TRA\	/EL E	FORNIA - DEPARTMENT OF PERSO EXPENSE CLAIM (2007)	NNEL ADMINIS	TRATION			s and *Pri Reverse S				Page	1 of _	1	es	
STID. 262 (REV. 9/2007) CLAIMANT'S NAME							SSN or EMPLOYEE NUMBER*					DEPARTMENT			
E ona Baum												Legal			
POSITION CB/ID No.							DIVISION or BUREAU					INDEX NUMBER			
General Counsel, VP Business Development							CIRM					TELEBRIONE NUMBER			
RESIDENCE ADDRESS *							HEADQUARTERS ADDRESS					TELEPHONE NUM		1E NUMBER	
27.77							210 King Street, 3rd floor				STATE ZIP CODE				
CITY STATE ZIP CODE							San Francisco				CA		94107	94107	
1) NORM	MAL WO	RK HOURS				((2) PRIVATE V	EHICLE LICE	NSE NU	MBER	(3) MIL	EAGE RATE	CLAIMED		
(4) MONTH/YEAR		(6)	(7)	(8)	MEALS		(9)	(10)	TRANSPORTA		TION		(11)	(12)	
		LOCATION WHERE EXPENSES WERE INCURRED		BREAK-		O.T., L/T N/C, REL OR	-O. INCIDEN-	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS,	(D) PRIVATE CAR USE		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
5) DATE	TIME		LODGING	FAST	LUNCH	DINNER	TALS	TRANS.	USED	PARKING	MILES		EXI ENGE		
3-14	17:00	Barcelona	112.11									0.00		112.11	
3-15	17:00	Barcelona	112.11									0.00		112.11	
												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	
												0.00		0.00	
(10)	-								1			0.00		0.00	
(13)		SUBTOTALS	224.22	0.00	0.00	0.0	00,00	0.00		0.00	0.00	0.00	0.00	224.22	
co	LUMN	I CODE (ACCTG. USE ONL'	Y)					An Anna Page 1	i deni	专业生品的			0.000	5.56000	
		CLAIM TOTAL												\$224.22	
(14) PI	JRPOSE	OF TRIP. REMARKS AND DETAILS	(Attach receipts/	vouchers whe	n required)						А	GENCY AC	COUNTING	OFFICE	
(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) AAT Summit hotel in Barcelona, amended TEC, prior approval was given for the hotel rate that was											U	SE ONLY			
AA1	er the	n claimed on TEC submit	ted on 4-3-	0, prior	арргочи	**************************************	V C11 101 111	.0 120 002 10		, , , , , , , , , , , , , , , , , , , ,	PAID	BY REVOLVI	NG FUND CH	IECK NUMBE	
111511	or the														
		0/8# 201220	D/												
		¢ .													
											1				
(15)	I HER used,	REBY CERTIFY That the above is a true and if mileage rates exceed the minin Sections 0750, 0751, 0752, 0753 and 0	ue statement of the	he travel exp	enses incurre	ed by me in the vehicle	n accordance ve e was equal to	with DPA rules or greater tha	s in the s an the rat	ervice of the State claimed, and the	te of Califo nat I have i	ornia. If a priv met the requi	vately owned rements as pr	vehicle was escribed by	
CLAIN		Sections 0750, 0751, 0752, 0753 and (1754 pertaining to	vehicle safe DATE	ty and seat be	(16)	SIGNATURE	OF OFFICER	APPRO	VING TRAVEL A	ND PAYMI	ENT [DATE		
•				141	1413	7							4.12.	/ ()	
	PECIAL	EXPENSE AUTHORIZATION - SIGNA	ATURE and TITL	E (See Item	17 on reverse)							DATE		
70										4,000					