



**SAN DIEGO COUNTY  
REGIONAL AIRPORT AUTHORITY**

Meeting Date: **DECEMBER 2, 2010**

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**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 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.

**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 Bowens Dept: Executive Office / #6  
 Position:  Board Member  President/CEO  Gen. Counsel  Chief Auditor  
 All other Authority employees (does not require executive committee administrator approval)

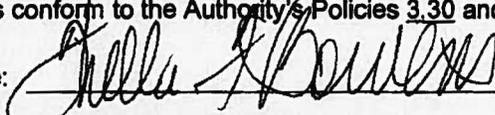
2. DATE OF REQUEST: 10/25/10 PLANNED DATE OF DEPARTURE/RETURN: 11/16/10 / 11/17/10

3. DESTINATIONS/PURPOSE (Provide detailed explanation as to the purpose of the trip— continue on extra sheets of paper as necessary):  
Destination: Washington, D.C. Purpose: FAAC Finance Subcommittee Meeting  
Explanation: Thela will be traveling from Chicago (Airports Green Council Speaking Engagement)

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

<b>A. TRANSPORTATION COSTS:</b>	
• AIRFARE	\$ 560
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$ 100
<b>B. LODGING</b>	\$ 300
<b>C. MEALS</b>	\$ 50
<b>D. SEMINAR AND CONFERENCE FEES</b>	\$
<b>E. ENTERTAINMENT (If applicable)</b>	\$
<b>F. OTHER INCIDENTAL EXPENSES</b>	\$
<b>TOTAL PROJECTED TRAVEL EXPENSE</b>	<u>\$ 1010</u>

**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: 26 Oct 2010

**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: 10.26.10

**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.)

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

**GENERAL INSTRUCTIONS:**

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- 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 Bowens Dept: Executive Office  
 Position:  Board Member  President/CEO  Gen. Counsel  Chief Auditor  
 All other Authority employees (does not require executive committee administrator approval)

2. DATE OF REQUEST: 10/21/10 PLANNED DATE OF DEPARTURE/RETURN: 12/14/10 / 12/18/10

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

Destination: Washington, DC Purpose: Future of Aviation Advisory Committee Meeting, Legislative Consultant Interviews, Meetings w/Various Legislators/Executives

Explanation: AMENDMENT TO REQUEST DATED 8/17/10.

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

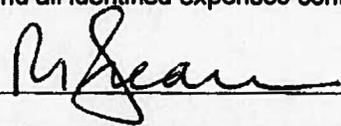
<b>A. TRANSPORTATION COSTS:</b>	
• AIRFARE	\$ 450
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$ 100
<b>B. LODGING</b>	\$ 1500
<b>C. MEALS</b>	\$ 400
<b>D. SEMINAR AND CONFERENCE FEES</b>	\$
<b>E. ENTERTAINMENT (If applicable)</b>	\$
<b>F. OTHER INCIDENTAL EXPENSES</b>	\$
<b>TOTAL PROJECTED TRAVEL EXPENSE</b>	<u>\$ 2450</u>

**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: 10.26.10

**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.)

**THELLA F. BOWENS**



# **EXPENSE REPORT**



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

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

TRAVELER: Thelia Bowens DEPT. NAME & NO. Executive Office / #6  
 DEPARTURE DATE: 10/28/2010 RETURN DATE: 11/2/2010 REPORT DUE: 12/2/10  
 DESTINATION: Bermuda

*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	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
		10/28/10	10/29/10	10/30/10	10/31/10	11/1/10	11/2/10	11/3/10	
Air Fare, Railroad, Bus (attach copy of itinerary w/charges)	754.88								0.00
Conference Fees (provide copy of flyer/registration expenses)	900.00								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.)*		15.00	10.00			15.00			40.00
Hotel*		336.19	271.82	271.82	271.82	271.82			1,423.47
Telephone, Internet and Fax*									0.00
Laundry*									0.00
Tips - separately paid (maids, bellhop, other hotel svcs.)									0.00
Meals (include tips pd.)	Breakfast*			33.93			31.59		65.52
	Lunch*		5.02			17.45	10.45		32.92
	Dinner*	29.53	43.58	23.40	18.72		7.00		122.23
	Other Meals*		28.08						28.08
<i>Alcohol is a non-reimbursable expense</i>									
Hospitality <sup>1*</sup>									0.00
Miscellaneous:									0.00
									0.00
									0.00
*Provide detailed receipts									0.00
<b>Total Expenses prepaid by Authority</b>	<b>1,654.88</b>	<b>380.72</b>	<b>358.50</b>	<b>329.15</b>	<b>290.54</b>	<b>304.27</b>	<b>49.04</b>	<b>0.00</b>	<b>1,712.22</b>

Explanation:	Total Expenses Prepaid by Authority	1,654.88
	Total Expenses Incurred by Employee (including cash advances)	1,712.22
	<b>Grand Trip Total</b>	<b>3,367.10</b>
	Less Cash Advance (attach copy of Authority ck)	
	Less Expenses Prepaid by Authority	1,654.88
	<b>Due Traveler (positive amount)<sup>2</sup></b>	<b>1,712.22</b>
	<b>Due Authority (negative amount)<sup>3</sup></b>	<b>1,712.22</b>
<i>Note: Send this report to Accounting even if the amount is \$0.</i>		

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: Dianne Berg Ext.: \_\_\_\_\_  
 Traveler Signature: Thelia Bowens Date: \_\_\_\_\_  
 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 \_\_\_\_\_ meeting.  
 (Please leave blank. Whoever clerk's the meeting will insert their name and title.)  
 (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:**

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- 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 Bowens Dept: Executive Office / #6  
 Position:  Board Member  President/CEO  Gen. Counsel  Chief Auditor  
 All other Authority employees (does not require executive committee administrator approval)

2. DATE OF REQUEST: 8/19/10 PLANNED DATE OF DEPARTURE/RETURN: 10/28/10 / 11/1/10

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

Destination: Bermuda Purpose: ACI World Board Meeting/Latin & Caribbean Annual General Assembly <sup>AND COMMITTEE</sup>  
 Explanation: \_\_\_\_\_

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

**A. TRANSPORTATION COSTS:**

• AIRFARE	\$ <u>600</u>
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$ <u>100</u>
<b>B. LODGING</b>	\$ <u>1500</u>
<b>C. MEALS</b>	\$ <u>200</u>
<b>D. SEMINAR AND CONFERENCE FEES</b>	\$ <u>900</u>
<b>E. ENTERTAINMENT (If applicable)</b>	\$ _____
<b>F. OTHER INCIDENTAL EXPENSES</b>	\$ _____
<b>TOTAL PROJECTED TRAVEL EXPENSE</b>	\$ <u>3300</u>

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

Travelers Signature: Thella A Bowens Date: 19 Aug 2010

**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**

1. Tony 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 August 23, 2010 meeting.  
 (Leave blank and we will insert the meeting date.)

\* updated  
w/NOV. 2 return

**Berg Dianne**

**From:** Scott Mackerley [smackerley@traveltrust.com]  
**Sent:** Monday, October 18, 2010 9:29 AM  
**To:** Berg Dianne; Harris Matt; SMACKERLEY@TRAVELTRUST.COM  
**Subject:** Travel Itinerary 28OCT SAN BOWENS  
**Attachments:** 33773779.PDF; 33773779.HTM

BOWENS/THELLA

DEPT 6

18Oct10 09:27am

YOUR CONTINENTAL ETICKET CONFIRMATION IS \*\* C3N0Z9 \*\*  
YOUR USAIRWAYS ETICKET CONFIRMATION IS \*\* D13ZL2 \*\*  
-----INVOICE/ITINERARY ACCOUNTING DOCUMENT-----  
\*\*\*\*\*TICKETLESS TRAVEL INSTRUCTIONS\*\*\*\*\*

THIS IS AN E-TICKET RESERVATION.  
A GOVERNMENT ISSUED PHOTO ID IS NEEDED AT CHECK IN  
THIS TICKET IS NON-REFUNDABLE AND MUST BE USED FOR  
THE FLIGHTS BOOKED. IF THE RESERVATION IS NOT USED  
OR CANCELLED BEFORE THE DEPARTURE OF YOUR FLIGHTS  
IT MAY HAVE NO VALUE. CONTACT TRAVELTRUST BEFORE  
YOUR OUTBOUND FLIGHT IF CHANGE IS NECESSARY.

\*\*\*\*\*  
\*\*\*\*\*TSA GUIDANCE FOR PASSENGERS\*\*\*\*\*  
PLEASE ALLOW EXTRA TIME FOR SCREENING AND BOARDING  
INTERNATIONAL-MINIMUM 3 HOUR CHECK-IN PRIOR TO DEPARTURE  
DOMESTIC-MINIMUM 2 HOUR CHECK-IN PRIOR TO DEPARTURE  
FOR ADDITIONAL SECURITY INFORMATION VISIT WWW.TSA.GOV  
\*\*\*\*\*

FOR TRAVEL TO BERMUDA  
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 BERMUDA  
PLEASE CALL 011-800-15253545  
IF INTL AFTERHOUR NUMBER DOES NOT WORK  
DIAL DIRECT OR COLLECT 201-221-4462  
\*\*\*\*\*

28Oct10 01:05pm Thursday

Air Continental Airlines Flight# 427 Class:E Seat:Unavail  
From: San Diego CA, USA 28Oct10 01:05pm Thursday  
To: Newark Liberty Intern 28Oct10 09:30pm Thursday  
Meal: Food For Purchase Equip: Boeing 737-800 Jet Status: Confirmed  
Stops: 0

Depart - TERMINAL 2  
Arrive - TERMINAL C  
Continental Airlines locator: C3N0Z9  
UA Frequent Flyer# [REDACTED]-BOWENS/THELLA

\*\* WINDOW SEAT - WE WILL MONITOR FOR AISLE \*\*  
Flight Duration: 5 hour(s) and 25 minutes

Class of Service: Coach

29Oct10 12:00pm Friday

Air Continental Airlines Flight# 1657 Class:E Seat:8D  
From: Newark Liberty Intern 29Oct10 12:00pm Friday  
To: Bermuda/Hamilton, Ber 29Oct10 03:11pm Friday  
Meal: Light Lunch Equip: Boeing 737-800 Jet Status: Confirmed  
Stops: 0

Depart - TERMINAL C

Arrive -

Continental Airlines locator: C3N0Z9

UA Frequent Flyer# [REDACTED] BOWENS/THELLA

**\*\* AISLE SEAT CONFIRMED \*\***

Flight Duration: 2 hour(s) and 11 minutes

Class of Service: Coach

02Nov10 03:05pm Tuesday

Air US Airways Flight# 1425 Class:S Seat:5C  
From: Bermuda/Hamilton, Ber 02Nov10 03:05pm Tuesday  
To: Philadelphia PA, USA 02Nov10 04:30pm Tuesday  
Meal: None Equip: Airbus Jet Status: Confirmed  
Stops: 0

Depart -

Arrive - TERMINAL A

US Airways locator: D13ZL2

UA Frequent Flyer# [REDACTED] BOWENS/THELLA

**\*\* AISLE SEAT CONFIRMED \*\***

Flight Duration: 2 hour(s) and 25 minutes

Class of Service: Coach

02Nov10 05:55pm Tuesday

Air US Airways Flight# 155 Class:S Seat:6C  
From: Philadelphia PA, USA 02Nov10 05:55pm Tuesday  
To: San Diego CA, USA 02Nov10 08:40pm Tuesday  
Meal: Food For Purchase Equip: Airbus A321 Jet Status: Confirmed  
Stops: 0

Depart - TERMINAL B

Arrive - TERMINAL 2

US Airways locator: D13ZL2

UA Frequent Flyer# [REDACTED] BOWENS/THELLA

**\*\* AISLE SEAT CONFIRMED \*\***

Flight Duration: 5 hour(s) and 45 minutes

Class of Service: Coach

30Apr11 Saturday  
Other 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 AFTERTHOURS 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

BOWENS THELLA  
Ticket#:7927888411      Ticket Base Fare:      150.00  
Invoice#:1179087      Ticket Tax:      0.00  
Total Ticket Amount:      150.00

Electronic: YES

SERVICE FEE DOCUMENT #: 0528383149      FEE AMOUNT: 25.00

BILLED TO: AMERICAN EXPRESS      ENDING IN 1006

-----  
IMPORTANT - PLEASE REVIEW YOUR TRAVEL ITINERARY/DOCUMENTS FOR ACCURACY AND NOTIFY YOUR TRAVELTRUST AGENT WITHIN 24 HOURS OF ANY ERRORS OR DISCREPANCIES TO ENSURE THERE ARE NO ADDITIONAL COSTS INCURRED.

DUE TO CONSTANTLY CHANGING SCHEDULES, TRAVELTRUST RECOMMENDS THAT YOU RECONFIRM YOUR FLIGHTS DIRECT WITH THE CARRIER. 72 HOURS PRIOR FOR INTERNATIONAL TRAVEL AND 24 HOURS PRIOR FOR DOMESTIC TRAVEL.

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\*\*\*ResFAX Message ID 703502\*\*\*

\*\*\*ResFAX Itinerary E-Mail\*\*\*

X Return changed:  
Nov. 1 → 2

**Berg Dianne**

**From:** Scott Mackerley [smackerley@traveltrust.com]  
**Sent:** Wednesday, September 22, 2010 8:45 PM  
**To:** Berg Dianne; Harris Matt; SMACKERLEY@TRAVELTRUST.COM  
**Subject:** Travel Itinerary 28OCT SAN BOWENS  
**Attachments:** 74673123.PDF; 74673123.HTM

BOWENS/THELLA DEPT 6 22Sep10 08:44pm

YOUR CONTINENTAL ETICKET CONFIRMATION IS \*\* C3N0Z9 \*\*  
YOUR USAIRWAYS ETICKET CONFIRMATION IS \*\* D13ZL2 \*\*  
-----INVOICE/ITINERARY ACCOUNTING DOCUMENT-----  
\*\*\*\*\*TICKETLESS TRAVEL INSTRUCTIONS\*\*\*\*\*  
THIS IS AN E-TICKET RESERVATION.  
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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  
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\*\*\*\*\*  
\*\*\*\*\*TSA GUIDANCE FOR PASSENGERS\*\*\*\*\*  
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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  
\*\*\*\*\*  
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A US CITIZEN MUST HAVE A VALID PASSPORT  
YOU CANNOT TRAVEL OUT OF THE UNITED STATES IF YOUR U.S.  
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To: Newark Liberty Intern 28Oct10 09:30pm Thursday  
Meal: Food For Purchase Equip: Boeing 737-800 Jet Status: Confirmed  
Stops: 0

Depart - TERMINAL 2  
Arrive - TERMINAL C  
Continental Airlines locator: C3N0Z9  
UA Frequent Flyer# [REDACTED] BOWENS/THELLA

\*\* WINDOW SEAT - WE WILL MONITOR FOR AISLE \*\*  
Flight Duration: 5 hour(s) and 25 minutes

Class of Service: Coach

29Oct10 12:00pm Friday

Air Continental Airlines Flight# 1657 Class:E Seat:8D  
From: Newark Liberty Intern 29Oct10 12:00pm Friday  
To: Bermuda/Hamilton, Ber 29Oct10 03:11pm Friday  
Meal: Light Lunch Equip: Boeing 737-800 Jet Status: Confirmed  
Stops: 0

Depart - TERMINAL C

Arrive -

Continental Airlines locator: C3N0Z9

UA Frequent Flyer# [REDACTED] BOWENS/THELLA

**\*\* AISLE SEAT CONFIRMED \*\***

Flight Duration: 2 hour(s) and 11 minutes

Class of Service: Coach

01Nov10 03:05pm Monday

Air US Airways Flight# 1425 Class:S Seat:5D  
From: Bermuda/Hamilton, Ber 01Nov10 03:05pm Monday  
To: Philadelphia PA, USA 01Nov10 04:30pm Monday  
Meal: None Equip: Airbus Jet Status: Confirmed  
Stops: 0

Depart -

Arrive - TERMINAL A

US Airways locator: D13ZL2

UA Frequent Flyer# [REDACTED] BOWENS/THELLA

**\*\* AISLE SEAT CONFIRMED \*\***

Flight Duration: 2 hour(s) and 25 minutes

Class of Service: Coach

01Nov10 05:55pm Monday

Air US Airways Flight# 155 Class:S Seat:7C  
From: Philadelphia PA, USA 01Nov10 05:55pm Monday  
To: San Diego CA, USA 01Nov10 08:40pm Monday  
Meal: Food For Purchase Equip: Airbus A321 Jet Status: Confirmed  
Stops: 0

Depart - TERMINAL B

Arrive - TERMINAL 2

US Airways locator: D13ZL2

UA Frequent Flyer# [REDACTED] BOWENS/THELLA

**\*\* AISLE SEAT CONFIRMED \*\***

Flight Duration: 5 hour(s) and 45 minutes

Class of Service: Coach

30Apr11 Saturday  
Other San Diego CA, USA

RESERVATION RETAINED FOR 180 DAYS

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Ticket Information

BOWENS THELLA

Ticket#:7921669677

Invoice#:1178212

Ticket Base Fare: 214.00

Ticket Tax: 43.48

Total Ticket Amount: 257.48

Electronic: YES

BOWENS THELLA

Ticket#:7921669678

Invoice#:1178212

Ticket Base Fare: 214.00

Ticket Tax: 78.40

Total Ticket Amount: 292.40

Electronic: YES

SERVICE FEE DOCUMENT #: 0527671842 FEE AMOUNT: 30.00

BILLED TO: AMERICAN EXPRESS ENDING IN 1006

-----  
IMPORTANT - PLEASE REVIEW YOUR TRAVEL ITINERARY/DOCUMENTS FOR ACCURACY AND NOTIFY YOUR TRAVELTRUST AGENT WITHIN 24 HOURS OF ANY ERRORS OR DISCREPANCIES TO ENSURE THERE ARE NO ADDITIONAL COSTS INCURRED.

~~DUE TO CONSTANTLY CHANGING SCHEDULES, TRAVELTRUST RECOMMENDS THAT YOU RECONFIRM YOUR FLIGHTS DIRECT WITH THE CARRIER. 72 HOURS PRIOR FOR INTERNATIONAL TRAVEL AND 24 HOURS PRIOR FOR DOMESTIC TRAVEL.~~

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\*\*\*ResFAX Message ID 696859\*\*\*

\*\*\*ResFAX Itinerary E-Mail\*\*\*

**20th ACI World/Latin America-Caribbean Annual General Assembly, Conference and Exhibition**  
1-3 November 2010, Fairmont Southampton, Bermuda.

**HOW TO REGISTER**

MAIL this completed form to ACI World: P.O. Box 16, 1215 Geneva 15 - Airport, Switzerland

FAX the completed form to ACI at +41 22 717 8888

EMAIL (IF SENDING BY EMAIL DO NOT ADD CREDIT CARD INFORMATION) the completed form to ACI: nzulauf@aci.aero

<b>DELEGATE #1 REGISTRATION</b>			
Mr.(Ms.)	Family name	First name	
	BONENS	Thella	
E-mail		Job Title	
	@sen.org	President/CEO	
Telephone		Fax	
	619-400-2448	619-400-2448	
<b>Vegetarian or other Special Dietary Requirements</b>			
<b>DELEGATE #2 REGISTRATION (if applicable)</b>			
Mr, Ms.	Family name	First name	
E-mail		Job Title	
Telephone		Fax	
<b>Vegetarian or other Special Dietary Requirements</b>			
<b>DELEGATE #3 REGISTRATION (if applicable)</b>			
Mr, Ms.	Family name	First name	
E-mail		Job Title	
Telephone		Fax	
<b>Vegetarian or other Special Dietary Requirements</b>			
<b>COMPANY ADDRESS</b>			
Name	San Diego County Regional Airport Authority		
Address	PO Box 82776	City	San Diego
Zip Code	92138	Country	US
<b>ACCOMPANYING PERSON Gala Dinner/Opening Ceremony (if applicable/ 150US\$ pp)</b>			
Family name		First name	
Family name		First name	
Family name		First name	
<b>DELEGATE REGISTRATION FEE'S</b>			
<b>ACI LAC Members</b>	<b>ACI Members</b>	<b>Non Member</b>	<b>NGO</b>
US\$ 700 <input type="checkbox"/>	US\$900 <input checked="" type="checkbox"/>	US\$1200 <input type="checkbox"/>	US\$ 600 <input type="checkbox"/>
<b>MULTIPLE REGISTRATIONS</b>			
25% discount on total amount due for 3 or more registrations from the same company under one account.			
<b>CANCELLATION POLICY</b>			
(minus US\$ 100 administration fee). As from 16 September 2010, 50% of the registration fee will be refunded. As from 15 October 2010, registration fees will NOT BE REFUNDED. No-shows will be billed for the full amount and will NOT be refunded. Event access will only be granted upon full payment of registration			
<b>PAYMENT (Indicate applicable payment)</b>			
<input type="checkbox"/>	<b>BANK TRANSFER: UBS SA, Geneva Switzerland</b>	Account #	
	BIC/Swift address:	IBAN: CH64 0024 0240 2029 4253 E	
<input type="checkbox"/>	<b>CHEQUE: Made payable to ACI and sent to ACI Headquarters:P.O. Box 16, 1215 Geneva 15 - Airport, Switzerland</b>		
<b>CREDIT CARD</b>	<input type="checkbox"/> Master Card n°:		
	<input checked="" type="checkbox"/> Visa n°:		
	<input type="checkbox"/> AMEX n°:		
	Name on Card: Dianne Berg	Expiration date: 8/13	
<b>AUTHORISATION TO DEBIT THE CREDIT CARD FOR TOTAL REGISTRATION FEE(S) DUE.</b>			
hereby authorise ACI to debit my credit card for the total amount of registration fee(s) due and I accept the cancellation policy indicated above			
<b>SIGNATURE</b>	Dianne Berg	<b>DATE</b>	10/18/10

**IF YOU HAVE FILLED OUT YOUR CREDIT CARD DETAILS DO NOT SEND BY EMAIL, PLEASE SEND BY FAX**

<b>THE FOLLOWING FUNCTIONS</b>					
Function		Date		Time	Number of persons
Golf Tournament	<input type="checkbox"/>	Monday, 1 November 2010	Handicap	07:00 - 16:00	
J24 Sailing	<input type="checkbox"/>	Monday, 1 November 2010		08:30 - 16:00	
Welcome reception	<input type="checkbox"/>	Monday, 1 November 2010		18:00 - 21:00	
Gala dinner	<input type="checkbox"/>	Tuesday, 2 November 2010		18:30 - 23:00	

**NEWARK AIRPORT MARRIOTT**

**647 BOWENS/THELLA/MS**      **10/29/10 12:00**      **1979**  
 Room      Name      Rate      Depart      Time      ACCT#  
**DNON SD COUNTY REG. AIRPO**      **10/28/10 21:38**  
 Type      Arrive      Time  
**16**

**MRW#: XXXXX4729**

Room Clerk	Address	Payment
DATE	REFERENCE	CHARGES
10/28	RM SERV	5830 647 29.53
10/28	ROOM	647, 1 269.00
10/28	STATE TX	647, 1 18.83
10/28	CITY OCC	647, 1 16.14
10/28	ST OCCUP	647, 1 2.69
10/29	AX CARD	
		<b>\$336.19</b>

**TO BE SETTLED TO: AMERICAN EXPRESS CURRENT BALANCE .00**

**THANK YOU FOR CHOOSING MARRIOTT! TO EXPEDITE YOUR CHECK-OUT, PLEASE CALL THE FRONT DESK, OR PRESS "MENU" ON YOUR TV REMOTE CONTROL TO ACCESS VIDEO CHECK-OUT.**

**AS REQUESTED, A FINAL COPY OF YOUR BILL WILL BE EMAILED TO: DBERG@SAN.ORG**  
**SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM**

**Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement for updated activity.**

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amount shown in the credits column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after checkout, you will owe us interest from the checkout date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X \_\_\_\_\_

THE *Fairmont*  
SOUTHAMPTON

101 SOUTH SHORE ROAD  
SOUTHAMPTON, BERMUDA  
T 441 238 8000 F 441 238 8968

Room : 4468  
Folio # : 292091  
Cashier # : 260  
Page # : 1 of 2

Group Name : Airport Council Intl World Conference 20

**Airports Council International**  
**Ms Thelia Bowens**  
**P.O. Box 82776**  
**San Diego, CA 92138**  
**US**

Arrival : 10-29-10  
Departure : 11-02-10

Date	Description	Additional Information	Charges	Credits
10-29-10	Jasmine	Room# 4468 : CHECK# 5450	28.08 ✓	
10-29-10	Room Gratuities		11.20	
10-29-10	Room Charge		229.00	
10-29-10	Hotel Occ. Tax / Tourism Fund		21.76	} 271.82
10-29-10	Southampton Resort Levy		9.00	
10-29-10	Hotel Occ. Tax / Tourism Fund		0.86	
10-30-10	Windows on the Sound	Room# 4468 : CHECK# 3771	33.93 ✓	
10-30-10	Jasmine	Room# 4468 : CHECK# 5767	23.40 ✓	
10-30-10	Room Gratuities		11.20	
10-30-10	Room Charge		229.00	
10-30-10	Hotel Occ. Tax / Tourism Fund		21.76	} 271.82
10-30-10	Southampton Resort Levy		9.00	
10-30-10	Hotel Occ. Tax / Tourism Fund		0.86	
10-31-10	Jasmine	Room# 4468 : CHECK# 5198	39.78 ✓	
10-31-10	Room Gratuities		11.20	
10-31-10	Room Charge		229.00	
10-31-10	Hotel Occ. Tax / Tourism Fund		21.76	} 271.86
10-31-10	Southampton Resort Levy		9.00	
10-31-10	Hotel Occ. Tax / Tourism Fund		0.86	
11-01-10	Concession Revenue - Taxi Cab		15.00 ✓	
11-01-10	Room Gratuities		11.20	
11-01-10	Room Charge		229.00	
11-01-10	Hotel Occ. Tax / Tourism Fund		21.76	} 271.86
11-01-10	Southampton Resort Levy		9.00	

on 2nd page .86

Guest signature X  
For information or reservations, visit us at  
[www.fairmont.com](http://www.fairmont.com) or call Fairmont Hotels & Resorts from:  
United States or Canada 1 800-441-1414

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, travel agent or association fails to pay for the full amount of the charges. Overdue balance subject to a surcharge at the rate of 1.5% per month (19.56% per annum). All accounts deemed delinquent may be subject to legal fees and all other costs associated with the bill. Account is payable on presentation or departure.  
I have requested delivery of The New York Times. If refused, a credit will be applied to my account of \$.25 (Mon-Sat) and \$1.25 (Sun)

**Thank you for choosing to stay with Fairmont Hotels & Resorts**

THE *Fairmont*  
SOUTHAMPTON

101 SOUTH SHORE ROAD  
SOUTHAMPTON, BERMUDA  
T 441 238 8000 F 441 238 8968

Room : 4468  
Folio # : 292091  
Cashier # : 260  
Page # : 2 of 2

Group Name Airport Council Intl World Conference 20

**Airports Council International**  
**Ms Thella Bowens**  
**P.O. Box 82776**  
**San Diego, CA 92138**  
**US**

Arrival : 10-29-10  
Departure : 11-02-10

Date	Description	Additional Information	Charges	Credits
11-01-10	Hotel Occ. Tax / Tourism Fund		0.86 )	
11-02-10	Window s on the Sound	Room# 4468 : CHECK# 3287	31.59 ✓	
11-02-10	<b>[REDACTED]</b>	XXXXXXXXXXXX <b>[REDACTED]</b> XX/XX		1,259.06
<b>Total</b>			<b>1,259.06</b>	<b>1,259.06</b>
<b>Balance Due</b>			<b>0.00</b>	

uest signature X  
or information or reservations, visit us at  
ww.fairmont.com or call Fairmont Hotels & Resorts from:  
illed States or Canada 1 800-441-1414

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, travel agent or association fails to pay for the full amount of the charges. Overdue balance subject to a surcharge at the rate of 1.5% per month (18.56% per annum). All accounts deemed delinquent may be subject to legal fees and all other costs associated with the bill. Account is payable on presentation or departure.  
I have requested delivery of The New York Times. If refused, a credit will be applied to my account of \$.25 (Mon-Sat) and \$1.25 (Sun)

**Thank you for choosing to stay with Fairmont Hotels & Resorts**

**TAXI CASH RECEIPT**

**Newark, N.J.**

Cab No: \_\_\_\_\_ Date 10/28/10

Pick-up from Newark Int'l Airport

To Marriott

Amount \$ 15 -

Inc. Tolls  Luggage  Several Stops

Tips  \$ 1.00 for Luggage 24" size

ENJOY BERMUDA

CAB # T1580  
DATE: 10/29/2010  
START TIME 21:04  
END TIME 21:10  
TRIP # 2999  
RATE No. 1  
MILES 1.13  
FARE \$ 8.20  
EXTRAS \$ 2.00  
TOTAL \$ 10.20

FOR COMPLAINTS  
call 292-1271  
ext. 115

10/28  
DINNER

YVUNNE

SERVICE \*\*\*\*\*

647/1 5830 GST  
28OCT'10 10:04PM

WINGS (12)	12.00
HOUSE SALAD	7.00
SOFT DRINK	4.00
Sub-Total:	23.00
20% RS SVC CHG	4.60
Tax	1.93
4 TOTAL DUE: \$29.53	
SERVICE CHARGE INCLUDED	

M NUMBER \_\_\_\_\_

T LAST NAME \_\_\_\_\_

ATURE \_\_\_\_\_

UITY \_\_\_\_\_

10/29 - Other



...  
Jasmine

BILL 2596

EM WITH FRIED RICE / LO MEIN 4.69

SUBTOTAL 4.69  
TAX 1 0.33

SUBTOTAL 5.02  
**CREDIT CARD 5.02**

10/29 Lunch

SIGNED :

XXXXXXXXXXXX

CASHIER  
#002-001-000044-1400 10/29/2010 11:34-R

Ming Tree

120 Anil

16/1 CHK 5450 GST  
29OCT'10 4:53PM

1 Tea 24.00

Food 24.00  
Service Chrg 17% 4.08  
Total Due .. \$28.08

ROOM # \_\_\_\_\_

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

SIGNATURE \_\_\_\_\_

THE DINING ROOM  
@ THE LIGHTHOUSE  
SOUTHAMPTON, BERMUDA  
TEL: 1-441-

\*\* \*\* \*\* \*\* \*\*

CASHIER

Tel 9/1 Chk 8728 Gst 1  
Oct29'10 09:19PM

1 Small Water 4.75  
1 Quiche 15.00  
1 Bufala Special 17.50

SUBTOTAL 27.25 46.25  
17% Grat 6.25 7.90  
10:01PM TOTAL 43.50 54.15

10/29 Dinner

THE DINING ROOM  
@ THE LIGHTHOUSE  
SOUTHAMPTON, BERMUDA  
TEL: 1-441-

\*\* \*\* \*\* \*\* \*

Date: Oct29'10 10:03PM  
Card Type:   
Acct #: XXXXXXXXXXXX  
Card Entry: SWIPED  
Trans Type: PURCHASE  
Auth Code: 586109  
Check: 8728  
Table: 9/1  
Server: 1 CASHIER

Subtotal: 54.15

\*\* \*\* \*\* \*\* \*

\*\* \*\* \*\* \*\* \*  
\* \* \* \* CUSTOMER COPY \* \* \* \*  
\*\* \*\* \*\* \*\* \*

THANK YOU FOR YOUR PATRONAGE  
\*\* \*\* \*\* \*\* \*\*

Fairmont Hotels & Resorts  
 Fairmont Southampton  
 Windows Restaurant

Jasmine

1148 Channa

118/1          CHK 3771   GST 1  
 468  
 30OCT'10 11:02AM

1 Buffet Bfast          29.00  
 Food                      29.00  
 Service Chrg 17%      4.93  
 Total Due .. \$33.93

*10/30  
 BREAKFAST*

Yade

CHK 5767   GST  
 30OCT'10 4:36PM

1 Cup Soup                      5.00  
 1 Madison's B Salad          15.00  
 Food                              20.00  
 Service Chrg 17%              3.40  
 Total Due .. \$23.40

*10/30  
 DINNER*

PRINT NAME Tony A. Quinn  
 ROOM # 468  
 SIGNATURE [Signature]

# \_\_\_\_\_  
 PRINT NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

Jasmine

Priymal

71          CHK 5198   GST 1  
 31OCT'10 9:08PM

Fairmont Burger          16.00  
 [Redacted]                      [Redacted]  
 Food                              16.00  
 [Redacted]                      [Redacted]  
 Service Chrg 17%          5.78 *2.72*  
 Total Due .. \$39.78 *18.72*

*10/31  
 DINNER*

ROOM # \_\_\_\_\_  
 PRINT NAME \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_

11/1 LUNCH

\*\*\* \*\* \*\* \*\* \*\*  
WELCOME TO THE WHITE HOUSE  
PUB AND RESTAURANT  
ST GEORGES  
BERMUDA. TEL: 1-441-297-1838  
\*\*\* \*\* \*\* \*\* \*\*

\*\*\* \*\* \*\* \*\* \*\*  
WELCOME TO THE WHITE HOUSE  
PUB AND RESTAURANT  
ST GEORGES  
BERMUDA. TEL: 1-441-297-1838  
\*\*\* \*\* \*\* \*\* \*\*

11/1 AM

Date: Nov01'10 02:52PM  
Card Type:   
Acct #: XXXXXXXXXXXX  
Exp Date: 02-14  
Auth Code: 562037  
Check: 3379  
Table: 55/1  
Server: 335 SAM  
THELLA F BOWENS

Chk No: 12:26PM  
Subtotal 14.95  
TAXES 2.50  
Total 17.45

Subtotal: 17.45

\*\*\* \*\* \*\* \*\* \*\*  
\*\*\* \*\* \*\* \*\* \* CUSTOMER COPY \* \*\* \*\*  
\*\*\* \*\* \*\* \*\* \*\*

Fairmont Hotels & Resorts  
 Fairmont Southampton  
 Windows Restaurant

128 Ricardo

*11/12  
 BREAKFAST*

56/1 CHK 3287 GST 1  
 468/BOWENS  
 02NOV'10 9:57AM

1 Toast 4.00  
 1 Bacon 6.00  
 1 Berries Plate 12.00  
 1 Tea 5.00  
  
 Food 27.00  
 Service Chrg 17% 4.59  
 Total Due .. \$31.59

PRINT NAME *Thella Bowen*

ROOM # *468*

SIGNATURE *Thella Bowen*

*11/12  
 Lunch*

*11/12  
 Dinner*

Welcome to  
 Villa Fresh Italian Kitchen  
 #4892 - 215-365-3992

102C77 Aicha D

Chk 8920 Nov02'10 04:54PM Gst 0

1 Sm Sd Salad 3.19  
 1 Baked Ziti 6.49  
 Cash 20.00  
  
 Subtotal 9.68  
 Sales Tax 0.77  
 Payment 10.45  
 Change Due 9.55

Thank You for your patronage!  
 Have a safe flight!

**U.S AIRWAY:**

02/2010  
 155 PIR SAN  
 220686  
 ice 10 GLX00020190  
 Receipt #: 0006  
 transaction: 101102191915206

Sale  
  
 Product Price Qty A  
 twich 1.00 1 /  
 USD /