

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 210 King Street, 3rd floor			TELEPHONE NUMBER (415) 396-9275		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE			
			San Francisco	CA	94107			

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.555
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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			
June 2012	6-17	6PM	Boston InterContinental	353.65		2.81	28.00	2.81			43.50	30.00	0.00 16.65	444.61 / 427.96
	6-18		Boston InterContinental	353.65	3.25			3.25			15.00		0.00	371.90
	6-19		Boston InterContinental	353.65			42.46				28.50		0.00	424.61
	6-20		Boston InterContinental	353.65	27.85	3.21	34.96	3.21			46.94		0.00	14.95 / 481.56
	6-21-		Boston			6.94					105.87		0.00	112.81
	6-17		round trip mileage from home to airport +									30.00 / 60.00	16.65 / 33.30	16.65 / 33.30
												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
(13) SUBTOTALS				1,414.60	34.79	0.00	105.42	9.27	0.00		239.81	60.00	33.30	14.95 / 1,852.14
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL	\$1,852.14
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)	6-17-12 Cab from Boston Logan to hotel	AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER
	6-18-12-Travel by cab for dinner meeting with GSK.	
6-19- Travel by cab to and from industry ARM meeting.		
6-20- Round trip via Cab to meeting with Genzyme.		
6-20- Round trip via cab to meet with Tom Lundy of Shire		
6-20 Cab to meet with Mr. Chiplin VC.		
6-21-12 Cab from hotel to airport		

ATTENDED BIO INTERNATIONAL CONFERENCE & MEETINGS

(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.

DATE: 6/25/12

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (see Item 17 on reverse)