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 | SSN or EMPLOYEE NUMBER* | DEPARTMENT |
|---|---|---|
| Elona Baum | [redacted] | CIRM |

| POSITION | CB/ID No. | DIVISION or BUREAU | INDEX NUMBER |
|---|---|---|---|
| General Counsel | | CIRM | |

| RESIDENCE ADDRESS * | HEADQUARTERS ADDRESS | TELEPHONE NUMBER |
|---|---|---|
| | 210 King Street | |

| CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |
|---|---|---|---|---|---|
| [redacted] | | | San Francisco | CA | 94107 |

| (1) MONTH/YEAR Mar. 11 | | (3) LOCATION WHERE EXPENSES WERE INCURRED | (4) | (5) MEALS | | | (6) | (7) TRANSPORTATION | | | | | (8) | (9) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (2) DATE | TIME | | LODGING | BREAK-FAST | LUNCH | O.T., L/T, N/C, RELO. OR DINNER | INCIDEN-TALS | (A) COST OF TRANS. | (B) TYPE USED | (C) CARFARE, TOLLS, PARKING | (D) PRIVATE CAR USE MILES | (D) PRIVATE CAR USE AMOUNT | BUSINESS EXPENSE | TOTAL EXPENSES FOR DAY |
| 3/2 | 10:01 18:09 | San Francisco & San Diego | | 5.57 | 13.25 | | | 92.40 | T | 33.00 | | | | 144.22 |
| 3/10 | 9:.1 16:.7 | San Francisco | | | | | | | | 14.50 | | | | 14.50 |
| | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | 0.00 |
| (10) **SUBTOTALS** | | | 0.00 | 5.57 | 13.25 | 0.00 | 0.00 | 92.40 | | 47.50 | 0 | 0.00 | 0.00 | 158.72 |
| **COLUMN CODE (ACCTG. USE ONLY)** | | | | | | | | | | | | | | |

**CLAIM TOTAL** 158.72

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

Reimbursement for Elona Baum for:
1) Flying to San Diego on March 2, 2011 to meet with vice Chair Duane Roth and discuss industry related issues.
2) Attending the ICOC meeting in Burlingame on March 10, 2011

(12) NORMAL WORK HOURS [redacted]

(13) PRIVATE VEHICLE LICENSE NUMBER [redacted]

(14) MILEAGE RATE CLAIMED 0.51

**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 | DATE | (16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT | DATE |
|---|---|---|---|
| [redacted] | 03/30/11 | [redacted] | 3/30/11 |

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

[redacted]