STATE OF CALIFORNIA – DEPARTMENT OF PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

*See Instructions and *Privacy Statement On Reverse Side*

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

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

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
	210 King Street	(415) 793-2827

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
	[redacted]		San Francisco	CA	94107

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

(4) MONTH/YEAR: May ~~June~~ 2012

(5) DATE	(5) TIME	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS: BREAK-FAST	(8) MEALS: LUNCH	(8) MEALS: O.T., L/T, N/C, RELO. OR DINNER	(9) INCIDEN-TALS	(10) TRANSPORTATION: (A) COST OF TRANS.	(10) (B) TYPE USED	(10) (C) CARFARE, TOLLS, PARKING	(10) (D) PRIVATE CAR USE: MILES	(10) (D) PRIVATE CAR USE: AMOUNT	(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
5-19	~~3:09P~~ 6:00P	Charlotte International Airport		~~6.02~~	~~33.01~~		~~6.02~~					0.00		~~39.03~~
~~5-19~~ 5/20	8.14P	Dinner at First Watch	~~265.00~~			64.00 ~~64.03~~				20.00		0.00		84.00 ~~349.03~~
5-21	6:00P	parking	265.00			53.43				20.00		0.00		338.43 ~~20.00~~
5-22	10:00	Food and parking			15.73 ~~11.24~~	16.38 ~~9.74~~	~~20.87~~	25.00	G	~~30.00~~		0.00		57.11 ~~71.85~~
5-22	9PM	parking fees at SFO					5.00			96.00		0.00		101.00
												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**			265.00	0.00	44.25	73.77	31.89	0.00		166.00	0.00	0.00	0.00	580.54 ~~580.91~~
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL $580.54 ~~$580.91~~

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

Sach Investor conference, Elona, Keynote speaker and panel participant, May 2012.

0/SA 2 ¢11 00P20

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 0759, 0751, 0752, 0753 and 0754 [redacted] g to vehicle safety and seat belt usage.

[redacted] DATE 6/6/12

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [redacted] DATE 6-8-12

17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE *(See Item 17 on reverse)* [redacted] DATE