

Item No.

Meeting Date: MAY 28, 2013

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 2013 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

EXPENSE REPORTS

ROBERT GLEASON

SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY TRAVEL EXPENSE REPORT - Board Members

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

4/16/2013

⁴ Travel and Lodging Expense Reimbursement Policy 3.40

Report Due:

5/16/13

Return Date:

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

Authority

Robert H. Gleason

4/10/2013

Blloxi, MS

should be explained in the space provided below.

Business Expense Reimbursement Policy 3.30

Board member name:

Departure Date:

Destination:

		Expenses				oard wem	ner Expens	362		
		(Prepaid by Athty)	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	5355
Daily PerDiem Limitations:		AURY)	4/14/13	4/15/13	4/16/13	5/19/00			MANUFACTURE NO.	TOTALS
**GSA Daily Hotel Rate or		140.77	Wallet S	140.77	100 2	17				
	ainment & Incidentals (ME&I)	BUSIN	42.00		42.00	120,820.0	150 100	ENGLISH N	M-28ktie	
Air Fare, Railroad, Bus (attaci		544.59						12		0.
	by of flyer/registration expenses)	690.00								0.
Rental Car		000.00								0.0
Gas and Oil										0.0
Garage/Parking										0.0
Mileage - attach mileage form	1								0.00	0.0
	s pd.) To/From meetings, airport, etc.				56.93					56.1
Hotel - Actual Expense Paid -		70193	TVAL SE	119.00	VALUE OF				10-21 NO. 10-10	
The second secon	of Actual or GSA Allowance)		0.00	119.00	0.00	0.00	0.00	0.00	0.00	119.0
Hotel Taxes Paid			Lord Service	21.77						21.7
Telephone, Internet and Fax		Kess de							A realities	0.0
Laundry			A. 11 - 11 - 12 / 6	2					-111	0.0
Meals, Entertainment & Incl	identals (M,E&I):					W 11	(F3/5)101			
Meals (include tips pd.)	Breakfast									
	Lunch	Tuesday.		REPORT						
	Dinner				MAN A		The same			
	Other Meals						Maria de La			
Entertainment (Hospitality)					100					
Tips Paid to Malds, Bellho									CU III	
	tips pd.) To/From meal destinations									
Total Meals, Entertainmen		CANADA STATE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
GSA Allowance for M,E&	A STATE OF THE STA	N. V. C.	42.00	56.00	42.00	0.00	0.00	0.00	0.00	
	of Actual or GSA Allowance)	NOT LUX 19	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0
Alcohol is a non-reimbursable		IS UPLOW	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0
Miscellaneous: Baggage fees		AV. EMPER	25.00		25.00					50.0
Micocilancous. Baggage rece		CONTRACTOR OF	25.00		25.00					0.0
		1059								0.0
Menonik Angridatuk, inggaran-	Total Expenses	1,234.59	25.00	140.77	81.93	0.00	0.00	0.00	0.00	247.7
Add any additional details as nee	eded for explanation (attach add'i sheet if r	reeded).	701			SYMISH TO 1	Tall secondary		F-Laconic ZA Sign	Service Control of
				Grand Trip	Total					1,482.2
First night's lodging of \$140.7 cost of personal travel.	7 charged to P-Card. Chair Gleason re	eimbursed \$1	65.41 for	Less Cash /		tach appy of	Authority ak)			1,402.2
Alcohol is a non-reimbursab	le expense			Less Expen					- **W_ K(()	4 024 E
	ilations of all persons whose meals wer	a naid by trav		GAT GAT		100000000000000000000000000000000000000			-	1,234.5
				Pado Francis - Il positive amount, prepare check request				247.7		
-alure to attach required documentation	on will result in the delay of processing reimbursem	ent. IJ you nave	any				Accounting			241,1
	almondades that the constant									4
as traveler or administrator a	acknowledge that I have read, understa	and and agre	e to Autho	rity policies	3.40 - Tra	vel and Lo	dging Expe	nse Relmb	ursement P	olicy and
3.30 - Business Expense Kein	mbursement Policy⁵ and that any purch nnection with official Authority busines:	nases/claims	that are n	ot allowed w	ill be my re	sponsibility	/. I further	certify that	this report	of travel
expenses were incurred in con	infection with official Authority business	s and is true	and correc	il.						
Prepared By:	Anne Warren				Ext.:		2408			
Fraveler Signature:	Print/Type Name	ALL			Date:	4.2	12.13	H H		
	CONFY & SIN	~			8	11/2	0./12			
Administator's signature:	ON F POS				Date: _	4/2	115	CB GI		
Al	JTHORITY CLERK CERTIFICATION (N BEHALE	OE EVEC	LITIVE COM	AMITTEE (To be som	alated by	Nouls)		
	hereby certify that	this docume	ent was app	proved by th	e Executiv	e Committe	e at it's me	eting on _	-	n 81
Cierk Signature:					Date:					
				C:\Users\awa	arren\Desktop	Robert Gleas	on Travel Exp	ense Biloxi, I	MS 4-14-13.x	lsx
										N E

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

GENERAL INSTRUCTIONS	GE	NE	RAL	INST	RUC'	TION	JS.
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 A. All travel requests must conform to applicable provisions of Pol B. Personnel traveling at Authority expense shall, consistent with the most economical means available to affect the travel. 	licies 3.30 and 3.40 . the provisions of Policies 3.30 and 3.40 , use
TRAVELER: Travelers Name: Robert H. Gleason	Dept: Board/02
	en. Counsel Chief Auditor
i Oskion.	
All other Authority employees (does not require executed as DATE OF DECUTE 194440	
2. DATE OF REQUEST: 1/31/13 PLANNED DATE OF DEPARTUR	RE/RETURN: 4/10/13 / 4/16/13
3. DESTINATIONS/PURPOSE (Provide detailed explanation as to the of paper as necessary):	
Destination: Biloxi, MI Explanation: Attending ACI Airport Board and Commission in the Commission of	ttend conference
Explanation: Attending ACI Airport Board and Commissioners Conto to conference)	reference April 14-16 (personal travel prior
4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES A. TRANSPORTATION COSTS: • AIRFARE	.
OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$ 515 \$ 50
B. LODGING	\$ 260
C. MEALS	\$ 690
D. SEMINAR AND CONFERENCE FEES	
E. ENTERTAINMENT (If applicable) F. OTHER INCIDENTAL EXPENSES	\$
TOTAL PROJECTED TRAVEL EXPENSE	\$ 50 \$ 1565
CERTIFICATION BY TRAVELER By my signature below, I certif	y that the above listed out-of-town travel and
associated expenses conform to the Authority's Policies 3.30 and 3.40 a	and are reasonable and directly related to the
Authority's business.	0 1 1 2
Travelers Signature:	Date:
CERTIFICATION BY ADMINISTRATOR (Where Administrator	ris the Executive Committee the Author
Clerk's signature is required).	is the Executive Committee, the Authority
By my signature below, I certify the following:	
I have conscientiously reviewed the above out-of-town travel required.	quest and the details provided on the reverse
2. The concerned out-of-town travel and all identified expenses are	e necessary for the advancement of the
Authority's business and reasonable in pomparison to the anticip	pated benefit to the Authority
 The concerned out-of-town travel and identified expenses cor 	nform to the requirements and intent of
Authority's Policies 3.30 and 3.40.	
Administrator's Signature:	Date: 2/1/13
AUTHORITY CLERK CERTIFICATION ON BEHALF OF EX	ECUTIVE COMMITTEE
(Please leave blank. Whoever clerk's the meeting will insert their name and title.)	ereby certify that this document was approved
by the Executive Committee at its (Leave blank and we will insert the meeting)	meeting.



TRAVELTRUST SCRIPPS RANCH Phone: 1-800-792-4662

Electronic Invoice

Prepared For:

GLEASON/ROBERT

SALES PERSON

INVOICE NUMBER

INVOICE ISSUE DATE

RECORD LOCATOR

CUSTOMER NUMBER

E4

1201108

01 Feb 2013

AORRZC

0000SDCRAA

Client Address

SAN DIEGO COUNTY REG AIRPORT AUTHORITY PO BOX 82776

SAN DIEGO CA 92138-2776

YOUR UNITED ETICKET CONFIRMATION IS ** JP3JKN ** YOUR USAIRWAYS ETICKET CONFIRMATION IS " FLM9R1 " ------INVOICE/ITINERARY ACCOUNTING DOCUMENT------*******TICKETLESS TRAVEL INSTRUCTIONS***

THIS IS AN E-TICKET RESERVATION.

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

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

DATE: Wed, Apr 10

Flight: UNITED AIRLINES 1552

From

SAN DIEGO, CA

Departs

6:36am

To Departure Terminal NEWARK, NJ

JET

Arrives Arrival Terminal 3:00pm

Duration

05hr(s):24min(s)

Class

United Economy

Type

BOEING 737-800

Meal

Food for Purchase

Stop(s) Non Stop

Seat(s) Details

GLEASON/ROBERT

Seat(s) - 27C

UA - XXXXXXXXX

14

DATE: Sun, Apr 14

Flight: US AIRWAYS 1697

From To

NEWARK, NJ CHARLOTTE, NC

Departs Arrives

1:15pm

Departure Terminal

3:01pm

01hr(s):46min(s)

Class

Duration

AIRBUS INDUSTRIE

Meal

Coach

Type Stop(s)

A320 JET Non Stop

Seat(s) Details

GLEASON/ROBERT

Seat(s) - 16C

UA - XXXXXXXXX

14

DATE: Sun, Apr 14

Flight: US AIRWAYS 2332

From To

Type

CHARLOTTE, NC GULFPORT/BILOXI,

MS

Duration

01hr(s):50min(s) **CRJ-CANADAIR REGIONAL JET**

Non Stop

Stop(s)

GLEASON/ROBERT Seat(s) Details

Departs Arrives

4:05pm 4:55pm

Class Coach

Meal

Seat(s) - 06D

UA - XXXXXXXXX

DATE: Tue, Apr 16

Flight: UNITED AIRLINES 4262

From

To

GULFPORT/BILOXI,

MS

HOUSTON GEO

BUSH, TX

Departs Arrives

3:38pm 4:59pm

Arrival Terminal

Class Meal

United Economy

Type Stop(s) Seat(s) Details

Duration

01hr(s):21min(s) **EMBRAER JET** Non Stop

GLEASON/ROBERT

Seat(s) - 14A

UA - XXXXXXXXX

14

5:55pm

7:31pm

В

DATE: Tue, Apr 16

Flight: UNITED AIRLINES 681

From

To

HOUSTON GEO BUSH, TX

SAN DIEGO, CA

Departure Terminal C Duration

03hr(s):36min(s) AIRBUS INDUSTRIE Type

A320 JET

Seat(s) Details

Non Stop

GLEASON/ROBERT

Seat(s) - 28C

Departs

Arrives

Class

Meal

Arrival Terminal

United Economy

Food for Purchase

UA - XXXXXXXXX

DATE: Sun, Oct 13

Others

Stop(s)

RESERVATION **RETAINED FOR 180 DAYS**

Ticket Information

Ticket Number

UA 7202696108

Passenger

GLEASON ROBERT

Billed to:

AX XXXXXXXXXXX

USD

* 680.01

Service Fee

XD 0586399506

Passenger Bliled to:

GLEASON ROBERT

USD

AX XXXXXXXXXXXXX

* 30.00

SubTotai

USD 710.01

Net Credit Card Billing

* USD 710.01

Total Amount Due

USD 0.00

Warren Anne

From:

Scott Mackerley <smackerley@Traveltrust.com>

Sent:

Friday, February 01, 2013 3:51 PM

To:

Warren Anne

Subject:

RE: Itinerary for Robert Gleason

Yes, I'm getting \$165.41 as well.

····Original Message----

From: Warren Anne [mailto:awarren@san.org]

Sent Friday, February 01, 2013 3:33 PM

To Scott Mackerley

Subject: RE: Itinerary for Robert Gleason

If my numbers are correct (please confirm), Robert will owe \$165.41 for the Newark portion. Thanks, Anne

	90-4217/1222	2710
	DATE 2.1.13)
PAY TO THE STOCKAR		\$165.41
NORTHERN TRUST, NA (B) Northern Trust	NORTHERN TRUST ANCH	OR ACCOUNT
and chat removement	JARA	'u M
	02760	

San Diego County Regional Airport Authority OFFICIAL REG	CEIPT NO
RECEIVED FROM Robert Gleason	
	5.4/
Check # 27/0	#
* Fersonal Travel gr. New	erk I to Bilexi, 1
BUSINESS UNIT: ACCOUNT NUMBER WORK ORDER NUMBER 2. 66308.107 RECEIVED BY DEPARTMENT COUNTING	DATE /07/13
SOCRAA 02-018 (08/09) COPIES: WHITE - CUSTOMER PINK - TREASURER YELLOW - RETAIN	

Warren Anne

From:

cgroup@aci-na.org

Sent:

Wednesday, February 06, 2013 12:01 PM

To:

Warren Anne

Subject:

2013 Airport Board Member & Commissioners Conference - Confirmation

02/06/2013



Meeting Confirmation Notice

Please review your <u>CONTACT</u> information below as it will be used for rosters and badges. Any changes should be sent to <u>cgroup@aci-na.org</u> immediately.

PH: (619) 400-2408

FX: (619) 400-2406

EM: awarren@san.org

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

Mr. Robert H. Gleason

Board Chair

Nick Name: Robert

San Diego County Regional Airport Authority

PO Box 82776 San Diego, CA 92138-2776

You are registered for the following:

2013 Airport Board Member & Commissioners Conference From Sunday, April 14, 2013 through Tuesday, April 16, 2013

Description	UnitPrice	Quantity	Price
		Total	690.00
		Payments	0.00
		Balance	690.00

Thank you for registering for the 2013 Airport Board Members & Commissioners Conference. The event will be held April 14 -16, 2013 at the Beau Rivage hotel in Biloxi, MS. Dress for the conference is business casual. Registration fees for the conference include all conference materials and handouts. Sunday; a beverage break, and the Welcome Reception. Monday; continental breakfast, lunch and 2 beverage breaks. Tuesday; a continental breakfast and a beverage break. Dress for the meeting is business casual.

HOTEL RESERVATIONS

Call the Beau Rivage hotel directly at (228) 386-7444 or toll free at 888-567-6677. Identify yourself as an ACI-NA conference attendee to receive the special group rate of \$119.00 USD single/double occupancy plus applicable taxes and fees. The last day to receive this rate is March 22, 2013. Rooms may sell out before this date.

Rooms may sell out before this date so make your reservation early!

US AIRWAYS

A STARALESMYBE MEMBERPATTS GLEASON/ROBERT 1000A EXCESS BAG EBC

E-TICKET RECEIPT

FROM TO EBC FEE

US AIRWAYS A STAR ALLIANCE MEMBER

1130A FEE FEE

ARRIVAL

FP VIXXXXXXXXXXXXXXX/0104 /FC BAGGAGE FEE (1B) 01 25.00(2B) 00 IF ONI OF YOUR FLIGHTS IS ON A 0000(3B) 00 0000 (4B) 00 0000 (0M) 00 0000 (0Z) 00 0000 (SE) 00 0000 (CU PARTN|R AIRLINE, PARTNER FEES Bag fee to BPT US 9957 Y 14APR

0.90 FARE USD
TAX US

DOCUMENT NUMBER 0372309948918

) 00 0000 USDTTL 25.00END 0167202696108201302012201304141697EWR.CLT.GPT.(MAY ALPLY. PLEASE GO TO

NOT VALID FOR TRAVEL NO CASH VALUE

TOTALUSD

THANK YOU FOR FLYING US AIRWAYS

USAIRHAYS. COM/PARTNERBAGFEES

FOR MYRE INFO

CNITED

Issue Date: 16 APR 2013 GPT ATO Baggage Receipt

A STAP ALLIANDE MEMBER

\$25.00 Fees

Description

Baggage Document

0162607933864

Ticket Number 0167202696108

Melhod of Payment Vira XXXXXXXXXX

ROHERT H GLEASON Cardholder Name

Confirmation: JP3JKN

GPT - IAH IAH - SAN Routing Carrier 4 4

SF 1 SA First Bag Fee Total Fees BAGGAGE FEES

- For refunds or adjustments, see a United representative.

- All excess baggage is subject to space availability.

Excess Baggage Terms and Conditions:

- Receipt for payment must be presented at bag check.

AGENT REFERENCE: GC ESC BAG



Mr. Robert Gleason PO Box 82776

San Diego, CA 92138-2776

ROOM#

: 23063

CONF#

: 444456798

ARRIVAL

: 04/14/13

DEPARTURE

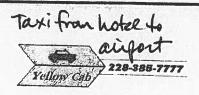
: 04/16/13

Page 1 of 1

DATE	DESCRIPTION	CHARGES	CREDITS	
04/14/13	Deposit Applied		140.77	paid by
994/14/19	BR Room Survice Food	22.00		STORAY
-	DR Room Control Soc	10.00		
\$94/14/13	BR Roun Burius Corvine Charge	2,00		
-24/14/13	DR Poom Service Tex	2.70		
-04/14/19	BR Room Service Tip	2.021		
04/14/13	BR Room	119.00		
04/14/13	BR Room Tax - 12%	14.28		
04/14/13	BR Resort Fee (includer Internet)	7.00		
04/14/13	BR Resort Fee Tax	0.49		
04/15/13	BR Room	119.00		
04/15/13	BR Room Tax - 12%	14.28		
04/15/13	BR Resort Fee	7.00		
04/15/13	BR Resort Fee Tax	0.49		
04/16/13	Visa		189 52	paid by
			100.02	RNZ
	Total	330.29	330.29	
	Balance	0.00	The Arthur Market	

Reinsurse to PATO \$140.77 for one night; one night abready paid by SDCRAA

You Belong At The Beau! 875 Beach Boulevard • Biloxi, MS 39530 beaurivage.com • 1.888.567.6667



GCTS 228-385-7777

TERMINAL: 4129 DRIVER: 7944 04/16/13 13:23:06

FARE : \$ 49.50 TIP : \$ 7.43 TOTAL : \$ 56.93

X

TRANS. APPROVED

IMPORTANT: Retain a copy for your records

DAVID ALVAREZ

SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY TRAVEL EXPENSE REPORT - Board Members

Board member name:	David Alvarez	mpleted withir	30 days	from travel	return da	te)					
Departure Date: 4/15/2013 Destination:		Retu	turn Date: 4/17/2013				Report Due:			5/17/13	
Please refer to the Authority Travel and Lodging Expense Reimbursement Policy, Article 3, Part 3.4, Section 3.40, outlining appropriate reimbursable expense approvals. Please attach all required supporting documentation. All receipts must be detailed, (credit card receipts do not provide sufficient detail). Any species should be explained in the space provided below. **Business Expense Reimbursement Policy 3.30** **Travel and Lodging Expense Reimbursement Policy 3.40**						nses and pecial items					
		Authority		Travol di la		oard Memb	7.		.40		
		Expenses (Prepaid by	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY		
		Athty)	4/14/13	4/15/13	4/16/13	4/17/13			4/13/13	TOTALS	
Daily PerDiem Limitations: **GSA Daily Hotel Rate or	r Conference Hotel Rate										
	tainment & Incidentals (ME&I)										
Air Fare, Railroad, Bus (attac						- 100				0.0	
Conference Fees (provide co	py of flyer/registration expenses)	1,000.00		108.4 (5						0.0	
Rental Car									RETUGE	0.0	
Gas and Oil						A E		ya C		0.0	
Garage/Parking			Aug				0			0.0	
Mileage - attach mileage for										0.0	
Hotel - Actual Expense Paid	os pd.) To/From meetings, airport, etc.	13/2/3						-		0.0	
	of Actual or GSA Allowance)	N SIX SIX	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
Hotel Taxes Paid	or notation con movement		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0	
Telephone, internet and Fax										0.0	
Laundry		Physics Sang.					_111/2			0.0	
Meals, Entertainment & Inc	identals (M,E&I):		PK NA T								
Meais (include tips pd.)	Breakfast								NAME OF		
	Lunch				en hita Alica						
	Dinner										
Entertainment (Hospitality)	Other Meals		NAME								
PROPERTY AND DESCRIPTION OF THE PROPERTY AND DESCRIPTION OF TH	ops and other hotel servers								Mileloon I		
	tips pd.) To/From meal destinations							GO NOO			
Total Meals, Entertainme			0.00	0.00	0.00	0.00	0.00	0.00	0.00		
GSA Allowance for M,E&	il (from above)		0.00	0.00	0.00	0.00	0.00	0.00	0.00		
Allowable M,E&I (Lessor	of Actual or GSA Allowance)		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Alcohol is a non-reimbursable	expense							أحالت		0.00	
Miscellaneous:								- 1		0.00	
		Interest to the control of the contr								0.00	
	Total Expense	s 1,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Add any additional datails as as	eded for explanation (attach add'i sheet	The state of the s	0.00	0.00	0.00	0.00]	0.00	0.00	0.00	0.00	
Add any additional details as ne	eded for explanation (attach add i sheet	ir needed):		Grand Trip	Total					1,000.00	
				Less Cash Advance (attach copy of Authority ck)							
Alcohol is a non-reimbursat	ole expense	A THE STATE OF	Less Expenses Prepaid by Authority				1,000.00				
¹ Give names and business aff	filiations of all persons whose meals w	ere paid by trav	10					- 10			
Fallure to attach required documentati	ion will result in the delay of processing reimburs	ement. If you have		Due Authority - if negative, attach check payable to SDCRAA Note: Send this report to Accounting even if the amount is \$0.			0.00				
3.30 - Business Expense Rei expenses were incurred in co Prepared By: Traveler Signature: Administator's signature:	acknowledge that i have read, under imbursement Policy ⁵ and that any purpose the properties of the p	rchases/claims ess and is true	that are n	ot allowed w	3.40 - Tra vill be my re Ext.: _ Date: _ Date: _	evel and Lod esponsibility 2408	Iging Exper	se Reimb certify that	ursement	Policy ⁴ and t of travel	
i,Cierk Signature:	hereby certify th				7 - 1 - 1 - 1 - 1					- 1	

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

GENERAL INSTRUCTIONS:

- A. All travel requests must conform to applicable provisions of Policles 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:	Englis						
Travelers Name:	1210	avid Aivarez			Dept:	pres 01	
Position:		Member	President/CEO	Gen. Counsel		7	nlef Auditor
	All oth	er Authority	employees (does not rec	quire executive commi	ttee administ	rator ap	proval)
2. DATE OF REQU	JEST:	3/25/13	_ PLANNED DATE OF [DEPARTURE/RETURN	4/15/13		4/17/13
			de detalled explanation	as to the purpose of	the trip- cont	inue or	extra sheets
of paper as nec							10.1
Destination: M	exico C	ity, Mexico		urpose: To meet with aders on issues of co			
Evolunation: 1	The Fig	hth Annual S	San Diego / Baja Califor				
discuss with F	ederal (Officials topic	es such as: trade facilla	tation, business oppo	rtunities, and	border	crossing
issues. Meetin	as are	also coordina	ated with federal govern	nment offices such as	the Departm	ents of	
Communicatio	ns & Tr	ansportation	. Economy, Energy, Fo	reign Relations, Gove	ernance, Hea	ith and	Tourism In
addition to the	Embas	sles of the U	Inited States and Canad	da, the Presidency of	Mexico and	both ho	uses of the
Federal Congr	ess.						
		TO 1401 TD	NEL EVEENOED				
		ATION COS	AVEL EXPENSES				
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C. MEALS	Control of the latest and the latest			\$			
		D CONFERI	ENCE FEES	\$	1,000		
		IENT (If appl		\$			
		ENTAL EXF		\$			
			TRAVEL EXPENSE	\$	1,000		
CERTIFICATIO	N BY	TRAVELE	ER By my signature bel	low, I certify that the a	above listed o	out-of-to	wn travel and
			uthority's Policies 3.30				
uthority's busines							
Travelers Signatu		1	11 WS		Date: 3/	28/	2013
			\(\)		-/	/	
ERTIFICATIO	N BY	ADMINIS	TRATOR (Where Ad	dministrator is the Exe	ecutive Comm	nittee, t	he Authority
lerk's signature is							
y my signature b			llowing:				
			ed the above out-of-tow	n travel request and t	he details pr	ovided	on the reverse
			evel and all Identified ex				
			onable in comparison to				3110 01 1110
							intent of
			ivel and all identified ex	penses conform to the	ie reduiternei	its and	ment of
Authority's	Policie	s <u>3.30</u> and <u>3</u>	3.4p.			1	110
Administrator's	Signatu	re:	Mea	<u> </u>	Date:	4.	1.13
AUTHORITY C	LERK	CERTIFIC	CATION ON BEHA	LF OF EXECUTIV	/E COMMI	TTEE	
I Tanik	Rus	sell,	Anthorefor C	hereby cert	Ify that this d	ocumer	nt was approv
(Please leave lank.	Whoever	clerk's the mee	ting will insert their neme an	d title.)			
by the Executive	Commi	ttee at Its	4122/13	· me	eeting.		
		THE RES	(Leave blank and we will inse	ert the meeting date.)			



Invoice

way, Suite 1000 92101

(619) 544-1374 Fax: (619) 744-7474

INVOICE

Member

David Alvarez City of San Diego

City Administration Building

COMMERCE

202 C Street

San Diego, CA 92101

Invoice Number: 9323292

Date: 03/28/2013

Account No.: 13844

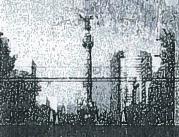
Date Due: 03/28/2013

Qty	Description	AMOUNT
1	SAN DIEGO/BAJA CALIFORNIA MISSION TO MEXICO VIII-Governmental Fee	\$1,000.00 \$-1,000.00
	REGISTRATION ONLY: OTHER EXPENSES TO BE PAID BY CITY OF SAN DIRGO.	(paid via Adhorshy purch cord)

- Payment	Details — Total Amount Du	e \$0.00

Pay	ment Det	alis —		Total Amount Due	\$0.00	
□ Check	□ MC	□ Visa	☐ Discover/Novus ☐ Amex			
Name		1 1		Office Use Only		
CC#_						
		E	xpires			

Please Make Check or Money Order Payable to the San Diego Regional Chamber of Commerce



Eighth Amual

SAN DIEGO | BAJA CALIFORNIA MISSION TO MEXICO VIII



MEXICO CITY O APRIL 15-18, 2013

DELEGATION RESERVATION FORM
PARTICIPATION OPTIONS (Please Select): (1,000) \$1,290 per person (After March 1st: \$1,499) — Includes all meals, meetings, receptions, ground transportation (except airport transfers) and coordination.
S1,290 per person (After March 1 \$1,499) — Includes all meals, meetings, receptions, ground transportation (except airport transfers) and coordination. \$1,000 for Optional Spouse/Companion — Includes all dinners, breakfasts (when at hotel), closing luncheon, ground transportation (except airport transfers) and coordination.
Final payment must be made no later than April 1, 2013. No refunds after April 1st.
Please make your hotel and air reservations as soon as possible to secure the best possible rates
HOTEL:
Hotel Presidente InterContinental Mexico, Campos Elíseos 218, Col. Polanco, México, D. F. Special Rate: \$157 + tax. When making your reservation, use the Code: "SAN DIEGO MISSION 2013" Tel: Toll Free from US: 1(800) 344-0548. Toll Free from Mexico: 01 (800) 502-0500 or 01 (800) 904-4400.
Optional Hotel Services \$18 per day Fee: Includes unlimited WiFi service, 24-hour use of gym, local telephone calls and late check-out (3:00 p.m.)
AIRFARE:
Tijuana International Airport. AeroMexico, Interjet and Volaris offer frequent daily nonstop flights between Tijuana and Mexico City. Purchase AeroMexico tickets: Toll Free: USA 1-(800) 237-6639; MEX 1 (800) 021-4010 or www.aeromexico.com .
San Diego International Airport. Volaris offers daily nonstop service between San Diego and Mexico City. www.volaris.com.mx
Check airline websites for schedule and fares.
Name(s) David Alvarez company City of San Diego
Address 202 °CY Street 10th Flow
city/State/Zip San Diego, CA 92101
Telephone (619) 236 6478 E-mail David Alvarez @ Sandiego-gov
Citizenship U.S.A. Arrival Date April 14, 2013 Departure Date April 17, 2013
Credit Card (AX, MC, VI) Number Expiration Date: 2/15
Check Payable to San Diego Regional Chamber of Commerce.
-NAME ON CARD - KIM AYERS

Return this form to: San Diego Regional Chamber of Commerce; 402 West Broadway, Suite 1000, San Diego, CA 92101 For additional information: James Clark, Director, Mexico Business Center.; (619) 544-1376

THELLA F. BOWENS

SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY TRAVEL EXPENSE REPORT

TRAVELE	AVELER: DEPT. NAME & NO Executive Of			ffice RIIA							
DEPARTURE DATE:		4/13/2013	4/13/2013 RETURN								
DESTINAT	TION:	Blloxi, MS					5/15/13				
exhelises	and approvati	ority Travel and Lodging Expense s. Please attach all required suppo ns should be explained in the space	onina documenti	ation. All i	ticle 3, Par receipts mu	t 3.4, Sec ust be det	tion 3.40, alled, (cred	outlining a dit card re	ppropriate ceipts do r	reimburse not provide	ible sufficient
		生	Authority Expenses				Employ	ee Expens	808		
	The second		(Prepaid by Authority)	SUNDAY 4/14/13	MONDAY 4/15/13	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	8ATURDAY 4/13/13	TOTALS
		attach copy of itinerary w/charges)	653.10	To Version		any the					0.0
	- Alberta de la constante de l	e copy of flyer/registration expenses)	790.00				TE TOTAL		No. of the		0.0
Rental Car Gas and O										THE PERSON	0.0
Garage/Pa	-										0.0
	ttach mileage	form*				Land Address		E-EXIED	10000		0.0
		(include tips pd.)*			60.00						0.0
Hotei*			263.97	151.97	60.00						60.0
	Internet and	Fax*	CALLE VALUE OF	101.01	25						151.9
Laundry*											0.0
	rately paid (m	naids, beilhop, other hotel srvs.)	Market Stephen								0.0
Meals	Breakfast*		Bury Kall								0.0
(include tips pd.)	Lunch*						1.72				0.0
apo po.,	Dinner*				M. Castolli (183	N The state of the	and the same of				0.00
41	Other Mea			Minds.			ELES				0.00
Hospitality	non-reimburs	able expense	AND STATE OF		0.02.95(2)		AND SERVICES				
	ous: Baggage	Face				To de North			10112020		0.00
Willacellal lec	ous. Daggage	rees									0.00
LOTE CALLAND								GIN C			0.00
*Provide de	tailed receipt										0.00
		otal Expenses prepaid by Authority	1,707.07	151.97	60.00	0.00	0.00	0.00	0.00	0.00	0.00
Explanation						-			0.00	0.00	211.97
					Total Expe Total Expe (including	enses Inc	irred by Ei	nployee			1,707.07 211.97
					Grand Tri	p Total				2000	1,919.04
				i vii	Less Cash	Advance	(attach cop)	of Authority	cik)	Name of	
55°41 Lt.	Tel Si				Less Expe	nses Prep	paid by Au	thority			1,707.07
Give names	and business	affiliations of any persons whose meals	were paid by travel	W. If	Due Trave	STATE OF THE STATE		And the second second	THU BUTTON		
· rrepare Cr	10CK REQUEST	able to SDCRAA			Due Autho				g even if ti	he amount is	211.97
Keimburse esponsibil xorrect.	iment Policy ity. I further Travel and I	trator acknowledge that I have and 3.30 - Business Expense certify that this report of travel of	Reimbursemei expenses were	nt Policy ⁵ incurred	and that	any purc ction with	hases/cla n official <i>A</i> Reimbursei E	ims that a Authority I	are not al ousiness		
pproved By			M. MARCH					Date:	MA	110	
UTHORITY	CLERK CE	RTIFICATION ON BEHALF OF EX	ECUTIVE COM	MITTEE	(To be cert	ified if use	ed by Presi	dent/CEO.	Gen. Cour	nsel, or Chi	of Auditor)
Please leave leave blank	blank. Whoev	er clerk's the meeting will insert their na meeting. art the meeting date.) decumentation will result in the del	h ame and title.)	ereby cert	ify that this	docume	nt was app	roved by t	he Execut	tive Commi	ttee at its
our departn	nent Administ	rative Assistant or call Accounting	at ext. 2806.	Tembors	onenc. ji y				Section.	Vices	

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

ule most economical means	available to affect the trav	el.	of Policies 3.30 and 3.40, use
. TRAVELER:			
Travelers Name: Thelia F. Bo	wens		Dept: 06 Exec Office
Position: Board Member	▼ President/CEO	☐ Gen. Counsel	Chief Auditor
T All other Authority e	mployees (does not require	executive committee ad	ministrator anomyal)
DATE OF REQUEST: 03/12/13		EPARTURE/RETURN: _	
DESTINATIONS/PURPOSE (Prov	ride detailed explanation a	is to the number of the	trin continue en outre charte
or haher as ricossary).		a are purpose of the	uip- continue on extra sneets
Destination:Biloxi, MS	Pur	pose: 2013 Airport Boa	ard Members &
Explanation:	Cor	nmissioners Conference	
OTHER TRANSPORT. B. LODGING C. MEALS D. SEMINAR AND CONFERI E. ENTERTAINMENT (If appl F. OTHER INCIDENTAL EXP	icable)	\$	100.00 565.00 200.00 690.00
ERTIFICATION BY TRAVELE sociated expenses configure to the Athority's business. Travelers Signature:	R By my signature below	I certify that the above	a listed out-of-town travel and able and directly related to the
ERTIFICATION BY ADMINIST erk's signature is required). If my signature below, I certify the following	lowing:		
I have conscientiously reviewer The concerned out-of-town travaluntority's business and reaso	rel and all identified exper nable in comparison to the rel and all identified exper	ises are necessary for	the advancement of the
2. THE COUCEILIED ORI-OI-IOMU ILE/			
The concerned out-of-town trav Authority's Policies 3.30 and 3. Administrator's Signature:			Date:
Authority's Policies 3.30 and 3.	ATION ON REHALE		Spil Fill Sulface and Assessment Control



Meeting Confirmation

Please review your CONTACT information below as it will be used for rosters and badges. Any changes should be sent to meetings@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.

Ms. Thella F. Bowens

President/CEO

Nickname: Thella

San Diego County Regional Airport Authority

PO Box 82776

San Diego, CA 92138

PH:

(619) 400-2445

FX: EM:

(619) 400-2448

You are registered for the following:

2013 Airport Boards & Commissioners Conference Sunday, April 14, 2013 through Tuesday, April 16, 2013

Beau Rivage Resort 875 Beach Boulevard Biloxi, MS 39530

Function	Quantity	Rate	Amount
Conference Registration Fee		\$790.00	\$790.00
		Total	\$790.00
		Payment	\$790.00
		Balance	20.00



Thella Bowens 3225 N Harbor Dr. San Diego, CA 92101

ROOM# CONF#

: 21007

: 467967921

ARRIVAL

: 04/13/13

DEPARTURE

: 04/15/13

Page 1 of 1

		CENTER OF THE OWNER OF THE PARTY OF THE PART	te ok manifestialis in in	Page 1 of 1
DATE	DESCRIPTION		CHARGES	CREDITS
04/13/13	Deposit Applied			263.97
04/13/13	Prevailing Room Rate		229.00)	203.57
04/13/13	BR Room Tax - 12%		27.40	Prepair
04/13/13	BR Resort Fee		7.00	\$ 263.97 - Propaid
04/13/13	BR Resort Fee Tax		0.49	70011
Chithia and a second	BRANT SHURE THE		A 174	
04/14/13	Prevailing Room Rate		129.00	4 -1 07
04/14/13	BR Room Tax - 12%		15.48	Room -\$151.97
04/14/13	BR Resort Fee		7.00	
04/14/13	BR Resort Fee Tax		0.49	
04/15/13	American Express			174 8 (151.97
	XXXXXXXXXXXX	XX/XX		(151.71
		Total	438.43	438.43
		Balance	0.00	



TRAVELTRUST SCRIPPS RANCH Phone: 1-800-792-4662

Electronic Invoice

Prepared For:

BOWENS/THELLA

Ref:

DEPT 6

SALES PERSON

INVOICE NUMBER

INVOICE ISSUE DATE

RECORD LOCATOR

CUSTOMER NUMBER

E4

1202794

05 Apr 2013

DHIFMM

0000SDCRAA

Client Address

SAN DIEGO COUNTY REG AIRPORT AUTHORITY

PO BOX 82776 SAN DIEGO CA 92138-2776

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.

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

Flight was actually from San Diego. Error currected wlamm. no addt'l fulcharge.

DATE: Sat, Apr 13

Flight: UNITED AIRLINES 352

From

SANTA ANA, CA

BUSH, TX

Departs

1:03pm

To

HOUSTON GEO

Arrives

6:20pm

Duration

03hr(s):17min(s)

BOWENS/THELLA

Arrival Terminal

Type

AIRBUS INDUSTRIE

Class Meal

United Economy Food for Purchase

A320 JET Non Stop

Stop(s) Seat(s) Details

Seat(s) - 10F

UA - XXXXXXX 58

DATE: Sat, Apr 13

Flight: UNITED AIRLINES 4450

From

HOUSTON GEO BUSH, TX

Departs

8:32pm

To

GULFPORT/BILOX!,

Arrives

9:46pm

MS

Departure Terminal Duration

01hr(s):14min(s)

Class

United Economy

Type

EMBRAER JET

Meal

Stop(s) Seat(s) Details Non Stop

BOWENS/THELLA

Seat(s) - 08A

UA - XXXXXX 58

DATE: Mon, Apr 15

Flight: UNITED AIRLINES 4262

From GULFPORT/BILOXI,

HOUSTON GEO

Departs Arrives

3:38pm

BUSH, TX

Arrival Terminal

4:59pm

В

01hr(s) :21min(s)

Duration Type

Seat(s) Details

To

EMBRAER JET

BOWENS/THELLA

Class Meal

United Economy

Stop(s) Non Stop

Seat(s) - 02A

UA - XXXXXX 58

DATE: Mon, Apr 15

Flight: UNITED AIRLINES 517

From

HOUSTON GEO BUSH, TX

Departs

5:55pm

To

SAN DIEGO, CA

Arrives

7:31pm

Departure Terminal

Arrival Terminal

United Economy

Duration Type

03hr(s):38min(s) AIRBUS INDUSTRIE Class Meal

Food for Purchase

Stop(s)

A320 JET Non Stop

Seat(s) Details

BOWENS/THELLA

Seat(s) - 08A

UA - XXXXXX 58

DATE: Sat, Oct 12

Others

RESERVATION RETAINED FOR

180 DAYS

used # 558 united Airlines

credit from cancelled trip in January 6 minus \$150

Ticket Information

Ticket Number

UA 7217854886

Passenger Exchange

BOWENS THELI UA 7151739555

245.10 True Ticket 653.10

Service Fee

XD 0588734200

illed to: Passenger AX-XXXXXXXXXXXX

BOWENS THELLA

USD

245.10

* 30.00

Billed to: AX XXXXXXXXXXX

USD SubTotal

USD 275.10 * USD 275.10

Total Amount Due

Net Credit Card Billing

USD 0.00

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

Your travel arranger provides the information contained in this document. If you have any questions about the content, please contact your travel arranger. For Credit Card Service fees, please see eTicket receipt for total charges.

RECEIPTS FROM TRAVEL TO BILOXI, MS April 13 - 15, 2013—THELLA F. BOWENS

DO NOT WRITE	anks ABOVE		DO NOT WE		OVE TH	IS LINE	A	
C.	EXPIRATION DATE CHECKED	Be	au to	1000	PRICE	SO.	HT - No.	
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0	_ /:}	ATE 4/45/00	AUTHORIZA	TION	SUB	60		SALE
	A	FOLIO / CHECK NO. / LIC	NO. STATE REGAD	- T	TAX TIP MISC.			
SIGN HERE			5497	791	TOTAL	60		

4/15 hotel to airport

Page OF

SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY TRAVEL EXPENSE REPORT

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

	:	Thella Bowens			JEP I. NA	ME & NO.		EXE	CUUVE O	fice BU6	
DEPARTUR	E DATE:	4/21/2013	RETUR	N DATE:		4/21/201	3	REPOR	RT DUE:	5/:	21/13
DESTINATIO	100	Portland, OR		THE PARTY		UAUL	141				
expenses ar	na approvais	ority Travel and Lodging Expense Ri Dease attach all required support Support states attached in the space	ing documents	tion. All n	icle 3, Par ecelpts mu	t 3.4, Sec ust be deta	tion 3.40, o ailed, (cred	outlining ap lit card rec	opropriate eipts do r	reimburse ot provide	ble sufficient
			Authority Expenses				Employe	e Expens	188		Pet Page
			(Prepaid by Authority)	SUNDAY 4/21/13	MONDAY	TUESDAY	WEDNESDAY		FRIDAY	SATURDAY	TOTALS
		attach copy of itinerary w/charges)	628.80	REF			Trassit				0.0
	Fees (provide	e copy of flyer/registration expenses)					HRIDE SR	Trace in			0.0
Rental Car*											0.0
Gas and Oil*	-								E //18792		0.0
Garage/Park											0.0
Mileage - att											0.0
	Shuttle Fare	(include tips pd.)*	10,800,700,200	55.00	DATE OF	OR HE ST	Expandiago.		in term	-5-Y/+ _V	55.0
Hotel*			View (Class)								0.0
Telephone, in	nternet and	Fax"						100			0.0
Laundry*	4-6	-1-1-1-1									0.0
Meals	Breakfast*	aids,beilhop,other hotel srvs.)		22.22						- 311	0.0
(include	Lunch*			22.00							22.0
tips pd.)	Dinner*					DEALERY STATE	Electric State of Sta				0.0
	Other Meal	e ⁴					10	12			0.0
Alcohol is a ne			A578060000000000	SAN TOP A POST	800000	SOUTHERN			CONTRACTOR AND ADDRESS.		0.00
Hospitality 1 *	************							(0.50 SQ.34M)		E SALVE	
Miscellaneou		Fees					Enk 72 Mil	0.1			0.00
	o. Duggugo										0.00
					OF ASSESSED.						0.00
*Provide deta	iled receipts										0.00
	To To	otal Expenses prepaid by Authority	628.80	77.00	0.00	0.00	0.00	0.00	0.00	0.00	77.00
Explanation:					Total Evo	ancec Dra	paid by Au	thority			100
					Total Expe	enses Inci	rred by E	nnlovee			628.80
					(including	cash adv	ances)	прюусс			77.00
					Grand Tri		en a Kuri	B		GARREST E	705.80
					Less Casi	Advance	(attach copy	of Authority	ck)		
							oald by Au				628.80
¹ Give names a ² Prepare Che	and business a	ffiliations of any persons whose meals we	ere paid by travel	er.			ive amoun ative amou	Company of the last of the las			
	nai check paya	No to COCDAA		THE RESERVE OF THE PERSON NAMED IN			his report to		I H APPLIE		77.00

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

B. Personnel traveling at Authorit the most economical means at	vailable to affect the tra	vel.	21.3 O. I. OIICIGS 3	.uv anu 3.40, USE
. TRAVELER:				
Travelers Name: Thella F. Bow	ens ens		Dept: 6/Ex	kec Office
osition: Board Member		☐ Gen. Counsel		☐ Chief Auditor
T All other Authority em	ployees (does not requir	executive committee	e administrator as	nmæl)
DATE OF REQUEST: 04/11/13	PLANNED DATE OF D			/ 04/21/13
DESTINATIONS/PURPOSE (Providence)	le detailed explanation	as to the purpose of	the trip-continu	ue on extra sheel
of paper as necessary): Destination:Portland, OR	Во	rpose: ACI-NA Assa ard of Directors mee ison to this Board)	ociates/World Bueting (serve as A	usiness Partners CI-NA Board
PROJECTED OUT-OF-TOWN TRANA. TRANSPORTATION COST:	S: TION (Taxi, Train, Car in the control of the car in	\$ \$ \$ \$ \$ w, I certify that the and 3.40 and are ready	sonable and dire	ectly related to the
rk's signature is required). my signature below, I certify the folio 1. I have conscientiously reviewed 2. The concerned out-of-town trave Authority's business and reasons 3. The concerned out-of-town trave Authority's Policies 3.30 and 3.44	wing: the above out-of-town of and all identified expension to the able in comparison to the	travel request and the second travel request and tra	ne details provide for the advance	ed on the reverse ement of the
dministrator's Signature:			Date:	
THORITY CLERK CERTIFICA				



TRAVELTRUST SCRIPPS RANCH Phone: 1-800-792-4662

Electronic Invoice

Prepared For: BOWENS/THELLA

SALES PERSON

INVOICE NUMBER

INVOICE ISSUE DATE

RECORD LOCATOR

CUSTOMER NUMBER

E4

1203013

12 Apr 2013

AZJNRF

0000SDCRAA

Client Address

SAN DIEGO COUNTY REG AIRPORT AUTHORITY PO BOX 82776 SAN DIEGO CA 92138-2776

Notes

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

DATE: Sun, Apr 21

Flight: ALASKA AIRLINES 573

From

SAN DIEGO, CA

Departs

6:40am

То

PORTLAND OR, OR

Arrives

9:18am

Departure Terminal

Duration

02hr(s) :38min(s)

Class

Economy

Туре

BOEING 737-700 JET

Meal

Food for Purchase

Stop(s)

Non Stop

DATE: Sun, Apr 21

Flight: ALASKA AIRLINES 574

From To PORTLAND OR, OR SAN DIEGO, CA

Departs Arrives

Arrival Terminal

8:32pm 10:57pm

Duration

02hr(s):25min(s)

Class

Standard

Туре

BOEING 737-800 JET Meal

Food for Purchase

Stop(s)

Non Stop

DATE: Fri, Oct 18

Others

RESERVATION

RECEIPTS FROM TRAVEL TO PORTLAND, OR April 21, 2013—THELLA F. BOWENS

	HILTON PORTLAND BISTRO 921 (503) 220-2685
	1 1574 GST APR21'13 10:03AM
	JFFET 19.00 *Food Sales 19.00 ayment Due 19.00
	HOTEL GUEST ROOM CHARGES 43 Total 2200
Koom	#:
Print	t Name:
Signa	ature:ature:ature:ature:ature:ature:

	RECEIPT
ATE:_	4/21
ROM:	Hutel
0:	airport
R:	
AKE AN OTAL F GNED:	
	THANK YOU
	Blue * Star
	www.bluestarbus.com
	1-800-247-2272 P.O. Box 56351
	Portland, OR 97238

SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY MISSING RECEIPT FORM

Employee/Department Head must complete form below.

Date of Purchase/Event:	4/21/2013		
Description of Item/Event:	Taxi Fare from Airport	to Downtown	
Vendor/Event Name:	Board of Directors Mtg		
Dollar Amount:	\$ 39.00		
Reason for Missing Receipt:	Misplaced receipt		
I hereby certify that the origin Mulu Abuu Employee Signature	al receipt in question wa	as lost or none was issued to be a lost of none was included a lost of non	o me.
Department Head Signature		Date	

TRAVEL REQUESTS

THELLA F. BOWENS

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

CEN	EDAL	INCTO	ICTIONS
GEN	IEKAL	INSIKI	R: HUNS

- 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.

TRAVELER: Travelers Name: Thella F. Bowens	Dept: 06
	en. Counsel Chief Auditor
All other Authority employees (does not require executive	중요
2. DATE OF REQUEST: 05/02/13 PLANNED DATE OF DEPARTU	RE/RETURN: 07/18/13 / 07/19/13
3. DESTINATIONS/PURPOSE (Provide detailed explanation as to the of paper as necessary): Destination:Burbank, CA Explanation: Purpose: Comeeting	purpose of the trip- continue on extra sheets California Airports Council Board of Directors
PROJECTED OUT-OF-TOWN TRAVEL EXPENSES A. TRANSPORTATION COSTS:	\$ 150.00 \$ 185.00 \$ 75.00
D. SEMINAR AND CONFERENCE FEES	\$
E. ENTERTAINMENT (If applicable) F. OTHER INCIDENTAL EXPENSES	
TOTAL PROJECTED TRAVEL EXPENSE	\$ \$ 410.00
CERTIFICATION BY TRAVELER By my signature below, I certifus a sociated expenses conform to the Authority's Policies 3.30 and 3.40 and 3.	fy that the above listed out-of-town travel and and are reasonable and directly related to the Date:
Clerk's signature is required). By my signature below, I certify the following: 1. I have conscientiously reviewed the above out-of-town travel received.	
The concerned out-of-town travel and all identified expenses are Authority's business and reasonable in comparison to the anticipation.	e necessary for the advancement of the
3. The concerned out-of-town travel and all identified expenses co Authority's Policies 3.30 and 3.40.	inform to the requirements and intent of
Administrator's Signature	Date Mayous
SUTHORITY CLERK CERTIFICATION ON BEHALF OF EX	XECUTIVE COMMITTEE
(Please leave blank. Whoever clerk's the meeting will insert their name and title.)	ereby certify that this document was approved
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: A. All travel requests must conform to applicable provisions of B. Personnel traveling at Authority expense shall, consistent the most economical means available to affect the travel.	
1. TRAVELER:	
Travelers Name: Thella F. Bowens	Dept: 06 Exec Office
Position:	Gen. Counsel Chief Auditor
All other Authority employees (does not require ex	
2. DATE OF REQUEST: 05/20/13 PLANNED DATE OF DEPA	RTURE/RETURN: 06/23/13 / 06/25/13
Meetin	se: Attend Special Joint Executive Committee gs of Airports Council International - North a and American Association of Airport
Explanation:	NGS
 A. TRANSPORTATION COSTS: AIRFARE OTHER TRANSPORTATION (Taxi, Train, Car Ren B. LODGING C. MEALS D. SEMINAR AND CONFERENCE FEES E. ENTERTAINMENT (If applicable) F. OTHER INCIDENTAL EXPENSES TOTAL PROJECTED TRAVEL EXPENSE 	\$ 600.00 \$ 100.00 \$ 400.00 \$ 100.00 \$ \$ \$ \$ \$ 100.00 \$ 1300.00
CERTIFICATION BY TRAVELER By my signature below, I	and if the the show listed and of town town to a
associated expenses conform to the Authority's Policies 3.30 and 3	
CERTIFICATION BY ADMINISTRATOR (Where Adminis	strator is the Executive Committee the Authority
Clerk's signature is required).	
 By my signature below, I certify the following: I have conscientiously reviewed the above out-of-town travel The concerned out-of-town travel and all identified expense Authority's business and reasonable in comparison to the allowing travel and all identified expense Authority's Policies 3.30 and 3.40. 	es are necessary for the advancement of the anticipated benefit to the Authority.
Administrator's Signature:	Date:

<u>AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE</u>

I, (Please leave blank. Whoever clerk's the meeting will insert their name and title.)	, hereby certify that this document was approved
by the Executive Committee at its	meeting.
(Leave blank and we will insert the	meeting date.)

Date: