

Meeting Date: OCTOBER 7, 2010

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 2010 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.

Page 2 of 2

Equal Opportunity Program:

Not applicable

Prepared by:

TONY RUSSELL DIRECTOR, CORPORATE SERVICES/AUTHORITY CLERK

TRAVEL REQUESTS

THELLA F. BOWENS

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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 Bowens | | Dept: Ex | xecutive Office / #6 |
|--|--|--------------|---------------------------|
| □ Board Member □ President/CEO □ | Gen. Counsel | | Chief Auditor |
| Position: | | | |
| All other Authority employees (does not require e | executive committee | administr | |
| 2. DATE OF REQUEST: 9/23/10 PLANNED DATE OF DEPAR | RTURE/RETURN: _ | 11/8/10 | / 11/11/10 |
| DESTINATIONS/PURPOSE (Provide detailed explanation as to of paper as necessary): Destination: Vancouver, BC Purpose Explanation: | the purpose of the e: EDC's 7 th Annua | | |
| 4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES A. TRANSPORTATION COSTS: • AIRFARE | \$ | 500 | |
| OTHER TRANSPORTATION (Taxi, Train, Car Rent | al) \$ | | |
| B. LODGING | \$ | 1500 | |
| C. MEALS | \$ | | |
| D. SEMINAR AND CONFERENCE FEES | \$ | | |
| E. ENTERTAINMENT (If applicable) | \$ | | |
| F. OTHER INCIDENTAL EXPENSES TOTAL PROJECTED TRAVEL EXPENSE | \$ | 2000 | |
| TOTAL PROJECTED TRAVEL EXPENSE | 4 | 2000 | |
| CERTIFICATION BY TRAVELER By my signature below, I | certify that the above | ve listed or | ut-of-town travel and |
| associated expenses conform to the Authority's Policies 3.30 and 3 | .40 and are reason | able and | directly related to the |
| Authority's business. | | | |
| Travelers Signature: | Date | : 91a | 13/10 |
| CEPTIFICATION DE ADMINISTRATOR Administration | tantas is the Free d | O | ida a Alaa A . Alaaaida . |
| CERTIFICATION BY ADMINISTRATOR (Where Administration | trator is the Execut | ive Comm | ittee, the Authority |
| Clerk's signature is required). | | | |
| By my signature below, I certify the following: | | | |
| I have conscientiously reviewed the above out-of-town trave | | | |
| 2. The concerned out-of-town travel and all identified expense | | | |
| Authority's business and reasonable in comparison to the a | | | |
| The concerned out-of-town travel and all identified expense Authority's Policies 3.30 and 3.40. | s conform to the re | quirement | s and intent of |
| Administrator's Signature: | | Date: _ | |
| AUTHORITY CLERK CERTIFICATION ON BEHALF O | F EXECUTIVE | COMMIT | TEE |
| | horah | | |
| (Please leave blank. Whoever clerk's the meeting will insert their name and title.) | _ , nereby certify th | iat this doc | cument was approved |
| by the Executive Committee at its | meetin | g. | |

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

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.

| TRAVELER: Travelers Name: Thella Bowens | | | ent | Executive Office / #6 |
|---|-----------------|----------------------------|-----------------|--|
| □ Board Member | T Gen | Counsel | opr. | Chief Auditor |
| Position: | ı Gen. | Course | |) Chief Additor |
| All other Authority employees (does not re | quire execut | tive committee | admir | nistrator approval) |
| 2. DATE OF REQUEST: 9/23/10 PLANNED DATE OF | DEPARTURE | E/RETURN: 1 | 1/14/ | /10 / 11/15/10 |
| 3. DESTINATIONS/PURPOSE (Provide detailed explanation | n as to the p | urpose of the t | rip- c | ontinue on extra sheets |
| of paper as necessary): | | | | |
| | urpose: FA | AC Labor/Worl | cforce | Subcommittee |
| Explanation: | | | | |
| 4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES A. TRANSPORTATION COSTS: | | | | |
| AIRFARE | | \$ | 300 | |
| OTHER TRANSPORTATION (Taxi, Train, Ca | r Rental) | \$ | 100 | <u> </u> |
| B. LODGING | | \$ \$ \$ \$ \$ | 300 | <u> </u> |
| C. MEALS | | \$ | 50 |) |
| D. SEMINAR AND CONFERENCE FEES | | \$ | | |
| E. ENTERTAINMENT (If applicable) | | \$ | | |
| F. OTHER INCIDENTAL EXPENSES | | \$ | | |
| TOTAL PROJECTED TRAVEL EXPENSE | | \$ | 750 | |
| CERTIFICATION BY TRAVELER By my signature be associated expenses conform to the Authority's Policies 3.30 Authority's business. Travelers Signature: | | | | |
| Fa Thella Down | | 4 | | |
| Clerk's signature is required). By my signature below, I certify the following: 1. I have conscientiously reviewed the above out-of-town. 2. The concerned out-of-town travel and all identified examples and all identified examples. Authority's business and reasonable in comparison to | n travel requ | uest and the de | etails the a | provided on the reverse. |
| The concerned out-of-town travel and all identified ex Authority's Policies 3.30 and 3.40. | | | | The state of the s |
| Administrator's Signature: | | | Date | |
| AUTHORITY CLERK CERTIFICATION ON BEHA | LF OF EX | ECUTIVE C | OMI | MITTEE |
| | , he | reby certify tha | t this | document was approved |
| I, (Please leave blank. Whoever clerk's the meeting will insert their name and | d title.) | ,, and | | and approved |
| | | meeting | 13/6 | |
| by the Executive Committee at its | ert the meeting | date.) | | |

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 Bowens | De | ept: #6 |
|--|--|-------------------------------|
| □ Board Member □ President/CFO □ Ge | n. Counsel | Chief Auditor |
| Position: | | |
| ☐ All other Authority employees (does not require execu | utive committee a | administrator approval) |
| 2. DATE OF REQUEST: 9/3/10 PLANNED DATE OF DEPARTUR | RE/RETURN: 10 | 0/13/10 / 10/14/10 |
| 3. DESTINATIONS/PURPOSE (Provide detailed explanation as to the | purpose of the tr | ip- continue on extra sheets |
| of paper as necessary): | | |
| Destination: Denver, CO Purpose: FA | AAC Finance Su | bcommittee Meeting |
| Explanation: | | |
| | | |
| 4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES | | |
| A. TRANSPORTATION COSTS: | | 000 |
| AIRFARE THER TRANSPORTATION (Tout Tout Con Boots) | \$ | 200 |
| OTHER TRANSPORTATION (Taxi, Train, Car Rental) B. LODGING | \$ | <u>50</u> 200 |
| C. MEALS | \$ \$ \$ | 50 |
| D. SEMINAR AND CONFERENCE FEES | \$ | |
| E. ENTERTAINMENT (If applicable) | \$ | |
| F. OTHER INCIDENTAL EXPENSES | \$ | |
| TOTAL PROJECTED TRAVEL EXPENSE | \$ | 500 |
| CERTIFICATION BY TRAVELER By my signature below, I certificated expenses conform to the Authority's Policies 3.30 and 3.40 and | | |
| Travelers Signature: | Date: | |
| CERTIFICATION BY ADMINISTRATOR (Where Administrato Clerk's signature is required). | r is the Executive | e Committee, the Authority |
| By my signature below, I certify the following: | | |
| I have conscientiously reviewed the above out-of-town travel re- | nuest and the de | tails provided on the reverse |
| The concerned out-of-town travel and all identified expenses are | A company of the comp | |
| Authority's business and reasonable in comparison to the antici | | |
| The concerned out-of-town travel and all identified expenses co | | |
| Authority's Policies 3.30 and 3.40.1 | mom to the foot | |
| Administrator's Signature: MULL HOUNE | 2 | Date: |
| ALITHOPITY CLERK CERTIFICATION ON BEHALF OF E | YECHTIVE C | OMMITTEE |
| AUTHORITY CLERK CERTIFICATION ON BEHALF OF E | VECOLIAE CO | ZIMIMII I EE |
| l, . h | ereby certify that | t 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 meetin | g date.) | |

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.

| TRAVELER: Travelers Name: Thella Bowens | Dept: | Executive Office / #6 |
|--|-------------------------|----------------------------|
| ☐ Roam Member ☐ President/CEO ☐ Ge | n. Counsel | Chief Auditor |
| Position: | | |
| All other Authority employees (does not require execu | Itive committee admir | nistrator approval) |
| 2. DATE OF REQUEST: 8/20/10 PLANNED DATE OF DEPARTUR | RE/RETURN: 11/7/1 | 10 / 11/11/10 |
| DESTINATIONS/PURPOSE (Provide detailed explanation as to the of paper as necessary): Destination: Vancouver, British Columbia Purpose: El Explanation: | purpose of the trip- o | |
| 4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES A. TRANSPORTATION COSTS: • AIRFARE | \$ 60 | 0 |
| OTHER TRANSPORTATION (Taxi, Train, Car Rental) | \$ | |
| B. LODGING | \$ | |
| C. MEALS | \$ | |
| D. SEMINAR AND CONFERENCE FEES | \$ 150 | 0_ |
| E. ENTERTAINMENT (If applicable) | \$ | |
| F. OTHER INCIDENTAL EXPENSES | \$ | _ |
| TOTAL PROJECTED TRAVEL EXPENSE | \$ 210 | <u>0</u> |
| CERTIFICATION BY TRAVELER By my signature below, I certif | y that the above liste | d out-of-town travel and |
| associated expenses conform to the Authority's Policies 3.30 and 3.40 a Authority's business. Travelers Signature: | and are reasonable a | nd directly related to the |
| CERTIFICATION BY ADMINISTRATOR (Where Administrato | r is the Evecutive Co. | mmittee the Authority |
| Clerk's signature is required). | is the Executive Col | minutes, the Authority |
| | | |
| By my signature below, I certify the following: I have conscientiously reviewed the above out-of-town travel red The concerned out-of-town travel and all identified expenses are Authority's business and reasonable in comparison to the anticine. | e necessary for the a | dvancement of the |
| The concerned out-of-town travel and all identified expenses co Authority's Policies 3.30 and 3.40. | | |
| Administrator's Signature: | Date Date | |
| AUTHORITY CLERK CERTIFICATION ON BEHALF OF E | XECUTIVE COM | MITTEE |
| <u>l, </u> | ereby 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.)



Contact San Die

Best Practices Leadership Trip-Vancouver

Monday, November 08, 2010 at 2:55 PM - Thursday, November 11, 2010 at 11:20 AM (PT)

Vancouver, British Columbia







Like

Be the first of your friends to like this.

Ticket Information

TICKET TYPE

SALES END

PRICE

FEE

QUANTITY

Ticket

Nov 08, 2010

\$1,500.00

\$54.95

1



Event Details

We hope you and a colleague are available to journey with EDC to Vancouver for our annual best practices leadership trip!

If you have connections in Vancouver or are interested in a certain topic, please let Lauree or I know. The topics we are currently exploring are:

- Olympics
- Mayor Robertson's initiative for Vancouver to be the "Greenest City by 2020"
- Economic impact of Granville Island and their public market
- Working waterfront
- Regional and Sustainable Planning- What Worked and What Didn't
- Prioritizing and funding in transportation
- "Vancouverism"- Downtown high density development intended and unintended consequences
- Technology and Gaming
- Utilizing public/private partnership solutions to serve public interests
- Former Mayors discuss tipping point decisions for Vancouver

And of course the most valuable part of the trip is the priceless relationships with other trip participants!

The trip is \$1,500 per person and includes hotel, meals, and group ground transportation. The price does not include airfare.

This event organizer is using Eventbrite to provide event ticketing and online event registration.

Contact San Diego Regional EDC for event and ticket information

BUSINESS EXPENSES

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THELLA F. BOWENS

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SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY BUSINESS EXPENSE REIMBURSEMENT REPORT

| 7/16/2010 | |
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| Period Covered | |
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| DATE | G/L Account | | Wee | | AMOUNT |
|--|--|---|-----------|-------|---------|
| 7/16/10 | | Dinner w/TDP Director Finalist, David Brush | | | AMOUNT |
| | | | | TOTAL | \$98.11 |
| I acknowledge Expense Reim responsibility. connection with * Policy 3.30 | that I have read, ur bursement Policy a I further certify that h official Authority t | nderstand and agree to Authority *Policy 3.30 - Business and that any purchases that are not allowed will be my this report of business expenses were incurred in business and is true and correct. | APPROVED: | | |
| NAME | Tilla | House | NAME | | |
| DATE | 71000 | | DATE | | |

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HEXAGONE (619) 236-0467

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JERRY C SvrCk: 3 6:10p 07/16/01
DINING

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| SALAD | 7.00 |
| ECURGUIGNON | 20.00 |
| Scribass | 25,00 |
| : APPLE TARTE TATIN | 8.50 |
| 1 ELUEBERRIES-CRSSIS | 7.00 |
| ! COFFEE | 2.50 |

Sub To.al 75.50

Tex: 6.61 Sub Totel 82.1

37/16 7:36pTOTAL: 82.11

CORNER OF LAUREL & 51H SAN DIEGO, CA 92101

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Server: JERRY C (#29) Rec : 20 07/16/10 19:42, Swiped T: 13 Term: 3

HEXAGONE 495 LAUREL ST SAN DIEGO, CA. 92101 (619)236-0467 MERCHANT #:

CARD TYPE ACCOUNT NUMBER

Name: THELLA F BONENS
OD TRANSACTION APPROVED
AUTHORIZATION #: 565866
Reference: 0716010000031
TRANS TYPE: Credit Card SALE

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16

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Duplicate Copy

CARDHOLDER WILL PAY CARD ISSUER ABOUE
AMOUNT PURSUANT TO CARDHOLDER AGREEMENT
PLEASE LEAVE SIGNED COPY FOR SERVER!

MARK BURCHYETT

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ORIGINAL (LILAC) - FINANCE COPY (YELLOW) - DEPARTMENT FILE

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| ISSUE CHECK TO THE | ORDER OF | | | | DATE ISSUED 9/13/2010 | | | |
| Mark Burchyet | t | | | | | | | |
| | | | | | ORIGINATING DEPARTME | NT/BUSINESS UNIT | | |
| | | | | | Chief Auditor | | | |
| | MI SECTION | | | | PREPARED BY | EXT. | | |
| | | | | | Mark Burchyett 243 | 5 | | |
| IN PAYMENT OF THE | FOLLOWING | | | | | AMOUNT | | |
| | | | | | | | | |
| AICPA Membershij | p Dues Reimburseme | nt for Ma | ark Burchyett, membe | er #1653440. AICF | PA Year | \$205.00 | | |
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SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY BUSINESS EXPENSE REIMBURSEMENT REPORT

| 8/1/10 to 7/31/11 |
|-------------------|
| Period Covered |

| DATE | G/L Account | Description | | AMOUNT |
|---|--|---|---------------------------------------|----------|
| 9/13/10 | G/L Account 66200-120 | AlCPA Membership Dues Reimbursement for member #1653440. AlCPA year August 1, 20 | | \$205.00 |
| | | | TOTAL | \$205.00 |
| Expense Reim responsibility. connection wit * Policy 3.30 NAME | bursement Policy a I further certify that | nderstand and agree to Authority *Policy 3.30 - Business and that any purchases that are not allowed will be my this report of business expenses were incurred in susiness and is true and correct. | APPROVED: By the E Councities on s | |
| DATE | | | DATE 9/27/10 | |

AICPA Dues Payment Confirmation # 4842779

service@aicpa.org
To mburchyett@accom

10:32 AM

Thank you for your payment! Please download and review our new <u>Benefits Guide</u> - it has all the information you need to fully take advantage of your AICPA membership.

Your purchase details are given below:

Confirmation Number: 4842779

Item: AICPA MEMBERSHIP - 12 MONTH RENEWAL FY2011

Total: \$205.00

Member: Mark Burchyett

Member ID: 01653440

Phone:

Preferred Email: mburchyett@

Preferred Mailing Address:

UNITED STATES

Payment Type: CREDIT_CARD

Tax ID 13-0432265

AICPA dues may be deducted as a business expense but not as a charitable contribution. 3% of net dues are not deductible in accordance with IRC Sec. 6033. Contributions to the AICPA Foundation and the Benevolent Fund are tax-deductible as charitable contributions.

If you did not contribute to the <u>AICPA Benevolent Fund</u>, the <u>AICPA Foundation</u> or the <u>AICPA Political Action Committee</u> and would like to do so, please click on the links found here. <u>AICPA Benevolent Fund</u>, the <u>AICPA Foundation</u> or the <u>AICPA Political Action Committee</u> and would like to do so, please click on the links found here for each donor supported program. If you have any questions regarding this payment, please call the AICPA Member Service Center at 888-777-7077, Monday-Friday 9AM-6PM EST or send an email to <u>service@aicpa.org</u>

Membership AICPA News Publications CPE & Conferences Interest Areas Become a CPA For the Public AICPA Store Research Advocacy

Dues Payment & Review

You are currently working on:

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Item

AICPA MEMBERSHIP

To remove an item, click the delete Icon to the left of the line. For donations enter amount and Press Recalculate button.

Consider adding a Section Membership below to further broaden your benefits.

Price

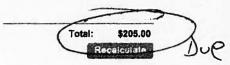
\$205.00

Profile Information Dues Payment & Review

Payment Information

Confirm & Submit Payment

Membership Dues Payment Confirmation

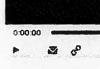


Check Out this Video!

Sections and Contributions

| Select | Item | Price |
|--------|--|----------|
| | CPExpress INDIVIDUAL PURCHASE | \$180.00 |
| | AICPA PAC CONTRIBUTION | \$1.00 |
| | TAX SECTION MEMBERSHIP - NEW MEMBER FY2011 | \$160.00 |
| | TAX SECTION WITH ADVISER - NEW MEMBER FY2011 | \$190.00 |
| | FVS SECTION MEMBERSHIP - NEW MEMBER FY2011 | \$200.00 |
| | PFP SECTION MEMBERSHIP - NEW MEMBER FY2011 | \$200.00 |
| | IT SECTION MEMBERSHIP - NEW MEMBER FY2011 | \$200.00 |
| | AICPA BENEVOLENT FUND CONTRIBUTION FY2011 | \$1.00 |
| | AICPA FOUNDATION /MINORITY FY2011 | \$1.00 |

Only credit and debit card payments are accepted for online payments. Update Carl



Message

Please use the "Go Back" button, rather than clicking "Back" on your browser.

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Right Now





Return to My Account



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MARK BURCHYETT

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| Mark Burchyet | t | | | | | | | |
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| | | | PREPARED BY | EXT. | | | | |
| | | | | | Mark Burchyett 243 | | | |
| IN PAYMENT OF THE | FOLLOWING | 08.88 | | | | AMOUNT | | |
| Parking for Board I | Potropt Event | | West and State State of the Sta | | 2000年1月20日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月 | \$10.00 | | |
| | i Airport Conference | | | | | 316.0 | | |
| | Martine & Martine Constitution of the Constitu | LL CONTROLL CONTROL | | | | 建设的公司的证明 在中央的第三人称单 | | |
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| Yanya Mayara a mayara | | WEST HOSELING | | | | | | |
| | al a service de la company | | | | | | | |
| TAX ID # SPECIAL INSTRUCTIO | | CONTRACTION OF | Control of the State of the Sta | SACRONIA MENTANTA PER PROPERTIES DE | TOTAL | \$25.00 | | |
| | Requesting Dep | artmen | t Authorized Signatu | re | Accounting | Department | | |
| | | ARGES - | TO BE COMPLETED BY | ORIGINATING DEPAR | | | | |
| DEPARTMENT/ BUSINESS UNIT | OBJECT/SUBSIDIARY | * SUB- LEDGER | WORK ORDER/ TRACKING ORDER | COST OBJECT/ LOCATION | AMOUNT | COMMENTS | | |
| 16 | 66290 | | | | 10.00 | | | |
| 16 | 66290 | | | | 15.00 | | | |
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| Bull for Armal for | | | | | | | | |
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| Training the sales | 370(47) | | | | | | | |

SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY BUSINESS EXPENSE REIMBURSEMENT REPORT

| September 18-21, 2010 | |
|-----------------------|--|
| Period Covered | |

| DATE | G/L Account | Description | | AMOUNT |
|--------------------------------|--|--|---------------------------------------|--------------------------|
| 9/18/10 9/21/10 | | Parking for Board Retreat Event Parking for National Airport Conference | | \$10.00 \$15.00 |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| | | | TOTAL | \$25.00 |
| xpense Reimi esponsibility. | oursement Policy a I further certify that | nderstand and agree to Authority *Policy 3.30 - Business and that any purchases that are not allowed will be my this report of business expenses were incurred in usiness and is true and correct. | APPROVED: By the E Committee on Sp | 1617.24.00 1617.24.00 |
| NAME 9 | 122/10 |) | NAME Sollinger | - |
| DATE | | | 9/27/10 | |

ACE PARKING San Diego, CA 619-231-3771

Full Statement

1/S #02 A Payment No.00000000 [/D #01 Ticket No. 009983 Entry Time 09/21/2010 (Tue) 8:32 Exit Time 09/21/2010 (Tue) 9:40 Parking Time 1:08 Parking Fee \$15.00 Rete A

Account # *atrialolololololololololol SIIp # 02285 Authority # 002363 Credit Card Amount \$15.00 Cash Amount \$0.00

\$15.00 Total Thank You for Your Visit Please Come Again !

NAC Conference Parking

RECEIPT Five Star Parking 8th & "B" Street etting: Lot 49 lach Name: Shelby 11 EXP 02:

SEP 18,201.

EXP 08:

SEP 18,201.

ICKet # 00058259
FOLLOW INSTRUCTIONS ON SIGNS
10,00 Card #xxxx*-6400

ISB Auth#:

Olivening Rate \$10,00
Otal Due \$10,00

Guestions: 619-233-2000
or customerservice_sde
of ivestarparking.com \$10,00 Card DISPLAY FACE UP ON Visa Exp 82:88a SEP18, 2010 T#00058259 S/N#200007 110402 DASH Purchased SEP17, 2010 05:50p Sig

Board Retreat
Parking

EXPENSE REPORT

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SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY TRAVEL EXPENSE REPORT

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

| TRAVELER: Thelia Bowens DEPARTURE DATE: 8/24/2010 | | Thella Bowens | | | DEPT. NAME & NO. | | | Executive Office / #6 | | | |
|---|--|--|---------------------------------------|-----------------------|--|--------------------|----------------------------|---------------------------|------------------------|------------|-----------------|
| | | RETURN DATE: | | : 8/25/2010 | | | REPORT DUE: 9 | | | /24/10 | |
| DESTINAT | ΠΟΝ: Chi | icago, IL | | | | | | | | | |
| expenses i | and approvals. Ple | Travel and Lodging Expense Re ease attach all required support ould be explained in the space | ing documenta | tion. All r | | | | | | | |
| | | | Authority | | Employee Expenses | | | | | | |
| | | | Expenses (Prepaid by Authority) | SUNDAY | MONDAY | TUESDAY 8/24/10 | WEDNESDAY 8/25/10 | THURSDAY | FRIDAY | SATURDAY | TOTALS |
| Air Fare, R | ailroad, Bus (attach | h copy of itinerary w/charges) | 540.40 | | di en est | | 198.88 | | ETATA | | 198.8 |
| Conference | e Fees (provide cop | y of flyer/registration expenses) | | - X-X | | | | | | | 0.0 |
| Rental Car | | | | P. True | | | | | | | 0.0 |
| Gas and O | | | | | | | | | | | 0.0 |
| Garage/Pa | irking* | | | | | | | Sec. at | | | 0.0 |
| Mileage - a | attach mileage form | n* | | | | | | A. EVO | | | 0.0 |
| Taxi and/o | r Shuttle Fare (incl | ude tips pd.)* | N. K. P. A. L. T. | | | | | 1 3 1 1 | | | 0.0 |
| Hotel* | | | | | | | | | | | 0.0 |
| Telephone | , Internet and Fax* | | | | | | - 15 | | | | 0.0 |
| Laundry* | | August og de | | | | | | | | | 0.0 |
| | arately paid (maids | ,bellhop,other hotel srvs.) | Mary Stuffe | | | | | | | | 0.0 |
| Meals | Breakfast* | | | | | | | | 1 S | | 0.0 |
| (include | Lunch* | | | | | | | | | | 0.0 |
| tips pd.) | Dinner* | | | | 12 | - | | | | | 0.0 |
| | Other Meals* | | | | | 10.76 | 1.99 | | | | 12.7 |
| | non-reimbursable | expense | | | | | | | Y TO SEE | | |
| Hospitality | 1. | and the same of th | | | | | | | | | 0.0 |
| Miscellane | ous: | | 1 | | | | | | | | 0.0 |
| | | | | | | | | | | | 0.0 |
| | | | | 77 A | | | | | | | 0.0 |
| *Provide de | etailed receipts | | | 2000 | ALE OF | | | | | | 0.0 |
| | Total | Expenses prepaid by Authority | 540.40 | 0.00 | 0.00 | 10.76 | 200.87 | 0.00 | 0.00 | 0.00 | 211.6 |
| Explanation | n: | | | | Total Exp | enses Pre | paid by Au | thority | | - | 540.4 |
| | | | | | Total Exp | enses Inc | urred by E | nployee | | | |
| | | | | | | cash adv | ances) | | | | 211.6 |
| | | | | | Grand Tr | authorist marks | | | | | 752.03 |
| | | | | | Less Cas | h Advance | (attach cop | of Authority | ck) | | |
| | | | | | Less Expe | enses Pre | paid by Au | thority | | | 540.40 |
| 1Give name | es and business affilia | ntions of any persons whose meals w | ere paid by trave | ler. | Due Trav | eler (posi | tive amoun | t) ² | | | |
| 2 Prepare C | Check Request | | | | Due Authority (negative amount)3 | | | | | | 211.63 |
| ·Attach per | rsonal check payable | ID SDCRAA | | - 1 | Note: Send this report to Accounting even if the amount is | | | | | | is \$0 . |
| Reimburs | ement Policy ⁴ an ility. I further cer | or acknowledge that i have red 3.30 - Business Expense I tify that this report of travel enting Expense Reimbursement F | Reimburseme xpenses were | nt Policy incurred | and that | any pure | chases/cla h official / | ims that a Authority I | are not al business | llowed wil | ll be my |
| D | | 1 | | / | DUAITIESS | LADO ISO | Reimburse | -1-1- | y 3.30 | | |
| Prepared E Traveler Signature | | Thomas Algor | ianne Berg | $\overline{/}$ | _ | | | Ext.: Date: | 1-70-0 | 2445 | |
| Approved E | | mulle Am | W. C. | F13 E | | | | Date: | | | |
| AUTHORIT | Y CLERK CERTIF | FICATION ON BEHALF OF EX | ECUTIVE CON | MITTEE | (To be ce | rtified if m | | | Gen Com | neel or Ch | lef Auditor |
| l, | | erk's the meeting will insert their na | | | | | | | | | nittee at its |
| (Leave blank | and we will insert th | meeting. ie meeting date.) | | | | | | | | | |
| | | umentation will result in the dela re Assistant or call Accounting a | | g reimbur | sement. If | you have | any ques | tions, plea | se s ee | | |

| CEN | EDAL | INSTR | LICT | IONIO. |
|-----|-------|---------|------|--------|
| GEN | IERAL | TI CNI. | UUI | IUNO. |

- 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 Bowen | | | | Dept: | Executive Office |
|--|--|---------------------------------------|-----------------------------|--|--|--|
| | Board Member | ▼ President/CEO | ☐ Gen | n. Counsel | Dept | Chief Auditor |
| Position: | Doard Welliber | P T TOSIGOTID OLO | , 001 | i. Courisoi | |) Office Addition |
| Г | All other Authority | employees (does not | require execu | tive committe | e admini | strator approval) |
| 2. DATE OF REQU | JEST: <u>5/17/10</u> | _ PLANNED DATE O | F DEPARTUR | E/RETURN: _ | 8/24/1 | 0 / 8/25/10 |
| of paper as nec Destination: ∀ | essary): Vashington; D C } (| | | | | ontinue on extra sheets |
| Explanation: | 0, | | | | | |
| | OUT-OF-TOWN TRA | | | | | |
| | FARE | | | \$ | 1000 | |
| | | ATION (Taxi, Train, (| Sar Rental) | \$ \$ \$ \$ | 100 300 | |
| B. LODGI C. MEALS | | | | \$ | 100 | |
| | AR AND CONFERI | NCE FEES | | S | 100 | |
| | RTAINMENT (If appl | | | S | | |
| | RINCIDENTAL EXP | | | \$ | | |
| | | TRAVEL EXPENSE | | \$ | 1500 | |
| OFFICIOATIO | N DV TDAVELE | | | | | |
| | | | | | | out-of-town travel and |
| | | uthority's Policies 3.3 | <u>30</u> and <u>3.40</u> a | ing are reaso | nable an | d directly related to the |
| Authority's busines Travelers Signatu | | 1 Kell | Lens | Dat | e: 18 | May 200 |
| CERTIFICATIO | N BY ADMINIS | TRATOR (Where | Administrator | is the Evecu | tive Com | nmittee, the Authority |
| | | ITATOR (Whele | | is the Execu | uve Con | irrittee, the Authority |
| Clerk's signature is | | | | | | |
| And the same of th | elow, I certify the fo | | | | | |
| | ACTION AND ADMINISTRATION OF THE PROPERTY. | | | The second section of the second section is the second section of the section of the second section of the section of the second section of the second section of the section | ACT OF THE REST OF | provided on the reverse. |
| | | vel and all identified | | | | |
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| | med out-of-town tra Policies <u>3.30</u> and <u>3</u> | vel and all identified .40. | expenses cor | nform to the r | equirem | ents and intent of |
| Administrator's S | Signature: | | 30 | | _ Date: | |
| AUTHORITY C | LERK CERTIFIC | ATION ON BEH | ALF OF EX | KECUTIVE | COMN | IITTEE |
| 1. Save | B. pe | | , he | | | document was approved |
| | | ting will insert their name | and title.) | | | |
| by the Executive | | 5/24110 (Leave blank and we will i | nsert the meeting | meeti | ng. | |

Berg Dianne

From:

Scott Mackerley [smackerley@traveltrust.com]

Sent:

Monday, July 19, 2010 4:25 PM

To:

Berg Dianne; Harris Matt, Caldera Amy; SMACKERLEY@TRAVELTRUST.COM

Subject:

Travel Itinerary 24AUG SAN BOWENS

Attachments:

59057373.PDF; 59057373.HTM

BOWENS/THELLA

DEPT 6

19Jul10 04:24pm

YOUR UNITED ETICKET CONFIRMATION IS ** TDB35G ** -----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.

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 ********************

24Aug10 Tuesday 08:10am

Air United Airlines

Flight# 330 Class:T Seat:8D

From: San Diego CA, USA

24Aug10 08:10am

Chicago O'Hare IL, US 24Aug10

Tuesday 02:10pm Tuesday

Meal: Food For Purchase Equip: Airbus A320 Jet Status: Confirmed

Stops: 0

Depart - TERMINAL 1 Arrive - TERMINAL 1

United Airlines locator: TDB35G

UA Frequent Flyer# OWENS/THELLA

** ECONOMY PLUS AISLE SEAT CONFIRMED **

Flight Duration: 4 hour(s) and 00 minutes

Class of Service: Coach

25Aug10 06:15pm Wednesday

Air United Airlines Flight# 395 Class:T Seat:7C

> From: Chicago O'Hare IL, US 25Aug10 06:15pm Wednesday San Diego CA, USA 25Aug10 08:29pm Wednesday

Meal: Food For Purchase Equip: Airbus A320 Jet Status: Confirmed

Stops: 0

Depart - TERMINAL 1 Arrive - TERMINAL 1

United Airlines locator: TDB35G

UA Frequent Flyer#######BOWENS/THELLA

** ECONOMY PLUS AISLE SEAT CONFIRMED ** Flight Duration: 4 hour(s) and 14 minutes

Class of Service: Coach

21Feb11

Monday

Other 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#:8155206125 Invoice#:1176315

Ticket Base Fare: 510.40 Ticket Tax: 0.00

Total Ticket Amount: 510.40

Electronic: NO

BOWENS THELLA

Invoice#:1176315

Ticket#:7905217126 Ticket Base Fare: 0.00 0.00 Ticket Tax:

Total Ticket Amount: 0.00

Electronic: YES

CK BOWENS

Invoice#:1176315

Ticket#:8155206126 Ticket Base Fare: 0.00 Ticket Tax:

0.00

Total Ticket Amount: 0.00

Electronic: NO

SERVICE FEE DOCUMENT #: 0525714499 FEE AMOUNT: 30.00

BILLED TO: AMERICAN EXPRESS ENDING IN 1006

IMPORTANT - PLEASE REVIEW YOUR TRAVEL ITINERARY/DOCUMENTS FOR ACCURACY AND NOTIFY YOUR TRAVELTRUST AGENT WITHIN 24 HOURS OF ANY ERRORS OR DISCREPANCIES TO ENSURE THERE ARE NO ADDITIONAL COSTS INCURRED.

DUE TO CONSTANTLY CHANGING SCHEDULES, TRAVELTRUST RECOMMENDS THAT YOU RECONFIRM YOUR FLIGHTS DIRECT WITH THE CARRIER. 72 HOURS PRIOR FOR INTERNATIONAL TRAVEL AND 24 HOURS PRIOR FOR DOMESTIC TRAVEL.

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CHICAGO O'HARE

GUEST FOLIO

6155 North River RD, Rosemont, IL 60018 - 847.696.4400 • Marriott.com/CHIST

GUEST FOLIO

907 BOWENS/THELLA/MS RO@Adm NHAME

176.00 08/25/10 07:55 REGITE DEPART TIMALE

4997 5181 TITIBLE ACCT# GROUP

NKST SAN DIEGO COUNTY REG 7

08/24/10 14:34 ARRIVE

33

P.O. BOX 82776

PASSPORT: XXXXXXXX

ROOM SAN DIEGO

CA 921382776 PAYMENT

MR#: XXXXX4729

BALANCE DUEL.

08/24 ROOM

907, 1 907, 1

176.00 22.88

08/24 STATE TX 08/25 CCARD-AX PAYMENT RECEIVED BY

198.88 XXXXXXXXXXX

.00

AS REQUESTED, A FINAL COPY OF YOUR BILL WILL BE EMAILED TO: SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

Thank you for staying with Marriott! Your Marriott Rewards points / miles earned for this stay will be credited to your account and will appear on your next statement. account activity: 801-468-4000 or www.Marriott.com.

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ignature g **❸** Contains 30% post consumer fibers

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00/24/2010 UACCO SAN ORD Device 1D (1 X00081783

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8/25 other

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MITS ON CLASS. OT HAVE A DRESSED TERMINAL 1 WWW. NUTSONCLARK. COM (773) 549_6622 FAX (773) 549-6164

08/24/2010 1:57PM 0001 000001#0214

SM CARMELCORN 1:\$2.75 \$2.50 \$5.25 \$0.51 MED POPCORN HOSE ST TAXI

***TOTAL \$5.76 Chin \$20.00 CHANGE \$14.24 CHICAGC - 686-6100

10467 GLL

CHANGE

CHK 505 AUG25'1 M GST KE. LE CHIPS 1.79 SUBTOTAL 1,79 TAX 20 AMOUNT 1.99 CASH 2.04

> QUESTIONS/COMMENTS HARRY . LUCHMSHOST . COM or call 7735865149

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