

Revised 2/17/12



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

**Item No.
5**

Meeting Date: **FEBRUARY 21, 2012**

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 2012 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: 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: 2/10/12 PLANNED DATE OF DEPARTURE/RETURN: 04/16/12 / 4/19/12

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: ACI-NA Operations and Technical Affairs/Environmental Affairs Conference

Explanation: _____

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE \$ 450.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental) \$

B. LODGING

\$ 433.44

C. MEALS

\$ 150.00

D. SEMINAR AND CONFERENCE FEES

\$ 695.00

E. ENTERTAINMENT (If applicable)

\$ 0.00

F. OTHER INCIDENTAL EXPENSES

\$ 0.00

TOTAL PROJECTED TRAVEL EXPENSE

\$ 1728.44

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: 2/16/12

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.)

**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/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: 02/14/12 **PLANNED DATE OF DEPARTURE/RETURN:** 04/24/12 / 04/28/12

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

Destination: Charleston, South Carolina Purpose: ACI-NA Legal Affairs Spring Conference
Explanation:

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE	\$ 680.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$ 100.00

B. LODGING	\$ 1030.00
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C. MEALS	\$ 200.00
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D. SEMINAR AND CONFERENCE FEES	\$ 785.00
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E. ENTERTAINMENT (If applicable)	\$ 0.00
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F. OTHER INCIDENTAL EXPENSES	\$ 100.00
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TOTAL PROJECTED TRAVEL EXPENSE	\$ 2895.00
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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: 2/16/12

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.)

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/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: 02/16/12 PLANNED DATE OF DEPARTURE/RETURN: 05/21/12 / 05/25/12

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

Destination: Marina Bay Sands, Singapore

Purpose: 7th ACI Asia-Pacific Regional Assembly, Conference & Exhibition an

Explanation: _____

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE	\$ 8700.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$ 200.00

B. LODGING

\$ 1680.00

C. MEALS

\$ 400.00

D. SEMINAR AND CONFERENCE FEES

\$ 600.00

E. ENTERTAINMENT (If applicable)

\$ 0.00

F. OTHER INCIDENTAL EXPENSES

\$ 100.00

TOTAL PROJECTED TRAVEL EXPENSE

\$ 11680.00

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: 2/16/12

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.)

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/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: 02/14/12 PLANNED DATE OF DEPARTURE/RETURN: 05/06/12 / 05/09/12

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

Destination: Nashville, TN

Purpose: ACI-NA Airport Economics and Finance and Human Capital Conference

Explanation: _____

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

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

B. LODGING

\$ 500.00

C. MEALS

\$ 200.00

D. SEMINAR AND CONFERENCE FEES

\$ 785.00

E. ENTERTAINMENT (If applicable)

\$ 0.00

F. OTHER INCIDENTAL EXPENSES

\$ 100.00

TOTAL PROJECTED TRAVEL EXPENSE

\$ 2285.00

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: 2/16/12

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.)

**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/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: 02/14/12 PLANNED DATE OF DEPARTURE/RETURN: 04/29/12 / 05/2/12

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

Destination: Phoenix, AZ

Purpose: 84th Annual AAAE Conference & Exposition and Policy Review Committee Meeting

Explanation: _____

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE	\$	450.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$	100.00
B. LODGING	\$	675.00
C. MEALS	\$	150.00
D. SEMINAR AND CONFERENCE FEES	\$	750.00
E. ENTERTAINMENT (If applicable)	\$	0.00
F. OTHER INCIDENTAL EXPENSES	\$	100.00
TOTAL PROJECTED TRAVEL EXPENSE	\$	2225.00

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: 2/16/12

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.)

219 → Corporate Services/
Email

**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/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: 01/31/12 PLANNED DATE OF DEPARTURE/RETURN: 02/23/12 / 02/24/12

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: Meeting with Southwest Airlines
Explanation: Meeting with Southwest Airlines Headquarters

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE \$ 850.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental) \$ 100.00

B. LODGING

\$ 250.00

C. MEALS

\$ 106.00

D. SEMINAR AND CONFERENCE FEES

\$ _____

E. ENTERTAINMENT (If applicable)

\$ _____

F. OTHER INCIDENTAL EXPENSES

\$ _____

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: 2 Feb 2012

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. Reagan Date: 2-9-12

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 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: 01/24/12 **PLANNED DATE OF DEPARTURE/RETURN:** 01/26/12 / 01/26/12

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

Destination: Long Beach, CA

Purpose: ACI Media Relations and Crisis Communications Seminar

Explanation: _____

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE \$ _____
• OTHER TRANSPORTATION (Taxi, Train, Car Rental) \$ 131.54

B. LODGING

\$ _____

C. MEALS

\$ 25.00

D. SEMINAR AND CONFERENCE FEES

\$ _____

E. ENTERTAINMENT (If applicable)

\$ _____

F. OTHER INCIDENTAL EXPENSES

\$ _____

TOTAL PROJECTED TRAVEL EXPENSE

\$ 165.00

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: 1/25/2012

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: 1.25.12

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: 11/29/2011 RETURN DATE: 12/12/2011 REPORT DUE: 1/11/12
DESTINATION: Washington DC

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)		988.80			11/29/11	11/30/11	12/1/11	12/2/11		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.)*				73.00	16.00		89.00			178.00
Hotel*				445.41	267.93	267.93				981.27
Telephone, Internet and Fax*										0.00
Laundry*										0.00
Tips - separately paid (maids, bellhop, other hotel srvs.)										0.00
Meals (include tips pd.)	Breakfast*					38.00				38.00
	Lunch*						9.74			9.74
	Dinner*			27.22		36.70				63.92
	Other Meals*									0.00
<i>Alcohol is a non-reimbursable expense</i>										
Hospitality ¹ *										0.00
Miscellaneous: Baggage Fees										0.00
										0.00
*Provide detailed receipts										0.00
Total Expenses prepaid by Authority		988.80	0.00	0.00	545.63	283.93	342.63	98.74	0.00	1,270.93

Explanation:	Total Expenses Prepaid by Authority	988.80
	Total Expenses Incurred by Employee (including cash advances)	1,270.93
	Grand Trip Total	2,259.73
	Less Cash Advance (attach copy of Authority ck)	
	Less Expenses Prepaid by Authority	988.80
	Due Traveler (positive amount) ²	
	Due Authority (negative amount) ³	1,270.93

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.

* Travel and Lodging Expense Reimbursement Policy 3.40

* Business Expense Reimbursement Policy 3.30

Prepared By:

Traveler Signature:

Approved By:

Ext.:

2445

Date:

2/13/12

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: 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: 10/24/11 PLANNED DATE OF DEPARTURE/RETURN: 11/30/11 / 12/02/11

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: 2011 ACI-NA International Aviation Issues Seminar

Explanation: 2011 ACI-NA International Aviation Issues Seminar

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE \$ 1100.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental) \$ 100.00

B. LODGING \$ 600.00

C. MEALS \$ 400.00

D. SEMINAR AND CONFERENCE FEES \$

E. ENTERTAINMENT (If applicable) \$

F. OTHER INCIDENTAL EXPENSES \$

TOTAL PROJECTED TRAVEL EXPENSE \$ 2200.00

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: 24 Oct 2011

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. X. [Signature] Date: 10.24.11

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.)

the fairfax at embassy row, washington d.c.
 2100 massachusetts avenue north west washington, district of columbia 20008
 phone 202.293.2100 fax 202.293.0641

guest

travel agent/charge to

Thella Bowens

room 400
 rate 389.00
 no. pers. 1
 folio 612391 A
 page 1
 arrive 29-NOV-11 16:53
 depart 30-NOV-11 07:31
 payment AX

date	reference	description	charges/credits
------	-----------	-------------	-----------------

29-NOV-11	RT400	Room Charge Retail	389.00
29-NOV-11	RT400	Room Tax	56.41
29-NOV-11	7578	Room Service	27.22
30-NOV-11	AX	American Express	472.63-

See page 1 of 4 — 445.4

For Authorization Purposes Only

Auth Date	Code	Authorized
29-NOV-11	567530	544.60

Balance Due 0.00

EXPENSE REPORT SUMMARY

Date	Room/Tax	Food/Bev	Telephone	Other	Total	Payment
29-NOV-11	445.41	27.22	0.00	0.00	472.63	0.00
30-NOV-11	0.00	0.00	0.00	0.00	0.00	472.63-
Total	445.41	27.22	0.00	0.00	472.63	472.63-

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

signature _____

As a Starwood Preferred Guest you have earned at least 814 Starpoints for this visit A50768218495

Thella Bowens	ROOM	DEPART	AGENT
FOLIO 612391 29-NOV-11	400	30-NOV-11	JENNIFER



the fairfax at embassy row, washington d.c.
2100 massachusetts avenue north west washington, district of columbia 20008
phone 202.293.2100 fax 202.293.0641

guest

travel agent/charge to

Thella Bowens

room 400
rate 234.00
no. pers. 1
folio 608832 A
page 1
arrive 30-NOV-11 07:31
depart 02-DEC-11 12:30
payment AX

ACK30A

date	reference	description	charges/credits
------	-----------	-------------	-----------------

30-NOV-11	RT400	Room Grp Association	234.00
30-NOV-11	RT400	Room Tax	33.93
01-DEC-11	RT400	Room Grp Association	234.00
01-DEC-11	RT400	Room Tax	33.93
01-DEC-11	7672	Room Service	38.00
02-DEC-11	AX	American Express	573.86-

See page 1 of 4 —

For Authorization Purposes Only

Auth Date	Code	Authorized
30-NOV-11	183230	655.20

Balance Due

0.00

EXPENSE REPORT SUMMARY

Date	Room/Tax	Food/Bev	Telephone	Other	Total	Payment
30-NOV-11	267.93	0.00	0.00	0.00	267.93	0.00
01-DEC-11	267.93	38.00	0.00	0.00	305.93	0.00
02-DEC-11	0.00	0.00	0.00	0.00	0.00	573.86-
Total	535.86	38.00	0.00	0.00	573.86	573.86-

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

signature _____

As a Starwood Preferred Guest you have earned at least 1012 Starpoints for this visit A50768218495

Thella Bowens	ROOM	DEPART	AGENT
FOLIO 608832 30-NOV-11	400	02-DEC-11	RAHEL





Traveltrust
274 North Coast Highway 101
Encinitas, Ca 92024
Tel: 760-635-1700
Fax: 760-635-1720
Website: www.traveltrust.com

BOWENS/THELLA

DEPT 6

07-Nov-2011 2:52 pm

Page 1 of 2

YOUR UNITED ETICKET CONFIRMATION IS ** TFCVNM **


30-Nov-2011
06:18am
Wednesday

Air United Airlines
From: San Diego CA, USA
Meal: None
Equip: CRJ-Canadair Regional
Depart: 30-Nov-2011 Wednesday 06:18am
Arrival: 30-Nov-2011 Wednesday 07:06am

Flight# 5325 Class: H
To: Los Angeles CA, USA
Seats: Seat:5B
Status: Confirmed
Stops: 0


SAN-LAX OPERATED BY /UNITED EXPRESS/SKYWEST AIRLINES
Depart - COMMUTER TERMINAL
Arrive - TERMINAL 8
United Airlines locator: TFCVNM
UA Frequent Flyer# [REDACTED]
** AISLE SEAT CONFIRMED **
Flight Duration: 48 minutes
Class of Service: Coach


30-Nov-2011
07:48am
Wednesday

Air United Airlines
From: Los Angeles CA, USA
Meal: Food For Purchase
Equip: Boeing 777 Jet
Depart: 30-Nov-2011 Wednesday 07:48am
Arrival: 30-Nov-2011 Wednesday 03:32pm

Flight# 950 Class: W
To: Washington Dulles DC, USA
Seats: Seat:25H
Status: Confirmed
Stops: 0

Depart - TERMINAL 7
Arrive -
United Airlines locator: TFCVNM
UA Frequent Flyer# [REDACTED]
** ECONOMY PLUS AISLE SEAT CONFIRMED **
Flight Duration: 4 hour(s) and 44 minutes
Class of Service: Coach


02-Dec-2011
05:29pm
Friday

Air United Airlines
From: Washington Dulles DC, USA
Meal: Food For Purchase
Equip: Boeing 777 Jet
Depart: 02-Dec-2011 Friday 05:29pm
Arrival: 02-Dec-2011 Friday 08:00pm

Flight# 951 Class: W
To: Los Angeles CA, USA
Seats: Seat:40B
Status: Confirmed
Stops: 0

Depart -
Arrive - TERMINAL 7
United Airlines locator: TFCVNM
UA Frequent Flyer# [REDACTED]
** AISLE SEAT CONFIRMED **
Flight Duration: 5 hour(s) and 31 minutes
Class of Service: Coach


02-Dec-2011
10:59pm
Friday

Air United Airlines
From: Los Angeles CA, USA
Meal: None
Equip: CRJ-Canadair Regional
Depart: 02-Dec-2011 Friday 10:59pm
Arrival: 02-Dec-2011 Friday 11:51pm

Flight# 6344 Class: H
To: San Diego CA, USA
Seats: Seat:6C
Status: Confirmed
Stops: 0

LAX-SAN OPERATED BY /UNITED EXPRESS/SKYWEST AIRLINES
Depart - TERMINAL 8
Arrive - COMMUTER TERMINAL
United Airlines locator: TFCVNM
UA Frequent Flyer# [REDACTED]
** AISLE SEAT CONFIRMED **
Flight Duration: 52 minutes
Class of Service: Coach

Other

30-May-2012
Wednesday

San Diego CA, USA
RESERVATION RETAINED FOR 180 DAYS



TravelTrust
374 North Coast Highway 101
Encinitas, Ca 92024
Tel: 760-635-1700
Fax: 760-635-1720
Website: www.traveltrust.com

BOWENS/THELLA

DEPT 6

22-Nov-2011 3:18 pm

Page 1 of 2

YOUR UNITED ETICKET CONFIRMATION IS ** TFCVNM **

29-Nov-2011
06:18am
Tuesday

Air United Airlines Flight# 5445 Class: U
From: San Diego CA, USA To: Los Angeles CA, USA
Meal: None Seats: Seat:8A
Equip: CRJ-Canadair Regional Status: Confirmed
Depart: 29-Nov-2011 Tuesday 06:18am Stops: 0
Arrival: 29-Nov-2011 Tuesday 07:06am
SAN-LAX OPERATED BY /UNITED EXPRESS/SKYWEST AIRLINES
Depart - COMMUTER TERMINAL
Arrive - TERMINAL 8
United Airlines locator: TFCVNM
UA Frequent Flyer# [REDACTED]
** EXIT ROW WINDOW SEAT CONFIRMED **
Flight Duration: 48 minutes
Class of Service: U

29-Nov-2011
07:48am
Tuesday

Air United Airlines Flight# 950 Class: W
From: Los Angeles CA, USA To: Washington Dulles DC, USA
Meal: Food For Purchase Seats: Seat:23F
Equip: Boeing 777 Jet Status: Confirmed
Depart: 29-Nov-2011 Tuesday 07:48am Stops: 0
Arrival: 29-Nov-2011 Tuesday 03:32pm
Depart - TERMINAL 7
Arrive -
United Airlines locator: TFCVNM
UA Frequent Flyer# [REDACTED]
** ECONOMY PLUS MIDDLE - WE WILL MONITOR FOR AISLE **
Flight Duration: 4 hour(s) and 44 minutes
Class of Service: Coach

02-Dec-2011
05:29pm
Friday

Air United Airlines Flight# 951 Class: W
From: Washington Dulles DC, USA To: Los Angeles CA, USA
Meal: Food For Purchase Seats: Seat:40B
Equip: Boeing 777 Jet Status: Confirmed
Depart: 02-Dec-2011 Friday 05:29pm Stops: 0
Arrival: 02-Dec-2011 Friday 08:00pm
Depart -
Arrive - TERMINAL 7
United Airlines locator: TFCVNM
UA Frequent Flyer# [REDACTED]
** AISLE SEAT CONFIRMED **
Flight Duration: 5 hour(s) and 31 minutes
Class of Service: Coach

02-Dec-2011
10:59pm
Friday

Air United Airlines Flight# 6344 Class: U
From: Los Angeles CA, USA To: San Diego CA, USA
Meal: None Seats: Seat:8B
Equip: CRJ-Canadair Regional Status: Confirmed
Depart: 02-Dec-2011 Friday 10:59pm Stops: 0
Arrival: 02-Dec-2011 Friday 11:51pm
LAX-SAN OPERATED BY /UNITED EXPRESS/SKYWEST AIRLINES
Depart - TERMINAL 8
Arrive - COMMUTER TERMINAL
United Airlines locator: TFCVNM
UA Frequent Flyer# [REDACTED]
** EXIT ROW WINDOW SEAT CONFIRMED **
Flight Duration: 52 minutes
Class of Service: U

Other

30-May-2012
Wednesday

San Diego CA, USA
RESERVATION RETAINED FOR 180 DAYS



TravelTrust
374 North Coast Highway 101
Encinitas, Ca 92024
Tel: 760-635-1700
Fax: 760-635-1720
Website: www.traveltrust.com

BOWENS/THELLA

DEPT 6

22-Nov-2011 3:18 pm

Page 2 of 2

Ticket Information

BOWENS THELLA
Ticket#: 8724911310
Invoice#: 1189778

Ticket Base Fare: 196.52
Ticket Tax: 3.48
Total Ticket Amount: 200.00

Electronic: YES

SERVICE FEE DOCUMENT #: 0569305066 FEE AMOUNT: 25.00

BILLED TO: AMERICAN EXPRESS ENDING IN 1012

\$225.00

FYI: Changed itinerary due
to request to attend
Flight Diversion Forum

763.80
225.00

988.80

**FLIGHT DIVERSION
PLANNING FORUM
DRAFT AGENDA**

November 30, 2011

9:00-9:45am Forum Opening in the DOT Atrium

Opening remarks: Secretary of Transportation Ray LaHood

**High level review of October 29, 2011 operation
FAA Administrator Randy Babbitt**

**FAA initial recommendations to improve diversion management
FAA Deputy Administrator Michael Huerta**

**Open session for comments/questions
Secretary of Transportation Ray LaHood**

9:45am Break

**10:00am Concurrent break-out sessions:
1) Airport Operations – Kate Lang
2) Airline Operations – David Grizzle
3) Customer Experience – Bob Rivkin**

11:45am Break

**12:00pm Plenary Session: Reports from Break-Out Sessions and Discussion
Administrator Babbitt**

**1:00pm Close-out
Administrator Babbitt**

RECEIPTS FROM TRAVEL TO WASHINGTON DC
NOVEMBER 29 - DECEMBER 2, 2011—THELLA F. BOWENS

DATE 11/29 AMOUNT \$ 73.00
 RECEIVED FROM airport (dullles)
 FROM hotel
 DESTINATION _____
 CAB # _____ DRIVER I.D. # _____
 DRIVERS NAME _____

Ro
 THE FAIRFAX EMBASSY ROW
 Washington, D.C.

179 M.

Tbl 400/1 Chk 757 Gst 1
 BOWENS
 Nov29'11 07:38PM

1 TOMATO SOUP	1.00
APPLE COBBLER	
1 Apple Food	6.00
ICE CREAM	
Special Prep	
POT OF HOT WATER	
Special Prep	
\$3.50 Deliv	3.50
Subtotal	18.00
Sales Tax	2.43
Service Chrg	3.50
R/S Auto Grt	3.24
07:40PM Total	27 22

ADDITIONAL TIP: _____

TOTAL: _____

ROOM #: _____

NAME _____

SIGNATURE _____

Room Service At
 THE FAIRFAX EMBASSY ROW
 Washington, D.C.

174 SERNY

Tbl 400/1 Chk 7872 Gst 1
 BOWENS
 Dec01'11 10:29AM

1 SIDE TOAST	4.00
Wheat Tst	
1 APPLEWOOD BACON	6.00
1 COFFEE SM	5.00
Cream	
1 SEASONAL BERRIES	9.00
POT OF HOT WATER	
Special Prep	
\$3.50 Deliv	3.50
Subtotal	24.00
Sales Tax	3.18
Service Chrg	3.50
R/S Auto Grt	4.32
10:31AM Total	35.00

ADDITIONAL TIP: 3.00

TOTAL: 38.00

ROOM #: 400

NAME THELLA BOWENS

SIGNATURE Theilla F. Bowens

**RECEIPTS FROM TRAVEL TO WASHINGTON DC
NOVEMBER 29 - DECEMBER 2, 2011—THELLA F. BOWENS**

36.70
[Signature]
THE FAIRFAX HOTEL
2100 Massachusetts Avenue N.W.
Washington D.C. 20008
202-293-2100

JORGE

1/4 Chk 3204 Gst 1
Dec01'11 09:19PM

AESAR SALAD	2.00
OMATO SOUP	2.00
SIMPLE SALAD	1.60
Sauce On Side	
SIMPLE SALAD	1.60
SIMPLE SALAD	1.60
*****	0.00
CRAB CAKE	3.20
C. ONION TART	2.40
1/5 WILD SALMON	4.80
1/5 STRIP BASS	4.40
PORK TENDERLOIN	4.40
Med	
FIRE	0.00
MAIN COURSE	
SELECTION OF TEA	1.00
CAMOMILE	

Subtotal *\$29.00* ~~31.80~~
Sales Tax *2.90* ~~3.18~~
:43PM Total *31.90* ~~34.98~~

ROOM #: *4.80 tip*

TOTAL: *\$36.70*

NAME

SIGNATURE

THE FAIRFAX HOTEL
2100 Massachusetts Avenue N.W.
Washington D.C. 20008
202-293-2100

Date: Dec01'11 10:45PM
Card Type: Amex
Acct #: XXXXXXXXXXXX1003
Card Entry: SWIPED
Trans Type: PURCHASE
Auth Code: 569993
Check: 3204
Table: 8/4
Server: 138 JORGE

Subtotal: *34.98*

TIP: *36.70*

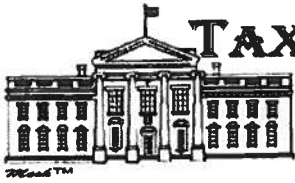
TOTAL: *\$39.98*

SIGNATURE *[Signature]*
agree to pay above total
according to my card issuer
agreement.

12/1/12

*dinner (receipt shows 1/5 of
total - split amongst
attendees)*

RECEIPTS FROM TRAVEL TO WASHINGTON DC
NOVEMBER 29 - DECEMBER 2, 2011—THELLA F. BOWENS



TAXICAB RECEIPT

Time: _____

Date: 11/30

Origin of trip: Hotel

Destination: DOT Headquarters

Fare: 8.00 Sign: _____



TAXICAB RECEIPT

Time: _____

Date: 12/2

Origin of trip: ACI-NA Townhouse

Destination: hotel

Fare: 8.00 Sign: _____



TAXICAB RECEIPT

Time: _____

Date: 11/30

Origin of trip: DOT Headquarters

Destination: hotel

Fare: 8.00 Sign: _____



TAXICAB RECEIPT

Time: _____

Date: 12/2

Origin of trip: hotel

Destination: ACI-NA Townhouse B6 D

Fare: \$8.00 Sign: Street

RECEIPTS FROM TRAVEL TO WASHINGTON DC
NOVEMBER 29 - DECEMBER 2, 2011—THELLA F. BOWENS

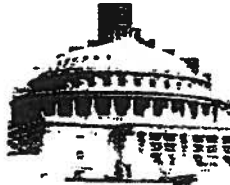
Save Time - Order ON LINE
sweetgreen.com
1512 Connecticut Ave.
Washington, DC
P: 202-387-9338

33 Elsie A

chk 1883 Dec02'11 12:57P 0

1 CUSTOM	6.00
SALAD	
1 HOUSE DRINK (iced tea)	2.50
Cash	20.00
Subtotal	8.50
Sales Tax	0.89
Payment	9.74
Change Due	10.26

12/2 Lunch



TAXICAB RECEIPT

Time: _____

Date: 12/2/11

Origin of trip: hotel

Destination: AIRport

Fare: 73⁰⁰ Sign: _____

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

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

TRAVELER: Thella F. Bowers DEPT. NAME & NO. Executive Office BU6
DEPARTURE DATE: 1/26/2012 RETURN DATE: 1/26/2012 REPORT DUE: 2/25/12
DESTINATION: Long Beach, CA

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 1/26/12	FRIDAY	SATURDAY	
Air Fare, Railroad, Bus (attach copy of itinerary w/charges)									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*						123.21			123.21
Taxi and/or Shuttle Fare (include tips pd.)*									0.00
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*								0.00
	Lunch*								0.00
	Dinner*								0.00
	Other Meals*								0.00
<i>Alcohol is a non-reimbursable expense</i>									
Hospitality ¹ *									0.00
Miscellaneous: Baggage Fees									0.00
									0.00
									0.00
*Provide detailed receipts									0.00
Total Expenses prepaid by Authority	0.00	0.00	0.00	0.00	0.00	123.21	0.00	0.00	123.21

Explanation:	Total Expenses Prepaid by Authority	0.00
	Total Expenses Incurred by Employee (including cash advances)	123.21
	Grand Trip Total	123.21
	Less Cash Advance (attach copy of Authority ck)	
	Less Expenses Prepaid by Authority	0.00
	Due Traveler (positive amount)²	
	Due Authority (negative amount)³	123.21

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

¹Give names and business affiliations of any persons whose meals were paid by traveler.
² Prepare Check Request
³Attach 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: Amy Caldera
 Traveler Signature: Thella F. Bowers
 Approved By: _____

Ext.: 2445
 Date: 1/30/2012
 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 _____


(Please leave blank. Whoever clerk's the meeting will insert their name and title.)
 _____ 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
MONTHLY MILEAGE and PARKING FEE REIMBURSEMENT REPORT

EMPLOYEE NAME Thella F. Bowens			PERIOD COVERED 26-Jan-12	
DEPARTMENT/DIVISION				
DATE	MILES DRIVEN	DESTINATION AND PURPOSE OF TRIP	PARKING FEES & OTHER TRANSPORTATION COSTS	\$\$\$
1/26/12	111.00	Drive to Long Beach, CA		
1/26/12	111.00	Drive to San Diego, CA		
SUBTOTAL	222.00		SUBTOTAL	-

Computation of Reimbursement

TOTAL MILEAGE DRIVEN (LIMITED TO 200 MILE MONTHLY AVERAGE PER YEAR)		222.00
REIMBURSEMENT RATE: (see below) *	Rate for 7/1/11 - 12/31/12	X 0.555
TOTAL MILEAGE REIMBURSEMENT		123.21
PARKING FEES/TOLL CHARGES (ATTACH RECEIPTS)		-
TOTAL REIMBURSEMENT REQUESTED		\$ 123.21
I acknowledge that I have read, understand and agree to *Authority Policy 3.30 - Business Expense Reimbursement Policy and that any purchases/claims that are not allowed will be my responsibility. I further certify that this report of business expenses were incurred in connection with official Authority business and is true and correct. <u>Business Expense Reimbursement Policy 3.30</u>		
 SIGNATURE OF EMPLOYEE		
		DEPT./DIV. HEAD APPROVAL



Directions to 200 S Pine Ave, Long Beach, CA
90802
111 mi - about 1 hour 55 mins

Save trees. Go green!

Download Google Maps on your
phone at google.com/gmm



1. Head **south** on [redacted] toward [redacted]
Restricted usage road
go 52 ft
total 52 ft
2. Take the 1st right onto [redacted]
Restricted usage road
go 187 ft
total 240 ft
3. Turn left onto [redacted]
Partial restricted usage road
About 1 min
go 0.3 mi
total 0.3 mi
4. Take the 2nd right onto [redacted]
About 4 mins
go 1.8 mi
total 2.1 mi
5. Take the **California 163 N** ramp to **Escondido**
go 0.4 mi
total 2.5 mi
6. Merge onto **CA-163 N**
About 2 mins
go 1.9 mi
total 4.5 mi
7. Take exit **7A** to merge onto **I-805 N** toward **Los Angeles**
About 8 mins
go 8.8 mi
total 13.2 mi
8. Merge onto **I-5 N**
About 50 mins
go 53.5 mi
total 66.7 mi
9. Take exit **85A** to merge onto **CA-73 N** toward **Long Beach**
Partial toll road
About 18 mins
go 17.6 mi
total 84.3 mi
10. Take exit **18A** on the left to merge onto **I-405 N** toward **Long Beach**
About 22 mins
go 21.3 mi
total 106 mi
11. Take exit **32B** to merge onto **I-710 S**
About 4 mins
go 3.5 mi
total 109 mi
12. Take exit **1C** on the left toward **Downtown Long Beach/Convention Center/ Aquarium**
About 1 min
go 0.3 mi
total 110 mi
13. Merge onto **W Shoreline Dr**
About 3 mins
go 1.6 mi
total 111 mi
14. Turn left onto **S Pine Ave**
Destination will be on the right
go 302 ft
total 111 mi



200 S Pine Ave, Long Beach, CA 90802

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2012 Google, INEGI

Directions weren't right? Please find your route on maps.google.com and click "Report a problem" at the bottom left.

\$ 123.21

1/31/2012 7:13pm → T. Russell
(Email) S. Real
L. Gehlken

**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/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: 01/24/12 PLANNED DATE OF DEPARTURE/RETURN: 01/26/12 / 01/26/12

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

Destination: Long Beach, CA

Purpose: ACI Media Relations and Crisis Communications Seminar

Explanation:

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE

\$ 131.54

• OTHER TRANSPORTATION (Taxi, Train, Car Rental)

\$ 25.00

B. LODGING

\$ 0.00

C. MEALS

\$ 0.00

D. SEMINAR AND CONFERENCE FEES

\$ 0.00

E. ENTERTAINMENT (If applicable)

\$ 0.00

F. OTHER INCIDENTAL EXPENSES

\$ 0.00

TOTAL PROJECTED TRAVEL EXPENSE

\$ 186.54

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: 1/25/2012

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: 1.25.12

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: 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: 01/24/12 PLANNED DATE OF DEPARTURE/RETURN: 01/26/12 / 01/26/12

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

Destination: Long Beach, CA

Purpose: ACI Media Relations and Crisis Communications Seminar

Explanation: _____

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE \$ _____
• OTHER TRANSPORTATION (Taxi, Train, Car Rental) \$ 131.54

B. LODGING

\$ _____

C. MEALS

\$ 25.00

D. SEMINAR AND CONFERENCE FEES

\$ _____

E. ENTERTAINMENT (If applicable)

\$ _____

F. OTHER INCIDENTAL EXPENSES

\$ _____

TOTAL PROJECTED TRAVEL EXPENSE

\$ 165.00

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: 1/25/2012

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.)



Media Relations and Crisis Communications Seminar

January 25-27, 2012 • Hyatt Regency • Long Beach

As of 1-19-12

On Twitter #12acimr

Thanks to Our Sponsors!



Wednesday, January 25, 2012

5:00pm – 7:00pm Registration

6:00pm – 7:00pm Welcome Reception

Thursday, January 26, 2012

7:30am – 8:15am Registration

7:30am – 8:15am Continental Breakfast

8:15am – 8:30am Welcome & Opening Remarks

Speakers: Lucinda Harshman, Pittsburgh; Mario Rodriguez, Director, Long Beach Airport

8:30am – 9:00am Aviation Update: Just The Facts & News You Can Use

Speaker: Debby McElroy, ACI-NA

10:00am – 11:30am Crisis Communications Training: Managing Communications In the Aftermath of an Aircraft Accident

Learn about the NTSB investigation process and how they work with the media when disaster strikes, as well as how the family assistance process could impact airport media relations.

Speaker: Peter Knudson, National Transportation Safety Board

11:30am – 11:45am **Networking Break**

11:45am – 12:30pm **Translating Public Opinion Into More Effective Airport Messaging**

Working with Fleishman Hillard, ACI-NA conducted focus groups among frequent business travelers, community leaders, and business leaders/owners to better understand public views about airports. Come hear what we learned and how you can use this inside knowledge to better market your airport's message in the local and national press.

Speaker: Trevor Francis, Fleishman Hillard

12:30pm – 1:30pm **Luncheon Keynote: Brett Snyder, The Cranky Flier**

1:30pm – 2:30pm **Social Media: Getting It Right and Measuring Success**

A panel of well known, non-airport professionals will discuss how 'they' do it.

Moderator: Pat Hogan, Minneapolis-St. Paul International Airport

Speakers: Morgan Johnston, JetBlue; TBD

2:30pm – 2:45pm **Networking Break**

2:45pm – 5:15pm **Developing The National Airport Media Strategy**

In small groups followed by an all-in discussion, meeting participants will roll up their sleeves and develop critical components of the earned media plan in support of America's airports and ultimately our policy campaign.

Moderator: Myrna White, Hartsfield-Jackson Atlanta International Airport

Open Evening

Friday, January 27, 2012

7:30am – 8:30am **Registration**

7:30am – 8:15am **Continental Breakfast**

8:15am – 9:00am **Report Out from Airport Media Strategy Roundtable Discussion**

9:00am – 10:00am **Partnering with the Government**

Moderator: Scott Armstrong, Toronto Pearson International Airport

Speakers: Ian Gregor, Federal Aviation Administration; Laura Eimiller, Federal Bureau of Investigation

10:00 – 10:45am **It's Your Sound Bite, Even When It Isn't – Roundtable Discussion**

From responding to extended tarmac delays to TSA passenger confrontations, to FAA or CBP equipment outages – in the media's eyes, it's the airport's job to respond. This

roundtable will offer best practices and effective educational messages that inspire public confidence in the airport and promote a positive image of air travel without disparaging the airlines or federal agencies.

Moderator: Carolyn Fennell, Orlando International Airport

10:45am – 11:00am **Networking Break**

11:00am – 12:00pm **Media Training: Crisis Communications Critique for the Pros**

Back by popular demand, Dr. Joseph Trahan, President & CEO of Trahan & Associates will share the dos and don'ts that every PR professional should know to effectively engage with the media. Participants will learn techniques on how to give a flawless interview with real-life scenarios and can participate in mock on-camera interviews to be critiqued by our seminar's PR personal trainer.

Speaker: Dr. Joseph Trahan, Trahan & Associates

12:00pm – 1:00pm **Lunch - Networking Opportunity**

1:00pm – 2:00pm **Airport Social Media Panel**

It's no secret; airports are taking their social media efforts to the next level. Hear best practices and lessons learned as industry leaders discuss effective use of social media as a customer service, media relations and marketing tool.

Moderator: Cheryl Brown, San Diego

Speakers: Richard Walsh, Massport – Logan Airport; Alex Ryan, Distill/Oakland International Airport

2:00pm – 2:15pm **Networking Break**

2:15pm – 4:00pm **On-Camera Interview Critique and Peer Reviews**

BRETON 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: 1/26/2012 RETURN DATE: 1/27/2012 REPORT DUE: 2/26/12
DESTINATION: Denver, CO

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)	229.60					1/26/12	1/27/12	1/28/12	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*						31.00			31.00	
Taxi and/or Shuttle Fare (include tips pd.)*						200.81			200.81	
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.)									0.00	
Breakfast*									0.00	
Lunch*									0.00	
Dinner*						50.00			50.00	
Other Meals*									0.00	
Alcohol is a non-reimbursable expense									0.00	
Hospitality ¹ *						2.00			2.00	
Miscellaneous:	30.00								0.00	
									0.00	
									0.00	
*Provide detailed receipts									0.00	
Total Expenses prepaid by Authority	259.60	0.00	0.00	0.00	0.00	283.81	0.00	0.00	283.81	

Explanation:	Total Expenses Prepaid by Authority	259.60
	Total Expenses Pd. by Employee (including cash advances)	283.81
	Grand Trip Total	543.41
	Less Cash Advance (attach copy of Authority ck)	
	Less Expenses Prepaid by Authority	259.60
	Due Traveler (positive amount)²	
	Due Authority (negative amount)³	283.81
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.

* Travel and Lodging Expense Reimbursement Policy 3.40

* Business Expense Reimbursement Policy 3.30

Prepared By: Kendy Rios
 Traveler Signature: Breton H. Lobner
 Approved By: _____

Ext.: x2424
 Date: 2-7-12
 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.



A KIMPTON HOTEL

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 1717 Champa Street
 Denver, CO 80202
 Telephone: (303) 296.1717
 Facsimile: (303) 296.1818
 Reservations: (800) 397.5380
www.monaco-denver.com



Find us on Facebook
www.facebook.com/monaco-denver



Lobner, Breton

Room Number: 325

Daily Rate: 175.00

Room Type: MCST

No. of Guests: 1 / 0

San Diego, CA 92101 US

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
01/26/12	01/27/12	XXXXXXXXXXXX4314	XCRP	GCRP	12440346137
DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT	
01/26/12	325	ROOM CHARGE	#325 Lobner, Breton	\$175.00	
01/26/12	325	TAX - ROOM - CITY	TAX - ROOM - CITY	\$18.81	
01/26/12	325	TAX - ROOM - STATE	TAX - ROOM - STATE	\$7.00	
01/27/12	325	AMERICAN EXPRESS	AMERICAN EXPRESS	(\$200.81)	

TOTAL DUE: \$0.00

Bret's share \$50

1st ABC Transportation

Cash Receipt

Date 1/26/12
One way fare \$31.00
Round trip fare _____
Driver van # 101
12 hour reservation required

1-800-288-0668 or 303-696-9559
303-506-6149

Le Grand Bistro & Oyster Bar
1512 Curtis St
Denver, CO 80202
303.534.1155

Server: Dana
Table 32/9
Guests: 7

01/26/2012
9:20 PM
10081

[REDACTED]
[REDACTED]
Arugula Salad 9.00
1 Eagle Rock Oysters 3.00
1 Malpaque Oysters 2.50
1 Fire River 3.00
1 Kumomotos 3.50
1 Lasquitis 2.50
1 Bar Cats 2.00
Lamb Shank 25.00

10 Items

Subtotal 68.50
Tax 5.55

Total 74.05
Gratuity 18.00% 12.33
Total 86.38

Balance Due 86.38

Thank You!!!
www.LeGrandDenver.com



Traveltrust
374 North Coast Highway 101
Encinitas, Ca 92024
Tel: 760-635-1700
Fax: 760-635-1720
Website: www.traveltrust.com

LOBNER/BRETON

DEPT 15


09-Jan-2012 11:45 am

Page 1 of 2


SOUTHWEST E-TICKET CONFIRMATION *** I7R04Z ***

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
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


26-Jan-2012
03:15pm
Thursday

Air	Southwest Airlines	Flight#	1695	Class:	R
From:	San Diego CA, USA	To:	Denver CO, USA		
Meal:	None				
Equip:	Boeing 737-700 Jet	Status:	Confirmed		
Depart:	26-Jan-2012 Thursday	03:15pm	Stops:	0	
Arrival:	26-Jan-2012 Thursday	06:40pm			
Depart - TERMINAL 1					
Arrive -					
Flight Duration: 2 hour(s) and 25 minutes					
Class of Service: Coach					


27-Jan-2012
04:40pm
Friday

Air	Southwest Airlines	Flight#	3338	Class:	R
From:	Denver CO, USA	To:	San Diego CA, USA		
Meal:	None				
Equip:	Boeing 737-300 Jet	Status:	Confirmed		
Depart:	27-Jan-2012 Friday	04:40pm	Stops:	0	
Arrival:	27-Jan-2012 Friday	06:05pm			
Depart -					
Arrive - TERMINAL 1					
Flight Duration: 2 hour(s) and 25 minutes					
Class of Service: Coach					

Other

25-Jul-2012
Wednesday

San Diego CA, USA
RESERVATION RETAINED FOR 180 DAYS-A

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

Ticket Information

LOBNER BRETON		
Ticket#:2412937452	Ticket Base Fare:	193.48
Invoice#:5228788	Ticket Tax:	36.12
	Total Ticket Amount:	229.60

Electronic: YES

SERVICE FEE DOCUMENT #: 0570413792 FEE AMOUNT: 30.00

BILLED TO: AMERICAN EXPRESS ENDING IN 1012



Traveltrust
3/4 North Coast Highway 101
Encinitas, Ca 92024
Tel: 760-635-1700
Fax: 760-635-1720
Website: www.traveltrust.com

LOBNER/BRETON

DEPT 15

09-Jan-2012 11:45 am

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