

See Instructions and *Privacy
 Statement On Reverse Side

CLAIMANT'S NAME Elona Baum		SSN or EMPLOYEE NUMBER* [REDACTED]	DEPARTMENT Legal
POSITION General Counsel, VP Business Development	CB/ID No.	DIVISION or BUREAU CIRM	INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 210 King Street, 3rd	TELEPHONE NUMBER (415) 396-9255
CITY	STATE	ZIP CODE	CITY STATE ZIP CODE San Francisco CA 94107

REGULAR WORK HOURS [REDACTED]	DRIVER LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.565
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(4) MONTH/YEAR 1-1-13	(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			
1-27	0900 0924	San Francisco airport	319.46	16.24	12.17 9.49	34.43	2.68			75.00	30.00	16.95	474.25	
1-28	1523	Washington, DC	319.46		48.00	2.92	2.02			9.00		0.00	20.98	400.36
1-29	2100	Washington, DC	319.46	7.04		63.96 49.50				9.00		0.00		399.46 405.00
1-30	1700 1232	Washington, DC - SF			29.00					127.63 127.60	30.00	16.95		173.58 173.55
												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			958.38	23.28	86.49	103.93	5.60	0.00		220.60	60.00	33.90	20.98	1,447.65 1,453.16

COLUMN CODE (ACCTG. USE ONLY)	
CLAIM TOTAL	\$1,447.65 \$1,453.16

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

Facilitate Conference in Washington, DC, 1-27-13 to 1-30-13.
 1-28-13 Lunch Elona Baum and Neil Littman *of pharma representative*
 1-29-13 Dinner no alcohol.
 1-30-13 Lunch for Elona Baum and Neil Littman (CIRM Employee)

0/5 # 2012 L010

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 [REDACTED] to vehicle safety and seat belt usage.

[REDACTED]	DATE 1/31/13	(16) [REDACTED]	TRAVEL AND PAYMENT	DATE 1/30/2013
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Instructions)				DATE