

See Instructions and *Privacy Statement On Reverse Side

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

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.555
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(4) MONTH/YEAR 10-11/11	(5) DATE	(6) 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			
	10/27	7:22	The Cafe Irvine, Irvine, CA		7.00							0.00		7.00	
	11/28	12:00	Mileage to SFO Airport								14.00	7.77		7.77	
	11/28	21:54	Market Restaurant, Del Mar, CA				42.53					0.00		42.53	
	12/01	20:44	Pacifica Del Mar, Del Mar, CA				54.33					0.00		54.33	
	12/01	17:00	Cab to function						10.00	T		0.00		10.00	
	12/01	18:30	Cab from Restaurant to hotel						30.00	T		0.00		30.00	
	12/02	8:30	Limo to San Diego Airport						66.00	T		0.00		66.00	
	12/02	8:30	Estancia La Jolla Hotel 4 nights at \$185.74 Nov 28-Dec 1	742.96								0.00		742.96	
	12/02	12:58	San Francisco Airport Parking								64.58	14.00	7.77	72.35	
	12/08	8:00	Hotel to ICOC Mtg						8.00	T		14.00	7.77	15.77	
	12/08	12:38	San Francisco Parking								40.00	14.00	7.77	47.77	
												0.00		0.00	
(13) SUBTOTALS				742.96	7.00	0.00	96.86	0.00	114.00		104.58	56.00	31.08	0.00	1,096.48
COLUMN CODE (ACCTG. USE ONLY)															
CLAIM TOTAL											\$1,096.48				

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 10/27 - Strategic Plan Stakeholders Meeting - La Jolla, CA
 11/28-12/2 - StemCell Meeting on the Mesa - 6th Annual Scientific Symposium - La Jolla, Ca
 12/07-08 - ICOC Board Meeting - Los Angeles, CA

AGENCY ACCOUNTING OFFICE USE ONLY
PAYED 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.

DATE 12/16/11	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 12/16/11
DATE 12/16/11	NAME AND TITLE (See Item 17 on reverse) [REDACTED]	DATE 12/16/11