

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* [REDACTED]		DEPARTMENT	
POSITION General Counsel, VP Business Development		CB/ID No.	DIVISION or BUREAU CIRM		INDEX NUMBER
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 210 King Street		TELEPHONE NUMBER (415) 396-9255
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

(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		
9-12	9-12	1:00	CIRM to Grants Working Group Meeting +			12.97					25.00	13.88	12.97	26.85
9-13	9-13	8:00	Home to Grants Working Group Meeting in Oakland +							17.00	53.00	29.42		46.42
9-14	9-14	8:00	Home to Grants Working Group Meeting in Oakland +								53.00	29.42		29.42
9-24	9-24	11:00	CIRM to Stem Cell Inc Meeting +							5.00	74.00	41.07		46.07
												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	12.97	0.00	0.00	0.00	22.00	205.00	113.78	0.00	148.75
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL \$148.75

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

9-12 to 9-14 Travel to and from Grants Working Group Meeting in Oakland
 9-12 Working lunch with Ian Sweedler to discuss the transition of work duties.
 9-24-12 Travel from CIRM to Stem Cell Inc meeting in Fremont with Alan and Ellen.

Note: 9/12/12 lunch - no detailed receipt - no alcohol purchased.

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.

CLAIMANT SIGNATURE [REDACTED]	DATE 9/15/12	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 26 Sept 2012
(17) [REDACTED]		DATE	