



**SAN DIEGO COUNTY
REGIONAL AIRPORT AUTHORITY**

Meeting Date: **JANUARY 5, 2012**

Subject:

Business and Travel Expense Reimbursement Reports for Board Members, President/CEO, Chief Auditor and General Counsel When Attending Conferences, Meetings, and Training at the Expense of the Authority

Recommendation:

For information only.

Background/Justification:

Authority Policy 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.

Authority Strategies:

This item supports one or more of the Authority Strategies, as follows:

- Community Strategy Customer Strategy Employee Strategy Financial Strategy Operations Strategy

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.

Equal Opportunity Program:

Not applicable.

Prepared by:

TONY RUSSELL
DIRECTOR, CORPORATE SERVICES/AUTHORITY CLERK

EXPENSE REPORTS

THELLA F. BOWENS

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

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

TRAVELER: Thella F. Bowers DEPT. NAME & NO. Executive Office BU6
 DEPARTURE DATE: 11/15/2011 RETURN DATE: 11/16/2011 REPORT DUE: 12/16/11
 DESTINATION: St. Louis, MO

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

	Authority Expenses (Prepaid by Authority)	Employee Expenses							TOTALS
		SUNDAY	MONDAY	TUESDAY 11/15/11	WEDNESDAY 11/16/11	THURSDAY	FRIDAY	SATURDAY	
Air Fare, Railroad, Bus (attach copy of itinerary w/charges)	715.70								0.00
Conference Fees (provide copy of flyer/registration expenses)									0.00
Rental Car*									0.00
Gas and Oil*									0.00
Garage/Parking*									0.00
Mileage - attach mileage form*									0.00
Taxi and/or Shuttle Fare (include tips pd.)*									0.00
Hotel*				183.98					183.98
Telephone, Internet and Fax*									0.00
Laundry*									0.00
Tips - separately paid (maids, bellhop, other hotel srvs.)									0.00
Meals (include tips pd.)	Breakfast*				14.41				14.41
	Lunch*			16.00					16.00
	Dinner*				8.42				8.42
	Other Meals*								0.00
<i>Alcohol is a non-reimbursable expense</i>									
Hospitality ¹ *									0.00
Miscellaneous: Baggage Fees									0.00
									0.00
									0.00
*Provide detailed receipts									0.00
Total Expenses prepaid by Authority	715.70	0.00	0.00	199.98	22.83	0.00	0.00	0.00	222.81

Explanation:	Total Expenses Prepaid by Authority	715.70
	Total Expenses Incurred by Employee (including cash advances)	222.81
	Grand Trip Total	938.51
	Less Cash Advance (attach copy of Authority ck)	
	Less Expenses Prepaid by Authority	715.70
	Due Traveler (positive amount)²	
Due Authority (negative amount)³	222.81	
<i>Note: Send this report to Accounting even if the amount is \$0.</i>		

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

* Travel and Lodging Expense Reimbursement Policy 3.40 * Business Expense Reimbursement Policy 3.30

Prepared By: Amy Caldera Ext.: 2445
Print/Type Name
 Traveler Signature: _____ Date: _____
 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. 2808.

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

GENERAL INSTRUCTIONS:

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

1. TRAVELER:

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

2. DATE OF REQUEST: 10/04/11 **PLANNED DATE OF DEPARTURE/RETURN:** 11/15/11 / 11/16/11

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

Destination: St. Louis, MO Purpose: ACI-NA Facilitated Discussion Session with Airport Official Representatives
 Explanation: ACI-NA Facilitated Discussion Session with Airport Official Representatives as Chair of ACI-NA

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE	\$	<u>150.00</u>
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$	<u>100.00</u>
B. LODGING	\$	<u>300.00</u>
C. MEALS	\$	<u>300.00</u>
D. SEMINAR AND CONFERENCE FEES	\$	<u> </u>
E. ENTERTAINMENT (if applicable)	\$	<u> </u>
F. OTHER INCIDENTAL EXPENSES	\$	<u> </u>
TOTAL PROJECTED TRAVEL EXPENSE		<u>1150.00</u>

*10/25
Cancelled
trip
11-8-11
Trip back on
not cancelled*

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

Travelers Signature: *Thella F. Bowens* Date: 4 Oct 2011

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

By my signature below, I certify the following:

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

Administrator's Signature: *R. Sean* Date: 10-4-11

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

Tony R. Russell, Authority Clerk, hereby certify that this document was approved
 (Please leave blank. Whoever clerk's the meeting will insert their name and title.)
 by the Executive Committee at its 10/24/2011 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

06-Oct-2011 3:48 pm
 Page 1 of 2

YOUR UNITED E-TICKET CONFIRMATION IS ** N2LD2F **
 -----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

 15-Nov-2011 11:47am Tuesday	Air	United Airlines	Flight#	674	Class:	G	
	From:	San Diego CA, USA	To:	Denver CO, USA	Seats:	Seat:21C	
	Meal:	Light Lunch	Status:	Confirmed	Stops:	0	
	Equip:	Airbus A320 Jet	Depart:	15-Nov-2011 Tuesday	11:47am	Arrival:	15-Nov-2011 Tuesday
					03:06pm		
	Depart -	TERMINAL 1	Arrive -				

United Airlines locator: N2LD2F
 UA Frequent Flyer# [REDACTED]
 ** ECONOMY PLUS AISLE SEAT CONFIRMED **
 Flight Duration: 2 hour(s) and 19 minutes
 Class of Service: Coach

 15-Nov-2011 06:03pm Tuesday	Air	United Airlines	Flight#	3662	Class:	G	
	From:	Denver CO, USA	To:	St Louis Intl MO, USA	Seats:	Seat:12B	
	Meal:	None	Status:	Confirmed	Stops:	0	
	Equip:	CRJ-700 Canadair Reg	Depart:	15-Nov-2011 Tuesday	06:03pm	Arrival:	15-Nov-2011 Tuesday
					08:57pm		
	Depart -	TERMINAL 1	Arrive -				

DEN-STL OPERATED BY /UNITED EXPRESS/GOJET AIRLINES
 United Airlines locator: N2LD2F
 UA Frequent Flyer# [REDACTED]
 ** ECONOMY PLUS AISLE SEAT CONFIRMED **
 Flight Duration: 1 hour(s) and 54 minutes
 Class of Service: Coach

 16-Nov-2011 04:05pm Wednesday	Air	United Airlines	Flight#	6321	Class:	K	
	From:	St Louis Intl MO, USA	To:	Denver CO, USA	Seats:	Seat:8B	
	Meal:	None	Status:	Confirmed	Stops:	0	
	Equip:	CRJ-Canadair Regional	Depart:	16-Nov-2011 Wednesday	04:05pm	Arrival:	16-Nov-2011 Wednesday
					05:34pm		
	Depart -	TERMINAL 1	Arrive -				

STL-DEN OPERATED BY /UNITED EXPRESS/SKYWEST AIRLINES
 United Airlines locator: N2LD2F
 UA Frequent Flyer# [REDACTED]
 ** ECONOMY PLUS AISLE SEAT CONFIRMED **
 Flight Duration: 2 hour(s) and 29 minutes
 Class of Service: Coach

 16-Nov-2011 07:07pm Wednesday	Air	United Airlines	Flight#	630	Class:	K	
	From:	Denver CO, USA	To:	San Diego CA, USA	Seats:	Seat:21C	
	Meal:	Light Lunch	Status:	Confirmed	Stops:	0	
	Equip:	Boeing 757 200 Jet	Depart:	16-Nov-2011 Wednesday	07:07pm	Arrival:	16-Nov-2011 Wednesday
					08:33pm		
	Depart -		Arrive -				



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

BOWENS/THELLA

DEPT 6

06-Oct-2011 3:48 pm

Page 2 of 2

Depart -
 Arrive - TERMINAL 1
 United Airlines Locator: N2LD2F
 UA Frequent Flyer# [REDACTED]
 ** ECONOMY PLUS AISLE SEAT CONFIRMED **
 Flight Duration: 2 hour(s) and 26 minutes
 Class of Service: Coach

Other

14-May-2012
 Monday

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#: 8714090531
 Invoice#: 1188564

Ticket Base Fare:	218.84
Ticket Tax:	26.56
Total Ticket Amount:	245.40

Electronic: YES

\$270.40

SERVICE FEE DOCUMENT #: 0550830016 FEE AMOUNT: 25.00

BILLED TO: AMERICAN EXPRESS ENDING IN [REDACTED]



TravelTrust
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 Encinitas, Ca 92024
 Tel: 760-635-1700
 Fax: 760-635-1720
 Website: www.traveltrust.com

BOWENS/THELLA

DEPT 6

09-Nov-2011 10:14 am

Page 1 of 2

YOUR SOUTHWEST ETICKET CONFIRMATION IS ** IYK93I **

-----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

 15-Nov-2011 10:00am Tuesday	Air	Southwest Airlines	Flight#	1224	Class:	Y
	From:	San Diego CA, USA	To:	Houston Hobby TX, USA		
	Meal:	None				
	Equip:	Boeing 737-700 Jet	Status:	Confirmed		
	Depart:	15-Nov-2011 Tuesday 10:00am	Stops:	0		
	Arrival:	15-Nov-2011 Tuesday 03:00pm				

Depart - TERMINAL 1
 Arrive -
 Flight Duration: 3 hour(s) and 00 minutes
 Class of Service: Coach

 15-Nov-2011 03:55pm Tuesday	Air	Southwest Airlines	Flight#	1050	Class:	Y
	From:	Houston Hobby TX, USA	To:	St Louis Intl MO, USA		
	Meal:	None				
	Equip:	Boeing 737-300 Jet	Status:	Confirmed		
	Depart:	15-Nov-2011 Tuesday 03:55pm	Stops:	0		
	Arrival:	15-Nov-2011 Tuesday 05:55pm				

Depart -
 Arrive - TERMINAL 2
 Flight Duration: 2 hour(s) and 00 minutes
 Class of Service: Coach

 16-Nov-2011 05:10pm Wednesday	Air	Southwest Airlines	Flight#	1103	Class:	Y
	From:	St Louis Intl MO, USA	To:	Chicago Midway IL, USA		
	Meal:	None				
	Equip:	Boeing 737-700 Jet	Status:	Confirmed		
	Depart:	16-Nov-2011 Wednesday 05:10pm	Stops:	0		
	Arrival:	16-Nov-2011 Wednesday 06:15pm				

Depart - TERMINAL 2
 Arrive -
 Flight Duration: 1 hour(s) and 05 minutes
 Class of Service: Coach

 16-Nov-2011 07:20pm Wednesday	Air	Southwest Airlines	Flight#	275	Class:	Y
	From:	Chicago Midway IL, USA	To:	San Diego CA, USA		
	Meal:	None				
	Equip:	Boeing 737-700 Jet	Status:	Confirmed		
	Depart:	16-Nov-2011 Wednesday 07:20pm	Stops:	0		
	Arrival:	16-Nov-2011 Wednesday 10:10pm				

Depart -
 Arrive - TERMINAL 1
 Flight Duration: 4 hour(s) and 50 minutes
 Class of Service: Coach

Other

14-May-2012
 Monday
 San Diego CA, USA
 RESERVATION RETAINED FOR 180 DAYS-A



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

09-Nov-2011 10:14 am

Page 2 of 2

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#:2402940641
Invoice#:1189465

Ticket Base Fare: 415.30
Ticket Tax: 0.00
Total Ticket Amount: 415.30

Electronic: YES

\$ 445.30

SERVICE FEE DOCUMENT #: 0568908373 FEE AMOUNT: 30.00

BILLED TO: AMERICAN EXPRESS ENDING IN [REDACTED]



CROWNE PLAZA

HOTELS & RESORTS

11-16-11

Thella Bowens	Folio No. :	Room No. :	553
[REDACTED]	A/R Number :	Arrival :	11-15-11
[REDACTED]	Group Code :	Departure :	11-16-11
[REDACTED]	Company :	Conf. No. :	63671195
US	Membership No. :	Rate Code :	IGCOR
	Invoice No. :	Page No. :	1 of 1

Date	Description	Charges	Credits
11-15-11	*Accommodation	159.00	
11-15-11	State Tax	12.60	
11-15-11	Occupancy Tax	11.53	
11-15-11	Airport Tax	0.85	
11-16-11	American Express		183.98
Total		183.98	183.98
Balance		0.00	

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. 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 associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

**RECEIPTS FROM TRAVEL TO ST. LOUIS, MO
NOVEMBER 15-16, 2011—THELLA F. BOWENS**



Pappas Burger (610)
7800 Airport Blvd (HOU)
Houston, Tx 77061
(281) 657-6168

0526 Table 52 #Party 1
KENNETH E SvrCk: 1 15:46 11/15/11
DINE IN

1 Tea	2.35
1 Tortilla Soup	7.95
1 Side of Fries	2.45

We would like to hear about your dining experience. Please visit our website at www.pappasburger.com

Sub Total: 12.75
Tax: 1.05
11/15 16:00 TOTAL: 13.80

0526
Server: KENNETH E Rec:318
11/15/11 16:09, Swiped T: 52 Term: 6

Pappas Burger #02
7800 Airport Blvd
Houston, TX 77061
(281)657-6168
MERCHANT #: 67071730196

CARD TYPE ACCOUNT NUMBER
AMERICAN EXPRES XXXXXXXXXXXX
Name: THELLA F BOWENS
TRANSACTION APPROVED
AUTHORIZATION #: 564697
Reference: 1115010000526
TRANS TYPE: Credit Card SALE

CHECK:	13.80
TIP:	<u>2.20</u>
TOTAL:	<u>16.00</u>

Duplicate Copy

CARDHOLDER WILL PAY CARD ISSUER ABOVE
AMOUNT PURSUANT TO CARDHOLDER AGREEMENT

**RECEIPTS FROM TRAVEL TO ST. LOUIS, MO
NOVEMBER 15-16, 2011—THELLA F. BOWENS**

CLOUDS

**** CREDIT CARD VOUCHER ****

CROWNE PLAZA ST LOUIS AIRPORT
ST LOUIS, MO

CHECK: 1104
TABLE: 10/1
SERVER: 105 PATTY
DATE: NOV15'11 10:08AM
CARD TYPE:
ACCT #: XXXXXXXXXXXX
EXP DATE: XX/XX
AUTH CODE: 543383
RESEARCH: 000000000000
THELLA F BOWENS

SUBTOTAL: 12.41

GRATUITY \$ 2.00

TOTAL \$ 14.41

SIGNATURE _____

Please leave SIGNED COPY
with your Server / Cashier.

CLOUDS

CROWNE PLAZA ST LOUIS AIRPORT
ST LOUIS, MO

105 PATTY

TBL 10/1 1104 GST 1
NOV16'11 9:52AM

1 TOAST WHEAT	4.00
1 SIDE BACON	4.50
1 COFFEE	3.00
Sub-Total:	11.50
Tax	0.91

9:52 TOTAL DUE: \$12.41
FOR ROOM CHARGE ONLY

GRATUITY _____

TOTAL _____

ROOM NUMBER _____

PRINT LAST NAME _____

SIGNATURE _____

**RECEIPTS FROM TRAVEL TO ST. LOUIS, MO
NOVEMBER 15-16, 2011—THELLA F. BOWENS**

Chicago Midway Airport
Green to Green
11/2011 18:49

Superdogg
Ticket: 3206801
Server: L.H. Smith
Station: 23

Superdogg
1 Customo Meat 7.59

Subtotal 7.59
Tax 0.83
Total 8.42

XXXXXXXXXX
BOWENS/THELLA F 8.42

GRAND TOTAL 8.42

T323 C3936 11/16/2011 18:49

Questions or Comments?
Please Call
(773) 582-4450

**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: 08/31/11 PLANNED DATE OF DEPARTURE/RETURN: 10/01/11 / 10/01/11

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

Destination: Sacramento, CA Purpose: Sacramento International Airport Terminal Opening Event

Explanation: Sacramento International Airport Terminal Opening Event

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

- AIRFARE \$ 470.00
- OTHER TRANSPORTATION (Taxi, Train, Car Rental) \$ 150.00

B. LODGING \$ 250.00

C. MEALS \$ 50.00

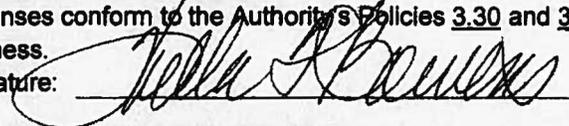
D. SEMINAR AND CONFERENCE FEES \$ _____

E. ENTERTAINMENT (If applicable) \$ _____

F. OTHER INCIDENTAL EXPENSES \$ _____

TOTAL PROJECTED TRAVEL EXPENSE \$ 920.00

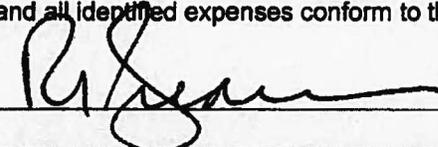
CERTIFICATION BY TRAVELER By my signature below, I certify that the above listed out-of-town travel and associated expenses conform to the Authority's Policies 3.30 and 3.40 and are reasonable and directly related to the Authority's business.

Travelers Signature:  Date: 3 Aug 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: 8.31.11

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 9/20/2011 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

30-Sep-2011 12:31 pm

Page 1 of 1

YOUR SOUTHWEST ETICKET CONFIRMATION IS ** WGZ3ZS **
 -----INVOICE/ITINERARY ACCOUNTING DOCUMENT-----
 *****TICKETLESS TRAVEL INSTRUCTIONS*****

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*****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


 01-Oct-2011
 12:10pm
 Saturday

Air Southwest Airlines Flight# 1709 Class: K
 From: San Diego CA, USA To: Sacramento CA, USA
 Meal: None
 Equip: Boeing 737-700 Jet Status: Confirmed
 Depart: 01-Oct-2011 Saturday 12:10pm Stops: 0
 Arrival: 01-Oct-2011 Saturday 01:40pm
 Depart - TERMINAL 1
 Arrive - TERMINAL A
 Flight Duration: 1 hour(s) and 30 minutes
 Class of Service: Business Select


 02-Oct-2011
 08:40am
 Sunday

Air Southwest Airlines Flight# 2990 Class: K
 From: Sacramento CA, USA To: San Diego CA, USA
 Meal: None
 Equip: Boeing 737-700 Jet Status: Confirmed
 Depart: 02-Oct-2011 Sunday 08:40am Stops: 0
 Arrival: 02-Oct-2011 Sunday 10:10am
 Depart - TERMINAL A
 Arrive - TERMINAL 1
 Southwest Airlines locator: WGZ3ZS
 Flight Duration: 1 hour(s) and 30 minutes
 Class of Service: Business Select

30-Mar-2012
 Friday

San Diego CA, USA
 RESERVATION RETAINED FOR 180 DAYS

TRAVELTRUST IS OPEN MONDAY - FRIDAY FROM 5AM-530PM PST
 AND SATURDAY FROM 9AM-1PM PST - 760-635-1700.
 FOR EMERGENCY AFTERTHOUS 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

469.40
 30.00 fee

 499.40



Hyatt Regency Sacramento
 at Capitol Park
 1209 L Street
 Sacramento, CA 95814
 916 443 1234
 916 321 3099

INFORMATION INVOICE

Payee Thella Bowens
 [REDACTED]
 [REDACTED]
 [REDACTED]

Room No. 0437
 Arrival 10-01-11
 Departure 10-02-11
 Page No. 1 of 1
 Folio Window 1
 Follo
 Invoice

Membership [REDACTED]
 Bonus Code
 Confirmation No. 8137699001
 Group Name

Date	Description	Charges	Credits
10-01-11	Guest Room	139.00	
10-01-11	Occupancy Tax	16.68	
10-01-11	STBID Assessment	1.50	
10-01-11	CA Tourism Assessment	0.15	
10-01-11	Parking Valet	25.00	
10-02-11	American Express XXXXXXXXXXXX [REDACTED] XX/XX		182.33

157.33

Your Gold Passport account will be credited for this stay.

Total 182.33 182.33

Balance 0.00

Guest Signature

WE HOPE YOU ENJOYED YOUR STAY WITH US!

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.

Thank you for choosing Hyatt Regency Sacramento. We hope that you enjoyed your stay with us. Our goal is to exceed our guests' expectations. If you have any comments regarding your stay please share them with us.

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.

Consumer Affairs: Patrick Miller 916-321-3632 or Patrick.M.Miller@hyatt.com
 LOST & FOUND V-MAIL: 916-443-1234 ext:4572

Please remit payment to:
 Hyatt Regency Sacramento
 PO Box 202649
 Dallas, TX 75319

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

**RECEIPTS FROM TRAVEL TO SACRAMENTO, CA
OCTOBER 1-2, 2011—THELLA F. BOWENS**

HMS HOST STARBUCKS
SACRAMENTO INTERNATIONAL AIRPORT
WELCOME TO SACRAMENTO!

4843 Savorn

CHK 7400 OCT02'11 8:11AM

1 LATTE	2.80
ADD SHOT	0.75
Subtotal	3.55
Tax	0.28
Amt Paid	3.83
Cash	5.00
Change due	1.17

THANK YOU!! PLEASE COME AGAIN!!
PLS COMMENT ON YOUR EXPERIENCE
DON FRAZEE (916) 283-2101
Don.frazee@hmshost.com

Your order number is: **7400**



THE HERTZ CORPORATION
 Phone: 800-654-4173
 Fax: .
 Web: www.hertz.com



Rental Agreement No: 105563824
 Invoice Date: 10/02/2011
 Document: 951001511659

Renter: THELLA BOWENS
 Account No.: *****

Direct All Inquiries To:
 THE HERTZ CORPORATION
 PO BOX 26120
 OKLAHOMA CITY, OK 73126-0120

REPRINT

THELLA BOWENS
 [REDACTED]

RENTAL REFERENCE

Rental Agreement No: 105563824
 Reservation ID: F2404956606

RENTAL DETAILS

Rate Plan: IN: MCLE OUT: MCLE
 Rented On: 10/01/2011 14:29 LOC# 125011
 SACRAMENTO AP, CA
 Returned On: 10/02/2011 07:31 LOC# 125011
 SACRAMENTO AP, CA
 Car Description: ALTIMA 6PGE699
 Veh. No.: 7151533
 CAR CLASS Charged: F MILEAGE In: 19,203
 Rented: YF Out: 19,154
 Reserved: F Driven: 49

MISCELLANEOUS INFORMATION

CC AUTH: 522024 DATE: 2011/10/01 AMT: 276.00

RENTAL CHARGES

DAYS	1 @	27.49	27.49
SUBTOTAL			27.49
DAMAGE WAIVER (CDW/LDW)			15.00
LIABILITY INS. SUPPLEMENT			13.95
PERSONAL ACCIDENT INS.			5.95
CONCESSION FEE RECOVERY			5.30
CA TOURISM FEE			0.78
VEHICLE LICENSE FEE			0.37
PREMIUM ROADSIDE SERVICE			3.99
TAX		7.75*	2.88
AMOUNT DUE			75.71 USD

THANK YOU FOR RENTING FROM HERTZ

ALL CHARGES HAVE BEEN BILLED TO YOUR ACCOUNT.

Direct All Inquiries To:
 THE HERTZ CORPORATION
 PO BOX 26120
 OKLAHOMA CITY, OK 73126-0120
 UNITED STATES

Phone: 800-654-4173
 Fax: .
 Web: www.hertz.com

AMOUNT BILLED TO ACCOUNT: 75.71 USD

**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. 6/Executive Office
 DEPARTURE DATE: 8/28/2011 RETURN DATE: 8/29/2011 REPORT DUE: 9/28/11
 DESTINATION: Reno, Nevada

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

	Authority Expenses (Prepaid by Authority)	Employee Expenses							TOTALS
		SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
		8/28/11	8/29/11						
Air Fare, Railroad, Bus (attach copy of itinerary w/charges)	536.00								0.00
Conference Fees (provide copy of flyer/registration expenses)									0.00
Rental Car*									0.00
Gas and Oil*									0.00
Garage/Parking*									0.00
Mileage - attach mileage form*									0.00
Taxi and/or Shuttle Fare (include tips pd.)*									0.00
Hotel*		134.47							134.47
Telephone, Internet and Fax*									0.00
Laundry*									0.00
Tips - separately paid (maids, bellhop, other hotel svcs.)									0.00
Meals (include tips pd.)	Breakfast*								0.00
	Lunch*								0.00
	Dinner*								0.00
	Other Meals*		8.00						8.00
<i>Alcohol is a non-reimbursable expense</i>									
Hospitality ^{1*}									0.00
Miscellaneous: Baggage Fees									0.00
									0.00
									0.00
*Provide detailed receipts									0.00
Total Expenses prepaid by Authority	536.00	142.47	0.00	0.00	0.00	0.00	0.00	0.00	142.47

Explanation:	Total Expenses Prepaid by Authority	536.00
	Total Expenses Incurred by Employee (including cash advances)	142.47
	Grand Trip Total	678.47
	Less Cash Advance (attach copy of Authority ck)	
	Less Expenses Prepaid by Authority	536.00
	Due Traveler (positive amount) ²	
	Due Authority (negative amount)³	142.47

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 Ext.: 2445
 Traveler Signature: Thella F. Bowens Date: 7/4 Dec 2011
 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**

6/23 → *Corporate Sem*

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 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: 06/20/11 PLANNED DATE OF DEPARTURE/RETURN: 08/28/11 / 08/30/11

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

Destination: Reno, NV Purpose: Participant on panel at Third Annual Unison - AAAE CIP Finance Workshop
 Explanation: Participant on panel at Third Annual Unison - AAAE CIP Finance Workshop

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE	\$	500.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$	100.00
B. LODGING	\$	300.00
C. MEALS	\$	150.00
D. SEMINAR AND CONFERENCE FEES	\$	
E. ENTERTAINMENT (If applicable)	\$	
F. OTHER INCIDENTAL EXPENSES	\$	100.00
TOTAL PROJECTED TRAVEL EXPENSE	\$	1150.00

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 Bowens* Date: 23 June 2011

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

By my signature below, I certify the following:

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

Administrator's Signature: _____ Date: _____

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

Tony R Russell, Authority Clerk, hereby certify that this document was approved
 (Please leave blank. Whoever clerk's the meeting will insert their name and title.)
 by the Executive Committee at its 6/27/11 meeting.
 (Leave blank and we will insert the meeting date.)

PEPPERMILL

RENO

WG/RM T -T1506 THELLA BOWENS
 ARRIVAL 08/28/2011 3225 N HARBOR DR
 DEPART 08/29/2011 SAN DIEGO CA 921011045

PAGE 1

AAAES11

DATE	REFERENCE	DESCRIPTION	SPLIT	AMOUNT
08/28/11	407826441093	REFRESHMENT CENTER		8.00
08/28/11	407829003202	T1506 Evian 1L Bottled Wa		
08/28/11	407829003202	ROOM CHARGE T T1506	\$134.47	119.00
08/28/11	407829003202	TAX		15.47
08/29/11	407836457747	HOTEL AMERICAN EXPRESS		142.47-
		*****1003		
TOTAL				.00

< www.PeppermillReno.com >



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

05-Aug-2011 3:43 pm

Page 1 of 2

 SOUTHWEST E-TICKET CONFIRMATION *** WB6SIG ***

 PLEASE CHECK NEW CARRY-ON RESTRICTIONS DIRECT WITH
 YOUR CARRIER OR CALL US AT 800-792-4662
 -----INVOICE/ITINERARY ACCOUNTING DOCUMENT-----
 *****TICKETLESS TRAVEL INSTRUCTIONS*****
 THIS IS AN E-TICKET RESERVATION.
 A GOVERNMENT ISSUED PHOTO ID IS NEEDED AT CHECK IN
 A PORTION OF THIS TRIP MAY BE REFUNDABLE. PLEASE RETURN
 UNUSED PORTIONS TO US 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-Aug-2011
 05:25pm
 Sunday

Air Southwest Airlines Flight# 1940 Class: K
 From: San Diego CA, USA To: Reno NV, USA
 Meal: None
 Equip: Boeing 737-300 Jet Status: Confirmed
 Depart: 28-Aug-2011 Sunday 05:25pm Stops: 0
 Arrival: 28-Aug-2011 Sunday 06:50pm
 Depart - TERMINAL 1
 Arrive -
 Southwest Airlines locator: [REDACTED]
 ** BUSINESS SELECT CONFIRMED
 Flight Duration: 1 hour(s) and 25 minutes
 Class of Service: Business Select


 29-Aug-2011
 02:05pm
 Monday

Air Southwest Airlines Flight# 300 Class: K
 From: Reno NV, USA To: San Diego CA, USA
 Meal: None
 Equip: Boeing 737-700 Jet Status: Confirmed
 Depart: 29-Aug-2011 Monday 02:05pm Stops: 1 (San Jose CA)
 Arrival: 29-Aug-2011 Monday 04:45pm
 Depart -
 Arrive - TERMINAL B
 Depart - TERMINAL B
 Arrive - TERMINAL 1
 Southwest Airlines locator: [REDACTED]
 ** BUSINESS SELECT CONFIRMED
 Flight Duration: 55 minutes
 Class of Service: Business Select

25-Feb-2012
 Saturday

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

WE ARE OPEN MONDAY - FRIDAY FROM 5AM-530PM PST
 AND SATURDAY FROM 9AM-1PM PST - 760-635-1700.
 FOR EMERGENCY AFTERHOURS SERVICE IN THE US
 PLEASE CALL 888-221-6043 AND USE YOUR VIT CODE - SJE72
 PLEASE NOTE THIS IS OUR NEW EMERGENCY NUMBER
 EACH EMERGENCY CALL IS BILLABLE AT A MINIMUM 25.00
 THANK YOU



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

05-Aug-2011 3:43 pm

Page 2 of 2

Ticket Information

BOWENS THELLA
Ticket#:2192025250
Invoice#:5217631

Ticket Base Fare: 492.00
Ticket Tax: 14.00
Total Ticket Amount: 506.00

Electronic: YES

SERVICE FEE DOCUMENT #: 0548872194 FEE AMOUNT: 30.00

BILLED TO: AMERICAN EXPRESS ENDING IN [REDACTED]



American Association of Airport Executives
Unison Consulting, Inc.

CIP Finance Workshop

Peppermill Resort Spa Casino, Reno, Nevada • August 28-30, 2011

Sunday, August 28

- 5:30 - 7:30 p.m. **Registration**
- 6:30 - 7:30 p.m. **Cocktail Reception**

Monday, August 29

- 7:45 - 8:15 a.m. **Registration and Continental Breakfast**
- 8:15 - 8:30 a.m. **Welcome Remarks**
- Jim Johnson, Executive Director of Airport Services, AAAE
 - Kevin Dolliole, Senior Vice President, Unison Consulting, Inc.
 - Marily Mora, Executive Vice President/COO, Reno-Tahoe Airport Authority
- 8:30 - 9:30 a.m. **Session 1: Economic Outlook and Airport Capital Needs**
Moderator: Kevin Dolliole, Senior Vice President, Unison
- Economic and industry trends (Sharon Sarmiento, Principal, Unison)
 - Airport capital needs (Robin Hunt, Manager, FAA San Francisco ADO)

- 9:30 - 10:30 a.m. **Session 2: Evaluating Airport Capital Decisions I**
Moderator: Gregory Chappell, Principal, Unison
- Considerations in airport capital decision making (Barry Molar, Director, Unison)
 - Airport financial planning (Don Arthur, Principal, Unison)
- 10:30 - 10:45 a.m. **Coffee Break**
- 10:45 - 11:45 a.m. **Session 3: Evaluating Airport Capital Decisions II**
Moderator: Korey Campbell, Director, Unison
- Financial analysis: traditional investment rules (Brian Drake, Consultant, Unison)
 - Economic analysis (Sharon Sarmiento, Principal, Unison)
- 11:45 - 12:30 p.m. **Session 4: Evaluating Airport Capital Decisions III- CEO Perspectives (CEO Panel Discussion)**
Moderator: Kevin Dolliole, Senior Vice President, Unison
- Thella Bowens, President/CEO, San Diego County Regional Airport Authority
 - Rhonda Hamm-Niebruegge, Director of Airports/CEO, Lambert-St. Louis International Airport
- 12:30 - 1:45 p.m. **Lunch**
- 1:45 - 2:45 p.m. **Session 5: FAA Re-Authorization, AIP and LOI Funding**
Moderator: John Sorensen, Senior Vice President, Unison
- FAA Re-Authorization Update and AIP Funding (Barry Molar, Director, Unison)
 - LOI Funding (Elliott Black, Deputy Director, FAA Office of Airport Planning and Programming)
- 2:45 - 3:45 p.m. **Session 6: PFC Program and Case Studies**
Moderator: Diane Ricard, Principal, DMR Consulting
- PFC Program (Elliott Black, Deputy Director, FAA Office of Airport Planning and Programming)
 - Incorporating PFCs in airport CIP financing plans (John Sorensen, Senior Vice President, Unison)
- 3:45 - 4:00 p.m. **Refreshment Break**

4:00 - 5:00 p.m.

Session 7: Funding CIPs in Difficult Economic Times I (Airport Case Presentations)

Moderator: John Rauback, Director of Administration and Finance, Savannah/Hilton Head International Airport

- Reno-Tahoe International Airport (Rick Gorman, CFO)
- Sarasota Bradenton International Airport (Martin Lange, Senior Vice President and CFO)

Tuesday, August 30

7:45 - 8:15 a.m.

Registration and Continental Breakfast

8:15 - 9:15 a.m.

Session 8: Funding CIPs in Difficult Economic Times II (Airport Case Presentations)

Moderator: Jorge Gonzalez, Aviation Practice Builder, Kimley-Horn

- Phoenix Sky Harbor International Airport (Brent Cagle, Deputy Aviation Director)
- San Francisco International Airport (Julia Dawson, Budget Manager)

9:15 - 10:15 a.m.

Session 9: Debt Financing

Moderator: Gregory Chappell, Principal, Unison

- Debt financing (Nancy Clawson, Managing Director, Merrill Lynch Public Finance)
- Airline perspective (Chris Czarniecki, Manager, Properties, Southwest Airlines)

10:15 - 10:30 a.m.

Coffee Break

10:30 - 10:50 a.m.

Session 10: Master Plan Financial Planning

Don Arthur, Principal, Unison

10:50 - 12:00 p.m.

Session 11: Program Finance Management

Moderator: Tom Strange, CEO, The Solution Design Group

- Lambert-St. Louis International Airport Development Program (Korey Campbell, Director, Unison)
- Love Field Airport Capital Development Program (Manoj Patel, Director, Unison)
- Chicago Department of Aviation Capital Improvement Plan (Anthony Banks, Director, Unison)

12:00 - 12:10 p.m.

Closing Remarks

- Kevin Doliolle, Senior Vice President, Unison Consulting, Inc.
- Jim Johnson, Executive Director of Airport Services, AAAE

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

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

TRAVELER: Thella F. Bowers DEPT. NAME & NO. Executive Office BU6
 DEPARTURE DATE: 10/27/2011 RETURN DATE: 11/1/2011 REPORT DUE: 12/1/11
 DESTINATION: Marrakech, Morocco

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 10/30/11	MONDAY 10/31/11	TUESDAY 11/1/11	WEDNESDAY	THURSDAY 10/27/11	FRIDAY 10/28/11	SATURDAY 10/29/11	
Air Fare, Railroad, Bus (attach copy of itinerary w/charges)	5,132.50								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*		128.63	144.35				128.63	128.63	530.24
Telephone, Internet and Fax*			23.28						23.28
Laundry*									0.00
Tips - separately paid (maids, bellhop, other hotel svcs.)									0.00
Meals (include tips pd.)	Breakfast*								0.00
	Lunch*								0.00
	Dinner*		22.91	52.82					75.73
	Other Meals*				6.28				6.28
<i>Alcohol is a non-reimbursable expense</i>									
Hospitality ¹ *									0.00
Miscellaneous: Baggage Fees									0.00
									0.00
									0.00
*Provide detailed receipts									0.00
Total Expenses prepaid by Authority	5,882.50	151.54	220.45	6.28	0.00	0.00	128.63	128.63	635.53

Explanation:	Total Expenses Prepaid by Authority	5,882.50
	Total Expenses Incurred by Employee (including cash advances)	635.53
	Grand Trip Total	6,518.03
	Less Cash Advance (attach copy of Authority ck)	
	Less Expenses Prepaid by Authority	5,882.50
	Due Traveler (positive amount) ²	
	Due Authority (negative amount)³	635.53

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

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

* Travel and Lodging Expense Reimbursement Policy 3.40 * Business Expense Reimbursement Policy 3.30

Prepared By: Misty Caldera Ext.: 2445
 Traveler Signature: Thella F. Bowers Date: 12/19/2011
 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.

October 27 thru November 1, 2011

Date	Expense	Amount	Exchange Rate	Reimburse Amount
10/28/2011	Hotel	1099.50 DH	0.116987	\$ 128.63
10/29/2011	Hotel	1099.50 DH	0.116987	\$ 128.63
10/30/2011	Hotel	1099.50 DH	0.116987	\$ 128.63
10/30/2011	Dinner	196.00 DH	0.116892	\$ 22.91
10/31/2011	Dinner	£34.03	1.55188	\$ 52.82
10/31/2011	Hotel	£142.80	1.55188	\$ 144.35
10/31/2011	Internet	£15.00	1.55188	\$ 23.28
11/1/2011	Other Meal	£1.85	1.55179	\$ 2.87
11/1/2011	Other Meal	£2.20	1.55179	\$ 3.41
Total:				\$ 635.53

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

GENERAL INSTRUCTIONS:

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

1. TRAVELER:

Travelers Name: Thelia Bowers 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: 06/20/11 PLANNED DATE OF DEPARTURE/RETURN: 10/27/11 / 11/02/11

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

Destination: Marrakech, Morocco Purpose: World Board Meeting and ACI World Annual Assembly/ACI Africa Annual Assembly, Conference & Exhibition
Explanation: World Board Meeting and ACI World Annual Assembly/ACI Africa Annual Assembly, Conference & Exhibition

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:	
• AIRFARE	\$ 5800.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$ 200.00
B. LODGING	\$ 1400.00
C. MEALS	\$ 200.00
D. SEMINAR AND CONFERENCE FEES	\$ 750.00
E. ENTERTAINMENT (If applicable)	\$
F. OTHER INCIDENTAL EXPENSES	\$
TOTAL PROJECTED TRAVEL EXPENSE	\$ 8150.00

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: *Thelia Bowers* Date: 07/12/11

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. Jean* Date: 7.12.11

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

Tony Russell, Authority Clerk, hereby certify that this document was approved
 (Please leave blank. Whoever clerk's the meeting will insert their name and title.)
 by the Executive Committee at its 7/25/2011 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

13-Jul-2011 10:25 am

Page 1 of 3

YOUR CONTINENTAL ETICKET CONFIRMATION IS ** D5XY50 **
 YOUR BRITISH MIDLAND ETICKET CONFIRMATION IS ** 7E5HJQ **
 -----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

FOR TRAVEL TO MOROCCO
 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 AFTERTHOUS SERVICE
 WHILE IN MOROCCO
 PLEASE CALL DIRECT DIAL OR COLLECT 201-221-4462
 IF INTL AFTERTHOUS NUMBER DOES NOT WORK
 DIAL DIRECT OR COLLECT 201-221-4462

FOR TRAVEL TO UNITED KINGDOM
 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 AFTERTHOUS SERVICE
 WHILE IN UNITED KINGDOM
 PLEASE CALL 00-800-15253545
 IF INTL AFTERTHOUS NUMBER DOES NOT WORK
 DIAL DIRECT OR COLLECT 201-221-4462

 27-Oct-2011 08:28am Thursday	Air	Continental Airlines	Flight#	1638	Class:	Z
	From:	San Diego CA, USA	To:	Houston Intercontinental, TX	Seats:	Seat:2B
	Meal:	Breakfast	Status:	Confirmed	Stops:	0
	Equip:	Boeing 737-800 Jet				
	Depart:	27-Oct-2011 Thursday	08:28am			
	Arrival:	27-Oct-2011 Thursday	01:39pm			
	Depart -	TERMINAL 2				
	Arrive -	TERMINAL C				

Continental Airlines locator: D5XY50
 UA Frequent Flyer# [REDACTED]
 ** AISLE SEAT CONFIRMED **
 Flight Duration: 3 hour(s) and 11 minutes
 Class of Service: Business

 27-Oct-2011 03:45pm Thursday	Air	Continental Airlines	Flight#	34	Class:	Z
	From:	Houston Intercontinental, TX	To:	London Heathrow EN, UK	Seats:	Seat:2D
	Meal:	Dinner	Status:	Confirmed	Stops:	0
	Equip:	Boeing 777 Jet				
	Depart:	27-Oct-2011 Thursday	03:45pm			
	Arrival:	28-Oct-2011 Friday	06:55am			
	Depart -	TERMINAL E				
	Arrive -	TERMINAL 4				

Continental Airlines locator: D5XY50
 UA Frequent Flyer# [REDACTED]
 ** AISLE SEAT CONFIRMED **
 Flight Duration: 9 hour(s) and 10 minutes
 Class of Service: Business



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 13-Jul-2011 10:25 am
 Page 2 of 3

 **Air** Bmi British Midland **Flight#** 447 **Class:** P
From: London Heathrow EN, UK **To:** Marrakech, Morocco
Meal: Hot Meal **Seats:** Seat:2D
Equip: Airbus A320 Jet **Status:** Confirmed
Depart: 28-Oct-2011 Friday 10:10am **Stops:** 0
Arrival: 28-Oct-2011 Friday 12:35pm
 Depart - TERMINAL 1
 Arrive - TERMINAL 1
 Bmi British Midland locator: 7E5HJQ
 UA Frequent Flyer# [REDACTED]
 ** AISLE SEAT CONFIRMED **
 Flight Duration: 3 hour(s) and 25 minutes
 Class of Service: P

 **Air** Bmi British Midland **Flight#** 448 **Class:** P
From: Marrakech, Morocco **To:** London Heathrow EN, UK
Meal: Hot Meal **Seats:** Seat:2C
Equip: Airbus A320 Jet **Status:** Confirmed
Depart: 31-Oct-2011 Monday 02:15pm **Stops:** 0
Arrival: 31-Oct-2011 Monday 05:50pm
 Depart - TERMINAL 1
 Arrive - TERMINAL 1
 Bmi British Midland locator: 7E5HJQ
 UA Frequent Flyer# [REDACTED]
 ** AISLE SEAT CONFIRMED **
 Flight Duration: 3 hour(s) and 35 minutes
 Class of Service: P

 **Hotel** Hilton International Hilton London Heathrow Airpo
 TERMINAL 4, LONDON GB TW6 3AF **AIRPORT FR**
Phone: 44-208-7597755 **Fax:** 44-208-7597579
Number of Rooms: 1 **Rate:** 119.00GBP
Confirmation: 3440034498 **Room Guaranteed**
Check Out: 01-Nov-2011 Tuesday **Cancel By** 4 PM on Date of Arrival
 ZD000010929 NONSMOKING KING
 As of 13Jul11, the equivalent rate for 119.00GBP is 189.27USD
 CD-091920421
 ID-423793395

 **Air** Continental Airlines **Flight#** 5 **Class:** Z
From: London Heathrow EN, UK **To:** Houston Intercontinental, TX
Meal: Lunch **Seats:** Seat:2D
Equip: Boeing 777 Jet **Status:** Confirmed
Depart: 01-Nov-2011 Tuesday 10:45am **Stops:** 0
Arrival: 01-Nov-2011 Tuesday 04:10pm
 Depart - TERMINAL 4
 Arrive - TERMINAL E
 Continental Airlines locator: D5XY50
 UA Frequent Flyer# [REDACTED]
 ** AISLE SEAT CONFIRMED **
 Flight Duration: 10 hour(s) and 25 minutes
 Class of Service: Business

 **Air** Continental Airlines **Flight#** 1689 **Class:** Z
From: Houston Intercontinental, TX **To:** San Diego CA, USA
Meal: Dinner **Seats:** Seat:2B
Equip: Boeing 737-800 Jet **Status:** Confirmed
Depart: 01-Nov-2011 Tuesday 05:45pm **Stops:** 0
Arrival: 01-Nov-2011 Tuesday 07:18pm
 Depart - TERMINAL C
 Arrive - TERMINAL 2
 Continental Airlines locator: D5XY50
 UA Frequent Flyer# [REDACTED]
 ** AISLE SEAT CONFIRMED **
 Flight Duration: 3 hour(s) and 33 minutes
 Class of Service: Business



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

13-Jul-2011 10:25 am

Page 3 of 3

Other

29-Apr-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#: 8665624902
Invoice#: 1186344

Ticket Base Fare: 3432.00
Ticket Tax: 915.70
Total Ticket Amount: 4347.70

Electronic: YES

BOWENS THELLA
Ticket#: 8665624904
Invoice#: 1186344

Ticket Base Fare: 546.00
Ticket Tax: 198.80
Total Ticket Amount: 744.80

Electronic: YES

SERVICE FEE DOCUMENT #: 0548152410 FEE AMOUNT: 40.00

BILLED TO: AMERICAN EXPRESS ENDING IN [REDACTED]

\$ 5132.50



AIRPORTS COUNCIL INTERNATIONAL

INVOICE

Invoice N°: 701109
 Invoice Date: 14/07/2011
 Client Number: 50381
 GST: 846678316 RT0001
 QST: 1217133528 TQ0001

Attention: Thella BOWENS
Billing Address:
 San Diego County Regional Airport
 Authority
 PO Box 82776
 San Diego, CA 92138-2776
 USA

Purchase Order N°:
 Reference: WAGA 2011
 Marrakesh, 31 Oct.-2 Nov. 2011

DESCRIPTION	QUANTITY	UNIT PRICE	DISCOUNT	AMOUNT
Reg.Fee Ms.Bowens	1	750.00\$	0%	750.00
				GST % (USD): .00
				QST % (USD): .00
				Postage and Handling (USD):
				GRAND TOTAL (USD): 750.00

Please indicate the above invoice number to ensure proper credit.

FORM OF PAYMENT

Please use bank transfer or credit card if possible

BANK TRANSFER in favour of ACI and sent to:
 RBC Royal Bank of Canada
 Account no.240-202 942.53E
 BIC/SWIFT ROYCCAT2

CROSSED CHECK made out and posted to:
 ACI World
 800, rue du Square Victoria
 Suite 1810, P.O. Box 302
 Montreal, Quebec, H4Z 1G8
 Canada

CREDIT CARD please specify by encircling appropriate card:
 Visa Mastercard AmexCo
 Card Number: _____
 Expiration: _____
 Cardholder Name: _____
 Signature: _____

Terms of payment:

Payment due within 30 days

All charges to the account of the invoice recipient and the full invoice amount to be sent net to ACI

Journal Detail

Payment Saferpay Phone-Mail

The shown amount was added to your Saferpay-Account.

750.00 USD

Payment details

Reference Number	701109 MM
Account	Saferpay Phone-Mailorder 70525-19290148
Card-Number	xxxx xxxx xxxx
Expiration Date MM/YY	03/14
Liability shift	No
Transaction-ID	E0zbW2AEQQ3UA12vzdGAUEUnr4b

Authorisation

Authorisation date	14.07.2011 21:24:54
Authorized Amount	USD 750.00

Payment info

Booking Date	14.07.2011 21:24:58
--------------	---------------------

Payment details

Acquirer	VISA Multipay E-Link
----------	----------------------



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Saferpay is a registered trademark of the SIX Group.

[Privacy Policy](#) | [Contact](#)



ACI WAGA 2011

ACI WORLD / AFRICA ANNUAL GENERAL ASSEMBLY, CONFERENCE & EXPOSITION

MARRAKECH, MAROC - 28 OCTOBER - 02 NOVEMBER

SCHEDULE OF EVENTS

27 October 2011
(Thursday)

All Day : AFR Working Group Airport Charges

28 October 2011
(Friday)

0900 - 1200 : AFR Executive Committee

1400 - 1700 : AFR Board meeting

All Day : AFR Working Group Airport Charges

29 October 2011
(Saturday)

0800 - 0900 : World Audit Committee meeting

0900 - 1700 : AFR Working Group I meeting

0900 - 1700 : AFR Working Group II meeting

0900 - 1700 : AFR Working Group III meeting

0900 - 1330 : ACI Europe Executive Committee

0900 - 1330 : ACI Europe Board meeting

1300 - 1400 : Lunch

1400 - 1430 : World Budget Committee meeting

1430 - 1700 : World Executive Committee meeting

1700 - 1800 : ACI Fund Board meeting

1930 - 2300 : Board dinner (all regions)

All day : Conference hall build up

30 October 2011
(Sunday)

All day : Exhibition move-in/ Conference hall build up

0830 - 1030 : AFR General Assembly

1100 - 1600 : ACI World Governing Board meeting

1300 - 1400 : Lunch

1700 - 1900 : Scholarship networking

31 October 2011
(Monday)

All day : Golf Tournament and Social Activities

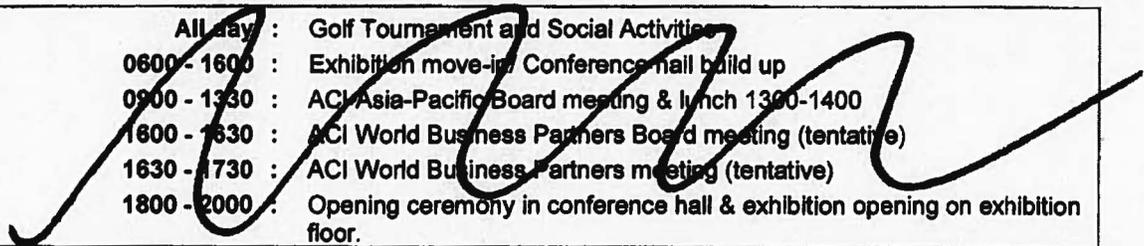
0600 - 1600 : Exhibition move-in/ Conference hall build up

0900 - 1330 : ACI Asia-Pacific Board meeting & lunch 1300-1400

1600 - 1630 : ACI World Business Partners Board meeting (tentative)

1630 - 1730 : ACI World Business Partners meeting (tentative)

1800 - 2000 : Opening ceremony in conference hall & exhibition opening on exhibition floor.



- Departing -



PALMERAIE GOLF PALACE
Golf & Spa Marrakech

**Centre
Monétique
Interbancaire**

F. Bowens Thella
Morocco

31/10/11 10:59:46
9880127721
90732401
RECEPT PGP I
Marrakech

BOWENS/THELLA F
XXXXXXXXXXXX1003
02/14 CARTE ETRANGERE
XXX-0-2053-0-34

Chambre: 103107
Date Arrivée: 28-10-11
Date Départ: 31-10-11
Page: 1 of 1
Facture: 84077
Cassier: ERRAMI
Date: 31-10-11

INVOICE

MONTANT: 3722,50 MAD
NUM TRANSACTION : 005
NUM AUTORISATION: 582379
STAN : 007554

DEBIT

Le CMI vous remercie

TICKET A CONSERVER
COPIE CLIENT

Date	Texte	Débit MAD	Crédit MAD
28-10-11	T.C.S	33.00	1099.50 DH
28-10-11	T.P.T	16.50	
28-10-11	LOGEMENT GROUPE	1,050.00	1099.50 DH
29-10-11	T.C.S	33.00	
29-10-11	T.P.T	16.50	1099.50 DH
29-10-11	LOGEMENT GROUPE	1,050.00	
30-10-11	T.C.S	33.00	1099.50 DH
30-10-11	T.P.T	16.50	
30-10-11	LOGEMENT GROUPE	1,050.00	196.10 424.00 - Receipt next page
30-10-11	RESTAURANT SIGNOR SANTI		
31-10-11	AMEX TPE		3,722.50
Total		3,722.50	3,722.50

Solde Facture 0.00
Total Hors Taxe 3,249.09
Montant T.V.A 338.41
Total T.T.C 3,722.50

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.
J'accepte d'être personnellement responsable du paiement de ce compte, si l'entreprise ou le tiers facturé omet de le payer en partie ou en totalité.

Signature



Member of Preferred Hotels & Resorts Worldwide

Palmeraie Golf Palace ***** L • Les Jardins de la Palmeraie • Circuit de la Palmeraie • BP 1488 • 40 000 Marrakech • Maroc
Tél.: +212 (0) 524 30 10 10 • Fax : +212 (0) 524 30 90 00 • www.palmeraiemarrakech.com • E-mail reservation@pgp.ma / sales@pgp.ma
RC : 6041 • Patente : 53001749 • IF : 06501811



PALMERAIE HOTELS & RESORTS
Marrakech

PALMERAIE GOLF PALACE
Signor Santi
46 FOUAD 4

31 /1 7958 GST 5

30OCT'11 20:34

REPRINT
CLOSED CHECK
2 Oulmes 1L 80.00
~~1 V. Chianti 80.00~~
1 Filetto Branzin 220.00
2 Lasagne Al Forno 250.00
1 Instalata Capres 110.00
2 Prosciutto Parma 320.00
Sous Total: 1060.00
Paieiment: 1060.00
103106/Cox
EXEMPTION 424.00 X
155140/MOK *6
ROOM HDG 212.00
103107/Thella
EXEMPTION 424.00 X
-----46 CLOSED 30OCT 21.39-----

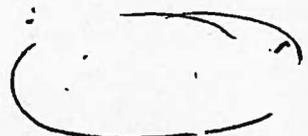
Guest Name : _____

Room Number: _____

Signature : _____

PATANTE Nø53001749 IF: 06501811

(DH) .11.6892



(Bill divided by 5 attendees)
(Thella paid for two attendees)
per person share: 212.00 DH
subtract 16.00 DH per person
for 80.00 DH glass of wine
revised per person share: 196.00 DH

196.00 DH = \$22.91 US

**RECEIPTS FROM TRAVEL TO MARRAKECH, MOROCCO
OCTOBER 27 - NOVEMBER 1, 2011—THELLA F. BOWENS**

AMERICAN EXPRESS EUROPE LTD
HEATHROW T1 ASD ISLAND
AIRSIDE DEPARTURES ISLAND
HOUNSLOW, TW6 1AP, GB
TEL:0208 750 5525

28 OCT 2011 TIME: 07:18
CALL: 02 TRANS: 012

SELL NOTES
CURRENCY: MOROCCAN DIRECTION
AMOUNT: 900.00
EXCHANGE RATE: 10.861000
LOCAL EQUIVALENT: 82.87
COMMISSION: 3.00
ITEM TOTAL: 85.87

BUY NOTES
CURRENCY: UNITED STATES DOLLAR
AMOUNT: 154.00
EXCHANGE RATE: 1.78208
LOCAL EQUIVALENT: -86.12
COMMISSION: 0.00
ITEM TOTAL: -86.12

TOTAL COMMISSIONS: 3.00
DUE TO CUSTOMER: 0.25

BUSINESS DATE: 28 OCT 2011

PURCHASE OVER 8300 (STERLING EQUIVALENT) OF FOREIGN CURRENCY AND BENEFIT FROM COMMISSION FREE FOR RETURNED CURRENCY UP TO THE ORIGINAL PURCHASE AMOUNT AT AMERICAN EXPRESS HEATHROW AIRPORT.

HOW MUCH IS YOUR MONEY WORTH?
YOUR "GBP" CURRENCY CONVERTER

MAD CASH @ 10.861000
MAD 1 = GBP 0.09
MAD 10 = GBP 0.92
MAD 20 = GBP 1.84
MAD 50 = GBP 4.60
MAD 100 = GBP 9.21
MAD 200 = GBP 18.41

Hilton Heathrow Airport
Oscars
VAT: 917 8760 84
302 ABHIJIT 1

TRE 11/1 3265 GST 1
31OCT'11 19:30

1 Fish & Chips	16.95
1 Fruit Salad	5.95
1 Strath 330ml spa	3.50
1 Pot of Tea	3.85
5.04 VAT	30.23
SUBTOTAL	30.25
12.5%Service Chr	3.78
TOTAL DUE	£34.03

ROOM No: _____

NAME: _____

SIGNATURE: _____
Discretionary 12.5% service charge
has been added to your bill

**RECEIPTS FROM TRAVEL TO MARRAKECH, MOROCCO
OCTOBER 27 - NOVEMBER 1, 2011—THELLA F. BOWENS**

Costa Coffee
Heathrow Terminal 4 Airside
Heathrow Airport, Hounslow
Middlesex, TW6 3XA

Costa Coffee
Heathrow Terminal 4 Airside
Heathrow Airport, Hounslow
Middlesex, TW6 3XA

COSTA LTD
A-1 BREAD BRIDG P...
A-1 BREAD COL...
CONSTABLE...
VAT NO:243 2228 64
VINAXI 01/11/2011 09:40

COSTA LTD
A-1 BREAD BRIDG P...
A-1 BREAD COL...
CONSTABLE...
VAT NO:243 2228 64
VINAXI 01/11/2011 09:32

Bill 2 Sale 202495

Bill 2 Sale 202478

Van Lat Promo SK EI	2.20*D
TOTAL	2.20
CASH	3.00
CHANGE	0.80
* V.A.T.	0.37

** 0 25 CONCESSION 10% DISCOUNT **

Tell us about your visit, we're listening
Text to 07537 412031 or visit website
costafedback.co.uk. See web for T&Cs
Store reference: 43014435

American Milk Promo EI	1.85*
TOTAL	1.85
CARD	1.85
CHANGE	0.00
* V.A.T.	0.31

Tell us about your visit, we're listening
Text to 07537 412031 or visit website
costafedback.co.uk. See web for T&Cs
Store reference: 43014435

YOU COULD HAVE EARNED 5 POINTS
BY USING A COFFEE CLUB CARD

Forgotten your card? Bring your card and
surrender this receipt by 29/11/2011
to collect the 5 points at participating
stores.

Costa Coffee
Heathrow Terminal 4 Airside
Heathrow Airport, Hounslow
Middlesex, TW6 3XA

SALES VOID-ER - CUSTOMER COPY

VINAXI 01/11/2011 09:40
A-1 BREAD BRIDG P...
A-1 BREAD COL...
CONSTABLE...
VINAXI 01/11/2011 09:40

Card Type : AVEX
Card Number : *****1003
City Type : SAIFE
Expiry : 02/14

TOTAL £1.85

AUTHORISED

Cardholder Signature Verified

Please keep this copy for your records.

Merchant ID : 447057662
Terminal ID :
Txn Number : 20249302
Auth Code :
Receipt Number : 41


Hilton
 London Heathrow Airport

BOWENS, THELLA
 SAN DIEGO COUNTY REG AIRPORT A
 P.O. BOX 82776
 SAN DIEGO, CA 92138-2776
 UNITED STATES OF AMERICA

ROOM NUMBER 255/Q1
 ARRIVAL DATE 31/10/2011 18:52:00
 DEPARTURE DATE 01/11/2011 08:54:00
 ADULT/CHILD 1/0
 ROOM RATE £ 119.00
 RATE PLAN L-T1
 AL:
 Honors # XXXXXXXXXX

VAT INVOICE 18285875
 CONFIRMATION NUMBER : 3440034498

VAT # 917 8760 84
 FOLIO NO./CHE 611906A
 TAX DATE: 01/11/2011

01/11/2011 PAGE 1

DATE	DESCRIPTION	ID	REF NO	GUEST CHARGES	CREDIT	BALANCE
31/10/2011	OSCAR'S # 3265	LINTR	3389235	£34.03		
31/10/2011	IBAHN INTERNET ACCESS	LINTR	3389263	£15.00		
31/10/2011	GUEST ROOM	COGO	3389647	£119.00		
31/10/2011	ROOM TAXES	COGO	3389647	£23.80		
01/11/2011	AX *1003	TOFA	3390313			
					£191.83	
						BALANCE £0.00
						ESTIMATED CURRENCY TOTAL GBP 0.00
TAX SUMMARY						
	Taxable Amount (excl VAT)			£156.71		
	Zero Rated Amount			£0.00		
	Non Taxable Amount			£3.78		
	VAT AT 20%			£31.34		
	VAT AT 17.5%			£0.00		
	VAT AT 15%			£0.00		
	Total Amount Payable			£191.83		

See page 1 of 2
 }
 ✓

SIGNATURE _____

Thank you for your custom. Payment required upon presentation.

Hilton London Heathrow Airport
 Terminal 4, Heathrow Airport, Hounslow,
 Middlesex, TW6 3AF
 Telephone: +44 (0)20 8759 7755
 Fax: +44 (0)20 8759 7579
 Reservations: hilton.co.uk
 Hilton Reservations and Customer Care: 08705 909090

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

6/21 → Corporate Serv.

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 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: 06/20/11 PLANNED DATE OF DEPARTURE/RETURN: 09-18-11 / 09-21-11

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

Destination: Washington DC Purpose: Attend Fifth Annual One Region/One Voice Event and Semi-Annual Aviation Industry Workforce - Management Conference (Follow-Up to FAAC)
Explanation: Attend Fifth Annual One Region/One Voice Event and Semi-Annual Aviation Industry Workforce - Management Conference (Follow-Up to FAAC)

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:	
• AIRFARE	\$ 650.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$ 150.00
B. LODGING	\$ 1200.00
C. MEALS	\$ 200.00
D. SEMINAR AND CONFERENCE FEES	\$ 1099.00
E. ENTERTAINMENT (if applicable)	\$
F. OTHER INCIDENTAL EXPENSES	\$
TOTAL PROJECTED TRAVEL EXPENSE	\$ 3299.00

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 Bowens Date: 21 June 2011

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

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

Administrator's Signature: _____ Date: _____

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

Tony R Russell, Authority Clerk, hereby certify that this document was approved
(Please leave blank. Whoever clerk's the meeting will insert their name and title.)
by the Executive Committee at its 6/27/11 meeting.
(Leave blank and we will insert the meeting date.)



Traveltrust
 374 North Coast Highway 101
 Encinitas, Ca 92024
 Tel: 760-835-1700
 Fax: 760-835-1720
 Website: www.traveltrust.com

BOWENS/THELLA

05-Aug-2011 5:12 pm

Page 1 of 2

PLEASE CHECK NEW CARRY-ON RESTRICTIONS DIRECT WITH
 YOUR CARRIER OR CALL TRAVELTRUST AT 800-792-4662
 -----INVOICE/ITINERARY ACCOUNTING DOCUMENT-----

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

THIS IS AN E-TICKET RESERVATION.
 A GOVERNMENT ISSUED PHOTO ID IS NEEDED AT CHECK IN
 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


 17-Sep-2011
 08:00am
 Saturday

Air	United Airlines	Flight#	970	Class:	V
From:	San Diego CA, USA	To:	Washington Dulles DC, USA	Seats:	Seat:21C
Meal:	Food For Purchase	Status:	Confirmed	Stops:	0
Equip:	Boeing 757 200 Jet	Depart:	17-Sep-2011 Saturday 08:00am	Arrival:	17-Sep-2011 Saturday 03:47pm
Depart:	17-Sep-2011 Saturday 08:00am				
Arrival:	17-Sep-2011 Saturday 03:47pm				
Depart - TERMINAL 1					
Arrive -					
United Airlines locator: Z9JHLA					
UA Frequent Flyer# [REDACTED]					
Flight Duration: 4 hour(s) and 47 minutes					
Class of Service: Coach					


 21-Sep-2011
 05:45pm
 Wednesday

Air	United Airlines	Flight#	240	Class:	V
From:	Washington Dulles DC, USA	To:	San Diego CA, USA	Seats:	Seat:10C
Meal:	Food For Purchase	Status:	Confirmed	Stops:	0
Equip:	Boeing 757 200 Jet	Depart:	21-Sep-2011 Wednesday 05:45pm	Arrival:	21-Sep-2011 Wednesday 08:01pm
Depart:	21-Sep-2011 Wednesday 05:45pm				
Arrival:	21-Sep-2011 Wednesday 08:01pm				
Depart -					
Arrive - TERMINAL 1					
United Airlines locator: Z9JHLA					
UA Frequent Flyer# [REDACTED]					
Flight Duration: 5 hour(s) and 16 minutes					
Class of Service: Coach					

19-Mar-2012
 Monday

San Diego CA, USA
 RESERVATION RETAINED FOR 180 DAYS

TRAVELTRUST IS OPEN MONDAY - FRIDAY FROM 5AM-530PM PST
 AND SATURDAY FROM 9AM-1PM PST - 760-835-1700.
 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...MARY LARSON-PICKETT



TravelTrust
374 North Coast Highway 101
Encinitas, Ca 92024
Tel: 760-635-1700
Fax: 760-635-7720
Website: www.traveltrust.com

BOWENS/THELLA

05-Aug-2011 5:12 pm

Page 2 of 2

Ticket Information

BOWENS THELLA
Ticket#: 8671382395
Invoice#: 1186907

Ticket Base Fare: 438.00
Ticket Tax: 14.00
Total Ticket Amount: 452.00

Electronic: YES

SERVICE FEE DOCUMENT #: 0548880414 FEE AMOUNT: 30.00

BILLED TO: AMERICAN EXPRESS ENDING IN [REDACTED]

\$482⁰⁰

09/18

One Region One Voice, Mission to Washington DC - Sep 18

The Chamber invites you to join the discussion at our nation's capital, and make an impact on legislation and regulation that affects your business on our Fifth Annual One Region, One Voice mission to Washington D.C.

Don't miss out on this unique opportunity to identify hot topics & issues important to your industry, participate in meetings & functions with key federal officials, interact and connect with peers who share your regional priorities, and much more.

Registration also includes participation in a Policy Team of choice, welcome reception, three group breakfasts, one group lunch, and two additional hosted receptions.

[Click here](#) to download the Registration Form.

DATE:

Start Date: Sep 18, 2011

End Date: Sep 21, 2011

TIMING:

Start Time: 08:00 am

End Time: 05:00 pm

LOCATION:

The Madison

ADDRESS:

1177 Fifteenth St, NW

Washington

DC

20005

CONTACT DETAILS:

Contact Person: Judith Andry

Ph: (619) 544-1341

Email: jandry@sdchamber.org

SPONSORS

Delegation Partners:



REGISTRATION

[Return to Calendar](#)

One Region One Voice, Mission to Washington DC
9/18/2011 to 9/21/2011
8:00 AM to 6:00 PM

[Member Registration](#)

[Non-Member Registration](#)

Online registration open until 9/15/2011

Event Description

Registration Form is required with all registration, [click here to download form.](#)

Location

MISSION PRIORITIES

Mission Priorities

- Resources - Water & Energy
- Healthcare, Including Medical I.T.
- Transportation
- Border Related Issues
- National Defense & Homeland Security
- Education & Workforce
- Small Business & Commerce
- Technology & Cyber Security

ITINERARY

Advocacy Itinerary

The Chamber is currently developing the 2011 Advocacy Itinerary. Mission priorities include, Resources - Water & Energy, Healthcare, including Medical I.T., Transportation, Border Related Issues, National Defense & Homeland Security, Education & Workforce, Small Business & Commerce, Technology & Cyber Security.

[Click here](#) to view The 2010 Delegation Itinerary.

SPONSORSHIP

Sponsorship Opportunities

- Presenting Sponsor
- Reception Sponsor
- Official Washington DC Delegation Issues Booklet Sponsor
- Corporate Sponsor
- Event Sponsor (Reception, Luncheon or Breakfast)
- Delegation Sponsor

Contact the Chamber Sponsorship Team at (619) 544-1354 or email ssstocker@sdchamber.org.

THE MADISON

— WASHINGTON D.C. —

1177 15th Street NW, Washington, DC 20005
 (202) 862-1600 p (202) 785-1255 f
 www.MadisonHotelDC.com

Miss. Thella Bowens
 3225 North Harbor Drive
 San Diego, CA 92101
 United States

FOLIO NO: 3U26RK
 ROOM NO: 1119
 ARRIVE: 17-Sep-2011
 DEPART: 21-Sep-2011
 RATE/PACKAGE: 3U15VA
 # IN PARTY: 1

Date	Description	Charges	Payments
17-Sep-11	Room Revenue	279.00	0.00
17-Sep-11	City Tax 14.5%	40.46	0.00
18-Sep-11	Postscript Lunch #3691	24.00	0.00
18-Sep-11	Mini-Bar	6.49	0.00
18-Sep-11	Room Service Lunc #2768	23.45	0.00
18-Sep-11	Room Revenue	279.00	0.00
18-Sep-11	City Tax 14.5%	40.46	0.00
19-Sep-11	Room Revenue	279.00	0.00
19-Sep-11	City Tax 14.5%	40.46	0.00
20-Sep-11	Room Revenue	279.00	0.00
20-Sep-11	City Tax 14.5%	40.46	0.00
21-Sep-11	Room Revenue	0.00	1,331.78
Totals for Sub-Folio: 1		1,331.78	1,331.78 1325.20
Paid in Full - Thank You			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 or the full amount of these charges.

Guest Signature _____



**RECEIPTS FROM TRAVEL TO WASHINGTON D.C.
JULY 17-19, 2011—THELLA F. BOWENS**

ALEXANDRIA UNION CAB
(703)683-1200 - 24 Hr. Dispatch Service

FROM Dulles
TO Hotel
DATE 9/18 FARES 63 + 10 = 73
DRIVER'S NAME _____ CAB# _____

By Request, We Accept



Each Cab Independently Owned & Operated

09/19/2011 Taxi ride from hotel
to state department
(Missing receipt form)
\$11.00
see page after 3 of 3

9/19/2011 McBee strategies dinner
(Missing receipt form attached)
\$135

**RECEIPTS FROM TRAVEL TO WASHINGTON D.C.
JULY 17-19, 2011—THELLA F. BOWENS**

DC TRIP / CAPPED
FIVE STAR
CAB # 239
09/21/11 TR 1071
START END MILES
08:08 08:26 3.5
FARE FOR EA RATE
RATE 1: \$ 10.25
EXTRA: \$ 1.00
TOTAL: \$ 11.25
H 87261
FACE ID# 54786
TEL 202 645 601

Tidewater Landing
Located In
Concourse C
At Dulles
International Airport

51 A T

Tb1 35/1 Chk 1391 Gst 0
Sep21'11 04:43PM

1 BBQ Pork Sand 7.99

Subtotal 7.99
Sales Tax 0.40
04:57PM Total 8.39

9/21
lunch

Have a Safe
Flight!!!

↑
9/21 DOT
Breakfast
Ray LaHood

UNITED

09/21/2011
Receipt # 0770
Transaction 1100211600000712

9/21
dinner

Product	Price	Qty	Am
Cheese Plate	7.49	1	7.49
TAX	0.00		7.49
TOTAL	7.49		7.49

Post Script Bar
1177 15th St NW Washington DC
509 SIGUENZA

TBL 24/1 CHK 3691 GST 1 ✓
✓SEP18'11 11:15AM

1 B'fast Buffet 19.00
SUBTOTAL 19.00
Tax 1.90
Total Due 20.90
Gratuity ~~4.00~~

Breakfast
9/18

24.00 ✓

Room Number 1119
Print Name THELLA BOWENS
Signature Thella J Bowers

Post Script Bar
1177 15th St NW Washington DC
509 SIGUENZA 1

TBL 24/1 CHK 3691 GST 1 ✓
SEP18'11 11:15AM

1 B'fast Buffet 19.00
FOOD 19.00
Gratuity 3.10
Tax 1.90
Payment 24.00 ✓
CHARGE TIP 3.10

1119
ROOM 1119-BT
Room Charge 24.00 ✓
---509 CLOSED SEP18 12:33PM---

Room Service
1177 15th St NW Washington DC
102 Fransisc

TBL 1119/1 CHK 2768 GST 1 ✓
SEP18'11 4:34PM

1 Delivery Charge 4.00
1 Soup of the Day 9.00
1 Iced Tea 3.75
SUBTOTAL 16.75
18% Service Chrg 3.02
Tax 1.68
Total Due 21.45

Dinner
09/18

Additional
Gratuity 2.00
Total 23.45

Room Number 1119
Print Name Bowers
Signature Thella J Bowers

Room Service
1177 15th St NW Washington DC
102 Fransisc 1

TBL 1119/1 CHK 2768 GST 1 ✓
SEP18'11 4:34PM

1 Delivery Charge 4.00
1 Soup of the Day 9.00
1 Iced Tea 3.75
FOOD 12.75
Delivery 2.00
18% Service Chrg 3.02
Tax 1.68
Payment 23.45
CHARGE TIP 2.00

1119
ROOM 1119-BT
Room Charge 23.45
---102 CLOSED SEP18 4:52PM---

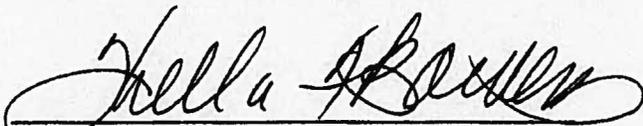
SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY

MISSING RECEIPT FORM

Employee/Department Head must complete form below.

Date of Purchase/Event: 19-Sep-11
Description of Item/Event: Taxi ride from hotel to State Department
Vendor/Event Name: Five Star Taxi
Dollar Amount: \$ 11.00
Reason for Missing Receipt: Lost receipt

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


Employee Signature

12/15/2011
Date

Department Head Signature

Date

Form must be attached to Petty Cash Voucher for Reimbursement

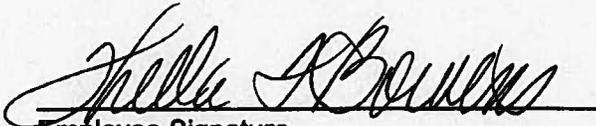
SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY

MISSING RECEIPT FORM

Employee/Department Head must complete form below.

Date of Purchase/Event: 19-Sep-11
Description of Item/Event: McBee Strategic Dinner
Vendor/Event Name: Al Tiramisu
Dollar Amount: \$ 155.25
Reason for Missing Receipt: Lost receipt
(See attached credit card transaction detail)
Attendees: **Mike Kulls, Matt Harris, Thelia Bowens**

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


Employee Signature

12/15/2011
Date

Department Head Signature

Date

Form must be attached to Petty Cash Voucher for Reimbursement

Transaction Date:	09/19/2011 Mon		
Transaction Description:	AL_TIRAMISU WASHINGTON DC 2024674466		
	FOOD/BEVERAGE	\$247.93	\$206.00
	TIP	\$40.55	\$135
Amount \$:	288.38		20.25 tip
Doing Business As:	AL TIRAMISU INC		<u>155.25</u>
Merchant Address:	2014 P ST NW WASHINGTON DC 20036-5923 UNITED STATES		
Reference Number:	320112830401702739		
Category:	Restaurant - Restaurant		

Attendees: Mike Kulis
 Matt Harris
 Thella Browns

**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: 09/22/11 PLANNED DATE OF DEPARTURE/RETURN: 11/03/11 / 11/04/11

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

Destination: Newport Beach, CA Purpose: California Airports Council Board of Directors meeting
 Explanation: _____

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:	
• AIRFARE	\$ _____
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$ <u>150.00</u>
B. LODGING	\$ <u>170.00</u>
C. MEALS	\$ <u>100.00</u>
D. SEMINAR AND CONFERENCE FEES	\$ _____
E. ENTERTAINMENT (If applicable)	\$ _____
F. OTHER INCIDENTAL EXPENSES	\$ _____
TOTAL PROJECTED TRAVEL EXPENSE	\$ <u>420.00</u>

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

Travelers Signature: _____ Date: _____

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: *Thella F. Bowens* Date: 23 Sept 2011

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

Tony L. Russell, Authority Clerk, hereby certify that this document was approved
 (Please leave blank. Whoever clerk's the meeting will insert their name and title.)
 by the Executive Committee at its 9/26/2011 meeting.
 (Leave blank and we will insert the meeting date.)



CALIFORNIA AIRPORTS COUNCIL

November 3 -4, 2011
California Airports Council
Board Meeting
Marriott Newport Beach Hotel & Spa
900 Newport Center Drive
Newport Beach, CA 92660
949.729.3500

Tentative Schedule

Thursday, November 3

- 1:00 – 4:00 P.M. Strategic Planning Session
CAC Board of Directors and Staff
Marriott Newport Beach - Cardiff Room
- 4:30 P.M. Meet in hotel lobby and board shuttle to dinner
Hornblower Dinner Cruise
3101 West Coast Highway
Newport Beach, CA 92663
949.650.2412
- 6 P.M. – 9:00 P.M. Dinner
Business Casual Attire
Please wear comfortable shoes and bring a light jacket

Friday, November 4

- 8 A.M. – 9 A.M. Continental Breakfast
Marriott Newport Beach - Cardiff Room
- 9 A.M. CAC Board of Directors Meeting
Business Casual Attire
- 12 P.M. Adjournment / Board Shuttle to John Wayne Airport (JWA)
- 12:30 – 2:00 P.M. Lunch at JWA's New South Commuter Terminal
- 2:00 – 3:30 P.M. Tour of JWA's New "Terminal C"
- 4:00 P.M. Board Shuttle Back to Hotel

For questions regarding this folio, please call
 Marriott Business Services toll-free 1-866-435-7627.



GUEST FOLIO

900 Newport Center Drive, Newport Beach, CA 92660 • 949.640.4000 • Marriott.com/LAXNB

801 **BOWENS/THELLA** **149.00** **11/04/11** **12:00** **22174** **6031**
 Room Name Rate Depart Time ACCT# GROUP
NSKN **11/03/11** **15:46**
 Type Arrive Time
55

Room Clerk	Address	Payment	MRW#:	
DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE
11/03	OVER VLT	VALET1		28.00
11/03	ROOM	801, 1		149.00
11/03	RM TX	801, 1		14.90
11/03	CA FEE	801, 1		.25
11/03	NPB FEE	801, 1		2.98
11/04	AX CARD			
				\$195.13

TO BE SETTLED TO: AMERICAN EXPRESS CURRENT BALANCE .00

THANK YOU FOR CHOOSING MARRIOTT! TO EXPEDITE YOUR CHECK-OUT, PLEASE DIAL EXTENSION 6800, OR PRESS "MENU" ON YOUR TV REMOTE CONTROL TO ACCESS VIDEO CHECK-OUT.

AS REQUESTED, A FINAL COPY OF YOUR BILL WILL BE EMAILED TO:
 SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amount shown in the credits column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after checkout, you will owe us interest from the checkout date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X _____

**RECEIPTS FROM TRAVEL TO NEWPORT BEACH, CA
NOVEMBER 3-4, 2011—THELLA F. BOWENS**

TRANSPORTATION CORRIDOR AGENCIES
ROUTE 73
CATALINA N ML

11/03/11 3:29:40PM PI 1191 Ln 3
Class 1 ID# 4339 \$5.00

THANK YOU

Sec 92660
(949) 640-0900

33522 NDRA H

b1 5/1 Csk 33 Gst 2
Nov03'11 07:39PM

1 BRUSC BORDARO	7.99
2 CL. CH. SACT.	89.99
3 CAR. GEMASTINI	10.50
1 SANPIETRO	57.99
	28.99
100 %	
service	7.99

Canaleto Risterante Veneto
545 Newport Center Drive
Newport Beach, CA 92660
Tel: 949-6500
Date: 11/03/11 09:44PM
Card: Amex
Acct: XXXXXXXXXXXX1003
Card exp: 08/12
Trans type: 000000
Trans key: 0000000001
Check: 33
Table: 5/1
Server: 33522 NDRA H

Subtotal: 49.81
Credit: \$35.93
Total: _____

28.99 100.45

tax 2.25 7.99

Total \$31.24
How did you like your meal? + tip
Receive a free dessert w/entrée
purchase on your next visit
Take our brief survey:
1) Call (800) 222-4200 or visit
www.ilfornaiosurvey.com
2) Enter access code:3091
Write redemption code _____
4) Bring receipt next visit
Expires 30 days from today.

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

11/3/2011 Dinner w/ John Martin, SFO
28.99
2.25 tax
469 tip
35.93
Airport Director

**RECEIPTS FROM TRAVEL TO NEWPORT BEACH, CA
NOVEMBER 3-4, 2011—THELLA F. BOWENS**

Great Maple
1133 Newport Center Drive
Newport Beach, CA 92660
Ph: (949) 706-8282

Great Maple
1133 Newport Center Drive
Newport Beach, CA 92660
Ph: (949) 706-8282

Server: Gabriel 11/04/2011
22/1 1:36 PM
Guests: 2 ✓ 40013
Reprint #: 1

Server: Gabriel DOB: 11/04/2011
01:39 PM 11/04/2011
22/1 4/40013

Arnie Palmer 2.75
Iced Tea 2.75
Fries & Onion 16.00
Beets Salad 12.00
Mini Meatballs 7.00
Seasonal Pie 8.00

AMEX 4194319
Card #XXXXXXXXXX1003
Magnetic card present: BOWENS THELLA F
Approval: 522899

Complete Subtotal 48.50
Subtotal 48.50
Tax 3.76
Total 52.26
Balance Due 52.25

Amount: \$ 52.25
+ Gratuity: 7.84
= Total: \$60.09

X _____

**MAKE CHANGE FOR KIDS \$ _____
MAKE CHANGE FOR KIDS PROVIDES AN
OPPORTUNITY TO DONATE YOUR
CHANGE FOR CHARITY BY ROUNDING YOUR
TOTAL TO THE NEAREST DOLLAR FOR
CHILDRENS HOSPITAL OF O.C

***** CUSTOMER COPY *****

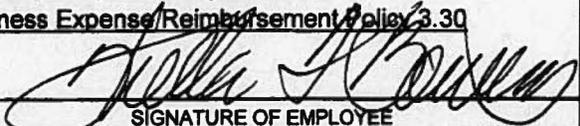
11/4/2011
Lunch w/ Matt Harris, SACRAA

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

EMPLOYEE NAME Thella F. Bowens			PERIOD COVERED Nov-11	
DEPARTMENT/DIVISION 6/Executive Office				
DATE	MILES DRIVEN	DESTINATION AND PURPOSE OF TRIP	PARKING FEES & OTHER TRANSPORTATION COSTS	\$\$\$
11/3/11	85.10	Newport Beach, CA to attend the California Airport Councils Board of Directors meeting.	Toll road en route to Newport Beach, CA	5.00
11/4/11	85.10	San Diego, CA from Newport Beach (return)		
SUBTOTAL				5.00

Computation of Reimbursement

TOTAL MILEAGE DRIVEN (LIMITED TO 200 MILE MONTHLY AVERAGE PER YEAR)	170.20
REIMBURSEMENT RATE: (see below) * Rate for 7/1/11 - 12/31/11	X 0.555
TOTAL MILEAGE REIMBURSEMENT	94.46
PARKING FEES/TOLL CHARGES (ATTACH RECEIPTS) (see page 1 of 2 receipts)	5.00
TOTAL REIMBURSEMENT REQUESTED	\$ 99.46

<p>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 mileage traveled on <u>Business Expense/Reimbursement Policy 3.30</u></p> <p align="center"> SIGNATURE OF EMPLOYEE</p>	<p align="center">DEPT./DIV. HEAD APPROVAL</p>
---	--

7/1/11 - 12/31/11 = \$.555
 1/1/11 - 6/30/11 = \$.61
 1/1/10 - 12/31/10 = \$.50

Please use **2011 - 1-1 to 6-30**
 tab for mileage prior to **July 1, 2011**



Directions to 900 Newport Center Dr, Newport Beach, CA 92660
85.1 mi - about 1 hour 33 mins

11/3/2011 Mileage from Airport to Newport Beach, CA destination.

Save trees. Go green!

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



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 3 mins | go 66.6 mi
total 69.4 mi |
| | 9. Take exit 85A to merge onto CA-73 N toward Long Beach
Partial toll road
About 12 mins | go 12.1 mi
total 81.4 mi |
| | 10. Take exit 12 for Bonita Canyon Dr
Partial toll road | go 0.4 mi
total 81.8 mi |
| | 11. Turn left onto Bonita Canyon Dr
About 3 mins | go 1.4 mi
total 83.2 mi |
| | 12. Continue onto Ford Rd
About 2 mins | go 0.7 mi
total 83.9 mi |
| | 13. Turn left onto Jamboree Rd
About 2 mins | go 0.7 mi
total 84.6 mi |
| | 14. Turn left onto Santa Barbara Dr
About 2 mins | go 0.5 mi
total 85.1 mi |
| | 15. Take the 1st right onto Newport Center Dr
Destination will be on the right | go 108 ft
total 85.1 mi |



900 Newport Center Dr, Newport Beach, CA 92660

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 ©2011 Google, INEGI

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

TRAVEL REQUEST

BRETON LOBNER

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

GENERAL INSTRUCTIONS:

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

1. TRAVELER:

Travelers Name: Breton Lobner Dept: 15
Position: Board Member President/CEO Gen. Counsel Chief Auditor

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

2. DATE OF REQUEST: 12-7-2011 **PLANNED DATE OF DEPARTURE/RETURN:** 1-26-11 / 1-27-2011

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

Destination: Denver, CO Purpose: ACI-NA Legal Affairs Steering Committee
Explanation: Meeting for the Legal Affairs Steering Committee

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

- AIRFARE \$ 319.00
- OTHER TRANSPORTATION (Taxi, Train, Car Rental) \$ 10.00

B. LODGING

\$ _____

C. MEALS

\$ 50.00

D. SEMINAR AND CONFERENCE FEES

\$ _____

E. ENTERTAINMENT (If applicable)

\$ 379.00

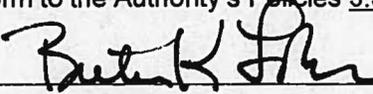
F. OTHER INCIDENTAL EXPENSES

\$ _____

TOTAL PROJECTED TRAVEL EXPENSE

\$

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

Travelers Signature:  Date: 12/12/11

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.)

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. Bowers Dept: 6/Executive Office

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

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

2. DATE OF REQUEST: 12/13/11 PLANNED DATE OF DEPARTURE/RETURN: 03/17/12 / 03/23/12

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

Destination: Geneva, Switzerland Purpose: ACI World Aviation and Environmental Summit and ACI World Board Meeting

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

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

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

B. LODGING \$ 2500.00

C. MEALS \$ 400.00

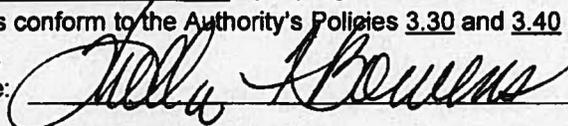
D. SEMINAR AND CONFERENCE FEES \$ 600.00

E. ENTERTAINMENT (If applicable) \$

F. OTHER INCIDENTAL EXPENSES \$

TOTAL PROJECTED TRAVEL EXPENSE **\$ 9900.00**

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

Travelers Signature:  Date: 4 Dec 2011

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

By my signature below, I certify the following:

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

Administrator's Signature: _____ Date: _____

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

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

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

GENERAL INSTRUCTIONS:

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

1. TRAVELER:

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

2. DATE OF REQUEST: 12/13/11 PLANNED DATE OF DEPARTURE/RETURN: 02/08/12 / 02/10/12

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

Destination: Salt Lake City, Utah Purpose: 2012 ACI-NA Winter Board of Directors and CEO Forum
 Explanation: 2012 ACI-NA Winter Board of Directors Meeting and CEO Forum

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

- AIRFARE \$ 500.00
- OTHER TRANSPORTATION (Taxi, Train, Car Rental) \$ 150.00

B. LODGING \$ 700.00

C. MEALS \$ 200.00

D. SEMINAR AND CONFERENCE FEES \$ 600.00

E. ENTERTAINMENT (If applicable) \$ _____

F. OTHER INCIDENTAL EXPENSES \$ _____

TOTAL PROJECTED TRAVEL EXPENSE \$ 2150.00

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

Travelers Signature: *Thella F. Bowens* Date: Dec 14 2011

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

By my signature below, I certify the following:

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

Administrator's Signature: _____ Date: _____

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

I, _____, 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: Theilla 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

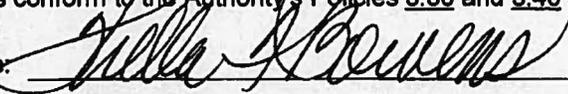
D. SEMINAR AND CONFERENCE FEES \$ 600.00

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:  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, _____, hereby certify that this document was approved
(Please leave blank. Whoever clerk's the meeting will insert their name and title.)

by the Executive Committee at its _____ meeting.

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

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

GENERAL INSTRUCTIONS:

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

1. TRAVELER:

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

2. DATE OF REQUEST: 12/13/11 PLANNED DATE OF DEPARTURE/RETURN: 01/22/12 / 01/24/12

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

Destination: Long Beach, CA Purpose: ACI-NA Air Service Data and Planning Seminar
Explanation: ACI-NA Air Service Data and Planning Seminar

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

- AIRFARE \$ _____
- OTHER TRANSPORTATION (Taxi, Train, Car Rental) \$ 150.00

B. LODGING \$ 350.00

C. MEALS \$ 150.00

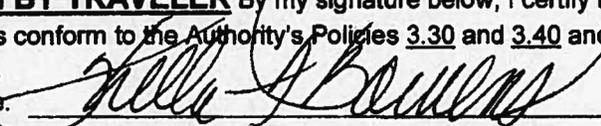
D. SEMINAR AND CONFERENCE FEES \$ 575.00

E. ENTERTAINMENT (If applicable) \$ _____

F. OTHER INCIDENTAL EXPENSES \$ _____

TOTAL PROJECTED TRAVEL EXPENSE \$ 1225.00

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

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

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

GENERAL INSTRUCTIONS:

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

1. TRAVELER:

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

2. DATE OF REQUEST: 12/15/11 PLANNED DATE OF DEPARTURE/RETURN: 03/26/12 / 03/28/12

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

Destination: Vancouver British Columbia, Canada Purpose: Attend ACI-NA Business Information Technology and Public Safety and Security Spring Conference

Explanation: Attend ACI-NA Business Information Technology and Public Safety and Security Spring Conference

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

- AIRFARE \$ 750.00
- OTHER TRANSPORTATION (Taxi, Train, Car Rental) \$ 150.00

B. LODGING \$ 400.00

C. MEALS \$ 150.00

D. SEMINAR AND CONFERENCE FEES \$ 600.00

E. ENTERTAINMENT (If applicable) \$

F. OTHER INCIDENTAL EXPENSES \$

TOTAL PROJECTED TRAVEL EXPENSE \$ 2050.00

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

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

GENERAL INSTRUCTIONS:

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

1. TRAVELER:

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

2. DATE OF REQUEST: 12/15/11 PLANNED DATE OF DEPARTURE/RETURN: 03/28/12 / 03/29/12

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

Destination: Sacramento, CA Purpose: Attend California Airports Council Board of Directors Meeting
 Explanation: Attend California Airports Council Board of Directors Meeting

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:	
• AIRFARE	\$ 600.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$ 150.00
B. LODGING	\$ 200.00
C. MEALS	\$ 100.00
D. SEMINAR AND CONFERENCE FEES	\$
E. ENTERTAINMENT (If applicable)	\$
F. OTHER INCIDENTAL EXPENSES	\$
TOTAL PROJECTED TRAVEL EXPENSE	\$ 1050.00

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: 15 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, _____, 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.)