business meeting

Jan AC Transit Reimbursement

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	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
✍ ██████████	2/22/17	✍	

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)	DATE
✍	

2.23.17