Revised 12/18/12



Item No.

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

| GENERA | L INSTRU | JCTIONS: |
|---------------|----------|----------|
|---------------|----------|----------|

- A. All travel requests must conform to applicable provisions of Policies $\underline{3.30}$ and $\underline{3.40}$.
- B. Personnel traveling at Authority expense shall, consistent with the provisions of Policies <u>3.30</u> and <u>3.40</u>, use the most economical means available to affect the travel.

| 1. TRAVELE | | 01 | | | | | De | nt: Bo | ard/2 | |
|----------------|--|---------------------------|--------------------|--------------------|---------------|-------------|-------------|---------------|------------------------|-------------|
| Travelers N | | rt H. Glea | | | | n. Couns | | рі. <u>Бо</u> | Chief | Auditor |
| Position: | ■ Board Men | | Preside | | | | | | | |
| | All other A | uthority e | mployees (d | oes not re | quire exect | utive com | mittee a | iministr | ator approv | al) |
| 2. DATE OF | REQUEST: 10 | /25/12 | PLANNED | DATE OF | DEPARTUR | RE/RETUR | RN: 12/ | /3/12 | <i>I</i> 12/7 | 7/12 |
| | TIONS/PURPOS as necessary): | E (Provid | e detailed e | xplanation | as to the | purpose | of the trip | – conti | nue on ext | ra sheets |
| Destinati | ion: Tokyo, Japa | n | | P | urpose: A | ttend Jap | an Airlin | es Inau | gural Even | <u>t</u> |
| Explanat | tion: | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 4 PROJEC | TED OUT-OF-TO | WN TRA | VEL EXPEN | NSES | | | | | | |
| | RANSPORTATIO | | | | | | | 4400 | | |
| • | AIRFARE | | | | 5 4 8 | \$ | | 4100 | | |
| ,• | OTHER TRAN | ISPORTA | TION (Taxi | , Train, Ca | r Rental) | \$ | | 500 | | |
| | ODGING | | | | | \$ | | 1100 500 | | |
| | MEALS | ONEEDE | NOT TEES | | | \$ | | 300 | | |
| | SEMINAR AND C | | | | | \$ | | - | | |
| | NTERTAINMEN | | | | | | | 200 | | |
| F. C | THER INCIDEN | | | YDENOE | | \$ | | 6400 | | |
| | TOTAL PRO | JECTED | IRAVELE | APENSE | | Ψ | | 0400 | | |
| CERTIFIC | ATION BY TR | AVELE | R By my sig | gnature be | low, I certi | fy that th | e above | listed o | ut-of-town | travel and |
| associated e | expenses conform | to the A | ithority's Po | licies <u>3.30</u> | and 3.40 | and are | reasonab | le and | directly rela | ated to the |
| Authority's b | | 1/4 | | | | | | | | . — |
| Travelers S | | 14/ | MAI | 1 | | | _ Date: | 10 | 25. | 10 |
| CEDTIEIC | ATION BY AD | MINIST | PATOR | (Where A | dministrate | or is the l | Executive | Comm | ittee, the A | Authority |
| | ature is required). | | 10/11/01/ | (********* | | | | | · - | • |
| | ature is required). ature below, I cert | | lowing: | | | | | | | 38 |
| By my signa | ve conscientiously | iny in e ion | d the chave | out of tou | un traval re | auet ar | nd the de | aile nro | vided on t | he reverse |
| 1. I nav | ve conscientious | y reviewe | u tile above | dentified o | vnoncoc o | ro neces | sany for t | ne adva | ncement c | of the |
| 2. The | concerned out-of | r-town trav | vei and all id | jenunea e. | xpenses a | in atad b | saly loi u | ho Auth | ority | 71 470 |
| Auth | nority's business a | and reaso | nable in coi | mparison t | o the antic | ipated be | eneni io i | ile Auu | iority. An and into | |
| 3. The | concerned out-of | f-town trav | vel and all id | dentified e | xpenses co | ontorm to | tne requ | ııremen | ts and inte | nt or |
| Auth | nority's Policies 3. | <u>.30</u> and <u>3</u> . | 40, | | | | | | | (|
| Administra | ator's Signature: | | XI | | | | 1 | Date: _ | 10/25/ | 2012 |
| / tarrinous | 21.01 0 0.g | | 1 7 | | | | | | | |
| AUTHORI | TY CLERK C | ERTIFIC | ATION O | N BEHA | LF OF E | XECU | TIVE C | <u>IMMC</u> | TTEE | |
| | | | | | | hereby c | ertify that | t this do | cument wa | as approve |
| (Please leave | blank. Whoever cler | k's the mee | ting will insert t | heir name ai | nd title.) | | crary and | | | 1 = |
| by the Exe | cutive Committee | 4 *4 | | | | | meeting. | | | |
| by the Exec | | | Leave blank a | nd we will in: | sert the meet | ing 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.

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

Arriving At:

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

4:30pm (Tue, Dec 4)

Terminal: Terminal: COMMUTER TERMINAL **TERMINAL 2** Aircraft:

Distance (in Miles): 5554

Stop(s): 0

Notes:

** AISLE SEAT **CONFIRMED ****

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



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

Terminal: **TERMINAL 2**

Departing At:

5:10pm

Arriving At: 9:45am

Terminal: COMMUTER TERMINAL Aircraft:

Air

Distance (in Miles): 5554

Stop(s): 0

Notes:

** AISLE SEAT **CONFIRMED ****

Passenger Name: » GLEASON/ROBERT Seats: 07D / Confirmed

Class: Status: Business

Frequent*Flyer #:

Confirmed L967856 / AMERICAN AIRLINES

eTicket Receipt(s): 1317141341625

Meals: Served

GOTHER: WEDNESDAY 05 JUN

OTHER

Status: Confirmed

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

| GENERAL | INCTO | LICTI | ONG. |
|----------------|---------|-------|------|
| GENERAL | . INDIK | uuii | OM2: |

| 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: Position: President/CE | | | | |
| All other Authority employees (does not | require executive committee administrator approval) | | | |
| | OF DEPARTURE/RETURN: 01/14/13 / 01/17/13 | | | |
| DESTINATIONS/PURPOSE (Provide detailed explan of paper as necessary): | ation as to the purpose of the trip-continue on extra sheets | | | |
| 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 trav | vel to the AAAE Aviation Issues conference in Maui, HI. | | | |
| 4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES A. TRANSPORTATION COSTS: • AIRFARE • OTHER TRANSPORTATION (Taxi, Train B. LODGING C. MEALS D. SEMINAR AND CONFERENCE FEES E. ENTERTAINMENT (If applicable) F. OTHER INCIDENTAL EXPENSES TOTAL PROJECTED TRAVEL EXPENSES CERTIFICATION BY TRAVELER By my signature associated expenses conform to the Authorit in Religion of the Authority in Religion of | \$ 1100.00 \$ 300.00 \$ \$ 100.00 \$ 2100.00 | | | |
| Authority's business. Travelers Signature: | and 3.40 and are reasonable and directly related to the Date: | | | |
| 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 BEI | | | | |
| <u>l,</u> | , hereby certify that this document was approved | | | |
| (Please leave blank. Whoever clerk's the meeting will insert their name by the Executive Committee at its | , hereby certify that this document was approved meeting | | | |

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

meeting.

san Diego County Regional Airport Authority Confected

OUT-OF-TOWN TRAVEL REQUEST

| A. All travel requests must conform to applicable provisions | of Policies 3.30 and 3. | 40 |
|---|--|--|
| Personnel traveling at Authority expense shall, consister the most economical means available to affect the travel | nt with the provisions of | Policles <u>3.30</u> and <u>3.40</u> , use |
| and the trace of the trace of the trace of the trace | i. | |
| 1. TRAVELER: | | |
| Travelers Name: Thella F. Bowens | De | ept: Exec Off BU6 |
| Position: Position: President/CEO | ☐ Gen. Counsel | Chief Auditor |
| All other Authority employees (does not require e | XOCUtive committee arimi | nistrator anomali |
| 2. DATE OF REQUEST: 12/11/12 PLANNED DATE OF DEP | | 18 13 |
| 3. DESTINATIONS/PURPOSE (Provide detailed explanation as of paper as necessary): | to the nursons of the tri | |
| or pupor as recessary). | to the buildese of the fit | p- continue on extra sheets |
| Destination: Chicago, IL Purpo | se: Meeting with Unite | d Airlinee |
| Explanation: | The state of the s | |
| A. TRANSPORTATION COSTS: A. TRANSPORTATION COSTS: AIRFARE OTHER TRANSPORTATION (Taxi, Train, Car Rei B. LODGING C. MEALS D. SEMINAR AND CONFERENCE FEES E. ENTERTAINMENT (If applicable) F. OTHER INCIDENTAL EXPENSES TOTAL PROJECTED TRAVEL EXPENSE ERTIFICATION BY TRAVELER By my signature below, I | \$ 10 \$ 35 \$ 7 \$ \$ \$ \$ 10 \$ 77 | 1st leg of 10.00 1st leg of 10.00 1st leg of 15.00 1st leg of 1st leg o |
| SSociated expenses conform to the Authority's Policies 2.20 and | certify that the above li | |
| ssociated expenses conform to the Authority's Policies 3.30 and uthority's business. | <u>2.40</u> and are reasonable | e and directly related to the |
| Travelers Signature: | Date: | 11 Kba, 2019 |
| EDTIFICATION BY ADMINISTRA | | - We Court |
| ERTIFICATION BY ADMINISTRATOR (Where Administrator) | strator is the Executive | Committee, the Authority |
| lerk's signature is required). by my signature below, I certify the following: | | |
| 1. I have conscientiously reviewed the above and a re- | | |
| I have conscientiously reviewed the above out-of-town travel. The concerned out-of-town travel and all identified out-of-town travel. | el request and the deta | ills provided on the reverse. |
| The concerned out-of-town travel and all identified expense Authority's business and reasonable in comparison to the analysis of the concerned out of the second control of | as are necessary for the | advancement of the |
| 3. The concerned out-of-town travel and all identified expense Authority's Policies 3 30 and 3 40 Authority's Policies 40 Authority Policies 40 Auth | anticipated benefit to the | B Authority. |
| Authority's Policies 3.30 and 3.40/ | s conform to the requir | ements and intent of |
| Administrator's Signature: | Dey De | ate: |
| UTHORITY CLERK CERTIFICATION ON BEHALF O | F EXECUTIVE COI | MMITTEE |
| | | |
| Please leave blank. Whoever clerk's the meeting will insert their name and title.) | _ , hereby certify that the | his document was approved |
| v the Executive Committee at its | | 6 |

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

| GENERAL INSTRUCTIONS: | | | | |
|--|------------------------------|------------------------------|--|-----------------------|
| A All travel requests must conform to | applicable prevision | s of Policies 3.30 and | d <u>3.40</u> . | |
| B. Personnel traveling at Authority ex | pense shall, consiste | nt with the provisions | of Policies | 3.30 and 3.40, use |
| the most economical means avails | ible to affect the trave | d. | | |
| 1. TRAVELER: | | | | |
| Travelers Name: Thelia F. Bowens | | | Dept BU | 6 Exec Office |
| Position: Board Member | President/CEO | ☐ Gen. Counsel | , | Chief Auditor |
| All other Authority employ | ees (does not require | eventive committee a | dualmintantan - | |
| | | | 13 | pprovai) |
| 2. DATE OF REGUEST. 12/11/12 P | LANNED DATE OF DE | PARTURE/RETURN: | 03/19/12 | 1 03/22/12 |
| 3. DESTINATIONS/PURPOSE (Provide de | etailed explanation as | s to the purpose of the | e trip contin | LIE On Aytra chaote |
| of paper as necessary): | • | | ourp contain | de on extra anegta |
| Destination:Washington, DC | Purp | ose: Washington Le | gislative Con | ference |
| Explanation: | | | 2.0.000 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 4. PROJECTED OUT-OF-TOWN TRAVEL | EXPENSES | | | |
| A. TRANSPORTATION COSTS: | | | | |
| AIRFARE | | \$ | 500.00 | |
| OTHER TRANSPORTATION | N (Taxi, Train, Car Ro | | | |
| B. LODGING | | \$ \$ \$ | 950.00 | |
| C. MEALS | | \$ | | |
| D. SEMINAR AND CONFERENCE E. ENTERTAINMENT (If applicable | | \$ | 600.00 | |
| F. OTHER INCIDENTAL EXPENSI | *) =0 | \$ | 400.00 | |
| TOTAL PROJECTED TRA | | | 100.00 2150.00 | |
| | | ₩ | 2130.00 | |
| CERTIFICATION BY TRAVELER BY | my signature below. | I certify that the abo | ve listed out- | of-town troval and |
| associated expenses conform to the Authori | tv's Policies 3.30 and | 3.40 and are reason | nahle and dir | active related to the |
| Authority's business. | 1 mm | . <u>9:70</u> and are reason | able allo dil | ccuy related to the |
| Travelers Signature: | XI IVX IXVXX | Date | - //40// | AXIN |
| The state of the s | / NOW WY | | 114000 | |
| CERTIFICATION BY ADMINISTRAT | FOR (Where Admir | istrator is the Execut | tive Committe | e the Authority |
| Clerk's signature is required). | • | | | o, are namonly |
| By my signature below, I certify the following | 3 : | | | |
| 1. I have conscientiously reviewed the | above out-of-town tra | evel request and the | details provid | led on the roveree |
| 2. The concerned out-of-town travel an | d all identified expen | ses are necessary fo | r the advanc | ement of the |
| Authority's business and reasonable | In comparison to the | anticipated benefit to | o the Authori | tv |
| 3. The concerned out-of-town travel an | d all identified expen | ses conform to the re | auirements: | and intent of |
| Authority's Policies 3.30 and 3.40. | • | | 4 | and intelli of |
| | | | | |
| Administrator's Signature: | | | _ Date: | |
| AUTHORITY CLERK CERTIFICATION | JN ON BEHALE | OE EVECHTR <i>i</i> e 4 | ^^==================================== | |
| THE THE THE TENT TO A THE | HON DENALT | OF EXECUTIVE | COMMIT | EE |
| l, | | harahu sartifi 4 | et this day | |
| I, (Please leave blank. Whoever clerk's the meeting will | insert their name and title. | , nereby ceruly th | iat uns docul | nent was approved |
| by the Executive Committee at its | | meetin | g. | |
| // ***** | donds and | | _ | |

12/18/12 Travel doks 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 |
| the most economical means available to affect the travel. | 4U, USE |
| 1. TRAVELER: | |
| Travelers Name: Thelia F. Bowens Dept: BU6 Exec Offi | ice |
| Position: For President/CEO Gen. Counsel Chief A | uditor |
| All other Authority employees (does not require executive committee administrator approval) | |
| 2. DATE OF REQUEST: 12/11/12 PLANNED DATE OF DEPARTURE/RETURN: 01/31/1/213 / 02/0 | 1/12 13 |
| 3. DESTINATIONS/PURPOSE (Provide detailed explanation as to the purpose of the trip- continue on extra | a sheets |
| of paper as necessary): Destination: Atlanta, GA Purpose: Meeting with Delta Airlines | |
| 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) B. LODGING C. MEALS D. SEMINAR AND CONFERENCE FEES E. ENTERTAINMENT (If applicable) \$ 250.00 | '9 ° † |
| OTHER TRANSPORTATION (Taxi, Train, Car Rental) B. LODGING S : 200.00 | xu |
| B. LODGING \$ 200.00 \$ 80.00 1/21 to | Carel |
| D. SEMINAR AND CONFERENCE FEES | l |
| E. ENTERTAINMENT (If applicable) | best of |
| B. LODGING C. MEALS D. SEMINAR AND CONFERENCE FEES E. ENTERTAINMENT (If applicable) F. OTHER INCIDENTAL EXPENSES TOTAL PROJECTED TRAVEL EXPENSE \$ 200.00 \$ 80.00 /31 the seminary of the se | |
| TOTAL PROJECTED TRAVEL EXPENSE \$ 730.00 | |
| CERTIFICATION BY TRAVELER By my signature below, I certify that the above listed out-of-town tra | rvel and |
| associated expenses conform to the Authority's Policies 3.30 and 3.40 and are reasonable and directly relate | d to the |
| Authority's business. Travelers Signature. Date: ### Date: | |
| CERTIFICATION BY ADMINISTRATOR (Where Administrator is the Executive Committee, the Auti | hority |
| 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 | ne |
| Authority's business and reasonable in comparison to the anticipated benefit to the Authority. | |
| 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. | of |
| Administrator's Signature: Date: | |
| AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE | |
| harahu aartifi, that this days | |
| I, hereby certify that this document was a (Please leave blank. Whoever clark's the meeting will insert their name and title.) | rbbrovea |
| by the Executive Committee at its meeting. | |
| (Leave blank and we will insert the meeting date.) | |

| GENERAL INSTRUCTIONS: | The state of the s |
|--|--|
| A. All travel requests must conform to applicable provisions B. Personnel traveling at Authority expense shall, consisted the most economical means available to affect the travelenger. | nt with the provisions of Policies 3.30 and 3.40 use |
| 1. TRAVELER: Travelers Name: Thella F. Bowens | |
| THOME DOWNING | Dept: Exec Office BU6 |
| Position: | Gen. Counsel Chief Auditor |
| All other Authority employees (does not require | executive committee administrator approval) |
| | PARTURE/RETURN: 02/04/22 / 02/10/12/13 |
| DESTINATIONS/PURPOSE (Provide detailed explanation as of paper as necessary): Destination:Miami, FL Purpose and 4 | to the purpose of the trip-continue on extra sheets ose: Attend ACI World Governing Board meeting ACI-NA CEO Forum |
| 4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES A. TRANSPORTATION COSTS: AIRFARE OTHER TRANSPORTATION (Taxi, Train, Car Re | \$ 450.00 ental) \$ 100.00 \$ 1900.00 |
| C. MEALS D. SEMINAR AND CONFERENCE FEES E. ENTERTAINMENT (If applicable) F. OTHER INCIDENTAL EXPENSES TOTAL PROJECTED TRAVEL EXPENSE | \$ 1900.00 \$ \$ 425.00 \$ 100.00 \$ 2975.00 |
| CERTIFICATION BY TRAVELER By my signature below, associated expenses conform to the Authority's Policies 3.30 and Authority's business. Travelers Signature: | I certify that the above listed out-of-town travel and 3.40 and are reasonable and directly related to the |
| CERTIFICATION BY ADMINISTRATOR (Where Administration of the concerned out-of-town travel and all identified expensions). 1. I have conscientiously reviewed the above out-of-town travel. The concerned out-of-town travel and all identified expensions. Authority's business and reasonable in comparison to the 3. The concerned out-of-town travel and all identified expensions. Authority's Policies 3.30 and 3.40. | ivel request and the details provided on the reverse. ses are necessary for the advancement of the anticipated benefit to the Authority. |
| Administrator's Signature: | Date: |
| AUTHORITY CLERK CERTIFICATION ON BEHALF | |
| <u>, </u> | , hereby certify that this document was approved |
| l. (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.)