



SAN DIEGO COUNTY
REGIONAL AIRPORT AUTHORITY
EXECUTIVE COMMITTEE

Item No.

7

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)

Board member name:

Robert H. Gleason

Departure Date:

4/10/2013

Return Date:

4/16/2013

Report Due:

5/16/13

Destination:

Biloxi, MS

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.

^b [Business Expense Reimbursement Policy 3.30](#)

⁴ [Travel and Lodging Expense Reimbursement Policy 3.40](#)

	Authority Expenses (Prepaid by Authority)	Board Member Expenses							TOTALS
		SUNDAY 4/14/13	MONDAY 4/15/13	TUESDAY 4/16/13	WEDNESDAY 5/19/00	THURSDAY	FRIDAY	SATURDAY	
Daily PerDiem Limitations:									
**GSA Daily Hotel Rate or Conference Hotel Rate	140.77		140.77						
**GSA Daily Meals, Entertainment & Incidentals (ME&I)		42.00	56.00	42.00					
Air Fare, Railroad, Bus (attach copy of Itinerary w/charges)	544.59								0.00
Conference Fees (provide copy of flyer/registration expenses)	890.00								0.00
Rental Car									0.00
Gas and Oil									0.00
Garage/Parking									0.00
Mileage - attach mileage form									0.00
Taxi/Shuttle Fare (Include tips pd.) To/From meetings, airport, etc.				56.93					56.93
Hotel - Actual Expense Paid - Excluding Taxes			119.00						
Allowable Hotel (Lessor of Actual or GSA Allowance)		0.00	119.00	0.00	0.00	0.00	0.00	0.00	119.00
Hotel Taxes Paid			21.77						21.77
Telephone, Internet and Fax									0.00
Laundry									0.00
Meals, Entertainment & Incidentals (M,E&I):									
Meals (include tips pd.)									
Breakfast									
Lunch									
Dinner									
Other Meals									
Entertainment (Hospitality) ¹									
Tips Paid to Maids, Bellhops and other hotel servers									
Taxi/Shuttle Fare (Include tips pd.) To/From meal destinations									
Total Meals, Entertainment & Incidentals		0.00	0.00	0.00	0.00	0.00	0.00	0.00	
GSA Allowance for M,E&I (from above)		42.00	56.00	42.00	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
<i>Alcohol is a non-reimbursable expense</i>									0.00
Miscellaneous: Baggage fees		25.00		25.00					50.00
									0.00
									0.00
Total Expenses	1,234.59	25.00	140.77	81.93	0.00	0.00	0.00	0.00	247.70

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

First night's lodging of \$140.77 charged to P-Card. Chair Gleason reimbursed \$165.41 for cost of personal travel.

Alcohol is a non-reimbursable expense

¹Give names and business affiliations of all persons whose meals were paid by traveler.

Failure to attach required documentation will result in the delay of processing reimbursement. If you have any

Grand Trip Total	1,482.29
Less Cash Advance (attach copy of Authority ck)	
Less Expenses Prepaid by Authority	1,234.59
Due Traveler - If positive amount, prepare check request	
Due Authority - If negative, attach check payable to SDCRAA	247.70

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

I as traveler or administrator acknowledge that I have read, understand and agree to Authority policies 3.40 - Travel and Lodging Expense Reimbursement Policy⁴ and 3.30 - Business Expense Reimbursement Policy⁵ and that any purchases/claims that are not allowed will be my responsibility. I further certify that this report of travel expenses were incurred in connection with official Authority business and is true and correct.

Prepared By:

Anne Warren
Print/Type Name

Ext.: 2408

Traveler Signature:

Date: 4.22.13

Administrator's signature:

Date: 4/22/13

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

I, _____ hereby certify that this document was approved by the Executive Committee at it's meeting on _____.

Clerk Signature:

Date:

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

GENERAL INSTRUCTIONS:

- A. All travel requests must conform to applicable provisions of Policies 3.30 and 3.40.
B. Personnel traveling at Authority expense shall, consistent with the provisions of Policies 3.30 and 3.40, use the most economical means available to affect the travel.

1. TRAVELER:

Travelers Name: Robert H. Gleason Dept: Board/02
Position: ☒ Board Member ☐ President/CEO ☐ Gen. Counsel ☐ Chief Auditor
☐ All other Authority employees (does not require executive committee administrator approval)

2. DATE OF REQUEST: 1/31/13 PLANNED DATE OF DEPARTURE/RETURN: 4/10/13 / 4/16/13

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

Destination: Biloxi, MI

Purpose: Attend conference

Explanation: Attending ACI Airport Board and Commissioners Conference April 14-16 (personal travel prior to conference)

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

- AIRFARE

\$ 515

- OTHER TRANSPORTATION (Taxi, Train, Car Rental)

\$ 50

B. LODGING

\$ 260

C. MEALS

\$

D. SEMINAR AND CONFERENCE FEES

\$ 690

E. ENTERTAINMENT (If applicable)

\$

F. OTHER INCIDENTAL EXPENSES

\$ 50

TOTAL PROJECTED TRAVEL EXPENSE

\$ 1565

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: [Signature] Date: 2.1.13

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: [Signature] Date: 2/1/13

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

I, 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 2/25/13 meeting.

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



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

Electronic Invoice

Prepared For:
GLEASON/ROBERT

SALES PERSON	E4
INVOICE NUMBER	1201108
INVOICE ISSUE DATE	01 Feb 2013
RECORD LOCATOR	AORRZC
CUSTOMER NUMBER	0000SDCRAA

Client Address

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

Notes

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.

*****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

DATE: Wed, Apr 10

Flight: UNITED AIRLINES 1552

From	SAN DIEGO, CA	Departs	6:36am
To	NEWARK, NJ	Arrives	3:00pm
Departure Terminal	2	Arrival Terminal	C
Duration	05hr(s) :24min(s)	Class	United Economy
Type	BOEING 737-800 JET	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	NEWARK, NJ	Departs	1:15pm
To	CHARLOTTE, NC	Arrives	3:01pm
Departure Terminal	A		
Duration	01hr(s) :46min(s)	Class	Coach
Type	AIRBUS INDUSTRIE A320 JET	Meal	
Stop(s)	Non Stop		
Seat(s) Details	GLEASON/ROBERT	Seat(s) - 16C	UA - XXXXXXXXX 14

DATE: Sun, Apr 14

Flight: US AIRWAYS 2332

From	CHARLOTTE, NC	Departs	4:05pm
To	GULFPORT/BILOXI, MS	Arrives	4:55pm
Duration	01hr(s) :50min(s)	Class	Coach
Type	CRJ-CANADAIR REGIONAL JET	Meal	
Stop(s)	Non Stop		
Seat(s) Details	GLEASON/ROBERT	Seat(s) - 06D	UA - XXXXXXXXX 14

DATE: Tue, Apr 16

Flight: UNITED AIRLINES 4262

From	GULFPORT/BILOXI, MS	Departs	3:38pm
To	HOUSTON GEO BUSH, TX	Arrives	4:59pm
Duration	01hr(s) :21min(s)	Arrival Terminal	B
Type	EMBRAER JET	Class	United Economy
Stop(s)	Non Stop	Meal	
Seat(s) Details	GLEASON/ROBERT	Seat(s) - 14A	UA - XXXXXXXXX 14

DATE: Tue, Apr 16

Flight: UNITED AIRLINES 681

From	HOUSTON GEO BUSH, TX	Departs	5:55pm
To	SAN DIEGO, CA	Arrives	7:31pm
Departure Terminal	C	Arrival Terminal	2
Duration	03hr(s) :36min(s)	Class	United Economy
Type	AIRBUS INDUSTRIE A320 JET	Meal	Food for Purchase
Stop(s)	Non Stop		
Seat(s) Details	GLEASON/ROBERT	Seat(s) - 28C	UA - XXXXXXXXX 14

DATE: Sun, Oct 13

Others

RESERVATION
RETAINED FOR
180 DAYS

Ticket Information

Ticket Number	UA 7202696108	Passenger	GLEASON ROBERT		
		Billed to:	AX XXXXXXXXXXXX	USD	* 680.01
Service Fee	XD 0586399506	Passenger	GLEASON ROBERT		
		Billed to:	AX XXXXXXXXXXXX	USD	* 30.00
			SubTotal	USD	710.01
			Net Credit Card Billing	* USD	710.01
			Total Amount Due	USD	0.00

TRAVELTRUST IS OPEN MONDAY - FRIDAY FROM 5AM-530PM PST
AND SATURDAY FROM 9AM-1PM PST - 760-635-1700.

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 ORDER OF SDCRAA \$165.41

One hundred sixty five and 41/100 DOLLARS

NORTHERN TRUST, NA NORTHERN TRUST ANCHOR ACCOUNT

Northern Trust

air ticket reimbursement

MEMO

02710

San Diego County Regional Airport Authority OFFICIAL RECEIPT NO. -

RECEIVED FROM Robert Gleason ADDRESS

AMOUNT One hundred sixty five and 41/100 \$ 165.41

IN PAYMENT OF Check # 2710
Travel Reimbursement
*Personal Travel fr. Newark, NJ to Biloxi, MS

BUSINESS UNIT LOCATION CODE	ACCOUNT NUMBER	WORK ORDER NUMBER	RECEIVED BY	DEPARTMENT	DATE
2. 66308.197			<u>Karen Tidwell</u>	<u>Accounting</u>	<u>2/07/13</u>

SDCRAA 02-016 (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 **CONTACT** information below as it will be used for rosters and badges. Any changes should be sent to **cgroup@aci-na.org** immediately.

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

Mr. Robert H. Gleason
Board Chair
Nick Name: Robert
San Diego County Regional Airport Authority
PO Box 82776 San Diego, CA 92138-2776

PH: (619) 400-2408
FX: (619) 400-2406
EM: awarren@san.org

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!



U.S. AIRWAYS

A STAR ALLIANCE MEMBER

GLEASON/ROBERT

1000A EXCESS BAG EBC US 9957 Y 14APR

E-TICKET RECEIPT

ARRIVAL
1130A FEE FEE

FROM TO
EBC FEE

Bag fee to GPT

FP VIXXXXXXXX/XXXX/014104 /FC BAGGAGE FEE (1B) 01 25.00(2B) 00 IF ON/ OF YOUR FLIGHTS IS ON A
0000(3B) 00 0000 (4B) 00 0000 (OW) 00 0000 (OZ) 00 0000 (SE) 00 0000 (CU PARTNIR AIRLINE, PARTNER FEES
) 00 0000 USD TTL 25.00END 0167202696108201302012201304141697EWR.CLT.GPT. (MAY AT PLY. PLEASE GO TO
FLM9R1)

FARE USD 25.00 DOCUMENT NUMBER 0372309948918

TAX US 0.00

TOTAL USD 25.00

NO CASH VALUE
NOT VALID FOR TRAVEL

THANK YOU FOR FLYING
US AIRWAYS



Baggage Receipt

Issue Date: 16 APR 2013 GPT ATO

Baggage Document 0162607933864 Description First Bag Fee Qty 1 Fees \$25.00

Ticket Number 0167202696108

GPT -> SAN

BAGGAGE FEES

Total Fees

USD 25.00

Excess Baggage Terms and Conditions:

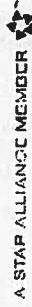
- All excess baggage is subject to space availability.
- Receipt for payment must be presented at bag check.
- For refunds or adjustments, see a United representative.

AGENT REFERENCE: GC ESC BAG



U.S. AIRWAYS

A STAR ALLIANCE MEMBER



A STAR ALLIANCE MEMBER

Method of Payment
Visa XXXXXXXXXX

Cardholder Name
ROBERT H GLEASON

Confirmation: JP3JKN

Carrier Routing
IA GPT - TAH
IA TAH - SAN

Beau Rivage

RESORT & CASINO

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
04/14/13	BR Room Service Food	22.00	
04/14/13	BR Room Service Bev	10.00	
04/14/13	BR Room Service Charge	2.00	
04/14/13	BR Room Service Tax	2.70	
04/14/13	BR Room Service Tip	7.00	
04/14/13	BR Room	119.00	
04/14/13	BR Room Tax - 12%	14.28	
04/14/13	BR Resort Fee (includes 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
		Total	330.29
		Balance	0.00

*paid by
SDCRAA*

*paid by
RTB*

*Reimburse to RTB \$140.77
for one night; one night
already paid by SDCRAA*

You Belong At The Beau!

875 Beach Boulevard • Biloxi, MS 39530

beaurivage.com • 1.888.567.6667

Taxi from hotel to
airport



228-385-7777

GCTS
228-385-7777

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

VISA XXXXXXXXXXXX
EXPIRY : XXXX
REF #: 00313652345337
AUTH #: 316132

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

Board member name: David Alvarez
 Departure Date: 4/15/2013 Return Date: 4/17/2013 Report Due: 5/17/13
 Destination: _____

Please refer to the Authority Travel and Lodging Expense Reimbursement Policy, Article 3, Part 3.4, Section 3.40, outlining appropriate reimbursable expenses and approvals. Please attach all required supporting documentation. All receipts must be detailed, (credit card receipts do not provide sufficient detail). Any special items should be explained in the space provided below.

^b Business Expense Reimbursement Policy 3.30

⁴ Travel and Lodging Expense Reimbursement Policy 3.40

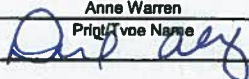
		Authority Expenses (Prepaid by Athly)	Board Member Expenses							TOTALS
			SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
			4/14/13	4/15/13	4/16/13	4/17/13			4/13/13	
Daily PerDiem Limitations:										
**GSA Daily Hotel Rate or Conference Hotel Rate										
**GSA Daily Meals, Entertainment & Incidentals (ME&I)										
Air Fare, Railroad, Bus (attach copy of Itinerary w/charges)									0.00	
Conference Fees (provide copy of flyer/registration expenses)		1,000.00							0.00	
Rental Car									0.00	
Gas and Oil									0.00	
Garage/Parking									0.00	
Mileage - attach mileage form									0.00	
Taxi/Shuttle Fare (Include tips pd.) To/From meetings, airport, etc.									0.00	
Hotel - Actual Expense Paid - Excluding Taxes										
Allowable Hotel (Lessor of Actual or GSA Allowance)			0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Hotel Taxes Paid									0.00	
Telephone, internet and Fax									0.00	
Laundry									0.00	
Meals, Entertainment & Incidentals (M,E&I):										
Meals (Include tips pd.)	Breakfast									
	Lunch									
	Dinner									
	Other Meals									
Entertainment (Hospitality) ¹										
Tips Paid to Maids, Bellhops and other hotel servers										
Taxi/Shuttle Fare (Include tips pd.) To/From meal destinations										
Total Meals, Entertainment & Incidentals			0.00	0.00	0.00	0.00	0.00	0.00		
GSA Allowance for M,E&I (from above)			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	
Alcohol is a non-reimbursable expense									0.00	
Miscellaneous:									0.00	
									0.00	
									0.00	
Total Expenses		1,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

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

Grand Trip Total	1,000.00
Less Cash Advance (attach copy of Authority ck)	
Less Expenses Prepaid by Authority	1,000.00
Due Traveler - if positive amount, prepare check request	
Due Authority - if negative, attach check payable to SDCRAA	0.00

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

I as traveler or administrator acknowledge that I have read, understand and agree to Authority policies 3.40 - Travel and Lodging Expense Reimbursement Policy⁴ and 3.30 - Business Expense Reimbursement Policy^b and that any purchases/claims that are not allowed will be my responsibility. I further certify that this report of travel expenses were incurred in connection with official Authority business and is true and correct.

Prepared By: Anne Warren
 Traveler Signature: 
 Administrator's signature: _____

Ext.: 2408
 Date: 5-3-2013
 Date: _____

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

I, _____ hereby certify that this document was approved by the Executive Committee at it's meeting on _____.
 Clerk Signature: _____ Date: _____

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

GENERAL INSTRUCTIONS:

- A. All travel requests must conform to applicable provisions of Policies 3.30 and 3.40.
B. Personnel traveling at Authority expense shall, consistent with the provisions of Policies 3.30 and 3.40, use the most economical means available to affect the travel.

1. TRAVELER:

Travelers Name: David Alvarez Dept: _____
Position: ☒ Board Member ☐ President/CEO ☐ Gen. Counsel ☐ Chief Auditor
☐ All other Authority employees (does not require executive committee administrator approval)

2. DATE OF REQUEST: 3/25/13 PLANNED DATE OF DEPARTURE/RETURN: 4/15/13 / 4/17/13

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

Destination: Mexico City, Mexico

Purpose: To meet with Mexican Officials and Business leaders on issues of concern to the border region.

Explanation: The Eighth Annual San Diego / Baja California Mission to Mexico City provides the opportunity to discuss with Federal Officials topics such as: trade facilitation, business opportunities, and border crossing issues. Meetings are also coordinated with federal government offices such as the Departments of Communications & Transportation, Economy, Energy, Foreign Relations, Governance, Health and Tourism in addition to the Embassies of the United States and Canada, the Presidency of Mexico and both houses of the Federal Congress.

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

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

B. LODGING

\$ _____

C. MEALS

\$ _____

D. SEMINAR AND CONFERENCE FEES

\$ 1,000

E. ENTERTAINMENT (If applicable)

\$ _____

F. OTHER INCIDENTAL EXPENSES

\$ _____

TOTAL PROJECTED TRAVEL EXPENSE

\$ 1,000

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: [Signature] Date: 3/28/2013

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: [Signature] Date: 4.1.13

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

I, Tony L. 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 4/22/13 meeting.
(Leave blank and we will insert the meeting date.)



Your complimentary
use period has ended.
Thank you for using
PDF Complete.

Click Here to upgrade to
Unlimited Pages and Expanded

COMMERCE

Invoice

way, Suite 1000
92101

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

INVOICE

Member

David Alvarez
City of San Diego
City Administration Building
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 DIEGO.	(paid via Authority purchase card)

Payment Details

☐ Check ☐ MC ☐ Visa ☐ Discover/Novus ☐ Amex

Name _____

CC # _____

Expires _____

Total Amount Due

\$0.00

Office Use Only

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

Eighth Annual

SAN DIEGO | BAJA CALIFORNIA

MISSION TO MEXICO VIII

MEXICO CITY • APRIL 15-18, 2013



DELEGATION RESERVATION FORM

PARTICIPATION OPTIONS (Please Select)

(1,000)

- ☒ \$1,290 per person (After March 1st: \$1,490) — 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 Eliseos 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 "C" Street, 10th Floor

City/State/Zip San Diego, CA 92101

Telephone (619) 236-6688 E-mail DavidAlvarez@san-diego.gov

Citizenship U.S.A. Arrival Date April 14, 2013 Departure Date April 17, 2013

Credit Card (AX, MC, VI) Number [REDACTED] Expiration Date: 2/15

Check Payable to San Diego Regional Chamber of Commerce. ☐ Check Enclosed

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**

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

TRAVELER: Thella F. Bowens DEPT. NAME & NO. Executive Office BU6
DEPARTURE DATE: 4/13/2013 RETURN DATE: 4/15/2013 REPORT DUE: 5/15/13
DESTINATION: Biloxi, MS

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 4/14/13	MONDAY 4/15/13	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY 4/13/13	
Air Fare, Railroad, Bus (attach copy of itinerary w/charges)	653.10								0.00
Conference Fees (provide copy of flyer/registration expenses)	790.00								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.)*			60.00						60.00
Hotel*	263.97	151.97							151.97
Telephone, Internet and Fax*									0.00
Laundry*									0.00
Tips - separately paid (maids, bellhop, other hotel srvs.)									0.00
Meals (include tips pd.)									0.00
Breakfast*									0.00
Lunch*									0.00
Dinner*									0.00
Other Meals*									0.00
Alcohol is a non-reimbursable expense									
Hospitality * *									0.00
Miscellaneous: Baggage Fees									0.00
									0.00
									0.00
*Provide detailed receipts									0.00
Total Expenses prepaid by Authority	1,707.07	151.97	60.00	0.00	0.00	0.00	0.00	0.00	211.97

Explanation:

Total Expenses Prepaid by Authority	1,707.07
Total Expenses Incurred by Employee (including cash advances)	211.97
Grand Trip Total	1,919.04
Less Cash Advance (attach copy of Authority ck)	
Less Expenses Prepaid by Authority	1,707.07
Due Traveler (positive amount) ²	
Due Authority (negative amount) ³	211.97

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

I as traveler or administrator acknowledge that I have read, understand and agree to Authority policies 3.40 - Travel and Lodging Expense Reimbursement Policy⁴ and 3.30 - Business Expense Reimbursement Policy⁵ 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.

⁴ Travel and Lodging Expense Reimbursement Policy 3.40

⁵ Business Expense Reimbursement Policy 3.30

Prepared By:

Amy Caldera

Ext.: X2445

Traveler Signature:

Thella F. Bowens

Date:

5 May 2013

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.

5/9 -> Corporate Services

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

GENERAL INSTRUCTIONS:

- A. All travel requests must conform to applicable provisions of Policies 3.30 and 3.40.
B. Personnel traveling at Authority expense shall, consistent with the provisions of Policies 3.30 and 3.40, use the most economical means available to affect the travel.

1. TRAVELER:

Travelers Name: Thella F. Bowens Dept: 06 Exec 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: 03/12/13 PLANNED DATE OF DEPARTURE/RETURN: 04/13/13 / 04/18/13

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

Destination: Biloxi, MS

Purpose: 2013 Airport Board Members & Commissioners Conference

Explanation: _____

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE \$ 550.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental) \$ 100.00

B. LODGING

\$ 565.00

C. MEALS

\$ 200.00

D. SEMINAR AND CONFERENCE FEES

\$ 690.00

E. ENTERTAINMENT (If applicable)

\$ _____

F. OTHER INCIDENTAL EXPENSES

\$ _____

TOTAL PROJECTED TRAVEL EXPENSE

\$ 2105.00

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

Travelers Signature: Thella F. Bowens

Date: 13 Mar 2013

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

Tony R. Russell, Authority Clerk
(Please leave blank. Whoever clerk's the meeting will insert their name and title.)

by the Executive Committee at its

3/21/2013

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

hereby certify that this document was approved
meeting.



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: (619) 400-2448
EM: [REDACTED]

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	1	\$790.00	\$790.00
		Total	\$790.00
		Payment	\$790.00
		Balance	\$0.00



RESORT & CASINO

(228) 386-7111

Vicky Wilkerson

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

ROOM # : 21007
CONF # : 467967921
ARRIVAL : 04/13/13
DEPARTURE : 04/15/13

Page 1 of 1

DATE	DESCRIPTION	CHARGES	CREDITS
04/13/13	Deposit Applied ✓		263.97
04/13/13	Prevailing Room Rate	229.00	
04/13/13	BR Room Tax - 12%	27.48	
04/13/13	BR Resort Fee	7.00	
04/13/13	BR Resort Fee Tax	0.49	
XXXXXXXXXXXX			
XXXXXXXXXXXX			
XXXXXXXXXXXX			
XXXXXXXXXXXX			
04/14/13	Prevailing Room Rate	129.00	
04/14/13	BR Room Tax - 12%	15.48	
04/14/13	BR Resort Fee	7.00	
04/14/13	BR Resort Fee Tax	0.49	
04/15/13	American Express		174.48
XXXXXXXXXXXX XX/XX			
Total		438.43	438.43
Balance		0.00	

\$ 263.97 - Prepaid Room

Room - \$ 151.97

151.97



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

Electronic Invoice

Prepared For:
BOWENS/THELLA

Ref: DEPT 6

SALES PERSON	E4
INVOICE NUMBER	1202794
INVOICE ISSUE DATE	05 Apr 2013
RECORD LOCATOR	DHIFMM
CUSTOMER NUMBER	0000SDCRAA

Client Address

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

Notes

YOUR UNITED ETICKET CONFIRMATION IS ** GYKTRB **

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

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

THIS IS AN E-TICKET RESERVATION.

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

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

Flight was actually
from San Diego. Error
corrected w/airline - no
addtl fuel charge.

DATE: Sat, Apr 13

Flight: UNITED AIRLINES 352

From	SANTA ANA, CA	Departs	1:03pm
To	HOUSTON GEO BUSH, TX	Arrives	6:20pm
Duration	03hr(s) :17min(s)	Arrival Terminal	C
Type	AIRBUS INDUSTRIE A320 JET	Class	United Economy
Stop(s)	Non Stop	Meal	Food for Purchase
Seat(s) Details	BOWENS/THELLA	Seat(s) - 10F	UA - XXXXXX 58

DATE: Sat, Apr 13

Flight: UNITED AIRLINES 4450

From	HOUSTON GEO BUSH, TX	Departs	8:32pm
To	GULFPORT/BILOXI, MS	Arrives	9:46pm
Departure Terminal	B		
Duration	01hr(s) :14min(s)	Class	United Economy
Type	EMBRAER JET	Meal	
Stop(s)	Non Stop		
Seat(s) Details	BOWENS/THELLA	Seat(s) - 08A	UA - XXXXXX 58

DATE: Mon, Apr 15

Flight: UNITED AIRLINES 4262

From	GULFPORT/BILOXI, MS	Departs	3:38pm
To	HOUSTON GEO BUSH, TX	Arrives	4:59pm
Duration	01hr(s) :21min(s)	Arrival Terminal	B
Type	EMBRAER JET	Class	United Economy
Stop(s)	Non Stop	Meal	
Seat(s) Details	BOWENS/THELLA	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	C	Arrival Terminal	2
Duration	03hr(s) :38min(s)	Class	United Economy
Type	AIRBUS INDUSTRIE A320 JET	Meal	Food for Purchase
Stop(s)	Non Stop		
Seat(s) Details	BOWENS/THELLA	Seat(s) - 08A	UA - XXXXXX 58

DATE: Sat, Oct 12**Others**

RESERVATION
RETAINED FOR
180 DAYS

Ticket Information

Ticket Number	UA 7217854886	Passenger	BOWENS THELLA		
		Exchange	UA 7151739555		
		Billed to:	AX XXXXXXXXXXXX	USD	* 245.10
Service Fee	XD 0588734200	Passenger	BOWENS THELLA		
		Billed to:	AX XXXXXXXXXXXX	USD	* 30.00
		SubTotal		USD	275.10
		Net Credit Card Billing		* USD	275.10
		Total Amount Due		USD	0.00

used \$558 United Airlines
Credit from cancelled
trip in January (minus \$150
change fee). \$408.00 credit
245.10
True Ticket 653.10

TRAVELTRUST IS OPEN MONDAY - FRIDAY FROM 5AM-530PM PST
AND SATURDAY FROM 9AM-1PM PST - 760-835-1700.
FOR EMERGENCY AFTERHOURS SERVICE IN THE US
PLEASE CALL 888-221-8082 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

Thanks

CASH

SIGN HERE
X

The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL upon proper presentation. I promise to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.

ABOVE THIS LINE

Melissa, ☺

PLEASE DO NOT WRITE ABOVE THIS LINE

EXPIRATION	QTY.	CLASS	DESCRIPTION	PRICE	AMOUNT
<input type="checkbox"/> DATE <input type="checkbox"/> CHECKED			Beach to		50
			Airport		
			Hospitality Taxi	Tip	10
DATE 4/15/2013				AUTHORIZATION	SUB TOTAL 60
REFERENCE NO. 15				SERVER	TAX
ID/FOLIO / CHECK NO. / LIC. NO. STATE			REG. / DEF.	CLERK	TIP
				MISC.	
5497791					TOTAL 60

BANKCARD SALES SLIP 3PT.

FORM SD-69083M

65823

SALES SLIP
MERCHANT COPY

4/15 hotel to airport

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

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

TRAVELER: Thella Bowens DEPT. NAME & NO. Executive Office BU6
DEPARTURE DATE: 4/21/2013 RETURN DATE: 4/21/2013 REPORT DUE: 5/21/13
DESTINATION: Portland, OR

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 4/21/13	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
Air Fare, Railroad, Bus (attach copy of itinerary w/charges)	628.80								0.00
Conference Fees (provide copy of flyer/registration expenses)									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.)*		55.00							55.00
Hotel*									0.00
Telephone, Internet and Fax*									0.00
Laundry*									0.00
Tips - separately paid (maids, bellhop, other hotel srvs.)									0.00
Meals (include tips pd.)									
Breakfast*		22.00							22.00
Lunch*									0.00
Dinner*									0.00
Other Meals*									0.00
Alcohol is a non-reimbursable expense									
Hospitality ¹ *									0.00
Miscellaneous: Baggage Fees									0.00
									0.00
									0.00
*Provide detailed receipts									0.00
Total Expenses prepaid by Authority	628.80	77.00	0.00	0.00	0.00	0.00	0.00	0.00	77.00

Explanation:

Total Expenses Prepaid by Authority	628.80
Total Expenses Incurred by Employee (including cash advances)	77.00
Grand Trip Total	705.80
Less Cash Advance (attach copy of Authority ck)	
Less Expenses Prepaid by Authority	628.80
Due Traveler (positive amount) ²	
Due Authority (negative amount) ³	77.00

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

I as traveler or administrator acknowledge that I have read, understand and agree to Authority policies 3.40 - Travel and Lodging Expense Reimbursement Policy⁴ and 3.30 - Business Expense Reimbursement Policy⁵ 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.

¹ Travel and Lodging Expense Reimbursement Policy 3.40

² Business Expense Reimbursement Policy 3.30

Prepared By:

A. Caldera

Ext.: X2445

Traveler Signature:

Thella Bowens

Date: *4/21/2013*

Approved By:

Date: *4/21/2013*

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:

- A. All travel requests must conform to applicable provisions of Policies 3.30 and 3.40.
B. Personnel traveling at Authority expense shall, consistent with the provisions of Policies 3.30 and 3.40, use the most economical means available to affect the travel.

1. TRAVELER:

Travelers Name: Thella F. Bowens Dept: 6/Exec 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: 04/11/13 PLANNED DATE OF DEPARTURE/RETURN: 04/21/13 / 04/21/13

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

Destination: Portland, OR

Purpose: ACI-NA Associates/World Business Partners Board of Directors meeting (serve as ACI-NA Board Liaison to this Board)

Explanation: _____

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE	\$	850.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$	100.00
B. LODGING	\$	
C. MEALS	\$	75.00
D. SEMINAR AND CONFERENCE FEES	\$	
E. ENTERTAINMENT (If applicable)	\$	
F. OTHER INCIDENTAL EXPENSES	\$	
TOTAL PROJECTED TRAVEL EXPENSE	\$	<u>1025.00</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 F. Bowens Date: 11 April 2013

CERTIFICATION BY ADMINISTRATOR (Where Administrator is the Executive Committee, the Authority Clerk's signature is required).

By my signature below, I certify the following:

1. I have conscientiously reviewed the above out-of-town travel request and the details provided on the reverse.
2. The concerned out-of-town travel and all identified expenses are necessary for the advancement of the Authority's business and reasonable in comparison to the anticipated benefit to the Authority.
3. The concerned out-of-town travel and all identified expenses conform to the requirements and intent of Authority's Policies 3.30 and 3.40.

Administrator's Signature: _____ Date: _____

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

I, Tony R. 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 4/22/13 meeting.
(Leave blank and we will insert the meeting date.)



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

Electronic Invoice

Prepared For:
BOWENS/THELLA

SALES PERSON	E4
INVOICE NUMBER	1203013
INVOICE ISSUE DATE	12 Apr 2013
RECORD LOCATOR	AZJNRF
CUSTOMER NUMBER	0000SDCRAA

Client Address

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

Notes

YOUR ALASKA ETICKET CONFIRMATION IS ** IBWZFY **
-----INVOICE/ITINERARY ACCOUNTING DOCUMENT-----
*****TICKETLESS TRAVEL INSTRUCTIONS*****
THIS IS AN E-TICKET RESERVATION.
A GOVERNMENT ISSUED PHOTO ID IS NEEDED AT CHECK IN
A PORTION OF THIS TRIP MAY BE REFUNDABLE. PLEASE RETURN
UNUSED PORTIONS TO TRAVELTRUST FOR POSSIBLE REFUND.
*****TSA GUIDANCE FOR PASSENGERS*****
PLEASE ALLOW EXTRA TIME FOR SCREENING AND BOARDING
INTERNATIONAL-MINIMUM 3 HOUR CHECK-IN PRIOR TO DEPARTURE
DOMESTIC-MINIMUM 2 HOUR CHECK-IN PRIOR TO DEPARTURE
FOR ADDITIONAL SECURITY INFORMATION VISIT WWW.TSA.GOV

DATE: Sun, Apr 21

Flight: ALASKA AIRLINES 573

From	SAN DIEGO, CA	Departs	6:40am
To	PORTLAND OR, OR	Arrives	9:18am
Departure Terminal	1		
Duration	02hr(s) :38min(s)	Class	Economy
Type	BOEING 737-700	Meal	Food for Purchase
	JET		
Stop(s)	Non Stop		

DATE: Sun, Apr 21

Flight: ALASKA AIRLINES 574

From	PORTLAND OR, OR	Departs	8:32pm
To	SAN DIEGO, CA	Arrives	10:57pm
		Arrival Terminal	1
Duration	02hr(s) :25min(s)	Class	Standard
Type	BOEING 737-800	Meal	Food for Purchase
	JET		
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

zy

1 1574 GST
APR21'13 10:03AM ✓

JFFET 19.00
*Food Sales 19.00
ayment Due 19.00

HOTEL GUEST ROOM CHARGES

43 Total: 22.00

Room #: _____

Print Name: _____

Signature: _____

Thank You For Joining Us !!!

RECEIPT

DATE: 4/21

FROM: Hotel

TO: airport

FOR: _____

FARE AMOUNT: \$14.00 + tip

TOTAL PAID: \$16

SIGNED: _____

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 original receipt in question was lost or none was issued to me.


Employee Signature

15 May 2013
Date

Department Head Signature

Date

Form must be attached to Petty Cash Voucher for Reimbursement

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 3.30 and 3.40, use the most economical means available to affect the travel.

1. TRAVELER:

Travelers Name: Thella F. Bowens Dept: 06
Position: ☐ Board Member ☒ President/CEO ☐ Gen. Counsel ☐ Chief Auditor
☐ All other Authority employees (does not require executive committee administrator approval)

2. DATE OF REQUEST: 05/02/13 PLANNED DATE OF DEPARTURE/RETURN: 07/18/13 / 07/19/13

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

Destination: Burbank, CA

Purpose: California Airports Council Board of Directors meeting

Explanation: _____

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

- AIRFARE

\$ _____
\$ 150.00

- OTHER TRANSPORTATION (Taxi, Train, Car Rental)

B. LODGING

\$ 185.00

C. MEALS

\$ 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 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: Thella F. Bowens Date: 3 May 2013

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:

- A. All travel requests must conform to applicable provisions of Policies 3.30 and 3.40.
B. Personnel traveling at Authority expense shall, consistent with the provisions of Policies 3.30 and 3.40, use the most economical means available to affect the travel.

1. TRAVELER:

Travelers Name: Thella F. Bowens Dept: 06 Exec 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: 05/20/13 **PLANNED DATE OF DEPARTURE/RETURN:** 06/23/13 / 06/25/13

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

Destination: Dallas, TX

Purpose: Attend Special Joint Executive Committee Meetings of Airports Council International - North America and American Association of Airport Executives

Explanation: _____

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

- | | | |
|--|----|--------|
| • AIRFARE | \$ | 600.00 |
| • OTHER TRANSPORTATION (Taxi, Train, Car Rental) | \$ | 100.00 |

B. LODGING

\$ 400.00

C. MEALS

\$ 100.00

D. SEMINAR AND CONFERENCE FEES

\$

E. ENTERTAINMENT (If applicable)

\$

F. OTHER INCIDENTAL EXPENSES

\$ 100.00

TOTAL PROJECTED TRAVEL EXPENSE

\$ 1300.00

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

Travelers Signature: Thella F. Bowens

Date: 20 May 2013

CERTIFICATION BY ADMINISTRATOR (Where Administrator is the Executive Committee, the Authority Clerk's signature is required).

By my signature below, I certify the following:

1. I have conscientiously reviewed the above out-of-town travel request and the details provided on the reverse.
2. The concerned out-of-town travel and all identified expenses are necessary for the advancement of the Authority's business and reasonable in comparison to the anticipated benefit to the Authority.
3. The concerned out-of-town travel and all identified expenses conform to the requirements and intent of Authority's Policies 3.30 and 3.40.

Administrator's Signature: _____ Date: _____

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

I, _____, hereby certify that this document was approved
(Please leave blank. Whoever clerk's the meeting will insert their name and title.)

by the Executive Committee at its _____ meeting.

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

NEW Out of Town Travel Request (eff. 2-9-10)