

Revised 5/23/12



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

**Item No.
6**

Meeting Date: MAY 29, 2012

Subject:

Pre-Approval of Travel Requests and Approval of Business and Travel Expense Reimbursement Requests for Board Members, the President/CEO, the Chief Auditor and General Counsel

Recommendation:

Pre-approve Travel Requests and Approve Business and Travel Expense Reimbursement Requests.

Background/Justification:

Authority Policies 3.30 (2)(b) and (4)(b) require that business expenses reimbursements of Board Members, the President/CEO, the Chief Auditor and the General Counsel be approved by the Executive Committee and presented to the Board for its information at its next regularly scheduled meeting.

Authority Policy 3.40 (2)(b) and (3)(b) require that travel expense reimbursements of Board Members, the President/CEO, the Chief Auditor and the General Counsel be approved by the Executive Committee and presented to the Board for its information at its next regularly scheduled meeting.

The attached reports are being presented to comply with the requirements of Policies 3.30 and 3.40.

Fiscal Impact:

Funds for Business and Travel expenses are included in the FY 2012 Budget.

Environmental Review:

- A. This Board action is not a project that would have a significant effect on the environment as defined by the California Environmental Quality Act (CEQA), as amended. 14 Cal. Code Regs. §15378. This Board action is not a "project" subject to CEQA. Cal. Pub. Res. Code §21065.
- B. California Coastal Act Review: This Board action is not a "development" as defined by the California Coastal Act. Cal. Pub. Res. Code §30106.

Page 2 of 2

Equal Opportunity Program:

Not applicable

Prepared by:

TONY RUSSELL
DIRECTOR, CORPORATE SERVICES/AUTHORITY CLERK

TRAVEL REQUESTS

THELLA F. BOWENS

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

GENERAL INSTRUCTIONS:

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

1. TRAVELER:

Travelers Name: Thella F. Bowens Dept: Exec Office BU6

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

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

2. DATE OF REQUEST: 05/23/12 PLANNED DATE OF DEPARTURE/RETURN: 06/27/12 / 06/28/12

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

Destination: San Francisco, CA

Purpose: Meeting with Gateway Airport Directors

Explanation:

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE	\$	300.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$	150.00

B. LODGING	\$	300.00
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C. MEALS	\$	100.00
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D. SEMINAR AND CONFERENCE FEES	\$	
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E. ENTERTAINMENT (If applicable)	\$	
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F. OTHER INCIDENTAL EXPENSES	\$	
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TOTAL PROJECTED TRAVEL EXPENSE	\$	850.00
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CERTIFICATION BY TRAVELER By my signature below, I certify that the above listed out-of-town travel and associated expenses conform to the Authority's Policies 3.30 and 3.40 and are reasonable and directly related to the Authority's business.

Travelers Signature: [Signature] for Thella F. Bowens Date: 5/23/12

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: 05/21/12 PLANNED DATE OF DEPARTURE/RETURN: 07/15/12 / 07/17/12

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

Destination: Washington, D.C.

Purpose: Airport Policy Roundtable Meeting and Summer Legislative Issues Conference

Explanation: _____

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE	\$	650.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$	200.00

B. LODGING	\$	750.00
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C. MEALS	\$	200.00
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D. SEMINAR AND CONFERENCE FEES	\$	420.00
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E. ENTERTAINMENT (If applicable)	\$	
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F. OTHER INCIDENTAL EXPENSES	\$	
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TOTAL PROJECTED TRAVEL EXPENSE	\$	2220.00
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CERTIFICATION BY TRAVELER By my signature below, I certify that the above listed out-of-town travel and associated expenses conform to the Authority's Policies 3.30 and 3.40 and are reasonable and directly related to the Authority's business.

Travelers Signature: Thella F. Bowens Date: 5/23/12

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

JIM PANKNIN

SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY

TRAVEL EXPENSE REPORT - Board Members

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

Board member name: _____

Jim Panknin

Departure Date: _____

4/22/2012

Return Date: _____

4/24/2012

Report Due: _____

5/24/12

Destination: _____

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.

³ Business Expense Reimbursement Policy 3.30

⁴ Travel and Lodging Expense Reimbursement Policy 3.40

	Authority Expenses (Prepaid by Authy)	Board Member Expenses							TOTALS
		SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
		4/22/12	4/23/12	4/24/12					
Daily Per Diem Limitations:									
**GSA Daily Hotel Rate or Conference Hotel Rate		170.00	170.00						
**GSA Daily Meals, Entertainment & Incidentals (ME&I)		39.94	53.25	39.94					
Air Fare, Railroad, Bus (attach copy of itinerary w/charges)									0.00
Conference Fees (provide copy of flyer/registration expenses)	650.00								0.00
Rental Car									0.00
Gas and Oil									0.00
Garage/Parking				18.00					18.00
Mileage - attach mileage form		81.59		81.59					163.18
Taxi/Shuttle Fare (include tips pd.) To/From meetings, airport, etc.									0.00
Hotel - Actual Expense Paid - Excluding Taxes		170.00	170.00						
Allowable Hotel (Lessor of Actual or GSA Allowance)		170.00	170.00	0.00	0.00	0.00	0.00	0.00	340.00
Hotel Taxes Paid		25.61	25.61						51.22
Telephone, Internet and Fax									0.00
Laundry									0.00
Meals, Entertainment & Incidentals (ME&I):									
Meals (include tips pd.)									
Breakfast									
Lunch									
Dinner									
Other Meals									
Entertainment (Hospitality):									
Tips Paid to Maids, Bellhops and other hotel servers									
Taxi/Shuttle Fare (include tips pd.) To/From meal destinations									
Total Meals, Entertainment & Incidentals		0.00	0.00	0.00	0.00	0.00	0.00	0.00	
GSA Allowance for ME&I (from above)		39.94	53.25	39.94	0.00	0.00	0.00	0.00	
Allowable ME&I (Lessor of Actual or GSA Allowance)		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Alcohol is a non-reimbursable expense									0.00
Miscellaneous:									0.00
									0.00
									0.00
Total Expenses	650.00	277.20	195.81	99.59	0.00	0.00	0.00	0.00	572.40

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

Grand Trip Total **1,222.40**

Less Cash Advance (attach copy of Authority ck)

Less Expenses Prepaid by Authority **650.00**

Due Traveler - if positive amount, prepare check request

Due Authority - if negative, attach check payable to SDCRAA **572.40**

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

Alcohol is a non-reimbursable expense

¹Give names and business affiliations of all persons whose meals were paid by traveler.

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.

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 Policy³ and that any purchases/claims that are not allowed will be my responsibility. I further certify that this report of travel expenses were incurred in connection with official Authority business and is true and correct.

Prepared By: _____

Anne Warren

Traveler Signature: _____

Ext.: **2408**

Date: **5/19/12**

Administrator's signature: _____

Date: _____

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

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

Clerk Signature: _____

Date: _____

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

GENERAL INSTRUCTIONS:

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

1. TRAVELER:

Travelers Name: 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, Tony R Russell, Authority Clerk, hereby certify that this document was approved
(Please leave blank. Whoever clerk's the meeting will insert their name and title.)
by the Executive Committee at its 4/19/2012 meeting.
(Leave blank and we will insert the meeting date.)



April 3, 2012

Meeting Confirmation

Please review your **CONTACT** information below as it will be used for rosters and badges. Any changes should be sent to meetings@aci-na.org immediately.

Please note: The company name listed is per your Official Representative to ACI-NA. No changes to Company name are permitted.

Mr. Jim Panknin
Board Vice Chair
Nickname: Jim
San Diego County Regional Airport Authority
PO Box 82776
San Diego, CA 92138-2776

PH: (619) 400-2408
FX: (619) 400-2406
EM: awarren@san.org

You are registered for the following:

2012 ACI-NA Airport Board Member & Commissioners Annual Conf
Sunday, April 22, 2012 through Tuesday, April 24, 2012

Westin Pasadena
191 North Los Robles Avenue
Pasadena, CA 91101

Function	Quantity	Rate	Amount
Conference Registration Fee	1	\$650.00	\$650.00
		Total	\$650.00
		Payment	\$650.00
		Balance	\$0.00

Thank you for registering for the 2012 Airport Board Member & Commissioners Annual Conference, April 22-24, 2012. Registration fees for the conference include the welcome reception, all food functions including breakfast, lunch, and breaks, and all educational materials. Dress for the meeting is business casual. All events will take place at The Westin Pasadena, 191 North Robles Avenue, Pasadena, CA 91101.

HOTEL RESERVATIONS:

Please call The Westin Pasadena at (626) 304-1442 and request the Airports Council International group rate of \$170 USD single/double occupancy, plus additional taxes. The hotel cut-off date is 5 pm EST, Thursday, March 29, 2012. Reservations made after this date can only be accepted on a space and rate available basis. The hotel may sell out of rooms or the conference rate before the cut-off date. Make your reservations early!

CANCELLATION POLICY:

If you need to cancel your registration, please send written notice as soon as possible to meetings@aci-na.org. A full refund, minus the cancellation fee of \$100, if written notice is received at ACI-NA by March 29, 2012. No refunds will be issued, for any reason, for cancellations received after Thursday, March 29, 2012. Substitutions will be honored at any time.

We look forward to seeing you in Pasadena, California for the 2012 ACI-NA Airport Board Member & Commissioners Conference.

Jim Panknin 429
 170.00
 1
 Sdcraa 703541 EX-A
 3225 N Harbor Dr 1
 San Diego, CA 92101 22-APR-12 13:00
 24-APR-12
 D36FDZ VM

22-APR-12	RT429	Room Charge 13	170.00
22-APR-12	RT429	Occupancy Tax	25.50
22-APR-12	RT429	CA Tourism Tax	0.11
23-APR-12	RT429	Room Charge 13	170.00
23-APR-12	RT429	Occupancy Tax	25.50
23-APR-12	RT429	CA Tourism Tax	0.11
24-APR-12	VM	Visa/MasterCard	391.22-
Balance Due			0.00

For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a \$0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

EXPENSE REPORT SUMMARY

Date	Room/Tax	Food/Bev	Telephone	Other	Total	Payment
22-APR-12	195.61	0.00	0.00	0.00	195.61	0.00
23-APR-12	195.61	0.00	0.00	0.00	195.61	0.00
Total	391.22	0.00	0.00	0.00	391.22	0.00

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

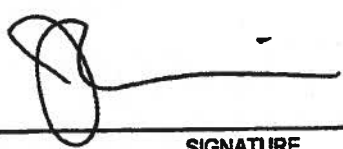

As a Starwood Preferred Guest, you could have earned 782 Starpoints for this visit. Please provide your member number or enroll today.

Jim Panknin	ROOM	DEPART	AGENT
FOLIO 703541 22-APR-12	429		

SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY
MONTHLY MILEAGE and PARKING FEE REIMBURSEMENT REPORT
Board Members Only

NAME Jim PANRNIN			PERIOD COVERED April 22-24		
DATE	MILES DRIVEN	DESTINATION AND PURPOSE OF TRIP			
4/22/12	147	PASADENA ACI CONFERENCE			
4/24/12	147	RETURN FROM PASADENA			
SUBTOTAL			0.00		
SUBTOTAL			0.00		

Computation of Reimbursement

TOTAL MILEAGE DRIVEN (LIMITED TO 200 MILE MONTHLY AVERAGE PER YEAR)	0.00		294m
REIMBURSEMENT RATE: (see below) *	X 0.555		= 163.1
PARKING FEES/TOLL CHARGES (ATTACH RECEIPTS)	\$ 18.00		
TOTAL REIMBURSEMENT REQUESTED	\$ -		181.12
I HEREBY CERTIFY THAT THIS REPORT OF MILEAGE TRAVELED ON OFFICIAL AIRPORT AUTHORITY BUSINESS IS TRUE AND CORRECT: <div style="text-align: center; margin-top: 20px;">  SIGNATURE </div>	<div style="text-align: center; margin-top: 20px;">  APPROVAL </div>		

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: 3/12/2012 RETURN DATE: 3/17/2012 REPORT DUE: 4/16/12
 DESTINATION: Washington, DC

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

		Authority Expenses (Prepaid by Authority)	Employee Expenses							
			SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTALS
				3/12/12	3/13/12	3/14/12	3/15/12	3/16/12	3/17/12	
Air Fare, Railroad, Bus (attach copy of itinerary w/charges)		893.00								0.00
Conference Fees (provide copy of flyer/registration expenses)		825.00								0.00
Rental Car*										0.00
Gas and Oil*										0.00
Garage/Parking*										0.00
Mileage - attach mileage form*										0.00
Taxi and/or Shuttle Fare (include tips pd.)*				75.00	52.00	24.00	14.00		78.00	243.00
Hotel*				422.51	342.46	342.46	342.46	227.86		1,677.75
Telephone, Internet and Fax*										0.00
Laundry*										0.00
Tips - separately paid (maids, bellhop, other hotel srvs.)										0.00
Meals (include tips pd.)	Breakfast*			2.69			36.90		34.70	74.29
	Lunch*				29.52			16.06		45.58
	Dinner*			32.63	28.75					61.38
	Other Meals*				3.17			6.65		9.82
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		1,718.00	0.00	532.83	455.90	366.46	393.36	250.57	112.70	2,111.82

Explanation:	Total Expenses Prepaid by Authority	1,718.00
	Total Expenses Incurred by Employee (Including cash advances)	2,111.82
	Grand Trip Total	3,829.82
	Less Cash Advance (attach copy of Authority ck)	
	Less Expenses Prepaid by Authority	1,718.00
	Due Traveler (positive amount) ²	
	Due Authority (negative amount) ³	2,111.82
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.

⁴ Travel and Lodging Expense Reimbursement Policy 3.40

⁵ Business Expense Reimbursement Policy 3.30

Prepared By: Amy Caldera Ext.: 2445
 Traveler Signature: Thella F. Bowens Date: 5/22/12
 Approved By: _____ Date: _____

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

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

Failure to attach required documentation will result in the delay of processing reimbursement. If you have any questions, please see your department Administrative Assistant or call Accounting at ext. 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: 03/13/12 / 03/17/12

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

Destination: Washington, DC

Purpose: 2012 ACI-NA/AAAE Spring Washington Conference

Explanation: 2012 ACI-NA/AAAE Spring Washington Conference

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE \$ 600.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental) \$ 150.00

B. LODGING \$ 1300.00

C. MEALS \$ 200.00

D. SEMINAR AND CONFERENCE FEES \$ 600.00

E. ENTERTAINMENT (If applicable) \$

F. OTHER INCIDENTAL EXPENSES \$

TOTAL PROJECTED TRAVEL EXPENSE \$ 2850.00

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: 14 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

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 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 1:40 pm

Page 1 of 1

YOUR UNITED ETICKET CONFIRMATION IS ** ZQ4K14 **

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

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

THIS IS AN E-TICKET RESERVATION.

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

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

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

13-Mar-2012
08:26am
Tuesday

Air United Airlines
From: San Diego CA, USA

Meal: Food For Purchase

Equip: Boeing 757 200 Jet

Depart: 13-Mar-2012 Tuesday 08:26am

Arrival: 13-Mar-2012 Tuesday 04:12pm

Depart - TERMINAL 1

Arrive -

United Airlines locator: ZQ4K14

UA Frequent Flyer:

** ECONOMY PLUS EXIT ROW AISLE SEAT CONFIRMED **

Flight Duration: 4 hour(s) and 46 minutes

Class of Service: Coach

Flight# 506 Class: B
To: Washington Dulles DC, USA
Seats: Seat:21D
Status: Confirmed
Stops: 0

Other

09-Sep-2012
Sunday

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#: 8737910507

Invoice#: 1191141

Electronic: YES

Ticket Base Fare: 680.23
Ticket Tax: 7.77
Total Ticket Amount: 688.00

SERVICE FEE DOCUMENT #: 0570867100 FEE AMOUNT: 25.00

BILLED TO: AMERICAN EXPRESS

\$713.00



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

14-Feb-2012 1:04 pm

Page 1 of 1

YOUR UNITED E-TICKET CONFIRMATION IS ** ZQ4K14 **
-----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


12-Mar-2012
08:28am
Monday

Air	United Airlines	Flight#	970	Class:	B
From:	San Diego CA, USA	To:	Washington Dulles DC, USA		
Meal:	Food For Purchase	Seats:	Seat:31C		
Equip:	Boeing 757 200 Jet	Status:	Confirmed		
Depart:	12-Mar-2012 Monday	08:28am	Stops:	0	
Arrival:	12-Mar-2012 Monday	04:14pm			
Depart - TERMINAL 1					
Arrive -					
United Airlines locator: ZQ4K14					
UA Frequent Flyer [REDACTED]					
** AISLE SEAT CONFIRMED **					
Flight Duration: 4 hour(s) and 46 minutes					
Class of Service: Coach					

Other

09-Sep-2012
Sunday

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#:8744271535
Invoice#:1191773

Ticket Base Fare:	154.65
Ticket Tax:	0.35
Total Ticket Amount:	155.00

Electronic: YES

SERVICE FEE DOCUMENT #: 0571677265 FEE AMOUNT: 25.00

BILLED TO: AMERICAN EXPRESS ENDING IN 1012

* changed flight due to
White House Briefing invite;
required one additional
day.



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

INVOICE

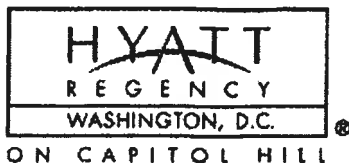
Payee Thella Bowens
[REDACTED]
[REDACTED]
United States

Membership [REDACTED]
Bonus Code
Confirmation No. [REDACTED]
Group Name American Assn. Airport Executives

Room No. 0509
Arrival 03-12-12
Departure 03-17-12
Page No. 1 of 2
Folio Window 1
Folio 487189
Invoice

Date	Description		Charges	Credits
03-12-12	- In-Room Dining Dinner Food	Room# 0509 : CHECK# 294590	21.00	
03-12-12	- IRD Dinner Service Charge	Room# 0509 : CHECK# 294590	8.66	
03-12-12	- IRD Dinner Tax	Room# 0509 : CHECK# 294590	2.97	
03-12-12	Guest Room		369.00	
03-12-12	Occupancy Tax		53.51	
03-13-12	Group Room		299.00	
03-13-12	Occupancy Tax		43.36	
03-14-12	Group Room		299.00	
03-14-12	Occupancy Tax		43.36	
03-15-12	Valet / Dry Cleaning		19.14	
03-15-12	Group Room		299.00	
03-15-12	Occupancy Tax		43.36	
03-16-12	Group Room		199.00	
03-16-12	Occupancy Tax		28.86	
03-17-12	American Express	[REDACTED] XX/XX		
				1,729.22

see page 3 of 2
 21.00 }
 8.66 } 32.63
 2.97 }
 369.00 } 422.51 3/12
 53.51 }
 299.00 } 342.46 3/11
 43.36 }
 299.00 } 342.46 3/11
 43.36 }
 19.14 }
 299.00 } 342.46 3/15
 43.36 }
 199.00 } 227.86 3/11
 28.86 }



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

INVOICE

Payee Thella Bowens

[REDACTED]

[REDACTED]

United States

Membership [REDACTED]

Bonus Code

Confirmation No. [REDACTED]

Group Name American Assn. Airport Executives

Room No. 0509

Arrival 03-12-12

Departure 03-17-12

Page No. 2 of 2

Folio Window 1

Folio 487189

Invoice

Date	Description	Charges	Credits
	Your Gold Passport account will be credited for this stay.		
	Total	1,729.22	1,729.22
	Balance		0.00

Guest Signature

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

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

Was your stay exceptional? Please let us know what you think...
Simply e-mail us at QualityWasrw@hyatt.com

For more information on the Hyatt Regency Washington on Capitol Hill or other Hyatt Hotels and Resorts, visit us on the web at WWW.HYATT.COM

Lost & Found questions, please email Lost@hyatt.com

Please remit payment to:
Hyatt Regency Washington on Capitol Hill
PO Box 6012
Washington, DC 20042

Customer Service number: 1-888-863-3020
Customer Service email: Na.CustomerService@Hyatt.com

RECEIPTS FROM TRAVEL TO WASHINGTON DC

March 12 - 17, 2012—THELLA F. BOWENS

RECEIPT

Washington Dulles International Airport
Washington Flyer Taxi

Date: Mar 12-12

Name: _____

\$: 75⁰⁰

From: DALIA

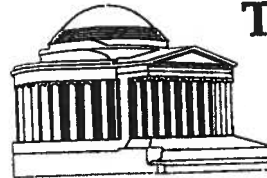
To: N.W. DC

Driver: Nash

TAXICAB # 414

3/12 From airport to hotel

TO
COMTO Briefing
726 Jackson Place



TAXICAB RECEIPT

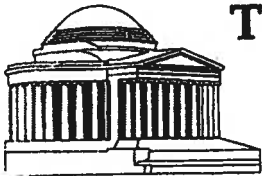
Time: _____

Date: 3/13/12

Origin of trip: Hyatt Regency

Destination: The White House

Fare: 14⁰⁰ Sign: _____



TAXICAB RECEIPT

Time: _____

Date: 3/13/12

Origin of trip: The White House

Destination: Hyatt Regency

Fare: \$14⁰⁰ Sign: _____

From COMTO Briefing
TO hotel

RECEIPTS FROM TRAVEL TO WASHINGTON DC

March 12 - 17, 2012—THELLA F. BOWENS



TAXICAB RECEIPT

Time: _____

Date: 3/13

Origin of trip: Hyatt Regency

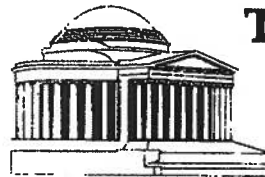
Destination: Bibiana Restaurant

Fare: 12.00 Sign: _____

3/13

From hotel to dinner

← 1100 N.Y. Ave. NW.



TAXICAB RECEIPT

Time: _____

Date: 3/13

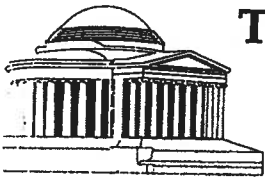
Origin of trip: Bibiana

Destination: Hyatt Regency

Fare: 12.00 Sign: _____

3/13

Return trip



TAXICAB RECEIPT

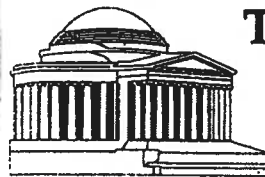
Time: _____

Date: 3/14

Origin of trip: Hyatt Regency

Destination: Bistro Bi

Fare: \$12 Sign: _____



TAXICAB RECEIPT

Time: _____

Date: 3/14

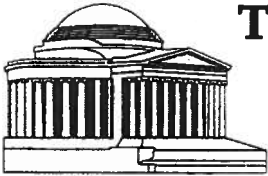
Origin of trip: Bistro Bio

Destination: Hyatt Regency

Fare: \$12 Sign: _____

RECEIPTS FROM TRAVEL TO WASHINGTON DC

March 12 - 17, 2012—THELLA F. BOWENS



TAXICAB RECEIPT

Time: _____

Date: 3/15

Origin of trip: Hyatt Regency

Destination: ACI-NA Townhouse

Fare: \$14 Sign: _____

STARBUCKS COFFEE UAL
SAN DIEGO AIRPORT

1228 Adriana ✓

CHK 8795 MAR12'12 7:43AM GST ✓

1 MISTO T 2.50 ✓
SUBTOTAL 2.50
TAX 0.19
AMOUNT PAID 2.69
CASH 5.00
CHANGE DUE 2.31

HOW DID WE DO?
JOE NIKNAM
619-231-5100 EXT:157
Joe.Niknam@hms host.com

3/12/12 Breakfast

HYA
ON CAPITOL HILL
IN ROOM DINING

3/12/2012 ✓ 19:15 ✓

In Room Dining

Check: 294590 Table: 509

Server: Getachew Guests: 1

Terminal: 29

IRD

1 Avo&Tom Salad 8.00 ✓

1 Senate Bean 8.50 ✓

1 Ice Tea 4.50 ✓

Subtotal: 21.00

Service Charge: 4.41

Delivery Fee: 4.25

Tax: 2.97

Total: 32.63

Payments

Room Charge 0.00

509 Bowens, Thella

dinner 3/12

Total Payments 0.00

Remaining Balance (32.63)

Additional Payment Required

** SERVICE CHARGE INCLUDED **

TIP: _____

TOTAL: _____

** BELOW IS FOR ROOM CHARGE ONLY **

ROOM # _____

PRINT NAME _____

SIGNATURE _____

RECEIPTS FROM TRAVEL TO WASHINGTON DC March 12 - 17, 2012—THELLA F. BOWENS



3/13/12 Lunch

11796 Jessica

Tbl 62/1 Chk 5504 Gst 2
✓ Mar13'12 12:54PM

1 Beverage ✓ 2.85 5.70
1 Goronzola Sal ✓ 7.50
1 Catfish Sandwich ✓ 9.95 19.90
1 Coffee ✓ 2.90 5.80

Subtotal 2552 { 2320 38.90
Tax 232 3.89
01:55PM Total 41p 42.79
2952

You can book your next reservation with us quickly and easily at www.EBBITT.com. Let us have a table ready and waiting for your next visit!



Date: Mar13'12 02:04PM
Card Type: Amex
Acct #: XXXXXXXXXXXX
Card Entry: SWIPED
Trans Type: PURCHASE
Auth Code: 583457
Check: 5504
Table: 62/1
Server: 11796 Jessica

Subtotal: 2552 42.79
Tip: 41p 8.00
\$2952

Total:
Signature: Thella F. Bowens

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

***** Guest Copy *****

1100 New York Ave NW
Washington DC 20005
202-216-9550

47 eric d

Tbl 34/1 Chk 805 Gst 1
✓ Mar13'12 06:34PM

Bottle Sparkling ✓ 3.00 6.00
~~8.00~~
D Carciofi ✓ 7.00
1/2 RAVIOLI
~~11.00~~
Open Hot Food 11.00
HD Pascheri 12.50

Subtotal 22.50 55.50
Sales Tax 2.25 5.55
07:38PM Total 24.75 61.05

Thank you for dining with us

3/13 dinner
←

\$ 3.00
7.00
12.50
22.50
2.25 tax
24.75
4.00 tip
28.75

1100 New York Ave NW
Washington DC 20005
202-216-9550

Date: Mar13'12 07:42PM
Card Type: Amex
Acct #: XXXXXXXXXXXX
Card Entry: SWIPED
Trans Type: PURCHASE
Trans Key: AIA006837398038
Auth Code: 504201
Check: 805
Table: 34/1
Server: 47 eric d

Subtotal: 28.75
Tip: 28.75

Total: 28.75

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

***** Guest Copy *****

RECEIPTS FROM TRAVEL TO WASHINGTON DC

March 12 - 17, 2012—THELLA F. BOWENS

Art and Soul

Liaison Hotel
415 New Jersey Ave
Washington, DC 20001
202 638-1616

Date: Mar17'12 01:18PM
Card Type: Amex
Acct #: XXXXXXXX
Card Entry: SWIPED
Trans Type: PURCHASE
Auth Code: 549011
Check: 1394
Table: 62/1
Server: 47 Sarfraz

Subtotal: 53.90

Tip: _____

Total: _____

Signature _____

3/17

Lunch

Art and Soul
415 New Jersey Ave NW
Washington, DC 20001
393-7777
on Facebook
Twitter!!!

Liaison Hotel
New Jersey Ave
Washington, DC 20001
202 638-1616

Date: Mar17'12 01:18PM
Card Type: Amex
Acct #: XXXXXXXX
Card Entry: SWIPED
Trans Type: PURCHASE
Auth Code: 549011
Check: 1394
Table: 62/1
Server: 47 Sarfraz

Subtotal: 29.70 53.90

Tip: 5.00 16.00

Total: 34.70 69.90

Signature _____

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

*** Merchant Copy ***

47 Sarfraz

Tbl 62/1 C 1394 Gst 1
Mar17 01:48AM

1/2 Coffee ✓ 4.00 8.00
1/2 Chicken entrees ✓ 18.00 36.00
1 Fruit entree ✓ 5.00 10.00

XXX1003
90% test \$27
Amex 2.70 tax 63.90

Subtotal \$29.70 49.00
Sales tax 5.00 4.90
Service Chrg 10.00
Pa. tax (34.70) 63.90

47 Check Closed
Mar17'12 01:25PM

RECEIPTS FROM TRAVEL TO WASHINGTON DC

March 12 - 17, 2012—THELLA F. BOWENS

- lunch -

Nat'l Museum of American Indian
Smithsonian Institution
Mitsitam Cafe

59 Perla

CHK 15 16MAR'12 14:07 GST 1

1 Pinto Bean Tlacy	11.65	✓
1 Si Water	2.95	✓

Food Sales	14.60
Tax	1.46
Total Paid	16.06
XXXXXXXXXXXX	XX/XX
AMEX	16.06

Signature: _____

Thank you for your purchase.
your purchase helps support the
educational mission of the
Smithsonian Institution"
www.Mitsitamcafe.com

3/16 other meal

GIFT SHOP # 200	
2618 67 DASANI WATER 20	2.99 T ✓
265777 RITZ CRKR SNOWCH	1.49 T ✓
53680 BANANA	1.75 T ✓
04599 BAG FEE- DC LAW	0.05

SUBTOTAL	6.28
TAX	0.37
TOTAL	6.65 ✓
CASH	(20.00)
CHANGE	13.35

Cash 2/4: Kevin ✓ 862 # 170
Register: REG2 Mar 16 2012 4:54 PM ✓
Thank You
Returns require original receipt
Returns need to be made within 30 days

3/16/12 Lunch

RECEIPTS FROM TRAVEL TO WASHINGTON DC

March 12 - 17, 2012—THELLA F. BOWENS

Date 3/17 Time _____
Pickup Hyatt Regency
Destination Dulles Airport
Cab No _____ Amt. of Fares 69.75 + tip
Signature _____ 878

AMERICAN ASSOCIATION OF AIRPORT EXEC

American Association of Airport Executives

AAAE | FEDERAL AFFAIRS | MEETINGS | TRAINING/PROFESSIONAL DEVELOPMENT | PRODUCTS/SERVICES | NEWS/PU

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- [Register for a Meeting](#)
- [My Meetings History](#)
- [Join the Certified Member Program](#)
- [Join the AAAE Accreditation Program](#)
- [Purchase Accred/CM Program Body of Knowledge Modules](#)
- [Purchase AAAE Study Guide](#)
- [Join the AAAE ACE Program](#)
- [Purchase AAAE Subscriptions](#)
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- [FAQs](#)
- [Contact Us](#)
- [View Cart](#)
- [Log Out](#)


Thank You For Shopping

- [Receipt](#)

Please print this for your records. A copy has been emailed to you.

Item	Desc	Qty	Subtotal
Meeting Registration	(120304) AAAE/ACI-NA WASHINGTON LEGISLATIVE CONFERENCE BOTH AAAE MEMBER AND ACI-NA MEMBER Ms. Thella F Bowens	1	\$650.00
Total			\$650.00

Note: A formal confirmation letter will be emailed to you within two weeks from the date of this meeting registration.

Customer ID: 
Date: 02/01/12

Order No: 
Name On Card: 

(P-card)

Caldera Amy

From: cgroup@aci-na.org
Sent: Monday, February 13, 2012 1:01 PM
To: Bowens Thella; Caldera Amy
Subject: 2012 ACI-NA Commissioners Congressional Reception - Confirmation

02/13/2012



Meeting Confirmation Notice

Please review your **CONTACT** information below as it will be used for rosters and badges. Any changes should be sent to **cgroup@aci-na.org** immediately.

Please note: The company name listed is per your Official Representative to ACI-NA. No changes to Company name is permitted.

Ms. Thella F. Bowens
President/CEO
NickName: Thella
San Diego County Regional Airport Authority
PO Box 82776 San Diego, CA 92138

PH: (619) 400-2445
FX: (619) 400-2448

You are registered for the following:

2012 ACI-NA Commissioners Congressional Reception

From Wednesday, March 14, 2012 through Wednesday, March 14, 2012

Description	UnitPrice	Quantity	Price
Main Registration	\$ 175.00	1	\$ 175.00
Total			175.00
Payments			175.00
Balance			0.00

(p-card)

Thank you for your ticket purchase to the 2012 ACI-NA Commissioners Congressional Reception. The event will be held Wednesday, March 14, 2012 from 6:00 - 8:00 pm in Washington, DC. Dress for the reception is business attire.

**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: 4/28/2012 RETURN DATE: 5/2/2012 REPORT DUE: 6/1/12
DESTINATION: Phoenix, AZ

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 4/29/12	MONDAY 4/30/12	TUESDAY 5/1/12	WEDNESDAY 5/2/12	THURSDAY	FRIDAY	SATURDAY 4/28/12	
Air Fare, Railroad, Bus (attach copy of itinerary w/charges)		454.60								0.00
Conference Fees (provide copy of flyer/registration expenses)		750.00								0.00
Rental Car*										0.00
Gas and Oil*										0.00
Garage/Parking*										0.00
Mileage - attach mileage form*										0.00
Taxi and/or Shuttle Fare (include tips pd.)*										0.00
Hotel*			248.06	248.06	248.06			248.06		992.24
Telephone, Internet and Fax*				4.95	4.95			4.95		14.85
Laundry*										0.00
Tips - separately paid (maids, bellhop, other hotel srvs.)										0.00
Meals (include tips pd.)	Breakfast*		3.72	15.94				23.12		42.78
	Lunch*		35.27		9.05					44.32
	Dinner*		51.63							51.63
	Other Meals*		3.05					5.94		8.99
Alcohol is a non-reimbursable expense										
Hospitality ¹ *										0.00
Miscellaneous: Baggage Fees										0.00
										0.00
*Provide detailed receipts										0.00
Total Expenses prepaid by Authority		1,204.60	341.73	268.95	262.06	0.00	0.00	0.00	282.07	1,154.81

Explanation:	Total Expenses Prepaid by Authority	1,204.60
	Total Expenses Incurred by Employee (including cash advances)	1,154.81
	Grand Trip Total	2,359.41
	Less Cash Advance (attach copy of Authority ck)	
	Less Expenses Prepaid by Authority	1,204.60
	Due Traveler (positive amount) ²	
	Due Authority (negative amount) ³	1,154.81

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

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

¹ Travel and Lodging Expense Reimbursement Policy 3.40

² Business Expense Reimbursement Policy 3.30

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

Ext.: 2445
Date: 5/22/12
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: 06/Executive Office
Position: ☐ Board Member ☒ President/CEO ☐ Gen. Counsel ☐ Chief Auditor
☐ All other Authority employees (does not require executive committee administrator approval)

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

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

Destination: Phoenix, AZ

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

Explanation: _____

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

- AIRFARE

\$ 450.00

- OTHER TRANSPORTATION (Taxi, Train, Car Rental)

\$ 100.00

B. LODGING

\$ 675.00

C. MEALS

\$ 150.00

D. SEMINAR AND CONFERENCE FEES

\$ 750.00

E. ENTERTAINMENT (If applicable)

\$ 0.00

F. OTHER INCIDENTAL EXPENSES

\$ 100.00

TOTAL PROJECTED TRAVEL EXPENSE

\$ 2225.00

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

Travelers Signature: Thella F. Bowens Date: 2/16/12

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

By my signature below, I certify the following:

1. I have conscientiously reviewed the above out-of-town travel request and the details provided on the reverse.
2. The concerned out-of-town travel and all identified expenses are necessary for the advancement of the Authority's business and reasonable in comparison to the anticipated benefit to the Authority.
3. The concerned out-of-town travel and all identified expenses conform to the requirements and intent of Authority's Policies 3.30 and 3.40.

Administrator's Signature: _____ Date: _____

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

I, Tony L. Lussac, 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 2/24/2012 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

04-Apr-2012 2:54 pm

Page 1 of 1

YOUR SOUTHWEST ETICKET CONFIRMATION IS ** 422IB4 **

-----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


29-Apr-2012
12:30pm
Sunday

Air Southwest Airlines
From: San Diego CA, USA

Flight# 1656 Class: K
To: Phoenix AZ, USA

Meal: None

Equip: Boeing 737-700 Jet

Status: Confirmed

Depart: 29-Apr-2012 Sunday 12:30pm

Stops: 0

Arrival: 29-Apr-2012 Sunday 01:40pm

Depart - TERMINAL 1

Arrive - TERMINAL 4

Southwest Airlines locator: 422IB4

Flight Duration: 1 hour(s) and 10 minutes

Class of Service: Business Select


02-May-2012
12:30pm
Wednesday

Air Southwest Airlines
From: Phoenix AZ, USA

Flight# 12 Class: K
To: San Diego CA, USA

Meal: None

Equip: Boeing 737-300 Jet

Status: Confirmed

Depart: 02-May-2012 Wednesday 12:30pm

Stops: 0

Arrival: 02-May-2012 Wednesday 01:40pm

Depart - TERMINAL 4

Arrive - TERMINAL 1

Southwest Airlines locator: 422IB4

Flight Duration: 1 hour(s) and 10 minutes

Class of Service: Business Select

Other

29-Oct-2012
Monday

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#: 2432612737

Invoice#: 1193095

Ticket Base Fare: 399.60

Ticket Tax: 0.00

Total Ticket Amount: 399.60

Electronic: YES

SERVICE FEE DOCUMENT #: 0573436799 FEE AMOUNT: 30.00

429.60



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

BOWENS/HELLA

DEPT 6

23-Apr-2012 3:09 pm

Page 1 of 1

YOUR SOUTHWEST ETICKET CONFIRMATION IS ** 422IB4 **

-----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


28-Apr-2012
08:30am
Saturday

Air Southwest Airlines
From: San Diego CA, USA

Flight# 3156 Class: K
To: Phoenix AZ, USA

Meal: None

Equip: Boeing 737-700 Jet

Status: Confirmed

Depart: 28-Apr-2012 Saturday 08:30am

Stops: 0


Arrival: 28-Apr-2012 Saturday 09:40am

Depart - TERMINAL 1

Arrive - TERMINAL 4

Flight Duration: 1 hour(s) and 10 minutes

Class of Service: Business Select


02-May-2012
12:30pm
Wednesday

Air Southwest Airlines
From: Phoenix AZ, USA

Flight# 12 Class: K
To: San Diego CA, USA

Meal: None

Equip: Boeing 737-300 Jet

Status: Confirmed

Depart: 02-May-2012 Wednesday 12:30pm

Stops: 0

Arrival: 02-May-2012 Wednesday 01:40pm

Depart - TERMINAL 4

Arrive - TERMINAL 1

Southwest Airlines locator: 422IB4

Flight Duration: 1 hour(s) and 10 minutes

Class of Service: Business Select

Other

29-Oct-2012
Monday

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

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 HELLA

Ticket#: 2436324942

Invoice#: 1193096

Ticket Base Fare: 0.00

Ticket Tax: 0.00

Total Ticket Amount: 0.00

Electronic: YES

SERVICE FEE DOCUMENT #: 0574078291

FEE AMOUNT: 25.00

42960
25.00 -
454.60 Total

*change made to accommodate mtg on 4/28/12



American Association of Airport Executives

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- [FAQs](#)
- [Contact Us](#)
- [View Cart](#)
- [Log Out](#)

Thank You For Shopping

- [Receipt](#)

Please print this for your records. A copy has been emailed to you.

Item	Desc	Qty	Subtotal	
Meeting Registration	(120501) 84TH ANNUAL AAAE CONFERENCE & EXPOSITION AAAE AIRPORT MEMBER Ms. Thella F Bowens	1	\$750.00	✓
Event Registration	(120501) PHX AIRFIELD TOUR Ms. Thella F Bowens	1	\$0.00	
Total			\$750.00	

Note: A formal confirmation letter will be emailed to you within two weeks from the date of this meeting registration.

Customer ID: XXXXXXXXXX
 Date: 03/21/12
 Order No: 3792A8E7

Sheraton Phoenix Downtown Hotel
 340 North 3rd Street
 Phoenix, AZ 85004
 (602) 262-2500 / (602) 262-2501
 http://www.starwood.com/



Ms Bowens, Thella	Page Number	1	Invoice Nbr	1000136231
Aad23c/Speaker VIP	Conf. Number	419345	Arrival Date	04-28-2012
	Folio ID	A	Depart Date	05-02-2012
	Guests	1		
	Room Number	2213		
	SPG Account	[REDACTED]		
	Time	05-02-2012 10:43		

Invoice

Date	Reference	Description	Charges	Credits
04-28-2012	514743880	District Restaurant	\$23.12 ✓	
04-28-2012	1	Internet In Room / Printing	\$4.95 — Internet	
04-28-2012	RT2213	Room Charge	\$219.00	} 248.00
04-28-2012	RT2213	County Tax	\$18.11	
04-28-2012	RT2213	City/Local Tax	\$10.95	
04-29-2012	503753330	Link Cafe	\$3.72 ✓	See page 5 of 6
[REDACTED]				
04-29-2012	35753880	In Room Dining / Breeze	\$35.27 ✓	See page 1 of 6
04-29-2012	514757740	District Restaurant	\$51.63 ✓	See pg 4 of 6
04-29-2012	RT2213	Room Charge	\$219.00	} 248.00
04-29-2012	RT2213	County Tax	\$18.11	
04-29-2012	RT2213	City/Local Tax	\$10.95	
04-30-2012	508760556	District Restaurant	\$15.94 ✓	See pg 6 of 6
04-30-2012	1	Internet In Room / Printing	\$4.95 — Internet	
04-30-2012	RT2213	Room Charge	\$219.00	} 248.00
04-30-2012	RT2213	County Tax	\$18.11	
04-30-2012	RT2213	City/Local Tax	\$10.95	
05-01-2012	1	Internet In Room / Printing	\$4.95 — Internet	
05-01-2012	RT2213	Room Charge	\$219.00	} 248.00
05-01-2012	RT2213	County Tax	\$18.11	
05-01-2012	RT2213	City/Local Tax	\$10.95	
05-02-2012	AX	American Express		\$-1,139.82
	** Total		\$1,139.82	\$-1,139.82
	** Balance		\$0.00	

Continued on the next page

Sheraton Phoenix Downtown Hotel
340 North 3rd Street
Phoenix, AZ 85004
(602) 262-2500 / (602) 262-2501
<http://www.starwood.com/>



Ms Bowens, Thella	Page Number	2	Invoice Nbr	1000136231
Aad23c/Speaker VIP	Conf. Number	419345	Arrival Date	04-28-2012
	Folio ID	A	Depart Date	05-02-2012
	Guests	1		
	Room Number	2213		
	SPG Account	[REDACTED]		
	Time	05-02-2012 10:43		

Invoice

Your SPG Account [REDACTED] earned at least 1938 Starpoints. Get 10,000 more with the SPG Credit Card. spg.com/axpcard

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

RECEIPTS FROM TRAVEL TO PHOENIX, AZ
April 28 – May 2, 2012—THELLA F. BOWENS

HMSHOST
T4 EL STARBUCKS COFFEE
SKY HARBOR INTERNATIONAL AIRPORT

264150 Megan *Other meal*

CHK 3294 GST 1
APR28'12 9:38AM

TO GO
1 LATTE T 3.29
ADD SHOT 0.89
1 COOKIE SHRBRD 1.25
SUBTOTAL 5.43
TAX 0.51
AMOUNT PAID **5.94**
CASH 20.00
CHANGE 14.06

THANK YOU FOR YOUR BUSINESS!
TELL US ABOUT YOUR EXPERIENCE

DEREK BOETTCHER
602-275-1721
DEREK.BOETTCHER@HMSHOST.COM

SHERATON PHOENIX

• DOWNTOWN
340 NORTH 3RD STREET
PHOENIX, AZ 85004
602-262-2500

3575388.1
VEN-SAMUEL V Table 802
Sun 04/29/12 12:12 PM Guests 1
Guest Num: 1 IRD

1 DELIVERY CHG 3.50
1 FIELD OF GREENS 8.00
1 TUNA SALAD SAND 14.00

2213 SubTotal 25.50
2213/BOWENS, THE
Service Charge 4.40
Sales Tax 2.37
Please pay this amount
Total 32.27

FOR ROOM CHARGES ONLY!

Gratuity

Total Charge

Room Number

Print Name

SIGNATURE

=====

A 20% service charge and a \$3.50 delivery charge have been added to your bill. The entire service charge is distributed to employees.

Nothing is more than \$9 at noon in District American Kitchen & Wine Bar! Enjoy a delicious lunch at an affordable price.

4/29/12 Lunch →

RECEIPTS FROM TRAVEL TO PHOENIX, AZ
April 28 - May 2, 2012—THELLA F. BOWENS

S0030 - THE PHOENIX
SHERATON DOWNTOWN HOTEL
PHOENIX, AZ 85004
(602) 8175333
Donald K. Wade - Area Manager
dwade@lstrna.com

Customer Copy

706162200433 SMART WATER \$2.99
Subtotal \$2.99
2.00% City (Food) Tax \$0.06
TOTAL \$3.05

House Acct \$3.05
#xxx0296
SHERATON ROOM CHARGES
BOWENS
Room #: 2213

ITEMS 1
Store: 0030 Terminal: 00002 Tran: 2083
Oper: 04145 4/29/2012 11:20:55 AM
Tax # 20340215-E
Thank you for shopping
Visit our website: www.lstrna.com

Corner Bakery Cafe # 1525

455 N. 3rd Street
Phoenix, AZ 85004
(602) 271-1346

Dine In # 112

5/1/2012 4:23:24 PM
Order 121642 Cashier: BRITTANY C

1 Cafe Spinach Sweet Crisp 6.29
1 Old Fashioned Lemonade 1.99
SubTotal 8.28
Tax 0.77

Your opinion is important!
Go to www.cbcfeedback.com within 72 hours
and tell us about your visit.
You could win \$5,000.00
in our quarterly drawing!

Code: 05012161525164203

Total 9.05
American Express 9.05

Acct:XXXXXXXXXX

Approval:502895

Corner Bakery Corporate Office
1 (800) 309-4642
Visit us at : www.CornerBakeryCafe.com

↑

4/29/12 other meal

5/1/12

Lunch →

RECEIPTS FROM TRAVEL TO PHOENIX, AZ
April 28 - May 2, 2012—THELLA F. BOWENS

602-817-5394

Profit Series Administration ver: 8.06.06
Date:05-22-2012 Time:01:15p

SHERATON PHOENIX

01:25:4

REPORT DATE:04-28-2012

Internal Tracking Number (51474388)

Table: 133
Dining Room: DISTRICT
Guests: 1
Started By :VEN.GLEN VENTURA 11:02
Closed By :VEN.GLEN VENTURA 11:07

Action Item Name	Qty	Amount	Change Price/Remove Tax Comps/Voids/Discounts Reason/Authorization
Sale: MORNING BAR	1	\$17.95	

<u>Payment Summary:</u>	Amount	Gratuity	Add'l Tip	Total
Pymt: RM CHRG	\$19.62	\$0.00	\$3.50	\$23.12
Tendered:	\$23.12			
Card #: ()		Exp:	Token:	
Guest: 221#####				

Settlement Summary:

SubTotal	\$17.95
Tax:	\$1.67
Tax2:	\$0.00
Tip	\$3.50
Auto Gratuity:	\$0.00
Total	\$23.12

4/28/12
Breakfast

RECEIPTS FROM TRAVEL TO PHOENIX, AZ
April 28 - May 2, 2012—THELLA F. BOWENS

602-817-5394

Profit Series Administration ver: 8.06.06
 Date:05-22-2012 Time:01:16p

01:26:

SHERATON PHOENIX

REPORT DATE:04-29-2012

Internal Tracking Number (51475774)

Table: 112

Dining Room: DISTRICT

Guests: 1

Started By :LAN.AARON LANGBEHN 21:31

Closed By :LAN.AARON LANGBEHN 22:11

Action Item Name	Qty	Amount	Change Price/Remove Tax Comps/Voids/Discounts Reason/Authorization
Sale: TOMATO SOUP	1	\$6.00	
Sale: *****	1	\$0.00	
Sale: CATFISH	1	\$22.00	
Sale: ICED-TEA	1	\$3.00	
Sale: ***** FIRE 2 *****	1	\$0.00	
Sale: SINGLE SCOOP	1	\$2.00	
Sale: ADD SCOOP	1	\$2.00	
Sale: ADD SCOOP	1	\$2.00	
Sale: ADD SCOOP	1	\$2.00	
Sale: ?KEYBOARD	1	\$0.00	
TOGO			

Payment Summary:	Amount	Gratuity	Add'l Tip	Total
Pymt: RM CHRG	\$42.63	\$0.00	\$9.00	\$51.63
Tendered:	\$51.63			
Card #: [REDACTED]		Exp:	Token:	
Guest: 221#####				

Settlement Summary:

SubTotal	\$39.00
Tax:	\$3.63
Tax2:	\$0.00
Tip	\$9.00
Auto Gratuity:	\$0.00
Total	\$51.63

↑ 4/29/12
dinner

**RECEIPTS FROM TRAVEL TO PHOENIX, AZ
APRIL 28 - MAY 2, 2012—THELLA F. BOWENS**

602-817-5394

Profit Series Administration ver: 8.06.06
Date:06-22-2012 Time:01:15p

SHERATON PHOENIX

01:25

REPORT DATE:04-29-2012

Internal Tracking Number (50375333)

Table: 90
Dining Room: LINK
Guests: 1
Started By :MAR.MELINDA MARTIN 11:22
Closed By :MAR.MELINDA MARTIN 11:24

Action Item Name	Qty	Amount	Change Price/Remove Tax Comps/Voids/Discounts Reason/Authorization
Sale: SM. AU LAIT	1	\$2.95	

Payment Summary:	Amount	Gratuity	Add'l Tip	Total
Pymt: RM CHRG	\$3.22	\$0.00	\$0.50	\$3.72
Tendered:	\$3.72			
Card #: ()		Exp:	Token:	
Guest: 221#####				

Settlement Summary:

SubTotal	\$2.95
Tax:	\$0.27
Tax2:	\$0.00
Tip	\$0.50
Auto Gratuity:	\$0.00
Total	\$3.72

4/29/12 - OKF

**RECEIPTS FROM TRAVEL TO PHOENIX, AZ
APRIL 28 - MAY 2, 2012—THELLA F. BOWENS**

602-817-5394

Profit Series Administration ver: 8.06.06
Date:06-22-2012 Time:01:16p

01:26:

SHERATON PHOENIX

REPORT DATE:04-30-2012✓

Internal Tracking Number (50876055.6)

Table: 507
Dining Room: DIST PDR 2
Guests: 1
Started By :PIE.ADRIENNE PIERLAL 08:48
Closed By :PIE.ADRIENNE PIERLAL 09:29

4/30/12
Breakfast

Change Price/Remove Tax
Comps/Voids/Discounts
Reason/Authorization

Action Item Name	Qty	Amount
Sale: FRUIT PLATTER	1	\$10.95

Payment Summary:	Amount	Gratuity	Add'l Tip	Total
Pymt: RM CHRG	\$11.97	\$1.97	\$2.00	\$15.94
Tendered:	\$15.94			
Card #: (REDACTED)		Exp:	Token:	
Guest: 221#####				

Settlement Summary:

SubTotal	\$10.95
Tax:	\$1.02
Tax2:	\$0.00
Tip	\$2.00
Auto Gratuity:	\$1.97
Total	\$15.94

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: 4/22/2012 RETURN DATE: 4/24/2012 REPORT DUE: 5/24/12
 DESTINATION: Pasadena, CA

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

	Authority Expenses (Prepaid by Authority)	Employee Expenses							TOTALS
		SUNDAY 4/22/12	MONDAY 4/23/12	TUESDAY 4/24/12	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
Air Fare, Railroad, Bus (attach copy of itinerary w/charges)									0.00
Conference Fees (provide copy of flyer/registration expenses)	650.00								0.00
Rental Car*									0.00
Gas and Oil*									0.00
Garage/Parking*									0.00
Mileage - attach mileage form*		72.15	72.15						144.30
Taxi and/or Shuttle Fare (include tips pd.)*									0.00
Hotel*		209.61	209.61						419.22
Telephone, Internet and Fax*									0.00
Laundry*									0.00
Tips - separately paid (maids, bellhop, other hotel srvs.)									0.00
Meals (include tips pd.)									0.00
Breakfast*									0.00
Lunch*									0.00
Dinner*		40.80							40.80
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		650.00	322.56	281.76	0.00	0.00	0.00	0.00	604.32

Explanation:	Total Expenses Prepaid by Authority	650.00
Mileage Report attached	Total Expenses Incurred by Employee (including cash advances)	604.32
	Grand Trip Total	1,254.32
	Less Cash Advance (attach copy of Authority ck)	
	Less Expenses Prepaid by Authority	650.00
	Due Traveler (positive amount) ²	
	Due Authority (negative amount) ³	604.32
	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: 5/22/12
 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
MONTHLY MILEAGE and PARKING FEE REIMBURSEMENT REPORT

EMPLOYEE NAME Thella Bowens			PERIOD COVERED 1-Apr	
DEPARTMENT/DIVISION Executive Office BU6				
DATE	MILES DRIVEN	DESTINATION AND PURPOSE OF TRIP	PARKING FEES & OTHER TRANSPORTATION COSTS	\$\$\$
4/22/12	130.00	Pasadena, CA		
		2012 Airport Board Members & Commissioners Conference		
4/24/12	130.00	San Diego, CA		
SUBTOTAL	260.00		SUBTOTAL	-

Computation of Reimbursement

TOTAL MILEAGE DRIVEN (LIMITED TO 200 MILE MONTHLY AVERAGE PER YEAR)	260.00
REIMBURSEMENT RATE: (see below) * Rate for 7/1/11 - 12/31/12	X 0.555
TOTAL MILEAGE REIMBURSEMENT	144.30
PARKING FEES/TOLL CHARGES (ATTACH RECEIPTS)	-
TOTAL REIMBURSEMENT REQUESTED	\$ 144.30

I acknowledge that I have read, understand and agree to "Authority Policy 3.30 - Business Expense Reimbursement Policy and that any purchases/claims that are not allowed will be my responsibility. I further certify that this report of business expenses were incurred in connection with official Authority business and is true and correct.
Business Expense Reimbursement Policy 3.30

Thella F. Bowens for Thella F. Bowens 4/24/12

SIGNATURE OF EMPLOYEE

DEPT./DIV. HEAD APPROVAL
















Directions to 191 N Los Robles Ave, Pasadena,
CA 91101
130 mi – about 2 hours 17 mins

4/22/12
4/24/12



3225 N Harbor Dr, San Diego, CA 92101

1. Head south go 16 ft
total 16 ft
-  2. Turn right toward Airport Terminal Rd go 463 ft
total 479 ft
-  3. Slight left onto Airport Terminal Rd go 0.2 mi
total 0.3 mi
-  4. Keep right at the fork go 443 ft
total 0.4 mi
-  5. Turn left onto N Harbor Dr
About 2 mins go 1.1 mi
total 1.4 mi
-  6. Turn left onto W Laurel St
About 2 mins go 0.4 mi
total 1.9 mi
-  7. Turn left onto India St
About 3 mins go 0.9 mi
total 2.7 mi
-  8. Slight left to merge onto I-5 N
About 1 hour 11 mins go 75.2 mi
total 78.0 mi
-  9. Slight left to stay on I-5 N (signs for Santa Ana)
About 42 mins go 39.4 mi
total 117 mi
-  10. Slight right to stay on I-5 N (signs for I-10 W/Santa Monica/Interstate 5 N/
Sacramento)
About 5 mins go 3.9 mi
total 121 mi
-  11. Take exit 137B for California 110/Pasadena Freeway go 0.4 mi
total 122 mi
-  12. Keep left at the fork, follow signs for CA-110 N/Pasadena Fwy/Pasadena and merge
onto CA-110 N/Pasadena Fwy
About 6 mins go 6.2 mi
total 128 mi
13. Continue onto S Arroyo Pkwy
About 2 mins go 0.9 mi
total 129 mi
-  14. Turn right onto E Del Mar Blvd
About 1 min go 0.3 mi
total 129 mi
-  15. Take the 3rd left onto S Los Robles Ave
Destination will be on the right
About 2 mins go 0.5 mi
total 130 mi



191 N Los Robles Ave, Pasadena, CA 91101

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

Map data ©2012 Google

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

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. Reagan Date: 3.28.12

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 4/19/2012 meeting.
(Leave blank and we will insert the meeting date.)

RECEIPTS FROM TRAVEL TO PASADENA, CA
April 22 - 24, 2012—THELLA F. BOWENS

GREEN STREET TAVERN

69 W GREEN STREET
PASADENA, CA 91105

04/22/12 07:59p

In@06:50p Server:CLINT (Master)
Chk#52405 Table#101 Cust#5

QTY: ITEM PRICE

TOMATO SALAD 12.00

-MED RARE.
CALAMARI 12.00

TART 8.00

Total Purchases 124.00

CA TAX: 10.85

Bill Total: 134.85

AMOUNT DUE: 134.85

626-229-9961

THANK YOU

4/22/12 dinner

Tomato salad \$12
calamari \$12
Tart \$8

32.00

2.80 tax

34.80

6.00 tip

\$40.80

Thella Bowens

Po Box 82776
San Diego, CA 92138-2776

D36FDZ

1005
170.00
1
706647 A
1
22-APR-12 13:25
24-APR-12 11:36
AX

22-APR-12	RT1005	Room Charge 13	170.00	} #20'
22-APR-12	RT1005	Occupancy Tax	25.50	
22-APR-12	RT1005	CA Tourism Tax	0.11	
22-APR-12	RT1005	Valet Parking	14.00	
23-APR-12	RT1005	Room Charge 13	170.00	} 209'
23-APR-12	RT1005	Occupancy Tax	25.50	
23-APR-12	RT1005	CA Tourism Tax	0.11	
23-APR-12	RT1005	Valet Parking	14.00	
24-APR-12	AX	American Express	419.22-	

Balance Due

0.00

EXPENSE REPORT SUMMARY

Date	Room/Tax	Food/Bev	Telephone	Other	Total	Payment
22-APR-12	195.61	0.00	0.00	14.00	209.61	0.00
23-APR-12	195.61	0.00	0.00	14.00	209.61	0.00
24-APR-12	0.00	0.00	0.00	0.00	0.00	419.22-
Total	391.22	0.00	0.00	28.00	419.22	419.22-

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

As a Starwood Preferred Guest you have earned at least 782
Starpoints for this visit [REDACTED]

Thella Bowens		ROOM	DEPART	AGENT
FOLIO 706647	22-APR-12	1005	24-APR-12	MARIVIL

FW Airports Council International - North America Purchase Confirmation.txt
From: Bowens Thella
Sent: Monday, April 02, 2012 1:40 PM
To: Caldera Amy
Subject: FW: Airports Council International - North America Purchase Confirmation

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

From: onlineservices@aci-na.org [mailto:onlineservices@aci-na.org]
Sent: Friday, March 16, 2012 5:37 PM
To: Bowens Thella
Subject: Airports Council International - North America Purchase Confirmation

The following is a confirmation of your online purchase(s).

Attendee: Ms. Thella F. Bowens

Title: President/CEO
Company: San Diego County Regional Airport Authority Company ID: 10105
Registrant Class: MAP Product Freight: \$0.00 Product Ship Method:
Product Handling: \$0.00
Product Tax: \$0.00

* Total Charges: \$650.00

*Total charges include everything paid for in this transaction including dues, buying products, events, registering for multiple events and registering multiple people for events.

=Authorization=====

Authorization Code: 011354
Order-ID: 20120316193701THELLA4105VSJF8D635D07

=Event & Functions=====

Event Code: 12417
Event Title: 2012 ACI-NA Airport Board Member & Commissioners Annual Conf
Event Total: \$650.00

Function Code: 12417/REG
Function Title: Conference Registration Fee Function Description: To register for the conference, check the Conference Registration box to the left (and any other applicable categories) and proceed to check-out.
Begin Date: 04/22/2012
Begin Time: 05:00 PM
End Date: 04/24/2012
End Time: 12:00 PM
Quantity Ordered: 1
Function Price: 650.00
Function Total Price: 650.00

*Event Notes: Thank you for registering for the 2012 Airport Board Member & Commissioners Annual Conference, April 22-24, 2012. Registration fees for the conference include the welcome reception, all food functions including breakfast, lunch, and breaks, and all educational materials. Dress for the meeting is business casual. All events will take place at The Westin