

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

*See Instructions and *Privacy Statement On Reverse Side*

CLAIMANT'S NAME Elona Baum			SSN or EMPLOYEE NUMBER* [REDACTED]			DEPARTMENT Legal		
POSITION General Counsel		CB/D No.	DIVISION or BUREAU CIRM				INDEX NUMBER	
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 210 King Street				TELEPHONE NUMBER	
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 1-1-13		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY	
(5) DATE	TIME			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											
1-23	12:00	San Francisco								41.00	23.17		23.17	
1-24	18:00	San Francisco						5.00	48.00	27.12			32.12	
										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	
										0.00			0.00	
(13) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00		5.00	89.00	50.29	0.00	55.29
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL	\$55.29
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

1-23-13 CIRM office to ICOC meeting. Miles
 1-24-13 Travel to ICOC meeting-Miles and bridge fare

AGENCY ACCOUNTING OFFICE USE ONLY
PAYED 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 [REDACTED]	DATE 1/31/13	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 1/31/2013
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE