

Meeting Date: OCTOBER 6, 2011 Subject: Business and Travel Expense Reimbursement Reports for Board Members, President/CEO, Chief Auditor and General Counsel When Attending Conferences, Meetings, and Training at the Expense of the Authority Recommendation: For information only. **Background/Justification:** Authority Policy 3.30 (2)(b) and (4)(b) require that business expenses reimbursements of Board Members, the President/CEO, the Chief Auditor and the General Counsel be approved by the Executive Committee and presented to the Board for its information at its next regularly scheduled meeting. Authority Policy 3.40 (2)(b) and (3)(b) require that travel expense reimbursements of Board Members, the President/CEO, the Chief Auditor and the General Counsel be approved by the Executive Committee and presented to the Board for its information at its next regularly scheduled meeting. The attached reports are being presented to comply with the requirements of Policies 3.30 and 3.40. **Fiscal Impact:** Funds for Business and Travel expenses are included in the FY 2011 Budget. **Authority Strategies:** This item supports one or more of the Authority Strategies, as follows: ○ Community Customer **Employee** Financial **Operations** Strategy Strategy Strategy Strategy Strategy

### Page 2 of 2

#### **Environmental Review:**

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

### **Equal Opportunity Program:**

Not applicable.

#### Prepared by:

TONY RUSSELL DIRECTOR, CORPORATE SERVICES/AUTHORITY CLERK

# TRAVEL REQUESTS

# THELLA F. BOWENS

# SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY 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 <u>3.30</u> and <u>3.40</u>, use the most economical means available to affect the travel.

1. I RAVELE		vens		Dept: 6/	Executive Of	fice
Position:	F Board Member		☐ Gen. Counse		Chief Au	
osition.	☐ All other Authority	employees (does not require	executive comm	nittee administ	rator approval	)
2. DATE OF	REQUEST: 08/31/11					
3. DESTINA	ATIONS/PURPOSE (Prov	ide detailed explanation as	to the purpose o	of the trip- cont	inue on extra	sheets
	as necessary):					
Destinal	tion: Sacramento, CA		se: Sacramento ing Event	o International	Airport Termi	nal
Explana	tion: Sacramento Interna	tional Airport Terminal Ope	ning Event			
	TED OUT-OF-TOWN TR					
A. 1	TRANSPORTATION COS	STS:	\$	470.00		
, E Hosti		ATION (Taxi, Train, Car Re		150.00		
B. 1	ODGING		250.00			
	MEALS		\$ \$	50.00		
	SEMINAR AND CONFER	ENCE FEES	\$ 10.5			
E. E	ENTERTAINMENT (If app	licable)	\$ \$ \$			
F. C	OTHER INCIDENTAL EXI		\$	55 E55 W55 x 7		
	TOTAL PROJECTED	TRAVEL EXPENSE	\$	920.00		
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# SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY OUT-OF-TOWN TRAVEL REQUEST

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F Board			□ Ge	n. Counsel		Chief Auditor
Position:	Monibor	, 1100idono 020				, Cindification
☐ All oth	er Authority	employees (does not n	equire exec	utive commit	tee admin	istrator approval)
2. DATE OF REQUEST:	09/22/11	PLANNED DATE OF	DEPARTU	RE/RETURN:	11/03/	11 / 11/04/11
3. DESTINATIONS/PURI of paper as necessary)	:					
Destination:Newport I	Beach, CA		Purpose: C neeting	alifornia Airp	orts Cour	ncil Board of Directors
Explanation:						
4. PROJECTED OUT-OF A. TRANSPORTA						
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B. LODGING				\$	170.00	natures .
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associated expenses conf	orm to the A	authority's Policies 3.30	and 3.40	and are reas	onable ar	nd directly related to the
Authority's business.						
Travelers Signature:				Da	ate:	
<b>CERTIFICATION BY</b>	<u>ADMINIS</u>	TRATOR (Where A	dministrato	or is the Exec	utive Cor	nmittee, the Authority
Clerk's signature is require	ed).					
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AUTHORITY CLERK	CERTIFIC	CATION ON BEHA	LF OF E	XECUTIVE	COM	AITTEE /
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by the Executive Commit			100	mee	ting.	
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# **BRETON LOBNER**

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

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1. TRAVELER:

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Califon:    Board Member   President/CEO   Gen. Counsel   Chief Auditor	Travelers Name	: <u>B</u>	reton Lobner				Dept	15	
DATE OF REQUEST: 09/09/2011 PLANNED DATE OF DEPARTURE/RETURN: 09/13/11 / 09/13/11  DESTINATIONS/PURPOSE (Provide detailed explanation as to the purpose of the trip- continue on extra sheef of paper as necessary):  Destination:Sacramento, CA Purpose: Meeting with State Controllers Office  PROJECTED OUT-OF-TOWN TRAVEL EXPENSES  A. TRANSPORTATION COSTS:  AIRFARE OTHER TRANSPORTATION (Taxl, Train, Car Rental)  B. LODGING  C. MEALS  D. SEMINAR AND CONFERENCE FEES  E. ENTERTAINMENT (if applicable)  F. OTHER INCIDENTAL EXPENSES  TOTAL PROJECTED TRAVEL EXPENSE  S. 50.00  ERTIFICATION BY TRAVELER By my signature below, I certify that the above listed out-of-town travel are sociated expenses conform to the Authority's Policies 3.30 and 3.40 and are reasonable and directly related to the first signature:  Date: 9-10-11  ERTIFICATION BY ADMINISTRATOR (Where Administrator is the Executive Committee, the Authority lerk's signature below, I certify the following:  1. I have conscientiously reviewed the above out-of-town travel request and the details provided on the rever part of the Authority's business and reasonable in compassion to the anticipated benefit to the Authority.  Administrator's Signature:  Date: 9-9-/  Date	eition:	- Board	Member	President/CEO	IV Ge	n. Counsel		Г	Chief Auditor
DATE OF REQUEST: 09/09/2011 PLANNED DATE OF DEPARTURE/RETURN: 09/13/11 / 09/13/11  DESTINATIONS/PURPOSE (Provide detailed explanation as to the purpose of the trip—continue on extra sheef of paper as necessary):  Destination: Sacramento, CA Purpose: Meeting with State Controllers Office  PROJECTED OUT-OF-TOWN TRAVEL EXPENSES  A. TRANSPORTATION COSTS:  AIRFARE  OTHER TRANSPORTATION (Texl, Train, Car Rental)  B. LODGING  C. MEALS  D. SEMINAR AND CONFERENCE FEES  E. ENTERTAINMENT (If applicable)  F. OTHER INCIDENTAL EXPENSES  TOTAL PROJECTED TRAVEL EXPENSE  S. 540.00  ERTIFICATION BY TRAVELER By my signature below, I certify that the above listed out-of-town travel are sociated expenses conform to the Authority's Poliphes 3.30 and 3.40 and are reasonable and directly related to the first of signature is required).  You signature is required). You signature below, I certify the following:  1. I have conscientiously reviewed the above out-of-town travel request and the details provided on the rever concerned out-of-town travel and all identified expenses are necessary for the advancement of the Authority's Policies 3.30 and 3.40  Administrator's Signature:  Date: 9-10-11  Detail 19/13/11  Detail 19/13/11  Detail 20/13/11  Detail 20/	r	- All oth	er Authority er	nployees (does not r	equire exec	utive commit	tee admi	nistrator a	(ipproval
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Sterk'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 rever.  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:  Date:  Date:  Description on Behalf OF EXECUTIVE COMMITTEE  I. hereby certify that this document was approximated the signature of	ERTIFICATI	ON BY	ADMINIST	RATOR (Where	Administrate	or is the Exe	cutive Co	ommittee.	the Authority
3y 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 rever  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:  Date:  Date:  Date:  Description of the Authority.  Date:  Date:  Date:  Date:  Description of the Authority.  Administrator's Signature:  Date:  Date:  Date:  Description of the Authority.  Administrator's Signature:  Date:  Date:  Date:  Description of the Authority.  Date:  Date:  Date:  Date:  Description of the Authority.  Administrator's Signature:  Date:  Da	- Contraction of the Contraction							Les J. S.	
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Authority's Policies 3.30 and 3.40  Administrator's Signature:  Date: 9-9-/									
Administrator's Signature:  Date: 9-9-/  AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE  I. hereby certify that this document was approximately approximat					expenses c	onform to th	e require	ments an	d Intent of
AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE  I. hereby certify that this document was appro-	Authority	r's Policie	es <u>3,30</u> and <u>3,</u>	49/ X				0	0.
I. hereby certify that this document was appro-	Administrator's	s Signati	ire:	19/08	au	<u></u>	Dat	e: <u> </u>	-7-11
I, hereby certify that this document was appro	UTHORITY	CLER	CERTIFIC	ATION ON BEH	ALF OF	EXECUTIV	E CON	MITTE	E
(Please leave blank. Whoever clerk's the meeting will insert their name and title.)						hereby certi	fy that th	ls docum	ant was annro
	(Please leave blan	k. Whoeve	r clerk's the meet	ing will insert their name	and title.)		.,	io docum	one was applo
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# **EXPENSE REPORTS**

# THELLA F. BOWENS

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

	R:	Thelia F. Bowens			DEPT. NAME & NO.			6/Executive Office			
DEPARTURE DATE:		7/28/2011	RETUR	N DATE:		8/3/2011		REPOR	RT DUE:	9	/2/11
<b>DESTINAT</b>		Dallest Pt. Worth									
expenses a	and approvati	ority Travel and Lodging Expense Ro a. Please attach all required support	ing documents	tion. All n	icie 3, Per sosipts mu	t 3.4, Sec at be deta	ion 3.40, d illed, (cred	outlining a lit card rec	opropriete eipts do n	reimburse ot provide	ble sufficient
detail). An	y special Iten	ns should be explained in the space	Provided below				Smalar	-			
			Expenses (Prepaid by	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY		BATURDAY	
		是1000年2月,12日本中	Authority)	7/31/11	8/2/11	8/3/11	8/3/11	7/28/11	7/29/11	7/30/11	TOTALS
	A STREET, SQUARE, SQUA	attach copy of itinerary w/charges)	242.20			C4 2/10.					0.0
		la copy of flyentegistration expenses)									0.0
Rental Car	and the state of t						- 175a		107.55		107.5
Gas and O	The state of the s				-				6.48		6.4
THE RESERVE OF THE PERSON NAMED IN	itach mileage	form*					-				0.0
The second second	The state of the s	(include tips pd.)*									0.0
Hotel*								289.78			289.7
Telephone,	Internet and	Fac						The second	13) - E 13		0.0
Laundry*									F-2 73		0.0
	The second second	naids, belihop, other hotel arvs.)									0.0
Meals (include	Breakfast*										0.0
tips pd.)	Lunch*			-							0.0
	Dinner*		CACOLOGICAL CONTRACTOR								0.0
Alcohol to a	non-reimbura		STATE STATE	2000	Description of the last of the	你把心脏的	D. 发表。	12/2/16/2011	te 867 baselie	<b>计算是3元的</b>	0.0
Hospitality				100 100 100 100 100 100 100 100 100 100	NAME OF TAXABLE PARTY.	BREIGHT BREAK	THE PARTY OF THE	PERSON		Manager State	0.0
Miscellane											0.0
					-01-7-203-20						0.0
	Ejaz eleja		PERMIT					A 1 - H 2 1 1 10			0.0
Provide de	etalled receip.			evi-ment				PIEGE			0.0
A PRINCIPLE	Segration .	Total Expenses prepaid by Authority	242.20	0.00	0.00	0.00	0.00	289.78	114.03	0.00	403.8
Explanation	n:				Total Exp	enses Pre	peid by A	uthority			242.2
din par					Total Exp	enses inc	urred by E	mployee			
					(including Grand Tr		ances)			Name of State of Stat	403.8 648.0
					and the same of the same of	A. Charles and St. Co.		y of Authority		585000	040.0
							peld by A		C. Mariane	PERMANENT I	242.2
		Carried and State Carried and the second		81467			ive amou				272.2
	is end business Theck Request	affiliations of any persons whose meals u	rere paid by trave	her.	A CONTRACTOR OF THE PARTY OF TH	White the state of	ative amo	The second second			403.8
2 Prepare C		reble to SDCRAA		The second second	PROFESSIONAL PROPERTY OF THE PERSON NAMED IN	ada a Manada	A management	o Account	77.7		

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

A. All to B. Pen	sonnel travelli	s must confo	rm to applicable pro ty expense shall, co wallable to affect the	nelstent wit			ies <u>3.30</u>	and <u>3.40,</u> use
1. TRAVELE		Thella F. Bow	ens_			Dept:	06/Exe	cutive Office
	the state of the second	Member	₹ President/CEC	) r	Ben. Counset		_	Chief Auditor
Position:								
	C All off	ner Authority	employees (does no	t require ex	scutive commit	tree admir	nistrator a	abbuores)
2. DATE OF	REQUEST:	07/11/11	_ PLANNED DATE	OF DEPART	URERETURN:	07/28	/11 /	08/03/11
of paper Destina	as necessary tion: To Date	):	ide detailed explana Return to San A*	William Control	ne purpose of t Meeting with a			on extra sheets
			can Airlines HQ.		11 1 - 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
needs t	o return for th	e August 4 E	rtha's Vineyard, MA Board meeting (the r - see strachment).	instead of sturn leg fro	Dallas: Travele om Martha's Vi	er will be ineyard, I	on vecati MA is \$90	ion and new 5 less than if
B. C. D. E. F.	TRANSPORT AIRFARE OTHER T LODGING MEALS SEMINAR AI ENTERTAIN OTHER INCI	TATION COS E TRANSPORT ND CONFER MENT (If app DENTAL EXI PROJECTE	'ATION (Taxi, Train, ENCE FEES licable)	Æ	\$ \$ \$ \$ \$	488.9 125.0 350.0 100.0 0.0 0.0 1081.6	10 10 10 10 10 10	-town travel and
Authority's		July	Authority's Policies	130 and 3.4			o7/4	
Clerk's sign By my sign 1. I he 2. The Aut 3. The Aut Administ  AUTHOR  1. To M  (Please here	nature is requisiture below, ave conscient e concerned e thority's busine concerned ethority's Policirator's Signal	ired). I certify the fi lously review out-of-town tr less and reas out-of-town tr les 3.30 and ure:  K CERTIFI or clarky the ma	red the above out-of avel and all identifie sonabils in comparis avel and all identifie 3.40.  CATION ON BE action of the comparis avel and all identifie 3.40.	town trave d expenses on to the an d expenses HALF OF	I request and to are necessary ticipated bene a conform to the EXECUTIVE, hereby certifications are the second and the second are the second	the details y for the offit to the e require Dat	s provide advancer Authority ments an e: 1.	d on the reverse ment of the



Travelinust
3/4 North Coest Highway 101
Enclutes, Ca 92024
Tol: 780-835-1700
Fax 780-835-1720
Vebsite www.travetrust.com

BOWENS/THELLA	DEPT 6	13-Jul-2011 3:46 pm Page 1 of 2
	YOUR AMERICAN AIRLINES ETICKET CONFIRMATION YOUR DELTA ETICKET CONFIRMATION IS ** GXCINVOICE/ITINERARY ACCOUNTING DOC ************TICKETLESS TRAVEL INSTRUCTIONS** THIS IS AN E-TICKET RESERVATION. A GOVERNMENT ISSUED PHOTO ID IS NEEDED AT THIS TICKET IS NON-REFUNDABLE AND MUST BE THE FLIGHTS BOOKED. IF THE RESERVATION I OR CANCELLED BEFORE THE DEPARTURE OF YOUR IT MAY HAVE NO VALUE. CONTACT TRAVELTRUS YOUR OUTBOUND FLIGHT IF CHANGE IS NECESS/ ***********************************	CWH4 ** CUMENT ********  C CHECK IN E USED FOR IS NOT USED R FLIGHTS ST BEFORE RRY. ******** D BOARDING LOR TO DEPARTURE D DEPARTURE
28-Jul-2011 11:05am Thursday	Air American Airlines From: San Diego CA, USA Meat: Food For Purchase Equip: Boeing 757 Jet Depart: 28-Jul-2011 Thursday 11:05am Arrival: 28-Jul-2011 Thursday 04:05pm Depart - TERMINAL 2 Arrive - American Airlines locator: IHTTXQ	Flight# 1146 Class: G To: Dallas/Ft Worth TX, USA Seats: Seat:17D Status: Confirmed Stope: 0
28-Jul-2011	** EXIT ROW AISLE SEAT CONFIRMED **  ** EXIT ROW AISLE SEAT CONFIRMED **  Flight Duration: 3 hour(s) and 00 minutes  Class of Service: G  Car Hertz Rent A Car  Pick Up: Dallas/Ft Worth TX, USA  Confirmation: F16836996F6	Type: Inter Car Auto A/c (a) Perrial Rate: 20.24USD
Thursday	Raturn: 30-Jul-2011 Approximate Price: 68.31USD Rate Info: USD20.24 Ulmtd WD Xtra Day40.4 Approximate Price: USD66.31 UNL 2DY OHR 2 Arrival Time: 04:05pm Dropoff : Dallas/Ft Worth TX, USA Dropoff Time: 08:00am CD-1205197	Dallas/Ft Worth TX, USA 18 Ulmtd Xtra Hr10.12 Ulmtd 25.83MC
28-Jul-2011 Thursday	Hotel Hyatt Hotels Grand Hyatt Dfw 2337 SOUTH INTERNATIONAL PKWY, DFW AIRPOR' Phone: 1-972-973-1234 Number of Rooms: 1 Confirmation: HY0058128905 Check Out: 30-Jül-2011 Saturday NONSMOKING KING	TTX 75 Fax: 1-972-973-1299 Rate: 259.00USD Room Guaranteed Confirmation #
	** RATE CHANGE - 1ST NIGHT 259.00 2ND NIG ID-G74412834W	нт 169.00 **
03-Aug-2011 03:40pm Wednesday	Air Delta Air Lines From: Marthas Vineyard MA, USA Meal: None Equip: CRJ-Canadair Regiona Depart: 03-Aug-2011 Wednesday 03:40pm Arrival: 03-Aug-2011 Wednesday 05:10pm	Flight# 4149 Class: T To: New York Kennedy NY, USA Seats: Seat:12B Status: Confirmed Stops: 0
	MVY-JFK OPERATED BY PINNACLE DBA DELTA CO Depart - Arrive - TERMINAL 3 Delta Air Lines locator: GXCWH4	MNECTION



Travelitratit
374 North Coest Haginesy 101
Endates, Ca 92024
Tol: 780-835-1700
Fex 780-835-1720
Website www.traveltrast.com

BOWENS/THELLA	DEPT 6				13-Jul-	2011 3:46 pm Page 2 of 2
	** AISLE SEAT CONFIRME Flight Duration: 1 hou Class of Service: Coac	r(s) and 30 minutes	5			
03-Aug-2011 08:45pm Wednesday	Air Delta Air Lines From: New York Kennedy Meal: Food For Purchase Equip: Boeing 757 Jet Depart: 03-Aug-2011 Wed Arrival: 03-Aug-2011 Wed Depart - TERMINAL 3 Arrive - TERMINAL 2 Delta Air Lines locato	dnesday 08:45pm dnesday 10:03pm	Flight# To: Seats: Status: Stops:	245 San Diego CA, Seat:42C Confirmed 0	Class: T USA	
	** AISLE SEAT CONFIRME Flight Duration: 6 hou Class of Service: Coac Other	r(s) and 18 minutes	5			
30-Jan-2012 Monday	San Diego CA, USA RESERVATION RETAINED F	OR 180 DAYS				
	TRAVELTRUST IS OPEN MO AND SATURDAY FROM 9AM FOR EMERGENCY AFTERHO PLEASE CALL 888-221-8082. PLEASE NOTE THIS IS OUR EACH EMERGENCY CALL IS THANK YOU FOR CHOOSING	I-1PM PST - 760-635-1700 OURS SERVICE IN THE I AND USE YOUR VIT CO NEW EMERGENCY NUM BILLABLE AT A MINIMU	0. US DE - S7N: MBER JM 25.00	S0		
	Ticket Information					
	BOWENS THELLA Ticket#:8665624890 Invoice#:1186329	Ticket Base Far Ticket Tax: Total Ticket Ar		245.58 29.12 274.70		
	Electronic: YES	TOTAL FICKET AN	nounc.	274.70		
	BOWENS THELLA Ticket#:8665624891 Invoice#:1186329	Ticket Base Far Ticket Tax: Total Ticket Am		185.11 27.09 212.20		
	Electronic: YES	70007 7.0000 7.0			#242.	20
	SERVICE FEE DOCUMENT #	: 0548152401 FEE	E AMOUNT	: 30.00		To the second



**Grand Hyatt DFW** 2337 South International **Parkway** DFW Airport, TX 75261 Tel: 972.973.1234 Fax: 972.973.1299

#### INVOICE

Payee Thella Bowens

Po Box 488

San Diego Intl Airport San Diego CA 921120488

**United States** 

Membership

G74412834W

**Bonus Code** 

Confirmation No. 5812890501

**Group Name** 

0233 Room No. Arrival 07-28-11 Departure 07-29-11 Page No. 1 of 1 Folio Window

Folio

176704

0.00

Invoice

Your Gold Pastay.	issport account will be credited for this	Total		\$259 78 31V/8	317.78
07-29-11	American Express	XXXXXXXXXXX1003	XX/XX		317.78
07-28-11	State Occupancy Tax 6%			15.39	
07-28-11	City Occupancy Tax 6%			15.39	1
57-20-11	Otate Occupancy Tex 076				1 400 1
T-80-11-	Olly Goospanis Tun SN				#289
A 156					
07-28-11	Package			259.00	1
Date .	Description			Charges	Credits

#### **Guest Signature**

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association falls to pay for any part or the full amount of these charges.

It is our endeavor to exceed your expectations. We welcome your feedback and comments. Simply e-mail Hyatt Consumer Affairs at:

<u>QualityDFWGH@Hyatt.com</u>

Thank you for choosing the Grand Hyatt DFW.

For future stays, please use SKYLINK to travel to Terminal D.

Please remit payment to: Grand Hyatt Dallas Fort Worth

PO Box 974413

Balance

DFW Airport, TX 75397 Customer Service Number: 1-888-552-7410

Customer Service Email: Na.CustomerService@Hyatt.com

For best rates available, please visit us at www.grandhyattdfw.hyatt.com

PRINT

THE HERTZ CORPORATION

Phone:

800-654-4173

Web:

www.hertz.com

Direct All Inquiries To: THE HERTZ CORPORATION PO BOX 26120 OKLAHOMA CITY, OK 73126-0120



REPRINT

Rental Agreement No: 579096346 Invoice Date: Document:

07/30/2011 961001128193

THELLA BOWENS

Renters Account No.:

CDP No.: CDP Name:

1205197 TRAVEL TRUST

THELLA BOWENS TRAVEL TRUST

RESTAL REFERENCE

Rental Agreement No: 579096346 Reservation ID: F16836996F6

MISCELLANEOUS INFORMATION

CC AUTH: 541252 DATE: 2011/07/28 AMT:

RENTAL DETAILS

Rate Plan: Rented On:

IN: MCLE. OUT: MCLE

07/28/2011 18:09 LOC# 160020

Returned On:

DALLAS - DFW AP, TX

07/29/2011 13:31 LOC# 160020 DALLAS - DEW AP, TX ALTINA 215WKA

Car Description: Veh. Mo.:

5756697

CAR CLASS Charged: C

MILBAGE In: 34,140 Out: 34,104

Rented: YF Reserved: C

Driven: 36

RENTAL CHARGES

DAYS 302.00

SUBTOTAL

22.49

22.49 32.49

DISCOUNT 10.00% -3.25 29.24 SUBTOTAL ADDITIONAL OPERATOR 13.00 DAMAGE WAIVER (CDW/LDW) 27.99 LIABILITY INS. SUPPLEMENT 12.95 PERSONAL ACCIDENT INS. 5.95

1 .

CONCESSION FEE RECOVERY 9.90 VEHICLE LICENSE FEE 1.45 CUSTOMER FACILITY CHARGE 6.20 PREMIUM ROADSIDE SERVICE 3.99 7.50% TAX 6.88

AMOUNT DUE

THANK YOU FOR RESTING FROM HERTE

ALL CHARGES HAVE BEEN BILLED TO YOUR ACCOUNT.

Direct All Inquiries To: THE HERTZ CORPORATION PO BOX 26120

# RECEIPTS FROM TRAVEL TO FT. WORTH, TEXAS JULY 28 THROUGH AUGUST 03, 2011—THELLA F. BOWENS

7-ELEVEN
14205 TRINITY BLVD
TORT WORTH, TX 78155
STORE#: 39070

SHELL 14501 TRINITY BLVD FORT WORTH TX 78155 57 543 202709

S100441

: DUPLICATE RECEIPT >

INVOICE# 643775
AUTH# 563571
AMEX
ACCOUNT NUMBER
XXXX XXXXXX X1003
SOMENS/THELLA F

UMP PRODUCT \$/6 07 UNLD \$3.679

JALLONS FUEL TOTAL 1.781 \$ 6.48

TOTAL SALE \$ 8.48

THANKS, COME AGAIN

Page OF

1.

# SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY TRAVEL EXPENSE REPORT

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

TRAVELE	R:	Thella F. Bowens			DEPT. NA	WE & NO.		6/E	xecutive	Office	All your season
DEPARTU	JRE DATE:	6/11/2011	RETUR	N DATE:		6/16/2011		REPOR	T DUE:	7.	/16/11
DESTINAT	TION:	Lisbon, Portugal				ott. L					
Please ref	er to the Auth	ority Travel and Lodging Expense R	elmbursement	Policy, An	ticle 3, Par	1 3.4, Sect	ion 3.40,	outlining ap	propriate	reimburse	ble
		s. Please attach all required support ns should be explained in the space			eceipts mu	ist be deta	iled, (cred	lit card rec	eipts do n	ot provide	sufficient
			Authority		1-14		Employe	e Expens	98		
			Expenses (Prepaid by Authority)	SUNDAY 6/12/11	MONDAY 6/13/11	TUESDAY 6/14/11	WEDNESDAY 6/15/11	THURSDAY 6/16/11	FRIDAY	SATURDAY 6/11/11	TOTALS
Air Fare, R	Railroad, Bus	(attach copy of itinerary w/charges)	4,767.20					THE RES			0.0
Conference	e Fees (provid	de copy of flyer/registration expenses)	是是特殊包藏								0.0
Rental Car			2000年1月1日								0.0
Gas and C	)  *		更是的提下開								0.0
Garage/Pa	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I				7.00						0.0
	attach mileage		e y		100						0.0
	r Shuttle Fare	(include tips pd.)*			100.00	231.10	173.33	18.59	-		423.02
Hotel*			all of		460.26	460.26	460.26	460.26			1,841.0
- Control of the later of the l	, internet and	Fax*	SHEET STATE								0.00
Laundry*			7.51						1000		0.00
Meais	Breakfast*	naids,belihop,other hotel srvs.)				20.44	74 44	20.40	The same	-	0.00
(include	Lunch*		ALL THE STATE OF THE STATE OF	13.49	27.55	20.14	74.14 8.46	20.49	-		114.77
tips pd.)	Dinner*			57.29	39.10		0.40				49.50 96.39
	Other Mea	ale*	A TOTAL PROPERTY.	3.99	4.31						8.30
Alcohol is a	non-reimburs			0.00		EREMENS!	Call Cases	octomica i	112 X = 3		0.50
Hospitality		Marie Capellas	PO 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		10000		(H10)		3.4		0.00
	ous: Baggag	e Fees						17 F 15			0.00
			7 . 8 24	d ma							0.00
			FREE PROPERTY					HE DE COMMON TO SERVICE OF THE SERVI			0.00
*Provide de	etailed receip	ts	是自己的				- 5				0.00
	<b>一种国际的</b>	Total Expenses prepaid by Authority	4,767.20	74.77	531.22	711.50	716.19	499.34	0.00	0.00	2,533.02
Explanation	n'		En LANGE		Total Exp	enses Pre	naid by A	thority			4,767.20
LAPIGITATION .					Total Exp	enses incl	irred by E			ereamy.	
*						cash adv	ances)		100		2,533.02
					Grand Tr				0 1417		7,300.22
erice to								y of Authority	ck)		
						enses Pre					4,767.20
		affiliations of any persons whose meals w	vere paid by trave	ier.	Marie a la l	eler (posit					0 500 00
	Check Request rsonal check pa	yable to SDCRAA				ority (neg		o Accountin	a even if t	he amount	2,533.02
<u> </u>	STERRING NO.										
l as travel	er or adminis	strator acknowledge that I have r	ead, understa	and and a	gree to A	uthority p	olicies 3	.40 - Trav	el and Lo	odging Ex	<b>pense</b>
Reimburs	ement Policy	4 and 3.30 - Business Expense I	Reimburseme	ent Policy	and that	any puro	hases/cla	aims that	are not a	llowed wi	ll be my
responsib	ility. I furthe	r certify that this report of travel e	expenses were	e incurred	in conne	ection with	h official	Authority I	usiness	and is tru	ue and
correct.									Single 1		
	Travel and	Lodging Expense Reimbursement F	Policy 3.40		Business	Expense F	Reimburse	ment Police	y 3.30		
Prepared B	By:	A LIA A MOT	y G. Calderan	-				Ext.:		2445	11
Traveler Si	gnature:	- THIVINING	150001					Date:	25A	# 21	)//
Approved E								Date:	7		
AUTHORIT	Y CLERK CE	ERTIFICATION ON BEHALF OF EX	ECUTIVE CON	MITTEE	(To be ce	rtified If us	ed by Pres	ident/CEO,	Gen. Cou	nsel, or Ch	lef Auditor)
				THE PARTY OF THE P			V	proved by			
(Please leav	e blank. Whoe	ever clerk's the meeting will insert their na	ame and title.)		, under de		aras ap	F. 0.100 Dy			at its
	THE RESERVE	meeting.									
THE RESERVE AND ADDRESS OF THE PERSON NAMED IN		sert the meeting date.)									
	A SURE OF THE PARTY OF THE PART	d documentation will result in the dele strative Assistant or call Accounting a	A CONTRACT OF THE PARTY AND ADDRESS.	ng reimbur	sement. If	you have	any ques	tions, piea	se see		

Date	Expense	Amount	Exchange Rate	Reimb	ourse Amount
6/12/2011	Other Meal	€ 2.75	1.4501	\$	3.99
6/12/2011	Lunch	€ 9.30	1.4505	\$	13.49
6/12/2011	Dinner	€ 39.83	1.4383	\$	57.29
6/13/2011	Hotel	€ 320.00	1.4383	\$	460.26
6/13/2011	Lunch	€ 19.20	1.435	\$	27.55
6/13/2011	Other Meal	€ 3.00	1.435	\$	4.31
6/13/2011	Dinner	€ 27.25	1.435	\$	39.10
6/14/2011	Hotel	€ 320.00	1.4383	\$	460.26
6/14/2011	Car	€ 160.00	1.4444	\$	231.10
6/14/2011	Breakfast	€ 14.00	1.4383	\$	20.14
6/15/2011	Lunch	€ 5.88	1.4383	\$	8.46
6/15/2011	Hotel	€ 320.00	1.4383	\$	460.26
6/15/2011	Car	€ 120.00	1.4444	\$	173.33
6/15/2011	Breakfast	€ 51.34	1.4441	\$	74.14
6/16/2011	Hotel	€ 320.00	1.4383	\$	460.26
6/16/2011	Breakfast	€ 14.30	1.4331	\$	20.49
6/16/2011	Taxi	€ 12.95	1.4331	\$	18.59
			Total:	Š	2,533.02

Туре	Currency Converter Used:
Visa Transactions	OANDA

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

CEN	LACIE	INIOTE	ICT	ONC.
GEN	IERAL	INSTR		UNO:

- 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 <u>3.30</u> and <u>3.40</u>, use the most economical means available to affect the travel.

1. TRAVELER: Travelers Name: Thella F. B	owens		Dept:	06/Executive Office
Position:		Gen. Counsel		Chief Auditor
	ty employees (does not	require executive committ	ee admin	istrator annoval\
2. DATE OF REQUEST:03/14/11	PLANNED DATE O	F DEPARTURE/RETURN:	06/11/1	1 / 06/18/11
<ol> <li>DESTINATIONS/PURPOSE (Proof paper as necessary):         Destination:Lisbon, Portugal     </li> </ol>	ovide detailed explanat	ion as to the purpose of the Purpose: ACI-NA Execution Board Meeting with ACI Annual General Assemb	itive Com Europe ai	mittee Mtg and Joint nd 21 <sup>st</sup> ACI Europe
4. PROJECTED OUT-OF-TOWN T A. TRANSPORTATION CO	RAVEL EXPENSES OSTS: RTATION (Taxi, Train, C RENCE FEES oplicable)	\$	3450.00 200.00 2100.00 600.00 1200.00	
	ED TRAVEL EXPENSE		7650.00	
CERTIFICATION BY TRAVE				
associated expenses conform to the Authority's business.  Travelers Signature:	Authority's Policies 3.3	0.44.0	onable an ate:	d directly related to the
	OTDATOD			
Clerk's signature is required).  By my signature below, I certify the  1. I have conscientiously revie  2. The concerned out-of-town Authority's business and rea  3. The concerned out-of-town Authority's Policies 3.30 and	following: wed the above out-of-to travel and all identified asonable in comparison travel and all identified d 3.40.	own travel request and the expenses are necessary to the anticipated benefit expenses conform to the	e details p for the ad t to the Au requireme	provided on the reverse.  vancement of the athority.
Administrator's Signature:			Date:	
AUTHORITY CLERK CERTIF	ICATION ON BEH	ALF OF EXECUTIVE	COMN	THE RESERVE OF THE PARTY OF THE
Tony P Lyssess		hereby certify	that this	document was annroyed

(Please leave plank. Whoever clerk's the meeting will insert their name and title.)

3128 11

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

by the Executive Committee at its

meeting.



Traveltrust
374 North Coset Highway 101
Enclintas, Ca. 92024
Tol: 760-635-1730
Fex. 760-635-1720
Website www.travelrust.com

**BOWENS/THELLA** DEPT 6 09-May-2011 5:11 pm FAYE Page 1 of 2 YOUR UNITED ETICKET CONFIRMATION IS \*\* WC5BMM \*\*
YOUR TAP ETICKET CONFIRMATION IS \*\* 2R06JG \*\*
-----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. DOMESTIC-MINIMUM 2 HOUR CHECK-IN PRIOR TO DEPARTURE FOR ADDITIONAL SECURITY INFORMATION VISIT WWW.TSA.GOV FOR TRAVEL TO PORTUGAL 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 PORTUGAL PLEASE CALL 00-800-15253545 IF INTL AFTERHOUR NUMBER DOES NOT WORK DIAL DIRECT OR COLLECT 201-221-4462 Air Flight# Class: A **United Airlines** From: San Diego CA, USA Washington Dulles DC, USA To: Seat:2E 11-Jun-2011 Meal: Breakfast Seats: 07:54am Status: Confirmed Equip: Boeing 757 200 Jet Depart: 11-Jun-2011 Saturday 11-Jun-2011 Saturday 07:54am Saturday Stops: Arrival: Saturday 03:52pm Depart - TERMINAL 1 Arrive United Airlines locator: WC5BMM UA Frequent Flyer# \*\* AISLE SEAT CONFIRMED \*\* 位的是2.400年的12.400年 Flight Duration: 4 hour(s) and 58 minutes Class of Service: First Air **United Airlines** Flight# 952 Class: Z Washington Dulles DC, USA To: Frankfurt, Germany From: 11-Jun-2011 Meal: Dinner Snack/brunch Seats: Seat:7C 07:07pm Status: Confirmed Equip: Boeing 767 Jet Saturday Depart: 11-Jun-2011 Saturday 07:07pm Stops: 12-Jun-2011 Sunday 09:10am Arrival: Depart -Arrive - TERMINAL 1 United Airlines locator: WC58MM
UA Frequent Flyer#
\*\* AISLE SEAT CONFIRMED \*\* Flight Duration: 8 hour(s) and 03 minutes Class of Service: Business Air Tap Air Portugal Flight# 575 Class: Z From: Frankfurt, Germany To: Lisbon, Portugal Seat2C Meal: Lunch 12-Jun-2011 Seats: 01:30pm Confirmed Airbus A320 Jet Status: Equip: 01:30pm Sunday Depart: 12-Jun-2011 Sunday Stops: 0 Arrival: 12-Jun-2011 Sunday 03:30pm Depart - TERMINAL 1 Arrive - TERMINAL 1 Tap Air Portugal locator: 280616 UA Frequent Flyer# Table 100



Traveltrust 374 North Case: Highwey 101 Enclintes, Ca 92024 Tol: 760-635-1730 Fex 780-635-1720 Wabsite www.trevetrust.com

Final Columbia Columb		3 hour(s) and Z Airlines ugal 200 Jet	1 00 minutes	Flight#	77	Class: Z	
Ain Fro 16-Jun-2011 Me 12:30pm Eq Thursday De Arr	Continental / m: Lisbon, Portu al: Lunch ip: Boeing 757 2 art: 16-Jun-2011 18-Jun-2011	Airlines ugal 200 Jet					
UA ** F1	ive - TERMINAL tinental Airli Frequent Flyer AISLE SEAT CON ght Duration: ss of Service:	Thursday  C nes locator: # (# GE   FIRMED   8 hour(s) and	HER VELLEY/THE		Seat:3B Confirmed 0	International	
Air Fro 16-Jun-2011 Me 05:15pm Eq Thursday De Arr De Ar Cool UA **	Continental A  n: Newark Liber al: Dinner	Alriines rty International  800 Jet Thursday Thursday C 2 nes locator: # FIRMED ** 5 hour(s) and		Flight# To: Seats: Status: Stops:	1426 San Diego CA, Seat:2B Confirmed 0	Class: Z USA	
13-Dec-2011 Sal Tuesday RE	er Diego CA, USA ERVATION RETAI	NED FOR 180 DA	AYS				
AN FO PLI PLI EA	VELTRUST IS OPE SATURDAY FROM EMERGENCY AF ASE CALL 888-221 ASE NOTE THIS IS THE EMERGENCY CONK YOU FOR CHO	M 9AM-1PM PST TERHOURS SER 1-6062 AND USE ' S OUR NEW EME ALL IS BILLABLE	- 760-635-1700 VICE IN THE L YOUR VIT COE RGENCY NUM AT A MINIMUI	). JS DE - S7NS IBER M 25.00	\$ 60		
BO Tio Inv	ket Information ENS THELLA ket#:864947139: pice#:1184622 ctronic: YES	3 Tick	et Base Far et Tax: l Ticket Am		4030.00 697.20 4727.20	\$ 476	,1.20
	VICE FEE DOCUM			AMOUNT:	: 40.00	4 119	



#### Cópia de Original Venda a Dinheiro Nº VD 01/1211

Exmo.Sr. THELLA FAYE BOWENS/MS

N°Quarto : 4002  Data Entr. : 2011-06-22  Regime : BB	Data Saída: 20 Diária : 0,0	11-06-23 0		«Consumidor Final» NIF: 999999990		
Data	Serviço				Valor	
2011-06-22 2011-06-22	Pag.Parcial Ro Desembolsos/Dis		our/shu	the service	-280,00 280,00	
IVA Incluído Os serviços foram prestados nas datas indicadas	Aposento 6% Al./Beb. 13% Outros 23%	0,00/ 0,00/ 0,00/	0,00 0,00 0,00	Total da Factura : Pagamento Anterior: Valor EUROS	280,00 -280,00 <b>0,00</b>	<u>4</u> ,404.4
Desembolsos/Disburseme	nts - IVA excluído - a	línea c), n°6, art°	16° do CIVA			4,404,4

FJ9= - Processado por programa certificado nº 178/DGCI

Carlota Davies

exchange rate

Residencial 4 Estrelas R.Rodrigues Sampaio, 17-- 1150-278 Lisboa - Portugal Tel.: (351) 213 155 016 - Fax: (351) 213 155 021 britania.hotels@heritage.pt www.heritage.pt

Transaction Date:

08/22/2011 Wed

Transaction Description:

HOTEL BRITANIA LISBOA

SIGN & TRAVEL® / EXTENDED PAYMENT OPTION

Amount \$:

Foreign Spend Amount:

280,00 European Union Euro - Totana trip car service

Doing Business As:

Merchant Address:

**RUA RODRIGUES SAMPAIO 17** LISBOA

1150 PORTUGAL

Reference Number:

320111740332184888

Category:

Travel - Lodging

Exchange rate 1.11444

14 June:

- Round trip corservice Arrive at Congress Centre by 14h00 and then pick up

(60€ from Britania to Estoril, 100€ from Guincho to Britania =160€)

15 June 08h00-18h00 - Rounding car gentee To and From Estoril Congress Centre (60€x2= 120€)

Original

#### Venda a Dinheiro Nº VD 01/1160

blitania @ hertiga. pt

Al./Beb. 13%

Outros 23%

Desembolsos/Disbursements - IVA excluído - alínea c), nº6, artº 16º do CIVA

THELLA FAYE BOWENS/MS Exmo.Sr.

Pagamento Anterior:

Valor EUROS

«Consumidor Final» 2011-06-16 Data Entr. : 2011-06-12 Data Saída: NIF: 999999990 Diária 320,00 Regime Data Valor Serviço 320,00 2011-06-13 460.26 Aposento/Accomodation 320,00 2011-06-14 Aposento/Accomodation P.Almoco/Breakfast - sec Missing receipt from (14,00 2011-06-14 320,00 2011-06-15 Aposento/Accomodation 20,04 11,76 2011-06-15 Bar do Império 460.26 320,00 2011-06-16 Aposento/Accomodation Mini-Bar - Gel Missing Receipt form 4,45 2011-06-16 8 6,40 JVA Incluído 1.207,55/ 72,45 Total da-Factura : # 1884.48 1.318,49 Aposento 6% 1310,24 Os serviços foram

4,42

0,00

2011-06-16 9:29:49

prestados nas datas

indicadas

N°Quarto :

9=CG - Processado por programa certificado nº 178/DGCI

34,07 /

0,00/

Empregado: **TEMPORARIO** 

0,00

1310,21

1.318,49

N.F.Contr: 500426970 2011/06/16 09:33:47 Per:015 Tr:003 M:005 Ident . TPA:00003784 HOTEL BRITANIA \*\*\*\*\*\*\*8911003 OWENS/THELLA

Residencial 4 Estrelas

R.Rodrigues Sampaio, 17-- 1150-278 Lisboa - Portugal

Tel.: (351) 213 155 016 - Fax: (351) 213 155 021

britania.hotels@heritage.pt

www.heritage.pt

## SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY

## MISSING RECEIPT FORM

Employee/Department Head	must complete form below.					
Date of Purchase/Event:	6/14/2011					
Description of Item/Event:	Breakfast Buffet at Hotel					
Vendor/Event Name:	Hotel Britania P. Almoco					
Dollar Amount:	14,00					
Reason for Missing Receipt:	Hotel does not provide itemiz	zed receipt				
I hereby certify that the original orig	al receipt in question was lost	or none was issued to me.  23 Sept 201				
Department Head Signature		Date				

## SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY

# MISSING RECEIPT FORM

Employee/Department Head must complete form below.

Date of Purchase/Event:	6/14/2011	
Description of Item/Event:	Bottled Water	
Vendor/Event Name:	Mini-bar in hotel room	
Dollar Amount:	4,45	
Reason for Missing Receipt:	Hotel does not provide	e itemized receipt
I hereby certify that the origin	al receipt in question wa	as lost or none was issued to me.  23 Sept 2011
Thetla F. Bowens		Date
Department Head Signature		Date

Transaction Date:

06/16/2011 Thu

**Transaction Description:** 

HOTEL BRITANIA LISBOA

LODGING

SIGN & TRAVEL® / EXTENDED PAYMENT OPTION

Amount \$:

,896.38 - B1874.48

**Foreign Spend Amount:** 

1.318,49 European Union Euro

Doing Business As:

**HOTEL BRITANIA** 

Merchant Address:

**RUA RODRIGUES SAMPAIO 17** 

LISBOA 1150

PORTUGAL

Reference Number:

320111670252639540

Category:

Travel - Lodging

fig = 328 difference for bar to Imperio expanse (\$11.91)

Exchange Tate 1.4383

Transaction Date:

06/12/2011 Sun

Transaction Description:

ITALISSIMO TERMINAL FRANKFURT HE

FAST FOOD RESTAURANT

Description

\$17.15

WAREN

SIGN & TRAVEL® / EXTENDED PAYMENT OPTION

Amount \$:

24.07

Foreign Spend Amount: Doing Business As: 17,15 European Union Euro

ITALISSIMO TERMINAL 1 - AIRPORT

Merchant Address:

HUGO-ECKENER-RING 1 TERMINAL 1, A-STEIG FRANKFURT

60549 GERMANY

Reference Number:

320111840209717595

Category:

Restaurant - Restaurant

exchange rate 1.4501 for 6/12/11 Other Meal

#### kundenbe leg

Kartenzahlung American Express Bezahlung/Payment

casualfood GmbH Italissimo Frankfurt Airport Ust. ID 255893097

minal ID 14000301 Nr. 9500978895 Nr. 010747 Pleg Nr. 0394 Tien Nr. 000000-0022-00 Ture Ref. 0613 Th ID Resp. 561776 Auth. Code 16 The Lum 12.06.2011

Betrag/Amount

EUR 17,15

an tenNr. 372765078911XXX analtig bis 02/2014 411 561776

00 GEN. NR: 16

\*\* Gebucht \*\*

ADDIPOS - Rechnung: 21087498

Frankfurt Airport Center 1 Hugo-Eckener-Ring D - 60549 Frankfurt Phone: +49 (0)69 650 07 26-0 Italissimo FFM

casual food GmbH

www.casualfood.de

RECHNUNG

Nr.: 21087498

12.06.2011 10:52

		Skowill	
Concerns results and a second	-,00	-100	
incl. 0.25 £ Pfand	E,10	L,10	
1 Volvic Naturelle 0, incl. 0,25 € Pfand	2,75	2,75 T	# 3.
	A 15	0.15	
incl. 0,25 € Pfand			
The state of the s	1,00	4-50-	

Summe:

17,15€

American Express / Nr.: xxxxxxxxxxx1003

17,15€

incl. 19% Must: incl. 7% Must: Netto Steuer 11,05€ 2,10€ 3,74€ 0,26€ Brutto 13,15€ 4,00€

Ust-Id: DE 814 527 597

Es bediente Sie DE Meryem Mat (412). Vielen Dank für Ihren Besuch.

6/12/2001 Other Meal

Page OF 8

Transaction Date:

08/12/2011 Sun

Transaction Description:

PERFECT DAY MOBIL F FRANKFURT DE

RESTAURANT

Description

Price

WAREN

\$9.30

SIGN & TRAVEL® / EXTENDED PAYMENT OPTION

Amount \$

Foreign Spend Amount: Doing Business As: Merchant Address: 9,30 Buropean Union Euro PERFECT DAY MOBIL F R A

TERMINAL 1 TRANSIT A 34

FRANKFURT 80549 GERMANY

Reference Number:

320111640209717596

Category:

Restaurant - Restaurant

exchange rate: 1.4505 for 6/12 Lunch

D perfect day \*
Kaffeekultur und frischer Genuse

SSP Airport - Gastronomie

301051 Misgena

CHK 149

12JUN'11 12:51

Im Haus

1 Latte Mac. reg. 3,9 1 HS Croiss Schoko 2,4	
	0
1 DDC Evian 0 5 1 2.7	5
I UPU EVIOR O.O.	_
	-
American Express 9,3	U

7ahl	una F	UR	9,	30
1 01	19 %	MwSt	Food	6,30
1,01	NETT	O TOT	AL	5,29
0,48		MwSt		3,00
0,40		O TOT		2,52
1,49		TOT		9,30
1,772		n TOT		7,81

Perfect Day Mobilo

Flughafen Frankfurt am Main
FAG Postfach 52
60549 Frankfurt am Main
Tel.: 06196 - 9986116
Airport.Frankfurt@ssp-ce.de
ST. NR. 43 225 7931 3
Vielen Dank für Ihren Besuch
Wir freuen uns auf ein baldiges
Wiedersehen!

-K-U-N-D-E-N-B-E-L-E-G-

PERFECT DAY MOBIL F R A FIL.-NR.: 41220720 Terminal 1 Transit A34 80549 Frankfurt

Terminal-ID 56547837 TA-Nr 061089 BNr 1859

> Kartenzahlung American Express

EUR 9,30

PAN ###########1003 gültig bis 02/14 VU-Nr 9508302809 Genehmigungs-Nr 564942 Datum 12.06.11 12:47 Uhr

\*\*\* Zahlung erfolgt \*\*\*

AS-Proc-Code = 00 902

00

Capt.-Ref. = 0613

AID59: 34

00 GEN.NR: 34

BITTE BELEG AUFBEWAHREN

6/12/2011 Lunch

Page Vor 8

EMPO:

MESA QTD DESIGNACAO **EUROS** 14.50 T 1 Salada Caranguejo Real 11.00 T 1 Risotto do Dia 3.00 T (1) 1 Agua Luso G 1 34,50 € 4.50 T 1 Tatin de Maca Tip . 5.33 & 1.50 T 1 Cafe 97.00 TOTAL IVA 13% 11,16

> OBRIGADO PELA VISITA **VOLTE SEMPRE** PROCESSADO POR EQUIPAMENT

> > CALC SACRAMENTO 44

בייייייי אם הודעות

LISBOA

N.F. Contr: 507243021 00639995

Id. TPA 2011/06/12

22:18:33 Per:085 Tr:007 Msg:416

ID. ESTABEL .: 1851831

COMPRI-

THELLA F BOWENS

Cartão:

AUT:004641

**UISA INTERNACIONAL** EUR 97,00

UISA DB E

Assinatura:

EM CASO DE DEVOLUCAO GUARDE O SEU TALAO

6/12/11 dinner

Consulta de mesa 34

#### Ribadouro

Emp. Carlos Nunes Nac serve de factura	1/	13/06/11
Of Artigi 1 Lombo Bacalhau Ribau	1V 3	relate 11 117
1 Agua das Pedras.	13	€ 1 he/T
1 Salace Mista (Riba) 1 Bola	13 13 13	E 4 B 7
1 Mousse de Chocolate (R	10 10 13	€ 3 30 <b>T</b>
otal ∈	10	6.75

" A factura/recibo será emitida apos confirmação dos bens solicitados/e un consumidos "

Este documento nao serve de factura

Tkau-Processado por programa certificado n. 0071/DGCI

CLIVEUMTH KIRADOURO

RUA DO SALITRE, N 2 1250-200 LISBOA N.F.Contr: 502036788 Id. TPA 00483505 2011/06/13 22:52:37 Per:016 Tr:025 Msg:638 ID . ESTABEL .: 1625250

COMPRA

Cartão: NT:019642

IISA INTERNACIONAL EUR 106,75 UISA DB E

Assinatura:

27258

EM CASO DE DEVOLUCAO GUARDE O SEU TALAO

\*\*\*\*\* OBRIGADO \*\*\*\*\*

dinner 6/13/11

Exchange 1,4350

+ OANDA

Page 4 OF 8

A. LEITF CONT: 500164509 - TELF: 213465131 жжжжж ESPLANADA жжжжж MESA 21 EMPREG. 1 2.20 5.60 7(3) AGUA MEIO LT. 13.00 13.00 7 1 FRANGO ASS. PIC- NIC 4.00 United (0. 10E) 5.51 19.20 3 % 47.85 TOTAL THIN 1.4350 CAI 1 1A U.D. 129176/1 13/06/11 18:55

> COPI STAR PRACA D. JOAO CAMARA

ESTE In an una

IVA INCLUIDO A TAXA EM VIGOR

507967577 Numero Fiscal: Terminal Pag. Automata:000592927 Data: 2011/06/13 Hora: 192042 Period:054 Transa:039 Mensag:536

Comerciante: ID.ESTABEL .: 1778026

\* \* \* COMPRA

Cartao:

\*\*\*\*\*\* Autorizacao: AUT:023117

Emisor Cart: VISA INTERNACIONAL

: 2660 LOANDA

Assinatura ----

6/13/2011 Lunch

(EUR : 11,10)

H CASO DE DEVOI UCAO

STARBUCKS COFFEE PORTUGAL LDA STARBUCKS ESTACAD DO ROSSIO PrD. Joao da C[mara1200-147LIS80A

1 RENAN

NUM 2660 FAC 11002/008733 Pax 0 13Jun'11 19:16

LEVAR 1 SL/Frutanatura? \*\*\*\*\*\* AUT:023117 11 / 3,00E VISA

B.IMPOSTO TT.PAGAMENTO

I.V.A. INCLUIDO \*\*\* \*\*\*

BASE IVA 13%= 9,82 1,28 1: 10

CRCL/NIPC 507967577 Capital Social 4.610.000 Ed. US

Nome

N.C Codigo WC : 4321 Obrigado pela sua visita 1 www.starbucks.pt rtOY-Processado por programa certificado n. 1035/DGCI

> 6/13/2001 Other Meal \*Canda

HOTE	l, BRI'	<b>FANIA</b>				Débito № 0	
Bar do Rua Rodrig Data D	Sam Sam	paig. 17 - 1150	)-278 Lisboa	1	٢	Quarto N	Z.
PLU	0(1)	Descritivo	Valor Total	PLU	0	Descritivo	Valor Total
196	25	D work	9.80	(4.90	5	)	,
07	4	ED 60	600	2	$\Rightarrow$		
	TP	NAME OF	,,,,,				4,90
			,				Control of the Contro
	0.0	NA THE STATE OF TH	,				98-19
			,				(5,88€
Λ	, di						
o Pun	cionário	<u>, k</u>	THANK	Nota Jo	١	Total €  Correcções (+) (-)  Novo Total €	20°,04
axa 13%		14	lodo de pagamen a créd				
			a pror	Accounts.		(assis	natura do cliente)
ROPIHOTE	1 104					(4831)	monta do cricuto)

Lunch 6/15 Exchange rate 1.4383

Page Ce OF 8



Consulta de mesa

142

### CATARINO, TRINDADE E DIAS LDA.

Nao serve de factura

15/06/11

Qt Artigo	IV	Total
1 1/4 Agua	13	e 0.90 <b>1</b>
Pao, Tostas e Manteiga	13 1:	18 e 5.34 T
1.0 ROBALO	13	e 43.26 7
1.1 odpatema	10	0.00
_ 10pc, 14: 0001	40	0.00
1 Crepe c/ Gelado	13	e 4.107
1 Agua Tonica Euros e	13	e 1.30 f

Breakfast 6/15/2011 > 1348 x Exchange rate 14441 .907 \*\* Canda 43.26 41.10 1.30

Page 7 OF 9

Harrods Buffet Carlos Moia Imp. Exp., Sa. Morada: Rua Ivone Silva, N. 6 19. Esq. Cod. Postal: 1050-124 Telefone: No. Contribuinte: 504273183 gisto na Cons. Lisboa n.7619 pital Social: 374099 Eur	
iente: Consumidor final Contribuinte: anda a Dinheiro No 03/01490675	PR 1,43310
1ta: 16/06/11 \( \text{Breakfast} \)  2t Artigo IV Total  (Dr. Croissant Misto 13 3.55 2.70 T4)	3.55)
Note   National   Na	#14.30 #14.30 tip
Pagamento efectuado em:	
Processado por Computador IVA Incluido  QqzS-Processado por programa certificado n. 0071/DGCI	TÂXIS DIVA, LDA.  Contribuinte N.º 500 516 634  Reg. na Cons. Reg. Com. de Vila Franca de Xira sob o N.º 6.667  Capital Social 5.000 € Qta. Morgado, Sto. António de Bolonha Lote 11, Bloco B2, 3.º-Dto 2625 PÓVOA SANTA IRIA  Exmo. Sr.  Cont. N.º.  Taxímetro  Suplementos  Guinos  Guinos  Guinos  TOTAL  CONTRIBUTA  CO
Page	OF Solution William Control of the C

# **BRETON LOBNER**

### SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY

#### **BUSINESS EXPENSE REIMBURSEMENT REPORT**

September

Period Covered			
DATE	G/L Account	Description	AMOUNT
9/7/11	66290 66290	Parking - MTS attending Taxicab Committee Meeting re: taxicab rates of fare Parking - MTS attending Taxicab Committee Meeting re: taxicab rates of fare	<b>\$2.25</b> <b>\$3.00</b>

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

\*Policy 3.30

\*Policy 3.30

NAME

NAME

DATE

TOTA

\$5.25

APPROVED: By the Executive Committee at its August 22 2011

NAME

#### **EXPENSES OF BRETON K. LOBNER**

\$2.25
PARKING AT MTS
ATTENDING TAXICAB COMMITTEE MEETING
SEPTEMBER 7, 2011
RE: TAXICAB RATES OF FARE

\$3.00
PARKING AT MTS
ATTENDING MTS EXECUTIVE COMMITTEE MEETING
SEPTEMBER 8, 2011
RE: TAXICAB RATES OF FARE

SEP 8 2011

TOTAL: \$5.25

WELCOME TO JAMES R. MILLS

PLEASE KEEP THIS TICKET WITH YOU

Entered/Arrivee: 2811/89/87 89:48

Ticket/Billet#:0688657789 Dur/Duree:76:52 Paid On/Paye Le: 2011/89/87 11:06

Paid/Paye:\$ 2.25 Original Fee:\$ 2.25 GST:\$ 0.00 PST:\$ 0.00

Change:\$ 0.00 AMEX SC:\$ 0.80

Merchant ID:

Purchase 11/89/87 11:85:43 Seq# 8535 Pay Station Auth# 325853 888 APPROUED

> WELCOME TO JAMES R. MILLS

PLEASE KEEP THIS TICKET WITH YOU

Entered/Arrivee: 2011/09/08 08:48

Ticket/Billet#:0888740865 Dur/Duree:110:24 Paid On/Paye Le: 2011/89/88 18:38

Paid/Paye:\$ 3.88 Original Fee:\$ 3.88 GST:\$ 8.88 PST:\$ 8.88

Change:\$ 8.88 AMEX SC:\$ 8.88

Merchant ID:

Purchase 11/09/08 18:38:31 Seq# 0536 Pay Station Auth# 765802 000 APPROVED