Meeting Date: MAY 2, 2013
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 2013 Budget.
Authority Strategies:
This item supports one or more of the Authority Strategies, as follows:

#### Page 2 of 2

#### **Environmental Review:**

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

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

Not applicable.

#### Prepared by:

TONY RUSSELL DIRECTOR, CORPORATE SERVICES/AUTHORITY CLERK

# TRAVEL REQUESTS

# THELLA F. BOWENS

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

#### **GENERAL INSTRUCTIONS:**

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

1. TRAVELER	₹:						
Travelers Na	me: _ ]	hella F. Bow	ens			Dept:	6/Exec Office
Position:	☐ Board	Member		Г Ge	n. Counsel	- • .	Chief Auditor
	☐ All othe	er Authority en	aployees (does not requ	uire executiv	e committee a	dministra	itor approval)
2. DATE OF R			PLANNED DATE OF				
of paper as	necessary) n:Portland,	):	F E	Purpose: A	CI-NA Associ ectors meetir	iates/Wo	ontinue on extra sheets rld Business Partners as ACI-NA Board
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associated expe Authority's busin Travelers Sign	enses confo ness.	TRAVELER form to the Au	By my signature be thority's Policles 3.30	low, I certify and <u>3.40</u> ar	nd are reaso	nable and	out-of-town travel and directly related to the
<b>CERTIFICAT</b>	ION BY	DMINISTI	RATOR (Where Ad	Iministrator	is the Execut	tive Com	mittee the Authority
By my signature  1. I have c  2. The con Authority  3. The con	e is required below, I conscientiou onscientiou ocerned out- y's business ocerned out- y's Policies	d). ertify the following reviewed of-town traves and reason of-town traves a.30 and 3.4	wing: the above out-of-town and all identified ex able in comparison to	n travel requipenses are the anticipa	uest and the necessary fo ated benefit t	details proor the adv	rovided on the reverse.  /ancement of the
AUTHORITY	CLERK C	ERTIFICA	TION ON BEHAL	F OF EX	ECUTIVE	COMMI	ITTEE
I,			g will insert their name and	he			ocument was approved
by the Executive		e at its	ave blank and we will inser	•	meetin	g.	
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### SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY OUT-OF-TOWN TRAVEL REQUEST

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1. IKAVELE	:R:					
Travelers N	lame:	Thella F. Bov	/ens		Dept:	
Position:	☐ Board	Member	▼ President/CEO	☐ Gen. Counsel		Chief Auditor
	All other	er Authority er	nployees (does not requir	e executive committe	e administrator	approval)
2. DATE OF	REQUEST:		PLANNED DATE OF D			
3. DESTINA	HONS/PUR	POSE (Provi	de detailed explanation	as to the purpose of	the trip-cont	inue on extra sheet
	s necessary on:Reno, NV		D.	Irnoco, Attond AAAF	The and as his	6 dm 11
Destinati	on.iveno, ivv	,	Re	rpose: Attend AAAE	: Board of Dir eting	ectors/Policy
Explanat	ion:			THE COMMENTAL CONTROL	oung	
4. PROJECT	ED OUT-OF	-TOWN TRA	AVEL EXPENSES			
A. TI	RANSPORTA AIRFARE	ATION COS	rs:		550.00	
•		RANSPORTA	ATION (Taxi, Train, Car	Sental) \$	550.00 75.00	
B. LO	DDGING	W ((10) O (1))	THOIR (Taxi, Traili, Car	Rental) \$	150.00	
	EALS			\$	100.00	
	EMINAR AN			\$		
	NTERTAINM			\$		
F. U	THER INCID		ENSES TRAVEL EXPENSE	\$	100.00	
	IOIALP	KOJECTED	INAVEL EXPENSE	\$	975.00	
ERTIFICA ssociated ex uthority's bus Travelers Sig	penses conf siness.	TRAVELE  orm to the Ai		and 3.40 and are real behalf of	bove listed ou sonable and o	ut-of-town travel and lirectly related to the
FRTIFICA	TION BY	ATMINIST	PATOP (M/horo Adm	niniatuatas is the Eur		
lerk's signatu	re is require	4)	RATOR (Where Adr	ministrator is the Exe	cutive Commi	ttee, the Authority
-	are below, I c	,	owing:	825		
			the above out-of-town	travel request and th	ne detaile prov	ided on the reverse
2. The co	oncerned out	-of-town trav	el and all identified exp	enses are necessary	for the advar	nueu on the reversi
Author	rity's busines	s and reaso	nable in comparison to t	the anticipated benef	fit to the Autho	rity
3. The co	oncerned out	of-town trav	el and all identified exp	enses conform to the	e requirement	s and intent of
Author	rity's Policies	3.30 and 3.	<u>40</u> .			o and mont of
Administrato	or's Signature	e:			Date:	
	•					
UTHORIT	Y CLERK	CERTIFIC	ATION ON BEHAL	F OF EXECUTIV	E COMMIT	TEE
l Please leave his	ank Whoever	lark's the mast	ng will insert their name and t	, hereby certify	y that this doc	ument was approve
y the Execut	ive Committe				tima	
y are analysis			eave blank and we will insert	the meeting date 1	eting	

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

#### **GENERAL INSTRUCTIONS:**

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TRAVELER:     Travelers Name: Thella F. Bowens		Doot	0/5
Position:   Board Member   President/CEO	☐ Gen. Cour	Dept:	6/Executive Office Chief Auditor
All other Authority employees (does not re	quire executive comm	nittee administra	ator approval)
	OF DEPARTURE/RET		,
3. DESTINATIONS/PURPOSE (Provide detailed explanat of paper as necessary):     Destination:Chicago, IL  Explanation:	Purpose: ACI-NA	Board meeting als and objectiv	re: organizational ves for ACI-NA as the
4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES  A. TRANSPORTATION COSTS:  AIRFARE  OTHER TRANSPORTATION (Taxi, Train, OB. LODGING  C. MEALS  D. SEMINAR AND CONFERENCE FEES  E. ENTERTAINMENT (If applicable)  F. OTHER INCIDENTAL EXPENSES  TOTAL PROJECTED TRAVEL EXPENSE	\$ \$ \$ \$	400.00 100.00 600.00 150.00 100.00 1350.00	
CERTIFICATION BY TRAVELER By my signature b	elow I certify that the	ae abovo listod	-
associated expenses conform to the Authority's Policies 3.3	0 and 3.40 and are	reasonable an	d directly related to the
Authority's business.  Travelers Signature: Allu Abolula		_ Date: 20	April 2013
CERTIFICATION BY ADMINISTRATOR (Where	Administrator is the	Executive Com	mittee the Authority
Clerk's signature is required).  By my signature below, I certify the following:  1. I have conscientiously reviewed the above out-of-to 2. The concerned out-of-town travel and all identified of Authority's business and reasonable in comparison 3. The concerned out-of-town travel and all identified of Authority's Policies 3.30 and 3.40  Administrator's Signature  AUTHORITY CLERK CERTIFICATION ON BEHA	wn travel request are expenses are necess to the anticipated be expenses conform to	nd the details p sary for the ad- enefit to the Au o the requirement Date:	provided on the reverse. vancement of the athority. The ents and intent of the series and intent of the third intent of the series and the series
<u> </u> ,	, hereby ce	ertify that this d	locument was approved
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	9.56	nocing.	

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

# **DAVID ALVAREZ**

### 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.
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1. TRAVEL		Double Alvere				Dont	
Travelers		David Alvare		P***		_ Dept:	THE CITY A WILLIAM
Position:	<b>⊼</b> Rο	ard Member	President/CEO	.[_] Ge	n. Counsel		Chief Auditor
	□ Ali	other Authority	employees (does not r	equire exec	utive committ	ee administr	ator approval)
2. DATE O	F REQUES	ST: <u>3/25/13</u>	PLANNED DATE OF	F DEPARTUR	RE/RETURN:	4/15/13	I 4/17/13
of paper	r as necess	•		Purpose: Te	o meet with I	Mexican Offic	cials and Business
discuss issues. Comm additio	s with Fede Meetings a unications &	ral Officials topicare also coordin & Transportation bassles of the U	San Diego / Baja Calife cs such as: trade facili ated with federal gove n, Economy, Energy, F Jnited States and Can	ornia Missio iatation, bus ernment offic Foreign Reia	n to Mexico liness opport les such as t ations, Gover	City provides unities, and he Departme nance, Heal	border crossing ents of th and Tourism in
A. B. C. D. E.	TRANSPO AIRFAI OTHER LODGING MEALS SEMINAR ENTERTAI OTHER IN	RTATION COS RE R TRANSPORT AND CONFERI INMENT (If appl CIDENTAL EXF	ATION (Taxi, Train, C ENCE FEES licable)	ar Rental)	\$ \$ \$ \$ \$ \$ \$	1,000	25
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associated Authority's	expenses o business.		uthority's Policies 3.30	<u>0</u> and <u>3.40</u> a	and are reaso	onable and d	lirectly related to the
Travelers	Signature:		1 00 g		Da	ite: 3/0	-8/2013
CERTIFIC	CATION E	BY ADMINIS	TRATOR (Where A				
Cierk's sign			· · · · · · · · · · · · · · · · · · ·		•		•
By my sign	ature below	v, I certify the fo	llowing:				(4)
		•	ed the above out-of-tovivel and all Identified e		•	•	
Aut	hority's bus	iness and reaso	onable in comparison	to the antici	pated benefit	to the Author	ority.
		l out-of-town tra icles <u>3.30</u> and <u>3</u>	vel and all identified e	xpenses co	nform to the	requirement	s and intent of
Administr	ator's Signa	ature:	Morea	n		Date:	4.1.13
AUTHOR	ITY CLE	RK CERTIFIC	CATION ON BEHA	LF OF E	XECUTIVE	COMMIT	TEE
-1				h	arahu aartifu	that this day	num ant uras anarau a
(Please leave	s blank, Whoe	ever clerk's the mee	ting will insert their name a	, n nd title.)	ereby centry	mat this doo	cument was approved
		mittee at its			mee	ting.	senta
			(Leave blank and we will in	sert the meetin	g date.)		

# **EXPENSE REPORT**

# THELLA F. BOWENS

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

DESTINATION: Wishington, DC  Please refer to the Authority Travel and Lodging Expense Relimbursement Policy, Article 3, Part 3.4, Section 3.40, outlining appropriate relimbursable organises and approvals. Please attach all required supporting documentation. All receipts must be detailed, (credit card necepts do not provide sufficient details), Any special farms should be explained in the space provided below.  Authority  Employee Expenses    Part	TRAVELE		Thella F. Bowens		=	DEPT. NA	ME & NO		Exe	cutive O	ffice BU6	<del></del>
Piesas refer to the Authority Travell and Lodging Expense Reimbursament Policy, Article 3, Part 3.4, Section 3.40, cultilining appropriate reimbursable expenses and approveds. Please and required supporting documentation. All receipts must be detailed, (project card receipts do not provide sufficient detail). Any special items should be explained in the space provided below.    Authority	DEPART	URE DATE:	3/19/2013	RETUR	RN DATE:		3/22/2013	3	REPOR	RT DUE:	4	/21/13
Authority   Provide at latent a frequency supporting documentation. All receipts must be detailed, (credit card receipts do not provide sufficient detail). Any special items should be explained in the space provide pellow.   Provide at latent should be explained in the space provide pellow.   Provide at latent should be explained in the space provide pellow.   Provide at latent should be explained in the space provide pellow.   Provide at latent should be explained in the space provide pellow.   Provide at latent should be explained in the space provide pellow.   Provide at latent should be explained in the space provide pellow.   Provide at latent should be explained in the space provide pellow.   Provide at latent should be explained in the space provide pellow.   Provide at latent should be explained in the space pellow.   Provide at latent should be explained in the space provide at latent should be explained in the space pellow.   Provide at latent should be explained in the space pellow.   Provide at latent should be explained in the space pellow.   Provide at latent should be explained in the space pellow.   Provide at latent should be explained in the space period by Authority.   Provide at latent should be explained in the space period by Authority.   Provide at latent should be explained in the space period by Authority.   Provide at latent should be explained in the space period by Authority.   Provide at latent should be explained by Provide at latent should be explained by Provide at latent should be explained by Provide at latent should be explained at latent should be explained by Provide at												
Authority   Checked   Page	Please rea	fer to the Auth	ority Travel and Lodging Expense R	Reimbursemen	Policy, A	ticle 3, Par	t 3.4, Sec	tion 3.40, d	outlining a	ppropriate	reimburs	able
Alf Fare, Railroad, Bus (attach copy of titrerary wichargee) 592.80  Alf Fare, Railroad, Bus (attach copy of titrerary wichargee) 592.80  Conference Foes (provide copy of thyeringistration expenses) Rental Car'  Gars and Oil'  Gars and Oil'  Rental Car'  Rental Car	expenses	ana approval	's. Please attach all required suppor	tina document	ation. All	receipts mu	ust be deta	ailed, (cred	lit card rec	eipts do r	not provide	sufficient
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Authority) 31913 3/2013 3/2113 1/213 3/2013 1/213 1/213 1/213 3/2013 1/2			<b>发展的</b>		SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
Conference Fees (provide copy of Pyening) stration expenses) Rental Car"  Sea and Oil* O.0 Sersage/Parking* O.0 Se			是多種性的智能性學的學的學科				3/19/13	3/20/13				TOTALS
Rental Car'  Gars and Oil'  Garsge/Parking'  Mileage - attach mileage form'  189,00 16,90 86,66 1925.76  Hotel'  192-separately paid (maids, belihop, other hotel arvs.)  Weals Breakfast'  Luunch'  193 pa pd )  Dinner'	Air Fare, F	Kailroad, Bus	(attach copy of itinerary w/charges)	582.80	<u> </u>							0.0
Gas rad Oil* Gersage/Parking* 0.00 Gersage/Parking* 0.00 16.90 16.			de copy of flyer/registration expenses)			<b> </b>						0.0
Garage/Parking*    Sarge   Parking*						ļ						0.0
Mileage - attach mileage form*  Taxi and/or Shuttle Fare (include tips pd.)*  89,00  16,90  86,66  192,56  192,76  Telephone, Internet and Fax*  Laundry*  Telephone, Internet and Fax*  Laundry*  Tips - separately paid (maids.bellhop,other hotel sivs.)  Breakfast*  Lunch*  Lunch*  Dinner*  At 4,80  14,10  0.00  Meels  Breakfast*  Lunch*  Dinner*  10,00  At 4,80  14,10  0.00  At 4,80  14,80  9,06  9,06  37,55  Dinner*  At 4,80  14,80  9,06  9,06  37,55  Dinner*  Other Meels*  At 5,00  At 6,00  At 8,00  9,06  37,55  At 6,00  1,371,76  At 6,00  Total Expenses prepaid by Authority  582,80  0.00  0.00  Total Expenses prepaid by Authority  582,80  1,371,76  Total Expenses Incurred by Employee (including cash advances)  1,371,76  Total Expenses Prepaid by Authority  1,984,66  1,984,6												0.0
Total Expenses prepaid by Authority   S82.80   16.90   86.66   192,54   192,73   193,74   193												0.0
rictel*   342.46 342.46 342.46   10.273   Telephone, Internet and Fax*   0.00   Country*   0.00   Coun												0.00
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Tips - separately peid (maids, bellhop, other hotel srvs.)  Meals   Breakfast*   14,10   0.00    Meals   Breakfast*   14,10   0.00    Meals   Breakfast*   14,10   0.00    Meals   14,10   0.00    Mea		, internet and	Fax*									0.00
Meals   Breakfast*						-						0.00
Comparison of the Provided detailed receipts   Comparison of the Provided detailed of the Provided detailed of the Provided detailed of the Provided detailed of the						-						0.00
Cher Mans and business affiliations of any persons whose meals were paid by traveler.   Section District Proposed Prop												14.10
Citier Meals*   20.60   74.80   95.44									9.06	9.06		37.52
Alcohol is a non-reimbursable expense  Indeptitality 1	, , , ,		1-4			ļ	20.60					95.40
Additional night stay reduced airfare by \$1011.00  Total Expenses prepaid by Authority 582.80 0.00 0.00 456.86 450.76 368.42 95.72 0.00 1,371.76  Total Expenses prepaid by Authority 582.80 0.00 0.00 456.86 450.76 368.42 95.72 0.00 1,371.76  Total Expenses Prepaid by Authority 582.80  Total Expenses Incurred by Employee (including cash advances) 1,371.76  Grand Trip Total Less Cash Advance (ettach copy of Authority ck) Less Expenses Prepaid by Authority 582.80  Total Expenses Incurred by Employee (including cash advances) 1,371.76  Grand Trip Total Less Cash Advance (ettach copy of Authority ck) Less Expenses Prepaid by Authority 582.80  Total Expenses Incurred by Employee (including cash advances) 1,371.76  Grand Trip Total Less Cash Advance (ettach copy of Authority ck) Less Expenses Prepaid by Authority 582.80  Due Traveler (positive amount) 1,371.76  Note: Send this report to Accounting even if the amount is \$0.  Travel and Lodging Expense Reimbursement Policy 3 and that any purchases/claims that are not allowed will be my seponsibility. I further certify that this report of travel expenses were incurred in connection with official Authority business and is true and orrect.  Travel and Lodging Expense Reimbursement Policy 3.30  Ext.: 2445  Date: Date: Unithority CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE (To be certified if used by President/CEO, Gen. Counsel, or Chief Auditor)  Description of the president/CEO, Gen. Counsel, or Chief Auditor)  Description of the president/CEO, Gen. Counsel, or Chief Auditor)  Description of the this document was appropriate that the president CEO, Gen. Counsel, or Chief Auditor)  Description of the third of the president/CEO, Gen. Counsel, or Chief Auditor)  Description of the third of the president CEO, Gen. Counsel, or Chief Auditor)	Alaskal is s				ETECHORIS COLUMN	NO. OTHER DESIGNATION OF THE	MARKET STATES	4.80	CAN THROUGH WAS IN			4.80
Miscellaneous: Baggage Fees 0.00  Provide detailed receipts 0.00  Total Expenses prepaid by Authority 582.80 0.00 0.00 456.86 450.76 368.42 95.72 0.00 1,371.76  Explanation:  Total Expenses Prepaid by Authority 582.80  Grand Trip Total  Less Cash Advance (attach copy of Authority childing cash advances)  Grand Trip Total  Less Expenses Prepaid by Authority 582.80  Due Authority (negative amount) 5  Note: Send this report to Accounting even if the amount is 30.  as traveler or administrator acknowledge that I have read, understand and agree to Authority policies 3.40 - Travel and Lodging Expense Reimbursement Policy 6 and 3.30 - Business Expense Reimbursement Policy 6 and that any purchases/claims that are not allowed will be my esponsibility. I further certify that this report of travel expenses were incurred in connection with official Authority business and is true and or repared By:  Travel and Lodging Expense Reimbursement Policy 3.40  Travel and Lodging Expense Reimbursement Policy 3.40  Travel and Lodging Expense Reimbursement Policy 3.40  Travel and Lodging Expense Reimbursement Policy 3.30  Ext.: 2445  Date: Da			aote expense									
Provide detailed receipts  Total Expenses prepaid by Authority  582.80  0.00  0.00  Total Expenses prepaid by Authority  582.80  0.00  0.00  Total Expenses prepaid by Authority  582.80  Total Expenses Prepaid by Authority  Total Expenses Prepaid by Authority  582.80  Total Expenses Prepaid by Authority  Total Expenses Prepaid by Authority  582.80  Grand Trip Total  Less Cash Advance (attach copy of Authority children)  Less Expenses Prepaid by Authority  582.80  Due Traveler (positive amount) <sup>2</sup> Due Authority (negative amount) <sup>2</sup> Due Authority (negative amount) <sup>2</sup> Due 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 asponsibility. I further certify that this report of travel expenses were incurred in connection with official Authority business and is true and orrect.  Travel and Lodging Expense Reimbursement Policy 3.40  Travel and Lodging Expense Reimbursement Policy 3.30  Paginters Expense Reimbursement Policy 3.30  Business Expense Reimbursement Policy 3.30  Ext.: 2445  Date:  Date:  Date:  Date:  UTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE  (To be certified if used by President/CEO, Gen. Counsel, or Chief Auditor)  Thereby certify that this document was approved by the Expension of the Auditor)  Thereby certify that this document was approved by the Expension of the Auditor)			- Food									0.00
Provide detailed receipts  Total Expenses prepaid by Authority  582.80  0.00  0.00  Total Expenses prepaid by Authority  582.80  Total Expenses Incurred by Employee  (including cash advances)  Grand Trip Total  Less Expenses Prepaid by Authority  582.80  1.371.76  Grand Trip Total  Less Expenses Prepaid by Authority  582.80  Due Traveler (positive amount) <sup>3</sup> 1.371.76  Note: Send this report to Accounting even if the amount is \$0.  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 asponsibility. I further certify that this report of travel expenses were incurred in connection with official Authority business and is true and orrect.  Travel and Lodging Expense Reimbursement Policy 3.40  Traveler Signature:  Travel and Lodging Expense Reimbursement Policy 3.40  Business Expense Reimbursement Policy 3.30  Business Expense Reimbursement Policy 3.30  Ext.:  2445  Date:  UTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE  (To be certified if used by Prepaid by Authority  1.371.76  1.37	viiscellane	ous: baggage	e rees									0.00
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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 AIRPO OUT-OF-TOWN TRAVEL REQUE

	OUT-OF-TOWN TRAVEL REQ
ζ.	
GENERAL INSTRUCTIONS:	
A. All travel requests must cor	form to applicable provisions of Policies 3.30

1. TRAVELER: Travelers Name:	Thella F. Bow	ens		Dept:	BU6 Exec Office
Position:	Board Member		Gen. Counsel		Chief Auditor
	All other Authority em	nployees (does not requir	e executive committee	administra	itor approval)
2. DATE OF REQU	UEST: 12/11/12	PLANNED DATE OF D	EPARTURE/RETURN:	03/19/	12 / 03/22/12
3. DESTINATIONS of paper as nec Destination:Wa Explanation:	essary):	de detailed explanation	as to the purpose of to rpose: Washington L		
A. TRANS  A. AIRI  OTH  B. LODGIN  C. MEALS  D. SEMINA  E. ENTER  F. OTHER	UT-OF-TOWN TRA' PORTATION COST FARE HER TRANSPORTA NG AR AND CONFEREI TAINMENT (If applic INCIDENTAL EXPE	S: TION (Taxi, Train, Car NCE FEES table) (NSES	\$   \$   \$   \$   \$   \$   \$   \$   \$   \$	500.00 950.00 600.00 100.00 2150.00	
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Administrator's Sig	inature:			Date.	
		TION ON BEHALF			
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Subject to Change

**WEDNESDAY, MARCH 20** 

11:00 a.m. - 2:00 p.m.

Registration

12:00 p.m. - 12:30 p.m.

**Welcome and Opening Remarks** 

12:30 p.m. - 1:30 p.m.

**Keynote Luncheon** 

1:00 p.m.

The Honorable Hal Rogers (R-KY)

Chair, House Appropriations Committee

1:30 p.m. - 3:00 p.m.

**Congressional and Administration Speakers and Panel Discussions** 

1:30 p.m.

The Honorable Frank LoBiondo (R-NJ)

Chair, House Aviation Subcommittee

3:00 p.m. - 5:00 p.m.

**Hill Meetings** 

6:00 p.m. - 8:00 p.m.

**ACI-NA Commissioners Congressional Reception** 

(Separate registration fee required)

**THURSDAY, MARCH 21** 

8:00 a.m. - 5:30 pm

Registration

8:00 a.m. - 8:30 a.m.

**Continental Breakfast** 

8:30 a.m. - 9:00 a.m.

**Welcome and Opening Remarks** 

9:00 a.m. - 12:00 p.m.

**Congressional and Administration Speakers and Panel Discussions** 

9:00 a.m.

The Honorable Ed Pastor (D-AZ)

9:15 a.m.

The Honorable Nick Rahall (D-WV)

Ranking Member, House Transportation and Infrastructure Committee

12:00 p.m. - 1:00 p.m.

Luncheon

1:00 p.m. - 2:00 p.m.

**Panel Discussion** 

2:00 p.m. - 5:00 p.m.

**Hill Meetings** 

5:30 p.m. - 6:30 p.m.

Conference Networking/Closing Reception



#### TRAVELTRUST SCRIPPS RANCH

Phone: 1-800-792-4662

#### Electronic Invoice

Prepared For:

**BOWENS/THELLA** 

Ref:

DEPT 6

SALES PERSON

**INVOICE NUMBER** 

**INVOICE ISSUE DATE** 

RECORD LOCATOR

**CUSTOMER NUMBER** 

E4

1200883

28 Jan 2013

KQNIUV --

0000SDCRAA



Client Address

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

YOUR UNITED ETICKET CONFIRMATION IS \*\* HYCFTQ \*\* --- INVOICE/ITINERARY ACCOUNTING DOCUMENT-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

#### DATE: Tue, Mar 19

Flight: UNITED AIRLINES 546

From

SAN DIEGO, CA

Departs

7:10am

To

WASHINGTON DULLES, DC

Arrives

2:52pm

**Departure Terminal** 

**Duration** 

04hr(s):42min(s)

Class

United Economy

Type

**BOEING 757 200** 

Meal

Food for Purchase

Stop(s)

**SERIES JET** 

Seat(s) Details

Non Stop **BOWENS/THELLA** 

Seat(s) - 12C

UA - XXXXXX 58

DATE: Fri, Mar 22

Flight: UNITED AIRLINES 229

From

WASHINGTON DULLES, DC

Departs

9:05am

To

SAN DIEGO, CA

**Arrives** 

11:44am

**Arrival Terminal** 

Duration

95hr(s):39min(s)

Class Meal

United Economy Food for Purchase

Type

AIRBUS INDUSTRIE A320 JET

Stop(s) Seat(s) Details Non Stop **BOWENS/THELLA** 

Seat(s) - 10C

UA - XXXXXX 58

DATE: Wed, Sep 18

Others

RESERVATION **RETAINED FOR** 

**180 DAYS** 

#### **Ticket Information**

**Ticket Number** 

UA 7200650131

Passenger

**BOWENS THELLA** 

Billed to:

**BOWENS THELLA** 

USD

\* 552.80

Service Fee

XD 0586210487

Passenger Billed to:

USD

\* 30.00

SubTotal

USD 582.80

**Net Credit Card Billing** 

\* USD 582.80 A

**Total Amount Due** 

**USD 0.00** 

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

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.



A Harbaugh Hotel

Guest Name:

Thella Bowens

Room #:

914

Folio #:

RWCH1194B - 1

Group #: 1811

Guests:

1

Clerk:

CL #:

CC #:

Arrive: 03/19/13

Time:

e: 03:36 PM

Depart: 03/22/13

Status: FOL

Date	Description	Reference	Comment	Charges	Credits
03/19/2013	BISTRO 525 FOOD DINNE	1625	BISTRO 525 FOOD DINNER T#: 1-162	\$16.00	
03/19/2013	<b>BISTRO 525 GRATUITY</b>	1625	BISTRO 525 GRATUITY T#: 1-1625	\$3.00	20.60
03/19/2013	BISTRO 525 TAX	1625	BISTRO 525 TAX T#: 1-1625	\$1.60	
03/19/2013	ROOM CHARGE	914		\$299.00	342.46
03/19/2013	ROOM TAX	914t	ROOM TAX	\$43.36	342176
03/20/2013	BISTRO 525 FOOD LUNCI	1697	BISTRO 525 FOOD LUNCH T#: 1-1697	\$11.007	
03/20/2013	BISTRO 525 GRATUITY	1697	BISTRO 525 GRATUITY T#: 1-1697	\$2.50	14.60
03/20/2013	BISTRO 525 TAX	1697	BISTRO 525 TAX T#: 1-1697	\$1.10	
03/20/2013	ROOM CHARGE	914		\$299.00	7 2112 46
03/20/2013	ROOM TAX	914t	ROOM TAX	\$43.36	7 342.46
03/21/2013	ROOM CHARGE	914		\$299.00	S = 1 = 111
03/21/2013	ROOM TAX	914t	ROOM TAX	\$43.36	/ 342.46

Folio Balance:

\$1,062.28

I agree that my liability for this bill is not waived and agree to be held personally liable for all charges

Signature:

525 New Jersey Avenue, N.W. Washington, DC 20001-1527

(202) 628-2100 | (800) 321-3010

Fax (202) 879-7951

For your future reservations, please visit our website at www.washingtoncourthotel.com

#4

4/11/13 Requested itemized receipts for Bistro 525 Will take 2 days - Meski (POC) 3/19 \$2060 3/20 1460

#### RECEIPT

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Washington Dulles International Airport Washington Flyer_Taxi
Date:(73/7/19
Name:
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From: Dulla and
10: Washingtoy
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525 N	lew Jersey Ave NW
020 //	Washington, DC

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\*\*\*\*\*\*LONGWORTH CAFE\*\*\*\*\*\*

7 SHERRIA	
4K 7542 MAR20'13	2:32PM /
LW CAFE 1 COMP WATER 1 YOGURT 6 OZ 1 12 OZ COFFEE	1.60 1.60 1.60
FOOD SUBTOTAL PAYMENT CASH CHANGE DUE	4.80 4.80 20.00 15.20

Other Meal 3/20

Breakfast 3/20

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l"	· IOIa	
	nsylvania Ave. NW	
	gton, D.C. 20004	
	e on Indiana Ave)	
WWW	.fioladc.com	
Date:	Mar20'13 10:13PM	
Card Type:		
	XXXXXXXXXX	
Card Entry:		
Trans Type:		
Auth Code:		
	1208	
Table:	64/5	
Server:	4044 Anton K	
	7	
Subtotal:	74.80/	
	NISH LIBERT	
Tip:		
	and the state of the state of	
Total:	1000 (1000 1000 1000)	
Signature	1 1 1 3	
I agree to pay above total		
according to my card issuer		
agreement.		

\* \* \* \* Guest Copy \* \* \* \*

Fiola
601 Pennsylvania Ave. NW
Washington, D.C. 20004
(Entrance on Indiana Ave)
www.fioladc.com

Ask About Wine Classes!

3/20 dinna

<b>Page</b>	8	OF	
. ~5~		40.6	

UNITED (HB# 26) → E# H96363 ....co CAB COMP. 33722713 12:36P m3/22/13 01:32P TRIP # 9747 30.13 mi DIST Rate 1 \$ 75.36 \$ 75.36 16TAL -"PLAINTS CALL 202 645 6018 HAVE A NICE DAY! + tip

> 75.36 11.30tip 86.66

> > 3 22

20 3

SALE RECEIPT
Store #35743 dri 03/22/13 14:05:00
Subway Sandwiches & Salads
46020 Aviation Drive Washington Dulles International Airport D Gate Dulles VA 20166 Trans# 431 Clerk 1 Dwr 1 TRDI U34 Receipt # 0000165500 Reg-ID reg-dt PRICE MEMO PI Dwr 1 TRDT 032213 --- ITEM --- QTY Dasani WAT 1 `1 T \$ 1.89 49 SUBTOTAL \$ SalesTax \$ 1.89 0.09 1.98 DRIVE-TH \*\*TOTAL \$ CredCardAMT TEND \$ 1.98 CHANGE DUE 0.00 Take our 1-min Survey @ www.tellsubway. com & receive a free cookie.
Approval No: 529119
Reference No: 308118996269
Acquired: Swipe Account No: \*\*\*\*\*\*\*\*\* Card Issuer: Amex Amount: \$1.98

> SALE RECEIPT Store #35743 dri 03/22/13 14:04:36 Subway Sandwiches & Salads 46020 Aviation Drive Washington Dulles International Airport D Gate Dulles Dulles
>
> Trans# 430 Clerk 1 Dwr 1 TRU: 03/2
> Receipt # 0000165499 Reg-ID reg-dt
> --- ITEM --- QTY PRICE MEMO PLU
> TUNA 6s 1 T \$ 5.75 103
> 1 T \$ 0.99 100 Dwr 1 TRDT 0322 3 10317 10020 SUBTOTAL \$ 6.74 SalesTax \$ 0.34 DRIVE-TH \*\*TOTAL \$ 7.08 CredCardAMT TEND \$  $7.08 \nu$ CHANGE DUES 0.00 Take our 1-min Survey @ www.tellsubway. com & receive a free cookie. Approval No: 504149 Reference No: 308118996036 Acquired: Swipe Account No: \*\*\*\*\*\*\*\*\*\* Card Issuer: Amex Amount: \$7.08

> > 3/22 Lunch 7,082 9,00

Page \_\_\_\_ OF \_\_\_

	TAX	ICAB RECEIPT
		Time:
Origin of trip:	hotel	Date: (5/64/1/5)
Destination:	ACI NA	Townboxse
Fare: 745	+ 1 +10	Sign:

TA	XICAB RECEIPT
	Time:
Origin of trip: PCI	nA Townhaw
Destination: hotel	
Fare: 745 + 1+	7 Sign:

Page	OF	

#### SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY

#### **MISSING RECEIPT FORM**

Employee/Department Head must complete form below.

Date of Purchase/Event:	3/19/2013	
Description of Item/Event:	Dinner	
Vendor/Event Name:	Bistro 525	
Dollar Amount:	20.6	
Reason for Missing Receipt: Itemized receipt has been requested and takes		
two days to receive. Submitting	ng without recei	pt until received 4/12 or 4/15.
I haraby contifu that the animin		
Employee Signature	al receipt in que	estion was lost or none was issued to me.    April
Department Head Signature		Date

#### SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY

#### **MISSING RECEIPT FORM**

Employee/Department Head must complete form below.

Date of Purchase/Event: 3/20/2013

Description of Item/Event: Lunch

Vendor/Event Name: Bistro 525

Dollar Amount: 14.6

Reason for Missing Receipt: Itemized receipt has been requested and takes two days to receive. Submitting as an update without receipt until received 4/12 or 4/15.

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

Employee Signature

Department Head Signature

Date