STATE OF CALIFORNIA – DEPARTMENT OF PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

Page _____ of _____ Pages

CLAIMANT'S NAME	SSN or EMPLOYEE NUMBER*	DEPARTMENT
Elona Baum	[redacted]	Legal

POSITION	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
General Counsel, VP Business Development		CIRM	

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
	210 King Street, 3rd Floor	(415) 793-2827

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
			San Francisco	CA	94107

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
	[redacted]	0.556 ; 565

(4) MONTH/YEAR 3-2013		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7)	(8) MEALS			(9)	(10) TRANSPORTATION					(11)	(12)
(5) DATE	TIME		LODGING	BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	INCIDEN-TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, ✓TOLLS, ✓PARKING	(D) PRIVATE CAR USE MILES	(D) PRIVATE CAR USE AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
3/7	18:00	San Francisco								53.00	5.00	2.83 ~~2.78~~		55.83 ~~55.78~~
3/19	8:00	Burlingame-ICOC meeting								7.00	68.00	38.42 ~~37.81~~		45.42 ~~44.81~~
3-22	1:00	South San Francisco									20.00	11.30 ~~11.12~~		11.30 ~~11.12~~
3-21	8:00	San Francisco								6.00	41.00	23.17 ~~22.80~~		29.17 ~~28.80~~
												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) **SUBTOTALS**			0.00	0.00	0.00	0.00	0.00	0.00		66.00	134.00	75.72 ~~74.50~~	0.00	141.72 ~~140.50~~
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL $141.72 ~~$140.50~~

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

3-7-13 meeting with Henry Ekzkowitz of Stanford
3-7-13 meeting with Catapult in SF
3-19-ICOC meeting-Burlingame
3-22-13 meeting with Gail Maderis of Bay Bio in South San Francisco
3-21-13 meeting with Larry Couture

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	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
[redacted]	3/25/13	[redacted]	3-26-13
TITLE (See Item 17 on reverse)			DATE