



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

Item No.

**6**

Meeting Date: **MAY 23, 2011**

**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 2010 Budget.

**Environmental Review:**

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

Page 2 of 2

**Equal Opportunity Program:**

Not applicable

**Prepared by:**

TONY RUSSELL  
DIRECTOR, CORPORATE SERVICES/AUTHORITY CLERK

# **TRAVEL REQUEST**

**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: 06

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

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

2. DATE OF REQUEST: 05/11/11 PLANNED DATE OF DEPARTURE/RETURN: 07/19/11 / 07/21/11

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

Destination: Santa Rosa, CA Purpose: California Airport Council Meeting  
Explanation: California Airport Council Meeting

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

**A. TRANSPORTATION COSTS:**

- AIRFARE \$ 300.00
- OTHER TRANSPORTATION (Taxi, Train, Car Rental) \$

B. LODGING \$ 500.00

C. MEALS \$ 150.00

D. SEMINAR AND CONFERENCE FEES \$           

E. ENTERTAINMENT (If applicable) \$           

F. OTHER INCIDENTAL EXPENSES \$ 100.00

**TOTAL PROJECTED TRAVEL EXPENSE** \$ 1050.00

**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:  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:            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**

**BRUCE BOLAND**

**SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY**  
**TRAVEL EXPENSE REPORT - Board Members**  
*(To be completed within 30 days from travel return date)*

Board member name: Bruce Boland  
 Departure Date: 5/1/2011 Return Date: 5/3/2011 Report Due: 6/2/11  
 Destination: \_\_\_\_\_

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.

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

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

Authority Expenses (Prepaid by Athly)	Board Member Expenses							TOTALS
	SUNDAY 5/1/11	MONDAY 5/2/11	TUESDAY 5/3/11	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
<b>Daily PerDiem Limitations:</b>								
**GSA Daily Hotel Rate or Conference Hotel Rate	197.84	197.84						
**GSA Daily Meals, Entertainment & Incidentals (ME&I)	42.00	56.00	42.00					
Air Fare, Railroad, Bus (attach copy of itinerary w/charges)	225.10							0.00
Conference Fees (provide copy of flyer/registration expenses)	650.00							0.00
Rental Car								0.00
Gas and Oil								0.00
Garage/Parking								0.00
Mileage - attach mileage form								0.00
Taxi/Shuttle Fare (include tips pd.) To/From meetings, airport, etc			55.00					55.00
Hotel - Actual Expense Paid - Excluding Taxes	175.00	175.00						
Allowable Hotel (Lessor of Actual or GSA Allowance)		0.00	175.00	0.00	0.00	0.00	0.00	175.00
Hotel Taxes Paid	22.84	22.84						22.84
Telephone, Internet and Fax								0.00
Laundry								0.00
<b>Meals, Entertainment &amp; Incidentals (M,E&amp;I):</b>								
Meals (include tips pd.)	Breakfast							
	Lunch	42.44		10.82				
	Dinner	32.39						
	Other Meals							
Entertainment (Hospitality) <sup>1</sup>								
Tips Paid to Maids, Bellhops and other hotel servers								
Taxi/Shuttle Fare (include tips pd.) To/From meal destinations								
<b>Total Meals, Entertainment &amp; Incidentals</b>	<b>74.83</b>	<b>0.00</b>	<b>10.82</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>GSA Allowance for M,E&amp;I (from above)</b>	<b>42.00</b>	<b>56.00</b>	<b>42.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Allowable M,E&amp;I (Lessor of Actual or GSA Allowance)</b>	<b>42.00</b>	<b>0.00</b>	<b>10.82</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>52.82</b>
Alcohol is a non-reimbursable expense								0.00
Miscellaneous: Tip for baggage handling			6.00					6.00
								0.00
								0.00
<b>Total Expenses</b>	<b>1,072.94</b>	<b>42.00</b>	<b>197.84</b>	<b>71.82</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>311.66</b>

Add any additional details as needed for explanation (attach add'l sheet if needed):

<b>Grand Trip Total</b>	1,384.60
Less Cash Advance (attach copy of Authority ck)	
Less Expenses Prepaid by Authority	1,072.94
<b>Due Traveler</b> - if positive amount, prepare check request	
<b>Due Authority</b> - if negative, attach check payable to SDCRAA	<b>311.66</b>

*Alcohol is a non-reimbursable expense*  
<sup>1</sup> Give names and business affiliations of all persons whose meals were paid by traveler.  
 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.

Note: Send this report to Accounting even if the amount is \$0.

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.

Prepared By: Anne Warren  
 Traveler Signature: Bruce Boland  
 Administrator's signature: [Signature]

Ext.: 2408  
 Date: 5/9/11  
 Date: 5-9-11

**AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE (To be completed by Clerk)**

I, \_\_\_\_\_ hereby certify that this document was approved by the Executive Committee at its meeting on \_\_\_\_\_  
 Clerk Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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: Bruce Boland Dept: 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: 3/10/11    PLANNED DATE OF DEPARTURE/RETURN: 4/30/11 / 5/3/11

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

Destination: Tucson, AZ    Purpose: Attend Conference  
Explanation: ACI-NA: ACI Board Members & Commissioners Conference

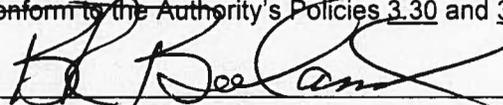
\*Meals expenses are based on GSA per diem rates

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

**A. TRANSPORTATION COSTS:**

• AIRFARE	\$	205
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$	100
B. LODGING	\$	200
C. MEALS	\$	*140
D. SEMINAR AND CONFERENCE FEES	\$	650
E. ENTERTAINMENT (If applicable)	\$	
F. OTHER INCIDENTAL EXPENSES	\$	
<b>TOTAL PROJECTED TRAVEL EXPENSE</b>	<b>\$</b>	<b>\$1295</b>

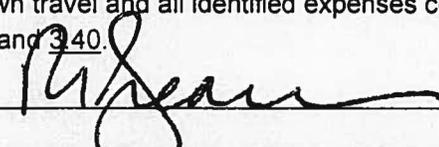
**CERTIFICATION BY TRAVELER** By my signature below, I certify that the above listed out-of-town travel and associated expenses conform to the Authority's Policies 3.30 and 3.40 and are reasonable and directly related to the Authority's business.

Travelers Signature:     Date: 3/11/11

**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: 3.11.11

**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 3/28/11 meeting.  
(Leave blank and we will insert the meeting date.)



Traveltrust  
 374 North Coast Highway 101  
 Encinitas, Ca 92024  
 Tel: 760-635-1700  
 Fax 760-635-1720  
 Website www.traveltrust.com

BOLAND/BRUCE  
 RAYMOND

BOARD

29-Apr-2011 3:30 pm

Page 1 of 2

YOUR SOUTHWEST ETICKET CONFIRMATION IS \*\* XXFPZN \*\*  
 -----INVOICE/ITINERARY ACCOUNTING DOCUMENT-----  
 \*\*\*\*\*TICKETLESS TRAVEL INSTRUCTIONS\*\*\*\*\*  
 THIS IS AN E-TICKET RESERVATION.  
 A GOVERNMENT ISSUED PHOTO ID IS NEEDED AT CHECK IN  
 A PORTION OF THIS TRIP MAY BE REFUNDABLE. PLEASE RETURN  
 UNUSED PORTIONS TO TRAVELTRUST FOR POSSIBLE REFUND.  
 \*\*\*\*\*  
 \*\*\*\*\*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  
 \*\*\*\*\*

 01-May-2011  
 09:05am  
 Sunday

**Air** Southwest Airlines  
**From:** San Diego CA, USA  
**Meal:** None  
**Equip:** Boeing 737-700 Jet  
**Depart:** 01-May-2011 Sunday 09:05am  
**Arrival:** 01-May-2011 Sunday 10:15am

**Flight#** 1079  
**To:** Tucson AZ, USA  
**Class:** Y  
**Status:** Confirmed  
**Stops:** 0

Depart - TERMINAL 1  
 Arrive -  
 EARLYBIRD CHECKIN CONFIRMED  
 Flight Duration: 1 hour(s) and 10 minutes  
 Class of Service: Coach

 03-May-2011  
 12:45pm  
 Tuesday

**Air** Southwest Airlines  
**From:** Tucson AZ, USA  
**Meal:** None  
**Equip:** Boeing 737-700 Jet  
**Depart:** 03-May-2011 Tuesday 12:45pm  
**Arrival:** 03-May-2011 Tuesday 02:05pm

**Flight#** 457  
**To:** Las Vegas NV, USA  
**Class:** Y  
**Status:** Confirmed  
**Stops:** 0

Depart -  
 Arrive - TERMINAL 1  
 EARLYBIRD CHECKIN CONFIRMED  
 Flight Duration: 1 hour(s) and 20 minutes  
 Class of Service: Coach

 03-May-2011  
 03:05pm  
 Tuesday

**Air** Southwest Airlines  
**From:** Las Vegas NV, USA  
**Meal:** None  
**Equip:** Boeing 737-300 Jet  
**Depart:** 03-May-2011 Tuesday 03:05pm  
**Arrival:** 03-May-2011 Tuesday 04:10pm

**Flight#** 492  
**To:** San Diego CA, USA  
**Class:** Y  
**Status:** Confirmed  
**Stops:** 0

Depart - TERMINAL 1  
 Arrive - TERMINAL 1  
 EARLYBIRD CHECKIN CONFIRMED  
 Flight Duration: 1 hour(s) and 05 minutes  
 Class of Service: Coach

**Other**

30-Oct-2011  
 Sunday

San Diego CA, USA  
 RESERVATION RETAINED FOR 180 DAYS-A

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  
374 North Coast Highway 101  
Encinitas, Ca 92024  
Tel: 760-635-1700  
Fax 760-635-1720  
Website: www.traveltrust.com

BOLAND/BRUCE  
RAYMOND

BOARD

29-Apr-2011 3:30 pm

Page 2 of 2

Ticket Information

BOLAND BRUCE  
Ticket#:2162073470  
Invoice#:1183067

Ticket Base Fare: 195.10  
Ticket Tax: 0.00  
Total Ticket Amount: 195.10

Electronic: YES

BOLAND BRUCE  
Ticket#:0637215544  
Invoice#:1183067

Ticket Base Fare: 10.00  
Ticket Tax: 0.00  
Total Ticket Amount: 10.00

Electronic: NO

BOLAND BRUCE  
Ticket#:0637215545  
Invoice#:1183067

Ticket Base Fare: 10.00  
Ticket Tax: 0.00  
Total Ticket Amount: 10.00

Electronic: NO

SERVICE FEE DOCUMENT #: 0544633201 FEE AMOUNT: 30.00

BILLED TO: AMERICAN EXPRESS ENDING IN 1006

## Warren Anne

---

**From:** Brito Leticia  
**Sent:** Friday, February 25, 2011 2:21 PM  
**To:** Warren Anne  
**Subject:** RE: Hotel reservation charge

Hello, Anne:

This is your authorization to use your P-Card for these hotel deposits in order to hold the two reservations (as listed below). Please ensure that the travelers are aware that each of them will need to change the credit card on record when they check into the hotel (for additional night charges and any incidentals).

In addition, please make sure you include this email with your P-Card reconciliation. Thank you and have a great weekend!

Kind Regards,

Leticia Brito  
Purchasing Card Program Analyst  
Procurement Department  
San Diego County Regional Airport Authority  
P.O. Box 82776  
San Diego, CA 92138  
(619) 400-2536

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**From:** Warren Anne  
**Sent:** Thursday, February 24, 2011 11:24 AM  
**To:** Brito Leticia  
**Subject:** Hotel reservation charge

Board Chair Robert Gleason and Board Member Paul Robinson are attending the ACI-NA Airport Board Members & Commissioners Conference in Tucson, AZ, May 1-3, 2011. The conference hotel, The Westin La Paloma Resort & Spa, requires a one-night deposit by April 23. I would appreciate authorization for this deposit to be charged to my P-Card. Thank you, Anne

The Westin La Paloma  
 3800 E Sunrise Dr Tucson, AZ 85718-3302 US  
 Phone 520.742.6000 Fax 520.577.5878  
 westin.com/lapaloma.com

Guest

travel agent/charge to

Bruce Boland  
 Aaa Preferred Account  
 United States  
 ACD29A

room 708  
 rate 175.00  
 no. pers. 1  
 folio 435602 EX-A  
 page 1  
 arrive 01-MAY-11 10:57  
 depart 03-MAY-11  
 payment AX

date	reference	description	charges/credits
01-MAY-11	RT708	Room Chrg Grp Association	175.00
01-MAY-11	RT708	Room Tax	22.84
01-MAY-11	DEPOSIT	Deposit Applied	197.84-
01-MAY-11	9385430	Azul Restaurant <i>No Alcohol -</i>	42.44
01-MAY-11	11388972	Azul Restaurant <i>" "</i>	32.39
02-MAY-11	RT708	Room Chrg Grp Association	175.00
02-MAY-11	RT708	Room Tax	22.84
02-MAY-11	03170168	Retail-Essentials	10.71 (-)
02-MAY-11	S568	In Room Movie	17.45 (-)
03-MAY-11	AX	American Express	300.83-
		Balance Due	0.00

For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a \$0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

\*\* continued on the next page \*\*

You will remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

signature

Bruce Boland  
 FOLIO 435602 01-MAY-11

the westin la paloma  
 3800 e sunrise dr tucson, az 85718-3302 us  
 phone 520.742.6000 fax 520.577.5878  
 westin.com/lapaloma.com

travel agent/charge to

Bruce Boland  
 Aaa Preferred Account  
 United States  
 ACD29A

room 708  
 rate 175.00  
 no. pers. 1  
 folio 435602 EX-A  
 page 2  
 arrive 01-MAY-11 10:57  
 depart 03-MAY-11  
 payment AX

date reference description charges/credits

EXPENSE REPORT SUMMARY

Date	Room/Tax	Food/Bev	TeleComm	Other	Total	Payment
01-MAY-11	197.84	74.83	0.00	0.00	272.67	197.84-
02-MAY-11	197.84	0.00	0.00	28.16	226.00	0.00
Total	395.68	74.83	0.00	28.16	498.67	197.84-

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

signature \_\_\_\_\_

As a Starwood Preferred Guest you have earned at least 885 Starpoints for this visit A42524741029

Bruce Boland  
 FOLIO 435602 01-MAY-11

WESTIN LA PALOMA  
Azul Restaurant  
3800 EAST SUNRISE DRIVE  
TUCSON, AZ 85718  
520-742-6000

938543.1  
LILIA M Table 7123  
Sun 05/01/11 12:07 PM Guests 2  
Guest Num: 1 AZUL

1 ADULT BRUNCH 34.95

SubTotal 34.95  
Sales Tax 2.49

Please pay this amount  
Total 37.44

100% of the service charge is a  
gratuity for the staff.

\*\*\*\*\*  
FOR ROOM CHARGES ONLY!

Gratuity 5-  
Total Charge 42.44  
Room Number 708 I  
Print Name ROLAND  
SIGNATURE [Signature]

\*\*\*\*\*

Brunch 5/1

WESTIN LA PALOMA  
Azul Restaurant  
3800 EAST SUNRISE DRIVE  
TUCSON, AZ 85718  
520-742-6000

1138897.1  
KATLYN W Table 7021  
Sun 05/01/11 7:56 PM Guests 5  
Guest Num: 1 AZUL

1 GUIISO DE LOCOS 24.00  
1 ICED TEA 2.50

SubTotal 26.50  
Sales Tax 1.89

Please pay this amount  
Total 28.39

100% of the service charge is a  
gratuity for the staff.

\*\*\*\*\*  
FOR ROOM CHARGES ONLY!

Gratuity 4-  
Total Charge 32.39  
Room Number 708 I  
Print Name ROLAND  
SIGNATURE [Signature]

\*\*\*\*\*

Dinner 5/1

Arizona Sports Grill  
Tucson Airport  
OTG Management

113 Jennifer 1  
-----  
1 2 / 1 2903 GST 1  
MAY03'11 11:17AM  
-----

1 SM STELLA (-) ~~6.00~~  
1 TurkRuben Dipper 8.25  
  
Food 8.25  
Liquor (-) ~~6.00~~  
TAX 1.01  
AMOUNT PAID 15.26  
Cash 20.00  
CHANGE DUE 4.74

-----113 CLOSED MAY03 11:53AM-----

\*\*\*\*\* Thank You \*\*\*\*\*

+ 1.00 \$ 2.00 Net  
10.82

24 HOUR SERVICE - AIRPORT SERVICE

DATE 5/3/11  
TRIP ID # 4 TIME YELLOW  
AMOUNT \$55 CAB # 1602  
DRIVER Victor SW 4052793  
FROM La Paloma Resort  
TO Tucson Airport

SAFE DRIVERS NEEDED!! CALL 520-624-6611  
FEEDBACK? SEND TO COMMENTS@AAAYELLOWAZ.COM  
DBA - AAA Cab, Courier, Checker, Neal's, TLC, Fiesta

# ACI-NA AGENDA



## AIRPORT BOARD MEMBERS & COMMISSIONERS CONFERENCE

MAY 1-3, 2011

THE WESTIN LA PALOMA • TUCSON, AZ

### CONFERENCE TOPICS

ACI-NA Policy & Metrics Presentation

What's New on Capitol Hill?

Standing Out: Making Your Case to the Airlines

Benchmarking Your Airport's Environmental Performance

Alternative Options for Outsourcing Aspect of Airport Operations

Air Service Incentives

Intermodalism: The Wave of the Future?

Airport Security Policy Report

Forecasting the Future of Aviation Demand/ Grading Airline Performance

Understanding the Business Travelers Wants and Needs

Regulatory & Legal Issues in Accommodating Passengers with Disabilities

US DOT Aviation Consumer Protection Program



April 8, 2011

### Meeting Confirmation

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](mailto:cgroup@aci-na.org) immediately.

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

Mr. Bruce Boland  
Board Member  
Nickname: Bruce  
San Diego County Regional Airport Authority  
PO Box 82776  
San Diego, CA 92138-2776

PH: (619) 400-2408  
FX: (619) 400-2406

You are registered for the following:

**2011 ACI-NA Airport Board Member & Commissioners Annual Conf**  
Sunday, May 01, 2011 through Tuesday, May 03, 2011

Function	Quantity	Rate	Amount
Conference Registration	1	\$650.00	\$650.00
		Total	\$650.00
		Payment	\$650.00
		Balance	\$0.00

Thank you for registering for the 2011 Airport Board Member & Commissioners Annual Conference to be held May 1-3, 2011. All events will take place at The Westin la Paloma located at 3800 East Sunrise Drive, Tucson, AZ 85718. For hotel reservations, call the The Westin La Paloma at (520) 577-5887 and request the Airports Council International group rate of \$175 USD single/double occupancy plus additional taxes. The hotel cut-off date is 5 pm EST, Thursday, April 7, 2011. 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.

Registration fees for the conference include continental breakfasts, lunches; all refreshment breaks and educational materials.

A taxi ride from the Tucson International Airport to the hotel is approximately \$45-50 one-way and takes about 30-40 minutes, depending upon traffic.

Dress for the meeting is business casual.

If you need to cancel your registration, please contact ACI-NA as soon as possible at (202) 293-8500 or [meetings@aci-na.org](mailto:meetings@aci-na.org). Registration fees will be fully refunded if written notice is received at ACI-NA no later than Thursday, April 7. After Thursday, April 7, all refunds will have a \$75 processing fee per person deducted. No refunds will be issued, for any reason, on cancellations received after Monday, April 18. Substitutions will be honored at any time.

For more information on this event including program updates, tourist information, Tucson weather conditions, and more visit <http://www.aci-na.org/2011/commissioners/welcome.html>.

We look forward to seeing you in Tucson for the 2011 Airport Board Member & Commissioners Annual Conference.

# ACI-NA REGISTRATION FORM

2011 ACI-NA AIRPORT BOARD & COMMISSIONERS CONFERENCE  
MAY 1-3, 2011 THE WESTIN LA PALOMA TUCSON, AZ

Please print or type form.

Name: Bruce Boland  
 Badge Name: Bruce Title: Board Member  
 Organization: San Diego County Regional Airport Authority  
 Address: 3225 North Harbor Drive  
 City: San Diego State: CA Zip/Postal Code: 92101 Country: USA  
 Phone: 619-400-2408 Fax: 619-400-2406 \*Email: [REDACTED]@san.org  
 Guest name, if attending (complimentary-no charge): \_\_\_\_\_  
\* An e-mail confirmation letter will be sent to this email. If you want confirmation sent to an additional email address, please list here: \_\_\_\_\_



Are you a first time attendee? Yes  No

	REGISTRATION FEES	PAYMENT INFORMATION									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">For 1 Attendee</th> <th style="width: 33%;">Early (before April 7)</th> <th style="width: 33%;">Regular (7 or After)</th> </tr> <tr> <td>ACI/ACI-NA Member</td> <td style="text-align: center;"><input checked="" type="checkbox"/> \$650 USD</td> <td style="text-align: center;"><input type="checkbox"/> \$750 USD</td> </tr> <tr> <td>Non-member</td> <td style="text-align: center;"><input type="checkbox"/> \$925 USD</td> <td style="text-align: center;"><input type="checkbox"/> \$1065 USD</td> </tr> </table>	For 1 Attendee	Early (before April 7)	Regular (7 or After)	ACI/ACI-NA Member	<input checked="" type="checkbox"/> \$650 USD	<input type="checkbox"/> \$750 USD	Non-member	<input type="checkbox"/> \$925 USD	<input type="checkbox"/> \$1065 USD	<p><b>Please check the appropriate boxes.</b></p> <p><input checked="" type="checkbox"/> Check made payable to ACI-NA enclosed OR Credit Card:</p> <p style="text-align: center;"> <input type="checkbox"/> Master Card      <input type="checkbox"/> Visa  <input type="checkbox"/> Amex                      <input type="checkbox"/> Diners Club                 </p> <p>Credit Card Number: _____                      Expiration Date: _____                      Name on Card: _____                      Signature: _____</p>
For 1 Attendee	Early (before April 7)	Regular (7 or After)									
ACI/ACI-NA Member	<input checked="" type="checkbox"/> \$650 USD	<input type="checkbox"/> \$750 USD									
Non-member	<input type="checkbox"/> \$925 USD	<input type="checkbox"/> \$1065 USD									

ADA  Please check here if you require assistance in order to fully participate in this meeting.

**Badges:** Only individuals who register and present badges and/or tickets may attend conference events. A badge is required for all conference sessions.

**PAYMENT:** Full payment must accompany registration forms in order to complete a registration. Registrations will be processed at the registration table available when payment is received. Credit card payment must be included for online and faxed registrations. Check payment will only be accepted with mailed forms and onsite registration forms. The card holder's signature above authorizes ACI-NA to charge the credit card the total correct amount due and acknowledges there are no refunds after, Thursday, April 7, 2011.

**CONFIRMATION OF REGISTRATION:** Confirmation of registration will be e-mailed to conference attendees using the e-mail address (es) provided above. If confirmation is not received within two weeks after sending in your registration form, please e-mail [meetings@aci-na.org](mailto:meetings@aci-na.org). Non-receipt of confirmation before the conference is not justification for seeking a refund.

**OPT-OUT:** By registering for the conference you are providing permission to receive e-mails, mailings and faxes related to the conference. If you do not wish to receive any further emails from ACI-NA, please send a reply email to: [jweidlich@aci-na.org](mailto:jweidlich@aci-na.org) with the words "OPT-OUT" in the subject line with the original email in the body. You may notify us with your decision to opt-out within 30 days of receiving the email. Please note, if you choose to opt out of receiving email from ACI-NA, you will no longer receive ACI-NA e-newsletters, notices of upcoming meetings, sponsorship opportunities, etc. If you prefer to unsubscribe from certain electronic publications rather than opt-out from email communications entirely, please email such request to: [communications@aci-na.org](mailto:communications@aci-na.org). It may take up to 10 days to process your request. The postal address for ACI-NA is 1775 K Street, N.W., Suite 500, Washington, DC 20006.

**Refund Policy:** Registration fees will be fully refunded if written notice is received at ACI-NA no later than Thursday, April 7, 2011. After April 7, all refunds will have a processing fee of \$75 deducted. No refunds will be issued on cancellations received after Monday, April 18, 2011. Substitutions will be honored at any time. All no-shows will be billed.

**Note:** ACI-NA reserves the right to cancel this program if the number of registrants is insufficient. In that event, we will notify all registrants and refund the registration fee in full. However, any costs incurred by the registrant, such as hotel cancellation or airline penalties, are the responsibility of the registrant.

Fax this form to (202) 478-0889 or register online at [www.aci-na.org](http://www.aci-na.org).

Remit Payment to: ACI-NA • PO Box 79286 • Baltimore, MD 21279-0286 • PHONE: (202) 293-8500



**FY 2011 Per Diem Rates for ZIP 85718**  
(October 2010 - September 2011)

Cities not appearing below may be located within a county for which rates are listed. To determine what county a city is located in, visit the [National Association of Counties \(NACO\) website \(a non-federal website\)](#).

The following rates apply for 85718														
Primary Destination* (1)	County (2, 3)	Max lodging by Month (excluding taxes)												Meals & Inc. Exp.**
		2010			2011									
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
Tucson	Pima County	93	93	93	93	111	111	111	111	77	77	77	93	56

\* NOTE: Traveler reimbursement is based on the location of the work activities and not the accommodations.  
\*\* Meals and Incidental Expenses, see [Breakdown of M&IE Expenses](#) for important information on first and last days of travel.



**Meals and Incidental Expenses ( M&IE) Breakdown**

- Per Diem
- Overview
- M&IE Breakdown
- Factors Influencing Lodging Rates
- FAQ
- FY 2011 Highlights
- Fire Safe Hotels
- Have a Per Diem Question?
- Per Diem Files (Archived)
- Per Diem Rates

The following table shows the breakdown of continental breakfast/breakfast, lunch, and dinner components of the maximum daily reimbursement (per diem) rates for meals and incidental expenses while on travel. Refer to [Section 301-11.18 of the Federal Travel Regulation](#) for guidance on deducting these amounts from your per diem reimbursement claims for meals furnished to you by the government.

NOTE: The first and last calendar day of travel is calculated at 75 percent.

The M&IE rates differ by travel location. View the <a href="#">per diem rate</a> for your primary destination to determine which M&IE rates apply.						
M&IE Total	\$48	\$51	\$56	\$61	\$66	\$71
Continental Breakfast/Breakfast	\$7	\$8	\$9	\$10	\$11	\$12
Lunch	\$11	\$12	\$13	\$15	\$16	\$18
Dinner	\$23	\$26	\$29	\$31	\$34	\$36
Incidentals	\$5	\$5	\$5	\$5	\$5	\$5
First & Last Day of Travel	\$34.50	\$38.25	\$42	\$45.75	\$49.50	\$53.25

The shortcut to this page is [www.gsa.gov/mie](http://www.gsa.gov/mie).

**CONTACTS**

- Federal Travel Discussion
- View Contact Details

[RATE THIS PAGE](#)

Hotel expenses	272.68
Baggage Handling	6
Taxi...hotel to TUS Airport	55
Lunch TUS Airport	8.25
lunch tip TUS Airprot	2
Tax on Lunch TUS Airport	0.57
	344.5

Note: I rode to the hotel with CEO Bowers -

she paid -



**PAUL ROBINSON**



**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: Paul Robinson Dept: 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: 3/10/11 PLANNED DATE OF DEPARTURE/RETURN: 4/30/11 / 5/3/11

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

Destination: Tucson, AZ Purpose: Attend Conference  
 Explanation: ACI-NA: ACI Board Members & Commissioners Conference

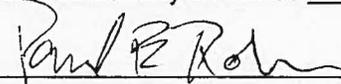
\*Meals expenses are based on GSA per diem rates

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

**A. TRANSPORTATION COSTS:**

• AIRFARE	\$	<u>185</u>
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$	<u>100</u>
B. LODGING	\$	<u>400</u>
C. MEALS	\$	<u>*196</u>
D. SEMINAR AND CONFERENCE FEES	\$	<u>650</u>
E. ENTERTAINMENT (If applicable)	\$	<u>          </u>
F. OTHER INCIDENTAL EXPENSES	\$	<u>          </u>
<b>TOTAL PROJECTED TRAVEL EXPENSE</b>	<b>\$</b>	<b><u>1531</u></b>

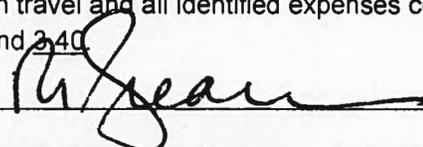
**CERTIFICATION BY TRAVELER** By my signature below, I certify that the above listed out-of-town travel and associated expenses conform to the Authority's Policies 3.30 and 3.40 and are reasonable and directly related to the Authority's business.

Travelers Signature:  Date: 3/11/11

**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: 3.11.11

**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 3/28/11 meeting.  
 (Leave blank and we will insert the meeting date.)



Traveltrust  
 374 North Coast Highway 101  
 Encinitas, Ca. 92024  
 Tel: 760-635-1700  
 Fax: 760-635-1720  
 Website: www.traveltrust.com

ROBINSON/PAUL  
 EDWARD

BOARD

17-Mar-2011 11:00 am

Page 1 of 1

YOUR SOUTHWEST ETICKET CONFIRMATION IS \*\* X2JY44 \*\*

-----INVOICE/ITINERARY ACCOUNTING DOCUMENT-----

\*\*\*\*\*TICKETLESS TRAVEL INSTRUCTIONS\*\*\*\*\*

THIS IS AN E-TICKET RESERVATION.

A GOVERNMENT ISSUED PHOTO ID IS NEEDED AT CHECK IN  
 A PORTION OF THIS TRIP MAY BE REFUNDABLE. PLEASE RETURN  
 UNUSED PORTIONS TO TRAVELTRUST FOR POSSIBLE REFUND.

\*\*\*\*\*

\*\*\*\*\*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

\*\*\*\*\*

 30-Apr-2011 06:50pm Saturday	<b>Air</b>	Southwest Airlines	<b>Flight#</b>	2943	<b>Class:</b>	Y
	<b>From:</b>	San Diego CA, USA	<b>To:</b>	Tucson AZ, USA		
	<b>Meal:</b>	None				
	<b>Equip:</b>	Boeing 737-700 Jet	<b>Status:</b>	Confirmed		
	<b>Depart:</b>	30-Apr-2011 Saturday 06:50pm	<b>Stops:</b>	0		
	<b>Arrival:</b>	30-Apr-2011 Saturday 08:00pm				

Depart - TERMINAL 1  
 Arrive -  
 Flight Duration: 1 hour(s) and 10 minutes  
 Class of Service: Coach

 03-May-2011 06:20pm Tuesday	<b>Air</b>	Southwest Airlines	<b>Flight#</b>	1586	<b>Class:</b>	Y
	<b>From:</b>	Tucson AZ, USA	<b>To:</b>	San Diego CA, USA		
	<b>Meal:</b>	None				
	<b>Equip:</b>	Boeing 737-700 Jet	<b>Status:</b>	Confirmed		
	<b>Depart:</b>	03-May-2011 Tuesday 06:20pm	<b>Stops:</b>	0		
	<b>Arrival:</b>	03-May-2011 Tuesday 07:35pm				

Depart -  
 Arrive - TERMINAL 1  
 Flight Duration: 1 hour(s) and 15 minutes  
 Class of Service: Coach

**Other**

30-Oct-2011  
 Sunday  
 San Diego CA, USA  
 RESERVATION RETAINED FOR 180 DAYS-A

TRAVELTRUST IS OPEN MONDAY - FRIDAY FROM 5AM-530PM PST  
 AND SATURDAY FROM 9AM-1PM PST - 760-635-1700.  
 FOR EMERGENCY AFTERHOURS SERVICE IN THE US  
 PLEASE CALL 888-221-6062 AND USE YOUR VIT CODE - S7NS0  
 PLEASE NOTE THIS IS OUR NEW EMERGENCY NUMBER  
 EACH EMERGENCY CALL IS BILLABLE AT A MINIMUM 25.00  
 THANK YOU FOR CHOOSING TRAVELTRUST...SCOTT MACKERLEY

**Ticket Information**

ROBINSON PAUL		
Ticket#: 2162078023	Ticket Base Fare:	169.40
Invoice#: 1183069	Ticket Tax:	0.00
	Total Ticket Amount:	169.40

Electronic: YES

SERVICE FEE DOCUMENT #: 0544633203 FEE AMOUNT: 30.00

BILLED TO: AMERICAN EXPRESS ENDING IN 1006



Traveltrust  
 274 North Coast Highway 101  
 Encinitas, Ca 92024  
 Tel: 760-635-1700  
 Fax 760-635-1720  
 Website www.traveltrust.com

ROBINSON/PAUL  
 EDWARD

BOARD

29-Apr-2011 4:35 pm  
 Page 1 of 2

YOUR SOUTHWEST ETICKET CONFIRMATION IS \*\* X2JY44 \*\*  
 -----INVOICE/ITINERARY ACCOUNTING DOCUMENT-----  
 \*\*\*\*\*TICKETLESS TRAVEL INSTRUCTIONS\*\*\*\*\*  
 THIS IS AN E-TICKET RESERVATION.  
 A GOVERNMENT ISSUED PHOTO ID IS NEEDED AT CHECK IN  
 A PORTION OF THIS TRIP MAY BE REFUNDABLE. PLEASE RETURN  
 UNUSED PORTIONS TO TRAVELTRUST FOR POSSIBLE REFUND.  
 \*\*\*\*\*  
 \*\*\*\*\*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  
 \*\*\*\*\*

  
 30-Apr-2011  
 06:50pm  
 Saturday

**Air** Southwest Airlines **Flight#** 2943 **Class:** Y  
**From:** San Diego CA, USA **To:** Tucson AZ, USA  
**Meal:** None  
**Equip:** Boeing 737-700 Jet **Status:** Confirmed  
**Depart:** 30-Apr-2011 Saturday 06:50pm **Stops:** 0  
**Arrival:** 30-Apr-2011 Saturday 08:00pm  
**Depart -** TERMINAL 1  
**Arrive -**  
**Flight Duration:** 1 hour(s) and 10 minutes  
**Class of Service:** Coach

  
 02-May-2011  
 06:20pm  
 Monday

**Air** Southwest Airlines **Flight#** 1586 **Class:** T  
**From:** Tucson AZ, USA **To:** San Diego CA, USA  
**Meal:** None  
**Equip:** Boeing 737-700 Jet **Status:** Confirmed  
**Depart:** 02-May-2011 Monday 06:20pm **Stops:** 0  
**Arrival:** 02-May-2011 Monday 07:35pm  
**Depart -**  
**Arrive -** TERMINAL 1  
**Flight Duration:** 1 hour(s) and 15 minutes  
**Class of Service:** Coach

30-Oct-2011  
 Sunday

**Other**  
 San Diego CA, USA  
 RESERVATION RETAINED FOR 180 DAYS-B

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  
374 North Coast Highway 101  
Encinitas, Ca 92024  
Tel: 760-635-1700  
Fax 760-635-1720  
Website www.traveltrust.com

ROBINSON/PAUL  
EDWARD

BOARD

29-Apr-2011 4:35 pm

Page 2 of 2

Ticket Information

ROBINSON PAUL  
Ticket#:2169094351  
Invoice#:1184075

Ticket Base Fare: 72.00  
Ticket Tax: 0.00  
Total Ticket Amount: 72.00

Electronic: YES

ROBINSON PAUL  
Ticket#:0637217385  
Invoice#:1184075

Ticket Base Fare: 10.00  
Ticket Tax: 0.00  
Total Ticket Amount: 10.00

Electronic: NO

ROBINSON PAUL  
Ticket#:0637217384  
Invoice#:1184075

Ticket Base Fare: 10.00  
Ticket Tax: 0.00  
Total Ticket Amount: 10.00

Electronic: NO

SERVICE FEE DOCUMENT #: 0545671395 FEE AMOUNT: 25.00

BILLED TO: AMERICAN EXPRESS ENDING IN 1006

24 HOUR SERVICE - AIRPORT SERVICE

DATE \_\_\_\_\_ TIME \_\_\_\_\_  
AMOUNT 53.00 CABF #50  
DRIVER P. J. D.  
FROM \_\_\_\_\_  
TO \_\_\_\_\_

E M A TRANSPORTATION  
1832 N. CHIRICAHUA AVE  
TUCSON, AZ 85745

05/02/2011 17:08:34  
Merchant ID: 000000001564546  
Terminal ID: 02340424  
4223696500286270

CREDIT CARD  
VISA SALE

CARD # XXXXXXXXXXXXX7322  
INVOICE 1790002  
Batch #: 000179  
Approval Code: 019590  
Entry Method: Swiped  
Approved: Online  
Tax Amount: \$0.00  
SALE AMOUNT \$69.00

CUSTOMER COPY

## Warren Anne

---

**From:** Brito Leticia  
**Sent:** Friday, February 25, 2011 2:21 PM  
**To:** Warren Anne  
**Subject:** RE: Hotel reservation charge

Hello, Anne:

This is your authorization to use your P-Card for these hotel deposits in order to hold the two reservations (as listed below). Please ensure that the travelers are aware that each of them will need to change the credit card on record when they check into the hotel (for additional night charges and any incidentals).

In addition, please make sure you include this email with your P-Card reconciliation. Thank you and have a great weekend!

Kind Regards,

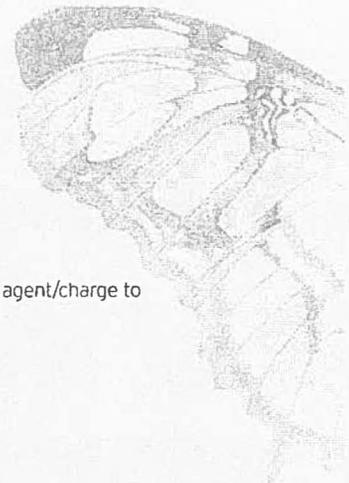
Leticia Brito  
Purchasing Card Program Analyst  
Procurement Department  
San Diego County Regional Airport Authority  
P.O. Box 82776  
San Diego, CA 92138  
(619) 400-2536

---

**From:** Warren Anne  
**Sent:** Thursday, February 24, 2011 11:24 AM  
**To:** Brito Leticia  
**Subject:** Hotel reservation charge

Board Chair Robert Gleason and Board Member Paul Robinson are attending the ACI-NA Airport Board Members & Commissioners Conference in Tucson, AZ, May 1-3, 2011. The conference hotel, The Westin La Paloma Resort & Spa, requires a one-night deposit by April 23. I would appreciate authorization for this deposit to be charged to my P-Card. Thank you, Anne

the westin la paloma  
 3800 e sunrise dr tucson, az 85718-3302 us  
 phone 520.742.6000 fax 520.577.5878  
 westin.com/lapaloma.com



guest

travel agent/charge to

Paul Robinson  
 Aaa Preferred Account

room 233  
 rate 175.00  
 no. pers. 1  
 folio 433026 EX-A  
 page 1  
 arrive 30-APR-11 20:53  
 depart 02-MAY-11  
 payment AX

ACD29A

30-APR-11	RT233	Room Chrg Grp Association	175.00
30-APR-11	RT233	Room Tax	22.84
30-APR-11	DEPOSIT	Deposit Applied	197.84-
30-APR-11	10380770	Azul Restaurant	40.47
01-MAY-11	RT233	Room Chrg Grp Association	175.00
01-MAY-11	RT233	Room Tax	22.84
01-MAY-11	11384520	Azul Restaurant	26.73
01-MAY-11	11388973	Azul Restaurant	30.71
02-MAY-11	AX	American Express	295.75-
		Balance Due	0.00

For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a \$0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

**EXPENSE REPORT SUMMARY**

Date	Room/Tax	Food/Bev	TeleComm	Other	Total	Payment
30-APR-11	197.84	40.47	0.00	0.00	238.31	197.84-
01-MAY-11	197.84	57.44	0.00	0.00	255.28	0.00
Total	395.68	97.91	0.00	0.00	493.59	197.84-

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

signature \_\_\_\_\_

As a Starwood Preferred Guest you have earned at least 896 Starpoints for this visit A42504738366

Paul Robinson  
 FOLIO 433026 30-APR-11

**WESTIN**  
 HOTELS & RESORTS

WESTIN LA PALOMA  
Azul Restaurant  
3800 EAST SUNRISE DRIVE  
TUCSON, AZ 85718  
520-742-6000

1138452.1

GARRET G Table 7053  
Sun 05/01/11 10:39 AM Guests 1  
Guest Num: 1 AZUL

1 3-EGG OMELET 14.00  
1 HOT TEA 2.75  
1 V-8 JUICE 4.00

SubTotal 20.75  
Sales Tax 1.48

Please pay this amount  
Total 22.23

100% of the service charge is a  
gratuity for the staff.

\*\*\*\*\*  
FOR ROOM CHARGES ONLY!

Gratuity

Total Charge

Room Number

Print Name

SIGNATURE

\*\*\*\*\*

WESTIN LA PALOMA  
Azul Restaurant  
3800 EAST SUNRISE DRIVE  
TUCSON, AZ 85718  
520-742-6000

1038077.1

KARISA R Table 7073  
Sat 04/30/11 9:53 PM Guests 1  
Guest Num: 1 AZUL

1 SKATEL ONE 0.00  
1 CAESAR 14.00

SubTotal 31.25  
Sales Tax 2.22

Please pay this amount  
Total 33.47

✓  
14.00  
2.22  
16.22

100% of the service charge is a  
gratuity for the staff.

\*\*\*\*\*  
FOR ROOM CHARGES ONLY!

Gratuity

Total Charge

Room Number

Print Name

SIGNATURE

\*\*\*\*\*

WESTIN LA PALOMA

Azul Restaurant  
3800 EAST SUNRISE DRIVE  
TUCSON, AZ 85718  
520-742-6000

1138897.1

KATLYN W Table 7021  
Sun 05/01/11 7:57 PM Guests 5  
Guest Num: 5 AZUL

1 GUIISO DE LOCOS 24.00

SubTotal 24.00

Sales Tax 1.71

Please pay this amount

Total 25.71

100% of the service charge is a  
gratuity for the staff.

\*\*\*\*\*  
FOR ROOM CHARGES ONLY!

Gratuity

Total Charge

Room Number

Print Name

SIGNATURE

\*\*\*\*\*

# ACI-NA AGENDA



## AIRPORT BOARD MEMBERS & COMMISSIONERS CONFERENCE

MAY 1-3, 2011

THE WESTIN LA PALOMA • TUCSON, AZ

### CONFERENCE TOPICS

ACI-NA Policy & Metrics Presentation

What's New on Capitol Hill?

Standing Out: Making Your Case to the Airlines

Benchmarking Your Airport's Environmental Performance

Alternative Options for Outsourcing Aspect of Airport Operations

Air Service Incentives

Intermodalism: The Wave of the Future?

Airport Security Policy Report

Forecasting the Future of Aviation Demand/Grading Airline Performance

Understanding the Business Travelers Wants and Needs

Regulatory & Legal Issues in Accommodating Passengers with Disabilities

US DOT Aviation Consumer Protection Program



April 8, 2011

### Meeting Confirmation

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](mailto:cgroup@aci-na.org) immediately.

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

Mr. Paul Robinson  
Board Member  
Nickname: Paul  
San Diego County Regional Airport Authority  
PO Box 82776  
San Diego, CA 92138-2776

PH: (619) 400-2408  
FX: (619) 400-2406

You are registered for the following:

**2011 ACI-NA Airport Board Member & Commissioners Annual Conf**  
Sunday, May 01, 2011 through Tuesday, May 03, 2011

Function	Quantity	Rate	Amount
Conference Registration	1	\$650.00	\$650.00
		Total	\$650.00
		Payment	\$650.00
		Balance	\$0.00

Thank you for registering for the 2011 Airport Board Member & Commissioners Annual Conference to be held May 1-3, 2011. All events will take place at The Westin la Paloma located at 3800 East Sunrise Drive, Tucson, AZ 85718. For hotel reservations, call the The Westin La Paloma at (520) 577-5887 and request the Airports Council International group rate of \$175 USD single/double occupancy plus additional taxes. The hotel cut-off date is 5 pm EST, Thursday, April 7, 2011. 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.

Registration fees for the conference include continental breakfasts, lunches; all refreshment breaks and educational materials.

A taxi ride from the Tucson International Airport to the hotel is approximately \$45-50 one-way and takes about 30-40 minutes, depending upon traffic.

Dress for the meeting is business casual.

If you need to cancel your registration, please contact ACI-NA as soon as possible at (202) 293-8500 or [meetings@aci-na.org](mailto:meetings@aci-na.org). Registration fees will be fully refunded if written notice is received at ACI-NA no later than Thursday, April 7. After Thursday, April 7, all refunds will have a \$75 processing fee per person deducted. No refunds will be issued, for any reason, on cancellations received after Monday, April 18. Substitutions will be honored at any time.

For more information on this event including program updates, tourist information, Tucson weather conditions, and more visit <http://www.aci-na.org/2011/commissioners/welcome.html>.

We look forward to seeing you in Tucson for the 2011 Airport Board Member & Commissioners Annual Conference.

# ACI-NA REGISTRATION FORM

2011 ACI-NA AIRPORT BOARD & COMMISSIONERS CONFERENCE  
MAY 1-3, 2011 THE WESTIN LA PALOMA TUCSON, AZ

*Please use one registration form for each attendee. Please print or type form.*

Mr./Ms. Name: Paul Robinson  
 Badge Name: Paul Title: Board Member  
 Organization: San Diego County Regional Airport Authority  
 Address: 3225 North Harbor Drive  
 City: San Diego State: CA Zip/Postal Code: 92101 Country: USA  
 Phone: 619-400-2408 Fax: 619-400-2406 \*Email: [REDACTED]@san.org  
 Guest name, if attending (complimentary-no charge): \_\_\_\_\_  
 \* Automated confirmation letters will be sent to this email. If you want confirmation sent to an additional email address, please list here: \_\_\_\_\_



Are you a first time attendee? Yes  No

	REGISTRATION FEES	PAYMENT INFORMATION									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">For 1 Attendee</th> <th style="width: 33%;">Early (before April 7)</th> <th style="width: 33%;">Regular (7 or After)</th> </tr> </thead> <tbody> <tr> <td>ACI/ACI-NA Member</td> <td style="text-align: center;"><input checked="" type="checkbox"/> \$650 USD</td> <td style="text-align: center;"><input type="checkbox"/> \$750 USD</td> </tr> <tr> <td>Non-member</td> <td style="text-align: center;"><input type="checkbox"/> \$925 USD</td> <td style="text-align: center;"><input type="checkbox"/> \$1065 USD</td> </tr> </tbody> </table>	For 1 Attendee	Early (before April 7)	Regular (7 or After)	ACI/ACI-NA Member	<input checked="" type="checkbox"/> \$650 USD	<input type="checkbox"/> \$750 USD	Non-member	<input type="checkbox"/> \$925 USD	<input type="checkbox"/> \$1065 USD	<p><b>Please check the appropriate boxes.</b></p> <p><input checked="" type="checkbox"/> Check made payable to ACI-NA enclosed OR Credit Card:</p> <p><input type="checkbox"/> Master Card      <input type="checkbox"/> Visa  <input type="checkbox"/> Amex                      <input type="checkbox"/> Diners Club</p> <p>Credit Card Number: _____                  Expiration Date: _____                  Name on Card: _____                  Signature: _____</p>
For 1 Attendee	Early (before April 7)	Regular (7 or After)									
ACI/ACI-NA Member	<input checked="" type="checkbox"/> \$650 USD	<input type="checkbox"/> \$750 USD									
Non-member	<input type="checkbox"/> \$925 USD	<input type="checkbox"/> \$1065 USD									

ADA  Please check here if you require assistance in order to fully participate in this meeting.

**Badges:** Only individuals who register and present badges and/or tickets may attend conference events. A badge is required for all conference sessions.

**PAYMENT:** Full payment must accompany registration forms in order to complete a registration. Registrations will be processed at the registration rate available when payment is received. Credit card payment must be included for online and faxed registrations. Check payment will only be accepted with mailed forms and onsite registration forms. The card holder's signature above authorizes ACI-NA to charge the credit card the total correct amount due and acknowledges there are no refunds after, **Thursday, April 7, 2011.**

**CONFIRMATION OF REGISTRATION:** Confirmation of registration will be e-mailed to conference attendees using the e-mail address (es) provided above. If confirmation is not received within two weeks after sending in your registration form, please e-mail [meetings@aci-na.org](mailto:meetings@aci-na.org). Non-receipt of confirmation before the conference is not justification for seeking a refund.

**OPT-OUT:** By registering for the conference you are providing permission to receive e-mails, mailings and faxes related to the conference. If you do not wish to receive any further emails from ACI-NA, please send a reply email to: [jweidlich@aci-na.org](mailto:jweidlich@aci-na.org) with the words "OPT-OUT" in the subject line with the original email in the body. You may notify us with your decision to opt-out within 30 days of receiving the email. *Please note, if you choose to opt out of receiving email from ACI-NA, you will no longer receive ACI-NA e-newsletters, notices of upcoming meetings, sponsorship opportunities, etc.* If you prefer to unsubscribe from certain electronic publications rather than opt-out from email communications entirely, please email such request to [communications@aci-na.org](mailto:communications@aci-na.org). It may take up to 10 days to process your request. The postal address for ACI-NA is 1775 K Street, N.W., Suite 500, Washington, DC 20006.

**Refund Policy:** Registration fees will be fully refunded if written notice is received at ACI-NA no later than Thursday, April 7, 2011. After April 7, all refunds will have a processing fee of \$75 deducted. No refunds will be issued on cancellations received after Monday, April 18, 2011. Substitutions will be honored at any time. All no-shows will be billed.

**Note:** ACI-NA reserves the right to cancel this program if the number of registrants is insufficient. In that event, we will notify all registrants and refund the registration fee in full. However, any costs incurred by the registrant, such as hotel cancellation or airline penalties, are the responsibility of the registrant.

Fax this form to (202) 478-0889 or register online at [www.aci-na.org](http://www.aci-na.org).

Remit Payment to: ACI-NA • PO Box 79286 • Baltimore, MD 21279-0286 • PHONE: (202) 293-8500



**FY 2011 Per Diem Rates for ZIP 85718**  
(October 2010 - September 2011)

Cities not appearing below may be located within a county for which rates are listed.  
To determine what county a city is located in, visit the [National Association of Counties \(NACo\) website \(a non-federal website\)](#).

The following rates apply for 85718

Primary Destination* (1)	County (2, 3)	Max lodging by Month (excluding taxes)												Meals & Inc. Exp.**	
		2010			2011										
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
Tucson	Pima County	93	93	93	93	111	111	111	111	111	77	77	77	93	56

\*NOTE: Travel reimbursement is based on the location of the work activities and not the accommodations.  
\*\*Meals and Incidental Expenses: See [Breakdown of M&IE Expenses](#) for important information on first and last days of travel.



- Per Diem
- Overview
- M&IE Breakdown
- Factors Influencing Lodging Rates
- FAQ
- FY 2011 Highlights
- Fire Safe Hotels
- Have a Per Diem Question?
- Per Diem Files (Archived)
- Per Diem Rates

**Meals and Incidental Expenses ( M&IE) Breakdown**

The following table shows the breakdown of continental breakfast/breakfast, lunch, and dinner components of the maximum daily reimbursement (per diem) rates for meals and incidental expenses while on travel. Refer to [Section 301-11.18 of the Federal Travel Regulation](#) for guidance on deducting these amounts from your per diem reimbursement claims for meals furnished to you by the government.

NOTE: The first and last calendar day of travel is calculated at 75 percent.

The M&IE rates differ by travel location. View the [per diem rate](#) for your primary destination to determine which M&IE rates apply.

M&IE Total	\$46	\$51	\$56	\$61	\$66	\$71
Continental Breakfast/Breakfast	\$7	\$8	\$9	\$10	\$11	\$12
Lunch	\$11	\$12	\$13	\$15	\$16	\$18
Dinner	\$23	\$26	\$29	\$31	\$34	\$36
Incidentals	\$5	\$5	\$5	\$5	\$5	\$5
First & Last Day of Travel	\$34.50	\$38.25	\$42	\$45.75	\$49.50	\$53.25

The shortcut to this page is [www.gsa.gov/me](#)

**CONTACTS**

- Federal Travel Discussion
- View Contact Details

[RATE THIS PAGE](#)

**BRETTON LOBNER**

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

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

TRAVELER: Breton Lobner DEPT. NAME & NO. General Counsel 15  
 DEPARTURE DATE: 4/12/2011 RETURN DATE: 4/16/2011 REPORT DUE: 5/16/11  
 DESTINATION: Philadelphia, PA

*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 4/12/11	TUESDAY 4/13/11	WEDNESDAY 4/14/11	THURSDAY 4/15/11	FRIDAY 4/16/11	SATURDAY 4/17/11	
Air Fare, Railroad, Bus (attach copy of itinerary w/charges)	631.40								0.00
Conference Fees (provide copy of flyer/registration expenses)	785.00								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.)*			12.00	10.00	15.00		20.00		57.00
Hotel*			236.16	236.16	236.16	236.16			944.64
Telephone, Internet and Fax*									0.00
Laundry*									0.00
Tips - separately paid (maids, bellhop, other hotel svcs.)									0.00
Meals (Include tips pd.)	Breakfast*								0.00
	Lunch*		8.31	16.84			18.70		43.85
	Dinner*		29.04	57.60			9.28		95.92
	Other Meals*								0.00
<i>Alcohol is a non-reimbursable expense</i>									
Hospitality <sup>1*</sup>									0.00
Miscellaneous:									0.00
Baggage Fees							50.00		50.00
									0.00
*Provide detailed receipts									0.00
<b>Total Expenses prepaid by Authority</b>	<b>1,416.40</b>	<b>0.00</b>	<b>285.51</b>	<b>320.60</b>	<b>251.16</b>	<b>236.16</b>	<b>97.98</b>	<b>0.00</b>	<b>1,191.41</b>

Explanation:	Total Expenses Prepaid by Authority	1,416.40
	Total Expenses Pd. by Employee (including cash advances)	1,191.41
	<b>Grand Trip Total</b>	<b>2,607.81</b>
	Less Cash Advance (attach copy of Authority ck)	
	Less Expenses Prepaid by Authority	1,416.40
	<b>Due Traveler (positive amount)<sup>2</sup></b>	<b>1,191.41</b>
<b>Due Authority (negative amount)<sup>3</sup></b>	<b>1,191.41</b>	
<i>Note: Send this report to Accounting even if the amount is \$0.</i>		

<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: Kendy Rios Ext.: 2424  
 Traveler Signature: Breton Lobner Date: 5.6.2011  
 Approved By: \_\_\_\_\_ 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  
 (Please leave blank. Whoever clerk's the meeting will insert their name and title.)  
 \_\_\_\_\_ meeting.  
 (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.*

**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: Breton Lobner Dept: 15  
 Position:  Board Member  President/CEO  Gen. Counsel  Chief Auditor  
 All other Authority employees (does not require executive committee administrator approval)

2. DATE OF REQUEST: 2/22/2011 PLANNED DATE OF DEPARTURE/RETURN: 4/12/2011 / 4/16/2011

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

Destination: Philadelphia, PA Purpose: 2011 ACI-NA Conference - Spring Legal Affairs - "Spotting Issues and Practical Solutions"  
 Explanation: \_\_\_\_\_

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

<b>A. TRANSPORTATION COSTS:</b>	
• AIRFARE	\$ 440
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$ _____
<b>B. LODGING</b>	\$ 900
<b>C. MEALS</b>	\$ 300
<b>D. SEMINAR AND CONFERENCE FEES</b>	\$ 785
<b>E. ENTERTAINMENT (If applicable)</b>	\$ _____
<b>F. OTHER INCIDENTAL EXPENSES</b>	\$ _____
<b>TOTAL PROJECTED TRAVEL EXPENSE</b>	<b>\$ 2,425</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: Breton K. Lobner Date: FEB 4 2011

**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, Tony R. Lussac, 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 2/22/11 meeting.  
 (Leave blank and we will insert the meeting date.)



**FOUR SEASONS HOTEL**  
*Philadelphia*

Mr. Breton Lobner  
3225 North Harbor Dr  
San Diego CA 92101  
USA

Arrival: 04/12/11  
Departure: 04/16/11  
Rm #: 852  
Folio #: 378535  
Cashier: 142  
Page #: 1 of 1  
Grp Code: ACI412

**INVOICE**

Date	Description	Reference	Debit	Credit
04/12/11	Room Charge		205.00	
04/12/11	State Room Tax		14.35	
04/12/11	Local Room Tax		16.81	
04/13/11	Room Charge		205.00	
04/13/11	State Room Tax		14.35	
04/13/11	Local Room Tax		16.81	
04/14/11	Room Charge		205.00	
04/14/11	State Room Tax		14.35	
04/14/11	Local Room Tax		16.81	
04/15/11	Room Charge		205.00	
04/15/11	State Room Tax		14.35	
04/15/11	Local Room Tax		16.81	
04/16/11	Visa	XXXXXXXXXXXXXXXX1444 XX/XX		944.64
<b>Total</b>			<b>944.64</b>	
<b>Balance</b>				<b>0.00</b>

\_\_\_\_\_  
*Guest Signature*

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, association or company fails to pay for any part or the full amount of these charges. Please leave your room key at the reception upon departure. This folio also serves as a receipt of payment for services rendered.

**Thank you for staying at Four Seasons Hotel Philadelphia**

**From:** cgroup@aci-na.org  
**Sent:** Friday, February 04, 2011 5:01 PM  
**To:** Lobner Breton; Rios Kendy  
**Subject:** General Counsel - Confirmation

02/04/2011



**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](mailto: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.**

Mr. Breton K. Lobner  
General Counsel  
NickName: Bret  
San Diego County Regional Airport Authority  
3225 N. Harbor Drive San Diego, CA 92101

PH: (619) 400-2424  
FX: (619) 400-2428  
EM: [blobner@san.org](mailto:blobner@san.org)

You are registered for the following:

**General Counsel**  
From Wednesday, April 13, 2011 through Saturday, April 16, 2011

Description	UnitPrice	Quantity	Price
Conference Registration	\$ 785.00	1	\$ 785.00
		<b>Total</b>	785.00
		<b>Payments</b>	785.00
		<b>Balance</b>	0.00

Thank you for registering for the 2011 ACI-NA Legal Affairs Spring Conference. The conference will be held April 13-16, 2011. All events will take place at The Four Seasons Hotel, Philadelphia, PA. The Four Seasons Hotel is located at One Logan Square, Philadelphia, PA 19103. For hotel reservations, call The Four Seasons Hotel (215) 963-2712 or and request the Airports Council International group rate of \$205 USD single/double occupancy. The hotel cut-off date is March 25, 2011. 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.

Registration fees for the conference include the welcome reception, all food functions including breakfast, lunch, and breaks, and all educational materials.



TravelTrust  
 374 North Coast Highway 101  
 Encinitas, Ca 92024  
 Tel: 760-635-1700  
 Fax: 760-635-1720  
 Website: www.traveltrust.com

LOBNER/BRETON

DEPT 15

01-Apr-2011 3:09 pm

Page 1 of 2

\*\*\*\*\*  
 US AIR E-TICKET CONFIRMATION \*\*\* C8B4DK \*\*\*  
 \*\*\*\*\*  
 PLEASE CHECK NEW CARRY-ON RESTRICTIONS DIRECT WITH  
 YOUR CARRIER OR CALL TRAVELTRUST AT 800-792-4662  
 -----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  
 \*\*\*\*\*

  
 12-Apr-2011  
 11:25am  
 Tuesday

Alr	US Airways	Flight#	150	Class:	S
From:	San Diego CA, USA	To:	Philadelphia PA, USA	Seats:	Seat:18E
Meal:	Food For Purchase	Status:	Confirmed	Stops:	0
Equip:	Airbus A321 Jet				
Depart:	12-Apr-2011 Tuesday	11:25am			
Arrival:	12-Apr-2011 Tuesday	07:34pm			

Depart - TERMINAL 2  
 Arrive - TERMINAL B  
 US Airways locator: C8B4DK  
 UA Frequent Flyer# [REDACTED]-LOBNER/BRETON  
 \*\* MIDDLE SEAT \*\* AISLE OR WINDOW NOT AVAILABLE  
 WE WILL CONTINUE TO MONITOR FOR A SEAT  
 Flight duration: 5 hour(s) and 09 minutes  
 Class of Service: Coach

  
 16-Apr-2011  
 06:00pm  
 Saturday

Alr	US Airways	Flight#	155	Class:	N
From:	Philadelphia PA, USA	To:	San Diego CA, USA	Seats:	Seat:25E
Meal:	Food For Purchase	Status:	Confirmed	Stops:	0
Equip:	Airbus A320 Jet				
Depart:	16-Apr-2011 Saturday	06:00pm			
Arrival:	16-Apr-2011 Saturday	08:58pm			

Depart - TERMINAL B  
 Arrive - TERMINAL 2  
 US Airways locator: C8B4DK  
 UA Frequent Flyer# [REDACTED]-LOBNER/BRETON  
 \*\* MIDDLE SEAT \*\* AISLE OR WINDOW NOT AVAILABLE  
 WE WILL CONTINUE TO MONITOR FOR A SEAT  
 Flight Duration: 5 hour(s) and 58 minutes  
 Class of Service: N

Other

13-Oct-2011  
 Thursday

San Diego CA, USA  
 RESERVATION RETAINED FOR 180 DAYS

TRAVELTRUST IS OPEN MONDAY - FRIDAY FROM 5AM-530PM PST  
 AND SATURDAY FROM 9AM-1PM PST - 760-635-1700.  
 FOR EMERGENCY AFTERHOURS SERVICE IN THE US  
 PLEASE CALL 888-221-6043 AND USE YOUR VIT CODE - SJE72  
 PLEASE NOTE THIS IS OUR NEW EMERGENCY NUMBER  
 EACH EMERGENCY CALL IS BILLABLE AT A MINIMUM 25.00  
 THANK YOU FOR CHOOSING TRAVELTRUST...CHERYL HARLOFF



TravelTrust  
374 North Coast Highway 101  
Encinitas, Ca 92024  
Tel: 760-635-1700  
Fax 760-635-1720  
Website: www.traveltrust.com

LOBNER/BRETON

DEPT 15

01-Apr-2011 3:09 pm

Page 2 of 2

Ticket Information

LOBNER BRETON

Ticket#: 7969664320

Invoice#: 5210814

Ticket Base Fare: 567.44

Ticket Tax: 63.96

Total Ticket Amount: 631.40

Electronic: YES

SERVICE FEE DOCUMENT #: 0545119583 FEE AMOUNT: 30.00

BILLED TO: AMERICAN EXPRESS ENDING IN 1006

Lunch \$8.31

4/12

Dinner  
Bret's share \$29.04

4/12

Lunch April 12

HMSHOST  
CALIFORNIA PIZZA KITCHEN  
SAN DIEGO AIRPORT

5909 ANGELICA

3838 APR12'11 10:53AM

EAT IN

1 CAESAR SAL W/CHI	8.99
15 %	
ARPT DISC 15%	1.35-
SUBTOTAL	7.64
TAX	0.67
AMOUNT PAID	8.31
CASH	20.00
CHANGE DUE	11.69

HOW DID WE DO?  
JOE NIKNAM  
619-231-5100 EXT:157  
Joe.Niknam@hmshost.com

Your order number is: 3838

Swann Lounge  
Four Seasons Hotel Philadelphia

242 HOWARD N. 2

107/1      CHK 9380  
APR12'11 9:24PM

[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
1 Pommes Frite	7.00
[REDACTED]	[REDACTED]
1 CHEESESTEAK	21.00
1 COKE	6.00
21.00 %	
(*) 21% SVC CHG	23.94
FOOD	55.00
LIQUOR	14.00
WINE	18.00
BEER	21.00
SODA	6.00
Other.....	23.94
Tax.....	10.18
Total.....	\$ 148.12

\*\*\*\* FOR HOTEL ROOM CHARGE \*\*\*\*

GRATUITY \_\_\_\_\_

TOTAL \_\_\_\_\_

ROOM / ACCOUNT # \_\_\_\_\_

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

\$29.04  
7  
12  
6  
+21%

Dinner april 12

4/12  
Airport Shuttle \$12.00

**Let us take you to the airport: 4/12**



Lady Liberty Airport Shuttle  
Center City - West Philadelphia  
DOOR TO DOOR SERVICE  
ladylibertyshuttle.com

DATE April 12  
RECEIPT 12

**Lady Liberty**  
TRANSPORTATION CO., INC.  
CALL FOR RESERVATIONS  
**(215) 724-8888**  
AT THE AIRPORT DIAL 27

Total  
7 \$22.00

4/13  
Taxi \$10.00

4/13

2.24  
10.00

4/13  
Bret's share \$ 16.84  
Lunch

LUNCH April 13  
Zane + Dave

(4/13)

PUBLIC HOUSE at LOGAN SQUARE  
2 Logan Square  
Philadelphia, PA 19103

Server: Perri 04/13/2011  
Table 35/1 12:44 PM  
Guests: 3

#40004

Reprint #: 1  
Order Type: SEND

PLANNING AN EVENT?  
For information on booking one please  
call Public House at  
215-587-9040 and ask for Shannon.  
We would love to help you plan  
a great party!!

[REDACTED]  
Diet Coke (2 @2.00) 4.00  
[REDACTED]  
Grilled Steak Salad 13.00  
[REDACTED]

Subtotal 52.00  
Tax 4.16  
Total 56.16  
Balance Due 56.16

THANK YOU  
PLEASE COME AGAIN  
VISIT US AT:  
www.publichousephilly.com  
SIGN UP FOR SPECIAL EVENTS  
& TO BOOK YOUR NEXT PARTY

(4/13)

PUBLIC HOUSE at LOGAN SQUARE  
2 Logan Square  
Philadelphia, PA 19103

Server: Perri DOB: 04/13/2011  
12:49 PM 04/13/2011  
Table 35/1 4/40004

VISA 6291468  
Card #XXXXXXXXXXXX1444  
Magnetic card present: LOBNER BRETON  
Approval: 01797D

Amount: \$ 14.04  
+ Credit Card Tip: 2.80  
= Total: \$ 16.84

x Bret

THANK YOU  
PLEASE COME AGAIN  
VISIT US AT:  
www.publichousephilly.com  
SIGN UP FOR SPECIAL EVENTS  
& TO BOOK YOUR NEXT PARTY

>Rest Copy-Please Sign<

4/13 - Dinner

\$ 57.60

April 13

4/13

\*\*\*\*\*  
CHECK # 752770      DATE 4/13/11  
TABLE # P10      TIME 10:45PM  
\*\*\*\*\*

-- PRIVATE : STEPHEN --

SEAT#	ITEMS ORDERED	AMOUNT
3	FP SOUP	0.00
	FP BASS	0.00
	FP PANNA COTTA	0.00
	FP 45	45.00
	SUBTOTAL	45.00
		45.00
	TOTAL	45.00

\*\*\*\*\*

SUBTOTAL	45.00
SERVICE	9.00
TAX	3.60

-----  
TOTAL DUE      57.60  
-----

# OF GUESTS      0

Thank you!

FORK  
306 Market Street Philadelphia, PA  
(215) 625-9425  
www.forkrestaurant.com  
GIFT CARDS ALSO AVAILABLE

April 13

4/13

FORK RESTAURANT  
306 MARKET STREET  
PHILADELPHIA, PA. 19106  
215-625-9425

Merchant ID: 8002137563  
Term ID: 007542000002137563004  
Server ID: ?

Sale

xxxxxxxxxxxx1444  
VISA      Entry Method: Swiped  
Amount:      \$      57.60  
Tip:  
Total:      -----  
-----

04/13/11      22:57:43  
Inv #: 000038      Appr Code: 023250  
Apprvd: Online

Customer Copy  
THANK YOU!

4/14

Taxi \$15.00

4/14

ACL CITY TAXI  
215 467-6666

DRIVER: 00106036  
CAB # P0177  
DATE: 04/14/2011  
START TIME 19:55  
END TIME 20:00  
TRIP # 35149  
RATE No. 1  
MILES 1.49  
FARE \$ 5.38

GR. TOT. 6.38

TIP: \$ 7.00

TOTAL \$

OPA Complaints  
215 593-3440

4/14

PHL TAXI  
215 232-2000

DRIVER: 00109028  
CAB # P1021  
DATE: 04/14/2011  
START TIME 21:33  
END TIME 21:42  
TRIP # 10909  
RATE No. 1  
MILES 1.53  
FARE \$ 7.53

GR. TOT. 7.53

TIP: \$ 8.00

TOTAL \$

4/16  
Lunch \$ 18.70

16

PUBLIC HOUSE at LOGAN SQUARE  
2 Logan Square  
Philadelphia, PA 19103

Server: Michelle 04/16/2011  
Table 42/3 1:51 PM  
Guests: 5  
#40004  
Order Type: SEND

PLANNING AN EVENT?  
For information on booking one please  
call Public House at  
215-587-9040 and ask for Shannon.  
We would love to help you plan  
a great party!!

Iced Tea 2.00  
Caesar Salad 13.00  
Add Chicken

Subtotal 15.00  
Tax 1.20  
Total 16.20  
Balance Due 16.20

THANK YOU  
PLEASE COME AGAIN  
VISIT US AT:  
www.publichousephilly.com  
SIGN UP FOR SPECIAL EVENTS  
& TO BOOK YOUR NEXT PARTY,

PUBLIC HOUSE at LOGAN SQUARE  
2 Logan Square  
Philadelphia, PA 19103

Server: Michelle DOB: 04/16/2011  
02:03 PM 04/16/2011  
Table 42/3 4/40004  
VISA 5242887  
Card #XXXXXXXXXXXX1444  
Approval: 04247D

SK Amount: \$ 16.20  
+ Credit Card Tip: 2.50  
= Total: \$ 18.70

x BKer

THANK YOU  
PLEASE COME AGAIN  
VISIT US AT:  
www.publichousephilly.com  
SIGN UP FOR SPECIAL EVENTS  
& TO BOOK YOUR NEXT PARTY

>> Customer Copy <<

4/16

Dinner \$ 9.28

See - missing detailed receipt  
Form

4/16

Taxi \$20.00

4116

Villa B 4892

Date: Apr16'11 05:21PM  
Card Type: Visa  
Acct #: XXXXXXXXXXXX1444  
Exp Date: XX/XX  
Auth Code: 04286D  
Check: 9455  
Server: 102083 Flora A

Total 9.28

Total: \_\_\_\_\_

Signature  
I agree to pay above total  
according to my card issuer  
agreement.

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

*Denise et Anouk*

00105365  
 21353  
 DATE: 04/16/2011  
 START TIME: 14:08  
 END TIME: 14:23  
 TRIP: 22919  
 RATE: 2  
 Base: 9.28  
 Tax: 28.50  
 Tip: 1.00  
 Total: 29.50  
 29.50  
 \$20.00  
 29.50  
 29.50



C2WZYH/US 16APR11 BFOEABXC  
LOBNER/BRETON

E-TICKET RECEIPT

ARRIVAL

1000A EXCESS BAG EBC US 9957 Y 16APR 1130A FEE FEE

FROM TO  
EBC FEE

FP VIXXXXXXXXXXXXX1444/XXXX/06770D /FC BAGGAGE FEE (1B) 01 0025 (2B) 00  
0000 (3B) 00 0000 (OW) 00 0000 (OZ) 00 0000( SE) 00 0000 USD TTL 025.00E  
ND

FARE USD 25.00 DOCUMENT NUMBER 0372427198606  
TAX US 0.00  
TAX  
TOTAL USD 25.00 NO CASH VALUE

THANK YOU FOR FLYING  
US AIRWAYS



A5RM62/US 12APR11 BF147AXD  
LOBNER/BRETON

E-TICKET RECEIPT

ARRIVAL

1000A EXCESS BAG EBC US 9957 Y 12APR 1130A FEE FEE

FROM TO  
EBC FEE

FP VIXXXXXXXXXXXXX1444/XXXX/07306D /FC BAGGAGE FEE (1B) 01 0025 (2B) 00  
0000 (3B) 00 0000 (OW) 00 0000 (OZ) 00 0000( SE) 00 0000 USD TTL 025.00E  
ND

FARE USD 25.00 DOCUMENT NUMBER 0372426692582  
TAX US 0.00  
TAX  
TOTAL USD 25.00 NO CASH VALUE

THANK YOU FOR FLYING  
US AIRWAYS

*Baggage fees for  
4/12 & 4/16  
\$50.00*

**SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY**

**MISSING RECEIPT FORM**

Employee/Department Head must complete form below.

Date of Purchase/Event: 5-May-11

Description of Item/Event: 24th Annual Aviation Issues Conference

Vendor/Event Name: American Association of Airport Executives

Dollar Amount: \$9.28

Reason for Missing Receipt: Detailed receipt missing - lost

The cashier gave me the only receipt  
the restaurant printed. They did not give  
an itemized receipt at the Airport.

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

*Robert G. Fisher*  
Employee Signature

5-6-11  
Date

*Arny K*  
Department Head Signature

\_\_\_\_\_  
Date

# **BUSINESS EXPENSES**

**BRETON LOBNER**

**SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY**  
**BUSINESS EXPENSE REIMBURSEMENT REPORT**

March 1, 2011

Period Covered

DATE	G/L Account	Description	AMOUNT
3/16/11	66290	Parking - San Diego County Bar Association / Judicial Reception	\$5.00
3/11/11	66290	Parking - Board Retreat Dinner Dinner	\$15.00
TOTAL			\$20.00

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

APPROVED: By the Executive Committee at its April 25, 2011

NAME

*Burt K. Fahn*

NAME

DATE

4-8-11

DATE

PARKING RECEIPT

**RECEIPT**

**Ampco System Parking**

Lot 1044  
Sixth and A

Setting: Lot 1044  
Mach Name: Shelby 2

\$5.00  
Cash

EXPIRATION DATE/TIME

**Exp 02:00am  
MAR 17, 2011**

Exp 02:00a  
MAR17,2011

T#00021425  
S/N#200007  
470553

Ticket # 00021425  
FOLLOW INSTRUCTIONS ON RECEIPT  
\$5.00 Cash  
5PM to 2AM  
Total Due \$5.00  
Total Paid \$5.00

Purchased  
MAR16,2011  
06:12p

Questions 619-233-2000 or  
customerserviceSD@abm.com

COMPLETE PARKING MANAGEMENT FOR RESTAURANTS,  
HOTELS, PRIVATE PARTIES AND PARK & LOCK, SAN DIEGO, CA

15-

**D 002940**



LICENSE NO.

**THIS CONTRACT LIMITS OUR LIABILITY—READ IT**

This is a license to park only, no bailment is created. In accepting this contract, Holder agrees to use Operator's garage or lot at Holder's own risk. The owners and operators of this parking facility hereby specifically disclaim any responsibility, express or implied, to protect against the loss of or damage to your vehicle or its contents. No employee or agent may alter or enlarge our liability hereunder orally or otherwise. Parking in this facility shall constitute an acknowledgment and acceptance of this condition on your right to use our parking facility. Operator's attendant is on duty for collection of fees only. Note hours of operation and rates are posted. Please lock your car and take your keys.

**LOST TICKET PAYS FULL CHARGE  
ATTENDANT NOT ALWAYS ON DUTY  
NO IN AND OUT PRIVILEGES**

SOUTHLAND PRINTING - SHREVEPORT, LA

132813

# March 11, 2011

Friday

March 2011

S	M	T	W	T	F	S
		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		

April 2011

S	M	T	W	T	F	S
					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

11 Friday		Notes
7 am		
8 00		
9 00		
10 00		
11 00		
12 pm	Board Retreat 12:30 PM to 1 PM Board Room/Bike Ribs/kendy	
		Lunch 12:30 Board
1 00		
2 00		
3 00		
4 00		
5 00		
6 00		
	Dinner with Board: BICE, Bice Restaurant 4251 Grand Avenue, San Diego, CA 92104	

# March 16, 2011

Wednesday

March 2011

S	M	T	W	T	F	S
		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		

April 2011

S	M	T	W	T	F	S
					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

16 Wednesday		Notes
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>		
4 <sup>00</sup>		
5 <sup>00</sup>		
6 <sup>00</sup>	5:30-8:30 Judicial Reception 1333 - 7th Ave (between A & Ash)	