

See Instructions and *Privacy
 Statement On Reverse Side

CLAIMANT'S NAME Elona Baum		SSN or EMPLOYEE NUMBER* [REDACTED]	DEPARTMENT CIRM
POSITION General Counsel / VP Business Developmen	CB/ID No.	DIVISION or BUREAU CIRM	INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 210 King Street	TELEPHONE NUMBER (415) 396-9105
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY San Francisco
			STATE CA
			ZIP CODE 94107

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED 0.565
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(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			
9 - 11/13	9/16	San Francisco/Menlo Park - RT									66.00	37.29	-15.68	-52.97 37.29	
	09/18	San Francisco/Berkeley - RT									6.00	23.60		19.33	
	09/19	San Francisco/Berkeley - RT									6.00	23.60		19.33	
	9/20	San Francisco/Berkeley - RT									6.00	23.60		19.33	
	10/9	San Francisco/Burlingame - RT									33.00	18.65		18.65	
	10/10	San Francisco									2.00	0.00		2.00	
	10/12	Tiburon/San Diego									6.00	29.80		16.84	
	10/13	San Diego										0.00		51.72 51.19	
	10/15	San Diego			22.00							0.00		22.00	
	10/16	San Diego/San Francisco									90.00	13.20		7.46	
	10/29	San Francisco/Burlingame - RT									33.00	18.65		18.65	
	11/8	Tiburon/Berkeley - RT									6.00	23.60		13.33	
(13) SUBTOTALS			0.00	22.00	48.54	30.68	0.00	122.60			122.00	269.40	152.21	-15.68	-513.71

COLUMN CODE (ACCTG. USE ONLY)	
CLAIM TOTAL	\$ 496.26 -513.71 496.26

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

9/16/13 - Business Meeting with Steve Juelsgard
 9/18 - 9/20/13 - GWG DT3 - Berkeley, CA
 10/9/13 - October ICOC Board Meeting - Burlingame, CA
 10/10/13 - Business Meeting with John Gardner
 10/13 - 10/16 - SCMOM, La Jolla, CA
 10/29/13 - CDAP Meeting - Burlingame, CA
 11/8/13 - Genomics Review - Berkeley, CA

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 [REDACTED]	DATE 1/8/14	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 1/9/2014
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE