

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				TELEPHONE NUMBER	
CITY	STATE	ZIP CODE	CITY San Francisco			STATE CA	ZIP CODE 94107	

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.550
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(4) MONTH/YEAR 07/2012	(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		
7-25	18:45		parking expense for ICOC								9.50	45.00	24.98 24.75	34.48 34.25
7-26	16:00		miles home to ICOC meeting								60.00	33.30 32.00	33.30 33.00	
												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
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												0.00	0.00	0.00
												0.00	0.00	0.00
												0.00	0.00	0.00
												0.00	0.00	0.00
SUBTOTALS				0.00	0.00	0.00	0.00	0.00	0.00	9.50	105.00	57.75	0.00	67.78 67.25

(13) COLUMN CODE (ACCTG. USE ONLY)	
CLAIM TOTAL	67.78 67.25

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

7-25 Evening ICOC meeting travel from office to Burlingame and home
 7-26 ICOC meeting travel

AGENCY ACCOUNTING OFFICE USE ONLY
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.

(16) SIGNATURE OF OFFICER APPROVING TRIP AND PAYMENT [REDACTED]	DATE 8/20/12	(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse) [REDACTED]	DATE 21 August 2012
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