

See Instructions and *Privacy Statement On Reverse Side

CLAIMANT'S NAME Elona Baum		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT Legal	
POSITION General Counsel, VP Business Development		CB/ID No.		DIVISION or BUREAU CIRM	
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 210 King Street, 3rd Floor		INDEX NUMBER	
CITY STATE ZIP CODE		CITY San Francisco		STATE ZIP CODE CA 94107	
(1) NORMAL WORK HOURS		(2) PRIVATE VEHICLE LICENSE NUMBER		(3) MILEAGE RATE CLAIMED 0.555	

(4) MONTH/YEAR	(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			
9-12														
9-18	9-18	8AM 0800	Home to SFO		9.23 0.23	8.59	46.18 50.94				58.77 59.10	30.0 60.00	16.65 33.30	156.07 152.16 139.42
9-19			Taxi, from hotel to conferences								79.88 90.35		0.00	79.88 90.35 79.88
9-20			Taxi from hotel to conferences and meetings				58.15				31.82 22.50		0.00	89.97 80.65 89.97
9-21	9-21	1500	SFO to Home								49.63 60.00	30.0 60.00	16.65 33.30	66.28 82.93 66.28
SUBTOTALS				0.00	0.23	8.59	109.09	0.00	0.00	221.58	120.00	66.60	0.00	408.85 406.09 375.55
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													408.85 406.09 375.55	

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

-18 to 9-20 Taxis service from airport to hotel and hotel to conferences and meetings with companies.

notes:
 - no itemized receipt for 9/18/12 dinner expense - no alcohol purchased.
 - 9/18/12 dinner claim reduced to \$46.18 to maintain \$4.00 daily limit
 - no itemized receipt for 9/20/12 dinner expense - no alcohol purchased.

0/5# 2012 LOP3

AGENCY ACCOUNTING OFFICE USE ONLY	
PAID BY REVOLVING FUND CHECK NUMBER	

(5) 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 the State of California.

DATE 9/20/12	(16) SIGNATURE [REDACTED]	PAYMENT	DATE 26 Sept 2012
TITLE (See Item 17 on reverse)			DATE