

See Instructions and *Privacy
 Statement On Reverse Side

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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) 396-9104
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY San Francisco	STATE CA ZIP CODE 94107

(1) NORMAL WORK HOURS _____ (2) PRIVATE VEHICLE LICENSE NUMBER _____ (3) MILEAGE RATE CLAIMED 0.565

(4) MONTH/YEAR 09/13	(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		
9/5	17:27	24:00	Boston						30.94			0.00		30.94
9/8	00:00	24:00	Boston	280.41	11.24	2.15	57.61 58.12					0.00		351.41 71.51
9/9	00:00	24:00	Boston	280.41					33.39			0.00		313.80 33.39
9/10	00:00	24:00	Boston/Tiburon	560.82					151.12			0.00		154.28 71.94
												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		0.00
(13) SUBTOTALS				560.82	11.24	2.15	58.12	0.00	215.45		0.00	0.00	0.00	850.43 847.78
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													850.43 847.78	

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 2013 GTC BIO Conference - Boston, MA

AGENCY ACCOUNTING OFFICE USE ONLY
PAYED BY REVOLVING FUND CHECK NUMBER

O/S # 2013 L043

(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 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) [REDACTED]			DATE