

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

Page _____ of _____ Pages

CLAIMANT'S NAME Elona Baum			SSN or EMPLOYEE NUMBER* [REDACTED]			DEPARTMENT CIRM		
POSITION GC		CB/ID No.	DIVISION or BUREAU				INDEX NUMBER	
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 210 King Street				TELEPHONE NUMBER (415) 793-2827	
CITY [REDACTED]		STATE [REDACTED]	ZIP CODE [REDACTED]	CITY San Francisco		STATE CA	ZIP CODE 94107	

(1) NORMAL WORK HOURS			(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]			(3) MILEAGE RATE CLAIMED		
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(4) MONTH/YEAR	(5) 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			
1-10			SF Hilton Meeting parking									0.00		12.00	
3-8			Bay Bio speaking engagement ⁺									0.00		25.00	
1-18			<i>BUSINESS</i> Lunch [REDACTED]									0.00		11.28 11.28	
3-6			<i>BUSINESS</i> Lunch [REDACTED]									0.00		29.96 29.96	
												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	
												0.00		0.00	
												0.00		0.00	
(13) SUBTOTALS				0.00	0.00	41.24	0.00	0.00	0.00			0.00	0.00	78.24	

(13) SUBTOTALS													0.00	0.00	41.24	0.00	0.00	0.00			0.00	0.00	78.24	
COLUMN CODE (ACCTG. USE ONLY)																								

CLAIM TOTAL																								66.24 78.24
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Parking for presentation at Cal Bio in San Francisco
 Parking at the Hilton for industry meeting
 Lunch 3-6-12 with [REDACTED] Consulting Professor at Stanford
 Lunch 1-18-12 with [REDACTED] Foley & Lardner Law Firm

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.

CLERK [REDACTED]	DATE 3/20/12	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 3-20-12
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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse) [REDACTED]	DATE
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