

**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 CIRM	
POSITION General Counsel		CB/ID No.		DIVISION or BUREAU	
RESIDENCE ADDRESS *		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 [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.555
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(4) MONTH/YEAR 2-2-12	(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			
	2-2	17:00	SFO airport								24.00		0.00		24.00
	2-2	7:00	Home to SFO and return								59.92	33.26			33.26
	2-2	7:04	Breakfast		14.13								0.00		14.13
	2-2	10:00	Cab from airport to hotel for lunch meeting <input checked="" type="checkbox"/>								51.10 <del>50.10</del>	0.00			51.10 <del>50.10</del>
	2-2	2:00	cab from hotel to airport								60.00	0.00			60.00
												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			0.00
(13) SUBTOTALS			0.00	14.13	0.00	0.00	0.00	0.00			134.10	59.92	33.26	0.00	187.49

(13) SUBTOTALS	0.00	14.13	0.00	0.00	0.00	0.00	0.00			134.10	59.92	33.26	0.00	187.49
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL															\$182.49 <del>\$181.49</del>
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

cab fare and parking expense for lunch meeting in San Diego with Gregory Fond, MS, MBA

Associate Director - Strategy, External Innovation & Science Policy - Sanofi R&D

3344 North Torrey Pines Court, #300, La Jolla, CA 92037

<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.

CLAIMANT'S SIGNATURE [REDACTED]	DATE 2-6-12	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 2-7-12
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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)	DATE
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