| Meeting Date: MARCH 1, 2012   |
|---|
| Subject:  |
| Business and Travel Expense Reimbursement Reports for Board Members, President/CEO, Chief Auditor and General Counsel When Attending Conferences, Meetings, and Training at the Expense of the Authority  |
| Recommendation:   |
| For information only.   |
| Background/Justification:   |
| Authority Policy 3.30 (2)(b) and (4)(b) require that business expenses reimbursements of Board Members, the President/CEO, the Chief Auditor and the General Counsel be approved by the Executive Committee and presented to the Board for its information at its next regularly scheduled meeting. |
| Authority Policy 3.40 (2)(b) and (3)(b) require that travel expense reimbursements of Board Members, the President/CEO, the Chief Auditor and the General Counsel be approved by the Executive Committee and presented to the Board for its information at its next regularly scheduled meeting.    |
| The attached reports are being presented to comply with the requirements of Policies 3.30 and 3.40.   |
| Fiscal Impact:  |
| Funds for Business and Travel expenses are included in the FY 2012 Budget.  |
| Authority Strategies:   |
| This item supports one or more of the Authority Strategies, as follows:   |
|   |

#### Page 2 of 2

#### **Environmental Review:**

- A. This Board action is not a project that would have a significant effect on the environment as defined by the California Environmental Quality Act (CEQA), as amended. 14 Cal. Code Regs. §15378. This Board action is not a "project" subject to CEQA. Cal. Pub. Res. Code §21065.
- B. California Coastal Act Review: This Board action is not a "development" as defined by the California Coastal Act. Cal. Pub. Res. Code §30106.

#### **Equal Opportunity Program:**

Not applicable.

#### Prepared by:

TONY RUSSELL DIRECTOR, CORPORATE SERVICES/AUTHORITY CLERK

# TRAVEL REQUESTS

# THELLA F. BOWENS

219 - L'orporate Services/
ET AUTHORITY Email

## SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY <u>OUT-OF-TOWN TRAVEL REQUEST</u>

| GENERAL | INSTRUCT   | IONS:  |
|---------|------------|--------|
|         | 1140111001 | 10110. |

- A. All travel requests must conform to applicable provisions of Policies 3.30 and 3.40.
- B. Personnel traveling at Authority expense shall, consistent with the provisions of Policies <u>3.30</u> and <u>3.40</u>, use the most economical means available to affect the travel.

| 1. TRAVELER:                  |                                     |                             |                                 |                      |                |                           |
|-------------------------------|-------------------------------------|-----------------------------|---------------------------------|----------------------|----------------|---------------------------|
| Travelers Name:               | Thella F. Bowe                      | ens                         |                                 |                      | Dept:          | 6/Executive Office        |
| Position:                     | Board Member                        |                             | Г Ge                            | n. Counsel           |                | Chief Auditor             |
| Γ,                            | All other Authority e               | mployees (does not i        | require exec                    | utive committe       | ee admin       | istrator approval)        |
| 2. DATE OF REQU               | EST: 01/31/12                       | _ PLANNED DATE OF           | F DEPARTUR                      | RE/RETURN:           | 02/23/         | 12 / 02/24/12             |
|                               |                                     | le detailed explanation     | on as to the                    | purpose of th        | e trip- co     | ontinue on extra sheets   |
| of paper as nece              |                                     |                             | _                               |                      |                |                           |
| Destination: Da               |                                     |                             |                                 | eeting with S        | outhwest       | Airlines                  |
| Explanation: W                | eeting with Southw                  | est Airlines Headqua        | irters                          |                      |                |                           |
|                               |                                     |                             |                                 |                      |                |                           |
| 4. PROJECTED OL               | JT-OF-TOWN TRA                      | VEL EXPENSES                |                                 |                      |                |                           |
|                               | PORTATION COST                      |                             |                                 |                      |                |                           |
| <ul><li>AIRF</li></ul>        | ARE                                 |                             |                                 | \$                   | 850            |                           |
|                               |                                     | TION (Taxi, Train, C        | ar Rental)                      | \$                   | 100.           |                           |
| B. LODGIN                     | G                                   |                             |                                 | \$<br>\$<br>\$<br>\$ | <b>2</b> 50.00 | <del></del>               |
| C. MEALS                      |                                     |                             |                                 | \$                   | 100.0          | D                         |
|                               | R AND CONFERE                       |                             |                                 | \$                   |                |                           |
|                               | AINMENT (If applied                 |                             |                                 | \$                   |                | _                         |
|                               | INCIDENTAL EXPE                     |                             |                                 | \$                   | /              | W                         |
| TOT                           | TAL PROJECTED                       | TRAVEL EXPENSE              |                                 | \$                   | 1300           | <b>~</b>                  |
| CERTIFICATION                 | BY TRAVELE                          | R ≝y my signature b         | elow, I certif                  | y that the abo       | ove listed     | out-of-town travel and    |
| associated expenses           | s conform to the At                 | thority's Policies 3.3      | 0 and 3.40)                     | and are reaso        | nable an       | d directly related to the |
| Authority's business          |                                     |                             | 0.00                            |                      | ^              | 11/1                      |
| Travelers Signature           | 11111111111                         | L Frank                     |                                 | Dat                  | te: 2          | Jell 2012)                |
| CERTIFICATION                 | I BY ADMINIST                       | RATOR (Where A              | Administrato                    | r is the Execu       | itive Con      | mittee, the Authority     |
| Clerk's signature is r        | equired).                           |                             |                                 |                      |                |                           |
| By my signature bel           | ow, I certify the follow            | owing:                      |                                 |                      |                |                           |
| 1. I have consc               | cientiously reviewed                | the above out-of-to         | wn travel red                   | quest and the        | details p      | rovided on the reverse.   |
|                               |                                     | el and all identified e     |                                 | •                    |                |                           |
|                               |                                     | nable in comparison         | •                               | •                    |                |                           |
|                               |                                     | el and all identified e     |                                 |                      |                |                           |
|                               | Policies <u>3.30</u> and <u>3.4</u> | _ / /                       |                                 |                      | •              |                           |
| Administrator's Sig           |                                     | 14/20                       | ar                              |                      | Date:          | 2-9-12                    |
| AUTHORITY CLI                 | ERK CERTIFIC                        | ATION ON BEHA               | )<br>ALF OF EX                  | KECUTIVE             | COMN           | IITTEE                    |
| 1                             |                                     |                             |                                 |                      |                |                           |
| ı,<br>(Please leave blank, Wi | hoever clerk's the meeti            | ng will insert their name a | nd title.)                      | ereby certify        | uiat tiiis (   | document was approve      |
| by the Executive Co           |                                     |                             | sconoud (*03504:3750 <b>€</b> ) | meeti                | ng.            |                           |

## SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY OUT-OF-TOWN TRAVEL REQUEST

#### **GENERAL INSTRUCTIONS:**

- A. All travel requests must conform to applicable provisions of Policies 3.30 and 3.40.
- B. Personnel traveling at Authority expense shall, consistent with the provisions of Policies 3.30 and 3.40, use the most economical means available to affect the travel.

| TRAVELER:     Travelers Name: Thella F, Bowens   |  | Dept:     | 6/Executive Office             |
|--|--|-----------|--------------------------------|
| Board Member   | O Gen. Counsel   | Dept.     | Chief Auditor                  |
| Position:  | O j Gen. Counser                                       |           | ) Chief Additor                |
| All other Authority employees (does no   | ot require executive committe                          | ee admir  | nistrator approval)            |
| 2. DATE OF REQUEST: 01/24/12 PLANNED DATE  | OF DEPARTURE/RETURN:                                   | 01/26     | /12 / 01/26/12                 |
| DESTINATIONS/PURPOSE (Provide detailed explanation paper as necessary):     Destination:Long Beach, CA  Explanation:   | Purpose: ACI Media Rel<br>Communications Semina        | ations a  |                                |
| 4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES  A. TRANSPORTATION COSTS:  AIRFARE  OTHER TRANSPORTATION (Taxi, Train B. LODGING C. MEALS  D. SEMINAR AND CONFERENCE FEES  E. ENTERTAINMENT (If applicable)  F. OTHER INCIDENTAL EXPENSES   | \$<br>\$<br>\$<br>\$                                   | 131.5     | 0                              |
| TOTAL PROJECTED TRAVEL EXPENS  | SE \$  | 165.0     | U .                            |
| <b>CERTIFICATION BY TRAVELER</b> By my signature   |  |           |                                |
| associated expenses conform to the Authority's Policies  | 3.30 and 3.40 and are reason                           | onable a  | nd directly related to the     |
| Authority's business.  Travelers Signature:  | WUMD Da  | ite:      | 1/85/2012                      |
| CERTIFICATION BY ADMINISTRATOR (When   | e Administrator is the Exec                            | utive Co  | mmittee the Authority          |
| Clerk's signature is required).  | o manimum and in the money                             |           | minute, and radionty           |
| By my signature below, I certify the following:  1. I have conscientiously reviewed the above out-of  2. The concerned out-of-town travel and all identifie Authority's business and reasonable in comparis  3. The concerned out-of-town travel and all-identifie Authority's Policies 3.30 and 3.40.  Administrator's Signature: | d expenses are necessary on to the anticipated benefit | for the a | Authority. nents and intent of |
| AUTHORITY CLERK CERTIFICATION ON BE  | HALF OF EXECUTIVE                                      | COM       | MITTEE                         |
|  |  |           |                                |
| I, (Please leave blank. Whoever clerk's the meeting will insert their nen  | , hereby certify                                       | that this | document was approved          |
| by the Executive Committee at its  | ne and sue.)<br>mee                                    | lina.     |                                |
| (Leave blank and we w  | Il Insert the meeting date.)                           | 'B'       |                                |

## SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY OUT-OF-TOWN TRAVEL REQUEST

#### **GENERAL INSTRUCTIONS:**

- A. All travel requests must conform to applicable provisions of Policies 3.30 and 3.40.
- B. Personnel traveling at Authority expense shall, consistent with the provisions of Policies <u>3.30</u> and <u>3.40</u>, use the most economical means available to affect the travel.

| 1. TRAVELER:<br>Travelers Name:  | Thella F. Bowe                               | ane   |   | Dept:   | 06                        |
|--|--|---|---|---|---------------------------|
|  | Board Member                                 |   | ☐ Gen. Coun   |   | Chief Auditor             |
| Position:  |  | ■ Page Production Advanced State Production Code (Company)  | Security and all the control of the |   |                           |
| Г  | All other Authority er                       | mployees (does not re   | quire executive co  | mmittee admin   | istrator approval)        |
| 2. DATE OF REQU  | JEST: 2/10/12                                | PLANNED DATE OF   | DEPARTURE/RETU  | JRN: <u>04/16/</u>  | 12 / 4/19/12              |
| 3. DESTINATIONS of paper as necessity Destination: Las Explanation:                          | essary):                                     | P   | n as to the purpose<br>urpose: ACI-NA C<br>ffairs/Environment   | Operations and  |                           |
| AIRI     OTH     B. LODGIN     C. MEALS     D. SEMINA     E. ENTERT     F. OTHER             | PORTATION COST<br>FARE<br>IER TRANSPORTA     | S:<br>TION (Taxi, Train, Ca<br>NCE FEES<br>able)<br>:NSES   | \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   | 450.00<br>433.44<br>150.00<br>695.00<br>0.00<br>0.00<br>1728.44 |                           |
| CERTIFICATION  | N BY TRAVELER                                | R By my signature be  | ow. I certify that the  | ne above listed   | l out-of-town travel and  |
| 4  |  |   |   |   | d directly related to the |
| Authority's business   | / /////////////////////////////////////      | 1/1 AMR   | 11/1/10   |   | 2/16/12                   |
| Travelers Signature  | e(/// <i>J</i> //                            | IL TOM  |   | _ Date:   | -110110                   |
| CERTIFICATION  | BY ADMINIST                                  | RATOR (Where Ad   | Iministrator is the   | Executive Con   | nmittee, the Authority    |
| Clerk's signature is   |  |   |   |   |                           |
| <ol> <li>I have conse</li> <li>The concern<br/>Authority's t</li> <li>The concern</li> </ol> | ned out-of-town trave<br>ousiness and reason | the above out-of-tow<br>el and all identified ex<br>able in comparison to<br>el and all identified ex | penses are neces<br>the anticipated be  | sary for the ad<br>enefit to the Au                             | uthority.                 |
| Administrator's Si   | gnature:                                     |   |   | Date:   |                           |
| ALITHOPITY OF  |  |   |   |   |                           |
| AUTHORITY CL   | EKK CEKTIFICA                                | ATION ON BEHA   | LF OF EXECU   | TIVE COMN   | HITEE                     |
| Ι,   |  |   | , hereby c  | ertify that this  | document was approved     |
| (Please leave blank. W   |  | g will insert their name and  | title.)   | meeting   | v • <u>•</u> _ov 3e 333 3 |

## SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY <u>OUT-OF-TOWN TRAVEL REQUEST</u>

#### **GENERAL INSTRUCTIONS:**

- A. All travel requests must conform to applicable provisions of Policies 3.30 and 3.40.
- B. Personnel traveling at Authority expense shall, consistent with the provisions of Policies <u>3.30</u> and <u>3.40</u>, use the most economical means available to affect the travel.

| 1. TRAVELER:  |  |
|---|--|
| Travelers Name: Thella F. Bowens  | Dept: 06/Executive Office  |
| Position: Position: President/CEO President/CEO   | Gen. Counsel Chief Auditor   |
| ☐ All other Authority employees (does not require ex  | ecutive committee administrator approval)  |
| 2. DATE OF REQUEST: 02/14/12 PLANNED DATE OF DEPART   | TURE/RETURN: 04/24/12 / 04/28/12   |
| DESTINATIONS/PURPOSE (Provide detailed explanation as to the of paper as necessary):     Destination: Charleston, South Carolina Purpose:     Explanation:  | ne purpose of the trip- continue on extra sheets  ACI-NA Legal Affairs Spring Conference             |
| <ul> <li>4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES</li> <li>A. TRANSPORTATION COSTS:</li> <li>AIRFARE</li> <li>OTHER TRANSPORTATION (Taxi, Train, Car Rental)</li> <li>B. LODGING</li> <li>C. MEALS</li> <li>D. SEMINAR AND CONFERENCE FEES</li> <li>E. ENTERTAINMENT (If applicable)</li> <li>F. OTHER INCIDENTAL EXPENSES</li> <li>TOTAL PROJECTED TRAVEL EXPENSE</li> </ul>   | \$ 680.00<br>\$ 100.00<br>\$ 1030.00<br>\$ 200.00<br>\$ 785.00<br>\$ 0.00<br>\$ 100.00<br>\$ 2895.00 |
| CERTIFICATION BY TRAVELER By my signature below, I ce   | rtify that the above listed out-of-town travel and   |
| associated expenses conform to the Authority's Policies 3.30 and 3.4  | 5  |
| Authority's business. Travelers Signature:  | Date: 2/16/12  |
| CERTIFICATION BY ADMINISTRATOR (Where Administra  | ator is the Executive Committee, the Authority   |
| Clerk's signature is required).   |  |
| <ol> <li>By my signature below, I certify the following:         <ol> <li>I have conscientiously reviewed the above out-of-town travel</li> <li>The concerned out-of-town travel and all identified expenses                 Authority's business and reasonable in comparison to the ant</li> </ol> </li> <li>The concerned out-of-town travel and all identified expenses         <ol> <li>Authority's Policies 3.30 and 3.40.</li> </ol> </li> </ol> | are necessary for the advancement of the icipated benefit to the Authority.                          |
| Administrator's Signature:  | Date:  |
| AUTHORITY CLERK CERTIFICATION ON BEHALF OF  | EXECUTIVE COMMITTEE  |
| I.  | , hereby certify that this document was approved   |
| (Please leave blank. Whoever clerk's the meeting will insert their name and title.)   | man a Alman  |
|   | EXECUTIVE COMMITTEE  |

## SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY OUT-OF-TOWN TRAVEL REQUEST

#### **GENERAL INSTRUCTIONS:**

- A. All travel requests must conform to applicable provisions of Policies 3.30 and 3.40.
- B. Personnel traveling at Authority expense shall, consistent with the provisions of Policies <u>3.30</u> and <u>3.40</u>, use the most economical means available to affect the travel.

| 1. TRAVELER:  |   |  |   |  |  |  |
|---|---|--|---|--|--|--|
| Travelers Name:   | Thella F. Bow   | ens  |   |  | _ Dept:  | 06/Executive Office  |
| Position:   | Board Member  |  | ☐ Ger   | n. Counsel                               |  | Chief Auditor  |
|   | All other Authority   | employees (does not  | require execu                                   | itive commit                             | tee admir  | nistrator approval)  |
| 2. DATE OF REQUI  | EST: 02/16/12   | _ PLANNED DATE O   | F DEPARTUR                                      | E/RETURN:                                | 05/21/1  | 12 / 05/25/12  |
| of paper as neces Destination: Ma   | · ·   | ingapore   |   | ACI Asia-P                               | acific Re  | ontinue on extra sheets                                    |
| Explanation:  |   |  |   |  |  |  |
| AIRF     OTHI B. LODGING C. MEALS D. SEMINA E. ENTERT F. OTHER I  | ORTATION COST<br>ARE<br>ER TRANSPORTA<br>G<br>R AND CONFERE<br>AINMENT (If appl<br>NCIDENTAL EXP    | TS:<br>ATION (Taxi, Train, C<br>ENCE FEES<br>icable)   | ar Rental)                                      | \$<br>\$<br>\$<br>\$<br>\$               | 8700.00<br>200.00<br>1680.00<br>400.00<br>600.00<br>0.00<br>100.00<br>11680.00 | )<br>)<br>)<br>)   |
| CERTIFICATION   | BY TRAVELE  | R By my signature b  | elow, I certify                                 | that the at                              | ove listed   | d out-of-town travel and                                   |
|   | conform to the A  |  |   | nd are reas                              | onable ar  | ad directly related to the                                 |
| Clerk's signature is n<br>By my signature belong<br>1. I have conso<br>2. The concern<br>Authority's bo<br>3. The concern | equired).<br>ow, I certify the fol<br>ientiously reviewe<br>ed out-of-town tra<br>usiness and reaso | d the above out-of-to<br>vel and all identified e<br>nable in comparison<br>vel and all identified e | wn travel req<br>expenses are<br>to the anticip | uest and the<br>necessary<br>ated benefi | e details <sub> </sub><br>for the act<br>t to the A                            | provided on the reverse.<br>Ivancement of the<br>uthority. |
| Administrator's Sig   | nature:   |  |   |  | Date:  |  |
| AUTHORITY CLI   | ERK CERTIFIC  | ATION ON BEHA  | LF OF EX  | ECUTIVE                                  | E COMN   | MITTEE   |
|   |   |  |   |  |  | <u> </u>   |
| (Please leave blank. Wh   | oever clerk's the mee   | ing will insert their name a   | nd title.)                                      |  | aidt tillo   | document was approved                                      |
| by the Executive Co   | mmittee at its  |  |   | mee                                      | tina.  |  |

## SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY OUT-OF-TOWN TRAVEL REQUEST

#### **GENERAL INSTRUCTIONS:**

- A. All travel requests must conform to applicable provisions of Policies 3.30 and 3.40.
- B. Personnel traveling at Authority expense shall, consistent with the provisions of Policies <u>3.30</u> and <u>3.40</u>, use the most economical means available to affect the travel.

| 1. TRAVELER: Travelers Name: Thella F. Bowens  | Dept: 06/Executive Office  |
|--|--|
| Board Member President/CEC   |  |
| Position:  | ) Gen. Godiner ) Gines Addition  |
| All other Authority employees (does not  | require executive committee administrator approval)  |
| 2. DATE OF REQUEST: 02/14/12 PLANNED DATE OF   | F DEPARTURE/RETURN: 05/06/12 / 05/09/12  |
| DESTINATIONS/PURPOSE (Provide detailed explanation of paper as necessary):     Destination: Nashville, TN  | on as to the purpose of the trip- continue on extra sheets  Purpose: ACI-NA Airport Economics and Finance and Human Capital Conference |
| Explanation:  4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES A. TRANSPORTATION COSTS:  • AIRFARE   | \$ 600.00  |
| <ul> <li>OTHER TRANSPORTATION (Taxi, Train, B. LODGING</li> <li>C. MEALS</li> <li>D. SEMINAR AND CONFERENCE FEES</li> </ul>  | Sar Rental) \$ 100.00<br>\$ 500.00<br>\$ 200.00<br>\$ 785.00   |
| E. ENTERTAINMENT (If applicable) F. OTHER INCIDENTAL EXPENSES  | \$ 0.00<br>\$ 100.00   |
| TOTAL PROJECTED TRAVEL EXPENSI   |  |
| CERTIFICATION BY TRAVELER By my signature associated expenses conform to the Authority's Policies 3.  Authority's business.  Travelers Signature:  |  |
| CERTIFICATION BY ADMINISTRATOR (Where  | Administrator is the Executive Committee, the Authority  |
| <ol> <li>The concerned out-of-town travel and all identified<br/>Authority's business and reasonable in comparisor</li> <li>The concerned out-of-town travel and all identified<br/>Authority's Policies 3.30 and 3.40.</li> </ol> | ·  |
| Administrator's Signature:   | Date:  |
| AUTHORITY CLERK CERTIFICATION ON BEH   | ALF OF EXECUTIVE COMMITTEE   |
| I,  (Please leave blank. Whoever clerk's the meeting will insert their name by the Executive Committee at its  (Leave blank and we will it)  | , hereby certify that this document was approved   |

## SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY <u>OUT-OF-TOWN TRAVEL REQUEST</u>

#### **GENERAL INSTRUCTIONS:**

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| 1. TRAVELER:  |  |   |  |   |                            |
|---|--|---|--|---|----------------------------|
| Travelers Name:   | Thella F. Bow  | ens   |  | Dept:   | 06/Executive Office        |
| Position:   | Board Member   |   | Gen. Counsel   |   | Chief Auditor              |
| Г   | All other Authority e  | mployees (does not re                               | equire executive commit                                  | tee admir   | nistrator approval)        |
| 2. DATE OF REQU   | JEST: <u>02/14/12</u>  | _ PLANNED DATE OF                                   | DEPARTURE/RETURN:  | 04/29/  | 12 / 05/2/12               |
|   | •  | de detailed explanation                             | n as to the purpose of the                               | ne trip– c  | ontinue on extra sheets    |
| of paper as nece<br>Destination: Ph   |  | <b>D</b>  | urpose: 84 <sup>th</sup> Annual A                        | AF Con  | ference & Evnosition       |
| Destination. Fi   | ioenix, AL   |   | nd Policy Review Comr                                    |   |                            |
| Explanation:  |  |   |  |   |                            |
| A. TRANS  • AIRI  • OTH  B. LODGIN  C. MEALS  D. SEMINA  E. ENTER  F. OTHER | NG<br>AR AND CONFERE<br>TAINMENT (If applic<br>INCIDENTAL EXPE | 'S:<br>.TION (Taxi, Train, Ca<br>NCE FEES<br>cable) | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 450.00<br>100.00<br>675.00<br>150.00<br>750.00<br>0.00<br>100.00<br>2225.00 |                            |
| CERTIFICATION   | N RY TRAVELE   | R Rv mv signature he                                | low. I certify that the ah                               | ove lister  | d out-of-town travel and   |
|   |  | _,  |  |   | nd directly related to the |
| Authority's business  | 4/   | 6/20  | And other und and rough                                  |   |                            |
| Travelers Signatur  |  | X DU  | Da Da  | ite:  | 2/16/12                    |
| CERTIFICATIO  | N BY ADMINIST  | RATOR (Where A                                      | dministrator is the Exec                                 | utive Cor   | nmittee, the Authority     |
| Clerk's signature is  | required).   |   |  |   |                            |
| By my signature be  | low, I certify the following                                   | owing:  |  |   |                            |
| <ol> <li>I have cons</li> </ol>   | cientiously reviewed   | the above out-of-tow                                | n travel request and the                                 | e details   | provided on the reverse.   |
|   |  |   | penses are necessary                                     |   |                            |
| •   |  | (*)   | the anticipated benefit                                  |   | -                          |
|   | ned out-of-town trav<br>Policies <u>3.30</u> and <u>3.</u> 4   |   | penses conform to the                                    | requirem  | ents and intent of         |
| Administrator's Si  | gnature:   |   |  | Date:   |                            |
| AUTHORITY CL  | ERK CERTIFIC   | ATION ON BEHA                                       | LF OF EXECUTIVE  | COM   | <u>NITTEE</u>              |
|   |  |   |  |   |                            |
| (Please leave blank. W  | /hoever clerk's the meeti                                      | ng will insert their name and                       | d title.)  | מומו נוווא  | document was approved      |
| by the Executive C  |  |   | meet   |   |                            |

# **EXPENSE REPORTS**

# THELLA F. BOWENS

## SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY TRAVEL EXPENSE REPORT

(To be completed within 30 days from travel return date)

| TRAVELI     | URE DATE:         | Thella F. Bowens<br>11/29/2011   | DETIIO   | N DATE:     | DEPT. NA       | 12/12/201           |  |                     | cutive Of<br>RT DUE: |              | /11/12       |
|-------------|-------------------|--|--|-------------|----------------|---------------------|--|---------------------|----------------------|--------------|--------------|
|             |                   |  | KETON  | N DAIL.     |                | 12/12/201           | <u>'                                    </u> | KEPUI               | NI DUE.              |              | 11/12        |
| DESTINA     |                   | Washington DC  |  | Dellas As   | 4-1- 0 D-      | 10.7.6              | · 0.40                                       | W-1                 |                      |              | _            |
| expenses    | and approval      | nority Travel and Lodging Expense R<br>is. Please attach all required suppor<br>ins should be explained in the space   | ting documents   | tion. All I |                |                     |  |                     |                      |              |              |
|             |                   |  | Authority<br>Expenses  |             |                |                     | Employe                                      | e Expens            | :08                  |              |              |
|             |                   |  | (Prepaid by<br>Authority)  | SUNDAY      | MONDAY         | TUESDAY<br>11/29/11 | WEDNESDAY<br>11/30/11                        | THURSDAY<br>12/1/11 | FRIDAY<br>12/2/11    | SATURDAY     | TOTALS       |
| Air Fare.   | Railroad, Bus     | (attach copy of itinerary w/charges)   | 988.80   |             |                | 11/20/11            | 11/30/11                                     | 12/1/1              | 12211                |              | 0.0          |
| Conferen    | ce Fees (provid   | de copy of flyer/registration expenses)  |  |             | 1              |                     |  |                     |                      |              | 0.00         |
| Rental Ca   |                   |  | 57 (E) (S) (S)   |             |                |                     |  |                     |                      |              | 0.00         |
| Gas and (   |                   | 9  |  |             |                |                     |  |                     |                      |              | 0.00         |
| Garage/P    | arking*           | * ************************************   |  |             |                |                     |  |                     |                      |              | 0.00         |
| Mileage -   | attach mileage    | e form*  |  |             |                |                     |  |                     |                      |              | 0.00         |
|             |                   | (include tips pd.)*  |  |             |                | 73.00               | 16.00  |                     | 89.00                |              | 178.00       |
| Hotel*      |                   |  | <b>施工学工学企业</b>   |             |                | 445.41              | 267.93                                       | 267.93              |                      |              | 981.27       |
| Telephone   | e, Internet and   | Fax*   |  |             |                |                     |  |                     |                      |              | 0.00         |
| Laundry*    |                   |  |  |             | 10 (ESX        |                     |  |                     |                      | 0.00         | 0.00         |
| Tips - sep  | arately paid (n   | naids, bellhop, other hotel srvs.)   |  |             |                |                     |  |                     |                      |              | 0.00         |
| Meals       | Breakfast*        |  | (4)  |             |                |                     |  | 38.00               | 100000               |              | 38.00        |
| (include    | Lunch*            |  |  |             |                |                     |  |                     | 9.74                 |              | 9.74         |
| tips pd.)   | Dinner*           |  |  |             |                | 27.22               |  | 36.70               |                      |              | 63.92        |
|             | Other Mea         | ils*   | 2 TO 94 (A)  |             |                |                     |  |                     |                      |              | 0.00         |
|             | a non-reimburs    | sable expense  | <b>10</b>  |             |                | 間接數的                |  | <b>是图图</b>          |                      |              |              |
| Hospitality | / <sup>1</sup> *  |  |  |             | ATT TO SERVICE |                     |  |                     |                      |              | 0.00         |
| Miscellane  | ous: Baggag       | e Fees   |  |             |                |                     |  |                     |                      | 2550         | 0.00         |
|             |                   |  | EXAMPLE TO   |             |                |                     |  |                     |                      | 775.70       | 0.00         |
|             |                   |  | 医性性性   |             |                |                     |  |                     |                      |              | 0.00         |
| *Provide d  | letailed receipt  | The same of the sa | 草生成"的  |             |                |                     |  |                     |                      |              | 0.00         |
|             |                   | Total Expenses prepaid by Authority  | 988.80   | 0.00        | 0.00           | 545.63              | 283.93                                       | 342.63              | 98.74                | 0.00         | 1,270.93     |
| Explanatio  | on:               |  |  |             | Total Exp      | enses Pre           | paid by Au                                   | thority             |                      |              | 988.80       |
|             |                   |  |  |             | Total Exp      | enses inc           | urred by Er                                  | nployee             |                      |              |              |
|             |                   |  |  |             | 100            | cash adv            | ances)                                       |                     |                      |              | 1,270.93     |
|             |                   |  |  |             | Grand Tr       | ip Total            | DATE OF THE PARTY OF                         | and Arministration  | Officers Property    | tureresenti. | 2,259.73     |
|             |                   |  |  |             |                |                     | (attach copy                                 |                     | ck)                  | Type I       |              |
|             |                   |  |  |             |                |                     | paid by Au                                   |                     |                      |              | 988.80       |
| 2 Prepare   | Check Request     | affiliations of any persons whose meals w  | ere paid by trave  | ler.        | Due Auth       | ority (neg          | ive amoun<br>ative amo                       | unt)3               |                      |              | 1,270.93     |
| Attach pe   | rsonal check pay  | yable to SDCRAA  |  |             | N              | ote: Send t         | his report to                                | Accounti            | ng even if ti        | ne amount l  | s \$0.       |
| Loo trovo   | los os odminis    | strator acknowledge that I have re   | and understa   | nd and a    | area to A      | uthority o          | olioine 2                                    | 40 Tres             | oi ond La            | deles C.     |              |
|             |                   |  |  |             |                |                     |  |                     |                      |              |              |
|             |                   | and 3.30 - Business Expense F  |  |             |                |                     |  |                     |                      |              |              |
|             | oility. I further | r certify that this report of travel e   | xpenses were   | eincurre    | in conne       | ection with         | n official A                                 | Authority           | business             | and is tru   | e and        |
| correct.    | 7 Travel and      | Lodging Expense Reimbursement F  | Policy 3.40  | J           | Business       | Evnanca l           | 2eimhuree                                    | ment Dolin          | w 3 30               |              |              |
|             |                   | 1 /  |  |             | Dusilless      | CXDEH36 I           |  |                     | ,y <u>3,30</u>       | 21.55        |              |
| Prepared F  | Ву:               | - State of the   | my Caldera   | 11.         |                |                     | 1  | Ext.: _             |                      | 2445         |              |
| Traveler Si | ignature:         |  |  | IM          | 7              |                     | 1  | Date:               | 211                  | 3/12         |              |
| Approved I  |                   | June Jr  | 7000   |             |                |                     | ı  | Date:               |                      | 1            |              |
|             | •                 | RTIFICATION ON BEHALF OF EXI   | ECUTIVE COM  | MITTEE      | (To be co      | rtified if          |  | _                   | Gen Com              | neel or Ch   | lef Auditor  |
| THUR        | I I CLERK CE      | INTERIOR ON BEHALF OF EXI  |  |             |                |                     |  |                     |                      |              |              |
| Please leav | e blank. Whoe     | ver clerk's the meeting will insert their na   |  | негеру се   | rtify that th  | is docume           | nt was app                                   | proved by           | me ⊨xecu             | iive Comm    | intee at its |
|             |                   | meeting.   | The second of th |             |                |                     |  |                     |                      |              |              |
| Leave blan  | k and we will ins | ert the meeting date.)   |  |             |                |                     |  |                     |                      |              |              |

Failure to attach required documentation will result in the delay of processing reimbursement. If you have any questions, please see

your department Administrative Assistant or call Accounting at ext. 2806.

## SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY OUT-OF-TOWN TRAVEL REQUEST

| GENER | A | INSTRI | CTIO | NQ. |
|-------|---|--------|------|-----|
|       |   |        |      |     |

- A. All travel requests must conform to applicable provisions of Policies 3.30 and 3.40.
- B. Personnel traveling at Authority expense shall, consistent with the provisions of Policies 3.30 and 3.40, use the most economical means available to affect the travel.

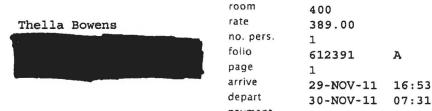
| 1. TRAVELER:   |   |  |                   |  |
|--|---|--|-------------------|--|
| Travelers Name: Thelia F. Bowe   |   | ·  | Dept: _           | 6/Executive Office                               |
| Position: Board Member   |   | Gen. Counsel   |                   | Chlef Auditor                                    |
|  | mployees (does not requi  | re executive committe  | e admini          | strator approval)                                |
| 2. DATE OF REQUEST: 10/24/11   | PLANNED DATE OF DE  | PARTURE/RETURN:  | 11/30/1           | 1 / 12/02/11                                     |
| 3. DESTINATIONS/PURPOSE (Providence)   | le detailed explanation a   | s to the purpose of the  | a trip co         | ntinue on extra sheets                           |
| of paper as necessary):  |   |  |                   |  |
| Destination:Washington DC  | Pun<br>Sen  | oose: 2011 ACI-NA Ir<br>Inar   | ternation         | al Aviation Issues                               |
| Explanation: 2011 ACI-NA Interna   | tional Aviation Issues Se   | minar  |                   |  |
| B. LODGING C. MEALS D. SEMINAR AND CONFERE E. ENTERTAINMENT (If appli F. OTHER INCIDENTAL EXP TOTAL PROJECTED  CERTIFICATION BY TRAVELE associated expenses conform to the Ar Authority's business. Travelers Signature: | "S: ATION (Taxl, Train, Car Faceble) ENSES TRAVEL EXPENSE R By my signature below | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  And 3.40 and are reason to the second to | nable an<br>te: 🔗 | out-of-town travel and d directly related to the |
| CERTIFICATION BY ADMINIST  | RATOR (Where Adm  | inistrator is the Execu  | itive Corr        | nmittee, the Authority                           |
| Clerk's signature is required).  By my signature below, I certify the fol  | laudad  |  |                   |  |
| I have conscientiously reviewe   | •   | travel request and the   | detalle r         | muided on the reverse                            |
| 2. The concerned out-of-town tra   |   |  |                   |  |
| Authority's business and reaso   |   |  |                   |  |
| 3. The concerned out-of-town tran  |   |  |                   |  |
| Authority's Policies 3.30 and 3.   | 40.) (/   |  | •                 |  |
| Administrator's Signature:   | 14 Xear   |  | _ Date:           | 10.24.11   |
| AUTHORITY CLERK CERTIFIC   | ATION ON BEHALI   | OF EXECUTIVE   | COMN              | NTTEE  |
| L  |   | , hereby certify   | that this         | document was approved                            |
| (Please leave blank. Whoever clerk's the mast  | ing will insert their name and ti   | tie.)  |                   |  |
| by the Executive Committee at its  | Leave blank and we will insert  | the meeting deta.)   | ing.              |  |

the fairfax at embassy row, washington d.c. 2100 massachusetts avenue north west washington, district of columbia 20008 phone 202.293.2100 fax 202.293.0641



29-NOV-11

travel agent/charge to



payment description date: www.treference.com

RT400

See page 1 of 4

extractive charges (credits)

29-NOV-11 RT400 Room Tax 29-NOV-11 7578 Room Service 30-NOV-11 AX American Express \*\*\*For Authorization Purposes Only\*\*\*

Auth Date Code Authorized 29-NOV-11 567530 544.60

Balance Due

A

07:31

0.00

#### EXPENSE REPORT SUMMARY

| Date      | Room/Tax | Food/Bev | Telephone | Other | Total  | Payment |
|-----------|----------|----------|-----------|-------|--------|---------|
| 29-NOV-11 | 445.41   | 27.22    | 0.00      | 0.00  | 472.63 | 0.00    |
| 30-NOV-11 | 0.00     | 0.00     | 0.00      | 0.00  | 0.00   | 472.63- |
| Total     | 445.41   | 27.22    | 0.00      | 0.00  | 472.63 | 472.63- |

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!

Room Charge Retail

t agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

As a Starwood Preferred Guest you have earned at least 814 Starpoints for this visit A50768218495

Thella Bowens ROOM DEPART AGENT FOLIO 612391 29-NOV-11 400 30-NOV-11 **JENNIFER** 



signature\_

the fairfax at embassy row, washington d.c. 2100 massachusetts avenue north west washington, district of columbia 20008 phone 202.293.2100 fax 202.293.0641

guest travel agent/charge to room 400 rate Thella Bowens 234.00 no. pers. 1 folio 608832 A page 1 arrive 30-NOV-11 07:31 depart 02-DEC-11 12:30 payment description fight the war in charges/credits where the light reference 😽 🦠 30-NOV-11 RT400 Room Grp Association 234.00 33.93 30-NOV-11 RT400 Room Tax 234.00 7 267 01-DEC-11 RT400 Room Grp Association 01-DEC-11 Room Tax RT400 Se page 10f4 -01-DEC-11 7672 Room Service 02-DEC-11 AX American Express \*\*\*For Authorization Purposes Only\*\*\* Auth Date Code Authorized 30-NOV-11 183230 655.20 Balance Due 0.00 EXPENSE REPORT SUMMARY Room/Tax Food/Bev Telephone Other Total Payment 30-NOV-11 267.93 0.00 0.00 0.00 267.93 0.00 01-DEC-11 267.93 38.00 0.00 0.00 305.93 0.00 02-DEC-11 0.00 0.00 0.00 0.00 0.00 573.86-Total 535.86 38.00 0.00 0.00 573.86 573.86-

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

As a Starwood Preferred Guest you have earned at least 1012 Starpoints for this visit A50768218495

Thella Bowens ROOM DEPART AGENT FOLIO 608832 30-NOV-11 400 02-DEC-11 RAHEL



signature\_



Traveltrust 374 North Coest Fightwey 101 Encinities, Ca 92024 Tol: 760-635-1700 Fax 760-635-1720 Website www.travetrust.com

| BOWENS/THELLA                     | DEPT  | 6   |             |                                   |  | 07                   | -Nov-2   | 011 2:52 |
|-----------------------------------|---|---|-------------|-----------------------------------|--|----------------------|----------|----------|
|                                   |   |   |             |                                   |  |                      |          | Page 1 o |
| ė.                                | YOUR U  | NITED ETICKET CONFIRMAT   | ION IS ** T | FVNJM **                          |  |                      |          |          |
| 0-Nov-2011<br>6:18am<br>Vednesday | Depart<br>Arrive<br>United<br>UA Fred<br>** AISI<br>Flight                          | United Airlines San Diego CA, USA None CRJ-Canadair Regiona 30-Nov-2011 Wednesday 30-Nov-2011 Wednesday COPERATED BY /UNITED E - COMMUTER TERMINAL - TERMINAL 8 Airlines locator: TFVN quent Flyer# LE SEAT CONFIRMED ** Duration: 48 minutes of Service: Coach |             | Flight# To: Seats: Status: Stops: | 5325<br>Los Angeles<br>Seat:5B<br>Confirmed<br>0   | Class:<br>CA, USA    | Н        |          |
| 0-Nov-2011<br>7:48am<br>Vednesday | Air From: Meal: Equip: Depart: Arrival: Depart Arrive United UA Frec Flight         | United Airlines Los Angeles CA, USA Food For Purchase Boeing 777 Jet 30-Nov-2011 Wednesday 30-Nov-2011 Wednesday - TERMINAL 7   | NFIRMED **  | Flight# To: Seats: Status: Stops: | 950<br>Washington I<br>Seat:25H<br>Confirmed<br>0  | Class:<br>Dulles DC, | W<br>USA |          |
| 2-Dec-2011<br>5:29pm<br>riday     | Air From: Meal: Equip: Depart: Arrival: Depart Arrive United UA Freq ** AISL Flight | United Airlines Washington Dulles DC, USA Food For Purchase Boeing 777 Jet 02-Dec-2011 Friday 02-Dec-2011 Friday TERMINAL 7 Airlines locator: TFVN. uent Flyer# E SEAT CONFIRMED ** Duration: 5 hour(s) and   |             | Flight# To: Seats: Status: Stops: | 951<br>Los Angeles (<br>Seat:40B<br>Confirmed<br>0 | Class:<br>CA, USA    | W        |          |
| 2-Dec-2011<br>0:59pm<br>riday     | Air From: Meal: Equip: Depart: Arrival: LAX-SAN Depart Arrive United UA Freq        | f Service: Coach United Airlines Los Angeles CA, USA None CRJ-Canadair Regiona 02-Dec-2011 Friday 02-Dec-2011 Friday OPERATED BY /UNITED EX TERMINAL 8 COMMUTER TERMINAL Airlines locator: TFVN: uent Flyer# E SEAT CONFIRMED **                                |             | Flight# To: Seats: Status: Stops: | 6344<br>San Diego CA<br>Seat:6C<br>Confirmed<br>0  | Class:<br>a, USA     | Н        |          |
| -May-2012                         | Flight  | Duration: 52 minutes<br>f Service: Coach  | AYS         |                                   |  |                      |          |          |



Traveltrust 374 North Coest Fighway 101 Encinhas, Ca 92024 Tol: 760-635-1700 Fax 760-635-1720 Website www.travetrust.com

| BOWENS/THELLA                     | DEPT 6 22-Nov-2011 3:18 p   |
|-----------------------------------|---|
|                                   | Page 1 of   |
|                                   | YOUR UNITED ETICKET CONFIRMATION IS ** TFVNJM **  |
| 29-Nov-2011<br>06:18am<br>Tuesday | Air United Airlines Flight# 5445 Class: U From: San Diego CA, USA To: Los Angeles CA, USA Meal: None Seats: Seat:8A  Equip: CRJ-Canadair Regiona Status: Confirmed Depart: 29-Nov-2011 Tuesday 06:18am Stops: 0 Arrival: 29-Nov-2011 Tuesday 07:06am  SAN-LAX OPERATED BY /UNITED EXPRESS/SKYWEST AIRLINES Depart - COMMUTER TERMINAL Arrive - TERMINAL 8 United Airlines locator: TFVNJM UA Frequent Flyer# ** EXIT ROW WINDOW SEAT CONFIRMED ** Flight Duration: 48 minutes |
| 29-Nov-2011<br>07:48am<br>Fuesday | Class of Service: U  Air United Airlines Flight# 950 Class: W From: Los Angeles CA, USA To: Washington Dulles DC, USA Meal: Food For Purchase Seats: Seat:23F Equip: Boeing 777 Jet Status: Confirmed Depart: 29-Nov-2011 Tuesday 07:48am Arrival: 29-Nov-2011 Tuesday 03:32pm Depart - TERMINAL 7  |
| 02-Dec-2011<br>05:29pm            | Arrive - United Airlines locator: TFVNJM  UA Frequent Flyer#  ** ECONOMY PLUS MIDDLE - WE WILL MONITOR FOR AISLE ** Flight Duration: 4 hour(s) and 44 minutes Class of Service: Coach  Air United Airlines Flight# 951 Class: W  From: Washington Dulles DC, USA To: Los Angeles CA, USA Meal: Food For Purchase Seats: Seat:40B  Equip: Boeing 777 Jet Status: Confirmed   |
| riday                             | Depart: 02-Dec-2011 Friday 05:29pm ," Stops: 0 Arrival: 02-Dec-2011 Friday 08:00pm  Depart - Arrive - TERMINAL 7 United Airlines locator: TFVNJM UA Frequent Flyer# ALSLE SEAT CONFIRMED ** Flight Duration: 5 hour(s) and 31 minutes Class of Service: Coach   |
| 02-Dec-2011<br>10:59pm<br>Friday  | Air United Airlines Flight# 6344 Class: U From: Los Angeles CA, USA Meal: None Seats: Seat:8B Equip: CRJ-Canadair Regiona Status: Confirmed Depart: 02-Dec-2011 Friday 10:59pm, Stops: 0 Arrival: 02-Dec-2011 Friday 11:51pm  |
|                                   | LAX-SAN OPERATED BY /UNITED EXPRESS/SKYWEST AIRLINES Depart - TERMINAL 8 Arrive - COMMUTER TERMINAL United Airlines locator: TFVNJM UA Frequent Flyer# ** EXIT ROW WINDOW SEAT CONFIRMED ** Flight Duration: 52 minutes Class of Service: U Other   |
| 0-May-2012<br>Vednesday           | Other  San Diego CA, USA RESERVATION RETAINED FOR 180 DAYS  |



Traveitrust 374 North Coast Faghway 101 Encinitas, Ca 92024 Tel: 760-635-1700 Fex 760-635-1720 Website www.travetrust.com

**BOWENS/THELLA** 

DEPT 6

22-Nov-2011 3:18 pm

Page 2 of 2

Ticket Information

BOWENS THELLA Ticket#:8724911310 Invoice#:1189778

Ticket Base Fare: Ticket Tax: Total Ticket Amount:

196.52 3.48 200.00

Electronic: YES

SERVICE FEE DOCUMENT #: 0569305066

FEE AMOUNT:

25.00

BILLED TO: AMERICAN EXPRESS ENDING IN 1012

Fy: Changed itmerany due to request to attend.
Flight Diversion Forum

1,

763.80

#### FLIGHT DIVERSION PLANNING FORUM DRAFT AGENDA

#### November 30, 2011

9:00-9:45am

Forum Opening in the DOT Atrium

Opening remarks: Secretary of Transportation Ray LaHood

High level review of October 29, 2011 operation

FAA Administrator Randy Babbitt

FAA initial recommendations to improve diversion management

**FAA Deputy Administrator Michael Huerta** 

Open session for comments/questions Secretary of Transportation Ray LaHood

9:45am

**Break** 

10:00am

Concurrent break-out sessions:

- 1) Airport Operations Kate Lang
- 2) Airline Operations David Grizzle
- 3) Customer Experience Bob Rivkin

11:45am

Break

12:00pm

Plenary Session: Reports from Break-Out Sessions and Discussion

**Administrator Babbitt** 

1:00pm

Close-out

**Administrator Babbitt** 

| DATE 11/29 AMOUNT \$ 73 %   |  |
|---|--|
| RECEIVED FROM airport (dules)   |  |
| FROM hotel  |  |
| DESTINATION   |  |
| CAB # DRIVER I.D. #   |  |
| DRIVERS NAME  |  |
| DRIVERS NAME  |  |
|   |  |
| RO<br>THE F/ LODGOOT .UW  | Room Service At THE FAIRFAX EMBASSY ROW Washington, D.C. / K   |
| nington, D.C.   |  |
| 179 M   | 174 SERWY  |
| Tb1 400/1 Chk 757 Gst 1<br>BOMENS<br>Nov29'11 07:38PM   | 7b1 400/1 Chk 7672 Gst 1 BOWENS Dec01' 1 10:29AM   |
| 1 TOMATO SOUP   | 1 SIDE TOAST 4.00 ,  |
| APPI COBBLER  1 John Food 8.00  | Wheat Tst 1 APPLEWOOD BACON 6.00 1 COFFEE SM 5.00 Cream (  |
| pecial Prep<br>FULL F HOT WATER<br>Special P.ep   | 1 SEASONAL BERRIES 9.00 PAT OF HOT WATER Special Prep  |
| \$3.50 Deliv 3.50   | \$3.50 Deliv 3.50  |
| Subtotal 18.0c<br>Sales Tax 2.43<br>Service Chrg 3.50<br>R/S Auto Grt 3.24<br>07:40PM Total 27 22 | Subtotal 24.00 Sales Tax 3.18 Service Chrg 3.50 R/S Auto Grt 4.32 10:31AM Total 35.00  |
| 21 22   | , -/   |
| ODITONAL TIP:   | ADDITIONAL TIP: (3.00)   |
| TO AL   | TOTAL: (BB, DO)  |
|   | ROOM #: 400  |
| ROOM #:   | The la Paris of  |
| NAME  | NAME A A LOCAL TO THE TOTAL TO THE TOTAL T |
| <u>.</u>  | Du o Du Storo Illa   |
| SIGNATURE   | SIGNATURE  |
| Page  | OF L   |

THE FAIRFAX 40 2100 Massachusetts Avenue N.W. Washington D.C. 20008 202-293-2100

Lance

| IURGE   |  |
|---|--|
| /4 Chk 3<br>Dec01'11  |  |
| AESAR SALAD OMATO SOUP IMPLE SALAD Sauce On Side IMPLE SALAD SIMPLE SALAD SIMPLE SALAD C. C | 2.00<br>2.00<br>1.60<br>1.60<br>0.00<br>3.20<br>2.40<br>4.80<br>4.40 |
| Med<br>FIRE   | 0.00   |
| MAIN COURSE<br>SELECTION OF TEA<br>CAMOMILE   | 1.00   |

Subtotal Sales Tax :43PM | al ROOM #:\_\_\_\_

TOTAL:

NAME

SIGNATUR:

THE LATIVIAN HOLE 2100 Massachusetts Avenue N.W. washington D.C. 20006

202-293-2100

Date: Dec01'11 10:45PM

Card Type: Amex

Acct #: XXXXXXXXXXX1003

Card Entry: SWIPED Trans Type: PURCHASE 569993 Auth Code: Check: 3204 Table: 8/4 138 JORGE Server:

Bubtotal:

OTAL:

agree to pay above total according to my card issuer agreement.

12/1/12

dinner (receipt shows 1/5 of total - split amongst attendees)

| TAXICAB RECEIPT  | TAXICAB RECEIPT                  | Γ |
|--|----------------------------------|---|
| Date: ///30  | Time:                            |   |
| Origin of trip: Hotel  | Date: 12/2                       | - |
|  | Origin of trip: ACI-NA Townhouse | _ |
| Destination: DOT HeadQuarte3   | Destination: hotel               |   |
| Fare: Sign:  | Fare: SOD Sign:                  | _ |
|  |                                  |   |
| TAXICAB RECEIPT  |                                  |   |
| CHIPTER TO THE CONTRACTOR OF T |                                  |   |
| Time:  |                                  |   |
| Origin of trip: DOT Head Quarters  |                                  |   |
|  |                                  |   |
| Destination: hotel   |                                  |   |
| Fare: Sign:  |                                  |   |
| 1.016.   |                                  |   |
|  |                                  |   |
| TAXICAB RECEIPT  |                                  |   |
| Time:  |                                  |   |
|  |                                  |   |
| Origin of trip: hutel  |                                  |   |
| Destination: ACI-NA Townhouse 1360   | *                                |   |
| 110-71   |                                  |   |

Save Time - Order ON LINE sweetgreen.com 1512 Connecticut Ave. Washington, DC P: 202-387-9338

| 33  | Elsie A  |          |                                      |   |
|-----|--|----------|--------------------------------------|---|
| ੋhk | 1883   | Dec02'11 | 12:57P 3                             | 0 |
|     | CUSTOM<br>SALAD<br>HOUSE DRINK<br>Cash         | Ciced to | 6.1<br>a) 2.5<br>20.0                |   |
|     | Subtotal<br>Sales Tax<br>Payment<br>Change Due |          | 8.83<br>0.89<br><b>9.74</b><br>10.26 |   |

|                 | TAXICAB RECEIPT |
|-----------------|-----------------|
| Origin of trip: | Time:           |
| Destination:    | AIRPUA          |
| Fare: 7300      | )<br>Sign:      |

12/2 Lunch

## SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY TRAVEL EXPENSE REPORT

(To be completed within 30 days from travel return date)

| Authority)  Air Fare, Railroad, Bus (attach copy of itinerary w/charges)  Conference Fees (provide copy of fiyer/registration expenses)  Rental Car*  Gas and Oil*  Garage/Parking*  Mileage - attach mileage form*  | licy, Art     | icle 3, Par   |                          | ion 3.40, c<br>ailed, (cred | outlining ap<br>lit card rec | eipts do n       | reimbursa    | TOTALS 0.00 0.00 0.00        |
|--|---------------|---------------|--------------------------|-----------------------------|------------------------------|------------------|--------------|------------------------------|
| Please refer to the Authority Travel and Lodging Expense Reimbursement Polexpenses and approvals. Please attach all required supporting documentation detail). Any special items should be explained in the space provided below.  Authority  Air Fare, Railroad, Bus (attach copy of itinerary w/charges)  Conference Fees (provide copy of flyer/registration expenses)  Rental Car*  Gas and Oil*  Garage/Parking*  Mileage - attach mileage form*  | n. All re     | eceipts mu    | ist be dete              | Employe                     | ee Expens THURSDAY 1/26/12   | eipts do n       | ot provide   | TOTALS 0.00 0.00 0.00        |
| Please refer to the Authority Travel and Lodging Expense Reimbursement Polexpenses and approvals. Please attach all required supporting documentation detail). Any special items should be explained in the space provided below.  Authority  Air Fare, Railroad, Bus (attach copy of itinerary w/charges)  Conference Fees (provide copy of flyer/registration expenses)  Rental Car*  Gas and Oil*  Garage/Parking*  Mileage - attach mileage form*  | n. All re     | eceipts mu    | ist be dete              | Employe                     | ee Expens THURSDAY 1/26/12   | eipts do n       | ot provide   | TOTALS 0.00 0.00 0.00        |
| Expenses (Prepaid by Authority)  Air Fare, Railroad, Bus (attach copy of itinerary w/charges)  Conference Fees (provide copy of fiyer/registration expenses)  Rental Car*  Gas and Oil*  Garage/Parking*  Mileage - attach mileage form*   | SUNDAY        | MONDAY        | TUESDAY                  |                             | THURSDAY<br>1/26/12          | -                | SATURDAY     | 0.00<br>0.00<br>0.00         |
| Air Fare, Railroad, Bus (attach copy of itinerary w/charges)  Conference Fees (provide copy of fiyer/registration expenses)  Rental Car*  Gas and Oil*  Garage/Parking*  Mileage - attach mileage form*  | SUNDAY        | MONDAY        | TUESDAY                  | WEDNESDAY                   | 1/26/12                      | FRIDAY           | SATURDAY     | 0.00<br>0.00<br>0.00         |
| Conference Fees (provide copy of flyer/registration expenses)  Rental Car*  Gas and Oil*  Garage/Parking*  Mileage - attach mileage form*  |               |               |                          |                             | 123.21                       |                  |              | 0.00<br>0.00<br>0.00         |
| Rental Car*  Gas and Oil*  Garage/Parking*  Mileage - attach mileage form*   |               |               |                          |                             | 123.21                       |                  |              | 0.00                         |
| Gas and Oil* Garage/Parking* Mileage - attach mileage form*  |               |               |                          |                             | 123.21                       |                  |              | 0.00                         |
| Garage/Parking* Mileage - attach mileage form*   |               |               |                          |                             | 123.21                       |                  |              |                              |
| Mileage - attach mileage form*   |               |               |                          |                             | 123.21                       |                  |              | 0.00                         |
|  |               |               |                          |                             | 123.21                       |                  |              | 0.00                         |
| Taxi and/or Shuttle Fare (include tips pd.)*   |               |               |                          |                             |                              |                  |              | 123.21                       |
|  |               | 300           |                          |                             |                              |                  |              | 0.00                         |
| Hotel*   |               |               |                          |                             |                              |                  |              | 0.00                         |
| Telephone, Internet and Fax*   |               | ata:          |                          |                             |                              |                  |              | 0.00                         |
| Laundry*   |               | 1000          |                          |                             |                              |                  |              | 0.00                         |
| Tips - separately paid (maids,bellhop,other hotel srvs.)   |               |               |                          |                             |                              |                  |              | 0.00                         |
| Meals Breakfast*   |               |               |                          |                             |                              |                  |              | 0.00                         |
| tins ad )  |               |               |                          |                             |                              |                  |              | 0.00                         |
| Dinner   |               |               |                          |                             |                              | -                |              | 0.00                         |
| Other Meals*   | 15 2 TYE 1170 | ASSESSMENTS   | Charles and records.     | Law Chinase                 | SERVER TRAFFE TO THE REAL    | ESCRIPTORIALISMO | 2771525H0363 | 0.00                         |
| Alcohol is a non-reimbursable expense  | 地质儿童等等        | THE RESERVE   | the second               | MARKE PARTY                 | STREET                       | South a series   | <b>从区区登记</b> |                              |
| Hospitality 1*   | -             | 7 12 15       |                          |                             |                              |                  |              | 0.00                         |
| Miscellaneous: Baggage Fees  |               |               |                          |                             |                              |                  |              | 0.00                         |
| 237 / 75 / 75 / 75 / 75 / 75 / 75 / 75 /   |               |               |                          |                             |                              |                  |              | 0.00                         |
| *Provide detailed receipts   |               |               |                          |                             |                              |                  |              | 0.00                         |
| Total Expenses prepaid by Authority 0.00   | 0.00          | 0.00          | 0.00                     | 0.00                        | 123.21                       | 0.00             | 0.00         | 123.21                       |
| CHI AND DESCRIPTION OF THE PARTY AND THE PARTY OF THE PAR | Y             |               |                          |                             |                              | 0.00             | 0.00         |                              |
| Explanation:   |               |               | enses Inc                | urred by E                  |                              | -                |              | 0.00                         |
|  |               | (including    |                          | ances)                      |                              |                  |              | 123.21                       |
|  |               | Grand Tri     | ACTOR CONTRACTOR COLLEGE | SH. Sa                      | TOTAL CAMPBELL STATES        | SHIP OF REPORTS  |              | 123.21                       |
|  | - 1           |               | 71-4                     | (attach cop                 | -                            | ck)              |              |                              |
|  |               |               |                          | paid by Au                  |                              |                  |              | 0.00                         |
| Give names and business affiliations of any persons whose meals were paid by traveler.  Prepare Check Request  Affact personal check payable to SDCRAA   |               | Due Auth      | ority (neg               |                             | unt) <sup>3</sup>            | na avan ii i     | to amount    | 123.21                       |
| 'Attach personal check payable to SDCRAA  I as traveler or administrator acknowledge that I have read, understand  |               | gree to A     | uthority p               | olicies 3                   | .40 - Trav                   | el and L         |              | pense                        |
| Reimbursement Policy <sup>4</sup> and 3.30 - Business Expense Reimbursement I responsibility. I further certify that this report of travel expenses were in correct.  Travel and Lodging Expense Reimbursement Policy 3.40   | ncurred       |               | ection with              | h official /                | Authority                    | business         |              |                              |
| Prepared By: Army Caldera  |               |               |                          |                             | Ext.:                        |                  | 2445         |                              |
| - AMM A A A A A A A A A A A A A A A A A  |               |               |                          |                             | _ 7                          | 12200            | 131          | 1/2                          |
| Approved By:   |               |               |                          |                             | Date: /(<br>Date: _          | FRO              |              |                              |
| AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMI   | TTEE          | (To be cer    | rtified if us            | ed by Pres                  | ident/CEO                    | , Gen. Cou       | nsel, or Ch  | lef Auditor)                 |
|  |               | tify that thi |                          | -                           |                              |                  |              | and a transfer of the second |
| Please leave blank. Whoever clerk's the meeting will insert their name and title.)   | J-7 WI        |               |                          | www exp                     | uy                           | LAPVE            |              | 81 113                       |
| meeting. Leave blank and we will insert the meeting date.)   |               |               |                          |                             |                              |                  |              |                              |

Failure to attach required documentation will result in the delay of processing reimbursement. If you have any questions, please see your department Administrative Assistant or call Accounting at ext. 2806.

#### SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY

#### MONTHLY MILEAGE and PARKING FEE REIMBURSEMENT REPORT

| EMPLOYEE I  | NAME            |                                 | PERIOD COVERED                            |        |
|-------------|-----------------|---------------------------------|---|--------|
| Thella F. B |                 |                                 | 26-Jan-12                                 |        |
| DEPARTMEN   |                 |                                 |   |        |
| DATE        | MILES<br>DRIVEN | DESTINATION AND PURPOSE OF TRIP | PARKING FEES & OTHER TRANSPORTATION COSTS | \$\$\$ |
| 1/26/12     | 111.00          | Drive to Long Beach, CA         |   |        |
| 1/26/12     | 111.00          | Drive to San Diego, CA          |   |        |
|             |                 |                                 |   |        |
|             |                 |                                 |   |        |
|             |                 |                                 |   |        |
|             |                 |                                 |   |        |
|             |                 |                                 |   |        |
|             |                 |                                 |   |        |
|             |                 |                                 |   |        |
|             |                 |                                 |   |        |
|             |                 |                                 |   |        |
|             |                 |                                 |   |        |
| SUBTOTAL    | 222.00          |                                 | SUBTOTAL                                  |        |

#### Computation of Reimbursement

| TOTAL MILEAGE DRIVEN (LIMITED TO 200 MILE MONTHLY AVERAGE   | SE PER YEAR)                               | 222.00       |
|---|--|--------------|
| REIMBURSEMENT RATE: (see below) *   | Rate for 7/1/11 - 12/31/12 X               | 0.555        |
| TOTAL MILEAGE REIMBURSEMENT   |  | 123.21       |
| PARKING FEES/TOLL CHARGES (ATTACH RECEIPTS)   |  | -            |
| TOTAL REIMBURSEMENT REQUESTED   |  | \$<br>123.21 |
|   | "在你是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个 |              |
| Tacknowledge that I have read, understand and agree to *Authority Policy 3.30 - Business Expense Reimbursement Policy and that any purchases/claims that are not allowed will be my responsibility. I further certify that this report of business expenses were incurred in connection with official Authority business and is true and correct.  Business Expense Reimbursement Policy 3.30 |  |              |
| SIGNATURE OF EMPLOYEE   | DEPT./DIV. HEAD APPROVAL                   |              |



Directions to 200 S Pine Ave, Long Beach, CA 90802 111 ml - about 1 hour 55 mins

> Save trees. Go green Download Google Maps on your



|     | 1   | Restricted usage road  | go 52 ft<br>total 52 ft     |
|-----|-----|--|-----------------------------|
| 1   | 2   | Take the 1st right onto the state of the sta | go 187 ft<br>total 240 ft   |
| 4   | 3.  | Turn left onto Partial restricted usage road About 1 min   | go 0.3 mi<br>total 0.3 mi   |
| r   | 4.  | Take the 2nd right onto  | go 1.8 mi<br>total 2.1 mi   |
| 7   | 5.  | Take the California 163 N ramp to Escondido  | go 0.4 mi<br>total 2.5 mi   |
| 163 | 6.  | Merge onto CA-163 N<br>About 2 mins  | go 1.9 mi<br>total 4.5 mi   |
| 305 | 7.  | Take exit <b>7A</b> to merge onto <b>I-805 N</b> toward <b>Los Angeles</b> About 8 mins  | go 8.8 mi<br>total 13.2 mi  |
| 5   | 8.  | Merge onto I-5 N About 50 mins   | go 53.5 mi<br>total 66.7 mi |
| 73) | 9.  | Take exit 85A to merge onto CA-73 N toward Long Beach Partial toll road About 18 mins  | go 17.6 mi<br>total 84.3 mi |
| 05  | 10. | Take exit 18A on the left to merge onto I-405 N toward Long Beach<br>About 22 mins   | go 21.3 mi<br>total 106 mi  |
| 10  | 11. | Take exit 32B to merge onto I-710 S<br>About 4 mins  | go 3.5 mi<br>total 109 mi   |
| 5   | 12. | Take exit 1C on the left toward Downtown Long Beach/Convention Center/ Aquarium About 1 min  | go 0.3 mi<br>total 110 mi   |
|     | 13. | Merge onto W Shoreline Dr<br>About 3 mins  | go 1.6 mi<br>total 111 mi   |
| ካ   | 14. | Turn left onto S Pine Ave Destination will be on the right   | go 302 ft<br>total 111 mi   |

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2012 Google, INEGI

Directions weren't right? Please find your route on maps.google.com and click "Report a problem" at the bottom left.

\$ 123.21

1/31/2012 7/13pm -> T. Russell Lemail) 5. Real ITHORITY L. Gebilten

## SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY OUT-OF-TOWN TRAVEL REQUEST

|  | INSTRU |  |
|--|--------|--|
|  |        |  |
|  |        |  |

- A. All travel requests must conform to applicable provisions of Policies 3.30 and 3.40.
- B. Personnel traveling at Authority expense shall, consistent with the provisions of Policies 3.30 and 3.40, use the most economical means available to affect the travel.

| 1. TRAVELER: Travelers Name: Thella F. Bowens   |  | Dept                      | 6/Executive Office     |
|---|--|---------------------------|------------------------|
| ☐ Roard Member ☑ President/0  | EO Gen. Cou  |                           | Chief Auditor          |
| Position:   |  |                           |                        |
| All other Authority employees (does   | not require executive c  | ommittee admir            | nistrator approval)    |
| 2. DATE OF REQUEST: 01/24/12 PLANNED DAT  | E OF DEPARTURE/RET   | TURN: 01/26/              | /12 / 01/26/12         |
| <ol> <li>DESTINATIONS/PURPOSE (Provide detailed explator paper as necessary):</li> <li>Destination:Long Beach, CA</li> </ol>  | Purpose: ACI Me<br>Communications \$   | dia Relations ar          |                        |
| Explanation:  |  |                           |                        |
| 4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES A. TRANSPORTATION COSTS: AIRFARE OTHER TRANSPORTATION (Taxi, Tra B. LODGING C. MEALS D. SEMINAR AND CONFERENCE FEES E. ENTERTAINMENT (If applicable) F. OTHER INCIDENTAL EXPENSES TOTAL PROJECTED TRAVEL EXPE  | in, Car Rental)  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$   | 131.5-<br>25.00<br>165.00 | <u></u>                |
| OEDTIEICATION DV TRAVELED DV clerent  | h _ l l  | 4h.a L                    |                        |
| CERTIFICATION BY TRAVELER By my signate associated expenses conform to the Authority's Policies   |  |                           |                        |
| Authority's business. Travelers Signature:  | WIND   | Date:                     | 1/85/2012              |
| CERTIFICATION BY ADMINISTRATOR (Wh  | ere Administrator is the   | e Executive Co            | mmittee, the Authority |
| Clerk's signature is required).   |  |                           |                        |
| By my signature below, I certify the following:   |  |                           |                        |
| I have conscientiously reviewed the above out-     The concerned out-of-town travel and all identifications and reasonable in comparations.   | ied expenses are nece  | essary for the a          | dvancement of the      |
| The concerned out-of-town travel and all-identifications and all-identifications are provided in the second s | The state of the s |                           | nents and intent of    |
| Administrator's Signature:  | de_  | Date                      | 1.25.12                |
| AUTHORITY CLERK CERTIFICATION ON B  | EHALF OF EXEC  | UTIVE COM                 | WITTEE                 |
| a let   | herehv   | certify that this         | document was approved  |
| (Please leave blank. Whoever clerk's the meeting will insert their ne   | ame and title.)  | and there are             | acountoin was approved |
| by the Executive Committee at its   | ## L 111   | meeting.                  |                        |
| (Leave blank and we   | will insert the meeting date.  | )                         |                        |

## SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY OUT-OF-TOWN TRAVEL REQUEST

#### **GENERAL INSTRUCTIONS:**

- A. All travel requests must conform to applicable provisions of Policies 3.30 and 3.40.
- B. Personnel traveling at Authority expense shall, consistent with the provisions of Policies <u>3.30</u> and <u>3.40</u>, use the most economical means available to affect the travel.

| 1. TRAVELE Travelers N             |   | wens   |   | Dept:       | 6/Executive Office   |
|------------------------------------|---|--|---|-------------|--|
| Position:                          | ☐ Board Member  |  | Gen. Counsel  | _           | Chief Auditor  |
| Position.                          | ☐ All other Authority   | employees (does not red  | uire executive committ  | ee adminis  | strator approval)  |
| 2. DATE OF                         | REQUEST: 01/24/12   |  | DEPARTURE/RETURN:   |             |  |
| of paper a                         | TIONS/PURPOSE (Provas necessary): ion:Long Beach, CA  | Pu   | as to the purpose of the purpose: ACI Media Relummunications Semina | ations and  |  |
| A. TI B. LC C. M D. SI E. EI F. O  | ODGING MEALS MEMINAR AND CONFER MTERTAINMENT (If app THER INCIDENTAL EXI TOTAL PROJECTED  ATION BY TRAVELI EXPENSES CONFORM to the A USINESS. | ETS:  EATION (Taxi, Train, Car  ENCE FEES  licable)  PENSES  D TRAVEL EXPENSE  ER By my signature belo | \$ \$ \$ \$ \$ \$ \$ \$  pow, I certify that the abo                | nable and   |  |
| CEDTIEIC                           | ATION BY ADMINIS  | TPATOR Adhere Ade  | ministrator is the Even   | ıtive Com   | mittae the Authority   |
|                                    | ture is required).  | INATOR (VVIIele Au   | minoualor is the EXECU  | iuve Comi   | milee, the Authority   |
| By my signated 1. I have 2. The co | ture below, I certify the force conscientiously reviews concerned out-of-town tractity's business and reasonity's business and reasonity's    | ed the above out-of-town   | enses are necessary f   | or the adv  | ancement of the  |
| 3. The c                           | concerned out-of-town tra<br>prity's Policies <u>3.30</u> and <u>3</u>  | evel and all identified exp  | •   |             | The state of the s |
| Administrate                       | or's Signature:   |  |   | _ Date:     |  |
| AUTHORIT                           | Y CLERK CERTIFIC  | CATION ON BEHAL  | F OF EXECUTIVE  | COMMI       | TTEE   |
| 1                                  |   |  | hereby certify  | that this d | noument was anaroved   |
| (Please leave bi                   | lank. Whoever clerk's the mee   | ting will insert their name and  | title.)   | uiat uno U  | oodilielit was approvet  |
| by the Execu                       | utive Committee at its _  | (Leave blank and we will insen   | meeti   | ng.         |  |
|                                    |   | (Leave blank and we will insen   | the meeting date.)  |             |  |



#### **Media Relations and Crisis Communications Seminar**

January 25-27, 2012 • Hyatt Regency • Long Beach

As of 1-19-12

On Twitter #12acimr

#### Thanks to Our Sponsors!





#### Wednesday, January 25, 2012

5:00pm - 7:00pm

Registration

6:00pm - 7:00pm

**Welcome Reception** 

#### Thursday, January 26, 2012

7:30am - 8:15am

Registration

7:30am - 8:15am

Continental Breakfast

8:15am - 8:30am

Welcome & Opening Remarks

Speakers: Lucinda Harshman, Pittsburgh; Mario Rodriguez, Director, Long Beach Airport

8:30am - 9:00am

Aviation Update: Just The Facts & News You Can Use

Speaker: Debby McEiroy, ACI-NA

10:00am - 11:30am

Crisis Communications Training: Managing Communications in the Aftermath of an

Aircraft Accident

Learn about the NTSB investigation process and how they work with the media when disaster strikes, as well as how the family assistance process could impact airport media relations.

Speaker: Peter Knudson, National Transportation Safety Board

11:30am - 11:45am Networking Break

11:45am - 12:30pm Translating Public Opinion Into More Effective Airport Messaging

Working with Fleishman Hillard, ACI-NA conducted focus groups among frequent business travelers, community leaders, and business leaders/owners to better understand public views about airports. Come hear what we learned and how you can use this inside knowledge to better market your airport's message in the local and national press.

Speaker: Trevor Francis, Fleishman Hilliard

12:30pm - 1:30pm Luncheon Keynote: Brett Snyder, The Cranky Flier

1:30pm - 2:30pm Social Media: Getting it Right and Measuring Success

A panel of well known, non-airport professionals will discuss how 'they' do it.

Moderator: Pat Hogan, Minneapolis-St. Paul International Airport

Speakers: Morgan Johnston, JetBlue; TBD

2:30pm - 2:45pm Networking Break

2:45pm - 5:15pm Developing The National Airport Media Strategy

In small groups followed by an all-In discussion, meeting participants will roll up their sleeves and develop critical components of the earned media plan in support of America's airports and ultimately our policy campaign.

Moderator: Myrna White, Hartsfield-Jackson Atlanta International Airport

**Open Evening** 

#### Friday, January 27, 2012

7:30am - 8:30am Registration

7:30am - 8:15am Continental Breakfast

8:15am – 9:00am Report Out from Airport Media Strategy Roundtable Discussion

9:00am - 10:00am Partnering with the Government

Moderator: Scott Armstrong, Toronto Pearson International Airport

Speakers: Ian Gregor, Federal Aviation Administration; Laura Eimiller, Federal Bureau of

Investigation

10:00 – 10:45am It's Your Sound Bite, Even When It Isn't – Roundtable Discussion

From responding to extended tarmac delays to TSA passenger confrontations, to FAA or CBP equipment outages – in the media's eyes, it's the airport's job to respond. This

roundtable will offer best practices and effective educational messages that inspire public confidence in the airport and promote a positive image of air travel without disparaging the airlines or federal agencies.

Moderator: Carolyn Fennell, Orlando International Airport

10:45am - 11:00am Networking Break

11:00am - 12:00pm Media Training: Crisis Communications Critique for the Pros

Back by popular demand, Dr. Joseph Trahan, President & CEO of Trahan & Associates will share the dos and don'ts that every PR professional should know to effectively engage with the media. Participants will learn techniques on how to give a flawless interview with real-life scenarios and can participate in mock on-camera interviews to be critiqued by our seminar's PR personal trainer.

Speaker: Dr. Joseph Trahan, Trahan & Associates

12:00pm - 1:00pm Lunch - Networking Opportunity

1:00pm - 2:00pm Airport Social Media Panel

It's no secret; airports are taking their social media efforts to the next level. Hear best practices and lessons learned as industry leaders discuss effective use of social media as a customer service, media relations and marketing tool.

Moderator: Cheryl Brown, San Diego

Speakers: Richard Walsh, Massport - Logan Airport; Alex Ryan, Distill/Oakland

International Airport

2:00pm - 2:15pm Networking Break

2:15pm - 4:00pm On-Camera Interview Critique and Peer Reviews

# **BRETON LOBNER**

## SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY TRAVEL EXPENSE REPORT

(To be completed within 30 days from travel return date)

| TRAVELE               | ER:               | Breton Lobner   | DEPT. NAME & NO.                      |              |                     | -             | G            | ieneral Co   | ounsel         |                     |                   |
|-----------------------|-------------------|---|---------------------------------------|--------------|---------------------|---------------|--------------|--|----------------|---------------------|-------------------|
|                       | URE DATE:         | 1/26/2012   |                                       |              |                     | 1/27/201      |              | REPOR  | RT DUE:        |                     | 2/26/12           |
| DESTINA               |                   | Denver, CO  |                                       |              |                     |               |              |  |                |                     |                   |
| Please re<br>expenses | fer to the Aut    | hority Travel and Lodging Expense R<br>als. Please attach all required support<br>ms should be explained in the space | ting documents                        | ation. All r |                     |               |              |  |                |                     |                   |
|                       |                   |   | Authority                             |              |                     |               | Employe      | e Expens   | ses            |                     |                   |
|                       |                   |   | Expenses<br>(Prepaid by<br>Authority) | SUNDAY       | MONDAY              | TUESDAY       | WEDNESDAY    | THURSDAY   | FRIDAY 1/27/12 | SATURDAY<br>1/28/12 | TOTALS            |
| Air Fare, I           | Railroad, Bus     | (attach copy of itinerary w/charges)  | 229.60                                |              |                     |               |              |  |                |                     | 0.00              |
| Conferen              | ce Fees (provi    | ride copy of flyer/registration expenses)   |                                       |              |                     |               |              |  |                |                     | 0.00              |
| Rental Ca             | ar*               |   |                                       |              |                     |               |              |  |                |                     | 0.00              |
| Gas and (             | Oil*              |   |                                       |              |                     |               |              |  |                |                     | 0.00              |
| Garage/P              | arking*           |   |                                       |              |                     |               |              |  |                |                     | 0.00              |
|                       | attach mileag     |   |                                       |              |                     | ļ             |              |  |                |                     | 0.00              |
|                       | or Shuttle Far    | re (include tips pd.)*  |                                       |              |                     |               |              | 31.00  |                |                     | 31.00             |
| Hotel*                |                   |   |                                       |              |                     |               |              | 200.81   |                |                     | 200.81            |
|                       | e, Internet an    | d Fax*  |                                       |              | ļ                   |               |              |  |                |                     | 0.00              |
| Laundry*              |                   |   |                                       |              |                     |               |              |  |                |                     | 0.00              |
| Tips - sep<br>Meals   |                   | (maids,bellhop,other hotel srvs.)   |                                       |              |                     |               |              |  |                |                     | 0.00              |
| (include              | Breakfast         | t-  |                                       |              |                     |               |              |  |                |                     | 0.00              |
| tips pd.)             | Lunch*<br>Dinner* |   |                                       |              |                     |               |              | 50.00  |                |                     | 0.00              |
|                       | Other Me          | vole*   |                                       |              |                     |               |              | 50.00  |                |                     | 50.00<br>0.00     |
| Alcoholis             |                   | rsable expense  | STATES AND THE PARTY.                 |              | 14.02.740.44        | TARESTAN      |              | mes, retire  | Wealth lead    | NEW 1995            | 0.00              |
| Hospitality           |                   | rsubie expense  | Welling Confidence and Towns          | Chine on the | 158 \$1989 \$1558 a | adaa.ussiis   | 25-5-45, 246 | Control of the State of the Sta | General Am     |                     | 0.00              |
| Miscelland            |                   |   | 30.00                                 |              |                     |               | _            | 2.00   |                |                     | 2.00              |
| Wiscelland            | eous.             | *   | 30.00                                 |              |                     |               |              | 2.00   |                |                     | 0.00              |
|                       |                   |   |                                       | *******      |                     |               | :            |  |                |                     | 0.00              |
| *Provide o            | detailed receil   | pts   |                                       |              |                     |               |              |  |                |                     | 0.00              |
|                       | The second second | Total Expenses prepaid by Authority   | 259.60                                | 0.00         | 0.00                | 0.00          | 0.00         | 283.81   | 0.00           | 0.00                | 283.81            |
| Explanation           |                   |   |                                       |              | Total Eva           | onese Des     | paid by Au   | dhaeite  |                |                     | 259.60            |
| Explanation           | on.               |   |                                       |              |                     |               | by Emplo     |  |                |                     | 259.60            |
| 1                     |                   |   |                                       |              |                     | cash adv      |              | ,00  |                |                     | 283.81            |
|                       |                   |   |                                       | į            | Grand Tr            |               |              |  |                |                     | 543.41            |
| ı                     |                   |   |                                       |              | Less Cas            | h Advance     | (attach cop  | y of Authority   | ck)            |                     |                   |
| l .                   |                   |   |                                       |              | Less Exp            | enses Pre     | paid by Au   | thority  |                |                     | 259.60            |
| 1Give nam             | nes and husines   | ss affiliations of any persons whose meals w  | ere paid by trave                     | ler          | Due Trav            | eler (posi    | ive amoun    | it) <sup>2</sup>   |                |                     |                   |
| <sup>2</sup> Prepare  | Check Request     |   |                                       |              |                     |               | ative amo    |  | ng even if t   | he amount           | 283.81<br>is \$0. |
| I as trave            | eler or admin     | nistrator acknowledge that I have re  | ead, understa                         | ind and a    | gree to A           | uthority r    | olicies 3    | .40 - Trav   | el and Lo      | odgina E            | xpense            |
|                       |                   | cy4 and 3.30 - Business Expense F   |                                       |              | -                   |               |              |  |                | -                   |                   |
|                       |                   | er certify that this report of travel e   |                                       |              |                     |               |              |  |                |                     |                   |
| correct.              | •                 |   |                                       |              |                     |               |              |  |                |                     |                   |
|                       | * Travel and      | d Lodging Expense Reimbursement F   | Policy 3.40                           | J            | Business            | Expense I     | Reimburse    | ment Police  | cy 3.30        |                     |                   |
| Prepared !            | Ву:               |   | endy Rios                             |              |                     |               |              | Ext.:  |                | x2424               |                   |
| Traveler Signature:   |                   |   |                                       |              |                     | Date:         |              | 2-7-   | -12            |                     |                   |
|                       |                   |   |                                       |              |                     |               |              |  |                |                     |                   |
| Approved              | •                 |   |                                       |              |                     |               |              | Date: _  |                |                     |                   |
| AUTHORI               | TY CLERK C        | ERTIFICATION ON BEHALF OF EX  | ECUTIVE COM                           | MITTEE       | (To be ce           | rtified if us | ed by Pres   | ident/CEO  | Gen. Cou       | nsel, or Cl         | nief Auditor)     |
| <u>l,</u>             |                   |   |                                       | nereby cer   | tify that th        | is docume     | nt was app   | proved by  | the Execu      | tive Comr           | mittee at its     |
| (Please leav          | ve blank. Who     | ever clerk's the meeting will insert their na   | me and title.)                        |              |                     |               |              |  |                |                     |                   |
| (Leave blan           | k and we will in  | meeting.<br>nsert the meeting date.)  |                                       |              |                     |               |              |  |                |                     |                   |

Failure to attach required documentation will result in the delay of processing reimbursement. If you have any questions, please see your department Administrative Assistant or call Accounting at ext. 2806.



Hotel Monaco 1717 Champa Street Denver, CO 80202

Telephone: (303) 296.1717 (303) 296.1818

Facsimile:

Reservations: (800) 397,5380

www.monaco-denver.com



Find us on Facebook www.facebook.com/monaco.denver



Lobner, Breton

Room Number: 325

Daily Rate: 175.00

Room Type: MCST

No. of Guests: 1/0

San Diego, CA 92101 US

| ARRIVAL  | DEPARTU  | RE CREDIT CARD     | RATE PLAN           | CATEGORY   | ACCOUNT     |
|----------|----------|--------------------|---------------------|--|-------------|
| 01/26/12 | 01/27/12 | XXXXXXXXXXXXX4314  | XCRP                | GCRP   | 12440346137 |
| DATE     | ROOM NO. | DESCRIPTION        | REFERENCE           |  | AMOUNT      |
| 01/26/12 | 325      | ROOM CHARGE        | #325 Lobner, Breton | to the second se | \$175.00    |
| 01/26/12 | 325      | TAX - ROOM - CITY  | TAX - ROOM - CITY   |  | \$18.81     |
| 01/26/12 | 325      | TAX - ROOM - STATE | TAX - ROOM - STATE  |  | \$7.00      |
| 01/27/12 | 325      | AMERICAN EXPRESS   | AMERICAN EXPRESS    |  | (\$200.81)  |

TOTAL DUE:

\$0.00



## Bret's share \$50

Tet ABC Transportation

Cash Receipt

Date 1/26/12One way fare #3/94

Round trip fare
Driver van # 101
12 hour reservation required

1-800-288-0668 or 303-696-9559
203-506-6149

Le Grand Bistro & Oyster Bar 1512 Curtis St Denver, CO 80202 303.534.1155

| Server: Dana | 01/26/2012 |
|--------------|------------|
| Table 32/9   | 9:20 PM    |
| Guests: 7    | 10081      |
|              |            |

| Arugula Salad 1 Eagle Rock Oysters 1 Malpaque Oysters 1 Fire River 1 Kumomotos 1 Lasquitis 1 Bar Cats Lamb Shank | 9.00<br>3.00<br>2.50<br>3.00<br>3.50<br>2.50<br>2.00<br>25.00 |
|--|---|
| 10 Items   |   |
| Subtotal<br>Tax  | 68.50<br>5.55   |
| Total<br>Gratuity 18.00%<br>Total  | 74.05<br>12.33<br>86.38                                       |

Balance Due

86.38

Thank You!!!
www.LeGrandDenver.com



Traveitrust

374 North Coast Fighway 101 Enclintas, Ca 92024 Tol: 760-635-1700 Fax 760-635-1720 Wobsite www.travetrust.com

| SOUTHWEST E-TICKET CONFIRMATION *** 178042 ***   PLEASE CHECK NEW CARRY-ON RESTRICTIONS DIRECT WITH YOUR CARRIERO ROAL TRAVELTRUST AT 800-792-4662  | LOBNER/BRETON            | DEPT 15 09-Jan-2012 11:45 am  |  |  |  |  |
|---|--------------------------|---|--|--|--|--|
| SOUTHWEST E-TICKET CONFERMATION *** 17R042 ***   ********************************   |                          | Page 1 of 2   |  |  |  |  |
| From: San Diego CA, USA   |                          | SOUTHWEST E-TICKET CONFIRMATION *** 17R04Z ***  ********************************  |  |  |  |  |
| From: Denver CO, USA  | 03:15pm                  | From: San Diego CA, USA  Meal: None  Equip: Boeing 737-700 Jet Status: Confirmed  Depart: 26-Jan-2012 Thursday 03:15pm Stops: 0  Arrival: 26-Jan-2012 Thursday 06:40pm  Depart - TERMINAL 1  Arrive -  Flight Duration: 2 hour(s) and 25 minutes  |  |  |  |  |
| RESERVATION RETAINED FOR 180 DAYS-A  TRAVELTRUST IS OPEN MONDAY - FRIDAY FROM 5AM-530PM PST AND SATURDAY FROM 9AM-1PM PST - 760-635-1700. FOR EMERGENCY AFTERHOURS SERVICE IN THE US PLEASE CALL 888-221-6043 AND USE YOUR VIT CODE - SJE72 PLEASE NOTE THIS IS OUR NEW EMERGENCY NUMBER EACH EMERGENCY CALL IS BILLABLE AT A MINIMUM 25.00 THANK YOU FOR CHOOSING TRAVELTRUSTCHERYL HARLOFF Ticket Information  LOBNER BRETON Ticket#:2412937452 Ticket Base Fare: 193.48 Invoice#:5228788 Ticket Tax: 36.12 Total Ticket Amount: 229.60 Electronic: YES  SERVICE FEE DOCUMENT #: 0570413792 FEE AMOUNT: 30.00 | 04:40pm                  | From: Denver CO, USA  Meal: None  Equip: Boeing 737-300 Jet Depart: 27-Jan-2012 Friday 04:40pm Stops: 0  Arrival: 27-Jan-2012 Friday 06:05pm  Depart - Arrive - TERMINAL 1 Flight Duration: 2 hour(s) and 25 minutes Class of Service: Coach  |  |  |  |  |
|   | 25-Jul-2012<br>Wednesday | San Diego CA, USA RESERVATION RETAINED FOR 180 DAYS-A  TRAVELTRUST IS OPEN MONDAY - FRIDAY FROM 5AM-530PM PST AND SATURDAY FROM 9AM-1PM PST - 760-635-1700. FOR EMERGENCY AFTERHOURS SERVICE IN THE US PLEASE CALL 888-221-6043 AND USE YOUR VIT CODE - SJE72 PLEASE NOTE THIS IS OUR NEW EMERGENCY NUMBER EACH EMERGENCY CALL IS BILLABLE AT A MINIMUM 25.00 THANK YOU FOR CHOOSING TRAVELTRUSTCHERYL HARLOFF  Ticket Information  LOBNER BRETON Ticket#:2412937452 Ticket Base Fare: 193.48 Invoice#:5228788 Ticket Tax: 36.12 Total Ticket Amount: 229.60  Electronic: YES  SERVICE FEE DOCUMENT #: 0570413792 FEE AMOUNT: 30.00 |  |  |  |  |
|   |                          | BILLED TO: AMERICAN EXPRESS ENDING IN 1012  |  |  |  |  |



Traveltrust
374 North Coast Highway 101
Enclinitas, Ca 92024
Tol: 760-635-1700
Fax 760-635-720
Wobsite www.travetrust.com

| LOBNER/BRETON | DEPT 15 | 09-Jan-2012 11:45 am |
|---------------|---------|----------------------|
|               |         | Page 2 of 2          |
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