

See Instructions and *Privacy
 Statement On Reverse Side

CLAIMANT'S NAME Elona Baum		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT CIRM	
POSITION General Counsel		CB/D No.	DIVISION or BUREAU		INDEX NUMBER
RESIDENCE ADDRESS * [REDACTED]			HEADQUARTERS ADDRESS 210 King Street		TELEPHONE NUMBER
CITY [REDACTED]		STATE [REDACTED]	ZIP CODE [REDACTED]	CITY San Francisco	STATE CA ZIP CODE 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 08/11	(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		
	08/18	08:29 16:09	UCSF, Mission Bay 21A Garage, San Francisco	+							28.00	1.00	0.56	28.56
	08/24	14:30 19:30	IP Subcommittee Mtg. at Stanford	+							10.00	39.70	22.03	32.03
	08/25	8:30 18:00	ICOC Board Meeting at Stanford	+							11.00	36.90	20.48	31.48
												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
(13) SUBTOTALS				0.00	0.00	0.00	0.00	0.00	0.00	49.00	77.60	43.07	0.00	92.07
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL	\$92.07
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

8/18 - Strategic Planning Meeting at The Gladstone Institute, UCSF, 1625 Owens St., San Francisco, CA - mileage and parking

8/24 - Travel from CIRM to Stanford for ICOC Subcommittee Mtg. 35.5 miles; mileage between Stanford and Sheraton three 1-way trips @ 1.4 miles/trip, and overnight parking at the Sheraton Hotel (receipt lost)

8/25 - Attend ICOC Board Meeting at Stanford - Parking at Stanford for the day, mileage from Sheraton to Stanford and Stanford to CIRM

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 9/7/11	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 9-12-11
NAME and TITLE (See Item 17 on reverse)		DATE	