



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

**Item No.  
4**

Meeting Date: **MARCH 26, 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.

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**Equal Opportunity Program:**

Not applicable

**Prepared by:**

TONY RUSSELL  
DIRECTOR, CORPORATE SERVICES/AUTHORITY CLERK

# **TRAVEL REQUESTS**

**BRUCE BOLAND**

**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: Bruce Boland Dept: Board/02  
Position: ☒ Board Member ☐ President/CEO ☐ Gen. Counsel ☐ Chief Auditor  
☐ All other Authority employees (does not require executive committee administrator approval)

2. DATE OF REQUEST: 3/1/12 PLANNED DATE OF DEPARTURE/RETURN: 4/16/12 / 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: Mexico City, Mexico

Purpose: Attend Conference

Explanation: Seventh Annual San Diego/Baja California Mission to Mexico VII

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

**A. TRANSPORTATION COSTS:**

- AIRFARE

\$ 520

- OTHER TRANSPORTATION (Taxi, Train, Car Rental)

\$ 100

**B. LODGING**

\$ 525

**C. MEALS**

\$ Incl

**D. SEMINAR AND CONFERENCE FEES**

\$ 1390

**E. ENTERTAINMENT (If applicable)**

\$

**F. OTHER INCIDENTAL EXPENSES**

\$ 100

**TOTAL PROJECTED TRAVEL EXPENSE**

\$ 2535

**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: Bruce Boland

Date: 1 MAR '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: [Signature]

Date: 3.1.12

**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.)

**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: Bu6 Exec Office  
Position: ☐ Board Member ☒ President/CEO ☐ Gen. Counsel ☐ Chief Auditor  
☐ All other Authority employees (does not require executive committee administrator approval)

**2. DATE OF REQUEST:** 2/27/12 **PLANNED DATE OF DEPARTURE/RETURN:** 06/09/12 / 06/10/12

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

Destination: St. Louis, MO

Purpose: Participating on a panel for the 28<sup>th</sup> Annual AMAC/FAA Airport Business Diversity Conference

Explanation: Participating on a panel

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

**A. TRANSPORTATION COSTS:**

• AIRFARE	\$ 650.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$ 100.00

<b>B. LODGING</b>	\$ 175.00
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<b>C. MEALS</b>	\$ 100.00
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<b>D. SEMINAR AND CONFERENCE FEES</b>	\$ 0.00
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<b>E. ENTERTAINMENT (If applicable)</b>	\$ 0.00
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<b>F. OTHER INCIDENTAL EXPENSES</b>	\$ 100.00
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<b>TOTAL PROJECTED TRAVEL EXPENSE</b>	\$ 1125.00
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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: Thella F. Bowens Date: 28 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: \_\_\_\_\_ 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.)

**BRETON LOBNER**



**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: 2/28/12 PLANNED DATE OF DEPARTURE/RETURN: 4/24/12 / 4/28/12

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

Destination: Charleston, SC Purpose: ACI-NA Spring Legal Affairs  
Explanation: Conference - The ABC's of Airport RFPs and Airport Procurement - Lessons from those who've from those who've been there and back again.

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

**A. TRANSPORTATION COSTS:**

• AIRFARE	\$	980.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$	100.00
B. LODGING	\$	900.00
C. MEALS	\$	200.00
D. SEMINAR AND CONFERENCE FEES	\$	785.00
E. ENTERTAINMENT (If applicable)	\$	
F. OTHER INCIDENTAL EXPENSES	\$	
<b>TOTAL PROJECTED TRAVEL EXPENSE</b>	<b>\$</b>	<b>2,965.00</b>

**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: 2-28-12

**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.)

# **EXPENSE REPORT**

**ROBERT H. GLEASON**

**SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY**  
**TRAVEL EXPENSE REPORT - Board Members**  
*(To be completed within 30 days from travel return date)*

Board member name: Robert H. Gleason, Board ChairDeparture Date: 3/13/2012Return Date: 3/18/2012Report Due: 4/17/12

Destination: \_\_\_\_\_

Please refer to the Authority Travel and Lodging Expense Reimbursement Policy, Article 9, 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.

Business Expense Reimbursement Policy 3.30

Travel and Lodging Expense Reimbursement Policy 3.40

Authority Expenses (Prepaid by Authy)	Board Member Expenses							TOTALS
	SUNDAY 3/18/12	MONDAY	TUESDAY 3/19/12	WEDNESDAY 3/14/12	THURSDAY 3/15/12	FRIDAY 3/16/12	SATURDAY 3/17/12	
<b>Daily Per Diem Limitations:</b>								
**GSA Daily Hotel Rate or Conference Hotel Rate			279.00	279.00	279.00			
<b>GSA Daily Meal Allowance (Maximum of \$100 per day)</b>								
Air Fare, Railroad, Bus (attach copy of Itinerary w/charges)	621.60							0.00
Conference Fees (provide copy of flyer/registration expenses)	600.00							0.00
Rental Car								0.00
Gas and Oil								0.00
Garage/Parking								0.00
Mileage - attach mileage form								0.00
Taxi/Shuttle Fare (Include tips pd.) To/From meetings, airport, etc.	60.00			9.00				69.00
Hotel - Actual Expense Paid - <b>Excluding Taxes</b>			279.00	279.00	279.00			
Allowable Hotel (Lessor of Actual or GSA Allowance)	0.00	0.00	279.00	279.00	279.00	0.00	0.00	837.00
Hotel Taxes Paid			40.48	40.48	40.46			121.38
Telephone, Internet and Fax								0.00
Laundry								0.00
								0.00
								0.00
<b>Alcohol is a non-reimbursable expense</b>								0.00
Miscellaneous: (Baggage fee)	25.00		25.00					60.00
Missing Receipt Form attached								0.00
								0.00
<b>Total Expenses</b>	1,121.60	85.00	0.00	344.48	328.48	319.46	0.00	1,077.38

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

**Grand Trip Total** 2,198.98

Board Chair Gleason was on personal business 3/16-3/18. There was no difference in airfare.

**Alcohol is a non-reimbursable expense**

Less Expenses Prepaid by Authority 1,121.60

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

Due Traveler - If positive amount, prepare check request

Due Authority - If negative, attach check payable to SDCAA 1,077.38

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

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 Policy<sup>4</sup> and 3.30 - Business Expense Reimbursement Policy<sup>4</sup> and that any purchases/claims that are not allowed will be my responsibility. I further certify that this report of travel expenses were incurred in connection with official Authority business and is true and correct.

Prepared By:

Anne Warren  
Title/Type Name

Ext.: 2408

Traveler Signature:

Date: 3.21.12

Administrator's signature:

Date: 3-22-12

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

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

Clerk Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

**GENERAL INSTRUCTIONS:**

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

**1. TRAVELER:**

Travelers Name: Robert H. Gleason, Chair 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: 1/4/12 PLANNED DATE OF DEPARTURE/RETURN: 3/13/12 / 3/18/12

**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: AAAE/ACI-NA Washington Legislative Conference

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

**A. TRANSPORTATION COSTS:**

• AIRFARE	\$	500
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$	100

B. LODGING	\$	900
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C. MEALS	\$	200
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D. SEMINAR AND CONFERENCE FEES	\$	600
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E. ENTERTAINMENT (If applicable)	\$	
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F. OTHER INCIDENTAL EXPENSES	\$	75
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<b>TOTAL PROJECTED TRAVEL EXPENSE</b>	<b>\$</b>	<b>2875</b>
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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: 1.5.12

**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: 1-5-12

**AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE**

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

by the Executive Committee at its 1/30/2012 meeting.  
(Leave blank and we will insert the meeting date.)

## Warren Anne

---

**From:** Scott Mackerley [scott@traveltrust.com]  
**Sent:** Tuesday, January 10, 2012 11:21 AM  
**To:** Warren Anne  
**Subject:** RE: Robert Gleason - Washington DC options 13 Mar, 2012

Same price Sunday morning at 8am arriving at 10:47am...\$491.

Same price returning Friday as well. Thanks!

-----Original Message-----

**From:** Warren Anne [mailto:[REDACTED]@san.org]  
**Sent:** Tuesday, January 10, 2012 9:59 AM  
**To:** Scott Mackerley  
**Subject:** FW: Robert Gleason - Washington DC options 13 Mar, 2012

Can you please provide a response for Robert. Thank you, Anne

-----Original Message-----

**From:** Robert Gleason [mailto:[REDACTED]]  
**Sent:** Tuesday, January 10, 2012 9:54 AM  
**To:** Warren Anne  
**Cc:** Leann Mitchell  
**Subject:** RE: Robert Gleason - Washington DC options 13 Mar, 2012

I want the United non-stop, but coming back first thing Sunday morning.  
Also, what would the price be if I flew home on Friday? If it would be more, fine, but if it's less, I need to pay the difference.

Robert H. Gleason  
Evans Hotels  
998 West Mission Bay Drive  
San Diego, California 92109  
[REDACTED] voice  
858.488.2524 fax  
[REDACTED]

CONFIDENTIALITY NOTICE: This e-mail message and any attachment(s) are confidential and are intended only for the personal use of the recipient(s) named above. Its contents may also be an attorney-client communication and/or attorney work product, and all rights to privileged information are expressly claimed and not waived. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error and that any reading, dissemination, distribution, printing, or copying of this message is strictly prohibited. If you have received this communication in error, please notify the sender immediately by e-mail and delete the original message and remove it from your computer system. Thank you.

-----Original Message-----



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

GLEASON/ROBERT

BOARD


10-Jan-2012 3:37 pm

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YOUR UNITED ETICKET CONFIRMATION IS \*\* XXZB8M \*\*  
-----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  
\*\*\*\*\*

  
13-Mar-2012  
08:26am  
Tuesday

Air United Airlines Flight# 506 Class: V  
From: San Diego CA, USA To: Washington Dulles DC, USA  
Meal: Food For Purchase Seats: Seat:26C  
Equip: Boeing 757 200 Jet Status: Confirmed  
Depart: 13-Mar-2012 Tuesday 08:26am Stops: 0  
Arrival: 13-Mar-2012 Tuesday 04:12pm  
Depart - TERMINAL 1  
Arrive -  
United Airlines locator: XXZB8M  
UA Frequent Flyer# [REDACTED] -GLEASON/ROBERT  
\*\* AISLE SEAT CONFIRMED \*\*  
Flight Duration: 4 hour(s) and 46 minutes  
Class of Service: Coach

  
18-Mar-2012  
08:08am  
Sunday

Air United Airlines Flight# 229 Class: V  
From: Washington Dulles DC, USA To: San Diego CA, USA  
Meal: Food For Purchase Seats: Seat:24C  
Equip: Airbus A320 Jet Status: Confirmed  
Depart: 18-Mar-2012 Sunday 08:08am Stops: 0  
Arrival: 18-Mar-2012 Sunday 10:47am  
Depart -  
Arrive - TERMINAL 1  
United Airlines locator: XXZB8M  
UA Frequent Flyer# [REDACTED] -GLEASON/ROBERT  
\*\* AISLE SEAT CONFIRMED \*\*  
Flight Duration: 5 hour(s) and 39 minutes  
Class of Service: Coach

14-Sep-2012  
Friday

San Diego CA, USA  
RESERVATION RETAINED FOR 180 DAYS

TRAVELTRUST IS OPEN MONDAY - FRIDAY FROM 5AM-530PM PST  
AND SATURDAY FROM 9AM-1PM PST - 760-635-1700.  
FOR EMERGENCY AFTERHOURS SERVICE IN THE US  
PLEASE CALL 888-221-6062 AND USE YOUR VIT CODE - S7NS0  
PLEASE NOTE THIS IS OUR NEW EMERGENCY NUMBER  
EACH EMERGENCY CALL IS BILLABLE AT A MINIMUM 25.00  
THANK YOU FOR CHOOSING TRAVELTRUST...SCOTT MACKERLEY



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

GLEASON/ROBERT

BOARD

10-Jan-2012 3:37 pm

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Ticket Information

GLEASON ROBERT

Ticket#: 8732682734

Invoice#: 1190827

Electronic: YES

Ticket Base Fare: 437.21

Ticket Tax: 54.39

Total Ticket Amount: 491.60

SERVICE FEE DOCUMENT #: 0570492962 FEE AMOUNT: 30.00

BILLED TO: AMERICAN EXPRESS ENDING IN 1012





# AAAE/ACI-NA Washington Legislative Conference March 14-16, 2012 • Washington, D.C. • Mtg. # 120304

Register On-Line at:  
[www.aaameetings.org](http://www.aaameetings.org)

**Hotel reservations**—Rooms are being held at the Hyatt Regency Washington on Capitol Hill, 400 New Jersey Avenue, NW, Washington, DC 20001, phone (202) 737-1234. All attendees will receive a special rate of \$299 single/double. **Reservations must be made by Friday, February 17, 2012, in order to guarantee this rate. Rooms may sell out before this date. Make your reservations early!** Reservations made after this date only can be honored on a space available basis at the hotel's prevailing rates. To make your note reservations, call the hotel directly at (202) 737-1234 or toll free at (888) 421-1442 and identify yourself as being with the AAAE/ACI-NA group. Cancellation of guaranteed reservations must be received 48 hours prior to arrival in order to avoid a charge equal to one night's room and tax.

**NOTE:** AAAE reserves the right to cancel this program if the number of registrants is insufficient. In this event, we will notify all registrants and refund the registration fee in full. However, any costs incurred by the registrant, such as hotel cancellation or airline penalties are the responsibility of the registrant. Confirmation letters will be emailed to attendees within two weeks of receipt of registration. If you have not received a confirmation letter via email two business days prior to the meeting and you enrolled at least two weeks prior to the meeting, please contact the AAAE Meetings Department at (703) 824-2504. Non-receipt of the confirmation letter before the meeting is not justification for seeking a refund.

**Airline reservations**—American Airlines has been selected as the official air carrier for this meeting. Attendees can receive a 5% discount off American's published fares. Rules and restrictions apply. To take advantage of American's special fares, call American Airlines directly at (800) 433-1790 from 6 a.m.-1 a.m. eastern time daily, and refer to star file #A22328F.

**Ground transportation**—A taxi ride from Ronald Reagan Washington National Airport (DCA) to the Hyatt Regency Washington on Capitol Hill is about \$18 and takes 20 minutes. From Washington Dulles International Airport (IAD), a taxi ride is about \$60-80 and takes 50-60 minutes. From Baltimore-Washington International Airport (BWI), a taxi ride is about \$65 and takes 60 minutes. SuperShuttle operates at DCA, IAD and BWI. The Union Station Metro stop is located three blocks from the hotel. Fares may vary based on time of day. To check fares, visit [www.wmata.com](http://www.wmata.com). Avis Rent-A-Car System, Inc. is the official rental car company for this meeting. To make reservations or for further information call Avis at (800) 331-1600 and reference J097316.

**Registrations and cancellations must be submitted in writing. Cancellation requests received before February 24, 2012, are subject to a \$125 processing fee and will be processed after the meeting takes place. There will be no refunds after this date. Substitutions will be accepted without penalties and no-shows will be billed. For all inquiries regarding cancellations, refunds and complaints, please contact the AAAE Meetings Department at (703) 824-0504 or email [aaameetings@aaae.org](mailto:aaameetings@aaae.org).**



If you require any special assistance to participate or have special dietary requirements, email [aaameetings@aaae.org](mailto:aaameetings@aaae.org)

☐ Check here if updated contact information has been provided.

Nickname for Badge Robert EMail Address [redacted]@san.org

☒ Mr ☐ Ms (circle one) First Name Robert Last Name Gleason

Title Board Chair

Airport/Company San Diego County Regional Airport Authority

Address 3225 North Harbor Drive

City/State/Zip San Diego, CA 92101

Telephone Number (619) 400-2408 Fax Number (619) 400-2406

## Registration Fees (in U.S. funds drawn on a U.S. bank)

(includes the welcome reception, two continental breakfasts, two luncheons, breaks and all handout materials.)

On/before 1/27 After 1/27

- |   |       |       |
|---|-------|-------|
| 1. <input type="radio"/> AAAE Member Only.....                        | \$600 | \$650 |
| 2. <input checked="" type="radio"/> ACI-NA Member Only.....           | \$600 | \$650 |
| 3. <input checked="" type="radio"/> AAAE and ACI-NA Member (both).... | \$600 | \$650 |
| 4. <input type="radio"/> Non-Member.....                              | \$825 | \$875 |

## Accredited Airport Executives

This course is worth 6 credits in the AAAE Continuing Airport Management Education Unit (CEU) program.

## Payment Method

- ☐ Enclosed is my check payable to AAAE  
☐ Purchase Order #  
☒ Upon receipt of this form, please charge my  
(circle one): AMEX MasterCard

Cardholder Name: Anne G. Warren

Account #: [redacted]

Exp. Date: 08/13

Signature: Anne G. Warren

Return to: AAAE • 601 Madison St., #400 • Alexandria, VA

22314 (USA) or Fax to (703) 797-9018. Photocopies of this form

will be accepted. AAAE accepts registration regardless of race, religion, sexual orientation, sex, physical disability and national or ethnic origin. This policy is not limited to admissions, employment and educational services.



Hyatt Regency Washington on  
Capitol Hill  
400 New Jersey Avenue, NW  
Washington, DC 20001  
Telephone: 1 202 737 1234  
Fax: 1 202 737 5773  
www.hyattregencywashington.com

# INVOICE

Payee Robert Gleason  
Po Box 82776  
San Diego CA 92138  
United States

Membership GP G45346546D

Bonus Code

Confirmation No. 6463123201

Group Name American Assn. Airport Executives

Room No. 0807  
Arrival 03-13-12  
Departure 03-16-12  
Page No. 1 of 2  
Folio Window 1  
Folio 486648  
Invoice

Date	Description	Charges	Credits
03-13-12	Group Room	279.00	
03-13-12	Occupancy Tax	40.46	
03-14-12	- Lounge Dinner Beverage	Room# 0807 : CHECK# 201161 <del>0.00</del>	
03-14-12	- Lounge Dinner Tax	Room# 0807 : CHECK# 201161 <del>0.00</del>	
03-14-12	- Lounge Dinner Gratuity	Room# 0807 : CHECK# 201161 <del>1.00</del>	
03-14-12	Group Room	279.00	
03-14-12	Occupancy Tax	40.46	
03-15-12	Group Room	279.00	
03-15-12	Occupancy Tax	40.46	
03-16-12	Visa	XXXXXXXXXXXX4730 XX/XX	<del>069.28</del>

\$ 958.38



Hyatt Regency Washington on  
Capitol Hill  
400 New Jersey Avenue, NW  
Washington, DC 20001  
Telephone: 1 202 737 1234  
Fax: 1 202 737 5773  
www.hyattregencywashington.com

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Date	Description	Charges	Credits
Your Gold Passport account will be credited for this stay.			
<b>Total</b>		<b>969.28</b>	<b>969.28</b>
<b>Balance</b>			<b>0.00</b>

### 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.

I accept delivery of The Wall Street Journal M-F (Gold Passport, Concierge, and VIP Rooms only). If refused, a refund of \$1 will be provided.

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PO Box 6012  
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Customer Service number: 1-888-863-3020  
Customer Service email: [Na.CustomerService@Hyatt.com](mailto:Na.CustomerService@Hyatt.com)



PASSENGER RECEIPT 1 OF 1  
13MAR12  
EV/D153C6 /SAN DIEGO

EXCESS BAGGAGE  
TICKET

GLEASON/ROBERT  
\*\*NOT VALID FOR\*\*  
\*\*TRANSPORTATION\*

PSGR TICKET 01687326827346

THIS IS YOUR RECEIPT

SAN UA IAD

LESYKZ

1 FIRST CHECKED BAG 25.00

*DC trip  
on board bag fee*

FOR CONDITIONS OF  
CONTRACT - SEE  
PASSENGER TICKET AND  
BAGGAGE CHECK

NOT VALID FOR TRAVEL

USD 25.00

VIXXXXXXXXXXX4730/XXXX/90313D

USD 25.00

1 016 2607337121 5



Baggage Receipt  
Issue Date: 18 MAR 2012 IAD ATO

A STAR ALLIANCE MEMBER

Baggage Document  
0162607602452

Description  
First Bag Fee

Qty Fees  
1 \$25.00

Method of Payment  
Visa XXXXXXXXXXXX4730

Ticket Number  
0168732682734

*Robert Gleason*

Cardholder Name  
ROBERT H GLEASON

*DC trip - return bag fee*

BAGGAGE FEES

Total Fees

USD \$25.00

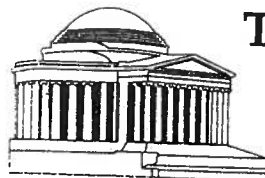
Confirmation: LESYKZ

Excess Baggage Terms and Conditions:

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

Carrier Routing  
UA IAD - SAN

AGENT REFERENCE: GG ESC BAG



# TAXICAB RECEIPT

Time: *545*  
Date: *3-14-12*

Origin of trip: *Hyatt*  
Destination: *Russell Senate Bldg.*  
Fare: *49-* Sign: *RLG*

**SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY****MISSING RECEIPT FORM**

Employee/Department Head must complete form below.

Date of Purchase/Event: 3/18/12

Description of Item/Event: Taxicab Receipt - DC to Dulles

Vendor/Event Name: AAAE/ACI-NA Washington Legislative Conference

Dollar Amount: \$60

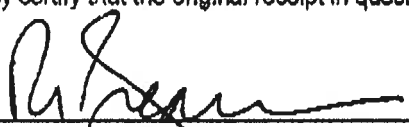
Reason for Missing Receipt: Lost receipt

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that the original receipt in question was lost or none was issued to me.

  
\_\_\_\_\_  
Board Chair Signature

3.21.12  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Executive Committee Signature

3-22-12  
\_\_\_\_\_  
Date

# **BUSINESS EXPENSE**

**MARK BURCHYETT**

**SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY  
BUSINESS EXPENSE REIMBURSEMENT REPORT**

March 2012

Period Covered

DATE	G/L Account	Description	AMOUNT
3/15/12	66280.120	Registration to attend the Institute of Internal Auditors and ISACA joint San Diego Chapter's seminar on IT-Risk and Opportunities, on April 11, 2012, at the Handlery Hotel in San Diego, California. Paid on-line by credit card.	\$109.00
TOTAL			\$109.00

I acknowledge that I have read, understand and agree to Authority \*Policy 3.30 - Business Expense Reimbursement Policy and that any purchases 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.

\* Policy 3.30



NAME

3/19/12

DATE

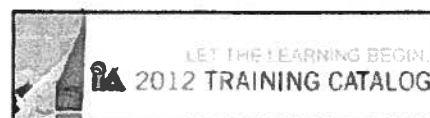
APPROVED:

NAME

DATE



## THE SAN DIEGO CHAPTER



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### IT - Risk and Opportunities All Day Seminar

Handlery Hotel and Resort 950 Hotel Circle North San Diego, CA

Wednesday, Apr 11, 2012, 8:30am to 5:30pm

8.0 CPE hours

109.00 Members | 119.00 Non-Members

[Register Me](#)



## San Diego IIA/ ISACA Joint Seminar Information Technology - Risk and Opportunities

**Wednesday April 11, 2012**

Handlery Hotel and Resort

950 Hotel Circle North, San Diego, CA

### All-Day Seminar Topics Include:

« **IT Audit Benchmarking**

Jonathan Bronson, Managing Director - Protiviti

« **The Evolving Role of Internal Audit in Organizations' Privacy Programs**

Doron Rotman, Managing Director - KPMG

« **Using Business Intelligence to Drive Organizational Efficiencies**

Robert Kidoo, Faculty – Levanthal School of Accounting – University of Southern California

Kevin Erlandson, Technology Risk Director – Protiviti

« **Internal Audit Preparation & Response to Emerging IT Risks**

Traci L. Mizoguchi, Senior Manager - Deloitte & Touche LLP

« **Auditing Social Media**

Noel Haskins Hafer, Lead Internal Auditor/Audit Innovation Leader, Intuit

« **Presentation To Be Announced**

Come join the San Diego Chapter of the IIA and ISACA for an exciting and affordable seminar on April, 2011. To achieve our learning objectives, we have put together an exciting program featuring leading experts who will provide information on emerging IT risks and leading practices. More details to follow. Don't miss this great opportunity to obtain 8 hours of CPE!



**Learning Objectives:** Obtain information and skill sets for monitoring and auditing information technology areas of a business enterprise.

**1 CPE hour**

**Method:** Group-Live

**Program Level:** Intermediate

**Prerequisites:** None

**Advanced Preparation:** None

**Cost: \$109 Members, \$124 Non-members. Group Discount (over 6 people) \$10 (per person) in both categories. (ISACA attendees pay at the member rate.)**

**\* Pricing includes Parking, Continental Breakfast, and attendance at the regular Luncheon (no additional reservation needed).**

**Reservation deadline is April 6, 2012.**

For a single person reservation simply pay via PayPal below. For multiple attendees, make your total payment via PayPal and use the Register Me button above to provide all the attendee names. If you are paying by check at the door (NO CASH ACCEPTED), use the Register Me button and indicate paying by check in the comments.

Event Registration/Payment

Member Registration \$109.00 USD

Chapter Affiliation

IIA

Attendee Names

**Buy Now**



**Refund/Cancellation Policy:** Refund requests must be received by Friday, April 6, 2012. No refunds will be granted afterwards.

**Complaint Resolution Policy:** Contact the Hospitality Chairperson, Carmen Barbosa at [cbarbosa@qualcomm.com](mailto:cbarbosa@qualcomm.com) for refund, complaint or cancellation policies.

The Institute of Internal Auditors – San Diego Chapter is registered with the National Association of State Boards of Accountancy (NASBA) as a sponsor of continuing professional education on the National Registry of CPE Sponsors. State boards of accountancy have final authority on the acceptance of individual courses for CPE credit. Complaints regarding registered sponsors may be addressed to the National Registry of CPE Sponsors, 150 Fourth Avenue North, Suite 700, Nashville, TN, 37219-2417. Web site: [www.nasba.org](http://www.nasba.org)

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## Burchyett Mark

**From:** service@paypal.com  
**Sent:** Friday, March 16, 2012 10:35 AM  
**To:** Burchyett Mark  
**Subject:** Your payment to The IIA San Diego Chapter



Mar 16, 2012 10:34:44 PDT  
Receipt No: 0467-2611-9912-6560

Hello Mark Burchyett,

You sent a payment of \$109.00 USD to The IIA San Diego Chapter.

### Merchant information

The IIA San Diego Chapter

akecs@cox.net

[http://www.theiaa.org/chapters/index.cfm?act=home\\_page&cid=52](http://www.theiaa.org/chapters/index.cfm?act=home_page&cid=52)

619-980-9831

### Instructions to merchant

None provided

This charge will appear on your credit card statement as payment to PAYPAL \*IIASANDIEGO.

### Shipping information

Mark Burchyett

1721 Kenwood Pl.

San Marcos, CA 92078

United States

### Shipping method

Not specified

Description	Unit price	Qty	Amount
All Day Seminar	\$109.00	1	\$109.00
Event Registration/Payment: Member Registration, Chapter Affiliation:	USD		USD
IIA, Attendee Names: Mark Burchyett			

Receipt No: 0467-2611-9912-6560

Total: \$109.00 USD

Please keep this receipt number for future reference. You'll need it if you contact customer service at The IIA San Diego Chapter or PayPal.

### Use PayPal next time!

It looks as if you already have a PayPal account.

When you shop online, it's faster and easier to check out with PayPal. Your financial information is securely stored and never shared with merchants when you pay.

? Questions? Visit the Help Center at: [www.paypal.com/help](http://www.paypal.com/help)

Thanks for using PayPal – the safer, easier way to pay and get paid online.

Please do not reply to this email. This mailbox is not monitored and you will not receive a response.

PayPal Email ID PP1469