

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 7/13- 01/14	(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		
	7/23	14:27	South San Francisco									0.00	34.04	34.04
	9/16	14:06	Menlo Park								66.00	39.29	15.68	52.97
	1/13	07:32 18:35	San Francisco							30.00		0.00		30.00
	1/14	12:17 22:05	San Francisco			15.63						0.00	78.00	93.63
	1/15	08:11 18:31	San Francisco			3.26				30.00		0.00	11.25	44.51
	1/16	10:20 12:20	San Francisco							6.00		0.00		6.00
	1/24	13:16 14:28	San Francisco						22.00	T		0.00	5.60	27.60
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS			0.00	0.00	18.89	0.00	0.00	22.00	66.00	0.00	37.29	0.00	144.57	288.15
COLUMN CODE (ACCTG. USE ONLY)														251.46

CLAIM TOTAL	# 251.46
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)	AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER
7/23/13 - Business Meeting with Anne Marie Duliege - South San Francisco, CA 9/16/13 - Business Meeting with Steve Juelsgard - Menlo Park, CA 1/13 - 1/16/14 - Annual JPM Conference - San Francisco, CA 1/24/14 - Business Meeting with Jill Dodd - San Francisco, CA	

(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.

DATE 2/4/13	DATE 2-4-14
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)	DATE