

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

CLAIMANT'S NAME Elona Baum			SSN or EMPLOYEE NUMBER* [REDACTED]			DEPARTMENT Legal		
POSITION General Counsel, VP Business Development			CB/ID No.	DIVISION or BUREAU CIRM			INDEX NUMBER	
RESIDENCE ADDRESS *				HEADQUARTERS ADDRESS 210 King Street			TELEPHONE NUMBER (415) 793-2827	
CITY San Francisco			STATE CA	ZIP CODE 94107				

(1) NORMAL WORK HOURS [REDACTED]			(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]			(3) MILEAGE RATE CLAIMED 0.565		
-------------------------------------	--	--	--	--	--	-----------------------------------	--	--

(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	TIME									MILES	AMOUNT			
4-13														
4-10	14:00	San Francisco CIRM to airport	220.64		6.05 10.96		6.05				53.00	13.00	7.35	287.04 277.26
4-11	2:30 4:00	San Diego	220.04		10.9	10.96					130.00	30.00	16.95	157.91 267.59
4-12	12:00	San Francisco										19.00	10.74	10.74
3-28	12:00	San Francisco				10.76							0.00	10.76
													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
(13) SUBTOTALS			220.64	0.00	6.05 21.72	10.96 0.00	6.05	0.00			183.00	62.00	35.02	455.69 466.44

COLUMN CODE (ACCTG. USE ONLY)												
CLAIM TOTAL											\$455.69	5166.41

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)											
4-10-13 Trip to San Diego for meetings at UCSD. 4-12-13 Meeting with Frank Rice of Vistagen.											
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	DATE
4/17/13	4.18.13
SIGNATURE and TITLE (See Item 17 on reverse)	DATE