

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

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

PLANS	PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.555
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(4) MONTH/YEAR 12-12	(5) DATE	(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			
	TIME								MILES	AMOUNT				
	12-3	dinner in West Palm Beach				30.24					0.00		30.24	
	12-4	Lunch in West Palm Beach			15.49						0.00		15.49	
	12-4	Dinner in West Palm Beach				14.25				49.63	0.00		63.88	
	12-2	Dinner in FLA				32.99 31.23					0.00		32.99 31.23	
	12-2	misc tips					5.00				0.00		5.00	
	12-1 0400	travel to airport			5.49			465.20		6.00	30.00	16.65	28.14 32.65 493.34	
	12-1 0100	travel from airport to home								30.00	16.65		16.65	
											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		0.00	5.49	15.49	77.88	5.00	0.00		55.63	60.00	33.30	0.00	655.83 185.14 186.00 190.63

COLUMN CODE (ACCTG. USE ONLY)	
CLAIM TOTAL	655.83 185.14 186.00 190.63

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

Meeting expenses for Stem Cell Summit meeting in West Palm Beach. 12-1 to 1-4-12.

Note: 12/2 incidentals (\$5.00) are tips to hotel staff. Claimant paid for own airfare for \$465.20 which is lower than the state rate or lowest fare for direct flight.
O/S# 2012L009

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 12/17/12	TRAVEL AND PAYMENT	DATE 12-18-12
(17) (See Item 17 on reverse)		DATE