

**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 CIRM		INDEX NUMBER
RESIDENCE ADDRESS * [REDACTED]			HEADQUARTERS ADDRESS		TELEPHONE NUMBER
CITY [REDACTED]	STATE	ZIP CODE	CITY San Francisco	STATE CA	ZIP CODE 94107

(1) NORMAL WORK HOURS \_\_\_\_\_ (2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED] (3) MILEAGE RATE CLAIMED 0.555

(4) MONTH/YEAR	(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			
October 11	10-26	Wahoo's			6.98						0.00		6.98	
	10-25	Enterrise car								92.12	0.00		92.12	
	10-25	Labrea Bakery			14.12						0.00		14.12	
	10-25	Just Desserts			5.50						0.00		5.50	
	10-25	Cafe Irvine					7.41				0.00		7.41	
	10-27	Host Diner			10.32						0.00		10.32	
	10-27	Parking/SFO								60.00	0.00		60.00	
	11-16	Marriott			<del>7.00</del>					7.00	0.00		7.00	
	12-9	interview with candidate			<del>9.00</del> 11.00						0.00	11.00	11.00 9.00	
	11-14	parking/BIO								14.00	0.00		14.00	
	1-25-	miles 1-25-12 IOM meeting								39.00	21.65		21.65	
											0.00		0.00	
<b>(13) SUBTOTALS</b>			0.00		<del>23.50</del> 31.50	31.42	0.00	7.41	0.00	<del>74.00</del> 166.12	39.00	21.65	0.00	248.10
<b>COLUMN CODE (ACCTG. USE ONLY)</b>														

**CLAIM TOTAL** 157.99 + 55.98 = 213.97 (Total: 248.10)

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

Various meetings inside California. October ICOC & Strategic Plan Meetings. November Stem Cell Meeting on the Mesa.

10/25 - 27/11 ICOC Board Meeting  
 11/14/11 Bay Bio Meeting  
 11/16/11 COAP Meeting  
 12/9/11 Business Meeting - Recruitment  
 1/25/12 IOM Meeting

**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 1/27/12	ENDORSEMENT [REDACTED]	DATE 1/31/12
(17) SP [REDACTED]		TITLE (See Item 17 on reverse)	DATE