

CLAIMANT'S NAME Elona Baum		SSN or EMPLOYEE NUMBER* [REDACTED]	DEPARTMENT
POSITION General Counsel / VP Business Developmen	CB/ID No.	DIVISION or BUREAU CIRM	INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 210 King Street	TELEPHONE NUMBER (415) 396-9104
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE	CITY San Francisco
		STATE CA	ZIP CODE 94107

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.565
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(4) MONTH/YEAR 12/13	(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		
	12/9 15:30 19:30	San Francisco				18.83				PC	12.20	6.89		25.72
	12/10 14:05 24:00	London	587.38	9.21	18.00	24.54	118.43		T			0.00	39.99	180.49
	12/11 00:00 24:00	London	587.37	8.38	34.77	24.54	29.78		T			0.00	68.17	728.47
	12/12 00:00 18:00	London / San Francisco	1174.70	53.42			124.38		T	56.00	11.10	6.27		240.07
												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)	<b>SUBTOTALS</b>		1,174.70	61.80	9.21	71.60	49.08	269.59		56.00	23.30	13.16	108.04	1,764.17
			5					267.73					45.97	1,749.25

(13) SUBTOTALS

COLUMN CODE (ACCTG. USE ONLY)

**CLAIM TOTAL** 1,764.17

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  
 2013 G8 Summit - London, UK

01/5# 2613 L001

**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.

DATE 1/16/14	(16) SIGNATURE [REDACTED]	TRAVEL AND PAYMENT DATE EF 1/21/2014
NAME and TITLE (See Item 17 on reverse)		DATE