

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

(1) NORMAL WORK HOURS _____ (2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED] (3) MILEAGE RATE CLAIMED 0.555

(4) MONTH/YEAR OCT 11	(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		
10/2	16:00 22:00	Pasadena	195.60	/	6.51	56.94 37.83		79.52	T		12.67	7.03		345.60 311.54
10/3	8:00 17:00	Pasadena	195.60	/		21.03						0.00		216.63
10/4	8:00 17:00	Pasadena	195.60	/	3.00	21.03	4.00					0.00		223.63 219.03
10/5	8:00 17:00	Pasadena			8.85			92.95	T		12.67	7.03		108.83
												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			586.80	0.00	18.36	97.91	4.00 0.00	172.47		0.00	25.34	14.06	0.00	893.60 894.60
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

893.60
894.60

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

Stem Cell Summit Pasadena, CA

note: \$4.00 incidentals on 10/4 are tips to hotel staff.

**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 [REDACTED]	DATE 10/14/11	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 10/28/2011
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)		DATE	