

**Revised 12/18/12**



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

**Item No.  
4**

**Meeting Date: DECEMBER 20, 2012**

**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**

**ROBERT GLEASON**

**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: Robert H. Gleason Dept: Board/2  
Position: ☒ Board Member ☐ President/CEO ☐ Gen. Counsel ☐ Chief Auditor  
☐ All other Authority employees (does not require executive committee administrator approval)

2. DATE OF REQUEST: 10/25/12 PLANNED DATE OF DEPARTURE/RETURN: 12/3/12 / 12/7/12

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

Destination: Tokyo, Japan Purpose: Attend Japan Airlines Inaugural Event  
Explanation:

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

**A. TRANSPORTATION COSTS:**

• AIRFARE	\$ 4100
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$ 500
B. LODGING	\$ 1100
C. MEALS	\$ 500
D. SEMINAR AND CONFERENCE FEES	\$
E. ENTERTAINMENT (If applicable)	\$
F. OTHER INCIDENTAL EXPENSES	\$ 200
<b>TOTAL PROJECTED TRAVEL EXPENSE</b>	<b>\$ 6400</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: 10.25.12

**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: [Signature] Date: 10/25/2012

**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.)

03 DEC 2012 ▶ 07 DEC 2012 TRIP TO TOKYO NARITA, JAPAN

PREPARED FOR  
**GLEASON/ROBERT**



TRAVELTRUST SCRIPPS RANCH  
1-800-792-4662  
TRAVEL CONSULTANT E4

RESERVATION CODE HOITNZ

AIRLINE RESERVATION CODE KY4RHA (JL)

**Travel Arranger Priority Comments**

YOUR JAPAN AIRLINES ETICKET CONFIRMATION IS \*\* KY4RHA \*\*

-----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



**DEPARTURE: MONDAY 03 DEC ▶ ARRIVAL: TUESDAY 04 DEC**

Please verify flight times prior to departure

**JAPAN AIRLINES**  
**JL 0065**

Duration:  
12hr(s) :00min(s)

**SAN**  
SAN DIEGO, CA

▶ **NRT**  
TOKYO NARITA, JAPAN

Departing At:  
**11:30am**  
**(Mon, Dec 3)**

Terminal:  
COMMUTER TERMINAL

Arriving At:  
**4:30pm**  
**(Tue, Dec 4)**

Terminal:  
TERMINAL 2

Aircraft:  
Air

Distance (in Miles): 5554

Stop(s): 0

Notes:  
\*\* AISLE SEAT  
CONFIRMED \*\*

Passenger Name:	Seats:	Class:	Status:	Frequent Flyer #:	eTicket Receipt(s):	Meals:
» GLEASON/ROBERT	07C / Confirmed	Business	Confirmed	L967856 / AMERICAN AIRLINES	1317141341625	Served



DEPARTURE: **FRIDAY 07 DEC** Please verify flight times prior to departure

**JAPAN AIRLINES**  
**JL 0066**

Duration:  
09hr(s) :35min(s)

**NRT**  
TOKYO NARITA, JAPAN

► **SAN**  
SAN DIEGO, CA

Aircraft:  
Air

Distance (in Miles): 5554

Departing At:  
**5:10pm**

Arriving At:  
**9:45am**

Stop(s): 0

Terminal:  
TERMINAL 2

Terminal:  
COMMUTER TERMINAL

Notes:  
\*\* AISLE SEAT  
CONFIRMED \*\*

Passenger Name:	Seats:	Class:	Status:	Frequent Flyer #:	eTicket Receipt(s):	Meals:
» GLEASON/ROBERT	07D / Confirmed	Business	Confirmed	L967856 / AMERICAN AIRLINES	1317141341625	Served

OTHER: **WEDNESDAY 05 JUN**

**OTHER**

Status:  
Confirmed

**SAN**  
SAN DIEGO, CA

Information:  
RESERVATION RETAINED FOR 180 DAYS

**Notes**

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

TRAVELTRUST SCRIPPS RANCH  
1-800-792-4662

TRAVEL CONSULTANT E4

**THELLA F. BOWENS**



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

**GENERAL INSTRUCTIONS:**

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

**1. TRAVELER:**

Travelers Name: Thella F. Bowens Dept: Bu6 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:** 12/17/12 **PLANNED DATE OF DEPARTURE/RETURN:** 01/14/13 / 01/17/13

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

Destination: New York, New York

Purpose: Meetings with the Authority's Senior Underwriters and Financial Advisors to price the sale of Green Build and CIP Bonds. \*

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

\* This travel is in lieu of the previously scheduled travel to the AAAE Aviation Issues conference in Maui, HI.

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

**A. TRANSPORTATION COSTS:**

• AIRFARE	\$ 400.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$ 200.00

B. LODGING	\$ 1100.00
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C. MEALS	\$ 300.00
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D. SEMINAR AND CONFERENCE FEES	\$
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E. ENTERTAINMENT (If applicable)	\$
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F. OTHER INCIDENTAL EXPENSES	\$ 100.00
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<b>TOTAL PROJECTED TRAVEL EXPENSE</b>	<b>\$ 2100.00</b>
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**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: 17 Dec 2012

**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.)

12/18/12 Travel date  
Corrected

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 Off 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: 12/11/12 PLANNED DATE OF DEPARTURE/RETURN: 01/30/13 / 01/31/13

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

Destination: Chicago, IL

Purpose: Meeting with United Airlines

Explanation:

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

**A. TRANSPORTATION COSTS:**

- AIRFARE
- OTHER TRANSPORTATION (Taxi, Train, Car Rental)

**B. LODGING**

**C. MEALS**

**D. SEMINAR AND CONFERENCE FEES**

**E. ENTERTAINMENT (If applicable)**

**F. OTHER INCIDENTAL EXPENSES**

**TOTAL PROJECTED TRAVEL EXPENSE**

\$	150.00
\$	100.00
\$	350.00
\$	75.00
\$	
\$	
\$	100.00
\$	775.00

\* 1st leg of  
travel only -  
remainder on  
1/31/12  
Atlanta, GA  
out-of-town

**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: 11 Dec 2012

**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.
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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: Thella F. Bowens 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.)

12/18/12 Travel asks correctly

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

**GENERAL INSTRUCTIONS:**

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**1. TRAVELER:**

Travelers Name: Thella F. Bowens Dept: BU6 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: 12/11/12 PLANNED DATE OF DEPARTURE/RETURN: 03/19/13 / 03/22/13

**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: Washington Legislative Conference  
Explanation:

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

**A. TRANSPORTATION COSTS:**

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

**B. LODGING**

\$ 950.00

**C. MEALS**

\$           

**D. SEMINAR AND CONFERENCE FEES**

\$ 600.00

**E. ENTERTAINMENT (If applicable)**

\$           

**F. OTHER INCIDENTAL EXPENSES**

\$ 100.00

**TOTAL PROJECTED TRAVEL EXPENSE**

\$ 2150.00

**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: 11/21/12

**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.
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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.)

12/18/12 Travel data corrected

**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: BU6 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: 12/11/12 PLANNED DATE OF DEPARTURE/RETURN: 01/31/13 / 02/01/13

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

Destination: Atlanta, GA

Purpose: Meeting with Delta Airlines

Explanation:

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

**A. TRANSPORTATION COSTS:**

- AIRFARE
- OTHER TRANSPORTATION (Taxi, Train, Car Rental)

\$ 250.00

\$ 100.00

**B. LODGING**

\$ 200.00

**C. MEALS**

\$ 80.00

**D. SEMINAR AND CONFERENCE FEES**

\$

**E. ENTERTAINMENT (If applicable)**

\$

**F. OTHER INCIDENTAL EXPENSES**

\$ 100.00

**TOTAL PROJECTED TRAVEL EXPENSE**

\$ 730.00

\* last leg of travel - see 1/31 travel for start of travel.

**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: 12/18/12

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

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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.)

12/18/12 Travel dates corrected

**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: 12/07/12 PLANNED DATE OF DEPARTURE/RETURN: 02/04/13 / 02/10/13

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

Destination: Miami, FL

Purpose: Attend ACI World Governing Board meeting and ACI-NA CEO Forum

Explanation: Attend ACI World Governing Board meeting and ACI-NA CEO Forum

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

**A. TRANSPORTATION COSTS:**

• AIRFARE \$ 450.00

• OTHER TRANSPORTATION (Taxi, Train, Car Rental) \$ 100.00

B. LODGING \$ 1900.00

C. MEALS \$

D. SEMINAR AND CONFERENCE FEES \$ 425.00

E. ENTERTAINMENT (If applicable) \$

F. OTHER INCIDENTAL EXPENSES \$ 100.00

**TOTAL PROJECTED TRAVEL EXPENSE** \$ **2875.00**

**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: 11 Dec 2012

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

By my signature below, I certify the following:

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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.)