

TRAVEL EXPENSE CLAIM

See Instructions and *Privacy Statement On Reverse Side

STD. 262 (REV. 9/2007)

CLAIMANT'S NAME Elona Baum		SSN or EMPLOYEE NUMBER* [REDACTED]	DEPARTMENT General Counsel
POSITION General Counsel	CB/ID No.	DIVISION or BUREAU CIRM	INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 201 King Street	TELEPHONE NUMBER (415) 793-2827
CITY	STATE	ZIP CODE	CITY STATE ZIP CODE
	[REDACTED]	[REDACTED]	San Francisco CA 94017

1) NORMAL WORK HOURS [REDACTED]	2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	3) MILEAGE RATE CLAIMED 0.555
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5) DATE	TIME	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			
										MILES	AMOUNT			
5-9-12		Meeting with Michael Goldberg and Steve Juelsgaard +												
5-24		ICOC Meeting								9.00	30.00 64.00	16.65 35.52	25.65 44.52	
5-30		Interwest Meeting									67.00	37.19	37.19	
5-7		Business Meeting									16.00	0.00	16.00	
5-29		Meeting at Letterman Digital Center +									12.00	0.00	12.00	
4-30	0430 1800	Cab trip charge UCLA Meeting +									4.00	0.00	4.00	
5-29		Miles for Business Development meeting +									20.00	11.10	11.10	
											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		41.00	217.00	120.44	0.00	161.44
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL	142.67 \$161.44
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14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

5-9-12 Meeting with Michael Goldberg and Steve Juelsgaard
 5-24-12 ICOC Meeting
 5-30 Interwest Meeting with Matt Plunkett in MenloPark-Chris, Nina, Doug / InterWest Partners
 4-30 Cab trip charge UCLA Meeting
 5-29-12 Miles for Business Development meeting Karl Handelsman, David Collier, Andy Perlman, Ed Schnipper / CMEA Ventures

5/7/12 - dinner meeting with Roche Inc.

AGENCY ACCOUNTING OFFICE USE ONLY
PAYED 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.

[REDACTED]	DATE 6/5/12	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 6-8-12
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17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)	DATE
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