### **Revised 4/18/12**



Item No.

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

## r<u>u</u>

# **ROBERT GLEASON**

#### **GENERAL INSTRUCTIONS:**

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

1. TRAVELER:					
Travelers Name:	Robert H. Gle	ason		_ Dept: <u>_B</u>	pard/02
Position:	Board Member	President/CEO	Gen. Counsel		Chief Auditor
Г	All other Authority	employees (does not re	quire executive commit	tee administi	rator approval)
2. DATE OF REQU	EST: 4/3/12	PLANNED DATE OF	DEPARTURE/RETURN:	4/21/12	I 4/24/12
3. DESTINATIONS	/PURPOSE (Provi	de detailed explanatior	as to the purpose of the	he trip cont	inue on extra sheets
of paper as nece	essary):				
Destination:Pas			urpose: Attend confere	ence	
Explanation: A	CI-NA 2012 Airpor	t Board and Commission	oners Conference		
4. PROJECTED O	UT OF TOWN TR	AVEL EXPENSES			
	PORTATION COS				
	FARE		\$		
		ATION (Taxi, Train, Ca	r Rental) \$	166.50	
B. LODGIN	NG		\$	600.00	
C. MEALS			\$	100.00	
	AR AND CONFER		\$	650.00	
	TAINMENT (If app		\$ \$ \$		
	INCIDENTAL EXP		\$	50.00	
10	TAL PROJECTED	TRAVEL EXPENSE	\$	1566.50	
CERTIFICATIO	N RY TRAVEL	<b>FR</b> . By my signature he	low, I certify that the at	nove listed o	ut-of-town travel and
			and 3.40 and are reas		
Authority's business		yathority a rolloles <u>5.50</u>	and <u>0.40</u> and are reas	oriable and	directly related to the
•	1/4	111	_	ate: 4	917-
Travelers Signatur	e. 101.	gau		ale	1.10
CERTIFICATIO	N BY ADMINIS	TRATOR (Where A	dministrator is the Exec	cutive Comm	nittee, the Authority
Clerk's signature is		(1101)			
By my signature be		llowing:			
	· · · · · · · · · · · · · · · · · · ·		n travel request and th	e detaile pro	wided on the reverse
			renses are necessary	-	
			o the anticipated benef		
			cpenses conform to the	requiremen	its and intent of
Authority s	Policies 3.30 and 3	<u>5.40</u> .			
Administrator's S	ignature:	May Co	ζ	Date: _	4.9.12
<b>AUTHORITY CI</b>	ERK CERTIFIC	CATION ON BEHA	LF OF EXECUTIV	E COMMI	TTEE
			•		
1.	1		, hereby certif	y that this do	ocument was approve
•		eting will insert their name ar	•	. 15	
by the Executive (	committee at its _	(Leave blank and we will ins		eting.	
		LUGAND DIGITA GITU WE WITH ITIS	ore and incoming date.)		

# JIM PANKNIN

A.	All travel requests must conform to	applicable	provisions o	f Policies	3.30 and	<u>3.40</u> .
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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	en. Counsel Chief Auditor
□ All other Authority employees (does not require executive)	cutive committee administrator approval)
2. DATE OF REQUEST: 4/3/12 PLANNED DATE OF DEPARTU	RE/RETURN: 4/21/12 / 4/24/12
3. DESTINATIONS/PURPOSE (Provide detailed explanation as to the	purpose of the trip- continue on extra shee
of paper as necessary):	
• •	Attend conference
Explanation: ACI-NA 2012 Airport Board and Commissioners Cor	ference
4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES	
A. TRANSPORTATION COSTS:	
AIRFARE	\$
<ul> <li>OTHER TRANSPORTATION (Taxi, Train, Car Rental)</li> </ul>	\$ 166.50 \$ 600.00 \$ 100.00 \$ 650.00 \$ 50.00 \$ 1566.50
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
OFFICIATION DV TRAVELER S	
CERTIFICATION BY TRAVELER By my signature below, I cer	•
associated expenses conform to the Authority's Policies 3.30 and 3.40	and are reasonable and directly related to the
Authority's business.	1/3/12
Travelers Signature:	Date:
CERTIFICATION BY ADMINISTRATOR (Where Administration	or is the Executive Committee, the Authority
Clerk's signature is required).	or is the Exceditive Committee, the Authority
By my signature below, I certify the following:	
I have conscientiously reviewed the above out-of-town travel r	·
2. The concerned out-of-town travel and all identified expenses a	•
Authority's business and reasonable in comparison to the anti	· · · · · · · · · · · · · · · · · · ·
3. The concerned out-of-town travel and all identified expenses of Authority's Policies 3.30 and 3.40.	conform to the requirements and intent of
Administrator's Signature:	Date: 4-9-12
AUTHORITY CLERK CERTIFICATION ON BEHALF OF	EXECUTIVE COMMITTEE
	hander and the think
l, (Please leave blank. Whoever clerk's the meeting will insert their name and title.)	hereby certify that this document was appro
·	
by the Executive Committee at its  (Leave blank and we will insert the mee	meeting.
ιLeave Diank and we will insen the mee	uriu uale.)

# THELLA F. BOWENS

### SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY 3/28 -> Corporate **OUT-OF-TOWN TRAVEL REQUEST**

- 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. TRAVELE Travelers N		nella F. Bow	ens		De	pt:	6/Ex	ec Office	
Position:	☐ Board M	/lember		Gen. Co				Chief Au	uditor
	☐ All othe	r Authority e	mployees (does not req	uire executive	committee a	dmini	istrato	or approval	1)
2. DATE OF	REQUEST:		_ PLANNED DATE OF D					/ 04/24	•
of paper a	as necessary):		de detailed explanation						sheets
Destinati	ion:Pasadena,	, CA		rpose: 2012 A mmissioners (		Men	nbers	&	
Explanat	tion: 2012 Air	port Board M	Members & Commission						
A. T  B. L  C. N  D. S  E. E  F. O	RANSPORTA AIRFARE OTHER TR ODGING MEALS EMINAR AND NTERTAINME THER INCIDE TOTAL PR EXPENSES CONFO	TION COST  ANSPORTA  CONFERE ENT (If applie ENTAL EXPI	TION (Taxi, Train, Car NCE FEES cable)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	135  t the above lare reasonable	le an	     out-c	of-town tra ectly relate	avel and ad to the
	ATION BY A		RATOR (Where Adr	ministrator is th	ne Executive	Com	mitte	e, the Aut	hority
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AUTHORIT	Y CLERK	CERTIFIC	ATION ON BEHAL	F OF EXEC	UTIVE CO	MM	ITTE	E	
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- 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 <u>3.30</u> and <u>3.40</u>, use the most economical means available to affect the travel.

1. TRAVELER:					
Travelers Name				Dept:	Exec Office BU6
Position:	Board Member		Gen. Counsel		Chief Auditor
Г	All other Authority e	employees (does not red	quire executive commi	ttee admir	nistrator approval)
2. DATE OF REC	QUEST: 04/17/12	PLANNED DATE OF [	DEPARTURE/RETURN:	06/15/	12 / 06/17/12
of paper as ne	NS/PURPOSE (Provid cessary): Grand Rapids, Michiga	an Pu	as to the purpose of urpose: 2012 Small A CI-NA Board		continue on extra sheets
Explanation:				***************************************	
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Authority's busine Travelers Signati	ss. ///////////////////////////////////	la III	MAN	ate:	1/17/12
CERTIFICATIO	ON BY ADMINIST	RATOR (Where Add	ministrator is the Exec	cutive Cor	nmittee, the Authority
Clerk's signature is By my signature b  1. I have con  2. The conce Authority's  3. The conce	s required).  pelow, I certify the folloscientiously reviewed  erned out-of-town traves  business and reason	owing: If the above out-of-town of and all identified exp nable in comparison to el and all identified exp	travel request and the penses are necessary the anticipated benef	e details <sub>l</sub> for the ac it to the A	provided on the reverse. dvancement of the uthority.
Administrator's	Signature:			Date:	
AUTHORITY C	LERK CERTIFIC	ATION ON BEHAL	F OF EXECUTIVE	E COM	<u> </u>
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by the Executive		eave blank and we will inser	t the meeting date )	ting.	
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- A. All travel requests must conform to applicable provisions of Policies 3.30 and 3.40.
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1. TRAVELI		Гhella F. Bow	/enc			Dont	Euro Office DUO
Travelers I	□ Board		✓ President/CEO	F C-		_ Debt:	Exec Office BU6
Position:	-			·	en. Counsel		Chief Auditor
	I All oth	ner Authority	employees (does not	require exec	utive commit	tee admir	nistrator approval)
2. DATE OF	REQUEST:	04/17/12	PLANNED DATE O	F DEPARTU	RE/RETURN:	06/03/	12 / 06/07/12
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Explana	ition:				· · · · · · · · · · · · · · · · · · ·		
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associated e	ATION DT	form to the A	K By my signature b	elow, I certif	y that the ab	ove listed	d out-of-town travel and and directly related to the
Authority's bi Travelers S	usiness.	All		<u>u</u> and <u>3.40</u> a		nte:	1/17/12
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Clerk's signa	ture is require	ed).	(111011	With House	I IS THE LACO	uuve Con	innicee, the Authority
_	ture below, I	,	owing:				
				wn travel red	quest and the	e details r	provided on the reverse.
2. The	concerned ou	t-of-town trav	el and all identified e	expenses are	necessary f	for the ad	ivancement of the
Auth	ority's busine	ss and reaso	nable in comparison	to the anticij	pated benefit	to the A	uthority.
3. The	concerned ou ority's Policie:	t-of-town trav	el and all identified e	expenses co	nform to the	requirem	ents and intent of
Administra	tor's Signatur	e:				Date:	
AUTHORIT	TY CLERK	CERTIFIC	ATION ON BEHA	ALF OF EX	KECUTIVE	COMN	<u>IITTEE</u>
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- 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 <u>3.30</u> and <u>3.40</u>, use the most economical means available to affect the travel.

1. TRAVELER:						
Travelers Name:	Thella F. Bow	ens			_ Dept:	Exec Office BU6
Position:	oard Member		☐ Ger	n. Counsel		Chief Auditor
ΓA	Il other Authority e	employees (does not re	quire execu	itive commit	tee admir	nistrator approval)
2. DATE OF REQUE	ST: 04/17/12	_ PLANNED DATE OF	DEPARTUR	E/RETURN:	07/19/	12 / 07/20/12
<ol> <li>DESTINATIONS/I of paper as neces Destination: San</li> </ol>	sary):					ontinue on extra sheets
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Travelers Signature:	Tillus	XLOWEAL)	<u> </u>	Da	ate:	111712
Clerk's signature is re By my signature below  1. I have conscient  2. The concerne  Authority's bu  3. The concerne	quired). w, I certify the foll entiously reviewed d out-of-town trav siness and reaso	I the above out-of-tow el and all identified ex nable in comparison to el and all identified ex	n travel req penses are the anticip	uest and the necessary tated benefit	e details p for the ad t to the A	provided on the reverse.  Ivancement of the athority.
Administrator's Sign	nature:				Date:	
AUTHORITY CLE	RK CERTIFIC	ATION ON BEHAI	_F OF EX	ECUTIVE	COMN	IITTEE
1.			ha	rehv certifi	that this	document was approved
(Please leave blank. Who		ng will insert their name and	l title.)			document was approved
by the Executive Con		eave blank and we will inse	rt the meeting	meet	ang.	

#### **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 <u>3.30</u> and <u>3.40</u>, use the most economical means available to affect the travel.

1. TRAVELER:			
Travelers Name: Thella F. Bowens		Dept:	Exec Office BU6
Position:	Sen. Counsel	·	Chief Auditor
All other Authority employees (does not require exe	cutive committee	e admir	nistrator approval)
2. DATE OF REQUEST: 04/17/12 PLANNED DATE OF DEPART	URE/RETURN: _	06/19/	/12 / 06/22/12
DESTINATIONS/PURPOSE (Provide detailed explanation as to the of paper as necessary):      Destination:Coeur D' Alene, Idaho      Explanation:      Destination:  Purpose: Committee  Committee	ACI-NA Summe		
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	\$ \$ \$ \$	500.00 200.00 900.00 200.00 100.00	0 0 0
CERTIFICATION BY TRAVELER By my signature below, I cerassociated expenses conform to the Authority's Policies 3.30 and 3.40 Authority's business.  Travelers Signature:	tify that the above and are reason.  Date	able ar	d out-of-town travel and and directly related to the $4/17/12$
CERTIFICATION BY ADMINISTRATOR (Where Administrate Clerk's signature is required).  By my signature below, I certify the following:  1. I have conscientiously reviewed the above out-of-town travel in 2. The concerned out-of-town travel and all identified expenses a Authority's business and reasonable in comparison to the antic 3. The concerned out-of-town travel and all identified expenses of Authority's Policies 3.30 and 3.40.	equest and the orace necessary for cipated benefit to	fetails   r the ac	provided on the reverse. dvancement of the uthority.
Administrator's Signature:		Date:	:
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(Leave blank and we will insert the meeting date.)

- 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 <u>3.30</u> and <u>3.40</u>, use the most economical means available to affect the travel.

1. TRAVELER:					
Travelers Name:	Thella F. Boy				6 - Exec Office
Position:	Board Member		Gen. Counse		Chief Auditor
П	All other Authority	employees (does not require	e executive comr	nittee adminis	strator approval)
2. DATE OF REQ	UEST: 04/13/12	_ PLANNED DATE OF DEP	ARTURE/RETUR	N: <u>09/04/1</u>	2 / 09/13/12
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	R INCIDENTAL EXP TAL PROJECTED	ENSES TRAVEL EXPENSE	\$	100.00 3695.00	•
CERTIFICATIO associated expens Authority's busines Travelers Signatu	es conform to the A	ER By my signature below, othority's Policies 3.30 and	3.40 and are re	asonable and	out-of-town travel and directly related to the
Clerk's signature is By my signature be 1. I have cons 2. The concer Authority's 3. The concer	required). elow, I certify the folescientiously reviewed the out-of-town training transcripts.	d the above out-of-town travel and all identified expensionable in comparison to the vel and all identified expension	ivel request and ses are necessa anticipated ben	the details pr ry for the adv efit to the Aut	ovided on the reverse. ancement of the hority.
Administrator's S	ignature:			Date:	
AUTHORITY CI	ERK CERTIFIC	ATION ON BEHALF	OF EXECUTIV		
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by the Executive C		Leave blank and we will insert the		eeting.	
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# **EXPENSE REPORTS**

# THELLA F. BOWENS

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

TRAVELE	R:	Thelia F. Bowens	mpietea within	_	DEPT. NA		•	Fye	cutive O	ffice BU6		
DEPARTURE DATE:		2/23/2012	RETUR	RETURN DATE:		2/27/2012		REPORT DUE:			3/28/12	
DESTINA	TION:	Dallas, Texas	1121011			ZIZI1ZVI.		KEFOI	VI DOE.		120/12	
Please ref expenses	fer to the Authoriand approvals	ority Travel and Lodging Expense Ris. Please attach all required supports should be explained in the space	ting documenta	tion. All r	ticle 3, Par eceipts m	rt 3.4, Sec ust be det	tion 3.40, d ailed, (cred	outlining a lit card rec	ppropriete eipts do r	reimburs not provide	able sufficient	
			Authority Expenses		N 1000		Employe	e Expens	es			
			(Prepaid by	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY		
Air Fore F	Pailmed Due (	C. March and C. S. C.	Authority)	2/26/12	2/27/12			2/23/12	2/24/12	2/25/12	TOTALS	
		attach copy of itinerary w/charges) le copy of flyer/registration expenses)	905.20		-						0.00	
Rental Car		e copy of figer/registration expenses)	医胃炎性原生性的 (1) 医胃 医胃切入检验性		-				_		0.00	
Gas and C	_					-				-	0.00	
Garage/Pa		****									0.00	
	attach mileage	form*			_						0.00	
		(include tips pd.)*		(0.70)							0.00	
Hotel*		American Specific	114 12 12 12 12					161.59		-	0.00 161.59	
Telephone	, Internet and	Fax*	4 CONTRACT	- 6				101.00			0.00	
Laundry*											0.00	
Tips - sepa	arately paid (m	naids,bellhop,other hotel srvs.)									0.00	
Meals	Breakfast*		NEW FOREST								0.00	
(include	Lunch*								16.50		16.50	
tips pd.)	Dinner*		NEBRUS 2					78.49			78.49	
	Other Mea	ls*	5000多品数								0.00	
	non-reimburs	able expense	<b>图制指数</b> 图	<b>新成功</b> 與	AS RET				Constant			
Hospitality							70.00				0.00	
Miscellane	ous: Baggage	Fees	直認之意證								0.00	
											0.00	
											0.00	
*Provide de	etailed receipt	MATERIAL TO THE PARTY OF THE PA									0.00	
		otal Expenses prepaid by Authority	905.20	0.00	0.00	0.00	0.00	240.08	16.50	0.00	256.58	
Explanation	n:						paid by Au				905.20	
					(including		ances)				256.58	
				1	Grand Tr	Will Flow Proposition of the Co.			Jan Parlisted		1,161.78	
							(attach copy		ck)	Mary's Say		
							paid by Au				905.20	
<sup>1</sup> Give name <sup>2</sup> Prepare C	s and business : heck Request	affiliations of any persons whose meals w	ere paid by travel	er.	Due Auth	ority (ned	ive amoun ative amou	t)" unt) <sup>3</sup>		1	256.58	
<sup>3</sup> Attach per	sonal check pay	able to SDCRAA					his report to		g even if t	he amount		
l as travelo Reimburse	er or adminis ement Policy	trator acknowledge that I have re and 3.30 - Business Expense R	ead, understar Reimbursemer	nd and a	gree to A	uthority p	olicies 3.	40 - Trav	el and L	odaina Ex	pense	
responsibi correct.	lity. I further	certify that this report of travel ex	kpenses were	incurred	in conne	ection with	n official A	Authority !	ousiness	and is tru	ie and	
		Lodging Expense Reimbursement P		Ž	Business	<u>Expense</u>	Reimburse		y 3.30			
Prepared B	у:	Antil A Pan	ny Caldera	_/		_	, [	Ext.:	122	2445	1	
Fraveler Sig Approved B		JUWA IXII	WIN.	$\nu_{-}$				Date:	174	DUL	2012	
•	•	RTIFICATION ON BEHALF OF EXE	CUTIVE COM	MITTEE	(To be cer	diffied if we		_	Gon Co		lef Audited	
			h				nt was app					
Please leave	blank. Whoev	er clerk's the meeting will insert their nar meeting.	ne and title.)	, <del></del>	y urus dii	- 40041110	was app	noted by	uio EXOCU	mae Colliu	iiuoo ai iis	

(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.

TAUTHORITY Email 4:16 pm

### **GENERAL INSTRUCTIONS:**

	A.	All travel requests must conform to ar	oplicable provisions of Policies 3.30 and 3.	AΩ
--	----	--	--	----

B. Personnel traveling at Authority expense shall, consistent with the provisions of Policies <u>3.30</u> and <u>3.40</u>, use the most economical means available to affect the travel.

1. TRAVELER:					
Travelers Nan		ens		Dept:	6/Executive Office
Position:	Board Member		☐ Gen. Co	ounsel	Chief Auditor
	All other Authority	employees (does not req	uire executive	committee admin	nistrator approval)
2. DATE OF RE	EQUEST: 01/31/12	_ PLANNED DATE OF D			• • • •
or paper as r Destination	ONS/PURPOSE (Providencessary):  : Dallas, TX  : Meeting with Southw	Pu	rpose: Meetin	ose of the trip co	
A. TRA  • A  • A  B. LOD  C. MEA  D. SEM  E. ENTI		S: TION (Taxi, Train, Car NCE FEES cable) :NSES	Rental) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	850- 100-( 250.00 106.01	<b>D</b>
CERTIFICATI	ON BY TRAVELE	By my signature helo	v I certify that	the above listed	and of form formal and
associated expendently is busing Travelers Signa	ess.	thority's Policies 3.30 a	and <u>3.40</u> and ar	The above listed the reasonable and Date:	d directly related to the
ERTIFICATI	ON BY ADMINISTI	RATOR (Where Adm	inistrator is the	e Executive Com	mittee the Authority
Herk's signature	is required).				micoc, the Authority
<ol> <li>I have co</li> <li>The cond</li> <li>Authority</li> <li>The cond</li> </ol>	below, I certify the followinscientiously reviewed berned out-of-town travers business and reason terned out-of-town travers Policies 3.30 and 3.4	the above out-of-town to el and all identified expe able in comparison to the el and all identified expe	nses are nece le anticipated l	ssary for the adv	ancement of the
Administrator's		KIXE	11	Date:	2-9-12
UTHORITY C	CLERK CERTIFICA	TION ON BEHALF	OF EXECU	JTIVE COMMI	TTEE
Please leave blank.	Whoever clerk's the meeting Committee at its (Le	will insert theil name and tite 2 21 201 2  ave blank and we will insert to	e.)	certify that this do	ocument was approved



Traveltrust
374 North Coast Fighway 101
Encintes, 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 PORTION OF THIS TRIP MAY BE REFUNDABLE. PLEASE RETURN UNUSED PORTIONS TO TRAVELTRUST FOR POSSIBLE REFUND. DOMESTIC-MINIMUM 2 HOUR CHECK-IN PRIOR TO DEPARTURE FOR ADDITIONAL SECURITY INFORMATION VISIT WWW.TSA.GOV Air Southwest Airlines Flight# Class: San Diego CA, USA From: To: Dallas Love Field TX, USA 23-Feb-2012 Meal: None 11:40am Equip: Boeing 737-700 Jet Status: Confirmed Thursday 11:40am Depart: 23-Feb-2012 Thursday Stops: 1 (El Paso TX) 23-Feb-2012 Thursday Arrival: 05:25pm Depart - TERMINAL 1 Arrive Southwest Airlines locator: IC93BT Flight Duration: 1 hour(s) and 45 minutes Class of Service: Coach Air Southwest Airlines Flight# 462 Class: From: Dallas Love Field TX, USA San Diego CA, USA To: 27-Feb-2012 Meal: None 09:05am Equip: Boeing 737-700 Jet Status: Confirmed 27-Feb-2012 Monday 27-Feb-2012 Monday Monday Depart: 09:05am Stops: 1 (San Antonio TX) Arrival: 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 Other 25-Aug-2012 San Diego CA, USA **RESERVATION RETAINED FOR 180 DAYS-A** Saturday 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 Ticket Base Fare: 875.20 Ticket Tax: Total Ticket Amount: Invoice#:1191760 0.00-875.20 Electronic: YES \$905 20 SERVICE FEE DOCUMENT #: 0571677258 FEE AMOUNT: 30.00 BILLED TO: AMERICAN EXPRESS ENDING IN



Name & Address

**BOWENS, THELLA** 3225 NORTH HARBOR DRIVE

**SAN DIEGO, CA 92101** 

Hilton Anatole **Dallas** 

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

Adult/Child Room Rate

1/0 143.00 6:11:00PM

2201 Stemmons Freeway • Dallas, TX 75207 Phone (214) 748-1200 • Fax (214) 761-7520

Reservations

www.hilton.com or 1 800 HILTONS

RATE PLAN

L-G1

HH# ( BLUE

AL BONUS AL

CAR

Confirmation Number: 3460311769

2/24/2012 PAGE

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE
2/23/2012	NANA RESTAURANT	LINTR	6703151	<del>√ 820.7</del> 4		
2/23/2012	NANA RESTAURANT	LINTR	6703152	·	-820.74	
	NANA RESTAURANT	LINTR	6703154	\$78.49	se page 10	1
	GUEST ROOM	KLH	6703600	\$143.00	ا می را بد	
	ROOM TAXES	KLH	6703600	\$18.59	se page 10f	
				·		
	WILL BE SETTLED TO AX **					\$240.08
	EFFECTIVE BALANCE OF			7.2		\$0.00
	Hilton HHonors(R) stays a your earnings for this or a hotels worldwide, please very thank you for choosing Headvantage of our internet-special offers!	ny other stay a isit HiltonHHo Iton! Book you only Advance	t more than nors.com. r next stay a Purchase Ra	3,000 Hilton Family	Θ	

### Zip-Out Check-Out®

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

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

DATE OF CHARGE	FOLIO NO./CHECK NO. 1039889 A
AUTHORIZATION	INITIAL
PURCHASES & SERVIO	CES
TAXES	
TIPS & MISC.	Mark Alle A
TOTAL AMOUNT	
PAYMENT DU	E UPON RECEIPT





### 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
1 Iced Tea	2.50
1 S Grat	13.00
1 Room Charge	20.74
2074 BOWENS/THEL	
1 S Grat	13.00-V
1 Room Charge	20.74-V
2074 BOWENS/THEL	,
1 S Grat	13.00
1 Room Charge	78.49
2074 BOWENS/THEI	,
Subttl	60.50
Svc Chq	13.00
Tax	4.99
Total	78.49
CLOSED Feb23'12	08:01PM
POSTED Feb23'12	
100120 10000	

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

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

11 \$12.99 11 \$2.25 \$15.24 \$1.26 2MEAT DINNER DRINK MDSE ST TAX1 \$16.50

CASH

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

TRAVELER:		Thella F. Bowens		_ (	DEPT. NA	ME & NO.		Exc	ecutive O	ffice BU6	
DEPARTURE	DATE:	4/16/2012	RETUR	N DATE:		4/17/2012				5	5/17/12
DESTINATIO	N:	Las Vegas, Nevada									
expenses and	i approvals.	ity Travel and Lodging Expense Please attach all required supp should be explained in the space	orting documents	ation. All r	ticle 3, Par eceipts mu	t 3.4, Sectors to the determination to the determin	tion 3.40, c ailed, (cred	outlining a dit card red	ppropriete ceipts do i	reimburs not provide	able sufficient
			Authority			***************************************	Employe	e Expens	B <b>e</b> \$		
			(Prepaid by Authority)	BUNDAY	MONDAY 4/16/12	TUESDAY 4/17/12	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTALS
Air Fare, Railr	oad, Bus <i>(at</i>	tach copy of itinerary w/charges)	457.60		30			A to State of the			0.
Conference Fo	ees (provide	copy of flyer/registration expenses)							W		0.
Rental Car*											0.
Gas and Oil*			<b>阿里特斯</b> 阿斯	26	2-2-0.0						0.
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Mileage - attac								2			0.
	uttle Fare (i	nclude tips pd.)*	Z PROFIN		16.90	15.80			6 17/8 L 17 3 R		32.
Hotel*											0.
Telephone, Int	emet and F	ax*			13.99						13.9
Laundry*			<b>第二次的工程的</b>								0.0
		ids,bellhop,other hotel srvs.)	Man Series			Laure 1					0.0
	Breakfast*		MUSIC SHEET			22.34					22.3
ins nd )	_unch*										0.0
l h	Dinner*				24.15						24.
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lcohol is a nor	n-reimbursab	le expense			4000		<b>的</b> 法自然		是是为		经营销售
lospitality 1 *											0.0
Miscellaneous:	Baggage I	Fees									0.0
	-									300.000	0.0
0			BURNEY COLKERY				201				0.0
Provide detail	Name and Address of the Owner, where the Owner, while the		10年17月1日								0.0
Parties Sant Gravita	101	al Expenses prepaid by Authorit	y 457.60	0.00	55.04	38.14	0.00	0.00	0.00	0.00	93.1
xplanation:				1	Total Expe	nses Pre	paid by Au	thority			457.6
					Total Expe (including	enses Inc. cash adva	irred by E				93.1
					Grand Tri						550.7
					Less Cast				(ck)		
					Less Expe						457.6
¹Give names an	d business aft	filiations of any persons whose meals	were paid by trave	ler.	Due Trave						
<sup>1</sup> Prepare Check <sup>3</sup> Attach persons		Ne to SDCRAA	*		Due Auth					he amount	93.1
					-	-	****	-			
as traveler o	r administr	ator acknowledge that I have	read, understa	nd and a	gree to A	uthority p	olicies 3	.40 - Trav	vel and L	odging Ex	kpense
Reimburseme	ent Policy* a	and 3.30 - Business Expense	Reimburseme	nt Policv <sup>6</sup>	and that	any purc	hases/cla	ims that	are not a	llowed wi	ill be my
esponsibility. :orrect.	I further c	ertify that this report of travel	expenses were	incurred	in conne	ction with	official A	Authority	business	and is tru	ue and
repared By:	ravel and Lo	odging Expense Reimbursement	Policy 3.40 Amy Caldera		Business I	Expense F		ment Polic Ext.:	cy 3,30	2445/	,
raveler Signat	:ure:(	WWW NXX	(LIETTED)					Date:	7/0	nhil)	2010
pproved By:	$\sim$	10000 7700						Date:	1		e sur oc
UTHORITY C	LERK CER	TIFICATION ON BEHALF OF E	KECUTIVE COM	MITTEE	(To be cer	tified if us	ed by Pres	ident/CEO	, Gen. Cou	nsel, or Ch	ief Auditor)
		clerk's the meeting will insert their i	,								nittee at its
CHOC MANA DIS	HIN. TYTIOUYEI	rcierk's the meeting will insert their or meeting.	ame and title.)								
		macund.									
eave blank and	we will insert	the meeting date.)									

your department Administrative Assistant or call Accounting at ext. 2806.

S:\Travel\Thelia 2012\04-16, Las Vegas\Travel Expense Report (Las Vegas).xtax

- 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 <u>3.30</u> and <u>3.40</u>, use the most economical means available to affect the travel.

1. TRAVELER:						
Travelers Name:	Thella F. Bow	ens			Dept:	06
Position:	Board Member		☐ Ge	n. Counsel	<b>-</b> ·	Chief Auditor
Г	All other Authority e	mployees (does not i	equire exec	utive commit	tee admir	nistrator approval)
2. DATE OF REQU		_ PLANNED DATE OF				•
DESTINATIONS     of paper as nece     Destination:Las	essary):	1	Purpose: A	CI-NA Opera	ations and	ontinue on extra sheets
Explanation:			Aπairs/Envir	onmental Af	tairs Con	ference
• AIRF • OTH B. LODGIN C. MEALS D. SEMINA E. ENTERT F. OTHER TOT	PORTATION COST FARE ER TRANSPORTA IG R AND CONFEREI FAINMENT (If applic INCIDENTAL EXPE FAL PROJECTED 1	S: TION (Taxi, Train, Cancer FEES able) NSES RAVEL EXPENSE By my signature be	elow, I certif	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	450.00 433.44 150.00 695.00 0.00 0.00 1728.44 ove listed	
Authority's business. Travelers Signature	Trolli	a Story	and <u>3.40</u> a	) Da	4	2/16/12
CERTIFIC ATION	DV ADMINIST					
Clerk's signature is now signature below 1. I have consort 2. The concern Authority's but 3. The concern	equired).  ow, I certify the follo  ientiously reviewed  ed out-of-town trave  usiness and reason	wing: the above out-of-tow el and all identified ex able in comparison to el and all identified ex	n travel req	uest and the necessary foated benefit	e details p for the ad to the Au	uthority.
Administrator's Sig	nature:				_ Date:	
UTHORITY CLE	ERK CERTIFICA	TION ON BEHA	LF OF EX	ECUTIVE	COMM	ITTEE
_						document was approved
by the Executive Co	mmittee at its	ave blank and we will inse	_	meeti		• •



Traveltrust 374 North Coast Fighway 101 Encinitas, Ca. 92024

Tel: 760-635-1700 Fax 760-635-1720

Website www.travetrust.com

**BOWENS/THELLA DEPT 6** 29-Mar-2012 2:47 pm Page 1 of 1 YOUR SOUTHWEST ETICKET CONFIRMATION IS \*\* 49RI4S \*\* \*\*\*\*\*\*\*\*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. DOMESTIC-MINIMUM 2 HOUR CHECK-IN PRIOR TO DEPARTURE FOR ADDITIONAL SECURITY INFORMATION VISIT WWW.TSA.GOV Δir Southwest Alrlines Flight# Class: San Diego CA, USA From: To: Las Vegas NV, USA 16-Apr-2012 Meal: 03:25pm Equip: Boeing 737-700 Jet Status: Confirmed Monday 16-Apr-2012 16-Apr-2012 Depart: Monday 03:25pm Stops: 0 Arrival: 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 Air Southwest Airlines Fliaht# 1001 Class: K From: Las Vegas NV, USA San Diego CA, USA To: 17-Apr-2012 Meal: None 12:15pm Equip: Boeing 737-700 Jet Status: Confirmed Tuesday Depart: 17-Apr-2012 Tuesday 12:15pm Stops: 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 Other 14-Oct-2012 San Diego CA, USA RESERVATION RETAINED FOR 180 DAYS Sunday 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 Ticket Base Fare: 427.60 Ticket Tax: Total Ticket Amount: Invoice#:0573272103 427.60 Electronic: YES \$ 457.60 SERVICE FEE DOCUMENT #: 0573272103 FEE AMOUNT: 30.00 BILLED TO: AMERICAN EXPRESS ENDING IN

### 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** 

Page: 1



3667 South Las Vegas Blvd Las Vegas, NV 89109 FOR 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 TAX	RR 2164	129.00 15.48	7		L. Scance L			
04/16/12	410145469532	ADVANCE DEPOSIT		144.48-	13 pret	ay real	uverneut ed receipt			
04/16/12	410145513717	ROOM SERVICE	4721020	29.15 -	_ 5/0	attach	ed receipt			
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### RECEIPTS FROM TRAVEL TO LAS VEGAS, NEVADA **April 16 - 17, 2012—THELLA F. BOWENS**

YELLOW-CHECKER-STAR "THE" CAB COMPANIES Las Vegas, Nevada 873-2227

**COMPUTER RADIO DISPATCHED** 

DRIVER# (CHARGE THE ACCT. OF) (RECEIVED OF)

(X) DRIVER NAME

(X) PASSENGER SIGNATURE \_

Hotel to Airport

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-

**OVEGAS WESTERN CAB** 

PLANET DAILIES LAS VEGAS \*\*\*\*\*\*\*\*

LAS VEGAS, NV 89109

CHECK: TABLE: 250 · 124/1

SERVER:

1919 VICTOR C APR17'12 10:32AM

DATE: CARD TYPE:

AMEX

ACCT #:

XXXXXXXXXX

EXP DATE:

XX/XX

AUTH CODE:

566251

RESEARCH:

000000000000

THELLA F BOWENS

SUBTOTAL:

18.84

GRATUITY:

TOTAL:

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

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

2.99 1 COFFEE 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

4/17/12 Breakfast

18.84

OF

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

## Slingshot "

Saner	Chad, Bastanchury	Date:	04/16/2012	
Revenue Center:	Prom Service	Meal Period:	Swing (11)	
		Check Open:	9:20 PM	
Table Name:	La contraction of the contractio	Check Closed:	Andrewson with the same of	
Cover Count:			Yvette, Ojeda	
Check #:	4721020		QTY	Amount
Item Number	Menu Item	CONTRACTOR DESIGNATION OF STREET STREET, STREE	Company there	The state of the s
70043		RS East Coast Buffalo Wings		\$14.00
237	W. P. Charles and Control of the Con			\$19.00
		(Out)	Item Sales:	*******
Service Charges:			A1 (%) (%)	\$5.00
		Servi	ice Charge:	
		8	Gratuity:	\$3.61
		Total Servic	Gratuity:	\$3.61
		8	Gratuity: e Charges:	\$3.61 \$8.61
		Total Service	Gratuity:	\$3.61 \$6.61 \$1.54
		Total Servic	Gratuity:	\$3.61 \$8.61 \$1.54 \$0.00
Payments:		Total Servic	Gratuity: De Charges: Tax: Direct Tips: mount Due:	\$3.61 \$8.61 \$1.54 \$0.00 \$29.16
Payments:		Total Servic  Total Ar  Room Charge(Bow	Gratuity: De Charges: Tax: Direct Tips: mount Due:	\$3.61 \$8.61 \$1.54 \$0.00

a4.15

4/16 dinner

Page 2 OF 2

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

tah dging Expense Ri	RETUR		DEPT. NAME & NO.			Executive Office BU6					
dging Expense Re	EPARTURE DATE: 2/3/2012 RETUR			2/11/2012	?	REPORT DUE:			3/12/12		
dging Expense Re	TINATION: Salt Lake City, Utah										
	eimbursement	Policy, An	icle 3, Par	t 3.4, Sect	ion 3.40, d	outlining a	ppropriate	reimburse	ble		
I required support ined in the space	ing documents	tion. All n	eceipts mu	ist be deta	iled, (cred	lit card red	eipts do r	ot provide	sufficient		
	Authority				Employe	e Expens	100				
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	Authority)	SUNLIKY	MONDAY	2/7/12					TOTALS		
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	Martin Committee								0		
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sons whose meals w	ere paid by trave	ear. ∣∣				•			1.088.4		
							na even if s	he amount			
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Failure to attach required documentation will result in the delay of processing reimbursement. If you have any questions, please see your department Administrative Assistant or call Accounting at ext. 2806.

- A. 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 <u>3.30</u> and <u>3.40</u>, use the most economical means available to affect the travel.

TRAVELER:     Travelers Name: Thella F. Bowens	Dept: 6/Executive Office
	Gen. Counsel
All other Authority employees (does not require	evecutive committee administrator annual)
2. DATE OF REQUEST: 12/13/11 PLANNED DATE OF DEPAR	RTURE/RETURN: 02/08/12 / 02/10/12
DESTINATIONS/PURPOSE (Provide detailed explanation as to of paper as necessary):     Destination: Salt Lake City, Utah     Purpose CEO For Explanation: 2012 ACI-NA Winter Board of Directors Meeting	e: 2012 ACI-NA Winter Board of Directors and brum
4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES A. TRANSPORTATION COSTS:  • AIRFARE  • OTHER TRANSPORTATION (Taxi, Train, Car Rent B. LODGING C. MEALS D. SEMINAR AND CONFERENCE FEES E. ENTERTAINMENT (If applicable) F. OTHER INCIDENTAL EXPENSES  TOTAL PROJECTED TRAVEL EXPENSE	\$ 500.00 \$ 150.00 \$ 700.00 \$ 200.00 \$ 600.00 \$ \$ \$
CEDTIFICATION BY TRAVELED By many signature below to	
CERTIFICATION BY TRAVELER By my signature below, I associated expenses conform to the Authority's Policies 3.30 and 3 Authority's business.	·
Travelers Signature:	Date: 100/700/
CERTIFICATION BY ADMINISTRATOR (Where Adminis	trator is the Evecutive Committee, the Authority
Clerk's signature is required).	uator is the Executive Committee, the Authority
By my signature below, I certify the following:	
<ol> <li>I have conscientiously reviewed the above out-of-town travel</li> <li>The concerned out-of-town travel and all identified expenses Authority's business and reasonable in comparison to the a</li> <li>The concerned out-of-town travel and all identified expenses</li> </ol>	es are necessary for the advancement of the inticipated benefit to the Authority.
Authority's Policies 3.30 and 3.40.	
Administrator's Signature:	Date:
AUTHORITY CLERK CERTIFICATION ON BEHALF O	F EXECUTIVE COMMITTEE
I, Tony L. Russell Authority Clerk (Please leave blank. Whoever clerk's the meeting will insert their name and title.)	_ , hereby certify that this document was approved
by the Executive Committee at its  (Leave blank and we will insert the n	meeting.



Traveltrust 374 North Coest Fighwey 101 Encinities, Cai 92/024 Tol: 760-635-1703 Fex 760-635-1720 Website www.travetrust.com

				*****	ile. Maya'ilaacti Ta	con	
BOWENS/THELLA	DEP	Γ6		***************************************		20-Jan-2012	3:15 pm
						Pag	e 1 of 2
	THIS IT A GOVE THIS T THE FL OR CAN IT MAY YOUR O ****** PLEASE INTERN. DOMEST FOR AD	NITED ETICKET CONFIRINVOICE/ITINERARY ***TICKETLESS TRAVEL S AN E-TICKET RESERV RNMENT ISSUED PHOTO ICKET IS NON-REFUNDA IGHTS BOOKED. IF TH CELLED BEFORE THE DE HAVE NO VALUE. CON UTBOUND FLIGHT IF CH. ************************************	ACCOUNTING D INSTRUCTIONS ATION. ID IS NEEDED BLE AND MUST E RESERVATION PARTURE OF YO TACT TRAVELTR ANGE IS NECES ***********************************	AT CHECK BE USED I IS NOT I UR FLIGH UST BEFOI SARY. ******** ERS***** ND BOARD: RIOR TO I	IN FOR USED TS RE *** *** ING DEPARTURE FURE		
	Air	United Airlines		Flight#	596	Class: S	
	From:	San Diego CA, USA		To:	San Francisco		
03-Feb-2012	Meal:	None		Seats:	Seat:12C	,	
11:43am	Equip:	Airbus A320 Jet		Status:	Confirmed		
Friday	Depart:	03-Feb-2012 Friday	11:43am	Stops:	0		
	Arrive	03-Feb-2012 Friday - TERMINAL 1 - TERMINAL 3	01:20pm	-			
	United	Airlines locator: K	53ZY				
		uent Flyer# E SEAT CONFIRMED **	Section 20 Telephone 1	,000			
	Flight	Duration: 1 hour(s)	and 37 minute	25			
	Class o	of Service: Coach	and 57 minge				
	Air	United Airlines		Flight#	5262	Class: S	
	From:	San Francisco CA, USA		To:	Salt Lake City		
03-Feb-2012	Meal:	None		Seats:	Seat:2B	01, USA	
02:41pm	Equip:	CRJ-Canadair Regiona		Status:	Confirmed		
Friday	Depart:	03-Feb-2012 Friday	02:41em	Stops:	0		
	Arrival:	03-Feb-2012 Friday	05:39pm)	Olops.	U		
	United	OPERATED BY /SKYWES Airlines locator: K5	T DBA-UNETED	EXPRESS			
	UA Freq	uent Flyer#					
	"" AISL	E SEAT CONFIRMED ** Duration: 1 hour(s)	and CO minute	_			
	Class o	f Service: Coach	and so minute	:5			
	Air	United Airlines		Eliob##	552D	Olean	
	From:	Salt Lake City UT, USA		Flight# To:	5539	Class: L	
11-Feb-2012	Meal:	None		Seats:	San Francisco	CA, USA	
10:46am	Equip:	CRJ-700 Canadair Reg			Seat:5B		
Saturday	Depart:	11-Feb-2012 Saturday	10:46am	Status:	Confirmed		
•	Arrival:	11-Feb-2012 Saturday	11:56am	Stops:	0		
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	Depart	- TERMINAL UNIT 1	CAPACSS/ SKIW	CO! MIKE.	INES		
	Arrive -	- TERMINAL 3					
	United /	Airlines locator: K5	3ZY	_			
	UA Frequ	uent Flyer# E SEAT CONFIRMED **					
	Flight	ouration: 2 hour(s)	and 10 minutes	c			
	Class of	F Service: Coach	and to milliate:	3			
	Air	United Airlines		Flight#	852	Ciaco: I	
	From:	San Francisco CA, USA		To:		Ciass: L	
I1-Feb-2012	Meal:	None		Seats:	San Diego CA, Seat:21D	UOM	1
2:55pm	Equip:	Boeing 757 200 Jet					,
Saturday		11-Feb-2012 Saturday	12:55pm	Status: Stops;	Confirmed 0		ļ
•	Arrival:	11-Feb-2012 Saturday	02:30pm	owps.	U	A - A Do.	
			piii			Jerninal Dn	
						<b>J</b>	- 1



Traveltrust
374 North Coast Highway 101
Encintras, Cai 92024
Tol: 760-635-1700
Fax 760-635-1720
Website: www.travetrust.com

BOWENS/THELLA	DEPT 6 20-Jan-2012 3:15 p
	Page 2 of
	Depart - TERMINAL 3 Arrive - TERMINAL 1 United Airlines locator: K553ZY UA Frequent Flyer* ** 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 TRAVELTRUSTSCOTT MACKERLEY
	Ticket Information  BOWENS THELLA Ticket#:8737910513
	SERVICE FEE DOCUMENT #: 0570867107 FEE AMOUNT: 30.00

(213 departure due to personal travul preceding the 2012 ACI-NFI Winter Board of Directors and CED forum) Thella Bowens

Membership No.

Company Name

A/R Number

Group Code

**INFORMATION INVOICE** 

: ACIN0212

: Airports Council International-



02-11-12

Room No. Arrival

: 1788 : 02-07-12

Departure Page No.

: 02-11-12

Folio No.

: 1 of 1 : 594691

Conf. No.

3760064

Cashier No.

: 649

User ID

**JTUCKETT** 

Invoice No.

Date	Description	Additional Information	Charges Credits
02-07-12	Room Charge		204.00 7
02-07-12	Taxes Room Tax		11.73 \ 229.70
02-07-12	Taxes State Sales Tax		13.97
02-08-12	Room Charge		204.00 7
02-08-12	Taxes Room Tax		11.73\ 229.70
02-08-12	Taxes State Sales Tax		13.97
02-09-12-	Garden Cafe Dinner	Room# 1788 : CHECK# 3487	36.30
<del>-02-09-12-</del>	Garden Cafe Dinner	Room# 1788 · CHECK# 3487	-36.30
02-09-12	Garden Cafe Dinner	Room# 1788 : CHECK# 3487	30.07 3 of 4
02-09-12	Room Charge		204.007
02-09-12	Taxes Room Tax		11.73\ 229.70
02-09-12	Taxes State Sales Tax		13.97
02-10-12	Room Charge		204.00 7
02-10-12	Taxes Room Tax		11.73 \ 229,70
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.

XX/XX

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

BIN IS FOR IA PERKUR! at I'lejus Southwestern Grill 191 S. Rio Grande Street Salt Lake City, UT 84101 801-456-0450

Server: Kammie Table 13/1

02/07/2012 5:08 PM

Guests: 1

#50027

15.74

1.23

16.97

16.97

Order Type: Order

Passcode: \_\_\_\_\_

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

\*\*\*\*\*\*\*\*\*\*\*\*

\*\*\*\*\*\*\*\*\*\*\*

We feature \$4, \$5 and \$6 appetizer specials

during our Happy Hour

Comment? Take a quick survey &

(with purchase of an entree)!!

www.ztejassurvey.com and enter

store code 114 within 5 days.

you'll earn a FREE appetizer

Call 800-779-0167 or go to

Subtota1

Tax

Total

JOHN US THE GRAPT HOUSE at 2 Jenna Scalingentern Co 111 191 S. Rio Grange Street Salt Lake City, UT 84101

801-456-0450

Server: Kammie 05:12 PM

DOB: 02/07/2012 02/07/2012

Table 13/1

5/50027

**AMEX** 

5242908

Card #XXXXXXXXXXXX

Magnetic card present: BOWENS THELLA F

Approval: 546385

Amount:

+ Tip:

= Total:

16.97

Monday through Friday 4PM to 7PM - we look forward to seeing you!!!

Balance Due

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

\$2.00TX SMART WATER 786162200433 \$2.00 Sale Total \$0.14 Tax Total \$2.14 Total \$2.14 Cash

> 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 \$4.00TX SMART WATER 786162200433 \_\_\_\_\_ Sale Total \$0.27 Tax Total \$4.27 Total \$20.27 Cash \$16.00 Chanse

> 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 206 GRAND AMERICA NICK ( STEPHE 3 Thu 02/09/12 10:09 PM GARDEN CAFE CAFE 555 SOUTH MAIN STREET Guest Num: 3 SALT LAKE CITY, UT 84111 8.00 801-258-6000 1 ROMAIN SALAD 1 SM GNOCCHI 12.00 1 SOFT DRINK 2.50 51293487 SubTotal 22.50 NICK ( STEPHE 1.77 Thu 02/09/12 10:09 PM Taxes... 3 Guest Num: 3 CAFE Please pay this amount 2 SOFT DRINK 5.00 2.50 Total 24.27 1 ONION SOUP 6.00 8.00 1 HOUSE SALAD GRATUITY 15.00 8,00 ROMAIN SALAD 1 DRESS-ON SIDE 0.00 TOTAL 1 PAN S. HALIBUT 29.00 1 BOWL OF BERRIES 8-00 12.00 ROOM CHARGES I SM GNOCCHI \*\*\*\*\*\*\*\* 864 SubTotal 54.00 MOK, JOHN Taxes... 6 59 Please pay this amount Total 90.59 GPATUITY 10 iHL \* ROOM CHARGES \*

ROOM

GUEST SIGN

ROOM GUEST(PRINT)

Page \_\_\_\_\_3 OF \_\_\_\_\_

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

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 SubTotal 3.85 Taxes... 0.30

\$ CASH \$ Amount Applied

\$ CASH \$ Tendered 20.25

> Change 16.10

Total 4.15

GRATUITY

TOTAL

ROOM CHARGES \*\*\*\*\*\*\*\*\*\*\*\*

ROOM

ROOM GUEST(PRINT)

GUEST SIGN

2/11/12 Harvon Transportation transport from the Brand america to air purt

## HAROON TRANSPORTATION

DANIEL SIRAI



www.myutahlimo.com haroontransportation@yahoo.com

RESERVATIONS WELCOME

SALT LAKE CITY PH: (801) 652-9956 ALL MAJOR CREDIT CARDS ACCEPTED PARK CITY Pic (435) 649-6888

From The grand America.
To Salt Lake City Airport
\$20 + \$4 + ip - \$24

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

TRAVELE	R:	Thella F. Bowens		. 1	DEPT. NAI	ME & NO.		Exe	cutive Of	fice BU6	
DEPART	JRE DATE:	3/17/2012	RETUR	N DATE:		3/23/2012	2	REPOR	RT DUE:	4/	22/12
DESTINATION: Geneva. Sw		Geneva, Swtizerland									
expenses	and approval	ority Travel and Lodging Expense F is. Please attach all required suppoints should be explained in the space	rting documente	tion. All r	ticle 3, Par eceipts mu	t 3.4, Sec ist be deta	tion 3.40, c ailed, (cred	outlining ap lit card rec	propriate eipts do n	reimbursa ot provide	ble sufficient
			Authority Expenses	10-00-00	Employee Expenses				-		
			(Prepaid by Authority)	SUNDAY 3/18/12	MONDAY 3/19/12	TUESDAY 3/20/12	WEDNESDAY 3/21/12	THURSDAY	FRIDAY 3/23/12	SATURDAY 3/17/12	TOTALS
		(attach copy of itinerary w/charges)	6,545.40			1					0.00
Conference	e Fees (provid	de copy of flyer/registration expenses)	於當地可思想								0.00
Rental Car											0.00
Gas and C	)il*								Park .		0.00
Garage/Pa	arking*				2 100						0.00
	attach mileage										0.00
	r Shuttle Fare	(include tips pd.)*	E 7 20 20 5		44.73				35.79		80.52
Hotel*		72 7 2		333.70	333.70	333.70	333.70	333.70		245.89	1,914.39
	, Internet and	Fax"									0.00
Laundry*			22 E 6 124						, ,		0.00
Meals		naids,belihop,other hotel srvs.)	Locate and the second	ercepte et als a service							0.00
(include	Breakfast*		THE EAST MEMBERS S								0.00
tips pd.)	Lunch*		CONTRACTOR OF THE PROPERTY OF								0.00
	Dinner*	la#	Lance Services	60.37			61.09	27.44			148.90
Alsohel is a	Other Mea	The same of the sa	ACEANS TO THE	in the second second			0.85	CONTRACTOR OF THE PARTY OF THE			0.85
Hospitality		avie expense	ERALLY 1998								
		- Food									0.00
MISCEITANE	ous: Baggage	e rees	图 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	4242906240							0.00
	*****		PRESENTATION AND AND AND AND AND AND AND AND AND AN								0.00
*Provide de	etailed receipt	he .	ESCHEROLANT TAND					-			0.00
Trovide de	THE RESIDENCE IN COLUMN 2 IN COLUMN 2	otal Expenses prepaid by Authority	6,545.40	394.07	378.43	222.70	205.04	264 44	25 70	045.00	0.00
TENNE SECTION 1	DIAPORES IN 1991	cial Expenses prepaid by Authority	0,343,40	394.07	370.43	333.70	395.64	361.14	35.79	245.89	2,144.66
Explanation	n:						paid by Au				6,545.40
							urred by Er	nployee		63	
					(including Grand Tri	William Wilder Street, Square Street	ances)	Scotter Corps	T STT STREET	PORT OF THE PARK OF	2,144.66
				1	According to the second	-					8,690.06
				- 1	51.0000		(attach copy		ck)		
							paid by Autive amount				6,545.40
1Give name	s and business heck Request	affiliations of any persons whose meals v	vere paid by travel	8/. III		••	ive amoun ative amou	•		- 1	0.444.00
		vable to SDCRAA		il il			his report to		a even if ti	e emount is	2,144.66
	MEXICA CONTRACTOR					THE REAL PROPERTY.		- Charleston	AND DESCRIPTION OF THE PERSON NAMED IN	- Manual	-
as travele	er or adminis	strator acknowledge that I have r	ead, understa	nd and a	gree to Au	uthority p	olicies 3.	40 - Trav	el and Lo	dging Ex	pense
Reimburse	ement Policy	<sup>4</sup> and 3.30 - Business Expense I	Reimburseme	nt Policy⁵	and that	any purc	hases/cla	ims that a	are not al	lowed will	be my
esponsibi	lity. I further	certify that this report of travel e	expenses were	incurred	in conne	ction with	n official A	<b>Nuthority</b> t	ousiness	and is true	e and
correct.	Travel and	Lodging Expense Reimbursement I	Policy 3 40	J	Puninana E		3 - i	mant Dalia	0 00		
		1 11 01			<u>Business</u> E	-xpense h	Reimbursei	ment Polic	y <u>3.30</u>		
Prepared B	y: 	North Alla	my Caldera				E	Ext.:		2445	
raveler Sig	gnature	MUVUUXIN	UXVXII.	1				Date:	4/1	1lıə	
pproved B	y:	-10000 5 760					ε	Date:			
UTHORIT	Y CLERK CE	RTIFICATION ON BEHALF OF EX									
Please leave	e blank. Whoev	ver clerk's the meeting will insert their na	rme and title.)	ereby cen	tify that this	docume	nt was app	roved by t	he Execu	ive Commi	ittee at its
Ones block	- W	meeting.									

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

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

## SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY <u>OUT-OF-TOWN TRAVEL REQUEST</u>

### **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 <u>3.30</u> and <u>3.40</u>, use the most economical means available to affect the travel.

1. TRAVELER:				
Travelers Name: Thella F. Bower	ns		Dept:	6/Executive Office
Position:   Board Member		☐ Gen. Counsel		Chief Auditor
☐ All other Authority em	ployees (does not req	uire executive comm	ittee admir	nistrator approval)
2. DATE OF REQUEST: 12/13/11	PLANNED DATE OF D	EPARTURE/RETURN	l: <u>03/17</u>	/12 / 03/23/12
<ol> <li>DESTINATIONS/PURPOSE (Provide of paper as necessary): Destination:Geneva, Switzerland</li> </ol>		as to the purpose of rpose: ACI World A	•	
	Su	mmit and ACI World	<b>Board Me</b>	etina
4. PROJECTED OUT-OF-TOWN TRAV	EL EXPENSES			··· <b>·</b>
<ul><li>A. TRANSPORTATION COSTS</li><li>AIRFARE</li></ul>	:	¢	6000.00	`
OTHER TRANSPORTAT	ION /Tayi Train Car	Rental) \$	6200.00 200.00	
B. LODGING	ion (Taxi, Train, Car	\$	2500.00	
C. MEALS		\$	400.00	<del></del>
D. SEMINAR AND CONFEREN	CE FEES	\$	600.00	
E. ENTERTAINMENT (If applica		\$	000.00	<del>)</del>
F. OTHER INCIDENTAL EXPEN		\$		
TOTAL PROJECTED TI		\$	9900.00	<del>-</del>
			0000.00	_
CERTIFICATION BY TRAVELER associated expenses conform to the Auth Authority's business. Travelers Signature:	pority's Policies 3.30 a	nd <u>3.40</u> and are rea	sonable ar	d directly related to the
CERTIFICATION BY ADMINISTR	ATOR (Where Adr	ninistrator is the Exe	cutive Con	nmittee, the Authority
Clerk's signature is required).  By my signature below, I certify the follow  1. I have conscientiously reviewed t  2. The concerned out-of-town travel Authority's business and reasona  3. The concerned out-of-town travel Authority's Policies 3.30 and 3.40	he above out-of-town and all identified exp ble in comparison to t and all identified exp	enses are necessar he anticipated bene	y for the ac	lvancement of the uthority.
Administrator's Signature:			Date:	
AUTHORITY CLERK CERTIFICA	TION ON BEHAL	F OF EXECUTIV	E COMN	NITTEE
(Please leave blank. Whoever clerk's the meeting by the Executive Committee at its	101-1	itle.)  ( me	y that this	document was approved



Traveltrust
374 North Coast Highway 101
Encintes, Ca 92024
Tol: 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 ETICKET 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. \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

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 YOUR INTERNATIONAL TRAVEL MAY REQUIRE VACCINATIONS PLEASE CHECK WWW.CDC.GOV FOR LATEST REQUIREMENTS Air Flight# Class: From: Washington Dulles DC, USA To: Geneva, Switzerland 17-Mar-2012 Meal: Dinner Snack/brunch Seat:8H Seats: 05:38pm Boeing 767 Jet Equip: Confirmed Status: Saturday Depart: 17-Mar-2012 Saturda 18-Mar-2012 Sunday 05:38pm Saturday Stops: Arrival: 06:40am Depart -Arrive - MAIN TERMINAL United Airlines locator: XSS84M UA Frequent Flyer# \*\* AISLE SEAT CONFIRMED \*\* BOWENS/THELLA Flight Duration: 8 hour(s) and 02 minutes Class of Service: Business Air **United Airlines** Flight# 975 Class: D From: Geneva, Switzerland To: Washington Duiles DC, USA 23-Mar-2012 Meal: Lunch Snack/brunch Seats: Seat:8H 10:45am Equip: Boeing 767 Jet Status: Confirmed Friday Depart: 23-Mar-2012 Friday 10:45am Stops: Arrival: 23-Mar-2012 Friday 02:57pm Depart - MAIN TERMINAL Arrive -United Airlines locator: XSS84M UA Frequent Flyer# \*\* AISLE SEAT CONFIRMED \*\* -BOWENS/THELLA Flight Duration: 9 hour(s) and 12 minutes Class of Service: Business Air **United Airlines** Flight# 240 Class: A From: Washington Dulles DC, USA San Diego CA, USA To: 23-Mar-2012 Meal: Dinner Seats: Seat:2B 05:41pm Equip: Boeing 757 200 Jet Status: Confirmed Friday 23-Mar-2012 Friday 23-Mar-2012 Friday Depart: 05:41pm Stops: 0 Arrival: 08:29pm Depart -Arrive - TERMINAL 1 United Airlines locator: XSS84M UA Frequent Flyer# L-BOWENS/THELLA



Traveltrust: 374 North Coest Fighwey 101 Enclintes, Ca 92024 Tol: 760-635-1700 Fex 760-635-1720 Website: www.traveltrust.com

BOWENS/THELLA	DEPT 6 20-Jan-2012 1:48 pr Page 2 of					
	** 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 TRAVELTRUSTSCOTT MACKERLEY					
	Ticket Information					
	BOWENS THELLA Ticket#:8737910508 Ticket Base Fare: 5772.00 Invoice#:1191142 Ticket Tax: 733.40					
	Electronic: YES  Total Ticket Amount: 6505.40  6545.40  SERVICE SEE DOCUMENT #: 0570867101 SEE AMOUNT: 40.00					
	SERVICE FEE DOCUMENT #: 0570867101 FEE AMOUNT: 40.00					
	BILLED TO: AMERICAN EXPRESS ENDING IN					

Date	Expense	Amount	Exchange Rate	Reimk	urse 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
100 TO 10			Total:	\$	2,144.66
Line i	tems in gray scale ab	ove represent exp	enses shown on ho	tel invoi	ce.
Туре	US Dollar	Divided by	Exchange Rate		
Credit card:	\$ 2,092.92	1906.65 CHF	1.09777		
Cash:	\$ 240.00	214.71 CHF	0.894624719		





### Hôtel Royal Manotel, Genève 23.03.12

419

Page/s: Time:

1 of 2 08:25

17.03.12

23.03.12

Cashier: Folio-Nr.:

CRIC 153063

INVOICE

Voucher Nr.:

Company:

Aéroport International de Genève

Company	Aeroport International de Geneve	
Date	Description Supplement	Debit CHF Credit CHF
17.03.12	Accommodation	220.007
17.03.12	City Tax Business Groups	4.00 } 2.24
18.03.12	Room Service	55.00
18.03.12	Accommodation	300.00
18.03.12	City Tax Business Groups	4.00 304
19.03.12	Accommodation	300.00 3 04
19.03.12	City Tax Business Groups	4.00
20.03.12	Accommodation	300.00 } 304
20.03.12	City Tax Business Groups	4.00
21.03.12	Restaurant	<del>-68.65</del> 5565
21.03.12	Accommodation	300.00 3 304
21.03.12	City Tax Business Groups	4.00
22.03.12	Bistro	39.00
22.03.12	Accommodation	300.00 } 304
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
1201 Genève Room: 419
Tel. +41 22 906 1414 Arrival: 17.0
royal@manotel.com/royal
www.manotel.com/royal
VOLICher Nr.

419

17.03.12 23.03.12 Page/s: Time:

2 of 2 08:25

Voucher Nr.:

Cashier: Folio-Nr.:

CRIC 153063

#### 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 Frl	-
Transaction Description:	ROYAL HOTEL GENEVE	
	LODGING	
	MISCELLANEOUS GOODS	
	SIGN & TRAVEL® / EXTENDED PAYMENT OPTION	
Amount \$:	2,062.92	
Foreign Spend Amount:	1,808.85 Swies Franca	
Doing Business As:	ROYAL HOTEL	
Merchant Address:	RUE DE LAUSANNE 41	
	GENEVE	
	1201	
	8WITZERLAND	
Reference Number:	320120850205454352	
Category:	Travel - Lodging	

Exchange Rote 1.0977

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

. MAR 2012 TIME: 07:31 Its: 11 TRANS: 025

BUY NOTES

DIRRENCY: UNITED STATES DOLLAR

AMOUNT: 240.00

EXCHANGE RATE: 0.894624719

ICAL EQUIVALENT: -214.71

DOMMISSION: 5.00

IEM TOTAL: -209.71

U.A. BUY: 209.71

0"A\_ COMMISSIONS: 5.00
DUE TO CUSTOMER: 209.71
BUSINESS DATE: 18 MAR 2012

THANK YOU FOR USING AMERICAN EXPRESS

ORDER YOUR FOREIGN CURRENCIES ONLINE :

WHW. AMERICANE XPRESS.COM/ DN\_INECURRENCYEXCHANGE

QUITTANCE POUR C	OURSE 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

	nbassådor
Tel. +41 22 731 41 41 www.ambataxi.ch	UITTANCE Fax +41 22 732 41 4 7, Rue Alfred-Vincent -1201 Genèv
Date : 23/03/1.2 Heur	re : Prix CHF
Client :	CHF
Divers :	
••••••••••••••••••••••••••••••••••••	Total: CHF 40
Taxi GE 2 5 2 5	Si à facturer, sign. du client:

Currency purchase 209.71 CHF

Page \_\_\_ OF \_\_



### 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 Espèces			-	0.95
RetourCHF				-49.05
0 2.50 0	IVE NUMER Tal .95	TVA 0.02	498000	

Vous avez été servi parMne Mkamba

Hous vous renercions de votre visite

Service consomnateurs: tel. 0848 888 444 (Tarif mational)



21.03.12 18:51 00285 00347362 001 0001864

ROOM SERVIC	E BOA
131 Room Roy	L NOT
761 419/1 Fct 7547 18Mar'12 21:3	Cvt 1
1 Salade Hesclun 1 Risotto Arberio 1 Tarte Jour 1 EVIAN 50 CL	9.00 28.00 7.00 6.00
A rayer ->	50.00
Tips: Name: <i>THE//A</i> Je Room #: 4/9	5,00 BWENT
Signature: Dalla	Halle
7128 5172499	5.00
#19/Bowens #07EL Total du -> Ties/Tąbac-> Palement ->	55.00 50.00 5.00 55.00
Voir Suite	

Page  $\frac{2}{\sqrt{2}}$  OF  $\frac{4}{\sqrt{2}}$ 



### LE RESTAURANT

bl 28/1	Fct 3332 21Mar 12 21:22	Cvt 1		
1 S.VERTE 1 Sandre	restau	12.00 46.00		
15 X B06		10.35-		
A payer	-> <u></u>	58.65		
Tips:  Room #:  Signatur	Bruens	December 1980 (1980) Waxaa Illaan 1980 (1980) Waxaa Illaan 1980 (1980)		

47.65 8.00 5565 CHF

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

Page 3 of 4



### LE BISTRO

### 114 Bistro 2

Tb1 3/1	Fct 6702 22Mar 12 20:0	Cvt 1
1 EVIAN 50		6.00
1 Salade Mo	esciun esciun	9.00 6.00
A Payer ·	->	35.00
A Payer	<b>-&gt;</b>	35.00
	FELLA F.	BOWET
Room #=	419	
Signature	Dollas	AROLL

21.00 CHF 4.00 CHF

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



Page H OF H

# **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 Parking Fee: SD Regional Chamber of Commerce Parking Fee: West Tech V. SDCRAA								
		TOTAL <u>\$35.00</u>							
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									
PRINT NAME					PETTY CASH ISSUER				
RECEIVED BY AND DATE PAID									
PRO	JECT No.		FUND <b>01</b>	DEPT. <b>15</b>	LOCATION 0100	ACCOUNT 66290	WORK ORDER		

### **Lobner Breton**

Subject:

San Diego Regional Chamber of Commerce, 141st Annual Dinner (CONFIRMED)

Location:

Town and Country Resort & Convention Center

Start: End:

Thu 2/16/2012 5:00 PM 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 141<sup>st</sup> 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: Town & Countr **Amount:** Receipt of payment

Parking Receipt \$600-7 2-16-12

Breton R. Jole

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

Brita / Sh

DISPLAY FACE RECEIPT Ampco System Parking First and Ash etting: Lot 1001 Mach Name: Shelby 3 \$12,00 Card Visa EXPIRATION DATE/TIME 01:35 AM FEB 18,2012 Exp 01:35a FEB 18,2012 T#00023721 icket #: 00023721 FOLLOW INSTRUCTIONS ON SIGNS S/N#200006 100098 12.00 Card#\*\*\*\*-1444 isa Auth #: 07021D AM-5PM 12HRS (\$12) Total Due \$12.00 Total Paid \$12.00 Questions 619-233-2000 or Purchased FEB17,2012 01:35p 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** 

NO VEHICLE IS RELEASED WITHOUT THIS CLAIM CHECK. Customer agrees to use this parking facility at

NO VEHICLE IS RELEASED WITHOUT THIS CLAIM CHECK. Customer agrees to use this parking facility at customer's sole and exclusive risk. Company expressly disclaims any responsibility, express or implied, to protect against the loss of or damage to usioner's vehicle or contents. Please check your vehicle for any property prior to pe long it his facility or releasing the vehicle to the partition, attendant. Company is not responsible for any pront was a content of such items. OWNER ASS IESS OF ES ONSIBILITY FOR DESCRIPTION OF ANY AND ALL PROPERTY LEFT INSIDE THE CLE. A not responsible for mechanical defects or mechanical failures of vehicle. No employee or air not of the Company was unge or increased the liability of Company's liability in any manner. Company shall lave to inpit, but not the responsibility of the liability of Company's liability in any manner. Company shall lave to inpit, but not the responsibility of the liability of Company's liability in any manner. The liability of Company is liability in any manner.

CUSTOMER AGREES TO INSPECT VENICE. SERE LEAVING THE FACILITY. ANY CLAIM OF DAMAGE OR LOSS MUST BE MADE AND ITEM SON COMPANY FORM BEFORE THE VEHICLE LEAVES THE FACILITY OR CUSTOMER SHALL WORRESS WAIVE ANY SUCH CLAIM.

ACE PARK SWITTER AN AGEMENT, INC.

1-800-225-7275

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