STATE OF CALIFORNIA – DEPARTMENT OF PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

*See Instructions and *Privacy Statement On Reverse Side*

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CLAIMANT'S NAME	SSN or EMPLOYEE NUMBER*	DEPARTMENT
Elona Baum	[redacted]	

POSITION	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
General Counsel / VP Business Developmen		CIRM	

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
	210 King Street	(415) 396-9104

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[redacted]		[redacted]	San Francisco	CA	94107

(1) NORMAL WORK HOURS	( ) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
	[redacted]	0.565

(4) MONTH/YEAR 07-11 ~~(7)~~/13	(5) DATE	TIME	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS BREAK-FAST	LUNCH	O.T., L/I, N/C, RELO. OR DINNER	(9) INCIDEN-TALS	(10) TRANSPORTATION (A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	AMOUNT	(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
	7/23	14:27	South San Francisco									19.40	10.96	~~34.04~~ M	~~45.00~~ 10.96 M
	7/25	07:30 14:00	San Francisco/Burlingame - RT									33.00	18.65		18.65
	8/27	10:45 24:00	San Francisco/San Diego			12.09	24.00					12.10	6.84		42.93
	8/28	00:00 23:00	San Diego/San Francisco				13.37				32.29	11.10	6.27		51.93
	11/15	08:00 19:00	San Francisco								6.00	11.20	6.33	59.23	71.56
													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	M	0.00
(13)			**SUBTOTALS**	0.00	0.00	12.09	37.37	0.00	0.00		38.29	86.80	49.04	59.23 ~~93.27~~	~~230.06~~
COLUMN CODE (ACCTG. USE ONLY)															
			CLAIM TOTAL												$196.03 ~~$230.06~~ ~~196.03~~ M

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

7/23/13 - Business Meeting with Anne Marie Duliege - South San Francisco, CA
7/25/13 - July ICOC Board Meeting - Burlingame, CA
8/27 - 8/28/13 - August ICOC Board Meeting - San Diego, CA
11/15/13 - World Alliance Forum Meeting - San Francisco, CA

AGENCY ACCOUNTING OFFICE USE ONLY

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	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
[redacted]	1/8/14	[redacted]	1/9/2014

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE *(See Item 17 on reverse)* — DATE