

Revised 4/18/12



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

**Item No.
4**

Meeting Date: **APRIL 19, 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

ROBERT GLEASON

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

GENERAL INSTRUCTIONS:

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

1. TRAVELER:

Travelers Name: Robert H. Gleason Dept: 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: 4/3/12 **PLANNED DATE OF DEPARTURE/RETURN:** 4/21/12 / 4/24/12

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

Destination: Pasadena, CA Purpose: Attend conference
Explanation: ACI-NA 2012 Airport Board and Commissioners Conference

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

- AIRFARE

- OTHER TRANSPORTATION (Taxi, Train, Car Rental)

B. LODGING

C. MEALS

D. SEMINAR AND CONFERENCE FEES

E. ENTERTAINMENT (If applicable)

F. OTHER INCIDENTAL EXPENSES

TOTAL PROJECTED TRAVEL EXPENSE

\$	
\$	166.50
\$	600.00
\$	100.00
\$	650.00
\$	
\$	50.00
\$	1566.50

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: 4.9.12

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: 4.9.12

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.)

JIM PANKNIN

**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: Jim Panknin 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: 4/3/12 PLANNED DATE OF DEPARTURE/RETURN: 4/21/12 / 4/24/12

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

Destination: Pasadena, CA Purpose: Attend conference
Explanation: ACI-NA 2012 Airport Board and Commissioners Conference

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

- AIRFARE

\$

- OTHER TRANSPORTATION (Taxi, Train, Car Rental)

\$ 166.50

B. LODGING

\$ 600.00

C. MEALS

\$ 100.00

D. SEMINAR AND CONFERENCE FEES

\$ 650.00

E. ENTERTAINMENT (If applicable)

\$

F. OTHER INCIDENTAL EXPENSES

\$ 50.00

TOTAL PROJECTED TRAVEL EXPENSE

\$ 1566.50

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

Travelers Signature: [Signature] Date: 4/3/12

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: 4-9-12

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.)

THELLA F. BOWENS

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

3/28 → Corporate

GENERAL INSTRUCTIONS:

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

1. TRAVELER:

Travelers Name: Thella F. Bowens Dept: 6/Exec Office
Position: ☐ Board Member ☒ President/CEO ☐ Gen. Counsel ☐ Chief Auditor
☐ All other Authority employees (does not require executive committee administrator approval)

2. DATE OF REQUEST: 3/28/12 PLANNED DATE OF DEPARTURE/RETURN: 04/22/12 / 04/24/12

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

Destination: Pasadena, CA

Purpose: 2012 Airport Board Members & Commissioners Conference

Explanation: 2012 Airport Board Members & Commissioners Conference

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

- AIRFARE

\$ _____

- OTHER TRANSPORTATION (Taxi, Train, Car Rental)

\$ 200.00

B. LODGING

\$ 400.00

C. MEALS

\$ 100.00

D. SEMINAR AND CONFERENCE FEES

\$ 650.00

E. ENTERTAINMENT (If applicable)

\$ 0.00

F. OTHER INCIDENTAL EXPENSES

\$ _____

TOTAL PROJECTED TRAVEL EXPENSE

\$ 1350.00

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

Travelers Signature: Thella F. Bowens

Date: 28 March 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: R. Sean

Date: 3.28.12

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: Exec Office BU6

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

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

2. DATE OF REQUEST: 04/17/12 PLANNED DATE OF DEPARTURE/RETURN: 06/15/12 / 06/17/12

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

Destination: Grand Rapids, Michigan

Purpose: 2012 Small Airports Conference as Chair of ACI-NA Board

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	\$	400.00
E. ENTERTAINMENT (If applicable)	\$	
F. OTHER INCIDENTAL EXPENSES	\$	100.00
TOTAL PROJECTED TRAVEL EXPENSE	\$	1900.00

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: 4/17/12

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

2. DATE OF REQUEST: 04/17/12 PLANNED DATE OF DEPARTURE/RETURN: 06/03/12 / 06/07/12

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

Destination: Sacramento, CA

Purpose: ACI-NA Marketing & Communications/Jumpstart Conference as Chair of ACI-NA

Explanation: _____

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE \$ 500.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental) \$ 100.00

B. LODGING \$ 700.00

C. MEALS \$ 200.00

D. SEMINAR AND CONFERENCE FEES \$ 825.00

E. ENTERTAINMENT (If applicable) \$ _____

F. OTHER INCIDENTAL EXPENSES \$ 100.00

TOTAL PROJECTED TRAVEL EXPENSE \$ 2425.00

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: 4/17/12

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

2. DATE OF REQUEST: 04/17/12 **PLANNED DATE OF DEPARTURE/RETURN:** 07/19/12 / 07/20/12

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

Destination: San Jose, CA

Purpose: California Airports Council Board of Directors Meeting

Explanation: _____

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE	\$	475.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$	100.00
B. LODGING	\$	250.00
C. MEALS	\$	100.00
D. SEMINAR AND CONFERENCE FEES	\$	
E. ENTERTAINMENT (If applicable)	\$	
F. OTHER INCIDENTAL EXPENSES	\$	100.00
TOTAL PROJECTED TRAVEL EXPENSE	\$	1025.00

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: 4/17/12

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

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

2. DATE OF REQUEST: 04/17/12 PLANNED DATE OF DEPARTURE/RETURN: 06/19/12 / 06/22/12

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

Destination: Coeur D' Alene, Idaho

Purpose: ACI-NA Summer Board and Executive Committee Meeting

Explanation: _____

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE	\$	500.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$	200.00
B. LODGING	\$	900.00
C. MEALS	\$	200.00
D. SEMINAR AND CONFERENCE FEES	\$	
E. ENTERTAINMENT (If applicable)	\$	
F. OTHER INCIDENTAL EXPENSES	\$	100.00
TOTAL PROJECTED TRAVEL EXPENSE	\$	1900.00

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: 4/17/12

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

2. DATE OF REQUEST: 04/13/12 PLANNED DATE OF DEPARTURE/RETURN: 09/04/12 / 09/13/12

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

Destination: Calgary, Canada Purpose: ACI-NA 21st Annual Conference & Exhibition
Explanation:

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE \$ 700.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental) \$

B. LODGING \$ 1800.00

C. MEALS \$ 300.00

D. SEMINAR AND CONFERENCE FEES \$ 795.00

E. ENTERTAINMENT (If applicable) \$

F. OTHER INCIDENTAL EXPENSES \$ 100.00

TOTAL PROJECTED TRAVEL EXPENSE \$ 3695.00

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: 4-17-12

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 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: 2/23/2012 RETURN DATE: 2/27/2012 REPORT DUE: 3/28/12
DESTINATION: Dallas, Texas

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 2/26/12	MONDAY 2/27/12	TUESDAY	WEDNESDAY	THURSDAY 2/23/12	FRIDAY 2/24/12	SATURDAY 2/25/12	
Air Fare, Railroad, Bus (attach copy of itinerary w/charges)	905.20								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.)*									0.00
Hotel*						161.59			161.59
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*							16.50		16.50
Dinner*						78.49			78.49
Other Meals*									0.00
Alcohol is a non-reimbursable expense									0.00
Hospitality ¹ *									0.00
Miscellaneous: Baggage Fees									0.00
									0.00
*Provide detailed receipts									0.00
Total Expenses prepaid by Authority	905.20	0.00	0.00	0.00	0.00	240.08	16.50	0.00	256.58

Explanation:	Total Expenses Prepaid by Authority	905.20
	Total Expenses Incurred by Employee (including cash advances)	256.58
	Grand Trip Total	1,161.78
	Less Cash Advance (attach copy of Authority ck)	
	Less Expenses Prepaid by Authority	905.20
	Due Traveler (positive amount)²	
	Due Authority (negative amount)³	256.58
Note: Send this report to Accounting even if the amount is \$0.		

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

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

⁴ Travel and Lodging Expense Reimbursement Policy 3.40

⁵ Business Expense Reimbursement Policy 3.30

Prepared By: Amy Caldera
Traveler Signature: Thella F. Bowens
Approved By: _____

Ext.: 2445
Date: 17 April 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 _____ 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.

217 → Corporate Services /
Email 4:16 pm

**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

\$ 100.00

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: 2-9-12

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: R. Reagan Date: 2-9-12

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

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

by the Executive Committee at its 2/21/2012 meeting.
(Leave blank and we will insert the meeting date.)



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

BOWENS/THELLA

14-Feb-2012 10:06 am

Page 1 of 2

YOUR SOUTHWEST ETICKET CONFIRMATION IS ** IC93BT **
-----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


23-Feb-2012
11:40am
Thursday

Air Southwest Airlines Flight# 934 Class: Y
From: San Diego CA, USA To: Dallas Love Field TX, USA
Meal: None
Equip: Boeing 737-700 Jet Status: Confirmed
Depart: 23-Feb-2012 Thursday 11:40am Stops: 1 (El Paso TX)
Arrival: 23-Feb-2012 Thursday 05:25pm
Depart - TERMINAL 1
Arrive -
Southwest Airlines locator: IC93BT
Flight Duration: 1 hour(s) and 45 minutes
Class of Service: Coach


27-Feb-2012
09:05am
Monday

Air Southwest Airlines Flight# 462 Class: Y
From: Dallas Love Field TX, USA To: San Diego CA, USA
Meal: None
Equip: Boeing 737-700 Jet Status: Confirmed
Depart: 27-Feb-2012 Monday 09:05am Stops: 1 (San Antonio TX)
Arrival: 27-Feb-2012 Monday 11:50am
Depart -
Arrive - TERMINAL A
Depart - TERMINAL A
Arrive - TERMINAL 1
Southwest Airlines locator: IC93BT
Flight Duration: 1 hour(s) and 05 minutes
Class of Service: Coach

25-Aug-2012
Saturday

Other
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 888-221-6062 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

Ticket Information

BOWENS THELLA
Ticket#: 2421435125
Invoice#: 1191760

Ticket Base Fare: 875.20
Ticket Tax: 0.00
Total Ticket Amount: 875.20

Electronic: YES

SERVICE FEE DOCUMENT #: 0571677258 FEE AMOUNT: 30.00

BILLED TO: AMERICAN EXPRESS ENDING IN 

\$905.20



Hilton Anatole

Dallas

2201 Stemmons Freeway • Dallas, TX 75207
Phone (214) 748-1200 • Fax (214) 761-7520
Reservations
www.hilton.com or 1 800 HILTONS

Name & Address

BOWENS, THELLA
3225 NORTH HARBOR DRIVE

SAN DIEGO, CA 92101
US

Room 2074/K1
Arrival Date 2/23/2012
Departure Date 2/24/2012

Adult/Child 1/0
Room Rate 143.00

6:11:00PM

RATE PLAN L-G1

HH# [REDACTED] BLUE
AL
BONUS AL CAR

Confirmation Number : 3460311769

2/24/2012 PAGE 1

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE
2/23/2012	NANA RESTAURANT	LINTR	6703151	\$20.74		
2/23/2012	NANA RESTAURANT	LINTR	6703152			
2/23/2012	NANA RESTAURANT	LINTR	6703154	\$78.49		
2/23/2012	GUEST ROOM	KLH	6703600	\$143.00		
2/23/2012	ROOM TAXES	KLH	6703600	\$18.59		
WILL BE SETTLED TO AX [REDACTED]						\$240.08
EFFECTIVE BALANCE OF						\$0.00
<p>Hilton HHonors(R) stays are posted within 72 hours of checkout. To check your earnings for this or any other stay at more than 3,000 Hilton Family hotels worldwide, please visit HiltonHHonors.com.</p> <p>Thank you for choosing Hilton! Book your next stay at hilton.com and take advantage of our internet-only Advance Purchase Rates and limited-time special offers!</p> <p>X7380 Jules Ramirez</p>						

DATE OF CHARGE		FOLIO NO./CHECK NO. 1039889 A	
AUTHORIZATION			INITIAL
PURCHASES & SERVICES			
TAXES			
TIPS & MISC.			
TOTAL AMOUNT			

PAYMENT DUE UPON RECEIPT

Zip-Out Check-Out®

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

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

T
H
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K

Y
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U

RECEIPTS FROM TRAVEL TO DALLAS, TX
February 23 - 24, 2012—THELLA F. BOWENS

Nana	
1286425 Espinoza	
TBL 38/2	CHK 1517 GST 0
Feb23'12 06:40PM	

1 ARUGULA	12.00
1 FILET	46.00
Medium	
1 Iced Tea	2.50
1 \$ Grat	13.00
1 Room Charge	20.74
2074 BOWENS/THEL	
1 \$ Grat	13.00-V
1 Room Charge	20.74-V
2074 BOWENS/THEL	
1 \$ Grat	13.00
1 Room Charge	78.49
2074 BOWENS/THEL	
Subttl	60.50
Svc Chg	13.00
Tax	4.99
Total	78.49
-----CLOSED Feb23'12 08:01PM-----	
-----POSTED Feb23'12 08:01PM-----	

BIG AL'S BBQ
3125 INWOOD ROAD
DALLAS, TEXAS 75235
214-350-2649

02/24/2012 12:14PM 0001
000000#2077

2MEAT DINNER	T1 \$12.99
DRINK	T1 \$2.25
MOSE ST	\$15.24
TAXI	\$1.26
CASH	\$16.50

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

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

TRAVELER: Thella F. Bowens DEPT. NAME & NO. Executive Office BU6
DEPARTURE DATE: 4/16/2012 RETURN DATE: 4/17/2012 REPORT DUE: 5/17/12
DESTINATION: Las Vegas, Nevada

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)		457.60		4/16/12	4/17/12						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*											0.00
Taxi and/or Shuttle Fare (include tips pd.)*				16.90	15.80						32.70
Hotel*											0.00
Telephone, Internet and Fax*				13.99							13.99
Laundry*											0.00
Tips - separately paid (maids, bellhop, other hotel srvs.)											0.00
Meals (include tips pd.)	Breakfast*				22.34						22.34
	Lunch*										0.00
	Dinner*			24.15							24.15
	Other Meals*										0.00
Alcohol is a non-reimbursable expense											
Hospitality ¹ *											0.00
Miscellaneous: Baggage Fees											0.00
											0.00
											0.00
*Provide detailed receipts											0.00
Total Expenses prepaid by Authority		457.60	0.00	55.04	38.14	0.00	0.00	0.00	0.00	0.00	93.18

Explanation:	Total Expenses Prepaid by Authority	457.60
	Total Expenses Incurred by Employee (including cash advances)	93.18
	Grand Trip Total	550.78
	Less Cash Advance (attach copy of Authority ck)	
	Less Expenses Prepaid by Authority	457.60
	Due Traveler (positive amount) ²	
	Due Authority (negative amount) ³	93.18

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: Amy Caldera
Traveler Signature: Thella F. Bowens
Approved By: _____

Ext.: 2445
Date: 17 April 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 _____ 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: 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:  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, Tony R. Russell, Authority Clerk, hereby certify that this document was approved
(Please leave blank. Whoever clerks the meeting will insert their name and title.)
by the Executive Committee at its 2/21/2012 meeting.
(Leave blank and we will insert the meeting date.)



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

29-Mar-2012 2:47 pm

Page 1 of 1

YOUR SOUTHWEST ETICKET CONFIRMATION IS ** 49RI4S **

-----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


16-Apr-2012
03:25pm
Monday

Air Southwest Airlines

From: San Diego CA, USA

Meal: None

Equip: Boeing 737-700 Jet

Depart: 16-Apr-2012 Monday 03:25pm

Arrival: 16-Apr-2012 Monday 04:35pm

Depart - TERMINAL 1

Arrive - TERMINAL 1

Southwest Airlines locator: 49RI4S

Flight Duration: 1 hour(s) and 10 minutes

Class of Service: Business Select

Flight# 391 Class: K

To: Las Vegas NV, USA

Status: Confirmed

Stops: 0


17-Apr-2012
12:15pm
Tuesday

Air Southwest Airlines

From: Las Vegas NV, USA

Meal: None

Equip: Boeing 737-700 Jet

Depart: 17-Apr-2012 Tuesday 12:15pm

Arrival: 17-Apr-2012 Tuesday 01:25pm

Depart - TERMINAL 1

Arrive - TERMINAL 1

Southwest Airlines locator: 49RI4S

Flight Duration: 1 hour(s) and 10 minutes

Class of Service: Business Select

Flight# 1001 Class: K

To: San Diego CA, USA

Status: Confirmed

Stops: 0

14-Oct-2012
Sunday

Other

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

Ticket Information

BOWENS THELLA

Ticket#: 2431412138

Invoice#: 0573272103

Ticket Base Fare: 427.60

Ticket Tax: 0.00

Total Ticket Amount: 427.60

Electronic: YES

SERVICE FEE DOCUMENT #: 0573272103 FEE AMOUNT: 30.00

BILLED TO: AMERICAN EXPRESS ENDING IN 

\$ 457.60

Caldera Amy

From: Brito Leticia
Sent: Friday, February 10, 2012 4:43 PM
To: Caldera Amy
Subject: RE: Credit Card Authorization

Hello, Amy

This is your authorization to use your P-Card for this hotel deposit in order to hold the reservation (as listed below). Please ensure that Thella is aware that she will need to change the credit card on record when she checks into the hotel (for additional night charges and any incidentals).

In addition, please make sure you include this email with your respective monthly P-Card reconciliation for audit purposes. Thank you.

Kind Regards,

Leticia Brito
Purchasing Card Program Analyst
Procurement Department
San Diego County Regional Airport Authority P.O. Box 82776 San Diego, CA 92138
(619) 400-2536

From: Caldera Amy
Sent: Friday, February 10, 2012 4:33 PM
To: Brito Leticia
Subject: Credit Card Authorization
Importance: High

Lety,

I need to make a hotel reservation with Planet Hollywood for Thella Bowens for a conference in Las Vegas, NV this April. The hotel requires that one night be pre-paid in the amount of \$144.48. Can you please authorize the use of the p-card for this reservation asap.

Thank you,

Amy Caldera



RESORT & CASINO • LAS VEGAS

3667 South Las Vegas Blvd
Las Vegas, NV 89109FOR RESERVATIONS CALL 1-866-919-7472
702-785-5555

Name: THELLA BOWENS

Address: 3225 N HARBER DR
SAN DIEGO CA 92101

Group Code: SMACI2

Company Name:

Room: RR2164

Arrive: 4/16/12

Depart: 4/17/12

Persons: 1

Deposit Amt:

Reservation ID: 409484085776

Guest Folio ID: 410145469531

DATE	REFERENCE	DESCRIPTION	TKT#	S	AMOUNT	DATE	REFERENCE	DESCRIPTION	TKT#	S	AMOUN
04/16/12	410149001496	ROOM CHARGE RR 2164	RR 2164		129.00	} prepay requirement see attached receipt					
		TAX			15.48						
04/16/12	410145469532	ADVANCE DEPOSIT			144.48-						

04/16/12	410145513717	ROOM SERVICE	4721020		29.15						
04/16/12	410145519414	INTERNET ROOM CHARGE	5519414		13.99						
		2164 22:26 Internet Svc									
04/17/12	410155591380	FRONT DESK AMEX			43.14-						

										TOTAL	.00

C/O CASHIER YASUKO

RECEIPTS FROM TRAVEL TO LAS VEGAS, NEVADA

April 16 - 17, 2012—THELLA F. BOWENS

4/17 Hotel to Airport

YELLOW-CHECKER-STAR

"THE" CAB COMPANIES

Las Vegas, Nevada

873-2227

COMPUTER RADIO DISPATCHED

DRIVER# _____ DATE 4/16/12
(CHARGE THE ACCT. OF) 14.90 + 2.00 tip
(RECEIVED OF) _____

FOR TAXI FARE FROM McLannan

TO Planet Hollywood Hotel

(X) DRIVER NAME _____

(X) PASSENGER SIGNATURE _____

PASSENGER RECEIPT

CAB#: 6090
DATE: 4/17/2012
TIME: 10:53
RECEIPT#: 11823
AMOUNT : \$ 13.80
CARD WILL BE CHARGED
EXTRA \$3.00 FEE
CARDNUMBER:
AUTH#: 506258

-VERIFONETS.COM-

\$15.80

VEGAS
WESTERN CAB
• A PRIVATE Managed Company

PLANET DAILIES LAS VEGAS

LAS VEGAS, NV 89109

CHECK: 250
TABLE: 124 / 1
SERVER: 1919 VICTOR C
DATE: APR17'12 10:32AM
CARD TYPE: AMEX
ACCT #: XXXXXXXXXXXX
EXP DATE: XX/XX
AUTH CODE: 566251
RESEARCH: 00000000000000
THELLA F BOWENS

PLANET DAILIES LAS VEGAS
PLANET HOLLYWOOD RESORT & CASINO
702 732-1222

1919 VICTOR C

TBL 124/1 CHK 2501 GST 1
APR17'12 10:17AM

SUBTOTAL: 18.84
GRATUITY: 3.50
TOTAL: 22.34

Theella F Bowens
GUEST SIGNATURE

NOTE: Debit/Check Card Users!
Your bank may hold pre-authorize
funds 3-7 business days before
actual charge is applied.

1 COFFEE 2.99
1 *BK BERRIES SI 4.50
1 *BKFT BACON* 5.99
1 *BISCUIT* 3.95

TOTAL FOOD 14.44
TOTAL BEVERAGE 2.99
Tax 1.41
10:31 Total Due 18.84

4/17/12 Breakfast

RECEIPTS FROM TRAVEL TO LAS VEGAS, NEVADA
April 16 - 17, 2012—THELLA F. BOWENS



Server: Chad, Bastanchury		Date: 04/16/2012	
Revenue Center: Room Service		Meal Period: Swing (11)	
Table Name: RR2164		Check Open: 9:20 PM	
Cover Count: 1		Check Closed: 9:52 PM	
Check #: 4721020		Cashier: Yvette, Ojeda	

Item Number	Menu Item	QTY	Amount
70043	RS East Coast Buffalo Wings	1	\$14.00
237			
Total Item Sales:			\$19.00
Service Charges:			
Service Charge:			\$5.00
Gratuity:			\$3.81
Total Service Charges:			\$8.81
Tax:			\$1.54
Direct Tips:			\$0.00
Total Amount Due:			\$29.15
Payments:			
Room Charge(Bowens, Thella):			\$29.15
Total Payments:			\$29.15

24.15

4/16 dinner

**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: 2/3/2012 RETURN DATE: 2/11/2012 REPORT DUE: 3/12/12
DESTINATION: Salt Lake City, Utah

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)		401.20			2/7/12	2/8/12	2/9/12	2/10/12	2/11/12	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*										0.00
Taxi and/or Shuttle Fare (Include tips pd.)*				85.00					24.00	109.00
Hotel*				229.70	229.70	229.70	229.70			918.80
Telephone, Internet and Fax*										0.00
Laundry*										0.00
Tips - separately paid (maids, bellhop, other hotel srvs.)										0.00
Meals (Include tips pd.)	Breakfast*								4.15	4.15
	Lunch*									0.00
	Dinner*			19.97		30.07				50.04
	Other Meals*			2.14		4.27				6.41
Alcohol is a non-reimbursable expense										
Hospitality ¹ *										0.00
Miscellaneous: Baggage Fees										0.00
										0.00
										0.00
*Provide detailed receipts										0.00
Total Expenses prepaid by Authority		401.20	0.00	0.00	336.81	229.70	264.04	229.70	28.15	1,088.40

Explanation:

Total Expenses Prepaid by Authority	401.20
Total Expenses Incurred by Employee (including cash advances)	1,088.40
Grand Trip Total	1,489.60
Less Cash Advance (attach copy of Authority ck)	
Less Expenses Prepaid by Authority	401.20
Due Traveler (positive amount) ²	
Due Authority (negative amount) ³	1,088.40

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.
²Prepare 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.

* Travel and Lodging Expense Reimbursement Policy 3.40

* Business Expense Reimbursement Policy 3.30

Prepared By: Thella F. Bowens
 Traveler Signature: Thella F. Bowens
 Approved By: _____

Ext.: 2445
 Date: 17 April 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 _____ 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: 12/13/11 PLANNED DATE OF DEPARTURE/RETURN: 02/08/12 / 02/10/12

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

Destination: Salt Lake City, Utah

Purpose: 2012 ACI-NA Winter Board of Directors and CEO Forum

Explanation: 2012 ACI-NA Winter Board of Directors Meeting and CEO Forum

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE	\$	500.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$	150.00
B. LODGING	\$	700.00
C. MEALS	\$	200.00
D. SEMINAR AND CONFERENCE FEES	\$	600.00
E. ENTERTAINMENT (If applicable)	\$	
F. OTHER INCIDENTAL EXPENSES	\$	
TOTAL PROJECTED TRAVEL EXPENSE	\$	2150.00

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: Dec 14/2011

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: _____ Date: _____

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

I, Tony L. Russell, Authority Clerk, hereby certify that this document was approved
(Please leave blank. Whoever clerk's the meeting will insert their name and title.)
by the Executive Committee at its 12/21/2011 meeting.
(Leave blank and we will insert the meeting date.)



TravelTrust
374 North Coast Highway 101
Encinitas, Ca 92024
Tel: 760-635-1703
Fax: 760-635-1720
Website: www.traveltrust.com

BOWENS/THELLA

DEPT 6

20-Jan-2012 3:15 pm

Page 1 of 2


YOUR UNITED ETICKET CONFIRMATION IS ** K553ZY **
-----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


03-Feb-2012
11:43am
Friday

Air: United Airlines Flight# 596 Class: S
From: San Diego CA, USA To: San Francisco CA, USA
Meal: None Seats: Seat:12C
Equip: Airbus A320 Jet Status: Confirmed
Depart: 03-Feb-2012 Friday 11:43am Stops: 0
Arrival: 03-Feb-2012 Friday 01:20pm
Depart - TERMINAL 1
Arrive - TERMINAL 3
United Airlines locator: K553ZY
UA Frequent Flyer# [REDACTED]
** AISLE SEAT CONFIRMED **
Flight Duration: 1 hour(s) and 37 minutes
Class of Service: Coach


03-Feb-2012
02:41pm
Friday

Air: United Airlines Flight# 5262 Class: S
From: San Francisco CA, USA To: Salt Lake City UT, USA
Meal: None Seats: Seat:2B
Equip: CRJ-Canadair Regional Status: Confirmed
Depart: 03-Feb-2012 Friday 02:41pm Stops: 0
Arrival: 03-Feb-2012 Friday 05:39pm
SFO-SLC OPERATED BY /SKYWEST DBA-UNITED EXPRESS
United Airlines locator: K553ZY
UA Frequent Flyer# [REDACTED]
** AISLE SEAT CONFIRMED **
Flight Duration: 1 hour(s) and 58 minutes
Class of Service: Coach


11-Feb-2012
10:46am
Saturday

Air: United Airlines Flight# 5539 Class: L
From: Salt Lake City UT, USA To: San Francisco CA, USA
Meal: None Seats: Seat:5B
Equip: CRJ-700 Canadair Reg Status: Confirmed
Depart: 11-Feb-2012 Saturday 10:46am Stops: 0
Arrival: 11-Feb-2012 Saturday 11:56am
SLC-SFO OPERATED BY /UNITED EXPRESS/SKYWEST AIRLINES
Depart - TERMINAL UNIT 1
Arrive - TERMINAL 3
United Airlines locator: K553ZY
UA Frequent Flyer# [REDACTED]
** AISLE SEAT CONFIRMED **
Flight Duration: 2 hour(s) and 10 minutes
Class of Service: Coach


11-Feb-2012
12:55pm
Saturday

Air: United Airlines Flight# 852 Class: L
From: San Francisco CA, USA To: San Diego CA, USA
Meal: None Seats: Seat:21D
Equip: Boeing 757 200 Jet Status: Confirmed
Depart: 11-Feb-2012 Saturday 12:55pm Stops: 0
Arrival: 11-Feb-2012 Saturday 02:30pm

Terminal One



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

20-Jan-2012 3:15 pm

Page 2 of 2

Depart - TERMINAL 3
Arrive - TERMINAL 1
United Airlines locator: K553ZY
UA Frequent Flyer# [REDACTED]
** EXIT ROW AISLE SEAT CONFIRMED **
Flight Duration: 1 hour(s) and 35 minutes
Class of Service: Coach

Other

08-Aug-2012
Wednesday

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

Ticket Information

BOWENS THELLA
Ticket#: 8737910513
Invoice#: 1191148

Ticket Base Fare: 305.11
Ticket Tax: 66.09
Total Ticket Amount: 371.20

Electronic: YES

SERVICE FEE DOCUMENT #: 0570867107 FEE AMOUNT: 30.00

BILLED TO: AMERICAN EXPRESS ENDING IN [REDACTED]

} #401.20

(2/3 departure due to personal travel preceding
the 2012 ACI-NFI Winter Board of Directors and
CEO forum)

Thella Bowens



02-11-12

Room No. : 1788
Arrival : 02-07-12
Departure : 02-11-12
Page No. : 1 of 1
Folio No. : 594691
Conf. No. : 3760064
Cashier No. : 649
User ID : JTUCKETT
Invoice No. :

INFORMATION INVOICE

Membership No. :
A/R Number :
Group Code : ACIN0212
Company Name : Airports Council International-†

Date	Description	Additional Information	Charges	Credits
02-07-12	Room Charge		204.00	
02-07-12	Taxes Room Tax		11.73	
02-07-12	Taxes State Sales Tax		13.97	
02-08-12	Room Charge		204.00	
02-08-12	Taxes Room Tax		11.73	
02-08-12	Taxes State Sales Tax		13.97	
02-09-12	Garden Cafe Dinner	Room# 1788 : CHECK# 3487	36.30	
02-09-12	Garden Cafe Dinner	Room# 1788 : CHECK# 3487	36.30	
02-09-12	Garden Cafe Dinner	Room# 1788 : CHECK# 3487	30.07	
02-09-12	Room Charge		204.00	
02-09-12	Taxes Room Tax		11.73	
02-09-12	Taxes State Sales Tax		13.97	
02-10-12	Room Charge		204.00	
02-10-12	Taxes Room Tax		11.73	
02-10-12	Taxes State Sales Tax		13.97	
02-11-12	American Express Payment			948.87
Total			948.87	948.87
Balance				0.00

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

Guest Signature: _____

RECEIPTS FROM TRAVEL TO SALT LAKE CITY, UTAH
February 3 - 11, 2012—THELLA F. BOWENS

OPEN TO FOR HAPPY HOUR!
at Z'Tejas Southwestern Grill
191 S. Rio Grande Street
Salt Lake City, UT 84101
801-456-0450

Server: Kammie
Table 13/1
Guests: 1

02/07/2012
5:08 PM

#50027

Order Type: Order

Passcode: _____

Iced Tea	2.59
Santa Fe Enchiladas	10.95
\$\$2oz Guac	2.20

OPEN TO FOR HAPPY HOUR!
at Z'Tejas Southwestern Grill
191 S. Rio Grande Street
Salt Lake City, UT 84101
801-456-0450

Server: Kammie
05:12 PM
Table 13/1
AMEX
Card #XXXXXXXXXX
Magnetic card present: BOWENS THELLA F
Approval: 546385

DOB: 02/07/2012

02/07/2012

5/50027

5242908

Comment? Take a quick survey &
you'll earn a FREE appetizer
(with purchase of an entree)!!
Call 800-779-0167 or go to
www.ztejassurvey.com and enter
store code 114 within 5 days.

Subtotal	15.74
Tax	1.23
Total	16.97

Balance Due \$ 16.97

Amount: 16.97

+ Tip:

= Total:

We feature \$4, \$5 and \$6
appetizer specials
during our Happy Hour
Monday through Friday
4PM to 7PM - we look forward
to seeing you!!!

X _____

We feature \$4, \$5 and \$6
appetizer specials
during our Happy Hour
Monday through Friday
4PM to 7PM - we look forward
to seeing you!!!

RECEIPTS FROM TRAVEL TO SALT LAKE CITY, UTAH
February 3 - 11, 2012—THELLA F. BOWENS

RETURN OR EXCHANGE
WITHIN 14 DAYS ON
ANY ITEM NOT WORN
OR ALTERED, WITH
ORIGINAL RECEIPT
THANK YOU

006 PM GASUNDR Store: 0008
Register # 03. Receipt#: 7661
CUSTOMER COPY
Tue Feb 07 2012 18:18:22

Sales ID: 13-GABRIELLA

SMART WATER \$2.00TX
786162200433

Sale Total \$2.00
Tax Total \$0.14
Total \$2.14
Cash \$2.14

GRAND AMERICA HOTEL
SALT LAKE CITY, UT.
Items 1

RETURN OR EXCHANGE
WITHIN 14 DAYS ON
ANY ITEM NOT WORN
OR ALTERED, WITH
ORIGINAL RECEIPT
THANK YOU

006 PM GASUNDR Store: 0008
Register # 03. Receipt#: 7803
CUSTOMER COPY
Thu Feb 09 2012 20:14:58

Sales ID: 25-MARIYA

2 @ \$2.00
SMART WATER \$4.00TX
786162200433

Sale Total \$4.00
Tax Total \$0.27
Total \$4.27
Cash \$20.27
Change \$16.00

GRAND AMERICA HOTEL
SALT LAKE CITY, UT.
Items 2

RECEIPTS FROM TRAVEL TO SALT LAKE CITY, UTAH

February 3 - 11, 2012—THELLA F. BOWENS

51293487

NICK (STEPHE 206
Thu 02/09/12 10:09 PM 3
Guest Num: 3 CAFE

1 ROMAIN SALAD 8.00
1 SM GNOCCHI 12.00
1 SOFT DRINK 2.50

SubTotal 22.50
Taxes... 1.77

Please pay this amount
Total 24.27

GRATUITY

TOTAL

** ROOM CHARGES **

ROOM

ROOM GUEST(PRINT)

GUEST SIGN

GRAND AMERICA
GARDEN CAFE
555 SOUTH MAIN STREET
SALT LAKE CITY, UT 84111
801-258-6000

51293487

NICK (STEPHE 206
Thu 02/09/12 10:09 PM 3
Guest Num: 3 CAFE

1 ~~SOFT DRINK~~ ~~5.00~~ 2.50
1 ~~ONION SOUP~~ 6.00
1 ~~HOUSE SALAD~~ 8.00
1 ~~ROMAIN SALAD~~ ~~15.00~~ 8.00
1 ~~DRESS-ON SIDE~~ 0.00
1 ~~PAN-S. HALIBUT~~ 29.00
1 ~~BOWL OF BERRIES~~ 8.00
1 SM GNOCCHI 12.00 12.00

SubTotal 34.00

MOK, JOHN

Taxes... 6.59

Please pay this amount
Total 90.59

GRATUITY

TOTAL

** ROOM CHARGES **

ROOM

ROOM GUEST(PRINT)

GUEST SIGN

RECEIPTS FROM TRAVEL TO SALT LAKE CITY, UTAH
February 3 - 11, 2012—THELLA F. BOWENS

*2/11/12 Haroon Transportation
transport from the Grand
America to airport*

GRAND AMERICA
Lobby Lounge
555 SOUTH MAIN STREET
SALT LAKE CITY, UT 84111
801-258-6000

51893930

STEPHANIE G 13
Sat 02/11/12 8:03 AM 1
Guest Num: 1 LOBBY LNG

1 WHOLE FRUIT	2.00
1 MED COFFEE	1.85
<hr/>	
SubTotal	3.85
Taxes...	0.30
Total	4.15

\$ CASH \$ Amount Applied 4.15

\$ CASH \$ Tendered 20.25

Change 16.10

GRATUITY \$

TOTAL \$

** ROOM CHARGES **

ROOM # _____

ROOM GUEST(PRINT) _____

GUEST SIGN _____

HAROON TRANSPORTATION

DANIEL SIRAJ



www.myutahlimo.com
haroontransportation@yahoo.com

RESERVATIONS WELCOME SALT LAKE CITY PK (801) 652-9956
ALL MAJOR CREDIT CARDS ACCEPTED PARK CITY PK (435) 649-6888

*From The Grand America
To Salt Lake City Airport
\$20 + \$4 tip - \$24*

SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY

TRAVEL EXPENSE REPORT

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

TRAVELER: Thelia F. Bowens DEPT. NAME & NO. Executive Office BU8
 DEPARTURE DATE: 3/17/2012 RETURN DATE: 3/23/2012 REPORT DUE: 4/22/12
 DESTINATION: Geneva, Switzerland

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 3/18/12	MONDAY 3/19/12	TUESDAY 3/20/12	WEDNESDAY 3/21/12	THURSDAY 3/22/12	FRIDAY 3/23/12	SATURDAY 3/17/12	
Air Fare, Railroad, Bus (attach copy of itinerary w/charges)		6,545.40								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.)*				44.73				35.79		80.52
Hotel*			333.70	333.70	333.70	333.70	333.70		245.89	1,914.39
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*		60.37			61.09	27.44			148.90
	Other Meals*					0.85				0.85
Alcohol is a non-reimbursable expense										
Hospitality ¹ *										0.00
Miscellaneous: Baggage Fees										0.00
										0.00
										0.00
*Provide detailed receipts										0.00
Total Expenses prepaid by Authority		6,545.40	394.07	378.43	333.70	395.64	361.14	35.79	245.89	2,144.66

Explanation:

Total Expenses Prepaid by Authority	6,545.40
Total Expenses Incurred by Employee (including cash advances)	2,144.66
Grand Trip Total	8,690.06
Less Cash Advance (attach copy of Authority ck)	
Less Expenses Prepaid by Authority	6,545.40
Due Traveler (positive amount)²	
Due Authority (negative amount)³	2,144.66

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: Amy Caldera
 Traveler Signature: Thelia F. Bowens
 Approved By: _____

Ext.: 2445
 Date: 4/17/12
 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: 12/13/11 PLANNED DATE OF DEPARTURE/RETURN: 03/17/12 / 03/23/12

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

Destination: Geneva, Switzerland

Purpose: ACI World Aviation and Environmental Summit and ACI World Board Meeting

Explanation: ACI World Aviation and Environmental Summit and ACI World Board Meeting

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE	\$ 6200.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$ 200.00

B. LODGING	\$ 2500.00
------------	------------

C. MEALS	\$ 400.00
----------	-----------

D. SEMINAR AND CONFERENCE FEES	\$ 600.00
--------------------------------	-----------

E. ENTERTAINMENT (If applicable)	\$
----------------------------------	----

F. OTHER INCIDENTAL EXPENSES	\$
------------------------------	----

TOTAL PROJECTED TRAVEL EXPENSE	\$ 9900.00
---------------------------------------	-------------------

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: 4 Dec 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: _____ Date: _____

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

Tony R. Russell, Authority Clerk, hereby certify that this document was approved
(Please leave blank. Whoever clerk's the meeting will insert their name and title.)
by the Executive Committee at its 12/21/2011 meeting.
(Leave blank and we will insert the meeting date.)



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

20-Jan-2012 1:48 pm

Page 1 of 2

YOUR UNITED E-TICKET CONFIRMATION IS ** XSS84M **
-----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

FOR TRAVEL TO SWITZERLAND
A US CITIZEN MUST HAVE A VALID PASSPORT
YOU CANNOT TRAVEL OUT OF THE UNITED STATES IF YOUR U.S.
PASSPORT EXPIRES WITHIN 6 MONTHS OF YOUR DEPARTURE DATE

FOR EMERGENCY AFTERHOURS SERVICE
WHILE IN SWITZERLAND
PLEASE CALL 00-800-15253545
IF INTL AFTERHOUR NUMBER DOES NOT WORK
DIAL DIRECT OR COLLECT 201-221-4462

YOUR INTERNATIONAL TRAVEL MAY REQUIRE VACCINATIONS
PLEASE CHECK WWW.CDC.GOV FOR LATEST REQUIREMENTS


17-Mar-2012
05:38pm
Saturday

Air:	United Airlines	Flight#:	974	Class:	D
From:	Washington Dulles DC, USA	To:	Geneva, Switzerland		
Meal:	Dinner Snack/brunch	Seats:	Seat:8H		
Equip:	Boeing 767 Jet	Status:	Confirmed		
Depart:	17-Mar-2012 Saturday 05:38pm	Stops:	0		
Arrival:	18-Mar-2012 Sunday 06:40am				
Depart -					
Arrive - MAIN TERMINAL					
United Airlines locator: XSS84M					
UA Frequent Flyer# [REDACTED]-BOWENS/THELLA					
** AISLE SEAT CONFIRMED **					
Flight Duration: 8 hour(s) and 02 minutes					
Class of Service: Business					


23-Mar-2012
10:45am
Friday

Air:	United Airlines	Flight#:	975	Class:	D
From:	Geneva, Switzerland	To:	Washington Dulles DC, USA		
Meal:	Lunch Snack/brunch	Seats:	Seat:8H		
Equip:	Boeing 767 Jet	Status:	Confirmed		
Depart:	23-Mar-2012 Friday 10:45am	Stops:	0		
Arrival:	23-Mar-2012 Friday 02:57pm				
Depart - MAIN TERMINAL					
Arrive -					
United Airlines locator: XSS84M					
UA Frequent Flyer# [REDACTED]-BOWENS/THELLA					
** AISLE SEAT CONFIRMED **					
Flight Duration: 9 hour(s) and 12 minutes					
Class of Service: Business					


23-Mar-2012
05:41pm
Friday

Air:	United Airlines	Flight#:	240	Class:	A
From:	Washington Dulles DC, USA	To:	San Diego CA, USA		
Meal:	Dinner	Seats:	Seat:2B		
Equip:	Boeing 757 200 Jet	Status:	Confirmed		
Depart:	23-Mar-2012 Friday 05:41pm	Stops:	0		
Arrival:	23-Mar-2012 Friday 08:29pm				
Depart -					
Arrive - TERMINAL 1					
United Airlines locator: XSS84M					
UA Frequent Flyer# [REDACTED]-BOWENS/THELLA					



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

20-Jan-2012 1:48 pm

Page 2 of 2

**** AISLE SEAT CONFIRMED ****
Flight Duration: 5 hour(s) and 48 minutes
Class of Service: First

Other

19-Sep-2012
Wednesday

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

Ticket Information

BOWENS THELLA
Ticket#:8737910508
Invoice#:1191142

Ticket Base Fare: 5772.00
Ticket Tax: 733.40
Total Ticket Amount: 6505.40

Electronic: YES

SERVICE FEE DOCUMENT #: 0570867101 FEE AMOUNT: 40.00

BILLED TO: AMERICAN EXPRESS ENDING IN [REDACTED]

6545.40

May 17 - 23, 2012 Geneva, Switzerland

Date	Expense	Amount	Exchange Rate	Reimburse Amount
3/17/2012	Hotel	224.00 CHF	1.0977	\$ 245.89
3/18/2012	Meal	55.00 CHF	1.0977	\$ 60.37
3/18/2012	Hotel	304.00 CHF	1.0977	\$ 333.70
3/19/2012	Hotel	304.00 CHF	1.0977	\$ 333.70
3/19/2012	Taxi	50.00 CHF	0.894625	\$ 44.73
3/20/2012	Hotel	304.00 CHF	1.0977	\$ 333.70
3/21/2012	Meal	55.65 CHF	1.0977	\$ 61.09
3/21/2012	Other Meal	.95 CHF	0.894625	\$ 0.85
3/21/2012	Hotel	304.00 CHF	1.0977	\$ 333.70
3/22/2012	Meal	25.00 CHF	1.0977	\$ 27.44
3/22/2012	Hotel	304.00 CHF	1.0977	\$ 333.70
3/23/2012	Taxi	40.00 CHF	0.894625	\$ 35.79

Total: \$ 2,144.66

Line items in gray scale above represent expenses shown on hotel invoice.

Type	US Dollar	Divided by	Exchange Rate	
<i>Credit card:</i>	\$ 2,092.92	1906.65 CHF	1.09777	
<i>Cash:</i>	\$ 240.00	214.71 CHF	0.894624719	

Mrs Thelia Bowens

Hôtel Royal Manotel, Genève 23.03.12

Hôtel Royal
41-43 rue de Lausanne
1201 Genève
Tel. +41 22 906 1414
Fax +41 22 906 1499
royal@manotel.com
www.manotel.com/royal

VAT-Nr. 447 965

Room: 419

Arrival: 17.03.12

Departure: 23.03.12

Voucher Nr.:

Page/s:

Time:

Cashier:

Folio-Nr.:

1 of 2

08:25

CRIC

153063

INVOICE

Company: Aéroport International de Genève

Date	Description	Supplement	Debit CHF	Credit CHF
17.03.12	Accommodation		220.00	
17.03.12	City Tax Business Groups		4.00	
18.03.12	Room Service		55.00	
18.03.12	Accommodation		300.00	
18.03.12	City Tax Business Groups		4.00	
19.03.12	Accommodation		300.00	
19.03.12	City Tax Business Groups		4.00	
20.03.12	Accommodation		300.00	
20.03.12	City Tax Business Groups		4.00	
21.03.12	Restaurant		68.65	
21.03.12	Accommodation		300.00	
21.03.12	City Tax Business Groups		4.00	
22.03.12	Bistro		39.00	
22.03.12	Accommodation		300.00	
22.03.12	City Tax Business Groups		4.00	
23.03.12	American Express			

1,906.65

Mrs Thella Bowens

Hôtel Royal Manotel, Genève 23.03.12

Hôtel Royal	VAT-Nr.	447 965		
41-43 rue de Lausanne	Room:	419	Page/s:	2 of 2
1201 Genève	Arrival:	17.03.12	Time:	08:25
Tel. +41 22 906 1414	Departure:	23.03.12	Cashier:	CRIC
Fax +41 22 906 1499	Voucher Nr.:		Folio-Nr.:	153063
royal@manotel.com				
www.manotel.com/royal				

INVOICE

Company: Aéroport International de Genève

Description	Supplement	Debit CHF	Credit CHF
Total CHF		1,906.65	1,906.65
Balance CHF			0.00
Total Incl. VAT CHF			1,906.65
Total Net CHF			1,833.04

	Total Net in CHF	VAT Amount in CHF	Amount Gross in CHF
VAT (1) 0.0%	43.00	0.00	43.00
VAT (3) 3.8%	1,657.03	62.97	1,720.00
VAT (4) 8.0% (F&B)	133.01	10.64	143.65
VAT (5) 8.0% (Divers)	0.00	0.00	0.00

Transaction Date:	03/23/2012 Fri
Transaction Description:	ROYAL HOTEL GENEVE LODGING MISCELLANEOUS GOODS SIGN & TRAVEL® / EXTENDED PAYMENT OPTION
Amount \$:	2,082.92 ←
Foreign Spend Amount:	1,808.85 Swiss Francs
Doing Business As:	ROYAL HOTEL
Merchant Address:	RUE DE LAUSANNE 41 GENEVE 1201 SWITZERLAND
Reference Number:	320120850205454352
Category:	Travel - Lodging

Exchange Rate 1.0977

**RECEIPTS FROM TRAVEL TO GENEVA, SWITZERLAND
MARCH 17 - 23, 2012—THELLA F. BOWENS**

AMERICAN EXPRESS INT. INC.
GENEVA NIVEAU ARRIVEE
CP37
GENEVA, CH1215, CH
TEL: +41 22 717 8342

MAR 2012 TIME: 07:31
ILL: 11 TRANS: 025

BUY	NOTES
CURRENCY:	UNITED STATES DOLLAR
AMOUNT:	240.00
EXCHANGE RATE:	0.894624719
LOCAL EQUIVALENT:	-214.71
COMMISSION:	5.00
ITEM TOTAL:	-209.71

LOCAL BUY: 209.71
TOTAL SELL:

TOTAL COMMISSIONS: 5.00
DUE TO CUSTOMER: 209.71

BUSINESS DATE: 18 MAR 2012

THANK YOU FOR USING AMERICAN EXPRESS

ORDER YOUR FOREIGN CURRENCIES ONLINE :

WWW.AMERICANEXPRESS.COM/
ONLINECURRENCYEXCHANGE

Currency purchase
209.71 CHF

QUITTANCE POUR COURSE DE TAXI

Nom du client: _____

Date: 19.3.12

Heure: _____

Course de _____

à _____

Au compteur

Fr. 50.-

Nom _____

Bagages

Fr. _____

et signature du chauffeur

Surtaxe retour

Fr. _____

Service
compris

Total Fr. 50.-

Taxi GE 1300

N° TVA _____

TVA incluse

Affilié à

Ambassador

QUITTANCE

Tel. +41 22 731 41 41
www.ambataxi.ch

Fax +41 22 732 41 40
7, Rue Alfred-Vincent - 1201 Genève

Date: 23/03/12 Heure: _____

Prix CHF _____

Client: _____

CHF _____

Divers: _____

Total: CHF 40

Taxi GE 2523

Si à facturer, sign. du client: _____

**RECEIPTS FROM TRAVEL TO GENEVA, SWITZERLAND
MARCH 17 - 23, 2012—THELLA F. BOWENS**



**Pour moi et pour toi.
Genève Rue de Lausanne**

Article	Quant	Prix	Action	Total
Evian 1.5L	1	0.95		0.95 0

TOTAL CHF 0.95

Espèces 50.00

Retour CHF -49.05

COOP SOCIETE COOPERATIVE NUMERO TVA: 498000

CD	TVA %	TOTAL	TVA
0	2.50	0.95	0.02

Vous avez été servi par Mme Nkanba

Nous vous remercions de votre visite

Service consommateurs:

tel. 0848 888 444 (Tarif national)



990001002852103120000095

21.03.12 18:51 00285 00347362 001 0001864

ROOM SERVICE ROY

131 Room Roy

Tbl 419/1 Fct 7547 Cvt 1
18Mar'12 21:20

1 Salade Masciun	9.00
1 Risotto Arborio	28.00
1 Tarte Jour	7.00
1 EVIAN 50 CL	6.00

A payer -> 50.00

Tips: 5.00

Name: THELLA BOWENS

Room #: 419

Signature: Thella F. Bowens

Tips 5.00

3172499

419/Bowens

HOTEL 55.00

Total du -> 50.00

Tips/Tabac -> 5.00

Paiement -> 55.00

----- Voir Suite -----

RECEIPTS FROM TRAVEL TO GENEVA, SWITZERLAND
MARCH 17 - 23, 2012—THELLA F. BOWENS



LE RESTAURANT

111 Restaura

Tbl 28/1 Fct 3332 Cvt 1
21Mar'12 21:22

1 S. VERTE RESTAU	12.00
1 Sandre	46.00
15 %	
BOG	10.35-

A payer -> **58.65**

Tips:

10.00

Name: THELLA BOWENS

Room #:

419

Signature:

[Handwritten Signature]

47.65
+ 8.00

55.65 CHF

Restaurant Le Duo
Rue de Lausanne 43 - 1201 Genève
Tél. 022 906 14 60 - Fax 022 906 14 99
N° TVA 447 965

MANOTEL
HOTEL GROUP GENEVA

RECEIPTS FROM TRAVEL TO GENEVA, SWITZERLAND
MARCH 17 - 23, 2012—THELLA F. BOWENS



LE BISTRO

114 Bistro 2

Tbl 3/1 Fct 6702 Cvt 1
22Mar'12 20:00

1 EVIAN 50 CL	6.00
1 Salade Mesciun	9.00
1 FRITES	6.00

A payer -> 35.00

Tips: 4.00

Name: THELLA F. BOWENS

Room #: 419

Signature: Thella F. Bowens

21.00 CHF
4.00 CHF

25.00 CHF

Restaurant Le Duo
Rue de Lausanne 43 - 1201 Genève
Tél. 022 906 14 60 - Fax 022 906 14 99
N° TVA 447 965

MANOTEL
HOTEL GROUP GENEVA

BRETON LOBNER

BUSINESS EXPENSE

SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY

PETTY CASH VOUCHER

No. _____

Date March 28, 2012

RECEIVED OF Treasurer, San Diego County Regional Airport Authority

For the following purposes: Parking Fee: SD County Courthouse *Landcaster v. SDCERS* \$12.00
Parking Fee: SD Regional Chamber of Commerce \$6.00
Parking Fee: West Tech V. SDCRAA \$17.00

TOTAL \$35.00

I hereby certify that the purchase represented by this voucher was made by me for the use or benefit of the San Diego Regional Airport Authority.

ORIGINAL RECEIPT MUST BE ATTACHED



EMPLOYEE SIGNATURE

DEPARTMENT HEAD APPROVAL

Breton K. Lobner

PRINT NAME

PETTY CASH ISSUER

X

RECEIVED BY AND DATE PAID

PROJECT No.

FUND	DEPT.	LOCATION	ACCOUNT	WORK ORDER
01	15	0100	66290	

Lobner Breton

Subject: San Diego Regional Chamber of Commerce, 141st Annual Dinner (CONFIRMED)
Location: Town and Country Resort & Convention Center
Start: Thu 2/16/2012 5:00 PM
End: Thu 2/16/2012 8:00 PM
Recurrence: (none)
Organizer: Lobner Breton

The Authority is participating in the following event. If you are interested in attending, please RSVP to me by **Thursday, February 2**. Names will be placed on a waiting list and used to fill the seats until filled by the Board.

**San Diego Regional Chamber of Commerce
141st Annual Dinner**

**Thursday, February 16, 2012
5:00 p.m. – 8:00 p.m.**

Town and Country Resort & Convention Center
Grand Exhibit Hall
500 Hotel Circle North
San Diego, CA 92108

With over 1,000 business and elected leaders expected to attend, this event will bring a Who's Who of the region's community leaders together for one evening. The program will include the induction of the Chamber's 2012 Chairman of the Board, and the 2012 Board of Directors. The Spirit of San Diego, Courageous Leadership, and Regional Unity Awards will each be bestowed to individuals in the business community who have demonstrated the entrepreneurial and business spirit that is uniquely San Diego.

5:00 – 6:00 p.m. Check-in and Networking
6:00 – 6:50 p.m. Welcome and Dinner
6:50 – 8:00 p.m. Program


Dress – business

Thank you.

Rebecca Bloomfield
Public and Customer Relations
San Diego County Regional Airport Authority
(619) 400-2880
(619) 400-2878 Fax
RBloomfi@san.org

Attendees:

1. Robert Gleason
2. Diana Lucero
3. Roy Ang
4. Brent Buma
5. Jeffrey Woodson
6. Jeffrey Lindeman
7. Mike Kulis

Ace Parking Management	
	Location: <u>Town & Country</u>
	Date: <u>FEB 16 2012</u>
	Amount: <u>\$6.00</u>
Receipt of payment	

Parking Receipt
\$6.00
2-16-12

Breton H. Foltz

Parking Receipt: \$12.00
Friday, February 17, 2012

San Diego County Courthouse
Lancaster v. SDCERS
Oral Argument on Demurrers
Judge Praeger, Judge Superior Court

Submitted by
Breton K. Lobner
General Counsel



RECEIPT	
Ampco System Parking	
Lot 1001	
First and Ash	
Setting: Lot 1001	\$12.00
Machine Name: Shelby 3	Card
	Visa
EXPIRATION DATE/TIME	
01:35 AM	Exp 01:35a
FEB 18, 2012	FEB 18, 2012
Ticket #: 00023721	T#00023721
FOLLOW INSTRUCTIONS ON SIGNS	
\$12.00 Card#****-1444	S/N#200006
Visa	100098
Auth #: 07021D	
8AM-5PM 12HRS (\$12)	Purchased
Total Due \$12.00	FEB 17, 2012
Total Paid \$12.00	01:35p
Questions 619-233-2000 or customerserviceSD@abm.com	

REQUEST FOR REIMBURSEMENT FOR BUSINESS EXPENSE

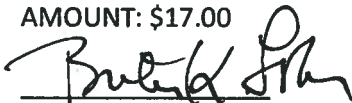
PARKING RECEIPT

PARKING AT COURTHOUSE

WEST TECH V. SDCRAA
TRIAL SETTING CONFERENCE
DEPT. 69 – JUDGE BARTON

MARCH 16, 2012

AMOUNT: \$17.00


BRETON K. LOBNER

