

**TRAVEL EXPENSE CLAIM**

See Instructions and \*Privacy Statement On Reverse Side

FD-262 (REV. 9/2007)

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CLAIMANT'S NAME Eloha Baum		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT Legal	
POSITION General Counsel		CB/ID No.	DIVISION or BUREAU CIRM		INDEX NUMBER
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 210 King Street, 3rd floor		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 0.555
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(4) MONTH/YEAR 11-12	(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			
	9-12-11	Attended Grants Working Group meeting September								15.00	174.00	96.57		111.57
	10-9	Business Development meeting				35.11						0.00	35.11	35.11
	10-11	Business Development meeting				35.87						0.00	35.87	35.87
	10-25	ICOC meeting								6.00	66.00	36.63		42.63
	10-27	Cab from Airport to Hotel in San Diego for Mesa meeting								60.79	30.00	16.65		77.44
	10-27	dinner at Mesa meeting				45.00						0.00		45.00
	10-31	Lunch at Mesa				15.39						0.00		15.39
	10-31	Parking for Mesa travel and travel home								80.00	30.00	16.65		96.65
	11-12	parking for CIRM offsite								28.00		0.00		28.00
	11-14/15	travel to and from home to Alpha Clinics at Stanford								12.00	196.00	108.78		120.78
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS			0.00	0.00	15.39	115.98	0.00	0.00		201.79	496.00	275.28	0.00	496.87 608.44
COLUMN CODE (ACCTG. USE ONLY)														

<b>CLAIM TOTAL</b>	<b>496.87</b> 608.44
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

September 12-13-14 travel to Grants Working Group meeting from home to Berkeley, CA *No receipts for toll charge*

October 9th Business Development meeting with Shire

10-11 Business Development meeting with Genetech

10-25 Travel to and from ICOC meeting *No receipt for toll charge.*

10-27 travel from home to SFO for ARM BOD meeting and Mesa meeting

11-14 and 15 Travel to Alpha Clinic Workshop at Stanford

<b>AGENCY ACCOUNTING OFFICE USE ONLY</b>
PAID BY REVOLVING FUND CHECK NUMBER
<b>496.87</b>

(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.

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 11.27.12
[REDACTED]	DATE