

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*			DEPARTMENT General Counsel		
POSITION General Counsel, VP Business Development		CB/ID No.	DIVISION or BUREAU CIRM			INDEX NUMBER		
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 210 Kind Street, 3rd Floor			TELEPHONE NUMBER (415) 396-9275		
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE	
				San Francisco		CA	94107	

(1) NORMAL WORK HOURS

(2) PRIVATE VEHICLE LICENSE NUMBER

(3) MILEAGE RATE CLAIMED
0.555

(4) MONTH/YEAR	(5) DATE	(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			
	TIME										MILES	AMOUNT		
8/2012	8-21	Bethesda Hyatt Regency	190.97		18.37 18.87	45.63 47.82	3.00			67.00		0.00		324.66 324.97
	8-22	Meals			4.89 42.10	8.47	26.49	1.26		82.00		0.00		121.85
	8-24	SFO parking								49.63		0.00		49.63
	8-24	Round trip mileage, to and from airport									60.00	33.30		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
SUBTOTALS			190.97	12.10	18.87	74.31	4.26	0.00		198.63	60.00	33.30	0.00	529.75

13) COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

529.75
529.44
529.75

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

8-22-12 Meeting with NIH in Bethesda, MD, Alan was invited but could not attend and asked me to go instead.

0/S# 2012 L045

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: 8/27/12

DATE: 28 July 2012