

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

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CLAIMANT'S NAME Elona Baum		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT CIRM	
POSITION General Counsel		CB/ID No.	DIVISION or BUREAU		INDEX NUMBER
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 210 King Street		TELEPHONE NUMBER
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 0.555
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(4) MONTH/YEAR 2-6-12	(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			
1-28	7:00	Miles from home to SFO and (Dropoff) return									59.92 29.96	33.26 16.63		33.26 16.63
1-28	6:44	Breakfast		14.32								0.00		14.32
2-1	3:24	lunch			12.80							0.00		12.80
1-29	19:13	internet usage conference in DC										0.00	15.99	15.99
1-30	noon	lunch in room			12.28	30.25						0.00		42.53
2-1		cab hotel to airport								40.00		0.00		40.00
2-1	20:31	airport to home								107.00		0.00		107.00
1-31	16:49	internet use 1-31 in DV										0.00	10.99	10.99
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS			0.00	14.32	25.08	30.25	0.00	0.00		147.00	29.96	16.63	26.98	276.89 260.26
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL	\$276.89 \$260.26
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Panel meetings in DC at Phacilitate Cell & Gene Therapy Forum 2012. 1-30 to 2-1-12
 Panel moderator and presenter at conference.
 Meetings with meeting with Lee Buckler of Cell Therapy Group, and Leanna Caron of Genzyme

o/s # 201100P16

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 [REDACTED]	DATE 2-6-	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 2-7-12
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on r...)			DATE