

CLAIMANT'S NAME Elona Baum		SSN or EMPLOYEE NUMBER* [REDACTED]	DEPARTMENT
POSITION General Counsel / VP Business Developmen	CB/ID No.	DIVISION or BUREAU CIRM	INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 210 King Street	TELEPHONE NUMBER (415) 396-9105
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY San Francisco
			STATE CA
			ZIP CODE 94107

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.565
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(4) MONTH/YEAR 12/13	(5) DATE	(5) 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			
	12/3	13:00 24:00	San Francisco/San Diego								17.94		12.10	6.84	24.78
	12/4	00:00 24:00	San Diego		6.25		<del>42.12</del> 42.26							0.00	<del>48.51</del> 48.37
	12/5	00:00 24:00	San Diego			22.98	25.30	<del>2.48</del>						0.00	2.48 50.76
	12/6	00:00 15:00	San Diego/San Francisco		6.75	16.07		<del>22.90</del>	77.95	40.05	11.10	6.27		22.90	169.99
													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
<b>(13) SUBTOTALS</b>				0.00	13.00	39.05	67.56	25.38	95.89	40.05	23.20	13.11	0.00	<del>294.04</del>	
<b>COLUMN CODE (ACCTG. USE ONLY)</b>															

<b>CLAIM TOTAL</b>	293.90 <del>294.04</del>
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  
 12/3 - 12/6/13 - 2013 WSCS - San Diego, CA

<b>AGENCY ACCOUNTING OFFICE USE ONLY</b>
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.

[REDACTED]	DATE 1/8/14	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 1/9/2014
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE