

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

Page _____ of _____ Pages

CLAIMANT'S NAME Elona Baum		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT CIRM	
POSITION General Counsel		CB/ID No.	DIVISION or BUREAU CIRM		INDEX NUMBER
RESIDENCE ADDRESS * [REDACTED]		HEADQUARTERS ADDRESS 210 King Street			TELEPHONE NUMBER
CITY [REDACTED]	STATE	ZIP CODE	CITY San Francisco	STATE CA	ZIP CODE 94107

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.550
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(4) MONTH/YEAR SEPT 11	(5) DATE	(6) 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				
	9/13	15:51	Parking								17.50	0.00	17.50		
	9/14	18:01	Parking								42.00	0.00	42.00		
	9/15	18:01	Parking								30.00	0.00	30.00		
	9/16	18:12	Parking								38.00	0.00	38.00		
	10/2-10/5	18:54	Parking								80.00 100.00	0.00	80.00 100.00		
	10/21	12:17	Parking/Mileage								5.00	24.32 13.50 43.38	18.50 18.38		
	10/31	16:00	Parking Mileage								10.50	2.60	1.43	11.93	
												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	0.00	223.00 243.00	26.92	14.81	0.00	237.93 257.81

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL *237.93
257.81

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

9/13 - Parking for President's Advisory Meeting @ UCSF
 9/14 -9/16 - Parking for CRM Grantee Meeting 2011 @ the Park 55 Hotel San Francisco
 10/2 - Parking for World Stem Cell Summit Pasadena
 10/21 - Parking/Mileage for Dedication Ceremony Li Ka Shing Center for Biomedical and Health Sciences, Berkeley
 10-31 - Parking/Mileage for Strategic Plan Public Meeting at UCSF Mission Bay

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.

CLAIMANT'S SIGNATURE DATE 11-27/11

(17) SIGNATURE and TITLE (See Item 17 on reverse)