

**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* 9934	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) 396-9275
CITY	STATE	ZIP CODE	CITY	STATE
			San Francisco	CA
				94107

(1) NORMAL WORK HOURS 8AM to 5PM	(2) PRIVATE VEHICLE LICENSE NUMBER 5DUX811	(3) MILEAGE RATE CLAIMED 0.555
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(4) MONTH/YEAR 9/2012	(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		
	8-27	SF to Palo Alto-Sanofi meeting								62.00	34.41		34.41
	8-29	Home to SFO		9.50					36.00	60.00	33.30		78.80
	8-30	Home to Stanford								98.00	54.39		54.39
	9-5	CIRM to ICOC to home								47.00	26.09		26.09
	9-6	round trip to ICOC							8.00	64.00	35.52		43.52
											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	9.50	0.00	0.00	0.00	0.00	44.00	331.00	183.71	0.00	237.21
COLUMN CODE (ACCTG. USE ONLY)													

<b>CLAIM TOTAL</b>	<b>\$237.21</b>
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

8-27 Joint meeting with Ellen Feigel with Sanofi in Palo Alto, business development.  
 8-29 Joint meeting with Ellen to San Diego to meet with Novartis, presentation.  
 8-30 Tech Transfer meeting at Stanford.  
 9-5 to 9-6 Travel to ICOC meeting in Burlingame.

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

CLAIMANT'S SIGNATURE 	DATE 9/7/12	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE 9-7-12
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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)	DATE