

CLAIMANT'S NAME Elona Baum		SSN or EMPLOYEE NUMBER*		DEPARTMENT			
POSITION General Counsel/ VP BD		CB/ID No.	DIVISION or BUREAU CIRM			INDEX NUMBER	
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 210 King St		TELEPHONE NUMBER (415) 396-9122		
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
		San Francisco	CA			94107	

(1) NORMAL WORK HOURS			(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]			(3) MILEAGE RATE CLAIMED 0.565		
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(4) MONTH/YEAR	(5) DATE	(5) 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				
06/13	6/16	1900	New York	131.10	24.90				14.75				30.00	16.95	78.00	187.70
	6/17		New York	232.08	18.85	14.00			13.80					0.00	52.15	316.88
	6/18	1500	New York		15.77								70.60	30.00	16.95	103.32
															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
															0.00	0.00
<b>(13) SUBTOTALS</b>				363.18	15.77	43.75	14.00	0.00	14.75		70.60	60.00	33.90	110.40	607.90	633.75
<b>COLUMN CODE (ACCTG. USE ONLY)</b>																

<b>CLAIM TOTAL</b>	633.75	607.90	666.35	614.90
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  
 Mesoblast meeting in NYC with Alan Trounson.  
  
 6/18 # 2012 L017

<b>AGENCY ACCOUNTING OFFICE USE ONLY</b>
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.

C X	[REDACTED]	DATE	6/12/13	DATE	7-2-13
		(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)	[REDACTED]	DATE	