

CLAIMANT'S NAME Elona Baum		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT CIRM	
POSITION General Counsel		CB/ID No.		DIVISION or BUREAU CIRM	
RESIDENCE ADDRESS * [REDACTED]		HEADQUARTERS ADDRESS 210 King Street		TELEPHONE NUMBER	
CITY [REDACTED]		STATE CA		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 0.550
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(4) MONTH/YEAR OCT 11	(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			
10/18	8:30	San Francisco/Washington DC	322.89	9.07 10.93		57.93 75.41	1.00				12.67	7.03 6.97	12.00	406.92 429.20
10/19	23:28	Washington DC/San Francisco		24.27	5.49	8.49	1.00			40.00	12.67	7.03 6.97		86.28 86.22
											0.00			0.00
											0.00			0.00
											0.00			0.00
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											0.00			0.00
											0.00			0.00
(13) SUBTOTALS			322.89	35.20	5.49	83.90	2.00	0.00	40.00	25.34	13.94	12.00		515.49 515.23
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL	493.20	\$515.38
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 IOM Study Panel of CIRM, Washington DC
 O/S # 201100C 08

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 SIGNATURE [REDACTED]	DATE 10/31/11	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 11.2.11
(17) SUPERVISOR SIGNATURE AND TITLE (See Item 17 on reverse)		DATE	