

**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 General Counsel	
POSITION General Counsel, VP Business Development		CB/ID No.	DIVISION or BUREAU CIRM		INDEX NUMBER
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 210 King Street 3rd Floor		TELEPHONE NUMBER (415) 793-2827
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
			San Francisco	CA	94107

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
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(4) MONTH/YEAR	(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			
(5) DATE	TIME									MILES	AMOUNT		
6-15							304.80					0.00	304.80
												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
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
<b>(13) SUBTOTALS</b>		0.00	0.00	0.00	0.00	0.00	304.80		0.00	0.00	0.00	0.00	304.80
<b>COLUMN CODE (ACCTG. USE ONLY)</b>													

<b>CLAIM TOTAL</b>	\$304.80
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Full state airfare rate was 609.60 less CIRM direct pay = 304.80  
 6-15-12 full fare paid by employee of 609.60 reimbursement amount to employee is 304.80.

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

CLERK	[REDACTED]	DATE	6/26/12	(16) [REDACTED]	PAYMENT	DATE	6/26/12
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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE