

**Revised 9/23/11**



SAN DIEGO COUNTY  
REGIONAL AIRPORT AUTHORITY  
**EXECUTIVE COMMITTEE**

Item No.  
**4**

Meeting Date: **SEPTEMBER 26, 2011**

**Subject:**

**Pre-Approval of Travel Requests and Approval of Business and Travel Expense Reimbursement Requests for Board Members, the President/CEO, the Chief Auditor and General Counsel**

**Recommendation:**

Pre-approve Travel Requests and Approve Business and Travel Expense Reimbursement Requests.

**Background/Justification:**

Authority Policies 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.

**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.

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**Equal Opportunity Program:**

Not applicable

**Prepared by:**

TONY RUSSELL  
DIRECTOR, CORPORATE SERVICES/AUTHORITY CLERK

# **TRAVEL REQUESTS**

**THELLA F. BOWENS**

**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.

**1. TRAVELER:**

Travelers Name: Thella F. Bowens Dept: 6/Executive Office  
Position: ☐ Board Member ☒ President/CEO ☐ Gen. Counsel ☐ Chief Auditor  
☐ All other Authority employees (does not require executive committee administrator approval)

**2. DATE OF REQUEST:** 08/31/11 **PLANNED DATE OF DEPARTURE/RETURN:** 10/01/11 / 10/01/11

**3. DESTINATIONS/PURPOSE (Provide detailed explanation as to the purpose of the trip— continue on extra sheets of paper as necessary):**

Destination: Sacramento, CA

Purpose: Sacramento International Airport Terminal Opening Event

Explanation: Sacramento International Airport Terminal Opening Event

**4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES**

**A. TRANSPORTATION COSTS:**

• AIRFARE	\$	470.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$	150.00
<b>B. LODGING</b>	\$	250.00
<b>C. MEALS</b>	\$	50.00
<b>D. SEMINAR AND CONFERENCE FEES</b>	\$	
<b>E. ENTERTAINMENT (If applicable)</b>	\$	
<b>F. OTHER INCIDENTAL EXPENSES</b>	\$	
<b>TOTAL PROJECTED TRAVEL EXPENSE</b>	\$	920.00

**CERTIFICATION BY TRAVELER** By my signature below, I certify that the above listed out-of-town travel and associated expenses conform to the Authority's Policies 3.30 and 3.40 and are reasonable and directly related to the Authority's business.

Travelers Signature: Thella F. Bowens Date: 31 Aug 2011

**CERTIFICATION BY ADMINISTRATOR** (Where Administrator is the Executive Committee, the Authority Clerk's signature is required).

By my signature below, I certify the following:

1. I have conscientiously reviewed the above out-of-town travel request and the details provided on the reverse.
2. The concerned out-of-town travel and all identified expenses are necessary for the advancement of the Authority's business and reasonable in comparison to the anticipated benefit to the Authority.
3. The concerned out-of-town travel and all identified expenses conform to the requirements and intent of Authority's Policies 3.30 and 3.40.

Administrator's Signature: [Signature] Date: 8.31.11

**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.)  
by the Executive Committee at its \_\_\_\_\_ 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 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  
Position: ☐ Board Member ☒ President/CEO ☐ Gen. Counsel ☐ Chief Auditor  
☐ All other Authority employees (does not require executive committee administrator approval)

2. DATE OF REQUEST: 09/22/11 PLANNED DATE OF DEPARTURE/RETURN: 11/03/11 / 11/04/11

**3. DESTINATIONS/PURPOSE (Provide detailed explanation as to the purpose of the trip— continue on extra sheets of paper as necessary):**

Destination: Newport Beach, CA

Purpose: California Airports Council Board of Directors meeting

Explanation: \_\_\_\_\_

**4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES**

**A. TRANSPORTATION COSTS:**

• AIRFARE	\$	
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$	150.00
B. LODGING	\$	170.00
C. MEALS	\$	100.00
D. SEMINAR AND CONFERENCE FEES	\$	
E. ENTERTAINMENT (If applicable)	\$	
F. OTHER INCIDENTAL EXPENSES	\$	
<b>TOTAL PROJECTED TRAVEL EXPENSE</b>	<b>\$</b>	<b>420.00</b>

**CERTIFICATION BY TRAVELER** By my signature below, I certify that the above listed out-of-town travel and associated expenses conform to the Authority's Policies 3.30 and 3.40 and are reasonable and directly related to the Authority's business.

Travelers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CERTIFICATION BY ADMINISTRATOR** (Where Administrator is the Executive Committee, the Authority Clerk's signature is required).

By my signature below, I certify the following:

1. I have conscientiously reviewed the above out-of-town travel request and the details provided on the reverse.
2. The concerned out-of-town travel and all identified expenses are necessary for the advancement of the Authority's business and reasonable in comparison to the anticipated benefit to the Authority.
3. The concerned out-of-town travel and all identified expenses conform to the requirements and intent of Authority's Policies 3.30 and 3.40.

Administrator's Signature:  Date: 23 Sept 2011

**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.)  
by the Executive Committee at its \_\_\_\_\_ meeting.  
(Leave blank and we will insert the meeting date.)

**BRETON LOBNER**

## NEW Out of Town Travel Request (eff. 2-9-10)



# **EXPENSE REPORTS**

**THELLA F. BOWENS**

**SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY  
TRAVEL EXPENSE REPORT**

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

TRAVELER: Thella F. Bowens DEPT. NAME & NO. 6/Executive Office  
DEPARTURE DATE: 7/28/2011 RETURN DATE: 8/3/2011 REPORT DUE: 9/2/11  
DESTINATION: Dallast Ft. Worth

*Please refer to the Authority Travel and Lodging Expense Reimbursement Policy, Article 3, Part 3.4, Section 3.40, outlining appropriate reimbursable expenses and approvals. Please attach all required supporting documentation. All receipts must be detailed, (credit card receipts do not provide sufficient detail). Any special items should be explained in the space provided below.*

	Authority Expenses (Prepaid by Authority)	Employee Expenses							
		SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTALS
		7/31/11	8/2/11	8/3/11	8/3/11	7/28/11	7/29/11	7/30/11	
Air Fare, Railroad, Bus (attach copy of itinerary w/charges)	242.20								0.00
Conference Fees (provide copy of flyer/registration expenses)									0.00
Rental Car*						107.55			107.55
Gas and Oil*						6.48			6.48
Garage/Parking*									0.00
Mileage - attach mileage form*									0.00
Taxi and/or Shuttle Fare (include tips pd.)*									0.00
Hotel*						289.78			289.78
Telephone, Internet and Fax*									0.00
Laundry*									0.00
Tips - separately paid (maids, bellhop, other hotel srvs.)									0.00
Meals (include tips pd.)									0.00
Breakfast*									0.00
Lunch*									0.00
Dinner*									0.00
Other Meals*									0.00
Alcohol is a non-reimbursable expense									
Hospitality <sup>1</sup> *									0.00
Miscellaneous:									0.00
									0.00
									0.00
*Provide detailed receipts									0.00
<b>Total Expenses prepaid by Authority</b>	<b>242.20</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>289.78</b>	<b>114.03</b>	<b>0.00</b>	<b>403.81</b>

Explanation:	Total Expenses Prepaid by Authority	242.20
	Total Expenses Incurred by Employee (including cash advances)	403.81
	<b>Grand Trip Total</b>	<b>646.01</b>
	Less Cash Advance (attach copy of Authority ck)	
	Less Expenses Prepaid by Authority	242.20
	<b>Due Traveler (positive amount)<sup>2</sup></b>	<b></b>
	Due Authority (negative amount) <sup>3</sup>	403.81
Note: Send this report to Accounting even if the amount is \$0.		

<sup>1</sup> Give names and business affiliations of any persons whose meals were paid by traveler. <sup>2</sup> Prepare Check Request <sup>3</sup> Attach personal check payable to SDCRAA
---

I as traveler or administrator acknowledge that I have read, understand and agree to Authority policies 3.40 - Travel and Lodging Expense Reimbursement Policy<sup>4</sup> and 3.30 - Business Expense Reimbursement Policy<sup>5</sup> and that any purchases/claims that are not allowed will be my responsibility. I further certify that this report of travel expenses were incurred in connection with official Authority business and is true and correct.

\* Travel and Lodging Expense Reimbursement Policy 3.40

\* Business Expense Reimbursement Policy 3.30

Prepared By: Amy Caldera  
Traveler Signature: Thella F. Bowens  
Approved By: \_\_\_\_\_

Ext.: 2445  
Date: 30 Aug 2011  
Date: \_\_\_\_\_

**AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE** (To be certified if used by President/CEO, Gen. Counsel, or Chief Auditor)

I, \_\_\_\_\_ hereby certify that this document was approved by the Executive Committee at its \_\_\_\_\_ meeting.

(Please leave blank. Whoever clerk's the meeting will insert their name and title.)  
(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  
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.

**1. TRAVELER:**

Travelers Name: Thella F. Bowens Dept: 06/Executive Office

Position: ☐ Board Member ☒ President/CEO ☐ Gen. Counsel ☐ Chief Auditor

☐ All other Authority employees (does not require executive committee administrator approval)

**2. DATE OF REQUEST:** 07/11/11 **PLANNED DATE OF DEPARTURE/RETURN:** 07/28/11 / 08/03/11

**3. DESTINATIONS/PURPOSE** (Provide detailed explanation as to the purpose of the trip- continue on extra sheets of paper as necessary):

Destination: To Dallas Ft. Worth Return to San Diego from Martha's Vineyard, MA\*

Purpose: Meeting with American Airlines

Explanation: Meeting with American Airlines HQ.

\* Reason for return flight from Martha's Vineyard, MA instead of Dallas: Traveler will be on vacation and now needs to return for the August 4 Board meeting (the return leg from Martha's Vineyard, MA is \$95 less than if she returned directly from Dallas - see attachment).

**4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES**

**A. TRANSPORTATION COSTS:**

- AIRFARE \$ 488.90
- OTHER TRANSPORTATION (Taxi, Train, Car Rental) \$ 125.00

**B. LODGING**

\$ 350.00

**C. MEALS**

\$ 100.00

**D. SEMINAR AND CONFERENCE FEES**

\$ 0.00

**E. ENTERTAINMENT (If applicable)**

\$ 0.00

**F. OTHER INCIDENTAL EXPENSES**

\$ 0.00

**TOTAL PROJECTED TRAVEL EXPENSE**

\$ 1061.90

**CERTIFICATION BY TRAVELER** By my signature below, I certify that the above listed out-of-town travel and associated expenses conform to the Authority's Policies 3.30 and 3.40 and are reasonable and directly related to the Authority's business.

Travelers Signature: Thella F. Bowens

Date: 07/14/11

**CERTIFICATION BY ADMINISTRATOR** (Where Administrator is the Executive Committee, the Authority Clerk's signature is required).

By my signature below, I certify the following:

1. I have conscientiously reviewed the above out-of-town travel request and the details provided on the reverse.
2. The concerned out-of-town travel and all identified expenses are necessary for the advancement of the Authority's business and reasonable in comparison to the anticipated benefit to the Authority.
3. The concerned out-of-town travel and all identified expenses conform to the requirements and intent of Authority's Policies 3.30 and 3.40.

Administrator's Signature: R. J. [Signature]

Date: 7.12.11

**AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE**

Tony L. Russell, Authority Clerk

(Please leave blank. Whoever clerk's the meeting will insert their name and title.)

by the Executive Committee at its

7/25/2011

meeting.

(Leave blank and we will insert the meeting date.)



TravelTrust  
314 North Coast Highway 101  
Encinitas, Ca 92024  
Tel: 760-635-1700  
Fax: 760-635-1720  
Website: www.traveltrust.com

BOWENS/THELLA

DEPT 6

13-Jul-2011 3:46 pm

Page 1 of 2

YOUR AMERICAN AIRLINES ETICKET CONFIRMATION IS \*\* IHTTXQ \*\*  
YOUR DELTA ETICKET CONFIRMATION IS \*\* GXCWH4 \*\*

-----INVOICE/ITINERARY ACCOUNTING DOCUMENT-----

\*\*\*\*\*TICKETLESS TRAVEL INSTRUCTIONS\*\*\*\*\*

THIS IS AN E-TICKET RESERVATION.

A GOVERNMENT ISSUED PHOTO ID IS NEEDED AT CHECK IN  
THIS TICKET IS NON-REFUNDABLE AND MUST BE USED FOR  
THE FLIGHTS BOOKED. IF THE RESERVATION IS NOT USED  
OR CANCELLED BEFORE THE DEPARTURE OF YOUR FLIGHTS  
IT MAY HAVE NO VALUE. CONTACT TRAVELTRUST BEFORE  
YOUR OUTBOUND FLIGHT IF CHANGE IS NECESSARY.

\*\*\*\*\*TSA GUIDANCE FOR PASSENGERS\*\*\*\*\*

PLEASE ALLOW EXTRA TIME FOR SCREENING AND BOARDING  
INTERNATIONAL-MINIMUM 3 HOUR CHECK-IN PRIOR TO DEPARTURE  
DOMESTIC-MINIMUM 2 HOUR CHECK-IN PRIOR TO DEPARTURE  
FOR ADDITIONAL SECURITY INFORMATION VISIT [WWW.TSA.GOV](http://www.TSA.GOV)

\*\*\*\*\*

  
28-Jul-2011  
11:05am  
Thursday

Air American Airlines  
From: San Diego CA, USA  
Meal: Food For Purchase  
Equip: Boeing 757 Jet  
Depart: 28-Jul-2011 Thursday 11:05am  
Arrival: 28-Jul-2011 Thursday 04:05pm

Flight# 1148 Class: G  
To: Dallas/Ft Worth TX, USA  
Seats: Seat:17D  
Status: Confirmed  
Stops: 0

Depart - TERMINAL 2

Arrive -

American Airlines locator: IHTTXQ

**\*\* EXIT ROW AISLE SEAT CONFIRMED \*\***  
**\*\* EXIT ROW AISLE SEAT CONFIRMED \*\***  
Flight Duration: 3 hour(s) and 00 minutes  
Class of Service: G

  
28-Jul-2011  
Thursday

Car Hertz Rent A Car  
Pick Up: Dallas/Ft Worth TX, USA  
Confirmation: F16836996F6  
Return: 30-Jul-2011  
Approximate Price: 66.31USD  
Rate Info: USD20.24 UlmtD WD Xtra Day40.48 UlmtD xtra Hr10.12 UlmtD  
Approximate Price: USD66.31 UNL 2DY 0HR 25.83MC  
Arrival Time: 04:05pm  
Dropoff : Dallas/Ft Worth TX, USA  
Dropoff Time: 08:00am  
CD-1205197

Type: Inter Car Auto A/c  
Rate: 20.24USD  
Dallas/Ft Worth TX, USA

*car rental*

  
28-Jul-2011  
Thursday

Hotel Hyatt Hotels Grand Hyatt Dfw  
2337 SOUTH INTERNATIONAL PKWY, DFW AIRPORT TX 75  
Phone: 1-972-973-1234 Fax: 1-972-973-1299  
Number of Rooms: 1  
Confirmation: HY0058128905  
Check Out: 30-Jul-2011 Saturday  
NONSMOKING KING

Rate: 259.00USD  
Room Guaranteed

*Confirmation #*

**\*\* RATE CHANGE - 1ST NIGHT 259.00 2ND NIGHT 169.00 \*\***  
ID-G74412834W

  
03-Aug-2011  
03:40pm  
Wednesday

Air Delta Air Lines  
From: Marthas Vineyard MA, USA  
Meal: None  
Equip: CRJ-Canadair Regiona  
Depart: 03-Aug-2011 Wednesday 03:40pm  
Arrival: 03-Aug-2011 Wednesday 05:10pm

Flight# 4149 Class: T  
To: New York Kennedy NY, USA  
Seats: Seat:12B  
Status: Confirmed  
Stops: 0

MY-Y-JFK OPERATED BY PINNACLE DBA DELTA CONNECTION

Depart -

Arrive - TERMINAL 3

Delta Air Lines locator: GXCWH4



TravelTrust  
374 North Coast Highway 101  
Encinitas, Ca 92024  
Tel: 760-635-1700  
Fax: 760-635-1720  
Website: www.traveltrust.com

BOWENS/THELLA

DEPT 6

13-Jul-2011 3:46 pm

Page 2 of 2

**\*\* AISLE SEAT CONFIRMED \*\***  
Flight Duration: 1 hour(s) and 30 minutes  
Class of Service: Coach

03-Aug-2011  
06:45pm  
Wednesday

Air: Delta Air Lines  
From: New York Kennedy NY, USA  
Meal: Food For Purchase  
Equip: Boeing 757 Jet  
Depart: 03-Aug-2011 Wednesday 06:45pm  
Arrival: 03-Aug-2011 Wednesday 10:03pm

Flight# 245 Class: T  
To: San Diego CA, USA  
Seats: Seat: 42C  
Status: Confirmed  
Stops: 0

Depart - TERMINAL 3  
Arrive - TERMINAL 2  
Delta Air Lines locator: GXCWH4

**\*\* AISLE SEAT CONFIRMED \*\***  
Flight Duration: 6 hour(s) and 18 minutes  
Class of Service: Coach

Other

30-Jan-2012  
Monday

San Diego CA, USA  
RESERVATION RETAINED FOR 180 DAYS

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 888-221-6062 AND USE YOUR VIT CODE - S7NS0  
PLEASE NOTE THIS IS OUR NEW EMERGENCY NUMBER  
EACH EMERGENCY CALL IS BILLABLE AT A MINIMUM 25.00  
THANK YOU FOR CHOOSING TRAVELTRUST...SCOTT MACKERLEY

Ticket Information

BOWENS THELLA  
Ticket#: 8665624890  
Invoice#: 1186329

Ticket Base Fare: 245.58  
Ticket Tax: 29.12  
Total Ticket Amount: 274.70

Electronic: YES

BOWENS THELLA  
Ticket#: 8665624891  
Invoice#: 1186329

Ticket Base Fare: 185.11  
Ticket Tax: 27.09  
Total Ticket Amount: 212.20

Electronic: YES

SERVICE FEE DOCUMENT #: 0548152401 FEE AMOUNT: 30.00

BILLED TO: AMERICAN EXPRESS ENDING IN 1012

\$242.20



Grand Hyatt DFW  
2337 South International  
Parkway  
DFW Airport, TX 75261  
Tel: 972.973.1234  
Fax: 972.973.1299

INVOICE

Payee Thella Bowens  
Po Box 488  
San Diego Intl Airport  
San Diego CA 921120488  
United States

Membership GP G74412834W  
Bonus Code  
Confirmation No. 5812890501  
Group Name

Room No. 0233  
Arrival 07-28-11  
Departure 07-29-11  
Page No. 1 of 1  
Folio Window 1  
Folio 176704  
Invoice

Date	Description	Charges	Credits
07-28-11	Package	259.00	
<del>07-28-11</del>	<del>City Occupancy Tax 6%</del>	<del>15.39</del>	
<del>07-28-11</del>	<del>State Occupancy Tax 6%</del>	<del>15.39</del>	
07-28-11	City Occupancy Tax 6%	15.39	
07-28-11	State Occupancy Tax 6%	15.39	
07-29-11	American Express XXXXXXXXXXXX1003 XX/XX		317.78
Your Gold Passport account will be credited for this stay.		Total <del>\$289.78</del> 317.78	317.78
Balance			0.00

Guest Signature

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

It is our endeavor to exceed your expectations. We welcome your feedback and comments. Simply e-mail Hyatt Consumer Affairs at: [QualityDFWGH@Hyatt.com](mailto:QualityDFWGH@Hyatt.com)

Thank you for choosing the Grand Hyatt DFW.

For future stays, please use SKYLINK to travel to Terminal D.

Please remit payment to:

Grand Hyatt Dallas Fort Worth  
PO Box 974413

DFW Airport, TX 75397

Customer Service Number: 1-888-552-7410

Customer Service Email: [Na.CustomerService@Hyatt.com](mailto:Na.CustomerService@Hyatt.com)

For best rates available, please visit us at [www.grandhyattdfw.hyatt.com](http://www.grandhyattdfw.hyatt.com)

**THE HERTZ CORPORATION**

Phone: 800-654-4173  
 Fax: .  
 Web: www.hertz.com

**REPRINT**

Rental Agreement No: 579096346  
 Invoice Date: 07/30/2011  
 Document: 961001128193

Direct All Inquiries To:  
 THE HERTZ CORPORATION  
 PO BOX 26120  
 OKLAHOMA CITY, OK 73126-0120

Renter: THELLA BOWENS  
 Account No.: [REDACTED]  
 CDP No.: 1205197  
 CDP Name: TRAVEL TRUST

THELLA BOWENS  
 TRAVEL TRUST  
 [REDACTED]

**RENTAL REFERENCE**

Rental Agreement No: 579096346  
 Reservation ID: F16836996F6

**RENTAL DETAILS**

Rate Plan: IN: MCLE. OUT: MCLE  
 Rented On: 07/28/2011 18:09 LOC# 160020  
 DALLAS - DFW AP, TX  
 Returned On: 07/29/2011 13:31 LOC# 160020 ✓  
 DALLAS - DFW AP, TX  
 Car Description: ALTIMA 215WKA  
 Veh. No.: 5756697  
 CAR CLASS Charged: C MILEAGE In: 34,140  
 Rented: YF Out: 34,104  
 Reserved: C Driven: 36

**MISCELLANEOUS INFORMATION**

CC AUTH: 541252 DATE: 2011/07/28 AMT: 302.00

**RENTAL CHARGES**

DAYS	1 @	22.49	22.49
SUBTOTAL			32.49
DISCOUNT			10.00%
SUBTOTAL			29.24
ADDITIONAL OPERATOR			13.00
DAMAGE WAIVER (CDW/LDW)			27.99
LIABILITY INS. SUPPLEMENT			12.95
PERSONAL ACCIDENT INS.			5.95
CONCESSION FEE RECOVERY			9.90
VEHICLE LICENSE FEE			1.45
CUSTOMER FACILITY CHARGE			6.20
PREMIUM ROADSIDE SERVICE			3.99
TAX			7.50%
			6.88

AMOUNT DUE

✓ 117.55 USD

\$107.55

**THANK YOU FOR RENTING FROM HERTZ****ALL CHARGES HAVE BEEN BILLED TO YOUR ACCOUNT.**

Direct All Inquiries To:  
 THE HERTZ CORPORATION  
 PO BOX 26120



**RECEIPTS FROM TRAVEL TO FT. WORTH, TEXAS  
JULY 28 THROUGH AUGUST 03, 2011—THELLA F. BOWENS**

7-ELEVEN  
14205 TRINITY BLVD  
FORT WORTH, TX 76155  
STORE#: 30070

SHELL  
14501 TRINITY BLVD  
FORT WORTH TX 76155

57 543 202709  
S1Q0441

DUPLICATE RECEIPT >

DATE 07/29/11 1:18PM  
INVOICE# 643775  
AUTH# 563571

AMEX  
ACCOUNT NUMBER  
XXXX XXXXXX X1003  
BOWENS/THELLA F

*fuel for  
Mentor car*

UMP PRODUCT \$/G  
07 UNLD \$3.679

GALLONS FUEL TOTAL  
1.761 \$ 6.48

TOTAL SALE \$ 6.48

THANKS, COME AGAIN

# SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY

## TRAVEL EXPENSE REPORT

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

TRAVELER: Thella F. Bowens DEPT. NAME & NO. 6/Executive Office  
 DEPARTURE DATE: 6/11/2011 RETURN DATE: 6/16/2011 REPORT DUE: 7/16/11  
 DESTINATION: Lisbon, Portugal

Please refer to the Authority Travel and Lodging Expense Reimbursement Policy, Article 3, Part 3.4, Section 3.40, outlining appropriate reimbursable expenses and approvals. Please attach all required supporting documentation. All receipts must be detailed, (credit card receipts do not provide sufficient detail). Any special items should be explained in the space provided below.

	Authority Expenses (Prepaid by Authority)	Employee Expenses							TOTALS
		SUNDAY 6/12/11	MONDAY 6/13/11	TUESDAY 6/14/11	WEDNESDAY 6/15/11	THURSDAY 6/16/11	FRIDAY	SATURDAY 6/11/11	
Air Fare, Railroad, Bus (attach copy of itinerary w/charges)	4,767.20								0.00
Conference Fees (provide copy of flyer/registration expenses)									0.00
Rental Car*									0.00
Gas and Oil*									0.00
Garage/Parking*									0.00
Mileage - attach mileage form*									0.00
Taxi and/or Shuttle Fare (include tips pd.)*				231.10	173.33	18.59			423.02
Hotel*			460.26	460.26	460.26	460.26			1,841.04
Telephone, Internet and Fax*									0.00
Laundry*									0.00
Tips - separately paid (maids, bellhop, other hotel srvs.)									0.00
Meals (include tips pd.)	Breakfast*			20.14	74.14	20.49			114.77
	Lunch*	13.49	27.55		8.46				49.50
	Dinner*	57.29	39.10						96.39
	Other Meals*	3.99	4.31						8.30
Alcohol is a non-reimbursable expense									
Hospitality <sup>1</sup> *									0.00
Miscellaneous: Baggage Fees									0.00
									0.00
									0.00
*Provide detailed receipts									0.00
Total Expenses prepaid by Authority		4,767.20	74.77	531.22	711.50	716.19	499.34	0.00	2,533.02

Explanation:	Total Expenses Prepaid by Authority	4,767.20
	Total Expenses Incurred by Employee (including cash advances)	2,533.02
	<b>Grand Trip Total</b>	<b>7,300.22</b>
	Less Cash Advance (attach copy of Authority ck)	
	Less Expenses Prepaid by Authority	4,767.20
	<b>Due Traveler (positive amount)<sup>2</sup></b>	
	<b>Due Authority (negative amount)<sup>3</sup></b>	<b>2,533.02</b>
Note: Send this report to Accounting even if the amount is \$0.		

I as traveler or administrator acknowledge that I have read, understand and agree to Authority policies 3.40 - Travel and Lodging Expense Reimbursement Policy<sup>4</sup> and 3.30 - Business Expense Reimbursement Policy<sup>5</sup> and that any purchases/claims that are not allowed will be my responsibility. I further certify that this report of travel expenses were incurred in connection with official Authority business and is true and correct.

<sup>1</sup> [Travel and Lodging Expense Reimbursement Policy 3.40](#)

<sup>2</sup> [Business Expense Reimbursement Policy 3.30](#)

Prepared By: Amy G. Caldera  
 Traveler Signature: Thella F. Bowens  
 Approved By: \_\_\_\_\_

Ext.: 2445  
 Date: 23 Sep 2011  
 Date: \_\_\_\_\_

### AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE (To be certified if used by President/CEO, Gen. Counsel, or Chief Auditor)

I, \_\_\_\_\_ hereby certify that this document was approved by the Executive Committee at its \_\_\_\_\_ meeting.  
 (Please leave blank. Whoever clerk's the meeting will insert their name and title.)  
 (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.

**June 11 - 16, 2011 Lisbon, Portugal**

Date	Expense	Amount	Exchange Rate	Reimburse Amount
6/12/2011	Other Meal	€ 2.75	1.4501	\$ 3.99
6/12/2011	Lunch	€ 9.30	1.4505	\$ 13.49
6/12/2011	Dinner	€ 39.83	1.4383	\$ 57.29
6/13/2011	Hotel	€ 320.00	1.4383	\$ 460.26
6/13/2011	Lunch	€ 19.20	1.435	\$ 27.55
6/13/2011	Other Meal	€ 3.00	1.435	\$ 4.31
6/13/2011	Dinner	€ 27.25	1.435	\$ 39.10
6/14/2011	Hotel	€ 320.00	1.4383	\$ 460.26
6/14/2011	Car	€ 160.00	1.4444	\$ 231.10
6/14/2011	Breakfast	€ 14.00	1.4383	\$ 20.14
6/15/2011	Lunch	€ 5.88	1.4383	\$ 8.46
6/15/2011	Hotel	€ 320.00	1.4383	\$ 460.26
6/15/2011	Car	€ 120.00	1.4444	\$ 173.33
6/15/2011	Breakfast	€ 51.34	1.4441	\$ 74.14
6/16/2011	Hotel	€ 320.00	1.4383	\$ 460.26
6/16/2011	Breakfast	€ 14.30	1.4331	\$ 20.49
6/16/2011	Taxi	€ 12.95	1.4331	\$ 18.59

**Total: \$ 2,533.02**

Type	Currency Converter Used:
<i>Visa Transactions</i>	<i>OANDA</i>

3/14 → Corporate Service

**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.

**1. TRAVELER:**

Travelers Name: Thella F. Bowens Dept: 06/Executive Office  
Position: ☐ Board Member ☒ President/CEO ☐ Gen. Counsel ☐ Chief Auditor  
☐ All other Authority employees (does not require executive committee administrator approval)

2. DATE OF REQUEST: 03/14/11 PLANNED DATE OF DEPARTURE/RETURN: 06/11/11 / 06/18/11

**3. DESTINATIONS/PURPOSE (Provide detailed explanation as to the purpose of the trip— continue on extra sheets of paper as necessary):**

Destination: Lisbon, Portugal

Purpose: ACI-NA Executive Committee Mtg and Joint Board Meeting with ACI Europe and 21<sup>st</sup> ACI Europe Annual General Assembly, Congress and Exhibition

Explanation: ACI-NA Executive Committee Mtg and Joint Board Meeting with ACI Europe and 21st ACI Europe Annual General Assembly, Congress and Exhibition

**4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES**

**A. TRANSPORTATION COSTS:**

• AIRFARE	\$	3450.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$	200.00

B. LODGING	\$	2100.00
------------	----	---------

C. MEALS	\$	600.00
----------	----	--------

D. SEMINAR AND CONFERENCE FEES	\$	1200.00
--------------------------------	----	---------

E. ENTERTAINMENT (If applicable)	\$	
----------------------------------	----	--

F. OTHER INCIDENTAL EXPENSES	\$	100.00
------------------------------	----	--------

<b>TOTAL PROJECTED TRAVEL EXPENSE</b>	\$	<u>7650.00</u>
---------------------------------------	----	----------------

**CERTIFICATION BY TRAVELER** By my signature below, I certify that the above listed out-of-town travel and associated expenses conform to the Authority's Policies 3.30 and 3.40 and are reasonable and directly related to the Authority's business.

Travelers Signature: Thella F. Bowens Date: 13 March 2011

**CERTIFICATION BY ADMINISTRATOR** (Where Administrator is the Executive Committee, the Authority Clerk's signature is required).

By my signature below, I certify the following:

1. I have conscientiously reviewed the above out-of-town travel request and the details provided on the reverse.
2. The concerned out-of-town travel and all identified expenses are necessary for the advancement of the Authority's business and reasonable in comparison to the anticipated benefit to the Authority.
3. The concerned out-of-town travel and all identified expenses conform to the requirements and intent of Authority's Policies 3.30 and 3.40.

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE**

I, Tony R. Russell, hereby certify that this document was approved  
(Please leave blank. Whoever clerk's the meeting will insert their name and title.)  
by the Executive Committee at its 3/28/11 meeting.  
(Leave blank and we will insert the meeting date.)



Traveltrust  
374 North Coast Highway 101  
Encinitas, Ca 92024  
Tel: 760-635-1700  
Fax: 760-635-1720  
Website: www.traveltrust.com

BOWENS/THELLA  
FAYE

DEPT 6


09-May-2011 5:11 pm

Page 1 of 2


YOUR UNITED ETICKET CONFIRMATION IS \*\* WC5BMM \*\*  
YOUR TAP ETICKET CONFIRMATION IS \*\* 2R06JG \*\*  
-----INVOICE/ITINERARY ACCOUNTING DOCUMENT-----  
\*\*\*\*\*TICKETLESS TRAVEL INSTRUCTIONS\*\*\*\*\*  
THIS IS AN E-TICKET RESERVATION.  
A GOVERNMENT ISSUED PHOTO ID IS NEEDED AT CHECK IN  
THIS TICKET IS NON-REFUNDABLE AND MUST BE USED FOR  
THE FLIGHTS BOOKED. IF THE RESERVATION IS NOT USED  
OR CANCELLED BEFORE THE DEPARTURE OF YOUR FLIGHTS  
IT MAY HAVE NO VALUE. CONTACT TRAVELTRUST BEFORE  
YOUR OUTBOUND FLIGHT IF CHANGE IS NECESSARY.  
\*\*\*\*\*  
\*\*\*\*\*TSA GUIDANCE FOR PASSENGERS\*\*\*\*\*  
PLEASE ALLOW EXTRA TIME FOR SCREENING AND BOARDING  
INTERNATIONAL-MINIMUM 3 HOUR CHECK-IN PRIOR TO DEPARTURE  
DOMESTIC-MINIMUM 2 HOUR CHECK-IN PRIOR TO DEPARTURE  
FOR ADDITIONAL SECURITY INFORMATION VISIT WWW.TSA.GOV  
\*\*\*\*\*  
FOR TRAVEL TO PORTUGAL  
A US CITIZEN MUST HAVE A VALID PASSPORT  
YOU CANNOT TRAVEL OUT OF THE UNITED STATES IF YOUR U.S.  
PASSPORT EXPIRES WITHIN 6 MONTHS OF YOUR DEPARTURE DATE  
\*\*\*\*\*  
FOR EMERGENCY AFTERHOURS SERVICE  
WHILE IN PORTUGAL  
PLEASE CALL 00-800-15253545  
IF INTL AFTERHOUR NUMBER DOES NOT WORK  
DIAL DIRECT OR COLLECT 201-221-4462  
\*\*\*\*\*

  
11-Jun-2011  
07:54am  
Saturday

Air United Airlines  
From: San Diego CA, USA  
Meal: Breakfast  
Equip: Boeing 757 200 Jet  
Depart: 11-Jun-2011 Saturday 07:54am  
Arrival: 11-Jun-2011 Saturday 03:52pm  
Flight# 970 Class: A  
To: Washington Dulles DC, USA  
Seats: Seat:2E  
Status: Confirmed  
Stops: 0  
Depart - TERMINAL 1  
Arrive -  
United Airlines locator: WC5BMM  
UA Frequent Flyer# 00632240821-BOWENS/THELLA FAYE  
\*\* AISLE SEAT CONFIRMED \*\*  
Flight Duration: 4 hour(s) and 58 minutes  
Class of Service: First

  
11-Jun-2011  
07:07pm  
Saturday

Air United Airlines  
From: Washington Dulles DC, USA  
Meal: Dinner Snack/brunch  
Equip: Boeing 767 Jet  
Depart: 11-Jun-2011 Saturday 07:07pm  
Arrival: 12-Jun-2011 Sunday 09:10am  
Flight# 952 Class: Z  
To: Frankfurt, Germany  
Seats: Seat:7C  
Status: Confirmed  
Stops: 0  
Depart -  
Arrive - TERMINAL 1  
United Airlines locator: WC5BMM  
UA Frequent Flyer# 00632240821-BOWENS/THELLA FAYE  
\*\* AISLE SEAT CONFIRMED \*\*  
Flight Duration: 8 hour(s) and 03 minutes  
Class of Service: Business

  
12-Jun-2011  
01:30pm  
Sunday

Air Tap Air Portugal  
From: Frankfurt, Germany  
Meal: Lunch  
Equip: Airbus A320 Jet  
Depart: 12-Jun-2011 Sunday 01:30pm  
Arrival: 12-Jun-2011 Sunday 03:30pm  
Flight# 575 Class: Z  
To: Lisbon, Portugal  
Seats: Seat:2C  
Status: Confirmed  
Stops: 0  
Depart - TERMINAL 1  
Arrive - TERMINAL 1  
Tap Air Portugal locator: 2R06JG  
UA Frequent Flyer# 00632240821-BOWENS/THELLA FAYE

**Traveltrust**

374 North Coast Highway 101  
Encinitas, Ca 92024  
Tel: 760-635-1700  
Fax: 760-635-1720  
Website: www.traveltrust.com

BOWENS/THELLA  
FAYE

DEPT 6

09-May-2011 5:11 pm

Page 2 of 2

**\*\* AISLE SEAT CONFIRMED \*\***

Flight Duration: 3 hour(s) and 00 minutes

Class of Service: Z

16-Jun-2011  
12:30pm  
Thursday

**Air** Continental Airlines

**From:** Lisbon, Portugal

**Meal:** Lunch

**Equip:** Boeing 757 200 Jet

**Depart:** 16-Jun-2011 Thursday 12:30pm

**Arrival:** 16-Jun-2011 Thursday 03:30pm

**Depart -**

**Arrive -** TERMINAL C

Continental Airlines locator: D03YSE

UA Frequent Flyer# 00632240821-BOWENS/THELLA FAYE

**\*\* AISLE SEAT CONFIRMED \*\***

Flight Duration: 8 hour(s) and 00 minutes

Class of Service: Business

**Flight#** 77

**Class:** Z

**To:** Newark Liberty International

**Seats:** Seat:3B

**Status:** Confirmed

**Stops:** 0

16-Jun-2011  
05:15pm  
Thursday

**Air** Continental Airlines

**From:** Newark Liberty International

**Meal:** Dinner

**Equip:** Boeing 737-800 Jet

**Depart:** 16-Jun-2011 Thursday 05:15pm

**Arrival:** 16-Jun-2011 Thursday 07:59pm

**Depart -** TERMINAL C

**Arrive -** TERMINAL 2

Continental Airlines locator: D03YSE

UA Frequent Flyer# 00632240821-BOWENS/THELLA FAYE

**\*\* AISLE SEAT CONFIRMED \*\***

Flight Duration: 5 hour(s) and 44 minutes

Class of Service: Business

**Flight#** 1426

**Class:** Z

**To:** San Diego CA, USA

**Seats:** Seat:2B

**Status:** Confirmed

**Stops:** 0

13-Dec-2011  
Tuesday

San Diego CA, USA

RESERVATION RETAINED FOR 180 DAYS

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 888-221-6062 AND USE YOUR VIT CODE - S7NS0

PLEASE NOTE THIS IS OUR NEW EMERGENCY NUMBER

EACH EMERGENCY CALL IS BILLABLE AT A MINIMUM 25.00

THANK YOU FOR CHOOSING TRAVELTRUST...SCOTT MACKERLEY

**Ticket Information**

BOWENS THELLA

Ticket#:8649471393

Invoice#:1184622

Electronic: YES

Ticket Base Fare: 4030.00

Ticket Tax: 697.20

Total Ticket Amount: 4727.20

SERVICE FEE DOCUMENT #: 0546230665 FEE AMOUNT: 40.00

BILLED TO: AMERICAN EXPRESS ENDING IN 1012

\$ 4767.20



Cópia de Original  
Venda a Dinheiro N° VD 01/1211

Exmo.Sr. THELLA FAYE BOWENS/MS

N°Quarto :	4002
Data Entr. :	2011-06-22
Regime :	BB
Data Saída:	2011-06-23
Diária :	0,00

«Consumidor Final»

NIF: 999999990

Data	Serviço	Valor
2011-06-22	Pag.Parcial <i>Round trip car/shuttle service</i>	-280,00
2011-06-22	Desembolsos/Disbursements	280,00
IVA Incluído	Aposento 6%	0,00 / 0,00
Os serviços foram prestados nas datas indicadas	Al./Beb. 13%	0,00 / 0,00
	Outros 23%	0,00 / 0,00
Total da Factura :		280,00
Pagamento Anterior:		-280,00
Valor EUROS		0,00
Desembolsos/Disbursements - IVA excluído - alínea c), n°6, art° 16° do CIVA		

\$404.43

2011-06-22 22:45:39

FJ9- - Processado por programa certificado n° 178/DGCI

Empregado:  
Carlota Davies

exchange rate  
1.4444  
£

Residencial 4 Estrelas  
R.Rodrigues Sampaio, 17-- 1150-278 Lisboa - Portugal  
Tel.: (351) 213 155 016 - Fax: (351) 213 155 021  
britania.hotels@heritage.pt  
www.heritage.pt



Transaction Date:	06/22/2011 Wed
Transaction Description:	HOTEL BRITANIA LISBOA LODGING SIGN & TRAVEL® / EXTENDED PAYMENT OPTION
Amount \$:	404.43
Foreign Spend Amount:	280,00 European Union Euro - round trip car service
Doing Business As:	HOTEL BRITANIA
Merchant Address:	RUA RODRIGUES SAMPAIO 17 LISBOA 1150 PORTUGAL
Reference Number:	320111740332184886
Category:	Travel - Lodging

Exchange rate 1.4444

14 June:

Arrive at Congress Centre by 14h00 and then pick up

Round trip car service

(60€ from Britania to Estoril, 100€ from Guincho to Britania = 160€)

15 June 08h00-18h00 - Roundtrip car service

To and From Estoril Congress Centre

(60€x2= 120€)



Venda a Dinheiro Nº VD 01/1160

britania@heritage.pt

Exmo.Sr. THELLA FAYE BOWENS/MS

NºQuarto : 26

Data Entr. : 2011-06-12

Data Saída: 2011-06-16

Regime : AP

Diária : 320,00

«Consumidor Final»

NIF: 999999990

Data	Serviço	Valor
2011-06-13	Aposento/Accommodation	\$ 460.26 320,00
2011-06-14	Aposento/Accommodation	\$ 460.26 320,00
2011-06-14	P.Almoço/Breakfast — see missing receipt form	\$ 20.14 14,00
2011-06-15	Aposento/Accommodation	\$ 460.26 320,00
2011-06-15	Bar do Império	\$ 16.91 20,04 11,76
2011-06-16	Aposento/Accommodation	\$ 460.26 320,00
2011-06-16	Mini-Bar — see missing receipt form	\$ 6.40 4,45
IJA Incluído	Aposento 6%	1.207,55 / 72,45
Os serviços foram prestados nas datas indicadas	Al./Beb. 13%	34,07 / 4,42
	Outros 23%	0,00 / 0,00
Total da Fatura : \$ 1884.48 1.318,49 1310,21		
Pagamento Anterior:		0,00
Valor EUROS		1.318,49 1310,21

Desembolsos/Disbursements - IVA excluído - alínea c), nº6, artº 16º do CIVA

2011-06-16 9:29:49

9=CG - Processado por programa certificado nº 178/DGCI

Empregado:  
TEMPORARIO

HOTEL BRITANIA  
\*\*\*  
R. ROD. SAMPAIO 17  
LISBOA  
N.F. Contr: 500426970  
Ident. TPA: 00003784  
2011/06/16 09:33:47  
Per: 015 Tr: 003 M: 005  
D. EST.: 9550102834  
\* \* \*  
COMPRA  
BOWENS/THELLA F  
artão:  
\*\*\*\*\*8911003  
AL: 02/14 AUT: 526792  
MERICAN EXPRESS  
EUR 1 318,49  
MERICAN EXPRESS  
assinatura:

\*\*\*\*\*  
OBRIGADO \*\*\*\*\*  
\*\*\*\*\*

Residencial 4 Estrelas

R. Rodrigues Sampaio, 17-- 1150-278 Lisboa - Portugal

Tel.: (351) 213 155 016 - Fax: (351) 213 155 021

britania.hotels@heritage.pt

www.heritage.pt

**SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY**

**MISSING RECEIPT FORM**

Employee/Department Head must complete form below.

Date of Purchase/Event: 6/14/2011

Description of Item/Event: Breakfast Buffet at Hotel

Vendor/Event Name: Hotel Britania P. Almoco

Dollar Amount: 14,00

Reason for Missing Receipt: Hotel does not provide itemized receipt

---

---

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I hereby certify that the original receipt in question was lost or none was issued to me.

  
\_\_\_\_\_  
Thella F. Bowens

  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

**SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY**

**MISSING RECEIPT FORM**

Employee/Department Head must complete form below.

Date of Purchase/Event: 6/14/2011

Description of Item/Event: Bottled Water

Vendor/Event Name: Mini-bar in hotel room

Dollar Amount: 4.45

Reason for Missing Receipt: Hotel does not provide itemized receipt

I hereby certify that the original receipt in question was lost or none was issued to me.

  
Thella F. Bowens

  
Date

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

*Form must be attached to Petty Cash Voucher for Reimbursement*

<b>Transaction Date:</b>	06/16/2011 Thu
<b>Transaction Description:</b>	HOTEL BRITANIA LISBOA ✓ LODGING SIGN & TRAVEL® / EXTENDED PAYMENT OPTION
<b>Amount \$:</b>	1,896.38 - 81884.48
<b>Foreign Spend Amount:</b>	1.318,49 European Union Euro
<b>Doing Business As:</b>	HOTEL BRITANIA
<b>Merchant Address:</b>	RUA RODRIGUES SAMPAIO 17 LISBOA 1150 PORTUGAL
<b>Reference Number:</b>	320111670252639540
<b>Category:</b>	Travel - Lodging

fyi - 2,28 difference for bar do Imperio expense  
(\$11.91) ↗

Exchange Rate 1.4383

Transaction Date:	06/12/2011 Sun
Transaction Description:	ITALISSIMO TERMINAL FRANKFURT HE FAST FOOD RESTAURANT
	Description Price
	WAREN \$17.15
	SIGN & TRAVEL® / EXTENDED PAYMENT OPTION
Amount \$:	24.87 ✓
Foreign Spend Amount:	17,15 European Union Euro ✓
Doing Business As:	ITALISSIMO TERMINAL 1 - AIRPORT
Merchant Address:	HUGO-ECKENER-RING 1 TERMINAL 1, A-STEIG FRANKFURT 60549 GERMANY
Reference Number:	320111640209717595
Category:	Restaurant - Restaurant

exchange rate 1.4501  
for 6/12/11 other meal

**RECEIPTS FROM TRAVEL TO LISBON, PORTUGAL  
JUNE 11 - 16, 2011—THELLA F. BOWENS**

**Kundenbeleg**

**Kartenzahlung  
American Express  
Bezahlung/Payment**

**casualfood GmbH  
Italissimo  
Frankfurt Airport  
Ust. ID 255893097**

casualfood GmbH  
Frankfurt Airport Center 1  
Hugo-Eckener-Ring  
D - 60549 Frankfurt  
Phone: +49 (0)69 650 07 26-0  
Italissimo FFM

www.casualfood.de

Terminal ID 14000301  
K-Nr. 9500978895  
Beleg Nr. 010747  
Beleg Nr. 0394  
Serien Nr. 000000-0022-00  
Capture Ref. 0613  
Auth ID Resp. 561776  
Auth. Code 16  
Datum 12.06.2011  
Uhrzeit 10:51:50

Betrag/Amount

**EUR 17,15**

KartenNr. 372765078911XXX  
Gültig bis 02/2014  
AID 561776

00 GEN.NR: 16

**\*\* Gebucht \*\***

ADDIPOS - Rechnung: 21087498

**RECHNUNG**

Nr.: 21087498

12.06.2011 10:52

<del>1. Löffel Mini Butter</del>	<del>2,50</del>	<del>2,50</del>
<del>1. Rosted Fritsch L</del>	<del>2,75</del>	<del>2,75</del>
incl. 0,25 € Pfand		
1 Volvic Naturelle 0,	2,75	2,75 T
incl. 0,25 € Pfand		
<del>1. San Pellegrino 0,5l</del>	<del>0,15</del>	<del>0,15</del>
incl. 0,25 € Pfand		
<del>1. Original Original</del>	<del>1,50</del>	<del>1,50</del>
<del>1. Original Original</del>	<del>4,50</del>	<del>4,50</del>

**\$ 3.99**

**Summe:**

**17,15€**

American Express ✓  
Nr.: xxxxxxxxxxxx1003

17,15€

	Netto	Steuer	Brutto
incl. 19% Mwst:	11,05€	2,10€	13,15€
incl. 7% Mwst:	3,74€	0,26€	4,00€

Ust-Id: DE 814 527 597

Es bediente Sie DE Meryem Mat (412).  
Vielen Dank für Ihren Besuch.

6/12/2011  
Other meal

Transaction Date:	06/12/2011 Sun				
Transaction Description:	PERFECT DAY MOBIL F FRANKFURT DE RESTAURANT				
	<table><tr><td>Description</td><td>Price</td></tr><tr><td>WAREN</td><td>\$9.30</td></tr></table>	Description	Price	WAREN	\$9.30
Description	Price				
WAREN	\$9.30				
	SIGN & TRAVEL® / EXTENDED PAYMENT OPTION				
Amount \$:	13.49				
Foreign Spend Amount:	9.30 European Union Euro				
Doing Business As:	PERFECT DAY MOBIL F R A				
Merchant Address:	TERMINAL 1 TRANSIT A 34 FRANKFURT 60549 GERMANY				
Reference Number:	320111640209717596				
Category:	Restaurant - Restaurant				

exchange rate: 1.4505  
for 6/12 Lunch

**RECEIPTS FROM TRAVEL TO LISBON, PORTUGAL  
JUNE 11 - 16, 2011—THELLA F. BOWENS**

☐ perfect day®  
Kaffeekultur und frischer Genuss

SSP Airport - Gastronomie

301051 Misgena

CHK 149

12JUN'11 12:51

Im Haus

1 Latte Mac. reg.	3,90
1 HS Croiss Schoko	2,40
1 DPG Evian 0.5 l	2,75
Pfand 0.25	0,25
✓ American Express	9,30
Zahlung EUR	9,30
1,01 19 % MwSt Food	6,30
NETTO TOTAL	5,29
0,48 19% MwSt	3,00
NETTO TOTAL	2,52
1,49 MWST TOTAL	9,30
NETTO TOTAL	7,81

Perfect Day Mobilo

Flughafen Frankfurt am Main  
FAG Postfach 52  
60549 Frankfurt am Main  
Tel.: 06196 - 9986116  
Airport.Frankfurt@ssp-ce.de  
ST. NR. 43 225 7931 3  
Vielen Dank für Ihren Besuch  
Wir freuen uns auf ein baldiges  
Wiedersehen!

-K-U-N-D-E-N-B-E-L-E-G-

PERFECT DAY MOBIL F R A  
FIL.-NR.: 41220720  
Terminal 1 Transit A34  
60549 Frankfurt

Terminal-ID 56547837  
TA-Nr 061089 BNr 1659

Kartenzahlung  
American Express

**EUR 9,30**

PAN #####1003  
gültig bis 02/14  
VU-Nr 9508302809  
Genehmigungs-Nr 564942  
Datum 12.06.11 12:47 Uhr

\*\*\* Zahlung erfolgt \*\*\*  
=====

AS-Proc-Code = 00 902  
00

Capt.-Ref. = 0613

AID59: 34

00 GEN.NR: 34  
=====

BITTE BELEG AUFBEWAHREN

*6/12/2011 Lunch*



**RECEIPTS FROM TRAVEL TO LISBON, PORTUGAL  
JUNE 11 - 16, 2011—THELLA F. BOWENS**

EMPO:  
MESA

QTD	DESIGNACAO	EUROS
1	<del>Salada Marinha</del>	<del>8.00</del>
1	Salada Caranguejo Real	14.50 T
1	<del>Salada Suprema</del>	<del>8.00</del>
1	Risotto do Dia	11.00 T
1	<del>Bacalhau Frito</del>	<del>10.00</del>
1	<del>Copo T. Branco Novo 2000</del>	<del>5.00</del>
1	<del>Copo Vinho Branco</del>	<del>5.00</del>
1	<del>Cafe</del>	<del>1.50</del>
1	Agua Luso G 1	3.00 T (1)
1	<del>Arroz com Frango</del>	<del>5.00</del>
1	Tatin de Maca	4.50 T
1	<del>Mate Lello</del>	<del>1.00</del>
1	Cafe	1.50 T
1	<del>Doce</del>	<del>0.00</del>
1	<del>Doce de Chocolate</del>	<del>0.00</del>
<b>TOTAL</b>		<b>97.00</b>
	IVA 13%	11.16

Tip 34.50 E  
5.33 E  
39.83 E



OBRIGADO PELA VISITA  
VOLTE SEMPRE  
PROCESSADO POR EQUIPAMENT

ESTABELECIMENTO DO CRIANDO

CALC SACRAMENTO 44  
LISBOA  
N.F.Contr: 507243021  
Id. TPA 00639995  
2011/06/12 22:18:33  
Per:085 Tr:007 Msg:416  
ID.ESTABEL.: 1851831

\* \* \*

COMPR

THELLA F BOWEN  
Cartão:

AUT:004641

VISA INTERNACIONAL  
EUR 97,00  
VISA DB E

Assinatura: TIP 15 E  
5.33 E

EM CASO DE DEVOLUCAO  
GUARDE O SEU TALAO

6/12/11 dinner

**RECEIPTS FROM TRAVEL TO LISBON, PORTUGAL**  
**JUNE 11 - 16, 2011—THELLA F. BOWENS**

Consulta de mesa 34

Ribadouro

Emp. Carlos Nunes

Não serve de factura

✓ 13/06/11

27-48

Qt. Artigo	IV	Total
1 Lombo Bacalhau Ribau.	3	e 17.00T
<del>1 Sopa de legumes</del>	<del>3</del>	<del>e 1.50</del>
1 Agua das Pedras	13	e 1.50T
<del>1 Sopa de legumes</del>	<del>13</del>	<del>e 1.50</del>
<del>10 King Pudding</del>	<del>13</del>	<del>e 1.50</del>
<del>1 Bolo de Flocos (Riba)</del>	<del>13</del>	<del>e 1.50</del>
1 Salada Mista (Riba)	13	e 4.00T
1 Bolo	13	e 0.80T
<del>1 Mousse de Chocolate</del>	<del>13</del>	<del>e 1.50</del>
<del>1 Mousse de Chocolate</del>	<del>13</del>	<del>e 1.50</del>
<b>Total</b>		<b>e 106.75</b>

27.25E

" A factura/recibo será emitida após  
confirmação dos bens solicitados/e os  
consumidos "

Este documento não serve de factura

Tkau-Processado por programa  
certificado n. 0071/DGCI

CERVEJARIA RIBADOURO

RUA DO SALITRE, N 2  
1250-200 LISBOA  
N.F.Contr: 502036788  
Id. TPA 00483505  
2011/06/13 22:52:37  
Per:016 Tr:025 Msg:638  
ID.ESTABEL.: 1625250

\* \* \*  
COMPRA

Cartão:

\*\*\*\*\*  
AUT:019642

VISA INTERNACIONAL  
EUR 106.75  
VISA DB E

Assinatura:

EM CASO DE DEVOLUCAO  
GUARDE O SEU TALAO

\* \* \*  
\*\*\*\*\* OBRIGADO \*\*\*\*\*

dinner 6/13/11

Exchange 1.4350

\* OANDA

**RECEIPTS FROM TRAVEL TO LISBON, PORTUGAL**  
**JUNE 11 - 16, 2011—THELLA F. BOWENS**

LEITF

A.

PRA :  
 CONT: 500164509 - TELF: 213465131  
 \*\*\*\*\* ESPLANADA \*\*\*\*\*

MESA 21

EMPREG. 1

1 AGUA MEIO LT. 2.20€  
 1 FRANGO ASS. PIC- NIC 13.00  
 1 PIZZA 1 FORMAGGI 12.00  
 1 LINGUIE GAMBRETTI 12.00  
 1 CANECA (0.10L) 4.25  
 3% 5.51  
 TOTAL 47.85

Handwritten notes: 2.20, 13.00, 4.00, 19.20, 1.4350

SEGUNDA  
 13/06/11 18:55 CAI 1 1A V.D. 129176/1

IVA INCLUIDO A TAXA EM VIGOR  
 ESTE T

COPI  
 STAR  
 PRACA D. JOAO CAMARA

Numero Fiscal: 507967577  
 Terminal Pag. Automata: 000592927  
 Data: 2011/06/13 Hora: 192042  
 Period: 054 Transa: 039 Mensag: 536

Comerciante: ID.ESTABEL.: 1778026

\* \* \*  
 C O M P R A  
 \* \* \*

Cartao: \*\*\*\*\*  
 Autorizacao: AUT:023117  
 Emisor Cart: VISA INTERNACIONAL  
 Ticket : 2660

\* OANDA

Assinatura

6/13/2011 Lunch

(EUR : 11,10)

EM CASO DE DEVOLUCAO



STARBUCKS COFFEE PORTUGAL LDA  
 STARBUCKS ESTACAO DO ROSSIO  
 PrD.Joao da Camara 1200-147 LISBOA

1 RENAN

Num 2660 FAC 11002/008733 Pax 0  
 13Jun'11 19:16

LEVAR

1 Caneca 4.25  
 1 I/O CAR. MAC (0) 3.10  
 1 SL/Frutanatural 3.00  
 1 EM. GF. NYNDOL 3.30

\*\*\*\*\*

AUT:023117  
 VISA

11.10 3,00€

B.IMPOSTO 11.10  
 TT.PAGAMENTO 11.10

\*\*\* I.V.A. INCLUIDO \*\*\*

	BASE	IVA	TOTAL
IVA 13%=	9,82	1,28	11,10

CRCL/NIPC 507967577  
 Capital Social 4.610.000 Euros

Nome :

N.C. :

Codigo WC : 4321

Obrigado pela sua visita

www.starbucks.pt

ri.OY-Processado por programa  
 certificado n. 1035/DGCI

6/13/2011

Other meal

\* Oanda

**RECEIPTS FROM TRAVEL TO LISBON, PORTUGAL**  
**JUNE 11 - 16, 2011—THELLA F. BOWENS**

**HOTEL BRITANIA**

*Bar do Império*

Rua Rodrigues Sampaio, 17 - 1150-278 Lisboa

Data 06/18/2011

Débitos

Nº 01468 / A

Quarto N.º 26

PLU	Q	Descritivo	Valor Total	PLU	Q	Descritivo	Valor Total
198	2	SD msk	9,80				
<del>23</del>	<del>1</del>	<del>10-15 SD</del>	<del>6,90</del>				
							4,90
							98+tax
							<u>5,88€</u>
							20,04

O Funcionário

*[Signature]*

Nota

*THANK YOU!*  
*20% Room!*

Total €

Correcções (+) (-)

Novo Total €

IVA incluído  
 Taxa 13%

Modo de pagamento:

a crédito ☒

a pronto ☐

(assinatura do cliente)

**TROPIHOTEL, LDA.**

Telex: 21 882 24 80 - Contribuinte n.º 500 426 970 - Capital Social 74.819,67 Euros, Cons. Reg. Com. de Lisboa n.º 51 683

Lunch 6/15

Exchange rate 1.4383

**RECEIPTS FROM TRAVEL TO LISBON, PORTUGAL  
JUNE 11 - 16, 2011—THELLA F. BOWENS**



Consulta de mesa

142

**CATARINO, TRINDADE  
E DIAS LDA.**

Nao serve de factura

15/06/11

Qt Artigo	IV	Total
1 SUMO ANANAZ	13	e 2.10
1 1/4 Agua	13	e 0.90
1 Agua Pedras	13	e 1.00
1 Pao, Tostas e Manteiga	13	1.78 e 5.34
1 Quilinho Gesso	13	e 2.60
1.0 ROBALO	13	e 43.26
1.1 Sapateira	13	e 4.71
1 Batata Frita	13	e 0.90
2 Imperial Gesso	13	e 0.90
2 Filonico/mant	13	e 1.00
1 Crepe c/ Gelado	13	e 4.10
1 Irish Coffee	13	e 0.90
1 Agua Tonica	13	e 1.30
<b>Euros</b>		<b>e 112.41</b>

Breakfast 6/15/2011

.90  
 1.78  
 43.26  
 4.10  
 1.30

51.34€ x Exchange rate 1.4441  
\* Oanda

**RECEIPTS FROM TRAVEL TO LISBON, PORTUGAL  
JUNE 11 - 16, 2011—THELLA F. BOWENS**

Harrods Buffet  
Carlos Moia Imp. Exp., Sa.  
Morada: Rua Ivone Silva, N. 6 19. Esq.  
Cod. Postal: 1050-124  
Telefone:  
No. Contribuinte: 504273183  
gisto na Cons. Lisboa n.7619  
pital Social: 374099 Eur

iente: Consumidor final  
i. Contribuinte:

PR 1,4310

enda a Dinheiro No 03/01490675  
ata: 16/06/11

*Breakfast*

Artigo	IV	Total
1 Croissant Misto	13 3.55	7.10 T(4)
2 MUFFIN CHOCOLATE	13 1.80	3.60
1 PASTEL DE LITAO	13 0.95	1.19
1 Sumo Laranja	13 3.85	11.55 T(1)
1 Cafe c/Leite	13 2.10	4.20 T(1)
1 Pastel Nata	13 1.80	2.16
1 Scones	13 1.80	2.16 T

3.55  
3.85  
2.10  
1.80

\$11.30  
+ 3.00 Tip  
\$14.30

Total: 37.90  
Troco: 2.10

TIP 3.00 €

} tip

Pagamento efectuado em:

erario 37.9

sa: Balcao 101  
a: 10:52  
ndido por: Kelly Carla

Processado por Computador  
IVA Incluído

QqzS-Processado por programa  
certificado n. 0071/DGCI

**TÁXIS DIVA, LDA.**

Contribuinte N.º 500 516 634  
Reg. na Cons. Reg. Com. de Vila Franca de Xira  
sob o N.º 6.667  
Capital Social 5.000 €  
Qta. Morgado, Sto. António de Bolonha  
Lote 11, Bloco B2, 3.º-Dto. - 2625 PÓVOA SANTA IRIA

**FACTURA/RECIBO**

N.º 11301

**SERVIÇO DE TÁXI**

Viatura 11 - 84 - XV

Exmo. Sr. ....  
Cont. N.º ..... Taxímetro ..... €  
de ..... Suplementos ..... €  
a ..... Outros ..... €  
TOTAL ..... 9.95 €  
H. M. 16.6.11  
Data .....  
I.V.A. - Taxa de 6% Incluída.  
Os serviços prestados foram realizados nesta Data

O MOTORISTA,  
*[Signature]* TIP 3.00

12,95  
6/16/11 Taxi  
\* Oanda

**BRETON LOBNER**

**SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY**  
**BUSINESS EXPENSE REIMBURSEMENT REPORT**

September

Period Covered

DATE	G/L Account	Description	AMOUNT
9/7/11	66290	Parking - MTS attending Taxicab Committee Meeting re: taxicab rates of fare	\$2.25
9/8/11	66290	Parking - MTS attending Taxicab Committee Meeting re: taxicab rates of fare	\$3.00
TOTAL			\$5.25

I acknowledge that I have read, understand and agree to Authority \*Policy 3.30 - Business Expense Reimbursement Policy and that any purchases 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.

\* Policy 3.30

*Butch K. Fisher*

APPROVED: By the Executive Committee at its August 22 2011

NAME

NAME

DATE

DATE



EXPENSES OF BRETON K. LOBNER

\$2.25  
PARKING AT MTS  
ATTENDING TAXICAB COMMITTEE MEETING  
SEPTEMBER 7, 2011  
RE: TAXICAB RATES OF FARE

WELCOME TO  
JAMES R. MILLS  
PLEASE KEEP THIS TICKET  
WITH YOU

Entered/Arrivee:  
2011/09/07 09:48

Ticket/Billet#:0088657789  
Dur/Duree:76:52  
Paid On/Paye Le:  
2011/09/07 11:06

Paid/Paye:\$ 2.25  
Original Fee:\$ 2.25  
GST:\$ 0.00  
PST:\$ 0.00

Change:\$ 0.00  
AMEX  
SC:\$ 0.00

Merchant ID:  
\*\*\*\*\*4314 Swiped

Purchase 11/09/07 11:05:43  
Seq# 0535 Pay Station  
Auth# 325053  
000 APPROVED

\$3.00  
PARKING AT MTS  
ATTENDING MTS EXECUTIVE COMMITTEE MEETING  
SEPTEMBER 8, 2011  
RE: TAXICAB RATES OF FARE



SEP 8 2011

TOTAL: \$5.25

WELCOME TO  
JAMES R. MILLS

PLEASE KEEP THIS TICKET  
WITH YOU

Entered/Arrivee:  
2011/09/08 08:40

Ticket/Billet#:0088740065  
Dur/Duree:110:24  
Paid On/Paye Le:  
2011/09/08 10:30

Paid/Paye:\$ 3.00  
Original Fee:\$ 3.00  
GST:\$ 0.00  
PST:\$ 0.00

Change:\$ 0.00  
AMEX  
SC:\$ 0.00

Merchant ID:  
\*\*\*\*\*4314 Swiped

Purchase 11/09/08 10:30:31  
Seq# 0536 Pay Station  
Auth# 765302  
000 APPROVED