



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

**Item No.
4**

Meeting Date: **JUNE 24, 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

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: Exec Office BU6
Position: ☐ Board Member ☒ President/CEO ☐ Gen. Counsel ☐ Chief Auditor
☐ All other Authority employees (does not require executive committee administrator approval)

2. DATE OF REQUEST: 05/24/13 PLANNED DATE OF DEPARTURE/RETURN: 10/05/13 / 10/09/13

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

Destination: Las Vegas, NV Purpose: Attend World Routes 2014 Conference
Explanation:

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE	\$ 450.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$ 75.00
B. LODGING	\$ 875.00
C. MEALS	\$ 200.00
D. SEMINAR AND CONFERENCE FEES	\$ 1975.00
E. ENTERTAINMENT (If applicable)	\$
F. OTHER INCIDENTAL EXPENSES	\$ 100.00
TOTAL PROJECTED TRAVEL EXPENSE	\$ 3675.00

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: May 29, 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.)

ROBERT GLEASON

**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: 02/Board

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

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

2. DATE OF REQUEST: 6/6/13 PLANNED DATE OF DEPARTURE/RETURN: 9/28/13 / 10/2/13

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

Destination: Washington, DC

Purpose: Attend Conference

Explanation: San Diego Regional Chamber of Commerce One Region One Voice, Mission to Washington

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

- | | | |
|--|----|-----|
| • AIRFARE | \$ | 500 |
| • OTHER TRANSPORTATION (Taxi, Train, Car Rental) | \$ | 200 |

B. LODGING	\$	1300
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C. MEALS	\$	
----------	----	--

D. SEMINAR AND CONFERENCE FEES	\$	1199
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E. ENTERTAINMENT (If applicable)	\$	
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F. OTHER INCIDENTAL EXPENSES	\$	100
------------------------------	----	-----

TOTAL PROJECTED TRAVEL EXPENSE	\$	3299
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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: 6-6-13

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: _____ 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.)

PAUL ROBINSON

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

GENERAL INSTRUCTIONS:

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

1. TRAVELER:

Travelers Name: Paul Robinson Dept: 02/Board

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

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

2. DATE OF REQUEST: 6/6/13 PLANNED DATE OF DEPARTURE/RETURN: 9/28/13 / 10/2/13

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

Destination: Washington, DC

Purpose: Attend Conference

Explanation: San Diego Regional Chamber of Commerce One Region One Voice, Mission to Washington

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

- AIRFARE

\$ 500

- OTHER TRANSPORTATION (Taxi, Train, Car Rental)

\$ 200

B. LODGING

\$ 1300

C. MEALS

\$ 300

D. SEMINAR AND CONFERENCE FEES

\$ 1199

E. ENTERTAINMENT (If applicable)

\$

F. OTHER INCIDENTAL EXPENSES

\$ 100

TOTAL PROJECTED TRAVEL EXPENSE

\$ 3599

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: Paul E. Rob

Date: 6/6/13

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: _____

Date: _____

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

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

by the Executive Committee at its _____ meeting.

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

EXPENSE REPORTS

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: 5/8/2013 RETURN DATE: 5/14/2013 REPORT DUE: 6/13/13
DESTINATION: Chicago, IL

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

	Authority Expenses (Prepaid by Authority)	Employee Expenses							TOTALS
		SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
Air Fare, Railroad, Bus (attach copy of itinerary w/charges)	682.10				5/8/13	5/9/13	5/10/13		-236.30
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.)*									0.00
Hotel*					208.36	208.36			416.72
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 ¹ *									0.00
Miscellaneous: Baggage Fees									0.00
									0.00
									0.00
*Provide detailed receipts									0.00
Total Expenses prepaid by Authority	682.10	0.00	0.00	0.00	208.36	208.36	-236.30	0.00	180.42

Explanation:

Flight Expense Line Item - Authority paid the amount of flight equal to a RT flight from San Diego to/from Chicago. Traveler is responsible for the cost over that fare.

Total Expenses Prepaid by Authority	682.10
Total Expenses Incurred by Employee (including cash advances)	180.42
Grand Trip Total	862.52
Less Cash Advance (attach copy of Authority ck)	
Less Expenses Prepaid by Authority	682.10
Due Traveler (positive amount)²	
Due Authority (negative amount)³	180.42

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:

Traveler Signature:

Approved By:

Ext:

Date:

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.

(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 travelling 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/Executive Office

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

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

2. DATE OF REQUEST: 03/26/13 PLANNED DATE OF DEPARTURE/RETURN: 05/07/13 / 05/09/13

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

Destination: Chicago, IL

Purpose: ACI-NA Board meeting re: organizational vision, mission, goals and objectives for ACI-NA as the organization transitions leadership.

Explanation: _____

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

- AIRFARE

\$ 400.00

- OTHER TRANSPORTATION (Taxi, Train, Car Rental)

\$ 100.00

B. LODGING

\$ 600.00

C. MEALS

\$ 150.00

D. SEMINAR AND CONFERENCE FEES

\$ _____

E. ENTERTAINMENT (if applicable)

\$ _____

F. OTHER INCIDENTAL EXPENSES

\$ 100.00

TOTAL PROJECTED TRAVEL EXPENSE

\$ 1350.00

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: 2 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: R. J. G. [Signature]

Date: 4.4.13

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 4/23/13 meeting.
(Leave blank and we will insert the meeting date.)



HILTON CHICAGO O'HARE AIRPORT
O'HARE INTERNATIONAL AIRPORT
P.O. Box 66414 | Chicago, IL | 60666
T: 773 686 8000 | F: 773 601 2873
W: hilton.com

NAME AND ADDRESS:
BOWENS, THELLA
P.O. BOX 82776

Room: 9088/D2SRO
Arrival Date: 5/8/2013 8:20:00PM
Departure Date: 5/10/2013
Adult/Child: 1/0
Room Rate: 179.00

SAN DIEGO, CA 92138
US

RATE PLAN C-ACI

Confirmation Number : 3512650540

5/10/2013 PAGE 1

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE
5/8/2013	GUEST ROOM	JUSU	11041798	\$179.00		
5/8/2013	OCCUPANCY TAX	JUSU	11041798	\$29.36		
5/9/2013	GUEST ROOM	DJOH	11044855	\$179.00		
5/9/2013	OCCUPANCY TAX	DJOH	11044855	\$29.36		

WILL BE SETTLED TO

EFFECTIVE BALANCE OF

\$416.72

\$0.00

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Zip-Out Check-Out®

Good Morning! We hope you enjoyed your stay. With Zip-Out Check-Out® there is no need to stop at the Front Desk to check out.

- Please review this statement. It is a record of your charges as of late last evening.
 - For any charges after your account was prepared, you may:
 - + pay at the time of purchase.
 - + charge purchases to your account, then stop by the Front Desk for an updated statement.
 - + or request an updated statement be mailed to you within two business days.
- If the statement meets with your approval, simply press the Zip-Out Check-Out button on your guest room telephone. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room. Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.

DATE OF CHARGE

FOLIO NO./CHECK NO.
3042139 A

AUTHORIZATION

INITIAL

PURCHASES & SERVICES

TAXES

TIPS & MISC.

TOTAL AMOUNT

PAYMENT DUE UPON RECEIPT



TRAVELTRUST SCRIPPS RANCH
Phone: 1-800-792-4682

Electronic Invoice

Prepared For:
BOWENS/THELLA

Ref: DEPT 6

SALES PERSON	E4
INVOICE NUMBER	1203230
INVOICE ISSUE DATE	19 Apr 2013
RECORD LOCATOR	GXEMKN
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 ** HFFPWM **
-----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, May 08

Flight: UNITED AIRLINES 1669

From	SAN DIEGO, CA	Departs	2:03pm
To	CHICAGO OHARE, IL	Arrives	8:00pm
Departure Terminal	1	Arrival Terminal	1
Duration	03hr(s) :57min(s)	Class	United Economy
Type	BOEING 737-800 JET	Meal	Food for Purchase
Stop(s)	Non Stop		
Seat(s) Details	BOWENS/THELLA	Seat(s) - 10C	UA - XXXXXX 58

DATE: Fri, May 10

Flight: UNITED AIRLINES 6225

From	CHICAGO OHARE, IL	Departs	3:50pm
To	DALLAS FT WORTH, TX	Arrives	6:17pm
Departure Terminal	2	Arrival Terminal	E
Duration	02hr(s) :27min(s)	Class	United Economy
Type	CRJ-700 CANADAI REGIONAL JET	Meal	Food and Beverage for Purchase
Stop(s)	Non Stop		

Caldera Amy

From: Scott Mackerley <smackerley@Traveltrust.com>
Sent: Friday, April 19, 2013 9:10 AM
To: Caldera Amy
Subject: Thella Bowens - Chicago 8 May, 2013

FOR: BOWENS/THELLA

AIRFARE 415.80 NONREF TKT BY 19 APR

08 MAY 13 - WEDNESDAY

AIR UNITED AIRLINES	FLT:1669	UNITED ECONOMY FOOD FOR PURCHASE
LV SAN DIEGO	203P	EQP: BOEING 737-800
DEPART: TERMINAL 1		03HR 57MIN
AR CHICAGO OHARE	800P	NON-STOP
ARRIVE: TERMINAL 1		REF: HFFPWM
BOWENS/THELLA		

10 MAY 13 - FRIDAY

AIR UNITED AIRLINES	FLT:522	UNITED ECONOMY FOOD FOR PURCHASE
LV CHICAGO OHARE	339P	EQP: AIRBUS A320
DEPART: TERMINAL 1		04HR 27MIN
AR SAN DIEGO	606P	NON-STOP
ARRIVE: TERMINAL 1		REF: HFFPWM
BOWENS/THELLA		

MARK BURCHYETT

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

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

TRAVELER: MARK BURCHYETT DEPT. NAME & NO. _____ CHIEF AUDITOR _____
DEPARTURE DATE: 6/2/2013 RETURN DATE: 6/11/2013 REPORT DUE: 7/11/13
DESTINATION: Association of Airport Internal Auditors - Kansas City, MO

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

	Authority Expenses (Prepaid by Authority)	Employee Expenses							TOTALS
		SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
Air Fare, Railroad, Bus (attach copy of itinerary w/charges)	447.90	612	613	614					0.00
Conference Fees (provide copy of flyer/registration expenses)	500.00								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.)*		54.00	3.00						57.00
Hotel*		117.44	117.44	117.44					352.32
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*		68.41	95.12						163.53
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	947.90	239.86	215.56	117.44	0.00	0.00	0.00	0.00	572.85

Explanation:	Total Expenses Prepaid by Authority	947.90
1. Taxicab included passenger Shane Ellis.	Total Expenses Incurred by Employee (Including cash advances)	572.85
2. Meals for Sunday and Monday included meals for Shane Ellis and myself.	Grand Trip Total	1,520.75
	Less Cash Advance (attach copy of Authority ck)	
	Less Expenses Prepaid by Authority	947.90
	Due Traveler (positive amount) ²	
	Due Authority (negative amount) ³	572.85
	Note: Send this report to Accounting even if the amount is \$0.	

¹ Give names and business affiliations of any persons whose meals were paid by traveler. ² Prepare Check Request ³ Attach personal check payable to SDCRAA

I as traveler or administrator acknowledge that I have read, understand and agree to Authority policies 3.40 - Travel and Lodging Expense Reimbursement 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: Mark Burchyett Ext: 2435
Traveler Signature: _____ Date: 6/13/13
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. 2808.

**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: Mark Burchyett Dept: Chief Auditor

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

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

2. DATE OF REQUEST: 3/5/13 PLANNED DATE OF DEPARTURE/RETURN: 6/2/13 / 6/12/13

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

Destination: Kansas City, MO Purpose: Attend AAIA (Airport Auditors) Conference
Explanation:

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE \$ 360
• OTHER TRANSPORTATION (Taxi, Train, Car Rental) \$ 160

B. LODGING

\$ 700

C. MEALS

\$ 100

D. SEMINAR AND CONFERENCE FEES

\$ 550

E. ENTERTAINMENT (If applicable)

\$

F. OTHER INCIDENTAL EXPENSES

\$

TOTAL PROJECTED TRAVEL EXPENSE \$ 1870

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: 3/5/13

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: _____ 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 3/2/13 meeting.
(Leave blank and we will insert the meeting date.)

Olinzock Suzanne

From: AAIA@googlegroups.com on behalf of Robin Eng <RobinE@yyc.com>
Sent: Thursday, March 07, 2013 8:25 AM
To: 'AAIA@googlegroups.com'
Subject: [AAIA] Annual Conference - Kansas City June 2 - 5 2013

Good morning

The conference package for our 24th annual conference in Kansas City has been posted on our website (direct link below). Just click on the blue colored words "Conference Packet" (see below) to download the pdf copy of the conference material.

Our Vice President, Dolly Daniell, has put together a great educational program with a diverse number of topics that will appeal to all. Our Conference Chair, Kathy Whalen, has been working hard to make sure that all the details of our conference in Kansas City are well taken care of.

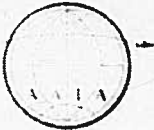
The conference is a great opportunity to learn more about the auditing airport operations and to refresh those existing contacts, or make new ones with other airport audit and finance professionals across the country and even the world.

As your AAIA president, I encourage you to attend our conference for all the learning and networking events.

If you have any questions, please feel free to contact me, or any one of your AAIA Board Members. (
<http://www.airport-auditors.com/index.php/about-us/officers-and-directors>)

Best regards

Robin



Robin Eng, CMA
President
Association of Airport Internal Auditors



Robin Eng, CMA
Director, Accounting Services
The Calgary Airport Authority

2000 Airport Road NE
Calgary, AB
Canada T2E 6W5
www.yyc.com

Direct: (403) 735.1218
Mobile: (403) 390.7649
Fax: (403) 735.5320
Email: robine@yyc.com

<http://www.airport-auditors.com/index.php/conferences-and-events>

Conferences and Events



The 2013 Annual Conference will be held in Kansas City, MO June 2-5, 2013

The **Conference Packet** can be downloaded here **2013 Conference Packet**

If you wish to pay your registration by credit card please use the options below to create a PayPal cart and submit payment. Please complete the registration form in the conference packet and submit to Phyllis Daigle as detailed within the conference packet to complete your registration (registration will not be considered complete until registration form is submitted)

This e-mail message contains information that is confidential and proprietary to The Calgary Airport Authority. It is intended for the exclusive use of the addressee. If you are not the intended recipient and you are not an employee or agent of the intended recipient, you are strictly prohibited from disclosing, distributing or reproducing this message. If you have received this e-mail message in error, any solicitor/client privilege is expressly not waived. If we have sent you this e-mail message in error or if the addressee cannot be reached or is unknown to you, please inform us immediately by telephone (toll free - 1 877 2647427) and delete this e-mail message from your system and destroy all copies. Thank you!

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You received this message because you are subscribed to the email list for "Association of Airport Internal Auditors (AAIA)" group.

To post to this group, send email to AAIA@googlegroups.com

To unsubscribe from this group, send email to AAIA-unsubscribe@googlegroups.com

For more options, visit this group at
<http://groups.google.com/group/AAIA?hl=en>

You received this message because you are subscribed to the Google Groups "Association of Airport Internal Auditors (AAIA)" group.

To unsubscribe from this group and stop receiving emails from it, send an email to
AAIA+unsubscribe@googlegroups.com.

For more options, visit https://groups.google.com/groups/opt_out.

644 BURCHYETT/MARK

99.00 06/05/13 12:00

KING

06/02/13 14:25

ACCT# GROUP

35

Room Clerk	Address	Payment	RWD#:
DATE	REFERENCE	CHARGES	CREDITS
			BALANCE DUE
06/02	ROOM 644, 1	99.00	
06/02	STATE TA 644, 1	9.26	
06/02	LOCAL TX 644, 1	7.43	
06/02	KCAROCTY 060213	1.50	
06/02	STATE TA 060213	.14	
06/02	LOCAL TX 060213	.11	
06/03	ROOM 644, 1	99.00	
06/03	STATE TA 644, 1	9.26	
06/03	LOCAL TX 644, 1	7.43	
06/03	KCAROCTY 060313	1.50	
06/03	STATE TA 060313	.14	
06/03	LOCAL TX 060313	.11	
06/04	ROOM 644, 1	99.00	
06/04	STATE TA 644, 1	9.26	
06/04	LOCAL TX 644, 1	7.43	
06/04	KCAROCTY 060413	1.50	
06/04	STATE TA 060413	.14	
06/04	LOCAL TX 060413	.11	
06/05	VS CARD		\$352.32

TO BE SETTLED TO: CURRENT BALANCE .00

THANK YOU FOR CHOOSING MARRIOTT! TO EXPEDITE YOUR CHECK-OUT,
PLEASE CALL EXTENSION 4563, OR PRESS "MENU" ON YOUR
TV REMOTE CONTROL TO ACCESS VIDEO CHECK-OUT.

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

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

Signature X

Ask for Cab _____

Driver _____

Kansas City
Airport Transportation
Dependable Service

Northland Taxi
(816) 741-8300

DATE 6/2/13 FARE \$54.00

Taxi from Airport to
Conf. including Shane Ellis
in Cab.

KCATA
Not redeemable
For Cash
DAY PASS
Day Pass
ISSUED: 06:07P
Mon 03 Jun13
BUS: 3532

EXPIRES:
03 JUN 13
at 11:59P

\$3 Cash Payment

Fiorella's Jack Stack Barbecue
Freight House
816-472-7427
www.jackstackbbq.com

1298 BREE M

Tbl 21/1 Chk 3798 Gst 3
Jun02'13 03:28PM

Food Tea 5.50
mbination 35.50
Best 27.95

Subtotal 68.95
Sales Tax 11.34% 7.82
Amt Due 76.77

Save 10% on any \$50 order when
you ship Jack Stack nationwide.
Request a FREE catalog or visit
JackStackBBQ.com/BuyOnline and
use promo code: R41412
Offer valid: 5/27/13 - 6/9/13.
Some restrictions apply.

Fiorella's Jack Stack Barbecue
Freight House
816-472-7427
www.jackstackbbq.com

Date: Jun02'13 04:08PM

Card Type: [REDACTED]

Acct #: [REDACTED]

Card Entry: SWIPED

Trans. type: PURCHASE

Trans Key: AIA000299891540

Auth Code: 04009C

Check: 3798

Table: 21

Server:

Subtotal

68.95

Tip:

15.00

Total:

91.77

Signature:

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

*** Customer Copy ***

Shane Ellis 27.95
Mark Burchett 17.75
2 Ice Teas 5.50

51.20
Tax @ 11.34% 5.81

57.01
Tip @ 20% 11.40

\$ 68.41

Chartered dinner
for Mark's
wife.

HOUSTON'S
(816)561-8542

Server: NANCY T 294 06/03/2013
Table 15/1 7:42 PM
Guests: 3 60039

PRIME RIB 33.00
ICED TEA 2.75
PRIME RIB 33.00
ICED TEA 2.75
CHEESEBURGER 15.00

Subtotal 86.50
Tax 10.8690 9.39

Total 95.89

Balance Due 95.89

Quick Guide on Total

15% = 14.38
18% = 17.26
20% = 19.18

CONF

Shane Ellis 33.00
Mark Burchett 33.00
2 Ice Teas 5.50

71.50
Tax @ 10.8690 7.77

79.27
Tip @ 20% 15.85

\$95.12

HOUSTON'S
(816)561-8542

Server: NANCY T 294 DOB: 06/03/2013
07:46 PM 06/03/2013
Table 15/1 6/60039

SALE

6291492

Magnetic card present: BURCHETT MARK
Card Entry Method: S

Approval: 082110

Amount: \$ 95.89

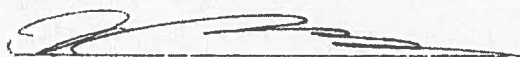
+ Gratuity: 18-

Quick Guide on Total

15% = 14.38
18% = 17.26
20% = 19.18

= Total: 113.89

I agree to pay the above
total amount according to the
card issuer agreement.





TRAVELTRUST SCRIPPS RANCH
Phone: 1-800-792-4662
MARY@TRAVELTRUST.COM

Electronic Invoice

Prepared For:
BURCHYETT/MARK A

Ref: CHEIF AUDITOR

SALES PERSON
INVOICE NUMBER
INVOICE ISSUE DATE
RECORD LOCATOR
CUSTOMER NUMBER

ML
1202447
22 Mar 2013
HNOEXH
0000SDCRAA

Client Address

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

Notes

-----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, Jun 02

Flight: SOUTHWEST AIRLINES 3426

From	SAN DIEGO, CA	Departs	8:25am
To	KANSAS CITY INTL, MO	Arrives	1:35pm
Departure Terminal	1	Arrival Terminal	B
Duration	03hr(s) :10min(s)	Class	Economy
Type	BOEING 737-700 JET	Meal	
Stop(s)	Non Stop		

DATE: Fri, Nov 29

Others

RESERVATION
RETAINED FOR
180 DAYS

Ticket Information

Ticket Number	WN 2116851921	Passenger	BURCHYETT M		
		Billed to:	[REDACTED]	USD	* 232.90
Service Fee	XD 0588228327	Passenger	BURCHYETT MARK A		
		Billed to:	[REDACTED]	USD	* 30.00
				SubTotal	USD 262.90

Net Credit Card Billing * USD 262.90

Total Amount Due USD 0.00

TRAVELTRUST IS OPEN MONDAY - FRIDAY FROM 5AM-530PM PST
AND SATURDAY FROM 8AM-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..MARY LARSON-PICKETT

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.



TRAVELTRUST SCRIPPS RANCH
Phone: 1-800-792-4662
MARY@TRAVELTRUST.COM

Electronic Invoice

Prepared For:
BURCHYETT/MARK A

Ref: CHEIF AUDITOR

SALES PERSON	ML
INVOICE NUMBER	1202448
INVOICE ISSUE DATE	22 Mar 2013
RECORD LOCATOR	YKXNCH
CUSTOMER NUMBER	0000SDCRAA

Client Address

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

Notes

-----INVOICE/TINERARY ACCOUNTING DOCUMENT -----

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

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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: Tue, Jun 11

Flight: SOUTHWEST AIRLINES 3042

From	ST LOUIS INTL, MO	Departs	6:25pm
To	SAN DIEGO, CA	Arrives	8:15pm
Departure Terminal	2	Arrival Terminal	1
Duration	03hr(s) :50min(s)	Class	Economy
Type	BOEING 737-700	Meal	
	JET		
Stop(s)	Non Stop		

DATE: Sun, Dec 08

Others

RESERVATION
RETAINED FOR
180 DAYS

Ticket Information

Ticket Number	WN 2116853847	Passenger	BURCHYETT M		
		Billed to:	[REDACTED]	USD	* 184.90
				SubTotal	USD 184.90
				Net Credit Card Billing	* USD 184.90
				Total Amount Due	USD 0.00

TRAVELTRUST IS OPEN MONDAY - FRIDAY FROM 5AM-630PM PST
AND SATURDAY FROM 9AM-1PM PST - 760-636-1700.
FOR EMERGENCY AFTERHOURS SERVICE IN THE US
PLEASE CALL 888-221-8062 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.. MARY LARSON-PICKETT

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.



ASSOCIATION OF AIRPORT INTERNAL AUDITORS CONFERENCE ATTENDEE REGISTRATION FORM

(Please submit a registration for each attendee) Page 1 of 2

1. Conference Attendee Registration Information (PLEASE PRINT CLEARLY):

Mark Burchett
 FIRST NAME LAST NAME NAME (as you wish to appear on the name badge)
 San Diego County Regional Airport Authority - San Diego International Airport
 COMPANY NAME AIRPORT
 2722 Truxtun Road, Box 100
 MAILING ADDRESS
 San Diego CA 92106
 CITY STATE/PROVINCE ZIP/POSTAL CODE
 (619) 400-2435 mburchett@san.org
 PHONE NUMBER EMAIL CELL PHONE (for emergency only)

Is this your first AAIA conference?

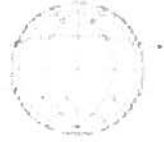
☐ Yes

☒ No (How many attended?) 4

Important! Please note any dietary or special access needs:

2. Conference Fees (all in US Dollars):

General Registration Fees	On or before May 2, 2013	After May 2, 2013	Total Fee
AAIA Member - Early Registration	\$500		\$ 500
AAIA Member - Full Registration		\$600	\$
Non AAIA Member - Early Registration	\$625		\$
Non AAIA Member - Full Registration		\$725	\$
Optional Wednesday Afternoon Session	\$50	\$50	\$
Sub Total - Registration Fees			\$ 500



ASSOCIATION OF AIRPORT INTERNAL AUDITORS CONFERENCE ATTENDEE REGISTRATION FORM

(Please submit a registration for each attendee) Page 2 of 2

Optional Fees Preconference Activities	Check if Participating	Fee	Total Fee
Sun, June 2, 2013 – Harry Truman Presidential Library Tour		\$25	\$
Sun, June 2, 2013 – Golf Outing – Tiffany Greens		\$90	\$
Sub-Total Optional Fees			\$
TOTAL REGISTRATION AND OPTIONAL FEES			\$

3. Networking Events (all included in the General Registration Fee). Check if attending:

☒ Welcome Reception, Sunday, June 2nd - 6:30 p.m. to 9:00 p.m.

☒ Tuesday Evening Event American Jazz & Negro Leagues Baseball Museums, Tues, June 4th - 6:00 p.m. to 10:00 p.m.

4. Conference Education Tracks (Please check one for each time slot)

Tuesday, June 4, 2013, (8:00 – 9:15 a.m.)

☐ TRACK A - Contractor Payroll Auditing & Fraud Risk Mitigation

☒ TRACK B - Benchmarking: A Value-added Resource for the Airport Auditor

Tuesday, June 4, 2013 (9:30 – 10:45 a.m.)

☒ TRACK A – Auditing Parking Revenues & Expenses

☐ TRACK B – Auditing Advertising – Contract Compliance

5. Checklist for Conference Registration

☒ a) Check (prepare check for both Conference Attendee and Guest(s) in US Dollars, made payable to the Association of Airport Internal Auditors)

☐ b) Credit Card (mail or email registration form)

Mail Registration Form with check (if applicable) to: Phyllis A. Daigle, CFE, Audit Manager
Massachusetts Port Authority One Harborside Drive, Suite 200S, East Boston, MA 02128-2909
Money questions, call Phyllis at (617) 568-1091 email: pdaigle@massport.com

BRET LOBNER

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

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

TRAVELER: Breton Lobner DEPT. NAME & NO. General Counsel
DEPARTURE DATE: 5/14/2013 RETURN DATE: 5/18/2013 REPORT DUE: 6/17/13
DESTINATION: Seattle, WA

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

	Authority Expenses (Prepaid by Authority)	Employee Expenses							TOTALS
		SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
Air Fare, Railroad, Bus (attach copy of itinerary w/charges)	265.80			2.75				25.00	27.75
Conference Fees (provide copy of flyer/registration expenses)	825.00								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.)*									0.00
Hotel*				255.16	255.16	255.16	255.16		1,020.64
Telephone, Internet and Fax*									0.00
Laundry*									0.00
Tips - separately paid (maids, bellhop, other hotel svcs.)				2.00	2.00	1.00			5.00
Meals (include tips pd.)				2.00					2.00
Breakfast*									
Lunch*				13.00				37.28	50.28
Dinner*				48.00	25.00	44.00	45.00		162.00
Other Meals*				1.44					1.44
Alcohol is a non-reimbursable expense									
Hospitality ¹ *									0.00
Miscellaneous: Travel trust fee	30.00								0.00
Luggage fee				20.00				20.00	40.00
									0.00
*Provide detailed receipts									0.00
Total Expenses prepaid by Authority	1,120.80	0.00	0.00	342.35	282.16	301.16	301.16	82.28	1,309.11

Explanation:	Total Expenses Prepaid by Authority	1,120.80
	Total Expenses Pd. by Employee (including cash advances)	1,309.11
	Grand Trip Total	2,429.91
	Less Cash Advance (attach copy of Authority ck)	
	Less Expenses Prepaid by Authority	1,120.80
	Due Traveler (positive amount) ²	
	Due Authority (negative amount) ³	1,309.11

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

¹ Give names and business affiliations of any persons whose meals were paid by traveler.
² Prepare Check Request
³ Attach personal check payable to SDCRAA

I as traveler or administrator acknowledge that I have read, understand and agree to Authority policies 3.40 - Travel and Lodging Expense Reimbursement 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: Kendy Rios
 Traveler Signature: Breton Lobner
 Approved By: _____

Ext.: x2424
 Date: 6.4.13
 Date: _____

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE (To be certified if used by President/CEO, Gen. Counsel, or Chief Auditor)

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

Failure to attach required documentation will result in the delay of processing reimbursement. If you have any questions, please see your department Administrative Assistant or call Accounting at ext. 2806.

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

GENERAL INSTRUCTIONS:

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

1. TRAVELER:

Travelers Name: Breton K. Lobner

Dept: 15

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

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

2. DATE OF REQUEST: 2-12-13 PLANNED DATE OF DEPARTURE/RETURN: 5/14/2013 / 5/18/2013

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

Destination: Seattle, WA

Purpose: 2013 Spring Legal Affairs Conference

Explanation:

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE \$ 420.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental) \$ 80.00

B. LODGING

\$ 1,200.00

C. MEALS

\$ 200.00

D. SEMINAR AND CONFERENCE FEES

\$ 825.00

E. ENTERTAINMENT (If applicable)

\$

F. OTHER INCIDENTAL EXPENSES

\$

TOTAL PROJECTED TRAVEL EXPENSE

\$ 2,725.00

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: Breton K. Lobner

Date: 2-13-13

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: _____

Date: _____

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

Tony K. 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.)

2 CLE
Grant Assurances



AIRPORTS COUNCIL
INTERNATIONAL

2013 SPRING LEGAL AFFAIRS CONFERENCE Preliminary Agenda

"Your Money Comes with A Price---Have You Read your Grant Assurances Lately?"

May 15 – 18, 2013 • Seattle, WA • Hyatt at Olive 8 Hotel
Preliminary Agenda as of March 28, 2013
Subject to Revision

SPONSORS

Schnader
ATTORNEYS AT LAW
Aviation Group

SPIEGEL &
McDIARMID
LLP

Wednesday, May 15, 2013

12:30 – 6:30 PM	Registration
1:00 – 1:15 PM	Opening and Welcoming Remarks Airport Representative: Mark Reis, Managing Director, Seattle-Tacoma International Airport and First Vice-Chair, ACI-NA Board of Directors Committee Chairperson: Helen Eckardt Berkman, Assistant City Attorney, Denver International Airport
1:15 – 1:45 PM	SESSION 1: Setting the Stage---What's the Big Deal About Grant Assurances? During this session we'll provide an overview of the grant assurances, including online and ACRP resources that can be useful tools if you have questions or need general background information. Bret Lobner, General Counsel, San Diego County Regional Airport Authority
1:45 – 2:30 PM	SESSION 2: General Applicability, Duration and Certification Requirements---What the heck am I signing?

Registration

User LOBNER, BRETON |

[Back |](#)

Purchase | Confirmation

Purchase Information



Airports Council International - NA
1625 I Street NW
Washington, D.C. 20036

Date of Purchase: Mar 29 2013 2:46PM
Mr. Breton K. Lobner
Payment method: Credit card
Order Number: 66498.00

Detail

Description	Quantity	Unit Price	Extended Amount
Conference Registration Fee	1	\$825.00	\$825.00
Total:			\$825.00
Payments:			-\$825.00
Balance:			\$0.00

Registrant Detail

Registrant ID	Registrant Name	Meeting	Confirmation Number
1039	Mr. Breton K. Lobner	2013 Legal Affairs Spring Conference	66498

[Ok](#) [Print](#)



TRAVELTRUST CORPORATION
Phone: 1-800-792-4662
CHERYL@TRAVELTRUST.COM

Itinerary

Electronic Invoice

Prepared For:
LOBNER/BRETON

Ref: DEPT 15

SALES PERSON	CH
INVOICE NUMBER	5268527
INVOICE ISSUE DATE	25 Apr 2013
RECORD LOCATOR	AFWGN ✓ LWQZXF
CUSTOMER NUMBER	0000SDCRAA

Client Address

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

(800) 252-7522

Notes

PLEASE CHECK NEW CARRY-ON RESTRICTIONS DIRECT WITH
YOUR CARRIER OR CALL TRAVELTRUST AT 800-792-4662

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

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

THIS IS AN E-TICKET RESERVATION.

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

*****TSA GUIDANCE FOR PASSENGERS*****

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

DATE: Tue, May 14

Flight: ALASKA AIRLINES 483

From	SAN DIEGO, CA	Departs	10:05am
To	SEATTLE TACOMA, WA	Arrives	12:57pm
Departure Terminal	1		
Duration	02hr(s) :52min(s)	Class	Economy
Type	BOEING 737-400 JET	Meal	Food for Purchase
Stop(s)	Non Stop		
Seat(s) Details	LOBNER/BRETON	Seat(s) - 25E	
Notes	MIDDLE SEAT ** AISLE/WINDOW NOT AVAILABLE WE WILL CONTINUE TO MONITOR FOR A SEAT		

DATE: Sat, May 18

Flight: ALASKA AIRLINES 492

From	SEATTLE TACOMA, WA	Departs	2:35pm
To	SAN DIEGO, CA	Arrives	5:09pm
		Arrival Terminal	1
Duration	02hr(s) :34min(s)	Class	Economy
Type	BOEING 737-800 JET	Meal	Food for Purchase

Stop(\$)	Non Stop	
Seat(s) Details	LOBNER/BRETON	Seat(s) - 28C

DATE: Thu, Nov 14

Others

RESERVATION
RETAINED FOR
180 DAYS

Ticket Information

Ticket Number	⁰²⁷ AS 7223689581	Passenger	LOBNER BRETON		
		Billed to:	AX XXXXXXXXXXXX1012	USD	* 265.80
Service Fee	XD 0589448122	Passenger	LOBNER BRETON		
		Billed to:	AX XXXXXXXXXXXX1012	USD	* 30.00
				SubTotal	USD 295.80
				Net Credit Card Billing	* USD 295.80

				Total Amount Due	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 888-221-6043 AND USE YOUR VIT CODE - SJE72
PLEASE NOTE THIS IS OUR NEW EMERGENCY NUMBER
EACH EMERGENCY CALL IS BILLABLE AT A MINIMUM 25.00
THANK YOU FOR CHOOSING TRAVELTRUST...CHERYL HARLOFF

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.



Hole 1

Hyatt At Olive 8
1635 8th Avenue
Seattle, WA 98101
206-695-1234

INFORMATION INVOICE

Payee Breton Lobner
3225 N Harbor Dr
San Diego CA 92101
United States

Membership GP [REDACTED]
Bonus Code
Confirmation No. 1839878301
Group Name Airport Council Intl N Amer

Room No. 1432
Arrival 05-14-13
Departure 05-18-13
Page No. 1 of 2
Folio Window 1
Folio
Invoice

Date	Description	Charges	Credits
05-14-13	Group Room	219.00	
05-14-13	Room Tax	34.16	
05-14-13	Seattle Tourism Assessment	2.00	
05-15-13	Group Room	219.00	
05-15-13	Room Tax	34.16	
05-15-13	Seattle Tourism Assessment	2.00	
05-16-13	Group Room	219.00	
05-16-13	Room Tax	34.16	
05-16-13	Seattle Tourism Assessment	2.00	
05-17-13	Group Room	219.00	
05-17-13	Room Tax	34.16	
05-17-13	Seattle Tourism Assessment	2.00	
05-18-13	American Express	XXXXXXXXXXXX [REDACTED] XX/XX	1,020.64



Hyatt At Olive 8
1635 8th Avenue
Seattle, WA 98101
206-695-1234

INFORMATION INVOICE

Payee Breton Lobner
3225 N Harbor Dr
San Diego CA 92101
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Membership GP [REDACTED]
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Departure 05-18-13
Page No. 2 of 2
Folio Window 1
Folio
Invoice

Date	Description	Charges	Credits
Your Gold Passport account will be credited for this stay.			
Total		1,020.64	1,020.64
Balance			0.00

Guest Signature

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

WE HOPE YOU ENJOYED YOUR STAY WITH US!

We trust you enjoyed your stay at the Hyatt At Olive 8. Please let us know your thoughts at: SEAHS-Shared-MB-Quality@hyatt.com or contact us by telephone at (206)695-1234.

We thank you for your business and appreciate your loyalty.
For questions concerning your bill, call 888-472-2870,
or email: na.customerservice@hyatt.com
For questions on your Gold Passport account, call 800-30-HYATT

Please remit payment to:
Hyatt at Olive 8
Hyatt Corporation / Hyatt at Olive 8
PO BOX 94028
Seattle, WA 98124-9428

5/14
\$ 2.75

May-14-13 2.75

Adult

ONE WAY

From: SeaTac/Airport

\$ 2.75

To: Intern. Dis

579820 -472

 SOUNDTRANSIT

RECEIPT

05/14/2013 01:29 PM

SOUND TRANSIT

SeaTac/AirPort

TVM # 472

CASH SALE

SALES AMT: \$2.75

CASH INSERTED: \$5.00

CHANGE: \$2.25

Adult

Adult Single

165554- 472

THE CRAB POT
SEATTLE WA.
1301 Alaskan Way
Seattle, WA 98101
(206) 624-1890

Server: Melinda
c/1
Guests: 0
05/14/2013
4:10 PM
90084

Single Cake Cone 3.25

Subtotal 3.25

Tax 0.3

Total 3.55

CASH \$ 5.00

Change \$ 1.45

PLEASE PAY YOUR SERVER
SORRY NO PERSONAL CHECKS
ONE CHECK & 18% GRATUITY TO
PARTIES OF "8" OR MORE
THANK YOU PLEASE COME AGAIN

5/14
Dessert
\$1.44

5/14
Lunch - Bret's share \$13⁰⁰

Elliott's Oyster House
1201 Alaskan Way
Seattle WA 98101
206.623.4340

Server: Dinner 05/14/2013
37/1 4:04 PM
Guests: 0
#60038

Maritime Pilsner	6.00
3 pm Oyster (12 Qty) (2 @4 @ 0.75 per Qty (MAN WT)	9.00
HH Calamari	3.00
Subtotal	18.00
Tax	1.71
Total	19.71

Balance Due 19.71

Thankyou for dining with us
www.elliottsoysterhouse.com

Elliott's Oyster House
1201 Alaskan Way
Seattle WA 98101
206.623.4340

Server: Dinner DOB: 05/14/2013
04:04 PM 05/14/2013
97/1 6/60038

SALE

AmEx 5242889
Card #XXXXXXXXXX
Magnetic card present: LOBNER
BRETON K
Card Entry Method: S

Approval: 305045

Amount: \$ 19.71

+ Tip: 3.00

= Total: 22.71

I agree to pay the above
total amount according to the
card issuer agreement.

X

Guest Copy

5/14
Dinner - Bret's share \$48.00

BLUEACRE SEAFOOD
1700 7TH AVENUE, SUITE 100
SEATTLE WA 98101

114 PM E T

Tbl 51/5 Chk 3004 Gst 1
May14'13 07:33PM

2 KUMAMOTO OYSTER
@ 3.50 7.00
2 SHIGOKU @ 3.50 7.00
2 JUDD COVE @ 2.50 5.00
2 KUSSHI @ 3.50 7.00
1 PETRALE SOLE 26.95

2/7 DRIP COFFEE 0.79

SUBTOTAL 69.20
TAX 6.57
TOTAL DUE 75.77

THANK YOU FOR YOUR BUSINESS
WE SINCERELY APPRECIATE IT!!
for special offers and info,
follow us on twitter
@blueacreseafood

BLUEACRE SEAFOOD
1700 7TH AVENUE, SUITE 100
SEATTLE WA 98101

Date: May14'13 09:28PM
Card Type: AMEX
Acct #: XXXXXXXXXXXX
Card Entry: SWIPED
Trans Type: PURCHASE
Trans Key: EIE008000553811
Auth Code: 195282
Check: 3004
Table: 51/5
Server: 114 PM E T

Subtotal: 75.77

Tip: 12.00

Total: 87.77

BK
Signature

GUEST COPY
Please keep for your records

Dinner - Bret's share \$25⁰⁰

WED MAY 15, 2013
CHECK #483255-1
TABLE #17

- | | |
|-------------------------|---------|
| • 1 Edamame | \$3.00 |
| • 1 Mushroom Dumplings | \$7.00 |
| • 1 Short Rib | \$7.00 |
| • 1 Calimari | \$5.00 |
| • 1 Buddha Roll | \$15.00 |
| • 1 Spicy Crab Roll | \$7.00 |
| • 1 Ichi Roll | \$6.00 |
| • 1 Shrimp Tempura Roll | \$9.00 |
| • 1 *3.00 sushi* | \$3.00 |
| • 1 ICED TEA | \$2.00 |

SUB-TOTAL	:	\$109.50
TAX	:	\$10.40
TOTAL		\$119.90

THANK YOU FOR
DINING AT OLD FLN!
WE LOOK FORWARD TO
SEEING YOU AGAIN!
Time: 20:36 4 CUSTOMERS
WORKSTATION # 2

THANK YOU!
PLEASE PAY YOUR SERVER

WE HAVE BEEN SERVED

RD TYPE:AMEX
J. *****[REDACTED] EXPI.: ****
NTRY:SWIPED
ustomer : BRETON K LOBNER
UTHORIZATION:625551
ERMINAL:2
REFERENCE:483255

TIP	<u>11.00</u>
TOTAL	<u>70.95</u>

THANK YOU
MAY 15, 2013 20:54:46
Server's name : Chitose

CUSTOMER COPY

5/16
Dinner- Bret's share \$44.00

WILD GINGER
asian restaurant & satay bar

1401 3rd Ave
Seattle, WA 98101
206-623-4450

Server: MEZZ TEAM
412/5
Guests: 15

05/16/2013
9:23 PM
10021

COFFEE 2.75 T
CHOCOLATE TORTE 7.00 T
BANQUET MENU \$48.00 (1 Qty) 48.00 T
@ 48.00 per Qty

Subtotal 63.25
Tax 7.21
Total 70.46
Gratuity 12.65
Total 83.11

Balance Due 83.11

1401 3rd Ave
Seattle, WA 98101
206-623-4450

Server: MEZZ TEAM
09:43 PM
412/5

DOB: 05/16/2013
05/16/2013
1/10021

SALE

AMEX 3145756
Card #XXXXXXXXXX
Magnetic card present: LOBNER BRETON K
Card Entry Method: S

Approval: 715455

Amount: \$ 70.46
+ Included Gratuity: \$ 12.65
+ Additional Tip X
= Total: \$ 83.11

I agree to pay the above
total amount according to the
card issuer agreement.

X

Guest Copy

5/17

Dinner - Bret's share \$ 45.00

CUTTERS CRABHOUSE
2001 WESTERN AVENUE
SEATTLE, WA 98121
206.448.4884
CUTTERSCRABHOUSE.COM

31313 Andrew B

Tbl 45/1 Chk 2600 Gst 4
May17'13 07:47PM

2 CRAB WHOLE	99.90
2 COPPER SKEYE	65.90
1 SODA	3.00
1 G A TO Z PG	9.00
1 G CSM CV RS	€ 50
1 G AEROBAT PG	8.50

SUBTOTAL	192.80
TAX	18.32
TOTAL DUE	211.12

HOW DID WE DO?
CHRIS HARTER, PRESIDENT & CEO
chris.harter@r-u-i.com

CUTTERS CRABHOUSE
2001 WESTERN AVENUE
SEATTLE, WA 98121
206.448.4884
CUTTERSCRABHOUSE.COM

Date: May17'13 09:00PM
Card Type: AMEX
Acct #: XXXXXXXXXXXX
Card Entry: SWIPED
Trans Type: PURCHASE
Auth Code: 665003
Check: 2600.00
Table: 45/1
Server: 31313 Andrew B

Subtotal: 105.56

Tip: 15.00

Total: 120.56

Signature

GUEST COPY
Please keep for your records

5/18

Lunch - Bret Lohner ; Amy Gonzalez
\$ 37.28

BIG FOOT FOOD & SPIRITS
NORTH CONCOURSE
SEATAC AIRPORT
www.bigfootfs.com

305 MACIE O

Tbl 110/1 Chk 2091 Gst 0
May18'13 12:45PM

2 SODA 5.58
2 BUSHMEN BEEF SAN 23.90

SUBTOTAL 29.48
TAX 2.80
TOTAL DUE 32.28

THANK YOU & WE'LL SEE YOU AGAIN!

Questions or Comments? Email Us
info@bigfootfs.com

For your convenience we are
providing the following
gratuity calculations:

15% is \$4.84
18% is \$5.81
20% is \$6.46

Amy + Bret

BIG FOOT FOOD & SPIRITS
NORTH CONCOURSE
SEATAC AIRPORT
www.bigfootfs.com

Date: May18'13 01:19PM
Card Type: AMEX
Acct #: XXXXXXXXXXXX
Card Entry: SWIPED
Trans Type: PURCHASE
Auth Code: 295193
Check: 2091
Table: 110/1
Server: 305 MACIE O

Subtotal: 32.28

Tip: 5.00

Total: 37.28

Signature

CUSTOMER COPY
Please keep for your records

RECEIPT

Pick Up: Hyatt
Drop Off: SEATAC
Date: 5/18/13 Amount: 25
Pickup Time: Drop Off Time:
FHL#:
Cab#: Driver's Name: C

5/18
shuttle
\$25.00

Do not expose to excessive heat or direct sunlight
 STAPLE HERE
 INSERT

PRINTED IN U.S.A. BY MAGNETIC TICKET & LABEL CORP., DALLAS, TX REV. 03/77 1427120

PASSENGER TICKET AND BAGGAGE CHECK
 SUBJECT TO CONDITIONS OF CONTRACT

ISSUED BY
ALASKA AIRLINES

2126372524
PASSENGER RECEIPT 1 OF 1
 DATE OF ISSUE 14 MAY 13
 ISSUING OFFICE CODE NSI
 PLACE OF ISSUE /SAN DIEGO

ALASKA AIRLINES

3

NAME OF PASSENGER (NOT TRANSPORTER)
LOBNER/BRETON

NAME OF PASSENGER
LOBNER/BRETON

ISS. AGENT ID.
SAN 44D

FARE BASIS
Y

TO
SAN DIEGO

TIME
14 MAY 13

STATUS NOT VALID BEFORE - NOT VALID AFTER
14 MAY 13

FROM
SAN DIEGO

CLASS DATE
Y

TO
SEATTLE

TO
SEATTLE TACOMA

REVALUATION
Y

TO
SEATTLE

TO
SEATTLE TACOMA

THROUGHOUT YOUR JOURNEY

TO
SEATTLE

TO
SEATTLE TACOMA

BAGGAGE: 20

TO
SEATTLE

TO
SEATTLE TACOMA

ISSUED IN EXCHANGE FOR

TO
SEATTLE

TO
SEATTLE TACOMA

FARE CALCULATION

TO
SEATTLE

TO
SEATTLE TACOMA

SAN AS SEA20. 00GAS01/030 USD20. 00END

TO
SEATTLE

TO
SEATTLE TACOMA

FARE
USD

TO
SEATTLE

TO
SEATTLE TACOMA

EXCH. FARE PAID

TO
SEATTLE

TO
SEATTLE TACOMA

FORM OF PAYMENT

TO
SEATTLE

TO
SEATTLE TACOMA

STOCK CONTROL NUMBER TX

TO
SEATTLE

TO
SEATTLE TACOMA

COUPON

TO
SEATTLE

TO
SEATTLE TACOMA

02701004629592

TO
SEATTLE

TO
SEATTLE TACOMA

027 2126372524

TO
SEATTLE

TO
SEATTLE TACOMA

5/18
 Baggage
 Fee
 \$ 20



**LOBNER/BRETON
 ADDITIONAL FEES RECEIPT**

**** PAID BAGS ****

Flight	From	To	Date
492 G	Seattle	San Diego	18MAY13
Ticket Date: 18MAY13			
Record Locator: LWQZXF			

Total Charged: \$20.00 USD
 Ticket No. 0272126610532
 FOP: AXXXXXXXXXXXXX