

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/007)

See Instructions and *Privacy Statement On Reverse Side

CLAIMANT'S NAME Elona Baum		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT Legal	
POSITION General Council		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	ZIP CODE
			San Francisco	CA	94107

(1) NORMAL WORK HOURS [REDACTED] (2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED] (3) MILEAGE RATE CLAIMED [REDACTED]

(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			
9-18	8AM		The Charles Hotel, Boston	410.87								0.00		410.87
9-19	8AM		The Charles Hotel, Boston	353.65								0.00		353.65
9-20	8AM		The Charles Hotel, Boston	353.65								0.00		353.65
												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				1,118.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,118.17

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL \$1,118.17

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 Hotel expense in Boston for Stem Cell USA and Bio Conference.
 CIRM will be reimbursed for 2 of the 3 nights per arrangement given Elona served on a panel discussion.

C/SH 2012 L043

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.

DATE 9/26/12 (16) [REDACTED] DATE 26 Sept 2012

(17) [REDACTED] (See Item 17 on reverse) DATE