	FRAVEL EXPENSE CLAIM STD. 262 (REV. 9/2007) Statement O						700			Page of		Pages		
LAIMANT'S NAME						SSN or EMPLOYEE NUMBER*				DEPAR	TMENT			
ona Baum	1					NIV/ICIONI es l	BUBEAU					INDEX NUM	MBER	
POSITION CB/ID No.						DIVISION OF BUREAU CIRM						INDEX NO.	WIDER	
RESIDENCE ADDRESS *						HEADQUARTERS ADDRESS						TELEPHONE NUMBER		
						210 King St						(415) 396-9122		
STATE ZIP CODE						CITY San Francisco				–		ZIP C		
							eisco			· · · · · · · · · · · · · · · · · · ·		94107		
NORMAL WOR	RK HOURS				(2)	PRIVATE			ER	0.56	EAGE RATE	CLAIMED		
MONTH/YEAR		(7)	(8)	MEALS		(9)	(10)		TRANSPORTAT	TION		(11)	(12)	
5/13	(6) LOCATION WHERE EXPENSES WERE INCURRED		BREAK-		O.T., L/T, N/C, RELO.	INCIDEN-	(A) COST OF	(B) TYPE	(C) CARFARE,		(D) E CAR USE	BUSINESS EXPENSE	TOTAL EXPENSE FOR DAY	
ATE TIME		LODGING	FAST	LUNCH	OR DINNER	TALS	TRANS.	USED	TOLLS, PARKING	MILES	AMOUNT	EXPENSE	392,	
16 0900	SFO- IAD	356.48		8.59 /	43.14				67:38 67:50	29.90	16.89		3707, 403.20	
77	WASHINGTON DC	25648									0.00		267.1	
8 1330	TAD-SFO				- 9.21				123.44	29.90	16.89		149.5	
25	TAD-SFO Deposit good by GAM AMEX MPA	(353.8)	>								0.00		435 6.8	
	CLAM AMEX MPA										0.00		0.0	
											0.00		0.0	
											0.00		0.0	
											0.00		0.0	
											0.00		0.0	
						-					0.00		0.	
			-								0.00		0.	
											0.00	-	0.	
		180 H	0.00	8.59	52.35	0.00	0.00		190:72 1 90.9 4	59.80	33.72	0.00	.819	
	SUBTOTALS	15975					TIL ON STREET STREET, STREET STREET	SE CLASSICAL SECTION						
	SUBTOTALS CODE (ACCTG. USE ONL)	/59.75 n									. 1		1444	
COLUMN		/ <i>59.73</i> n										i	\$444 \$819	
OLUMN (CODE (ACCTG. USE ONL) CLAIM TOTAL DF TRIP, REMARKS AND DETAILS	(Attach receipts/v		n required)						A		COUNTING	\$819 SOFFICE	
OLUMN (CODE (ACCTG. USE ONL)	(Attach receipts/v		n required)							U:	SE ONLY		
COLUMN (CODE (ACCTG. USE ONL) CLAIM TOTAL DF TRIP, REMARKS AND DETAILS	(Attach receipts/v		n required)							U:			
COLUMN (CODE (ACCTG. USE ONL) CLAIM TOTAL DF TRIP, REMARKS AND DETAILS	(Attach receipts/v		n required)	Part of the second						U:	SE ONLY		
DOLUMN () PURPOSE C	CODE (ACCTG. USE ONL) CLAIM TOTAL DE TRIP, REMARKS AND DETAILS Slative Fly In meeting in	(Attach receipts/v		n required)	Process						U:	SE ONLY		
COLUMN () PURPOSE C RM Legis	CODE (ACCTG. USE ONL) CLAIM TOTAL DE TRIP, REMARKS AND DETAILS Slative Fly In meeting in	(Attach receipts/v		n required)							U:	SE ONLY		
DOLUMN () PURPOSE C	CODE (ACCTG. USE ONL) CLAIM TOTAL DF TRIP, REMARKS AND DETAILS	(Attach receipts/v		n required)							U:	SE ONLY		
PURPOSE C RM Legis	CODE (ACCTG. USE ONL) CLAIM TOTAL DF TRIP, REMARKS AND DETAILS Slative Fly In meeting in	(Attach receipts/v Washingto	n DC							PAIDI	U:	SE ONLY	ECK NUM	
COLUMN () PURPOSE C RM Legis	CODE (ACCTG. USE ONLY CLAIM TOTAL DE TRIP, REMARKS AND DETAILS Slative Fly In meeting in	(Attach receipts/v Washington	n DC		d by me in a	accordance was equal to	vith DPA rules	s in the sean the rate	ervice of the State	PAID	U:	SE ONLY	ECK NUMI	
PURPOSE C RM Legis	CODE (ACCTG. USE ONL) CLAIM TOTAL DF TRIP, REMARKS AND DETAILS Slative Fly In meeting in	(Attach receipts/v Washington	n DC		d by me in a the vehicle v It usage.	accordance was equal to	rith DPA rules	s in the sean the rate	ervice of the State o claimed, and the	PAID I	U: BY REVOLVII rnia. If a priv met the requir	SE ONLY	ECK NUME	
COLUMN () PURPOSE C RM Legis	CODE (ACCTG. USE ONLY CLAIM TOTAL DE TRIP, REMARKS AND DETAILS Slative Fly In meeting in	(Attach receipts/v Washington	n DC		d by me in a the vehicle vehicle vehicle (16	accordance was equal to	vith DPA rules or greater tha	s in the sean the rate		PAID I	U: BY REVOLVII rnia. If a priv met the requir	ately owned vements as pre	ECK NUME	