

CLAIMANT'S NAME Elona Baum		SSN or EMPLOYEE NUMBER* [REDACTED]	DEPARTMENT
POSITION	CB/ID No.	DIVISION or BUREAU CIRM	INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 210 King St	TELEPHONE NUMBER (415) 396-9122
CITY	STATE	ZIP CODE	CITY STATE ZIP CODE San Francisco CA 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 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			
5/13	San Francisco									14.00		0.00	14.00
5/14	San Francisco									15.00		0.00	15.00
6/5	Menlo Park, CA										80.50	45.48	45.48
6/7	San Francisco									17.50		0.00	17.50
4/17	SOUTH SAN FRANCISCO			10.00								0.00	10.00 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	0.00
<b>(13) SUBTOTALS</b>		0.00	0.00	0.00	0.00	0.00	0.00	0.00		46.50	80.50	45.48	0.00 101.98 <del>91.98</del>
<b>COLUMN CODE (ACCTG. USE ONLY)</b>													

<b>CLAIM TOTAL</b>	<b>\$101.98</b> <del>\$91.98</del>
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

5/13&14: Business of Personalized Medicine Conference  
 6/5: Johnson&Johnson Innovation Center opening  
 6/7: ET4 GWG  
 4/17 Meeting with Frank Rice of Vistagen. (Lost receipt. No alcohol consumed. Will not claim from any other sources)

<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

[REDACTED]	DATE 6/19/13	DATE 6.19.13
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)	[REDACTED]	DATE