



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

**Item No.  
4**

Meeting Date: **JANUARY 28, 2013**

**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.

**Page 2 of 2**

**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 travelling 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: Executive Office  
BU6

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

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

2. DATE OF REQUEST: 01/18/13 PLANNED DATE OF DEPARTURE/RETURN: 06/06/13 / 06/13/13

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

Destination: Istanbul, Turkey

Purpose: Participate in ACI World Governing Board/ACI-NA Board/ACI Fund Board Meetings and attend the ACI Europe World Annual Congress and Exhibition

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

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

**A. TRANSPORTATION COSTS:**

• AIRFARE	\$	6300.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$	250.00

B. LODGING	\$	2700.00
------------	----	---------

C. MEALS	\$	500.00
----------	----	--------

D. SEMINAR AND CONFERENCE FEES	\$	1239.00
--------------------------------	----	---------

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

F. OTHER INCIDENTAL EXPENSES	\$	200.00
------------------------------	----	--------

<b>TOTAL PROJECTED TRAVEL EXPENSE</b>	<b>\$</b>	<b>11189.00</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: Thella F. Bowens

Date: 22 Jan 2013

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

**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: Exec Office BU6  
Position: ☐ Board Member ☒ President/CEO ☐ Gen. Counsel ☐ Chief Auditor  
☐ All other Authority employees (does not require executive committee administrator approval)

2. DATE OF REQUEST: 01/18/13 PLANNED DATE OF DEPARTURE/RETURN: 06/01/13 / 06/06/13

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

Destination: Tokyo/Yokohama, Japan

Purpose: Attend World Trade Center Business Mission Event which includes meetings with JAL

Explanation: Attending WTCSD business mission to strengthen ties between San Diego and Japan.

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

**A. TRANSPORTATION COSTS:**

• AIRFARE	\$ 3500.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$ 400.00
B. LODGING	\$ 1800.00
C. MEALS	\$ 500.00
D. SEMINAR AND CONFERENCE FEES	\$
E. ENTERTAINMENT (If applicable)	\$
F. OTHER INCIDENTAL EXPENSES	\$ 200.00
<b>TOTAL PROJECTED TRAVEL EXPENSE</b>	<b>\$ 6400.00</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: Thella F. Bowens

Date: 22 Jan 2013

**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, \_\_\_\_\_, 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.)

# **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. Bowers **DEPT. NAME & NO.** Executive Office BU6  
**DEPARTURE DATE:** 12/5/2012 **RETURN DATE:** 12/8/2012 **REPORT DUE:** 1/7/13  
**DESTINATION:** Washington, D.C.

*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	MONDAY	TUESDAY	WEDNESDAY 12/5/12	THURSDAY 12/6/12	FRIDAY 12/7/12	SATURDAY 12/8/12	
Air Fare, Railroad, Bus (attach copy of itinerary w/charges)	571.60								0.00
Conference Fees (provide copy of flyer/registration expenses)	485.00								0.00
Rental Car*									0.00
Gas and Oil*									0.00
Garage/Parking*									0.00
Mileage - attach mileage form*									0.00
Tax and/or Shuttle Fare (include tips pd.)*					70.50		62.00		132.50
Hotel*					285.11	285.11			570.22
Telephone, Internet and Fax*									0.00
Laundry*									0.00
Tips - separately paid (maids, bellhop, other hotel srvs.)									0.00
Meals (include tips pd.)						45.94			45.94
Breakfast*									0.00
Lunch*									0.00
Dinner*					42.80	11.29			54.09
Other Meals*									0.00
Alcohol is a non-reimbursable expense									
Hospitality 1*									0.00
Miscellaneous: Baggage Fees									0.00
									0.00
									0.00
*Provide detailed receipts									0.00
Total Expenses prepaid by Authority	1,056.60	0.00	0.00	0.00	398.41	342.34	62.00	0.00	802.75

**Explanation:**

\* An additional day was added to the end of trip to reduce overall airfare. The 12/7/12 hotel rate of \$170.61 was not submitted for reimbursement.

Total Expenses Prepaid by Authority	1,056.60
Total Expenses Incurred by Employee (including cash advances)	802.75
Grand Trip Total	1,859.35
Less Cash Advance (attach copy of Authority ck)	
Less Expenses Prepaid by Authority	1,056.60
Due Traveler (positive amount) <sup>2</sup>	
Due Authority (negative amount) <sup>3</sup>	802.75
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.

<sup>4</sup> Travel and Lodging Expense Reimbursement Policy 3.40

<sup>5</sup> Business Expense Reimbursement Policy 3.30

Prepared By:

Amy G. Caldera

Ext.: 2445

Traveler Signature:

Approved By:

Date: 14 Jan 2013

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.

original

**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 Exec 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: 11/08/12 PLANNED DATE OF DEPARTURE/RETURN: 12/05/12 / 12/07/12

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

Destination: Washington, DC

Purpose: Attend Special Executive Committee Mtg and International Aviation Issues Seminar

Explanation: Attend Special meeting of ACI-NA Executive Committee and 2012 ACI-NA International Aviation Issues Seminar.

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

**A. TRANSPORTATION COSTS:**

• AIRFARE	\$ 835.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$ 150.00
B. LODGING	\$ 550.00
C. MEALS	\$ 150.00
D. SEMINAR AND CONFERENCE FEES	\$ 485.00
E. ENTERTAINMENT (If applicable)	\$
F. OTHER INCIDENTAL EXPENSES	\$ 100.00
<b>TOTAL PROJECTED TRAVEL EXPENSE</b>	<b>\$ 2270.00</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: [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: [Signature] Date: 11.7.12

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

Tony L. Russell, Authority Clerk 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 11/26/12 meeting.  
(Leave blank and we will insert the meeting date.)



TRAVELTRUST SCRIPPS RANCH  
Phone: 1-800-792-4662

## Electronic Invoice

Prepared For:  
BOWENS/THELLA

SALES PERSON	E4
INVOICE NUMBER	1198832
INVOICE ISSUE DATE	07 Nov 2012
RECORD LOCATOR	CODNOV
CUSTOMER NUMBER	0000SDCRAA

### Client Address

SAN DIEGO COUNTY REG AIRPORT AUTHORITY  
PO BOX 82776  
SAN DIEGO CA 92138-2776

### Notes

YOUR UNITED ETICKET CONFIRMATION IS \*\* DPGXY2 \*\*  
-----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  
\*\*\*\*\*

**DATE: Wed, Dec 05**

### Flight: UNITED AIRLINES 548

From	SAN DIEGO, CA	Departs	7:45am
To	WASHINGTON DULLES, DC	Arrives	3:34pm
Departure Terminal	1		
Duration	04hr(s) :49min(s)	Class	UNITED_ECONOMY
Type	BOEING 757 200 SERIES JET	Meal	Food for Purchase
Stop(s)	Non Stop		
Seat(s) Details	BOWENS/THELLA	Seat(s) - 12C	UA - XXXXXX 58

**DATE: Sat, Dec 08**

### Flight: UNITED AIRLINES 240

From	WASHINGTON DULLES, DC	Departs	5:42pm
To	SAN DIEGO, CA	Arrives	8:17pm
		Arrival Terminal	1
Duration	05hr(s) :35min(s)	Class	UNITED_ECONOMY
Type	BOEING 757 200 SERIES JET	Meal	Food for Purchase
Stop(s)	Non Stop		
Seat(s) Details	BOWENS/THELLA	Seat(s) - 11C	UA - XXXXXX 58

**DATE: Thu, Jun 06**

**Others**

**RESERVATION  
RETAINED FOR  
180 DAYS**

### **Ticket Information**

<b>Ticket Number</b>	UA 7144074457	<b>Passenger</b>	BOWENS THELLA		
		<b>Billed to:</b>	[REDACTED]	USD	* 541.60
<b>Service Fee</b>	XD 0580819299	<b>Passenger</b>	BOWENS THELLA		
		<b>Billed to:</b>	[REDACTED]	USD	* 30.00
				<b>SubTotal</b>	USD 571.60
				<b>Net Credit Card Billing</b>	* USD 571.60
				<b>Total Amount Due</b>	USD 0.00

TRAVELTRUST IS OPEN MONDAY - FRIDAY FROM 5AM-530PM PST  
AND SATURDAY FROM 9AM-1PM PST - 760-835-1700.  
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

Your travel arranger provides the information contained in this document. If you have any questions about the content, please contact your travel arranger. For Credit Card Service fees, please see eTicket receipt for total charges.

## Caldera Amy

**From:** cgroup@aci-na.org  
**Sent:** Thursday, November 08, 2012 10:01 AM  
**To:** Bowens Thella; Caldera Amy  
**Subject:** 2012 ACI-NA International Aviation Issues Seminar - Confirmation

11/08/2012



### Meeting Confirmation Notice

Please review your **CONTACT** information below as it will be used for rosters and badges. Any changes should be sent to **cgroup@aci-na.org** immediately.

**Please note: The company name listed is per your Official Representative to ACI-NA. No changes to Company name is permitted.**

Ms. Thella F. Bowens  
President/CEO  
NickName: Thella  
San Diego County Regional Airport Authority  
PO Box 82776 San Diego, CA 92138

PH: (619) 400-2445  
FX: (619) 400-2448  
EM: [tbowens@san.org](mailto:tbowens@san.org)

You are registered for the following:

**2012 ACI-NA International Aviation Issues Seminar**  
From Thursday, December 06, 2012 through Friday, December 07, 2012

Description	UnitPrice	Quantity	Price
		Total	485.00
		Payments	485.00
		Balance	0.00

Thank you for registering for the 2012 ACI-NA International Aviation Issues Seminar. The conference will be held December 6-7, 2012. All events will take place at the Mayflower Renaissance Hotel in Washington, DC. Registration fees for the conference include all breakfasts, coffee breaks, educational materials and an invitation to ACI-NA 2012 Industry Holiday Party. Dress for the meeting is business casual.

#### HOTEL:

The Mayflower Renaissance Washington hotel is located at 1127 Connecticut Avenue, NW, Washington, DC 20036. For reservations, call the hotel at (202) 347-3000. Be sure to request the Airports Council International group rate of \$249 USD single/double occupancy. The hotel cut-off date is Thursday, November 8, 2012. Reservations made after this date can only be accepted on a space and rate available basis. The hotel may sell out of rooms or the conference rate before the cut-off date. Make your reservations early!

**1055 BOWENS/THELLA**

**149.00 12/08/12 12:00 4790**

**NDDB**

**12/05/12 16:16**

**ACCT#**

**90**

Room  
Clerk

Address

Payment

DATE

REFERENCE

CHARGES

CREDITS

MRW#

BALANCE DUE

12/05 ROOM	1055, 1	249.00	} #285.11
12/05 ROOM TAX	1055, 1	36.11	
12/06 ROOM SVC	22031055	45.94	} Minimized Receipt pg 2 of 2
12/06 ROOM	1055, 1	249.00	
12/06 ROOM TAX	1055, 1	36.11	} #285.11
12/07 ROOM	1055, 1	149.00	
12/07 ROOM TAX	1055, 1	21.61	} #170.61 (see explanation)
12/08 AX CARD			
			\$786.77

**PAYMENT RECEIVED BY: AMERICAN EXPRESS CURRENT BALANCE .00**

**THANK YOU FOR STAYING WITH US! TO EXPEDITE YOUR CHECK-OUT,  
PLEASE TOUCH 2490 ON YOUR PHONE, OR PRESS "MENU" ON YOUR TV  
REMOTE CONTROL TO ACCESS VIDEO CHECK-OUT.**

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

**Your Rewards points/miles earned on your eligible earnings  
will be credited to your account. Check your  
Rewards Account Statement for update activity.**





**RECEIPTS FROM TRAVEL TO WASHINGTON, DC**  
**December 5 - 7, 2012—THELLA F. BOWENS**



DULLES AIRPORT TAXI INC.  
 PART OF WASHINGTON FLYER  
 CAB #169

THANK YOU FOR USING US  
 703-661-8230

Date 12/05/2012  
 FROM: 15:37 TO: 16:16  
 TRIP # 705  
 DIST 26.40 mi  
 FARE.....\$ 58.50  
 TIP.....\$ 12.00  
 TOTAL.....\$ 70.50  
 EXPIRATION DATE \*\*/\*\*

Approved 168232  
 AMERICAN EXPRESS  
 \*\*\*\*\*

THANK YOU FOR USING US  
 703-661-8230

Trattu Restaurant  
 1823 Jefferson Pl NW  
 Washington DC 20036-2504  
 202-452-4960

ORDER# 14727  
 OnHold ID: 11

DATE\TIME: 12/5/2012 6:25:51 PM ✓  
 SERVER: Patrizia  
 STATION: 01  
 PARTY SIZE: 1

1 MELE SALAD\* \$9.50  
 1 VEAL PARMIGIANA\* \$23.95

Subtotal \$41.95  
 Tax \$4.20  
 GRAND TOTAL \$46.15

Opened: 12/5/2012 6:25:51 PM

12/5/12  
 Taxi  
 AP to  
 hotel

33.45  
 12/5/12 dinner  
 33.45  
 3.35  
 \$36.80  
 6.00 tip  
 \$42.80

TRATTU  
 1823 JEFFERSON PL  
 WASHINGTON, DC 20036

DATE: 12/05/12 TIME: 19:06:31  
 MERN: 907107000768 STAN: 3948 TERM: 0001  
 S-A-L-E-S D-R-A-F-T

SERVER: 0001  
 REF: 1671  
 BATCH: 301  
 CD TYPE: AX  
 TR TYPE: PR

AMOUNT: 36<sup>80</sup> \$46.15  
 TIP AMT: 6<sup>00</sup> 12.00  
 TOTAL: \$42<sup>80</sup> 58.15

ACCT: \*\*\*\*\*  
 AP: 507567 EXP: \*\*/\*\*

CARDMEMBER ACKNOWLEDGES RECEIPT OF  
 GOODS AND/OR SERVICES IN THE AMOUNT OF  
 THE TOTAL SHOWN HEREON AND AGREES TO  
 PERFORM THE OBLIGATIONS SET FORTH BY THE  
 CARDMEMBER'S AGREEMENT WITH THE ISSUER

*Thella F. Bowens*  
 TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

**RECEIPTS FROM TRAVEL TO WASHINGTON, DC**  
**December 5 - 7, 2012—THELLA F. BOWENS**

THE MONOCLE  
 202-546-4488

29 JOEL

TBL 2/1 CHK 625 GST 1  
 DEC06'12 09:35PM

1 CALAMARI APP 9.00 ✓

SUBTOTAL 9.00 61.50  
 TAX 9.09 6.15  
 10:17 BALANCE 67.65

THANK YOU \$9.09

tip 2.00  
11.29

REPRINT  
 THE MONOCLE ON CAPITOL  
 107 D ST. NE  
 WASHINGTON, DC 20002

12/06/2012  
 Merchant ID:  
 Terminal ID:  
 4081001075

22:22:08  
 00000000 29348  
 02974938

CREDIT CARD  
 AMEX SALE

CARD #  
 INVOICE  
 Batch #:  
 SERVER  
 Approval Code:  
 Entry Method:  
 Mode:

XXXXXXXXXX  
 0077  
 000557  
 0029  
 560303  
 Swiped  
 Online

PRE-TIP AMT

TIP

\$11.29 \$22.55

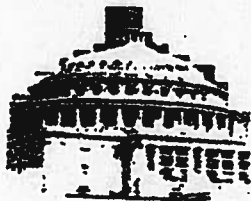
TOTAL AMOUNT

12/06/12  
 dinner \$9.09  
 tax \$2.00  
 tip

WASSH rm svc  
 214 MINH  
 TBL 1055/1 CHK 2203 GST 1  
 06DEC'12 10:40AM ✓  
 Delivery Charge: 4.00  
 TCAST 5.00

1 SIDE BACON 7.00  
 1 SEASON BERRIES 10.00  
 1 POT COFFEE 10.00  
 A04790R1055  
 ROOM/ACCT CHG 45.94  
 Sub-Total: 36.00  
 18% RS SVC CHG 5.76  
 Tax 4.18  
 Total: 45.94 ✓  
 -----CHECK CLOSED 11:07AM-----

**TAXICAB RECEIPT**



Time: \_\_\_\_\_  
 Date: Dec 8

Origin of trip: Hotel

Destination: Diller

Fare: 52.40 tip \$6.20 ✓ Sign: \_\_\_\_\_

12/06/12 Breakfast  
 \$45.94

12/8/12 taxi  
 (hotel to airport)



**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. Executive Office BU6  
DEPARTURE DATE: 11/7/2012 RETURN DATE: 11/11/2012 REPORT DUE: 12/11/12  
DESTINATION: Toyko, Japan

*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	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
		11/11/12			11/7/12	11/8/12	11/09/12	11/10/12	
Air Fare, Railroad, Bus (attach copy of itinerary w/charges)	3,339.40								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.)*		48.00				280.27		263.98	592.25
Hotel*						446.32	446.32	535.01	1,427.65
Telephone, Internet and Fax*									0.00
Laundry*									0.00
Tips - separately paid (maids, bellhop, other hotel srvs.)									0.00
Meals (Include tips pd.)	Breakfast*				12.86				12.86
	Lunch*						22.56	13.91	36.47
	Dinner*					46.82	17.34		64.16
	Other Meals*								0.00
<i>Alcohol is a non-reimbursable expense</i>									
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	3,339.40	48.00	0.00	0.00	12.86	773.41	466.22	812.90	2,133.39

Explanation:	Total Expenses Prepaid by Authority	3,339.40
	Total Expenses Incurred by Employee (including cash advances)	2,133.39
	Grand Trip Total	5,472.79
	Less Cash Advance (attach copy of Authority ck)	
	Less Expenses Prepaid by Authority	3,339.40
	Due Traveler (positive amount) <sup>2</sup>	
	Due Authority (negative amount) <sup>3</sup>	2,133.39
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.

<sup>4</sup> Travel and Lodging Expense Reimbursement Policy 3.40

<sup>5</sup> Business Expense Reimbursement Policy 3.30

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

Ext.: 2445  
Date: 11 Jan 2013  
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.

**November 7 - 11, 2012**

Date	Expense	Amount	Exchange Rate	Reimburse Amount
11/8/2012	Railway	¥22,360	0.01253444	\$ 280.27
11/8/2012	Hotel	¥36,036	0.0123854	\$ 446.32
11/8/2012	Dinner	¥3,780	0.0123854	\$ 46.82
11/9/2012	Lunch	¥1,800	0.0125333	\$ 22.56
11/9/2012	Dinner	¥1,400	0.0123854	\$ 17.34
11/9/2012	Hotel	¥36,036	0.0123854	\$ 446.32
11/10/2012	Lunch	¥1,100	0.0126454	\$ 13.91
11/10/2012	Railway	¥20,870	0.0126488	\$ 263.98
11/10/2012	Hotel	¥43,197	0.0123854	\$ 535.01

**Total:**

Line items in gray scale above represent expenses shown on hotel invoice.

Type	US Dollar	Divided by	Exchange Rate	
<i>Credit card:</i>				
<i>Cash:</i>				

**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: 09/24/12 PLANNED DATE OF DEPARTURE/RETURN: 11/07/12 / 11/12/12

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

Destination: Toyko, Japan

Purpose: Attend Kyoto Foundation Event in Toyko at invitation of Dr. Inamori Chairman of JAL

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

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

**A. TRANSPORTATION COSTS:**

• AIRFARE \$ 4900.00  
• OTHER TRANSPORTATION (Taxi, Train, Car Rental) \$ 500.00

B. LODGING \$ 1100.00

C. MEALS \$ 500.00

D. SEMINAR AND CONFERENCE FEES \$ \_\_\_\_\_

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

F. OTHER INCIDENTAL EXPENSES \$ 200.00

**TOTAL PROJECTED TRAVEL EXPENSE** \$ 7200.00

**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: 9/24/12

**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. Reagan

Date: 9.24.12

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

I, Tony R. Russell, Authority Clerk, 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 9/24/2012 meeting.  
(Leave blank and we will insert the meeting date.)



**TRAVELTRUST SCRIPPS RANCH**  
**THANK YOU FOR USING TRAVELTRUST**  
**Phone: 1-800-792-4662**

## Electronic Invoice

**Prepared For:**  
**BOWENS/HELLA**

SALES PERSON	M2
INVOICE NUMBER	1197478
INVOICE ISSUE DATE	24 Sep 2012
RECORD LOCATOR	OVWOXH
CUSTOMER NUMBER	0000SDCRAA

### Client Address

SAN DIEGO COUNTY REG AIRPORT AUTHORITY  
PO BOX 82776  
SAN DIEGO CA 92138-2776

### Notes

AIRFARE 4283.20 NONREF TKT BY 27 SEP  
-----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 JAPAN  
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 JAPAN  
PLEASE CALL 010/061-010/0041-010/0033-0100 THEN 800-15253545  
IF INTL AFTERHOUR NUMBER DOES NOT WORK  
DIAL DIRECT OR COLLECT 201-221-4462  
\*\*\*\*\*  
YOUR INTERNATIONAL TRAVEL MAY REQUIRE VACCINATIONS  
PLEASE CHECK WWW.CDC.GOV FOR LATEST REQUIREMENTS

**DATE: Wed, Nov 07**

### Flight: UNITED AIRLINES 663

From	SAN DIEGO, CA	Departs	6:20am
To	SAN FRANCISCO, CA	Arrives	8:02am
Departure Terminal	1	Arrival Terminal	1
Duration	01hr(s) :42min(s)	Class	BUSINESS/BUSFIRST
Type	AIRBUS INDUSTRIE A320 JET	Meal	Refreshment - Complimentary
Stop(s)	Non Stop		
Seat(s) Details	BOWENS/HELLA	Seat(s) - 02B	UA - XXXXXX 58

**DATE: Wed, Nov 07**

**Flight: UNITED AIRLINES 837**

From	SAN FRANCISCO, CA	Departs	11:00am
To	TOKYO NARITA, JAPAN	Arrives	3:15pm
Departure Terminal	1	Arrival Terminal	1
Duration	11hr(s) :15min(s)	Class	BUSINESS/BUSFIRST
Type	BOEING 744 JET	Meal	Lunch
Stop(s)	Non Stop		
Seat(s) Details	BOWENS/THELLA	Seat(s) - 12J	UA - XXXXXX 58

**DATE: Sun, Nov 11****Flight: UNITED AIRLINES 838**

From	TOKYO NARITA, JAPAN	Departs	5:10pm
To	SAN FRANCISCO, CA	Arrives	9:10am
Departure Terminal	1	Arrival Terminal	1
Duration	09hr(s) :00min(s)	Class	BUSINESS/BUSFIRST
Type	BOEING 744 JET	Meal	Dinner
Stop(s)	Non Stop		
Seat(s) Details	BOWENS/THELLA	Seat(s) - 13B	UA - XXXXXX 58

**DATE: Sun, Nov 11****Flight: UNITED AIRLINES 628**

From	SAN FRANCISCO, CA	Departs	10:54am
To	SAN DIEGO, CA	Arrives	12:30pm
Departure Terminal	1	Arrival Terminal	1
Duration	01hr(s) :36min(s)	Class	BUSINESS/BUSFIRST
Type	BOEING 757 200 SERIES JET	Meal	Refreshment - Complimentary
Stop(s)	Non Stop		
Seat(s) Details	BOWENS/THELLA	Seat(s) - 02B	UA - XXXXXX 58

**DATE: Fri, May 10****Others**

RESERVATION  
RETAINED FOR  
180 DAYS

**Ticket Information**

Refunded	CO 8719903793	Passenger	BOWENS THELLA		
Ticket Refund Original Invoice	1189176				
Ticket Refund Original Invoice	1189176	Refunded	[REDACTED]	USD	- 983.80
			Refunded to Credit Card		
Ticket Number	UA 7133750885	Passenger	BOWENS THELLA		
		Billed to:	AX XXXXXXXXXXXX [REDACTED]	USD	* 4,283.20
Service Fee	XD 0579238268	Passenger	BOWENS THELLA		
		Billed to:	[REDACTED]	USD	* 40.00
			SubTotal	USD	4,323.20
			Less Refund Amount	USD	- 983.80
			Net Credit Card Billing	* USD	3,339.40
			Total Amount Due	USD	0.00

TRAVELTRUST IS OPEN MONDAY - FRIDAY FROM 5AM-530PM PST





HOTEL GRANVIA  
KYOTO

# STATEMENT

NAME Ms. BOWENS THELLA F

ROOM No. 1007 PAX 1 DISCOUNT RATE 0%

ARR 2012/11/08 DEP 2012/11/11

1

DATE	DESCRIPTION	ROOM No.	CHARGES	CREDIT	EXPLANATION
------	-------------	----------	---------	--------	-------------

11/08	PACKAGE	1007	31,200		
	SERVICE CHARGE		3,120	36,036	* \$446.32
	CONSUMPTION TAX		1,716		* \$46.82
11/09	LA RISATA Dinner	1007	3,780	See page 5	* 6033
	PACKAGE		31,200		* \$446.32
	SERVICE CHARGE		3,120	36,036	* \$446.32
	CONSUMPTION TAX		1,716		* \$446.32
11/10	ROOM SERVICE dinner	1007	1,400	See pg 6	* 3999 \$17.34
	PACKAGE		37,400		* \$535.01
	SERVICE CHARGE		3,740	43,197	* \$535.01
	CONSUMPTION TAX		2,057		* \$535.01

\$1491.81

(see attached  
Amex statement)

exchange rate .0123854

GRAND TOTAL

120,449 ✓

Thank you for staying with us. We look forward to the pleasure of serving you again.

CARD  
RECEIVED

領収

HOTEL GRANVIA KYOTO

ホテルグランヴィア京都

HOTEL GRANVIA KYOTO

〒600-8216 京都市下京区烏丸通堀小路下る東堀小路町901番地  
901 Higashi-shiokoji-cho, Shiokoji Sagaru, Karasuma-dori, Shimogyo-ku, Kyoto  
TEL.075-344-8888 FAX.075-344-4400

SIGNATURE

ISSUED NO. 111104125394 J 1 1 04 1 0 \*  
12/11/11 09:38 R19

**RECEIPTS FROM TRAVEL TO TOYKO, JAPAN**  
**November 7 - 11, 2012—THELLA F. BOWENS**

HMSH..ST  
 RUBY'S DINER  
 JOHN WAYNE AIRPORT  
 CHECK: 5905  
 TABLE: 26/1  
 SERVER: 1808 Juan  
 DATE: NOV07'12 6:52AM  
 CARD TYPE: AMEX A3  
 ACCT #: XXXXXXXXXXXX  
 EXP DATE: XX/XX  
 AUTH CODE: 524161  
 THELLA F BOWENS

TOTAL: 10.86  
 TIP: 2.00  
 TOTAL: \$12.86

X  
 I AGREE TO PAY THE ABOVE AMOUNT  
 IN ACCORDANCE WITH THE CARD  
 ISSUER'S AGREEMENT:

11/7/12 Breakfast →

HMSHOST  
 RUBY'S DINER  
 JOHN WAYNE AIRPORT

1808 Juan  
 -----  
 26/1 5905 GST 1  
 NOV07'12 6:43AM  
 -----

\*\*\*\* SEAT 1 \*\*\*\*  
 1 EGG BRKFST 6.59  
 SCRAMBLED  
 WHEAT  
 1 COFFEE BAR 8 3.49  
 FIRST ROUND HBEV  
 TOTAL 10.08  
 0.78 AMOUNT 10.86  
 \*\*\*\*\*

SUBTOTAL 10.08  
 TAX 0.78  
 AMOUNT 10.86 \$

HOW DID WE GO?  
 KULDIP JOHAL GENERAL MANAGER  
 949.252.6125 X 15  
 KULDIP.JOHAL@HMHOST.COM

**Receipt**

Name: \_\_\_\_\_

**¥22,360**

In payment of Fare ticket(by credit card)

The printing on this receipt will fade with time.  
 Please photocopy if you need it for your records.

November 8, 2012

印紙税申告納  
 付につき渋谷  
 税務署承認済

East Japan Railway Company  
 成田空港駅 704 No.000008 印

11/8/12  
 Railway Receipt #28027  
 (Ticket on pg 3)

Page 1 OF

RECEIPTS FROM TRAVEL TO TOYKO, JAPAN  
November 7 - 11, 2012—THELLA F. BOWENS

お客様控

クレジットカードご利用票 / CREDIT CARD SALES SLIP

R001

会社名・会員番号

AMEX-XXXXXXXXXXXX

有XX-XX

取引内容:お買上

支払区分: - 括

¥22,360

商品名: (CS決済)乗車券類

3枚(冊)

11月 8日 成田空港→京都市内 他

払戻しはJR東日本の取扱箇所のみでいたします。

変更や払戻しの方法等に制限があります。

この控は大切に保存してください。

24.11.-8 20163-05

成田訪セA4発行

11/8/12

Train from  
Narita to  
Kyoto

京都ポルタ

京都ポルタ店

075-343-3499

京都市下京区東塩小路京都駅前地下  
街ポルタレストランゾーン

お得なポイントカード会員募集中!  
ご入会当日からポイント加算!  
詳しくはスタッフまで。

2012年11月 9日(金)13時37分000101

ベンネアラビアータ ¥970込  
ガーデンサラダ ¥830込  
紅茶 ¥0込  
AFNT ¥0込  
伝票No. 15819 テーブルNo. 208

小計額 ¥1,800  
内税対象額 ¥1,800  
内税 ¥85  
合 計 ¥1,885  
現金 ¥1,800  
合計点数 4点

22 扱桶作 清美 No.5867 1名

11/9/12

← lunch

CC Receipt

¥22.56

Porta

京都駅前地下街

2012年11月 9日(金) 13:35 No:5120

クレジットカード売上票

お客様控え

この控は大切に保存して下さい。

カード発行会社 37-006

AMEX CARD

会員番号 XXX-XXXX-XXXX

有効期限 XXXX年XX月

お取扱日 2012年11月 9日 伝票番号 46123

商品区分 取引内容 取扱区分

990 お買上 110

処理通番 5922 金額 ¥1,800

承認番号 0000096 合計額 ¥1,800

ご案内

ジェーシーシー

アリババ・ゴリイマン

4000-5922-00-00-1109

加盟店

カプリチオーザ

TEL 075-343-3499

売場 5120

係員

0000:



**RECEIPTS FROM TRAVEL TO TOYKO, JAPAN**  
**November 7 - 11, 2012—THELLA F. BOWENS**

【クレジット売上票】G

加盟店名 MERCHANT  
 クラウド・PH・301 カフェ  
 075-712-1111

端末番号 TERM No 49536-560-34780  
 ご利用日 DATE 12/11/10 13:19:29  
 伝票番号 SLIP No 18134  
 会員番号 XXXXXXXXXXXX (MS)  
 ACCT No  
 承認番号 APP CODE 000044

取引内容	支払区分	取扱区分
売上	一括	110
カード会社	有効期限	
CARD Co	EXP DATE	
AMEX CARD	XX/XX	

金額 AMOUNT ¥1,100  
 合計金額 ¥1,100

BOWENS THELLA  
 ご利用ありがとうございました  
 またのご来店お待ちしております  
 S918216  
 売場: 係員:  
 SALES COUNTER CLERK  
 INFOX お客様控え CUSTOMERS COPY

お客様控え クレジットカードご利用票 / CREDIT CARD SALES SLIP R124  
 有XX-XX

会社名・会員番号 AMEX-XXXXXXXXXXXX  
 取引内容: お買上 支払区分: - 括 ¥20,870

商品名: 指 定 券 ⑩ 3枚(冊) 111

私戻しは、J R西日本のクレジットカード取扱窓口のみでお取扱いいたします。  
 現金での私戻しはいたしません。  
 この控は大切に保存してください。

24.11.10 20674-02 京都駅⑩1発行

11/10/12 Lunch  
 \$1391

11/10/12 Railway  
 \$263<sup>98</sup>

**RECEIPTS FROM TRAVEL TO TOYKO, JAPAN**  
**November 7 - 11, 2012—THELLA F. BOWENS**

**INFOX**  
 [クレジット売上票] G

加盟店名 MERCHANT  
 新井 洋行 伊勢丹 本店  
 075-344-8888

端末番号 TERM No 49636 560 54081  
 ご利用日 DATE 12/11/11 09:39:54  
 伝票番号 SLIP No 22206  
 会員番号 XXXXXXXXXXXX (MS)  
 ACCT No  
 承認番号 APP CODE 000018

取引内容	支払区分	取扱区分
売上	一括	110
カード会社	有効期限	
GARD CO	EXP DATE	
AMEX CARD	XX/XX	

金額 AMOUNT ¥120,449  
 合計金額 ¥120,449

BOWENS THELLA  
 ご利用ありがとうございました。  
 S733806

売場: SALES COUNTER 係員: CLERK  
 お客様控え  
 CUSTOMERS COPY

**Silver**  
 RADIO SERVICE

**(619) 280-5555**  
 SanDiegoSilverCab.com

Date: 11/11/12  
 FARE RECEIPT The sum of: \$ 40.00  
 Passenger: + 8 tp  
 From: A. Pore 48  
 To: F. Pore 48  
 Driver: Amore Cab#: 760

Thank You for your Business! MTSTA 000029

開催日: 11月14日(水)  
 18:00(受付) 18:30~20:30  
 お一人様 ¥12,000  
 う・リサ・タ

\*\*\*RECEIPT\*\*\*  
 2012年11月08日 22:15

R-No : 6033  
 T-No : 0011  
 ORDER : DINNER  
 C-TIME : NIGHT  
 PERSON : 0001

Caprese ✓		2,200
Pomodoro ✓	( 1	2,200)
	( 1	2,000)
SUB TOTAL		4,200
DISCOUNT		420
SERVICE CHARGE	(	326)
CONSUMPTION TAX	(	179)
GRAND TOTAL		3,780
ROOM CHARGE 01007		3,780

江崎 017/17

Total hotel ↑  
 payment  
 receipt

(On hotel bill)  
 11/8/12  
 dinner \$46.82

**RECEIPTS FROM TRAVEL TO TOYKO, JAPAN**  
**November 7 - 11, 2012—THELLA F. BOWENS**

HOTEL GRANVIA KYOTO

ル-ムサ-ビス

品名 Item	単価 Unit Price	数量 Qty	金額 Amount
Mixed Nuts	600	1	600
F.F.Potatoes	800	1	800
小 計 Sub Total			1,400
サービス料 Service Charge			121
消費税等 Consumption Tax			0
R-No 3999 総合計 Grand Total			1,400
お支払い Payment			
ROOM CHA01007			1,400

ご利用人数 Persons 1 4007 0002 0001  
 ご利用日 Date 12.11.09 21:23 DINNER  
 会員番号 Membership No. S4

お部屋番号  
Room No.

ご請求先  
Company Name

ご署名  
Signature  
(Please Print)



ホテルグランヴィア京都

〒600-8216 京都市下京区烏丸通堀小路下ル東堀小路町901  
 TEL.(075)344-8888(代) FAX.(075)344-4400

Page

5

OF

(On hotel bill)  
 11/9/12 dinner \$ 17.34

Detail Continued

◆ - denotes Pay Over Time activity

			Foreign Spend	Amount
11/02/12	[REDACTED]			
11/03/12	[REDACTED]			
11/03/12	[REDACTED]			
11/07/12	[REDACTED]			
	N/A	N/A	YY 00	
		N/A	YY 00	
		N/A	YY 00	
		N/A	YY 00	
11/07/12	[REDACTED]			
11/08/12	JR EAST JAPAN		22,360 Japanese Yen	\$280.27 ◆
	FREIGHT RAILROAD			
	SIGN & TRAVEL* / EXTENDED PAYMENT OPTION		Railway	
11/09/12	SHOPPING MALL POLTA KYOTO		1,800 Japanese Yen	\$22.56 ◆
	GENERAL MERCHANDISE			
	SIGN & TRAVEL* / EXTENDED PAYMENT OPTION		Lunch	
11/09/12	[REDACTED]			
	[REDACTED]			
	SIGN & TRAVEL* / EXTENDED PAYMENT OPTION			
11/09/12	[REDACTED]			
	[REDACTED]			
	SIGN & TRAVEL* / EXTENDED PAYMENT OPTION			
11/10/12	GRAND PRINCE HOTEL K* JP		1,100 Japanese Yen	\$13.91 ◆
	LODGING			
	SIGN & TRAVEL* / EXTENDED PAYMENT OPTION		Lunch	
11/10/12	JR WEST JAPAN		20,870 Japanese Yen	\$263.98 ◆
	FREIGHT RAILROAD			
	SIGN & TRAVEL* / EXTENDED PAYMENT OPTION		Railway	



◆ - denotes Pay Over Time activity

			Foreign Spend	Amount
11/17/12	MARINA AIRPORT TERMINAL	JP	Japanese Yen	
	SIGN & TRAVEL * / EXTENDED PAYMENT OPTION			
11/11/12	HOTEL GRAVIA KYOTO -* LODGING	JP	120,449 Japanese Yen	\$1,491.81 ♦
	SIGN & TRAVEL * / EXTENDED PAYMENT OPTION			hotel .012
	Description	Price		
11/16/12				
	Description			
11/17/12				
	Description			
11/17/12	AUTO FUEL DISPENSER			
	Description			
11/17/12				
	Description	Price		
	Description			

# **BUSINESS EXPENSE**

**BRET LOBNER**

# SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY

## BUSINESS EXPENSE REIMBURSEMENT REPORT

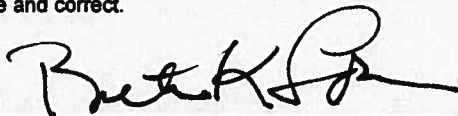
October and November

Period Covered

DATE	G/L Account	Description	AMOUNT
10/19/12	66290	Parking - West Tech v. SDCRAA D69 Barton Hearing	\$12.00
11/7/12	66290	Parking - Meeting -SDCERS	\$10.00
TOTAL			\$22.00

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

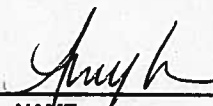


NAME

11-29-12

DATE

APPROVED:



NAME

11/28/12

DATE



PLACE FACE UP ON DASH

SOFIA  
SUNSET PARKING

Expiration Date/Time

11:02 AM  
OCT 19, 2012

Purchase Date/Time: 09:02am Oct 19, 2012  
Total Due: \$12.00 Rate: 0-2 HOURS = \$12.00  
Total Paid: \$12.00 Payment Type: Card  
Ticket #: 79050041  
SN #: 500012130230  
Setting: Sofia 1  
Mach Name: Sofia 1

Card #\*\*\*\* Visa

Auth #: 0742

PLACE FACE UP  
ON DASH  
NO IN & OUT PRIVILEGES

RECEIPT

SOFIA  
SUNSET PARKING

Expiration Date/Time: 11:02am Oct 19, 2012  
Purchase Date/Time: 09:02am Oct 19, 2012

Total Due: \$12.00 Rate: 0-2 HOURS = \$12.00  
Total Paid: \$12.00 Payment Type: Card  
Ticket #: 79050041  
Setting: Sofia 1  
Mach Name: Sofia 1

Card #\*\*\*\* Visa

Auth #: 0742

SDCEP

ACE PARKING  
LOT 1022  
One Hour Parking

Enter: 00000001  
Tail #: 032  
Trans: 062761  
Price: \$10.00  
Card: VISA  
Auth: 02771C  
EXPIRATION TIME:

Nov 7 2012  
3:14PM Wed

Thank You  
FOR CHOOSING ACE PARKING

# October 19, 2012

Friday

October 2012						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November 2012						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

19 Friday		Notes
<div> <div>From Oct 11</div> <div></div> <div>To Oct 26</div> </div> <div> <div>From Oct 15</div> <div></div> </div>		
7 am		
8 <sup>00</sup>		
9 <sup>00</sup>	West Tech	
10 <sup>00</sup>		
11 <sup>00</sup>		
12 pm		
1 <sup>00</sup>		
2 <sup>00</sup>		
3 <sup>00</sup>		
4 <sup>00</sup>		
5 <sup>00</sup>		
6 <sup>00</sup>		

# November 07, 2012

## Wednesday

November 2012						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2 3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

December 2012						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

7 Wednesday			Notes
	From Nov 2		
	From Nov 5	To Nov 9	
	From Nov 5		
7 am			
8 <sup>00</sup>			
9 <sup>00</sup>			
10 <sup>00</sup>			
11 <sup>00</sup>			
12 pm			
1 <sup>00</sup>			
2 <sup>00</sup>			
3 <sup>00</sup>		Meeting with SDCERS on AB 340	
4 <sup>00</sup>			
5 <sup>00</sup>			
6 <sup>00</sup>			