

**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 *			HEADQUARTERS ADDRESS 210 King Street		TELEPHONE NUMBER
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE	CITY San Francisco	STATE CA	ZIP CODE 94107

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED <del>0.550</del> .555
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(4) MONTH/YEAR Sept 11	(5) DATE 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		
9/19	0800	San Francisco to Boston	310.87	8.18	8.59	32.50	23.90	T			12.67	<del>6.97</del> 7.03	391.07	<del>391.01</del>
9/20				5.25		10.58	37.34	T				0.00	53.17	
9/21		to New York	461.35		25.08		7.40	T				0.00	12.95	506.78
9/22			461.35			<del>6.71</del> 39.16						0.00	12.95	<del>537.01</del> 513.46
9/23	22:00	Return to San Francisco			39.43		4.00	T	70.00	100.00	12.67	<del>6.97</del> 7.03	<del>220.40</del> 220.46	<del>216.40</del>
												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
<b>(13) SUBTOTALS</b>			1,233.57	13.43	73.10	105.79	4.00		138.64	100.00	25.34	13.94	25.90	<del>1708.37</del> 1684.94

<b>COLUMN CODE (ACCTG. USE ONLY)</b>	<b>CLAIM TOTAL</b>	<del>1708.37</del> 1684.94
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Phar. Stra. Alliance's Conference and other meetings.

9/23 \$4.00 incidentals are tips to hotel staff.

0/5# 2011 OOP 15

<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 [REDACTED]	DATE 10/21/11	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 10/28/2011
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)		DATE	