

See Instructions and *Privacy
 Statement On Reverse Side

CLAIMANT'S NAME Elona Baum		SSN or EMPLOYEE NUMBER* [REDACTED]	DEPARTMENT General Counsel	
POSITION General Counsel	CB/ID No.	DIVISION or BUREAU CIRM		INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 210 King Street 3rd Floor		TELEPHONE NUMBER
CITY	STATE	ZIP CODE	CITY	STATE ZIP CODE CA 94107

(4) NORMAL WORK HOURS [REDACTED] (5) LICENSE NUMBER [REDACTED] (6) RATE CLAIMED [REDACTED]

(5) DATE	TIME	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) 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				
4-15	8:00	Renaissance Hotel, Washington, DC	319.46				4.67	67.00			67.00	0.00	17.97	409.10	
4-16	8:00	Renaissance Hotel, Washington, DC	319.46									0.00	17.97	375.33	
4-17	8:00	Renaissance Hotel, Washington, DC	319.46	5.94								0.00		355.52 325.40	
4-18	5:00P	Taxi from DC to Dulles airport									64.00	0.00		64.00	
4-18	5:00P	Parking from 4-15 to 4-18					12.05				96.00	0.00		108.05	
4-15 4-18	5:00P	Round trip miles from home to SFO and back									60.00	33.30		33.30	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
(13) SUBTOTALS			958.38	14.06	0.00	49.95	4.67	0.00			227.00	60.00	33.30	35.94	1,315.18 1,323.30
COLUMN CODE (ACCTG. USE ONLY)															
CLAIM TOTAL														\$1,315.18 1,323.30	

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 Annual ARM Fly-In meeting in Washington, DC. Sunday April 15 to April 18th.
 Attended annual meetings and Board of Directors meetings and meetings at the White House.

 0/6# 201100P18

AGENCY ACCOUNTING OFFICE USE ONLY
PAYD 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 [REDACTED]	DATE [REDACTED]	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE [REDACTED]
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