



**SAN DIEGO COUNTY
REGIONAL AIRPORT AUTHORITY**

Meeting Date: **APRIL 12, 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

TRAVEL REQUESTS

BRUCE BOLAND

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

GENERAL INSTRUCTIONS:

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

1. TRAVELER:

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

2. DATE OF REQUEST: 3/1/12 PLANNED DATE OF DEPARTURE/RETURN: 4/16/12 / 4/19/12

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

Destination: Mexico City, Mexico Purpose: Attend Conference
Explanation: Seventh Annual San Diego/Baja California Mission to Mexico VII

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

- AIRFARE \$ 520
- OTHER TRANSPORTATION (Taxi, Train, Car Rental) \$ 100

B. LODGING \$ 525

C. MEALS \$ Incl

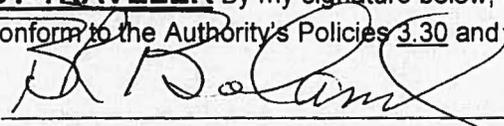
D. SEMINAR AND CONFERENCE FEES \$ 1390

E. ENTERTAINMENT (If applicable) \$

F. OTHER INCIDENTAL EXPENSES \$ 100

TOTAL PROJECTED TRAVEL EXPENSE \$ 2535

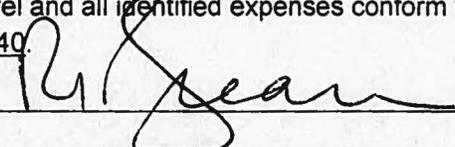
CERTIFICATION BY TRAVELER By my signature below, I certify that the above listed out-of-town travel and associated expenses conform to the Authority's Policies 3.30 and 3.40 and are reasonable and directly related to the Authority's business.

Travelers Signature:  Date: 1 MAR 12

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

By my signature below, I certify the following:

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

Administrator's Signature:  Date: 3.1.12

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

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

THELLA F. BOWENS

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

GENERAL INSTRUCTIONS:

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1. TRAVELER:

Travelers Name: Thella F. Bowens Dept: Bu6 Exec Office
 Position: Board Member President/CEO Gen. Counsel Chief Auditor
 All other Authority employees (does not require executive committee administrator approval)

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

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

Destination: St. Louis, MO Purpose: Participating on a panel for the 28th Annual AMAC/FAA Airport Business Diversity Conference
 Explanation: Participating on a panel

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE	\$ 650.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$ 100.00
B. LODGING	\$ 175.00
C. MEALS	\$ 100.00
D. SEMINAR AND CONFERENCE FEES	\$ 0.00
E. ENTERTAINMENT (If applicable)	\$ 0.00
F. OTHER INCIDENTAL EXPENSES	\$ 100.00
TOTAL PROJECTED TRAVEL EXPENSE	\$ 1125.00

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

Travelers Signature: *Thella F. Bowens* Date: 28 Feb 2012

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

By my signature below, I certify the following:

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

Administrator's Signature: _____ Date: _____

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

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

BRETON LOBNER

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

GENERAL INSTRUCTIONS:

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

1. TRAVELER:

Travelers Name: Breton K. Lobner Dept: 15
Position: Board Member President/CEO Gen. Counsel Chief Auditor
 All other Authority employees (does not require executive committee administrator approval)

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

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

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

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

- AIRFARE \$ 980.00
- OTHER TRANSPORTATION (Taxi, Train, Car Rental) \$ 100.00

B. LODGING

\$ 900.00

C. MEALS

\$ 200.00

D. SEMINAR AND CONFERENCE FEES

\$ 785.00

E. ENTERTAINMENT (If applicable)

\$

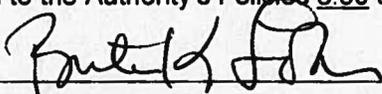
F. OTHER INCIDENTAL EXPENSES

\$

TOTAL PROJECTED TRAVEL EXPENSE

\$ 2,965.00

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: 2-28-12

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

By my signature below, I certify the following:

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

Administrator's Signature: _____ Date: _____

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

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

EXPENSE REPORT

ROBERT H. GLEASON

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

GENERAL INSTRUCTIONS:

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

1. TRAVELER:

Travelers Name: Robert H. Gleason, Chair Dept: 02/Board
 Position: Board Member President/CEO Gen. Counsel Chief Auditor

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

2. DATE OF REQUEST: 1/4/12 **PLANNED DATE OF DEPARTURE/RETURN:** 3/13/12 / 3/18/12

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

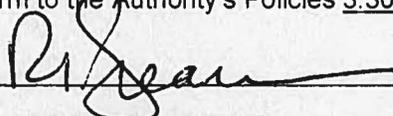
Destination: Washington, DC Purpose: Attend Conference
Explanation: AAAE/ACI-NA Washington Legislative Conference

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE	\$	500
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$	100
B. LODGING	\$	900
C. MEALS	\$	200
D. SEMINAR AND CONFERENCE FEES	\$	600
E. ENTERTAINMENT (If applicable)	\$	
F. OTHER INCIDENTAL EXPENSES	\$	75
TOTAL PROJECTED TRAVEL EXPENSE	\$	<u>2875</u>

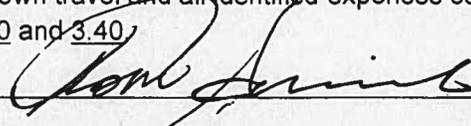
CERTIFICATION BY TRAVELER By my signature below, I certify that the above listed out-of-town travel and associated expenses conform to the Authority's Policies 3.30 and 3.40 and are reasonable and directly related to the Authority's business.

Travelers Signature:  Date: 1.5.12

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

By my signature below, I certify the following:

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

Administrator's Signature:  Date: 1-5-12

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

I, Tony Russell, Authority Clerk, hereby certify that this document was approved
 (Please leave blank. Whoever clerk's the meeting will insert their name and title.)
 by the Executive Committee at its 1130/2012 meeting.
 (Leave blank and we will insert the meeting date.)

Warren Anne

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

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

Same price returning Friday as well. Thanks!

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

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

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

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

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

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

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

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

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



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

GLEASON/ROBERT

BOARD

10-Jan-2012 3:37 pm

Page 1 of 2

YOUR UNITED ETICKET CONFIRMATION IS ** XXZB8M **
 -----INVOICE/ITINERARY ACCOUNTING DOCUMENT-----

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

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

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


 13-Mar-2012
 08:26am
 Tuesday

Air	United Airlines	Flight#	506	Class:	V
From:	San Diego CA, USA	To:	Washington Dulles DC, USA	Seats:	Seat:26C
Meal:	Food For Purchase	Status:	Confirmed	Stops:	0
Equip:	Boeing 757 200 Jet				
Depart:	13-Mar-2012 Tuesday		08:26am		
Arrival:	13-Mar-2012 Tuesday		04:12pm		

Depart - TERMINAL 1
 Arrive -
 United Airlines locator: XXZB8M
 UA Frequent Flyer# [REDACTED] -GLEASON/ROBERT
 ** AISLE SEAT CONFIRMED **
 Flight Duration: 4 hour(s) and 46 minutes
 Class of Service: Coach


 18-Mar-2012
 08:08am
 Sunday

Air	United Airlines	Flight#	229	Class:	V
From:	Washington Dulles DC, USA	To:	San Diego CA, USA	Seats:	Seat:24C
Meal:	Food For Purchase	Status:	Confirmed	Stops:	0
Equip:	Airbus A320 Jet				
Depart:	18-Mar-2012 Sunday		08:08am		
Arrival:	18-Mar-2012 Sunday		10:47am		

Depart -
 Arrive - TERMINAL 1
 United Airlines locator: XXZB8M
 UA Frequent Flyer# [REDACTED] -GLEASON/ROBERT
 ** AISLE SEAT CONFIRMED **
 Flight Duration: 5 hour(s) and 39 minutes
 Class of Service: Coach

14-Sep-2012
 Friday

San Diego CA, USA
 RESERVATION RETAINED FOR 180 DAYS

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



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

GLEASON/ROBERT

BOARD

10-Jan-2012 3:37 pm

Page 2 of 2

Ticket Information

GLEASON ROBERT
Ticket#:8732682734
Invoice#:1190827

Ticket Base Fare: 437.21
Ticket Tax: 54.39
Total Ticket Amount: 491.60

Electronic: YES

SERVICE FEE DOCUMENT #: 0570492962 FEE AMOUNT: 30.00

BILLED TO: AMERICAN EXPRESS ENDING IN 1012



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

Register On-Line at:
www.aaameetings.org

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

NOTE: AAAE reserves the right to cancel this program if the number of registrants is insufficient. In this event, we will notify all registrants and refund the registration fee in full. However, any costs incurred by the registrant, such as hotel cancellation or airline penalties, are the responsibility of the registrant. Confirmation letters will be emailed to attendees within two weeks of receipt of registration. If you have not received a confirmation letter via email two business days prior to the meeting and you enrolled at least two weeks prior to the meeting, please contact the AAAE Meetings Department at (703) 824-1504. Non-receipt of the confirmation letter before the meeting is not justification for seeking a refund.

Airline reservations—American Airlines has been selected as the official air carrier for this meeting. Attendees can receive a 5% discount off American's published fares. Rules and restrictions apply. To take advantage of American's special fares, call American Airlines directly at (800) 433-1790 from 6 a.m.-1 a.m. eastern time daily, and refer to star file #A2232BF.

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

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

 If you require any special assistance to participate or have special dietary requirements, email aaameetings@aaae.org

Check here if updated contact information has been provided.

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

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

Title Board Chair

Airport/Company San Diego County Regional Airport Authority

Address 3225 North Harbor Drive

City/State/Zip San Diego, CA 92101

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

Registration Fees <i>(in U.S. funds drawn on a U.S. bank)</i>		
<i>(includes the welcome reception, two continental breakfasts, two luncheons, breaks and all handout materials.)</i>		
	On/before 1/27	After 1/27
1. <input type="radio"/> AAAE Member Only.....	\$600	\$650
2. <input checked="" type="radio"/> ACI-NA Member Only.....	\$600	\$650
3. <input type="radio"/> AAAE and ACI-NA Member (both)....	\$600	\$650
4. <input type="radio"/> Non-Member.....	\$825	\$875

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

Cardholder Name: Anne G. Warren

Account #: [redacted]

Exp. Date: 08/13

Signature: Anne G. Warren

Return to: AAAE • 601 Madison St., #400 • Alexandria, VA 22314 (USA) or Fax to (703) 797-9018. *Photocopies of this form will be accepted. AAAE accepts registration regardless of race, religion, sexual orientation, sex, physical disability and national or ethnic origin. This policy is not limited to admissions, employment and educational services.*

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



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

INVOICE

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

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

Membership GP G45346546D
 Bonus Code
 Confirmation No. 6463123201
 Group Name American Assn. Airport Executives

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

\$ 958.38



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

INVOICE

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

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

Membership GP G45346546D
 Bonus Code
 Confirmation No. 6463123201
 Group Name American Assn. Airport Executives

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

Guest Signature

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

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

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

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

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

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

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



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

EXCESS BAGGAGE
 TICKET

GLEASON/ROBERT
 NOT VALID FOR
 TRANSPORTATION

PSGR TICKET 01687326827346
 LESYKZ

THIS IS YOUR RECEIPT

FOR CONDITIONS OF
 CONTRACT - SEE
 PASSENGER TICKET AND
 BAGGAGE CHECK

SAN UA IAD
 1 FIRST CHECKED BAG 25.00

NOT VALID FOR TRAVEL

USD 25.00

*DC trip
 out of hand bag fee*

VIXXXXXXXXXXXXX4730/XXXX/90313D

1 016 2607337121 5

USD 25.00



Baggage Receipt
 Issue Date: 18 MAR 2012 IAD ATO

A STAR ALLIANCE MEMBER

Baggage Document
 0162607602452

Description
 First Bag Fee

Qty Fees
 1 \$25.00

Method of Payment
 Visa XXXXXXXXXXXX4730

Ticket Number
 0168732682734

Robert Gleason

Cardholder Name
 ROBERT H GLEASON

DC trip - Return bag fee
 USD \$25.00

BAGGAGE FEES

Total Fees

Confirmation: LESYKZ

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

Carrier Routing
 UA IAD - SAN

AGENT REFERENCE: GG ESC BAG



TAXICAB RECEIPT

Time: *5:45*
 Date: *3-14-12*

Origin of trip: *Hyatt*

Destination: *Russell Senate Bldg.*

Fare: *49-* Sign: *RHG*

SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY

MISSING RECEIPT FORM

Employee/Department Head must complete form below.

Date of Purchase/Event: 3/18/12

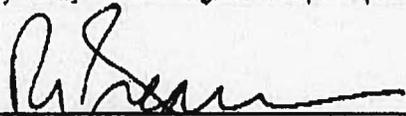
Description of Item/Event: Taxicab Receipt - DC to Dulles

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

Dollar Amount: \$60

Reason for Missing Receipt: Lost receipt

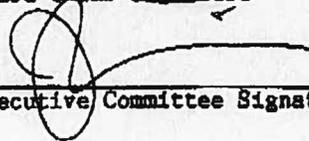
I hereby certify that the original receipt in question was lost or none was issued to me.



 Board Chair Signature

3.21.12

 Date



 Executive Committee Signature

3-22-12

 Date

BUSINESS EXPENSE

MARK BURCHYETT

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

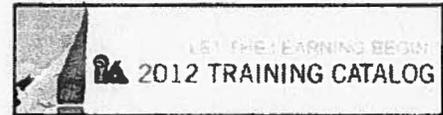
March 2012

Period Covered

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

<p>I acknowledge that I have read, understand and agree to Authority *Policy 3.30 - Business Expense Reimbursement Policy and that any purchases that are not allowed will be my responsibility. I further certify that this report of business expenses were incurred in connection with official Authority business and is true and correct.</p> <p>* Policy 3.30</p> 	<p>APPROVED:</p>
<p>NAME</p> <p>3/19/12</p>	<p>NAME</p>
<p>DATE</p>	<p>DATE</p>

THE SAN DIEGO CHAPTER



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IT - Risk and Opportunities All Day Seminar — Handlery Hotel and Resort 950 Hotel Circle North San Diego, CA

Wednesday, Apr 11, 2012, 8:30am to 5:30pm
8.0 CPE hours
109.00 Members | 119.00 Non-Members

[Register Me](#)



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

Wednesday April 11, 2012
Handlery Hotel and Resort
950 Hotel Circle North, San Diego, CA

All-Day Seminar Topics Include:

- « **IT Audit Benchmarking**
Jonathan Bronson, Managing Director - Protiviti
- « **The Evolving Role of Internal Audit in Organizations' Privacy Programs**
Doron Rotman, Managing Director - KPMG
- « **Using Business Intelligence to Drive Organizational Efficiencies**
Robert Kidoo, Faculty – Levanthal School of Accounting – University of Southern California
Kevin Erlandson, Technology Risk Director – Protiviti
- « **Internal Audit Preparation & Response to Emerging IT Risks**
Traci L. Mizoguchi, Senior Manager - Deloitte & Touche LLP
- « **Auditing Social Media**
Noel Haskins Hafer, Lead Internal Auditor/Audit Innovation Leader, Intuit
- « **Presentation To Be Announced**

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



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

1 CPE hour
Method: Group-Live
Program Level: Intermediate
Prerequisites: None
Advanced Preparation: None

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

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

Reservation deadline is April 6, 2012.

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

Event Registration/Payment

Member Registration \$109.00 USD

Chapter Affiliation

IIA

Attendee Names

Buy Now



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

Complaint Resolution Policy: Contact the Hospitality Chairperson, Carmen Barbosa at cbarbosa@qualcomm.com for refund, complaint or cancellation policies.

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

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Burchyett Mark

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



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

Hello Mark Burchyett,

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

Merchant information

The IIA San Diego Chapter

akecs@cox.net

<http://www.theiia.org/chapters/index.cfm?act=home.page&cid=52>

619-980-9831

Instructions to merchant

None provided

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

Shipping information

Mark Burchyett

Shipping method

Not specified



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

Total: \$109.00 USD

Receipt No: 0467-2611-9912-6560

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

Use PayPal next time!

It looks as if you already have a PayPal account.

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

? Questions? Visit the Help Center at www.paypal.com/help

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