### **Revised 12/19/11**



Item No.

Meeting Date: **DECEMBER 21, 2011** 

### Subject:

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

### **Recommendation:**

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

### Background/Justification:

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

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

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

### Fiscal Impact:

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

### **Environmental Review:**

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

## Page 2 of 2

## **Equal Opportunity Program:**

Not applicable

## **Prepared by:**

TONY RUSSELL DIRECTOR, CORPORATE SERVICES/AUTHORITY CLERK

# **EXPENSE REPORTS**

# THELLA F. BOWENS

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

		(To be co	mpleted withir	n 30 days	from trave	el return	date)					
TRAVELER	t:	Thella F. Bowens			DEPT. NAI	ME & NO		Executive Office BU6				
DEPARTURE DATE:		10/27/2011	RETURN DATE:		11/1/2011		1	REPORT DUE:			12/1/11	
DESTINATI	ON:	Marrakech, Morocco										
		nority Travel and Lodging Expense F	Reimbursement	Policy, An	ticle 3. Par	t 3.4. Sec	tion 3.40.	outlining a	ppropriate	reimbursa	ble	
expenses a	nd approvai	ls. Please attach all required supports should be explained in the space	rting documenta	ation. All r								
			Authority Expenses									
			(Prepaid by	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY		
Air France Da	United Divis		Authority)	10/30/11	10/31/11	11/1/11	<b>.</b>	10/27/11	10/28/11	10/29/11	TOTALS	
		(attach copy of itinerary w/charges) de copy of flyer/registration expenses)	5,132.50	ļ	1		-		ļ <u></u>	$\vdash$	0.0	
		de copy of flyer/registration expenses)	750.00						ļ	$\vdash$	0.0	
Rental Car*	*									· ·	0.0	
Gas and Oil Garage/Par				<b></b>	1				<u> </u>	╁	0.0	
		- f		<del> </del>		1			<u> </u>	$\vdash$	0.0	
Mileage - at				<del>                                     </del>		<del></del>	<b></b>		 	<del>├</del> -	0.0	
Hotel*	Stiuttle Fait	e (include tips pd.)*		120.62	144.25	1	<del> </del>		420.62	420.62	0.0	
Telephone,	internet one	1 Eav*		128.63	t		·		128.63	128.63	530.2	
Laundry*	internet and	ı ax			23.28		<del>                                     </del>			+	23.2	
	rately naid (	maids,bellhop,other hotel srvs.)		<b>-</b>	1		<u> </u>			+ +	0.0	
Meals	Breakfast			<del>                                     </del>	-	<del> </del>	<del> </del>			<del> </del>	0.0	
(include	Lunch*									<del>                                     </del>	0.0	
tips pd.)	Dinner*			22.91	52.82	1					75.7	
	Other Me	ale*		22.91	32.02	6.28				<del></del>	6.2	
Alcohol is a		sable expense		STORY DISK	NOT THE	0.20	STOKE YOU	-57 ST200	NAME OF STREET		0.2	
Hospitality <sup>1</sup>		Save expense	Described in			(				100100000	0.0	
Miscellaneo		ne Fees									0.0	
		, , , , , , , , , , , , , , , , , , , ,									0.0	
						<del></del>					0.0	
*Provide de	tailed receip	ots			<del></del>		1				0.0	
ALC: NO		Total Expenses prepaid by Authority	5,882.50	151.54	220.45	6.28	0.00	0.00	128.63	128.63	635.5	
Explanation	:						epaid by A				5,882.5	
					(including		curred by E	mpioyee			635.5	
					Grand Tr		rances)			93700	6,518.0	
							e (attach cop	w of Authorit	v ck)			
							epaid by A		y On)		5,882.5	
							itive amou				0,002.0	
	s and busines neck Request	s affiliations of any persons whose meals	were paid by trave	eler.	I	**	gative amo				635.5	
		ayable to SDCRAA							ing even if	the amount i		
Las travala	r or admin	istrator acknowledge that I have	rood underst	and and a	aroo to A	. uthority	naliaina (	2.40 T==	المصمادي	adaina Ti		
reeneneibil	inent Polic	ry <sup>4</sup> and 3.30 - Business Expense	Reimburseme	ent Policy	and that	t any pur	cnases/ci	aims that	are not	MIOWED WIL	li be my	
correct.	ity. Truitile	er certify that this report of travel	expenses wer	e incurre	u iii Coiiri	ection wi	un omciai	Authority	busines	s and is tru	ie and	
	Travel and	d Lodging Expense Reimbursement	Policy 3.40		Business	Expense	Reimburs	ement Pol	icv 3.30			
Prepared By			Caldera		/			Ext.:		2445		
•	•	Atiollo. A.	Print/Type Name	26			Đ.			10/00		
Traveler Sig	ınature:	Julia F	BAKE				3.0	Date:	_13/	<u>19/00</u>	71	
Approved By	y:						_	Date:				
AUTHORIT	Y CLERK C	ERTIFICATION ON BEHALF OF EX	KECUTIVE CO	MMITTEE	(To be ce	ertified if u	sed by Pre	sident/CE0	), Gen. Co	unsel, or Ch	ief Auditor)	
					-					utive Comm	-	
(Please leave	blank. Who	ever clerk's the meeting will insert their r	name and title.)		any aracti	4004111	on was ap	proved D)	THE LAGO	GUVE COMM	mice at its	
// 1		meeting.										
ri eave hiank	and we will in	sert 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	Reir	mburse 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	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	•
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- A. All travel requests must conform to applicable provisions of Policies 3.30 and 3.40.
- B. Personnel traveling at Authority expense shall, consistent with the provisions of Policies 3.30 and 3.40, use the most economical means available to affect the travel.

Travelers Name: Thella Bowens					
				_ Dept: <u>_0</u>	6/Executive Office
Position: Board Member	✓ President/CEO		. Counsel		Chief Auditor
All other Authority er	nployees (does not re	quire execut	tive commit	tee adminis	trator approval)
2. DATE OF REQUEST: <u>06/20/11</u>	PLANNED DATE OF I	DEPARTURE	E/RETURN:	10/27/11	/ 11/02/11
<ol><li>DESTINATIONS/PURPOSE (Provide of paper as necessary):</li></ol>					
Destination:Marrakech, Morocco	A: E:	ssembly/AC xhibition	I Africa An	nual Assem	ACI World Annual bly, Conference &
Explanation: World Board Meeting & Exhibition	and ACI World Annua	al Assembly	ACI Africa	Annual Ass	sembly, Conference
×					
4 DDO IECTED OUT OF TOWN TRAN	<b></b>				
<ol> <li>PROJECTED OUT-OF-TOWN TRANSPORTATION COST</li> </ol>	ZEL EXPENSES S:				
<ul><li>AIRFARE</li></ul>			\$	5600.00	
<ul> <li>OTHER TRANSPORTA</li> </ul>	TION (Taxi, Train, Car	r Rental)	\$	200.00	
B. LODGING		, ,	\$	1400.00	
C. MEALS		•	\$	200.00	
D. SEMINAR AND CONFEREN		•	\$	750.00	
E. ENTERTAINMENT (If applic	able)	•	\$		
F. OTHER INCIDENTAL EXPE	NSES	•	\$		
TOTAL PROJECTED 1	RAVEL EXPENSE		\$	8150.00	
CERTIFICATION BY TRAVELER	Ry my signature hall	low Loadify	that the ak	one listed s	e
associated expenses conform to the Au	thority's Polisies 3 30	and 2.40 or	.d a=a =a a	one listed t	out-oi-town travel and
Authority's business.	monty sylvings 3.30	anu <u>3.40</u> an	iu are reas	onable and	directly related to the
Travelers Signature:	Delle		Da	ate:	1/12/11
CERTIFICATION BY ADMINIST	RATOR (Where Ad	lministrator	is the Exec	cutive Comn	nittee the Authority
Clerk's signature is required).					mico, the Admonty
By my signature below, I certify the folio	wina.				
		n tenual		- 4 - 4 - 19	
I have conscientiously reviewed     The concerned out-of-town trave	MOJ-10-JUO BYOUR BILL	rı travel reqi	uest and th	e details pro	ovided on the reverse.
	ei and all identified ex	penses are	necessary	for the adva	ancement of the
Authority's business and reason	able in comparison to	the anticipa	ated benefi	it to the Auti	nority.
3. The concerned out-of-town trave	and all identified ex	penses con	form to the	requiremen	nts and intent of
Authority's Policies 3.30 and 3.4	<u>0</u> //				
Administrator's Signature:	Mea		_	Date: _	7.12.11
AUTHORITY CLERK CERTIFICA	ATION ON BEHAI	LF OF EX	ECUTIVE	E COMMI	TTEE
Tonk Russell, And	thority Clo	∕k he			ocument was approved
(Please leave plank. Whoever clerk's the meeting		title.)	.,		
by the Executive Committee at its	ave blank and we will inse		mee	ting.	



DEPT 6

**BOWENS/THELLA** 

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

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. 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 AFTERHOURS SERVICE WHILE IN MOROCCO PLEASE CALL DIRECT DIAL OR COLLECT 201-221-4462 IF INTL AFTERHOUR 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 AFTERHOURS SERVICE WHILE IN UNITED KINGDOM PLEASE CALL 00-800-15253545 IF INTL AFTERHOUR NUMBER DOES NOT WORK DIAL DIRECT OR COLLECT 201-221-4462 Air Continental Airlines Flight# 1638 Class: From: San Diego CA, USA To: Houston Intercontinental, TX 27-Oct-2011 Meal: Breakfast Seats: Seat:2B 08:28am Equip: Boeing 737-800 Jet Status: Confirmed Thursday Depart: 27-Oct-2011 08:28am Thursday Stops: n 27-Oct-2011 Arrival: Thursday 01:39pm Depart - TERMINAL 2 Arrive - TERMINAL C Continental Airlines locator: D5XY50 UA Frequent Flyer# ( AISLE SEAT CONFIRMED \*\* Flight Duration: 3 hour(s) and 11 minutes Class of Service: Business Air Continental Airlines Flight# Class: Z From: Houston Intercontinental, TX To: London Heathrow EN, UK 27-Oct-2011 Meal: Dinner Seats: Seat:2D 03:45pm Equip: Boeing 777 Jet Status: Confirmed Thursday Depart: 03:45pm 27-Oct-2011 Thursday Stops: Arrival: 28-Oct-2011 06:55am Friday Depart - TERMINAL E Arrive - TERMINAL 4 Continental Airlines locator: D5XY50 UA Frequent Flyer# \*\* AISLE SEAT CONFIRMED \*\* Flight Duration: 9 hour(s) and 10 minutes Class of Service: Business



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

BOWENS/THELLA	DEPT 6	***	13-Jul-2011 10:25 a Page 2 of
28-Oct-2011 10:10am Friday	Air Bmi British Midland From: London Heathrow EN, UK Meal: Hot Meal Equip: Airbus A320 Jet Depart: 28-Oct-2011 Friday 10:10 Arrival: 28-Oct-2011 Friday 12:35	- Ctopo.	447 Class: P Marrakech, Morroco Seat:2D Confirmed 0
	Depart - TERMINAL 1 Arrive - TERMINAL 1 Bmi British Midland locator: 7E5HJO UA Frequent Flyer# 000000000000000000000000000000000000	inutes	
	Air Bmi British Midland	Flight#	448 Class: P
31-Oct-2011	From: Marrakech, Morroco Meal: Hot Meal	To: Seats:	London Heathrow EN, UK Seat:2C
02:15pm Monday	Equip: Airbus A320 Jet Depart: 31-Oct-2011 Monday 02:15 Arrival: 31-Oct-2011 Monday 05:50		Confirmed 0
	Depart - TERMINAL 1 Arrive - TERMINAL 1 Bmi British Midland locator: 7E5HJQ UA Frequent Flyer# ** AISLE SEAT CONFIRMED ** Flight Duration: 3 hour(s) and 35 m	nutes	
	Class of Service: P  Hotel Hilton International Hilton London Hea	throw Airpo	
		AIRPORT FR	
31-Oct-2011 Monday	Phone: 44-208-7597755 Number of Rooms: 1	Fax: 4 Rate:	14-208-7597579 119.00GBP
,	Confirmation: 3440034496	Room G ancel By 4 PM or	Guaranteed n Date of Arrival
	Air Continental Airlines	Flight#	5 Class: Z
01-Nov-2011	From: London Heathrow EN, UK	To:	Houston Intercontinental, TX
10:45am Tuesday	Meal: Lunch Equip: Boeing 777 Jet Depart: 01-Nov-2011 Tuesday 10:45 Arrival: 01-Nov-2011 Tuesday 04:10	Otopo.	Seat:2D Confirmed 0
	Depart - TERMINAL 4 Arrive - TERMINAL E Continental Airlines locator: D5XY5( UA Frequent Flyer#  ** AISLE SEAT CONFIRMED ** Flight Duration: 10 hour(s) and 25 m Class of Service: Business	S/THELLA	
	Air Continental Airlines	Flight#	1689 Class: Z
01-Nov-2011	From: Houston Intercontinental, TX Meal: Dinner	To: Seats:	San Diego CA, USA Seat:2B
05:45pm Tuesday	Equip: Boeing 737-800 Jet Depart: 01-Nov-2011 Tuesday 05:45 Arrival: 01-Nov-2011 Tuesday 07:18	Status: Stops:	Confirmed 0
	Depart - TERMINAL C Arrive - TERMINAL 2 Continental Airlines locator: D5XY50 UA Frequent Flyer# ** AISLE SEAT CONFIRMED ** Flight Duration: 3 hour(s) and 33 mi Class of Service: Business	S/THELLA	



Traveitrust

374 North Coast Fighway 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 San Diego CA, USA **RESERVATION RETAINED FOR 180 DAYS** Sunday TRAVELTRUST IS OPEN MONDAY - FRIDAY FROM 5AM-530PM PST AND SATURDAY FROM 9AM-1PM PST - 760-635-1700. FOR EMERGENCY AFTERHOURS SERVICE IN THE US PLEASE CALL 888-221-6062 AND USE YOUR VIT CODE - S7NS0 PLEASE NOTE THIS IS OUR NEW EMERGENCY NUMBER EACH EMERGENCY CALL IS BILLABLE AT A MINIMUM 25.00 THANK YOU FOR CHOOSING TRAVELTRUST...SCOTT MACKERLEY Ticket Information BOWENS THELLA Ticket#:8665624902 Ticket Base Fare: 3432.00 Invoice#:1186344 Ticket Tax: 915.70 Total Ticket Amount: 4347.70

Electronic: YES **BOWENS THELLA** 

Ticket#:8665624904 Invoice#:1186344 Electronic: YES

Ticket Base Fare: Ticket Tax:

Total Ticket Amount:

546.00 198.80 744.80

\$ 5132.50

SERVICE FEE DOCUMENT #: 0548152410

FEE AMOUNT: 40.00

BILLED TO: AMERICAN EXPRESS ENDING IN



## **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		
	· ·	<u>.</u>	GST % (USD):	.00		
			QST % (USD):	.00		
		Postage and H	landling (USD):			
		GRAND T	OTAL (USD):	750.00		
Please indicate the above invoice number to e	nsure proper c	redit.				
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  CROSSED CHECK made out and possible ACI World						
Account no.240-202 942.53E BIC/SWIFT ROYCCAT2		Suite 18 Montrea Canada	du Square Victoria 10, P.O. Box 302 I, Quebec, H4Z 1G8			
CREDIT CARD please specify by end	circling appropr	iate card:				
☐ Visa ☐ Mastercard 🛅	AmexCo					
Card Number:						
Expiration:						
Cardholder Name:						
Signature:	<del></del>	<u> </u>				
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

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	E0zbW2AEQQf3UAI2vzdGAUEUnr4b
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

CARD SOLUTIONS

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# 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

**AFR Working Group Airport Charges** All Day :

29 October 2011 (Saturday)

0800 - 0900 : World Audit Committee meeting

0900 - 1700 : AFR Working Group II meeting

0900 - 1700 : AFR Working Group I 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)

Golf Tournament and Social Activities

Exhibition move-in Conference hall baild up

0900 - 1330 600

ACI Asia-Pacific Board meeting & lunch 1390-1400 ACI World Business Partners Boald meeting (tentative)

1630 - 730

ACI World Business Partners meeting (tentative)

1800 - 2000

Opening ceremony in conference hall & exhibition opening on exhibition

floor.





#### Centre Monétique Interbancaire

F.Bowens Thella

Morocco

31/10/11

10:59:46

9660127721 90732401

RECEPT PGP I Marrakech

BOWENS/THELLA F xxxxxxxxxxx1003

CARTE ETRANGERE 02/14

xxx-0-2053-0-34

INVOICE

MONTANT:

3722,50 MAD

NUM TRANSACTION : 005 NUM AUTORISATION: 582379

STAN

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Chambre:

103107 Date Arrivée: 28-10-11 31-10-11

Date Départ: Page:

1 of 1 84077

Facture: Caissier:

**ERRAMI** 

Date:

3,249.09

3,722.50

338.41

31-10-11

Date	Texte	DEBIT		Débit MAD	Crédit MAD
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28-10-11	T.P.T	TICKET A CONSERVER COPIE CLIENT		16.50	1099,50 DH
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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	5 b . l
30-10-11	T.P.T			16.50	1099.50 DH
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31-10-11	AMEX TPE				3,722.50
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		Solde Facture		0.00	

**Total Hors Taxe** 

Montant T.V.A

Total T.T.C

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





#### Check Detail

PALMERAIE GOLF PALACE Signor Santi 46 FOUAD 31 /1 7958 GST 5 300CT'11 20:34 REPRINT CLOSED CHECK 2 Oulmes 1L 80.00 1 V. Chranti 90-00 1 Filletto Branzin 220.00 2 Lasagne Al Forno 250.00 1 Instalata Capres 110.00 2 Prosciutto Parma 320.00 Sous Total: 1060.00 Paiement: 1060.00 103106/Cox EXEMPTION 424.00 155140/MOK ROOM HDG 212.00 103107/Thella EXEMPTION 424.00) X ----46 CLOSED 300CT 21.39 Guest Name : Room Number:

(DH) . 11.6892

Signature :\_\_\_\_\_

PATANTE Nø53001749 IF: 06501811

(Bill divided by 5 Anders)

(Thelly paid for two attenders)

per person share: 212.00H

5 btact 16.00 DH perperson

for 80.00 DH show of wine

revised per person Share: 196.00 DH

196,00 DH= \$22.91US

Page 1 of 1





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

AMERICAN EXPRESS EUR	00 176	MZ
HEATHROW 11 ASD IS		
AIRSIDE DEPATURES IS	LANU	
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HOUNSLOW, TWO 1AP,		m
TEL:0208 750 5525		70
28 OCT 2011		
PAL: 02	TIME: 07:18	ER
IFLL. UE	TRANS: 012	S
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SELL		
	MATTES	
AMOUNT:	OCC N DIT TAP	S
	900.00	=
LAUTHINGE MATE;	10.861000	m
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# RECEIPTS FROM TRAVEL TO MARRAKECH, MOROCCO OCTOBER 27 – NOVEMBER 1, 2011—THELLA F. BOWENS

Costa Ocffee Heathrow Terminal 4 Airside Heathrow Aircort, Hounslow Viodlessk, TW6 3X4

COSTA LTD A-ITBREAD EROUP PLO AMITBREAD COURT, FORZ AVE CUNSTABLE, LGS 5XE VAT NO:243 2928 64 VINAXI 01/11/2011 09:32

Till 2 Sale 202478

\*\* 0 25 CONDESSION 10% DISCOUNT \*\*

Tall us about your visit, we're listening Text to 07537 412081 or visit website costafeedcack colls. See web for T&Os Stors reference: 43014435

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Costa Coffee
Heathrow Terrinal 4 Airside
Heathrow Aircord, Hounslow
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COSTA LTD
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AHITEREAD COURT, FORZ AVE
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VINAXI 01/11/2011 03:40

Till 2 Sale 202483

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Tell us about your visit,we're listening Text to 07837 412031 or visit website costafeadoack.co.lk. See web for T&Os Stors referance: 43014435

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

Page \_\_\_\_OF \_\_\_



ID

**LINTR** 

LINTR

COGO

COGO

**TOFA** 

**REF NO** 

3389235

**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 **ROOM RATE** 

1/0

RATE PLAN

£ 119.00 L-T1

AL:

Hhonors #

VAT INVOICE

18285875

CONFIRMATION NUMBER: 3440034496

**DESCRIPTION** 

31/10/2011 IBAHN INTERNET ACCESS

31/10/2011 OSCAR'S # 3265

31/10/2011 GUEST ROOM

31/10/2011 ROOM TAXES

01/11/2011 AX \*1003

VAT#

917 8760 84

**FOLIO NO./CHE** TAX DATE:

611906A 01/11/2011

01/11/2011 DATE

PAGE 1

**GUEST CHARGES** £34.03 - SCC **CREDIT** 

3389263 £15.00\_ 3389647 £119.00 4 3389647 £23.80 3390313

£191.83

**BALANCE ESTIMATED CURRENCY TOTAL GBP** 

£0.00 0.00

**BALANCE** 

TAX SUMMARY

17 D. COMMUNICI	
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

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

Adda Hotels T/A Hilton London Heathrow Airport Registered Office: Adda Hotels, Maple Court, Central Park, Reeds Crescent, Watford, Herts, WD24 4QQ, England

## SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY TRAVEL EXPENSE REPORT

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

TRAVELE	R:	Thella F. Bowens		1	DEPT. NAI	ME & NO.		Executive Office BU6			
DEPARTU	IRE DATE:	11/15/2011	RETURN	DATE:		11/16/201	1	REPO	RT DUE:	12	/16/11
DESTINA	TION:	St. Louis, MO									
expenses :	and approvals	ority Travel and Lodging Expense R s. Please attach all required support ns should be explained in the space	ing documentation								
			Authority Expenses				Employe	e Expens	308	·	
			Eller - New York of St. smaller	SUNDAY	MONDAY	TUESDAY 11/15/11	WEDNESDAY 11/16/11	THURSDAY	FRIDAY	SATURDAY	TOTALS
Air Fare, R	Railroad, Bus	(attach copy of itinerary w/charges)	715.70				1	9 -1855			0.0
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Rental Car	*			dati atteom							0.0
Gas and C	)il*		<b>基</b>								0.0
Garage/Pa	ırking*	4170									0.0
Mileage - a	attach mileage	form*	图 图 图 图 图				STATE OF THE PARTY				0.0
Taxi and/o	r Shuttle Fare	(include tips pd.)*			164				-		0.0
Hotel*						183.98					183.9
Telephone	, internet and	Fax*									0.0
Laundry*			<b>从</b> 为中国								0.0
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Meals	Breakfast*						14.41				14.4
(include tips pd.)	Lunch*		DUE SEEDE			16.00					16.0
ups pu.)	Dinner*						8.42				8.4
	Other Mea										0.0
	non-reimburs	sable expense	學可能的學								
Hospitality											0.0
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Leave blank	and we will ins	meeting. sert the meeting date.)									
Failure to a	ttach required	documentation will result in the del	ay of processing i	reimbui	sement. If	you have	any ques	tions, ple	ase see		
our depart	tment Adminis	strative Assistant or call Accounting a	at ext. 2806.					•			

S:\Travel\Thella 2011\11-15, St. Louis, MO\Travel Expense Report (St Louis MO).xlsx

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

#### **GENERAL INSTRUCTIONS:**

В.	Persor	nnel t	ravelin	g at Au	thority	expens	licable p e shall, o affect t	consiste	ent with t	icies <u>3.30</u> a he provisio	and <u>3.40</u> . ons of Poli	cies <u>3.3</u>	0 and <u>3.4</u>	O use
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Traveltrust
374 North Coast Highway 101
Encintes, Ca 92024
Tol: 760-635-1700
Fax 760-635-1720
Website www.traveltrust.com

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	Depart Arrive United UA Freq ** ECON Flight	OPERATED BY /U	nITED EX r: N2LD2 SEAT CON r(s) and	PRESS/GOJET		ES		
16-Nov-2011 04:05pm Wednesday	Air From: Meal: Equip: Depart: Arrival:	United Airlines St Louis Intl MO, University None CRJ-Canadair Reg 16-Nov-2011 We 16-Nov-2011 We	iona dnesday	04:05pm 05:34pm	Flight# To: Seats: Status: Stops:	6321 (Denver CO, US/ Seat:8B Confirmed 0	Class: A	К
	STL-DEN Depart Arrive United UA Freq ** ECON Flight	OPERATED BY /U - TERMINAL 1	NITED EX  r: N2LD2  SEAT CON r(s) and	PRESS/SKYWE		INES		
16-Nov-2011 07:07pm Wednesday	Air From: Meal: Equip: Depart:	United Airlines Denver CO, USA Light Lunch Boeing 757 200 Jet		07:07pm	Flight# To: Seats: Status: Stops:	630 (San Diego CA, USeat:21C Confirmed 0	Class: JSA	К



Traveltrust

374 North Coast Fighway 101

Encinitas, Ca. 92024 Tol: 760-635-1700

Fex 760-635-1720 Website: www.travetrust.com

**BOWENS/THELLA** 

**DEPT 6** 

06-Oct-2011 3:48 pm

Page 2 of 2

Depart -Arrive - TERMINAL 1 United Airlines locator: N2LD2F

## ECONOMY PLUS AISLE SEAT CONFIRMED \*\*
Flight Duration: 2 hour(s) and 26 minutes
Class of Service: Coach

Other

14-May-2012

San Diego CA, USA

**RESERVATION RETAINED FOR 180 DAYS** 

Monday

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

Ticket Base Fare:

218.84

Invoice#:1188564

Ticket Tax:

26.56

Total Ticket Amount:

245.40

Electronic: YES

SERVICE FEE DOCUMENT #: 0550830016

FEE AMOUNT:

25.00

#270.40

BILLED TO: AMERICAN EXPRESS ENDING IN



Traveitrust 374 North Coast Faghway 101 Encinitias, Ca 92024 Tel: 760-635-1700 Fax 760-635-1720 Website www.traveitrust.com

BOWENS/THELLA	DEPT 6	09-Nov-2011 10:14 am Page 1 of 2
	YOUR SOUTHWEST ETICKET CONFIRMATION IS **INVOICE/ITINERARY ACCOUNTING DOC ********TICKETLESS TRAVEL INSTRUCTIONS** THIS IS AN E-TICKET RESERVATION. A GOVERNMENT ISSUED PHOTO ID IS NEEDED AT A PORTION OF THIS TRIP MAY BE REFUNDABLE. UNUSED PORTIONS TO TRAVELTRUST FOR POSSIE ***********************************	IYK93I **  CMENT  *******  CHECK IN  PLEASE RETURN  LE REFUND.  ********  BOARDING  OR TO DEPARTURE  DEPARTURE  WWW.TSA.GOV
15-Nov-2011	Air Southwest Airlines From: San Diego CA, USA Meal: None	Flight# 1224 Class: Y To: Houston Hobby TX, USA
10:00am Tuesday	Equip: Boeing 737-700 Jet Depart: 15-Nov-2011 Tuesday 10:00am Arrival: 15-Nov-2011 Tuesday 03:00pm Depart - TERMINAL 1	Status: Confirmed Stops: 0
	Arrive – Flight Duration: 3 hour(s) and 00 minutes Class of Service: Coach	
15-Nov-2011	Air Southwest Airlines From: Houston Hobby TX, USA Meal: None	Flight# 1050 Class: Y To: St Louis Intl MO, USA
03:55pm Tuesday	Equip: Boeing 737-300 Jet Depart: 15-Nov-2011 Tuesday 03:55pm Arrival: 15-Nov-2011 Tuesday 05:55pm Depart -	Status: Confirmed Stops: 0
	Arrive - TERMINAL 2 Flight Duration: 2 hour(s) and 00 minutes Class of Service: Coach	
16-Nov-2011	Air Southwest Airlines From: St Louis Intl MO, USA Meal: None	Flight# 1103 Class: Y To: Chicago Midway IL, USA
05:10pm Wednesday	Equip: Boeing 737-700 Jet Depart: 16-Nov-2011 Wednesday 05:10pm Arrival: 16-Nov-2011 Wednesday 06:15pm Depart - TERMINAL 2	Status: Confirmed Stops: 0
	Arrive - Flight Duration: 1 hour(s) and 05 minutes Class of Service: Coach	
6-Nov-2011	Air Southwest Airlines From: Chicago Midway IL, USA Meal: None	Flight# 275 Class: Y To: San Diego CA, USA
07:20pm Wednesday	Equip: Boeing 737-700 Jet Depart: 16-Nov-2011 Wednesday 07:20pm Arrival: 16-Nov-2011 Wednesday 10:10pm	Status: Confirmed Stops: 0
	Depart - Arrive - TERMINAL 1 Flight Duration: 4 hour(s) and 50 minutes Class of Service: Coach	
4-May-2012 Monday	Other San Diego CA, USA RESERVATION RETAINED FOR 180 DAYS-A	



Traveltrust 374 North Coast Fighway 101 Encinitas, Ca. 92024 Tol: 760-635-1700 Fex 760-635-1720 Website www.travetrust.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

415.30 0.00 415.30

Electronic: YES

Ticket Base Fare: Ticket Tax: Total Ticket Amount:

\$ 445.30

SERVICE FEE DOCUMENT #: 0568908373

FEE AMOUNT: 30.00

BILLED TO: AMERICAN EXPRESS ENDING IN



11-16-11

**Thella Bowens** US

Folio No. A/R Number **Group Code** Company

Membership No. : Invoice No.

Room No. : 553 Arrival : 11-15-11 Departure : 11-16-11

Conf. No. : 63671195 Rate Code: IGCOR 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

O526 Table 52 #Party 1 KENNETH E SvrCk: 1 15:46 11/15/11 DINE IN

1 Tea 2.35
1 Tortilla Soup 7.95
2 dide of Fries 2.45

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

TRANSACTION APPROVED
THORIZATION #: 564697
Reference: 1115010000526
TANS TYPE: Credit Card SALE

CHECK: 13.80

TIP:

\*\*\*Duplicate Copy\*\*\*

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

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

CLOUDS  ***** CREDIT CARD VOUCHER ****  *******************************	CLOUDS CROWNE PLAZA ST LOUIS, I ST LOUIS, I 105 PATTY	10 
DATE: NOV16'11 10:08AM	NOV16'11 9:	52AM
CARD TYPE: ACCT #: XXXXXXXXXXX  EXP DATE: XX/XX AUTH CODE: 543383 RESEARCH: 00000000000 THELLA F BOWENS	1 TOAST WHEAT 1 SIDE BACON	4.00 4.50 3.00 11.50 0.91 2.41
SUBTOTAL: 12.41		
	GRATUITY	
GRATUITY \$	TOTAL	
TOTAL \$ (14.41)	ROOM NUMBER	
SIGNATURE	PRINT LAST NAME	
	SIGNATURE	
Please leave SIGNED COPY with your Server / Cashier.		

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

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6/2011

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Subtotal 7.59 Tax 0.83 Total 8.42

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GRAND TUTAL 8.42

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

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

Telephone, Internet and Fax*   0.00	TRAVELE	R:	Thella F. Bowens	DEPT. NAME & NO			ME & NO.	NO. 6/Executive Office				
Please refer to the Authority Travel and Lodging Expense Reimbursement Publicy, Article 3, Part 34, Section 340, outlining agencyrists instinutionable expenses and approvals. Please after all provided petitive details of increased and provided agency in the space provided below.  Employee Expenses Employee Expenses (Preparkt by Authority)  Air Fare, Railroad, Bus (attach copy of thereny withrapps) 499-04  Conference Fees (provide copy of thereny withrapps) 499-04  Air Fare, Railroad, Bus (attach copy of thereny withrapps) 499-04  Conference Fees (provide copy of thereny withrapps) 499-04  Air Fare, Railroad, Bus (attach copy of thereny withrapps) 499-04  Conference Fees (provide Copy of thereny withrapps) 499-04  Con	DEPARTU	JRE DATE:	10/1/2011	RETURN DATE:			10/2/201	1	REPORT DUE:		1	1/1/11
expenses and approvets. Please attach all required supporting documentation. All receipts must be defailed, (credit card receipts do not provide sufficient defail). Any special items should be explained in the space provide below.    Authority   Expenses   Employee	DESTINA	TION:	Sacramento, Ca									
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Alcohol is a non-relimbursable expense Hospitality 1 Hospitality 2 Hospi	aps po.,			55								0.00
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Miscellaneous: Baggage Fees 0.0.00  **Provide detailed receipts 0.0.00  **Provide detailed receipts 0.0.00  **Total Expenses prepaid by Authority 499.40 3.83 0.00 0.00 0.00 0.00 0.00 0.00 258.04 261.87  Explanation:  Conversion rate used the average of 1.02488 where charges are paid by cash.  **Total Expenses Incurred by Employee (including cash advances) 261.87  Grand Trip Total (Less Cash Advance) (ettach copy of Authority ct) 499.40  **Prepara Check Request 1.02488 where charges are paid by traveler.**  **Prepara Check Request 1.02488 where charges are paid by traveler.**  **Prepara Check Request 1.02488 where charges are paid by traveler.**  **Prepara Check Request 1.02488 where charges are paid by traveler.**  **Prepara Check Request 1.02488 where charges are paid by traveler.**  **Prepara Check Request 1.02488 where charges are paid by traveler.**  **Prepara Check Request 1.02488 where charges are paid by traveler.**  **Prepara Check Request 1.02488 where charges are paid by traveler.**  **Prepara Check Request 2.02488 where charges are paid by traveler.**  **Prepara Check Request 2.02488 where charges are paid by traveler.**  **Prepara Check Request 2.02488 where charges are paid by traveler.**  **Prepara Check Request 2.02488 where charges are paid by traveler.**  **Prepara Check Request 2.02488 where charges are paid by traveler.**  **Prepara Check Request 2.02488 where charges are paid by traveler.**  **Prepara Check Request 2.02488 where charges are paid by traveler.**  **Prepara Check Request 2.02488 where charges are paid by traveler.**  **Prepara Check Request 2.02488 where charges are paid by traveler.**  **Prepara Check Request 2.02488 where charges are paid by traveler.**  **Prepara Check Request 2.02488 where charges are paid by traveler.**  **Prepara Check Request 2.02488 where charges are paid by traveler.**  **Prepara Check Request 2.02488 where charges are paid by traveler.**  **Prepara Check Request 2.02488 where charges are paid by traveler.**  **Prepara Check Request 2.02488 where charg			sable expense				STEEL STEEL					
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2 Prepare Check Request  3 Attach personal check psyable to SDCRAA  Due Authority (negative amount)  Note: Send this report to Accounting even if the emount 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 Policy  and 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 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:  Traveler Signature:  Approved By:  Date:  Approved By:  Authority CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE  (To be certified if used by President/CEO, Gen. Counsel, or Chief Auditor)  hereby certify that this document was approved by the Executive Committee at its	<u></u>											733.40
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 Policy and 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 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:  Traveler Signature:  Approved By:  Date:  Approved By:  Approved By:  Approved By:  Date:  Approved By:  Date:  Date:  Date:  Date:  Date:  Description on Behalf Of EXECUTIVE COMMITTEE  (To be certified if used by President/CEO, Gen. Counsel, or Chief Auditor)  Thereby certify that this document was approved by the Executive Committee at its			s affiliations of any persons whose meals v	were paid by trave	ler.							261.87
Reimbursement Policy and 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 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:  Traveler Signature:  Approved By:  **Date:**  **Date:**  **Date:**  **Authority Clerk Certification on Behalf of Executive Committee at its decument was approved by the Executive Comm			yable to SDCRAA	- 1						ing even if	the amount	
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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:  **Traveler Signature:  **Date:**  **Date:**  **Approved By:  **Date:**  **Approved By:  **A												
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Approved By:  Approved By:  AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE (To be certified if used by President/CEO, Gen. Counsel, or Chief Auditor)  hereby certify that this document was approved by the Executive Committee at its	0017000.	* Travel and	Lodging Expense Reimbursement I	Policy 3.40	J	Business	Expense	Reimburse	ement Poli	cy 3.30		
Approved By:  Approved By:  AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE (To be certified if used by President/CEO, Gen. Counsel, or Chief Auditor)  hereby certify that this document was approved by the Executive Committee at its	Prepared E	3v:	A AN MA	ow Caldera					Fxt ·		2445	_
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hereby certify that this document was approved by the Executive Committee at its				LYNNEN	<u>~</u>				,	710		WV/
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(Please leave blank. Whoever clerk's the meeting will insert their name and title.)	1											•
	', (Please leav	re blank. Whos	ever clerk's the meeting will insert their na	ame and title.)	Hereby cel	wy wat th	is docume	ent was ap	proved by	ine Exec	utive Com	mittee at its

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

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

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

### **GENERAL INSTRUCTIONS:**

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

1. TRAVELER:					
Travelers Name:	Thella F. Bowe	ens		_ Dept:	6/Executive Office
Position:	oard Member		Gen. Counsel		Chief Auditor
ΓA	ll other Authority e	mployees (does not req	uire executive commit	tee admir	nistrator approval)
2. DATE OF REQUE	ST: 08/31/11	PLANNED DATE OF D	EPARTURE/RETURN:	10/01/	/11 / 10/01/11
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Explanation: Sac	cramento Internati	onal Airport Terminal O	pening Event	*	
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Traveltrust
374 North Coast Fighway 101
Encinites, Ca 92024
Toi: 760-635-1700
Fax 760-635-1720
Website www.traveltrust.com

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********  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 RETUR **UNUSED PORTIONS TO TRAVELTRUST FOR POSSIBLE REFUND. ************************************	***						
Air Southwest Airlines Flight# 1709 From: San Diego CA, USA To: Sacra Meal: None Equip: Boeing 737-700 Jet Status: Confir Depart: 01-Oct-2011 Saturday 12:10pm Stops: 0 Arrival: 01-Oct-2011 Saturday 01:40pm	Class: K mento CA, USA med						
Depart - TERMINAL 1 Arrive - TERMINAL A Flight Duration: 1 hour(s) and 30 minutes Class of Service: Business Select							
From: Sacramento CA, USA  Meal: None  Equip: Boeing 737-700 Jet Depart: 02-Oct-2011 Sunday 08:40am Stops: 0	Class: K ilego CA, USA med						
Depart - TERMINAL A Arrive - TERMINAL 1 Southwest Airlines locator: WGZ3ZS Flight Duration: 1 hour(s) and 30 minutes Class of Service: Business Select							
San Diego CA, USA RESERVATION RETAINED FOR 180 DAYS							
TRAVELTRUST IS OPEN MONDAY - FRIDAY FROM 5AM-530PM PST AND SATURDAY FROM 9AM-1PM PST - 760-635-1700. FOR EMERGENCY AFTERHOURS SERVICE IN THE US PLEASE CALL 888-221-6062 AND USE YOUR VIT CODE - S7NS0 PLEASE NOTE THIS IS OUR NEW EMERGENCY NUMBER EACH EMERGENCY CALL IS BILLABLE AT A MINIMUM 25.00 THANK YOU FOR CHOOSING TRAVELTRUSTSCOTT MACKERLEY							
	YOUR SOUTHWEST ETICKET CONFIRMATION IS ** WGZ3ZS **						

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

Membership

**Bonus Code** 

Confirmation No. 6137699001

**Group Name** 

Room No. 0437 Arrival 10-01-11 Departure 10-02-11 Page No. 1 of 1

Folio Invoice

Folio Window

Date	Description			Charges	Credits
10-01-11	Guest Room			139.00	
10-01-11	Occupancy Tax			16.68	157.33
10-01-11	STBID Assessment			1.50	
10-01-11	<b>CA Tourism Assessment</b>			0.15	
10-01-11	Parking Valet			25.00	
10-02-11	American Express	xxxxxxxxx	XX/XX		182.33
Your Gold Pastay.	assport account will be credited for this	Total		182.33	182.33
		Balance	<u> </u>	0	.00

### **Guest Signature**

association fails to pay for any part or the full amount of these charges. 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.

### WE HOPE YOU ENJOYED YOUR STAY WITH USI

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 with us. Our goal is to exceed our quests' expectations. If you have any comments regardly with us. Our goal is to exceed our guests' expectations. If you have any comments regarding

> 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
SAGRAMENTO INTERNALTONAL 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
Ant Paid	3.83
Cash —	5,00
Charlo bue	1,17

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

Your order numbér is: /4100

PRINT

THE HERTZ CORPORATION

Phone: Fax:

800-654-4173

Web:

www.hertz.com

Direct All Inquiries To:

THE HERTZ CORPORATION

PO BOX 26120

OKLAHOMA CITY, OK 73126-0120

REPRINT

Rental Agreement No: 105563824

Invoice Date: Document:

10/02/2011 951001511659

Account No.:

THELLA BOWENS

THELLA BOWENS

RENTAL REFERENCE

Rental Agreement No: 105563824

Reservation ID:

F2404956606

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

RENTAL DETAILS

Rate Plan: Rented On: IN: MCLE OUT: MCLE

10/01/2011 14:29 LOC# 125011

Returned On:

SACRAMENTO AP, CA 10/02/2011 07:31 LOC# 125011

SACRAMENTO AP, CA
Car Description: ALTIMA 6PGE699
Veh. No.:

7151533

Veb. No.: CAR CLASS Charged: F

MILEAGE In: 19,203

7.75%

Rented: YF Reserved: F

Out: 19,154 Driven: 49

RENTAL CHARGES

1 @ 27.49 27.49

DAYS SUBTOTAL

27.49

DAMAGE WAIVER (CDW/LDW) LIABILITY INS. SUPPLEMENT 15.00 13.95 PERSONAL ACCIDENT INS. 5.95 CONCESSION FEE RECOVERY 5.30 CA TOURISM FEE 0.78

PREMIUM ROADSIDE SERVICE TAX

VEHICLE LICENSE FEE

3.99 2.88

0.37

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

AMOUNT BILLED TO ACCOUNT:

75.71 USD

Phone: Fax:

800-654-4173

Web:

www.hertz.com

# SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY TRAVEL EXPENSE REPORT

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

TRAVEL	.ER:	Thella F. Bowens	· · · · · · · · · · · · · · · · · · ·	_	DEPT. NA	ME & NO	·	6/	Executive	Office	
DEPART	TURE DATE:	8/28/2011	RETUR	RN DATE: 8/29/2011			1	REPORT DUE: 9			/28/11
DESTINA	ATION:	Reno, Nevada									
expenses	s and approvals.	ty Travel and Lodging Expense R Please attach all required suppor should be explained in the space	ting documente	ation. All r	ticle 3, Par eceipts m	rt 3.4, Sec ust be det	tion 3.40, ailed, (cred	outlining a dit card red	ppropriate eipts do r	reimburse ot provide	able sufficient
			Authority				Employ	ee Expens	988		
			Expenses (Prepaid by Authority)	SUNDAY 8/28/11	MONDAY 8/29/11	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
Air Fare,	Railroad, Bus (att	ach copy of itinerary w/charges)	536.00	U/20/11	0/20/11	<del> </del>					TOTALS 0.00
		copy of flyer/registration expenses)	Christian Chris				<b>†</b>	<del> </del>			0.00
Rental Ca			Haron Sans				<del> </del>				0.00
Gas and	Oil*						<del> </del>				0.00
Garage/P	arking*					<b></b>	† · · · · · · · · · · · · · · · · · · ·				0.00
Mileage -	attach mileage fo	om*				· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>				0.00
-	or Shuttle Fare (in		Barrell Barrell						8700		0.00
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	e, Internet and Fa	IX.	37 YEAR OF T	104.47		-					134.47
Laundry*			NEW CONTRACTOR					X = X = X = X = X			0.00
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(include	Lunch*	382.1013	1317275-0017223								0.00
tips pd.)	Dinner*										0.00
	Other Meals*		THE PLANT OF THE	0.00			-				0.00
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ľ							urred by E				330.00
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	•				Less Casi	h Advance	(attach cop	y of Authority	ck)		
				Y			paid by Au				536.00
Give nam	es and business affi	lilations of any persons whose meals w	ere naid by travel	ler	Due Trave	eler (posi	tive amour	it) <sup>2</sup>		:31	
2 Prepare (	Check Request ersonal check payabl				Due Auth No	ority (neg ote: Send (	ative amo	unt) <sup>3</sup> o <i>Accountii</i>	ng even if t	he amount i	142.47 s \$0.
I as trave	ler or administra	ator acknowledge that I have re	ead understa	nd and a	aree to A	uthority =	volicios 2	40 Text	ol and L	adaine Co	
Reimbure	ement Policy <sup>4</sup> s	and 3.30 - Business Expense F	Cau, unuciata Coimburacas	nt Dalia d	gree to A	unionty p	Micres 3	.40 - 11av	ei and Lo	oaging Ex	pense
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Approved I	ву:	<i></i>					1	Date: _	/ /		-
AUTHORN	TY CLERK CERT	TIFICATION ON BEHALF OF EXE	ECUTIVE COM	MITTEE	(To be cer	rtified if us	ed by Pres	Ident/CEO	Gen. Cou	nsel, or Ch	ief Auditor)
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(Leave blani	k and we will insert	meeting. 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 -> Tropyrate Sens

#### **GENERAL INSTRUCTIONS:**

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

1. TRAVELER: Travelers Nam	ne: Thella Bowens	<b>3</b>		Dept:	06/Executive Office
Position:	Board Member		Gen. Counsel	_ · _	Chief Auditor
	☐ All other Authority e	mployees (does not red	quire executive commit	ttee admini	strator approval)
2. DATE OF RE	EQUEST: 06/20/11		DEPARTURE/RETURN:		• • •
of paper as r Destination:		P.	urpose: Participant on VAE CIP Finance Wor	panel at T	Third Annual Unison -
A. TRA  • A  • A  B. LOD  C. MEA  D. SEM  E. ENT  F. OTH		'S: TION (Taxi, Train, Car NCE FEES cable) ENSES	\$   \$   \$   \$   \$   \$   \$   \$   \$   \$	500.00 100.00 300.00 150.00 100.00 1150.00	   ·
			and <u>3.40</u> and are reas		
CERTIFICAT	ION BY ADMINIST	RATOR (Where Ad	ministrator is the Exec	cutive Com	mittee, the Authority
<ol> <li>I have contained</li> <li>The contained</li> <li>Authority</li> <li>The contained</li> </ol>	below, I certify the following	I the above out-of-towr el and all identified exp nable in comparison to el and all identified exp	penses are necessary the anticipated benefit	for the advit to the Au	thority.
Administrator's	s Signature:			Date:	
AUTHORITY	CLERK CERTIFIC			E COMM	ITTEE
I, Tony (Please leave dank	k. Whoever clerk's the meetile Committee at its	and will insert their name and	, hereby certify	that this o	document was approved

# PEPPERMILL

THELLA

BOWENS

PAGE 1

WG/RM

T -T1506

3225 N HARBOR DR

08/28/2011

ARRIVAL 08/28 DEPART 08/29

08/29/2011 SAN DIEGO

CA 921011045

#### AAAE811

	DATE	REFERENCE	DESCRIPTION	SPLIT	AMOUNT
	08/28/11 	407826441093 	REFRESHMENT CENTER  T1506 Evian 1L Bottled Wa	-	8.00
	08/28/11 	407829003202	ROOM CHARGE T T1506	#134	$.47$ $\begin{cases} 119.00 \\ 15.47 \end{cases}$
	08/29/11 	407836457747 	HOTEL AMERICAN EXPRESS	j j	142.47-
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-		T	OTAL		.00

< www.PeppermillReno.com >



Traveltrust
374 North Coast Fighway 101
Encintas, Ca 92024
Tol: 760-835-1700
Fax 760-635-1720
Website www.traveltrust.com

**BOWENS/THELLA 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. 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 Air Southwest Airlines Flight# 1940 Class: K From: San Diego CA, USA To: Reno NV. USA 28-Aug-2011 Meal: None 05:25pm Boeing 737-300 Jet Equip: Status: Confirmed 28-Aug-2011 Sunday 28-Aug-2011 Sunday Sunday 05:25pm Depart: Stops: 06:50pm Arrival: Depart - TERMINAL 1 Arrive -\*\* BUSINESS SELECT CONFIRMED
Flight Duration: 1 hour(s) and 25 minutes
Class of Service: Business Select Air Southwest Airlines Flight# 300 Class: K Reno NV, USA From: To: San Diego CA, USA 29-Aug-2011 Meal: None 02:05pm Boeing 737-700 Jet Equip: Confirmed Status: Monday Depart: 29-Aug-2011 Monday 29-Aug-2011 Monday 02:05pm Stops: 1 (San Jose CA) Arrival: 04:45pm Depart -Arrive - TERMINAL B Depart - TERMINAL B Arrive - TERMINAL 1 Southwest Airlines locator: \*\* BUSINESS SELECT CONFIRMED Flight Duration: 55 minutes Class of Service: Business Select Other 25-Feb-2012 San Diego CA, USA **RESERVATION RETAINED FOR 180 DAYS-A** Saturday 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 774 North Coest Fighway 101 Encintes, Ca 92024 Tol: 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 14.00

Ticket Tax: Total Ticket Amount:

506.00

Electronic: YES

SERVICE FEE DOCUMENT #: 0548872194

FEE AMOUNT: 30.00

BILLED TO: AMERICAN EXPRESS ENDING IN





#### 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
- o Kevin Dolliole, Senior Vice President, Unison Consulting, Inc.
- o Marily Mora, Executive Vice President/COO, Reno-Tahoe Airport

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

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)

o 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)

o 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, Savanna/Hilton Head International Airport

o 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)
- o 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 Czarnecki, 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

- o 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** 

- o Kevin Dolliole, Senior Vice President, Unison Consulting, Inc.
- o 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	<b>:</b>	Theila Bowens		D	EPT. NAM	ME & NO.		6/E	ecutive	Office	
DEPARTUR	RE DATE:	9/17/2011	RETUR	N DATE:	!	9/21/2011		REPOR	T DUE:	10	/21/11
DESTINATI	ON:	Washington, DC									
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			Expenses (Prepaid by Authority)	SUNDAY 9/18/11	MONDAY 9/19/11	TUESDAY 9/20/11	WEDNESDAY 9/21/11	THURSDAY	FRIDAY	9/17/11	TOTALS
Air Fare, Ra	ailroad, Bus	(attach copy of Itinerary w/charges)	482.00								0.00
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Laundry*							<del>  </del>				0.00
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Hospitality		Face	A more and a second	-			-				0.00
Miscellaned	ous: Baggag	je rees									0.00
										· · · · · · · · · · · · · · · · · · ·	0.00
20mm rida da	toiled monit	sten .				<b></b>	1				0.00
Provide de	etailed receip	Total Expenses prepaid by Authority	482.00	439.91	485.71	319.46	27.13	0.00	0,00	319.46	1,591.67
	CALCULATION OF THE PARTY.	Total Expenses propular 577 total 511	Maria Caraca					46 - 46 -			482.00
Explanation	1;				Total Exp	enses inc cash ach	epaid by Au curred by E vances)				1,591.67
					Grand Ti	STREET, STREET					2,073.67
					_		e (attach cop		y ck)		
							epaid by Au				482.00
1Gha name	e and husines	s affiliations of any persons whose meals	were paid by trav	eler.			itive amou				4 504 67
	heck Request sonal check p				Due Authority (negative amount) <sup>3</sup> Note: Send this report to Accounting even if the amount is \$0.					1,591.67 t is \$0.	
Reimburse responsib correct.	ement Police ility. I further Travel and	istrator acknowledge that I have by and 3.30 - Business Expense er certify that this report of travel d Lodging Expense Reimbursement	Reimbursem expenses we Policy 3.40	ent Policy re incurre	<sup>6</sup> and tha d in conn	it any pur ection wi	chases/cl	aims that Authority	t are not a busines	ailowed w	vill be my rue and
Prepared B	sy:	ALANA AM	Amy Caldera	11/			_				
Traveler Signature:					218						
Approved E	-						-	Date:			
i, (Please leav	e blank. Who	ERTIFICATION ON BEHALF OF E ever clerk's the meeting will insert their meeting. nsert the meeting date.)									chief Auditor) nmittee at its
Failure to a	ttach require	ed documentation will result in the di histrative Assistant or call Accounting	elay of process g at ext. 2806.	ing reimbu	rsement.	if you hav	e any que	stions, ple	9850 S00		

### SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY 4/21 -> Corporate Serv. OUT-OF-TOWN TRAVEL REQUEST

GENER	AL	<b>NSTR</b>	UCT	IONS:
-------	----	-------------	-----	-------

A.	All travel rec	uests must	conform to	applicable	provisions	of Policies	3.30 an	d 3.40.
----	----------------	------------	------------	------------	------------	-------------	---------	---------

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

1. TRAVELER: Travelers Name:	Thelia Bowens	3			Dent:	06/Eve	cutive Office
7	Board Member	₩ President/CEO	「Gen.	Counsel	_ Dob:: _		Chief Auditor
Position:	N. H. and J. and A. Albanda			***			
	•	mployees (does not req					approval)
2. DATE OF REQUI	EST: <u>06/20/11</u>	_ PLANNED DATE OF D	EPARTURE	RETURN:	09-18-1	1 : <i>I</i>	09-21-11
B. DESTINATIONS of paper as neces	•	le detailed explanation	as to the pu	irpose of th	ne trip- co	ntinue	on extra sheets
Destination: Wa	shington DC	Ev		ni-Annual <i>i</i>	Aviation Ir	ndustry	n/One Voice Workforce - AAC)
	tend Fifth Annual C Conference (Follow	One Region/One Voice					
4. PROJECTED OL	IT-OF-TOWN TRA	VEL EXPENSES					
	ORTATION COST						
• AIRF				\$	650.00		
		TION (Taxi, Train, Car	Rental) _	\$ \$ \$ \$	150.00	_	
B. LODGIN	G		_	\$	1200.00		
C. MEALS	D AND CONFEDE	NOT FEED	-	\$	200.00		
	R AND CONFERE		-	\$	1099.00	_	
	AINMENT (If application					_	
	INCIDENTAL EXPI			\$	0000 00	_	
101	AL PROJECTED	TRAVEL EXPENSE		\$	3299.00	***	
ERTIFICATION	BY TRAVELE	R By my signature belo	w, I certify	that the ab	ove listed	out-of-	town travel and
	s conform to the Au	uthority's Policies 3.30 a					
			///			11	100 0001
		RATOR (Where Add	ministrator is	s the Exec	utive Com	mittee,	the Authority
lerk's signature is r	•						
	ow, I certify the foll	•					
1. I have conso	cientiously reviewed	d the above out-of-town	travel requ	est and the	e details p	rovided	on the reverse
2. The concern	ed out-of-town trav	el and all identified exp	enses are r	necessary	for the ad	vancem	nent of the
Authority's b	usiness and reaso	nable in comparison to	the anticipa	ted benefit	t to the Au	thority.	
3. The concern		el and all identified exp	•			•	d intent of
Administrator's Sig	gnature:				Date:		
UTHORITY CLI	ERK CERTIFIC	ATION ON BEHAL	F OF EXI	CUTIVE	COMM	ITTEE	\$ B
		ing will insert their name and	, her	eby certify	that this o	docume	ent was approve
by the Executive Co	ommittee at its	6127/11		meet	ting.		
•	(1	eave blank and we will inser	t the meeting o	late.)			



Traveltrust
374 North Coast Fighway 101
Encimitas, Ca 92024
Tol: 760-635-1700
Fax 760-635-1720
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. 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 Class: V Air **United Airlines** Flight# 970 Washington Dulles DC, USA To: From: San Diego CA, USA Seats: Seat:21C Food For Purchase 17-Sep-2011 Meal: 08:00am Status: Confirmed Boeing 757 200 Jet Equip: 08:00am Stops: n Depart: 17-Sep-2011 Saturday Saturday 17-Sep-2011 Saturday 03:47pm Arrival: Depart - TERMINAL 1 Arrive United Airlines locator: Z9JHLA UA Frequent Flyer# Flight Duration: 4 hour(s) and 47 minutes Class of Service: Coach Class: Flight# Air San Diego CA, USA Washington Dulles DC, USA To: From: Seat:10C Seats: Food For Purchase 21-Sep-2011 Meal: Boeing 757 200 Jet Status: Confirmed 05:45pm Equip: 05:45pm Stops: Depart: 21-Sep-2011 Wednesday Wednesday 08:01pm 21-Sep-2011 Wednesday Arrival: Depart -Arrive - TERMINAL 1 United Airlines locator: Z9JHLA UA Frequent Flyer# Flight Duration: 5 hour(s) and 16 minutes Class of Service: Coach Other San Diego CA, USA 19-Mar-2012 RESERVATION RETAINED FOR 180 DAYS Monday 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...MARY LARSON-PICKETT



Traveltrust Traverrusc 3/4 North Coast Fighway 101 Encirities, Ca 92024 Tol: 760-635-1700 Fax 780-635-720 Website www.travetrust.com

**BOWENS/THELLA** 

05-Aug-2011 5:12 pm

Page 2 of 2

Ticket Information

BOWENS THELLA Ticket#:8671382395 Invoice#:1186907

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

**Electronic: YES** 

#48200

SERVICE FEE DOCUMENT #: 0548880414

FEE AMOUNT: 30.00

暖

BILLED TO: AMERICAN EXPRESS ENDING IN

#### 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: iandry@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 5:00 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 sstocker@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** 

3U26RK **FOLIO NO:** ROOM NO: 1119 ARRIVE: DEPART: RATE/PACKAGE: # IN PARTY:

17-Sep-2011 21-Sep-2011 3U15VA

17-Sep-11	Date	Description	Charges	Payments	
21-Sep-11 0.00 1,331.78	17-Sep-11 17-Sep-11 18-Sep-11 18-Sep-11 18-Sep-11 18-Sep-11 19-Sep-11 19-Sep-11	Room Revenue City Tax 14.5% Postscript Lunch #3691 Mini Bar Room Service Lunc #2768 Room Revenue City Tax 14.5% Room Revenue City Tax 14.5% Room Revenue City Tax 14.5% Room Revenue	# 319.46 \\ 24.00 \\ 6.49 \\  24.00 \\ 6.49 \\ 23.45 \\ 279.00 \\ 319.46 \\ 279.00 \\ 319.46 \\ 279.00 \\	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	e.
					 13a5.2°

Paid i	in Full	- Than	k You
Palu I	III EUN	- I IIaii	N I UU

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

(7	03)683-1200 - :	24 Hr. Dispa	itch Service					
FROM	Dulles		). 					
ΤΟ	Hotel							
DATE	9118	FARE\$	63 + 10 - (73)					
DRIVER'S	NAME		CAB#					
By Request, We Accept  Each Cab Independently Owned & Operated								

10 State department
(Missing (coeipt Parm)
# 1100
See page after 3 of 3

9/19/2011 McBee Strategies dinner
(Missing (coeipt Parm attached)
# 135

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

### 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 IAC'! RATE 1: \$ 10 25 EXTRA: \$ 1.00 TOTAL: \$ 11.25 H 87261 FACE ID# 54786 TEL 202 645-601 Tidewater Landing
Located In
Concorse C
At Dulles
International Airport

Have a Safe Flight!!!

9/21 DOT
Breakfest
Ray Lathood

R M I I E D

01551\5011 .vii - 50

> Heceipt #: 07/0 Transaction: 11092116000807(2

201 / 1918 12

tial c

 Frontact
 Price Qty
 Ant

 Choose Plate
 7.49
 1
 7.49

 LET
 7.99
 7.49
 7.49

9/21 dinner

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

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

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

Breakfost 9/18

1 B'fast Buffet SUBTOTAL. Tax Total Due Gratuity

Focm Number 11/9

Print Name HELLA BOWENS
Signature Xellu J Bowen

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 F00D 19.00 Gratuity 3.10 Tax 1.30 Payment 24.00 L CHARGE TIP 3.10 1119 ROOM 1119-BT Room Charge ----509 CLOSED SEP18 12:33PM----

Room Service 1177 late St NW Washington DC 102 Fransise

/BL 1119/1 CHK 2768 GST 1 > SEP18'11 4:34PM

Dinner 09/18

------1 Delivery Charge 4,00 1 Soup of the Day 9 00 1 Toed Tea 3.75 SUBTOTAL 16,75 18% Service Chrg 3.02 Tax 1.68 Total Due 21.45

Snatuit, Additional Total

Room Number \_ //19

Print Name

3ignatura(

Room Service 1177 15th St NW Washington DC 102 Fransisc -----TBL 1119/1 CHK 2768 GST 1 /

3EP18'11 4:34PM 1 Delivery Charge 1 Coup of the Day 9.00 l Ced 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 ROCM 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 Stat	te Department
Vendor/Event Name:	Five Star Taxi	
Dollar Amount:	\$ 11.00	
Reason for Missing Receipt:	Lost receipt	
I hereby certify that the original of the second of the se	al receipt in question was lo	st or none was issued to me.  12/15/2011 Date
Employee Signature  Department Head Signature		Date  Date
Dobar allouis i long oil light		_ <del></del>

#### SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY

#### MISSING RECEIPT FORM

Employee/Department Head must complete form below. 19-Sep-11 Date of Purchase/Event: McBee Strategic Dinner Description of Item/Event: Vendor/Event Name: A! Tiramisu Dollar Amount: \$ 155.25 Reason for Missing Receipt: Lost receipt (See attached credit card transaction detail) Attendees: Mike Kulis, Matt Harris, Thella Bowens I hereby certify that the original receipt in question was lost or none was issued to me. 12/15/2011 Employee Signature Date

Date

Department Head Signature

Transaction Date:

09/19/2011 Mon

**Transaction Description:** 

AL\_TIRAMISU WASHINGTON DC

2024674466

FOOD/BEVERAGE

#296 to #136 20,25 tip 155,25

Amount \$:

288.38

TIP

**Doing Business As:** 

AL TIRAMISU INC

Merchant Address:

2014 P ST NW

WASHINGTON DC

20036-5923 **UNITED STATES** 

Reference Number:

320112630401702739

Category:

Restaurant - Restaurant

Alkindres: Mike Kulis

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

TRAVELER	RAVELER: Thella F. Bowens DEPT. NAME & NO.				Executive Office BU6						
DEPARTUR	RE DATE:	11/3/2011	RETUR	N DATE:		11/4/2011	1	REPOR	T DUE:	12	2/4/11
DESTINATION	ON:	Newport Beach, CA	ort Beach, CA			ween.			7.00000000		
Please refer	to the Autho	rity Travel and Lodging Expense R	eimbursement	Policy, Art	icle 3, Part	3.4, Sec	tion 3.40, o	utlining ap	propriete	relmbursa	ble
expenses ar detail). Any	nd approvals. special items	. Please attach all required suppor s should be explained in the space	ting documents provided below	ition. All n v.	eceipts mu	St De dete	шеа, (сгеа	it card rec	өіріз ао п	ot provide	sunicient
			Authority Expenses				Employe	e Expens	es	2.000,00	
			(Prepaid by Authority)	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	11/3/11	FRIDAY 11/4/11	SATURDAY	TOTALS
Air Fare, Ra	ilroad. Bus (a	attach copy of itinerary w/charges)									0.00
		e copy of fiver/registration expenses)						<u></u>			0.00
Rental Car*				7							0.00
Gas and Oil	1000								3		0.00
Garage/Parl					N 123				7-870 cm - 500 cm		0.0
	tach mileage	form*	Continue to the first			3000		47.23	47.23		94.46
		(include tips pd.)*	No. of the last of					5.00			5.0
Hotel*	Ondrao i dio	(monage upo pay						195.13			195.13
	Internet and	Fax*									0.0
Laundry*	Illianioi and	- Carlo				(2000)			(MICANIA) - 12		0.00
	retely paid (m	naids,bellhop,other hotel srvs.)							SOS S		0.00
Meals	Breakfast*		0.0022868353								0.00
(include	Lunch*					2000					0.0
tips pd.)	Dinner*		20012000					35.93			35.9
9	Other Mea	lo*	100000000000000000000000000000000000000								0.0
Aller Bellie a	non-reimburs		CALL PARTY AND ADDRESS OF	Manage State		Park of the		12012			
		avie expense	on alleran	March 2019 Co.	STATE OF THE PARTY.	NAME OF TAXABLE PARTY.			60.09		60.0
Hospitality <sup>1</sup> * Miscellaneous: Baggage Fees			-			-		100		0.0	
Miscellaneo	ous: Baggage	e rees									0.0
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15 11 1	4 19 4				<del> </del>		1				0.0
*Provide de	tailed receipt		0.00	0.00	0.00	0.00	0.00	283.29	107.32	0.00	390.6
IV OF THE SAME		Total Expenses prepaid by Authorit	0.00	0.00	-	The same of the sa					
Explanation	n:						epaid by A				0.0
				Total Expenses Incurred by Employee						390.6	
11/4/11: Att	endee includ	led Matt Harris, SDCRAA			Grand Ti	cash ad	vances)	nediction of the		nosis and the	390.6
					ADDRESS OF THE PARTY OF THE PAR	TO CONTRACT OF THE PARTY OF THE			RESTREE NO.		000.0
							CO (attach co		A Card		0.0
							epaid by A				0.0
1Give name	s and business	affiliations of any persons whose meals	were paid by trev	refer.			sitive amou				200.6
<sup>2</sup> Prepare C	heck Request		- C.S. • III	****			gative amo		ling even if	the amoun	390.6
3Attach pen	sonal check pa	yable to SDCRAA			1	Vote: Send	this report	to Account			t is \$0.
I as travele	er or admini	strator acknowledge that I have	read, underst	tand and	agree to A	<b>Authority</b>	policies :	3.40 - Tre	ivel and	Lodging E	Expense
Reimhures	ement Police	A and 3.30 - Business Expense	Reimbursem	ent Policy	s and tha	t any pu	rchases/c	laims tha	t are not	allowed w	vill be my
responsibi	ility I furthe	r certify that this report of travel	expenses we	re Incurre	d in conn	ection w	ith official	<b>Authority</b>	busines	s and is t	rue and
correct.	ility. Tioritio	. Coracy and and repense a core									
0011001.	Travel and	Lodging Expense Reimbursement	Policy 3.40		' Business	Expense	Reimburs	ement Po	icy 3,30		
Prepared B		() a W	Agoy, Caldera					Ext.:		2445	5
Fiehaled D	.y. 	Phone II	1 - Let . A. Charles	1/11	$\overline{}$					2-16-	2011
Traveler Sig	gnature:	July J	aux	1/02/		<u> </u>	-	Date:		A	
Approved B	•						_	Date:			
AUTHORIT	Y CLERK CI	ERTIFICATION ON BEHALF OF E	XECUTIVE CO								
I,	e blank Who	ever clerk's the meeting will insert their	name and title \	_hereby o	ertify that t	his docun	nent was a	pproved b	y the Exe	cutive Con	mittee at its
(Ligasa igav	e Digita. THICK	meeting.									
// normalization	- and we will in	sert 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.

#### **GENERAL INSTRUCTIONS:**

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

1. TRAVELER:							
Travelers Name:	Thella F. Bow				Dept:		itive Office
Position:	Board Member		•	en. Counsel		•	Chief Auditor
Γ/	All other Authority e	mployees (does not re	equire exe	cutive committe	ee admin	istrator a	pproval)
2. DATE OF REQU	EST: 09/22/11	_ PLANNED DATE OF	DEPARTU	RE/RETURN:	11/03/	11 <i>l</i>	11/04/11
of paper as nece	•		Purpose: (	e purpose of th			
Explanation:		<u> </u>	neeting				<u></u>
4. PROJECTED OL A TRANSF	JT-OF-TOWN TRA						
	ARE			\$		_	
<ul> <li>OTH</li> </ul>	ER TRANSPORTA	ATION (Taxi, Train, Ca	ar Rental)	\$	150.00	_	
B. LODGIN	G			\$ \$ \$ \$	170.00		
C. MEALS				\$	100.00	<u>)                                    </u>	
	R AND CONFERE			\$			
	TAINMENT (If appl			<u>\$</u>		_	
	INCIDENTAL EXP	TRAVEL EXPENSE		\$	420.00	<del>-</del>	
10	AL PROJECTED	TRAVEL EXPENSE		4	420.00		
		R By my signature be					
associated expense	s conform to the A	uthority's Policies 3.30	and 3.40	and are reaso	onable ar	nd directl	y related to the
Authority's business	i <b>.</b>						
Travelers Signature	e:			Da	ite:		
CERTIFICATION	A RY ADMINIST	TRATOR (Where A	dminietrat	or is the Evec	utive Cor	nmittee	the Authority
Clerk's signature is		(Wilcie)	iai i ii ii i i i i i i i i i i i i i i	ioi io die Exco	uuvo 001	,	ano madriority
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Authority's F	Policies 3.30 and 3	THE REST	11011	<u> </u>		111	100100
Administrator's Signature	gnature	the 19ph	vene		Date	20	SAIT XVI
AUTHORITY CL	ERK CERTIFIC	ATION ON BEHA	LF OF I	EXECUTIVE	COM	MITTEE	
I, Tony L	mosel A	ting will insert their name ar		hereby certify	that this	docume	nt was approved
by the Executive C		9/26/26		mee	tina.		
by the Excedite of		Leave blank and we will in:					



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** 

#### **GUEST FOLIO**



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

801 Room	BOWENS/THELLA	149.00	11/04/11 Depart	12:00	22174 ACCT#	6031	_
NSKN			11/03/11	15:46	NOO!	dicor	
55							

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

TO BE SETTLED TO: AMERICAN EXPRESS CURRENT BALANCE .OO

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

### IRANSPORTATION CORRIDOR AGENCIES ROUTE 73 CATALINA N ML

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

THANK YOU

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Total

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92660 (949) 640-0900 30522 NORA H 5/1 0tk 33 Gst 2 "cv03'11 07:39PM 28.99 100 % moierce 28.55 104.45 How did . How Receive a F - Gessert W/entrage purchase on jour next visit Take our brief ... ey: (305) L. (405) J. (405) (기) m.W.ilfornaiosur By.com 2) Enter access code:3091 Write rademption code 4) Bring receipt next visit Expires 30 days from today.

Page 1 OF  $\frac{28.99}{35.93}$  Dihner Widohn Martin, SFO aliport 2.25 tax birector  $\frac{469}{35.93}$ 

#### 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

Server: Gabriel	11/04/2011	Newport Beach, CA 92660
2 <b>2/1</b>	1:36 PM	Ph: (949) 706-8282
Guests: 2 /	40013	
Reprint #: 1		Server: Gabriel DOB: 11/04/2011
		01:39 PM 11/04/2011
Arnie Palmer	2.75	<b>22/1</b> 4/40013
Ice-1 Tea	2. 75	<del>,</del> ·
iter ma iteh k Phing	16, 00	AMEX 4194319
·	12. 00	Card #XXXXXXXXXXXXXX1003
Beets Salad	7. 00	Magnetic card present: BOWENS THELLA F
Mini Meatballs		
Seasonal Pie	8.00	Approval: 522899
Complete Subtotal	48.50	Amount: \$ 52.25
Complete amprotal	40.00	
Subtotal	48, 50	+ Gratuity: 7,84
_	3. 76	
Tax	0.10	= Total: (\$\mathbb{P}(0.09))
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Total	JL. F	
Balance Due	52. 25	¥
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\*\*\*MAKE CHANGE FOR KIDS \$\_\_\_\_\_\_\_\_MAKE CHANGE FOR KIDS PROVIDES AN OPPURTUNITY TO DONATE YOUR CHANGE FOR CHARITY BY ROUNDING YOUR TOTAL TO THE NEAREST DOLLAR FOR CHILDRENS HOSPITAL OF O.C

\*\*\*\* CUSTOMER COPY \*\*\*\*

Great Maple

1133 Newport Center Drive

11/4/2011 Sunch w/ Mass Harris, Sporan

Page 2 OF 2

#### SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY

#### MONTHLY MILEAGE and PARKING FEE REIMBURSEMENT REPORT

EMPLOYEE N	IAME		PERIOD COVERED				
Thella F. B			Nov-11				
DEPARTMEN	T/DIVISION						
6/Executive	e Office						
DATE	MILES DRIVEN	DESTINATION AND PURPOSE OF TRIP	PARKING FEES & OTHER TRANSPORTATION COSTS	\$\$\$			
11/3/11	85.10	Newport Beach, CA to attend	Toll road en route to Newport Beach, CA	5.00			
		the California Airport Councils					
		Board of Directors meeting.					
11/4/11	85.10	San Diego, CA from Newport Beach					
		(return)					
				1000			
SUBTOTAL	1,70.20		SUBTOTAL	5.00			

#### Computation of Reimbursement

TOTAL MILEAGE DRIVEN (LIMITED TO 200 MILE MONTHL	Y AVERAGE PER YEAR)		170.20				
REIMBURSEMENT RATE: (see below) * Rate for 7/1/11 - 12/31/11 X							
TOTAL MILEAGE REIMBURSEMENT			94.46				
PARKING FEES/TOLL CHARGES (ATTACH RECEIPTS)	(Sec page 1 of 2 receipts)		5.00				
TOTAL REIMBURSEMENT REQUESTED							
I acknowledge that I have read, understand and agree to *Aul Policy 3.30 - Business Expense Reimbursement Policy and the purchases/claims that are not allowed will be my responsibility certify that this report of mileage traveled on Business Expense/Reimbursement/Policy 3.30	nat any y. i further						
SIGNATURE OF EMPLOYEE	DEPT./DIV. HEAD APPROVAL		1100				

7/1/11 - 12/31/11 = \$.555 1/1/11 - 6/30/11 = \$.51 1/1/10 - 12/31/10 = \$.50

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

### Google

Directions to 900 Newport Center Dr. Newport Beach, CA 92660

85.1 mi - about 1 hour 33 mins

11/3/2011 Miléage 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

<u> </u>	1.	Head south	go 16 ft total 16 ft
2	2.	Turn right toward Airport Terminal Rd	go 463 ft total 479 ft
5	3.	Slight left onto Airport Terminal Rd	go 0.2 mi total 0.3 mi
r	4.	Keep right at the fork	go 443 ft total 0.4 mi
4	5.	Turn left onto N Harbor Dr About 2 mins	go 1.1 mi total 1.4 mi
4	6.	Turn left onto <b>W Laurel St</b> About 2 mins	go 0.4 mi total 1.9 mi
4	7.	Turn left onto India St About 3 mins	go 0.9 mi total 2.7 mi
5	8.	Slight left to merge onto I-5 N About 1 hour 3 mins	go 66.6 mi total 69.4 mi
73)	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
7	10.	Take exit 12 for Bonita Canyon Dr Partial toll road	go 0.4 mi total 81.8 mi
4	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
4	13.	Turn left onto Jamboree Rd About 2 mins	go 0.7 mi total 84.6 mi
4	14.	Turn left onto Santa Barbara Dr About 2 mins	go 0.5 mi total 85.1 mi
r	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**

GENER.	ΔΙ Ι	NSTRI	ICTIC	NS

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

1. TRAVELER:			
Travelers Name: Breton Lobner		Dept:	15
Position: President/CEO	en. Counsel	-	Chief Auditor
All other Authority employees (does not require exe	cutive committe	e admini	strator approval)
2. DATE OF REQUEST: 12-7-2011 PLANNED DATE OF DEPARTU	JRE/RETURN: _	1-26-11	/ 1-27-2011
DESTINATIONS/PURPOSE (Provide detailed explanation as to the of paper as necessary):     Destination: Denver, CO     Explanation: Meeting for the Legal Affairs Steering Committee			eering Committee
4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES A. TRANSPORTATION COSTS:			
AIRFARE	\$	319.00	
<ul> <li>OTHER TRANSPORTATION (Taxi, Train, Car Rental)</li> </ul>	\$	-10.00	-
B. LODGING C. MEALS	\$ \$ \$ \$ \$	50.00	_
D. SEMINAR AND CONFERENCE FEES	\$ \$	50.00	_
E. ENTERTAINMENT (If applicable)	\$	379.00	_
F. OTHER INCIDENTAL EXPENSES	\$	010.00	-
TOTAL PROJECTED TRAVEL EXPENSE	\$		_
CERTIFICATION BY TRAVELER By my signature below, I cer associated expenses conform to the Authority's Policies 3.30 and 3.40 Authority's business.  Travelers Signature:		nable an	
CERTIFICATION BY ADMINISTRATOR (Where Administration	or is the Execu	tive Com	mittee 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 r  2. The concerned out-of-town travel and all identified expenses a Authority's business and reasonable in comparison to the anti  3. The concerned out-of-town travel and all identified expenses of Authority's Policies 3.30 and 3.40.	equest and the are necessary fo cipated benefit	details por the ad	provided on the reverse. vancement of the uthority.
Administrator's Signature:		_ Date:	-
AUTHORITY CLERK CERTIFICATION ON BEHALF OF	EXECUTIVE	COMN	IITTEE
I,	hereby certify t	hat this	document was approved
I, (Please leave blank. Whoever clerk's the meeting will insert their name and title.)			33 3FF. 3100
by the Executive Committee at its  (Leave blank and we will insert the mee	meeti	ng.	
(Leave blank and we will insert the mee	tıng date.)		

# TRAVEL REQUESTS

# THELLA F. BOWENS

#### **GENERAL INSTRUCTIONS:**

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

1. TRAVELER: Travelers Name:	Thella F. Bow	/ens		Dept:	6/Executive Office
Position:	ard Member		Gen. Couns		Chief Auditor
	other Authority	employees (does not re	quire executive con	nmittee admir	nistrator approval)
2. DATE OF REQUES		PLANNED DATE OF I			- · · · · ·
3. DESTINATIONS/PU of paper as necessar		de detailed explanation	as to the purpose	of the trip- o	ontinue on extra sheet
Destination:Genev	• •		urpose: ACI World		
Explanation: ACI V	Vorld Aviation a	and Environmental Sun	mit and ACI World	Board Meet	ing
				8	
4. PROJECTED OUT-	OF-TOWN TRA	WEI EYDENSES			
A. TRANSPOR	RTATION COST				
AIRFAR	_		\$	6200.00	
	TRANSPORTA	ATION (Taxi, Train, Cai	Rental) \$   \$   \$   \$   \$   \$   \$   \$   \$   \$	200.00	
B. LODGING			\$	2500.00	-
C. MEALS	NID CONFEDE	-1105 5550	\$	400.00	<del></del>
D. SEMINAR A			_\$	600.00	<u>0</u>
E. ENTERTAIN			_\$		
F. OTHER INC			<u>\$</u>		
TOTAL	. PROJECTED	TRAVEL EXPENSE	\$	9900.00	<u>)                                    </u>
CERTIFICATION B associated expenses co Authority's business. Travelers Signature:	Y TRAVELE	ER By my signature bel withority's Policies 3.30	ow, I certify that the and 3.40 and are r	e above lister easonable ar Date	d out-of-town travel and directly related to the
CERTIFICATION B	Y ADMINIST	TRATOR (Where Ad	ministrator is the E	Executive Cor	mmittee, the Authority
clerk's signature is requ	uired).				The state of the s
By my signature below,	I certify the fol	lowing:			
• •	•	d the above out-of-tow	traval request on	d the details	provided on the revers
		vel and all identified ex			
		nable in comparison to			
<ol><li>The concerned</li></ol>	out-of-town trav	vel and all identified exp	penses conform to	the requirem	nents and intent of
Authority's Police	ies <u>3.30</u> and <u>3</u>	. <u>40</u> .			
Administrator's Signa				Data	
, tarring and a congress				Date	
AUTHORITY CLER	K CERTIFIC	ATION ON BEHAL	F OF EXECUT	IVE COM	MITTEE
			h		da
I, (Please leave blank, Whoel	er clark's the meet	ting will insert their name and	, nereby ce	ertity that this	document was approv
by the Executive Com				monting	

#### **GENERAL INSTRUCTIONS:**

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

1. TRAVELE		Thelle C. Day	ıona		Dank	O/Franchisco Office
Travelers Na		hella F. Bow		<b>F</b> • • • • • • • • • • • • • • • • • • •		6/Executive Office
Position:	☐ Board	Member	✓ President/CEO	☐ Gen. Coun	nsel	Chief Auditor
	All oth	er Authority	employees (does not req	uire executive co	mmittee admi	nistrator approval)
2. DATE OF	REQUEST:	12/13/11	_ PLANNED DATE OF D	EPARTURE/RETU	JRN: <u>02/08</u>	/12 / 02/10/12
			de detailed explanation	as to the purpos	e of the trip-	continue on extra sheets
	s necessary	•	_			
Destination	on:Salt Lake	City, Otan		rpose: 2012 AC O Forum	I-NA Winter B	oard of Directors and
Explanati	ion: 2012 A	CI-NA Winter	Board of Directors Mee		orum	
			*			
4. PROJECT	ED OUT-OF	-TOWN TRA	VEL EXPENSES			
	RANSPORT	ATION COS				
•	AIRFARE		<u> </u>	\$	500.0	
• B.16		RANSPORTA	ATION (Taxi, Train, Car		150.0	
	DDGING EALS			\$	700.0	<del></del>
		D CONFERE	NCE FEES	\$	200.0 600.0	
		IENT (If appl		\$	000.0	<u> </u>
		ENTAL EXP		\$		
			TRAVEL EXPENSE	\$	2150.0	0
CEDTIEIC A	TION BY	TDAVELE	700			
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associated ex Authority's bu			autionty's Policies 3.30 a	ind <u>3.40</u> and are	reasonable a	nd directly related to the
Travelers Sig		TILBEVI	LANOULOM		Date:	Da. 14 Au
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			RATOR (Where Adr	ninistrator is the	Executive Co	mmittee, the Authority
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By my signate		•				
						provided on the reverse.
			vel and all identified exp			
			nable in comparison to t			
3. The c	oncerned ou	t-of-town trav	vel and all identified exp	enses conform to	o the requiren	nents and intent of
Autho	rity's Policie	s <u>3.30</u> and <u>3.</u>	<u>40</u> .			
Administrate	or's Signatur	re:			Date	•
AUTHORIT	Y CLERK	CERTIFIC	ATION ON BEHAL	F OF EXECU	TIVE COMI	MITTEE
(Please leave bi	lank. Whoever	clerk's the meet	ing will insert their name and t	, nereby c	ertity that this	document was approved
by the Execu					meeting.	
_,			Leave blank and we will insert	the meeting date.)	comig.	

#### **GENERAL INSTRUCTIONS:**

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

A. TRANSPORTATION COSTS:  • AIRFARE  • OTHER TRANSPORTATION (Taxi, Train, Car Rental)  B. LODGING  C. MEALS  D. SEMINAR AND CONFERENCE FEES ENTERTAINMENT (If applicable) F. OTHER INCIDENTAL EXPENSES TOTAL PROJECTED TRAVEL EXPENSE  TOTAL PROJECTED TRAVEL EXPENSE  TOTAL PROJECTED TRAVEL EXPENSE  Travelers Signature  CERTIFICATION BY TRAVELER  Where Administrator is the Executive Committee, the Authority Separation of the Authority's Policies 3.30 and 3.40.  Administrator's Signature:  Date:  Date:  Date:	1. TRAVELER:			
Fall other Authority employees (does not require executive committee administrator approval)   2. DATE OF REQUEST: 12/13/11	Travelers Name: Thella F. Bowens		Dept:	6/Executive Office
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 sheet 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:  A. AIRFARE  OTHER TRANSPORTATION (Taxi, Train, Car Rental)  B. LODGING  C. MEALS  D. SEMINAR AND CONFERENCE FEES  E. ENTERTAINMENT (If applicable)  F. OTHER INCIDENTAL EXPENSES  TOTAL PROJECTED TRAVEL EXPENSE  TOTAL PROJECTED TRAVEL EXPENSE  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:  CERTIFICATION BY ADMINISTRATOR (Where Administrator is the Executive Committee, the Authority Clerk's 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 conscientiously reviewed the above out-of-town travel and all identified expenses are necessary for the advancement of the Authority's Policies 3.30 and 3.40.  Administrator's Signature:  Date:  Date:  AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE	Position:	n. Counsel	To the	Chief Auditor
3. DESTINATIONS/PURPOSE (Provide detailed explanation as to the purpose of the trip—continue on extra sheet of paper as necessary):  Destination: Washington, DC  Explanation: 2012 ACI-NA/AAAE Spring Washington  Explanation: 2012 ACI-NA/AAAE Spring Washington  Explanation: 2012 ACI-NA/AAAE Spring Washington  Conference  4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES  A. TRANSPORTATION COSTS:  • AIRFARE  • OTHER TRANSPORTATION (Taxi, Train, Car Rental)  B. LODGING  C. MEALS  9 200.00  D. SEMINAR AND CONFERENCE FEES  E. ENTERTAINMENT (If applicable)  F. OTHER INCIDENTAL EXPENSES  TOTAL PROJECTED TRAVEL EXPENSE  ** \$ 600.00  ** \$ 1300.00  CERTIFICATION BY TRAVELER By my signature below, I certify that the above listed out-of-town travel and associated expenses conform to the Authority's Policies 3.30 and 3.40 and are reasonable and directly related to the Authority's business.  Travelers Signature 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 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 are necessary for the advancement of the Authority's Policies 3.30 and 3.40.  Administrator's Signature:  Date:  Date:  AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE		utive committ	ee admin	istrator approval)
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 • OTHER TRANSPORTATION (Taxi, Train, Car Rental)  B. LODGING C. MEALS D. SEMINAR AND CONFERENCE FEES ENTERTAINMENT (if applicable) F. OTHER INCIDENTAL EXPENSES TOTAL PROJECTED TRAVEL EXPENSE TOTAL PROJECTED TRAVEL EXPENSE  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 signature is required).  By my 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 conscientiously reviewed the above out-of-town travel request and the details provided on the reverse conscientiously reviewed the above out-of-town travel request and the details provided on the reverse conscientiously reviewed the above out-of-town travel request and the details provided on the reverse conscientiously reviewed the above out-of-town travel request and the details provided on the reverse conscientiously reviewed the above out-of-town travel request and the details provided on the reverse conscientiously reviewed the above out-of-town travel request and the details provided on the reverse conscientiously reviewed the above out-of-town travel and all identified expenses are necessary for the advancement of the Authority's Policies 3.30 and 3.40.  Administrator's Signature:  Date:  AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE	2. DATE OF REQUEST: 12/13/11 PLANNED DATE OF DEPARTUR	RE/RETURN:	03/13/	12 / 03/17/12
Destination: Washington, DC  Explanation: 2012 ACI-NA/AAAE Spring Washington Conference  4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES  A. TRANSPORTATION COSTS:  • AIRFARE  • OTHER TRANSPORTATION (Taxi, Train, Car Rental)  B. LODGING  C. MEALS  D. SEMINAR AND CONFERENCE FEES  E. ENTERTAINMENT (if applicable)  F. OTHER INCIDENTAL EXPENSES  TOTAL PROJECTED TRAVEL EXPENSE  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 Cerk's signature below, I certify the advancement of the Authority's business.  Travelers 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		purpose of th	ne trip- co	ontinue on extra sheets
Explanation: 2012 ACI-NA/AAAE Spring Washington  A. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES  A. TRANSPORTATION COSTS:  • AIRFARE  • OTHER TRANSPORTATION (Taxi, Train, Car Rental)  B. LODGING  C. MEALS  D. SEMINAR AND CONFERENCE FEES  E. ENTERTAINMENT (If applicable)  F. OTHER INCIDENTAL EXPENSES  TOTAL PROJECTED TRAVEL EXPENSE  **SEMINAR AND CONFERENCE SEMINAR AND CONFERENCE FEES  E. ENTERTAINMENT (If applicable)  F. OTHER INCIDENTAL EXPENSES  **TOTAL PROJECTED TRAVEL EXPENSE  **SEMINAR AND CONFERENCE FEES  **SEMINAR AND CO	• •			
4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES  A. TRANSPORTATION COSTS:  • AIRFARE  • OTHER TRANSPORTATION (Taxi, Train, Car Rental)  B. LODGING  C. MEALS  D. SEMINAR AND CONFERENCE FEES  E. ENTERTAINMENT (If applicable)  F. OTHER INCIDENTAL EXPENSES  TOTAL PROJECTED TRAVEL EXPENSE  TOTAL PROJECTED TRAVEL EXPENSE  Travelers Signature  CERTIFICATION BY TRAVELER  Where Administrator is the Executive Committee, the Authority Clerk's signature below, I certify that the details provided on the reverse Authority's business.  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 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 are necessary for the advancement of the Authority's Dusiness 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	Conference	012 ACI-NA/	AAAE Sp	ring Washington
AIRFARE     OTHER TRANSPORTATION (Taxi, Train, Car Rental)  B. LODGING C. MEALS D. SEMINAR AND CONFERENCE FEES ENTERTAINMENT (If applicable) 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 signature is required).  By my 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	Explanation: 2012 ACI-NA/AAAE Spring Washington Conference			
A. TRANSPORTATION COSTS:  • AIRFARE • OTHER TRANSPORTATION (Taxi, Train, Car Rental)  B. LODGING C. MEALS D. SEMINAR AND CONFERENCE FEES ENTERTAINMENT (If applicable) F. OTHER INCIDENTAL EXPENSES TOTAL PROJECTED TRAVEL EXPENSE  **Second and **Second an				
AIRFARE     OTHER TRANSPORTATION (Taxi, Train, Car Rental)  B. LODGING C. MEALS D. SEMINAR AND CONFERENCE FEES ENTERTAINMENT (If applicable) 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 signature is required).  By my 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				
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B. LODGING C. MEALS D. SEMINAR AND CONFERENCE FEES E. ENTERTAINMENT (If applicable) F. OTHER INCIDENTAL EXPENSES TOTAL PROJECTED TRAVEL EXPENSE  **SEMINAR AND CONFERENCE FEES **SEMINAR A				_
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:  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:  Date:				
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Authority's business.  Travelers Signature:  Date:	TOTAL PROJECTED TRAVEL EXPENSE	\$	2850.00	
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Administrator's Signature: Date:	Y	nform to the	requirem	ents and intent of
AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE			Date:	
I, hereby certify that this document was approve (Please leave blank. Whoever clerk's the meeting will insert their name and title.)				
V. 19499 19449 Marin. TENDORDI CIDIN S LIID INDALLIIN WIII RISBIL LIIBIL INDILI	I, /Place leave blank Whoever clark's the mosting will input their name and this !	ereby certify	that this	document was approved
by the Executive Committee at its meeting				

#### **GENERAL INSTRUCTIONS:**

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

Travelers N		ella F. Bow	<del></del>		Dept: _	6/Executive Office
Position:	Board M	lember	President/CEO	Gen. Counse	ı	Chief Auditor
	☐ All other	Authority 6	employees (does not rec	uire executive comm	nittee admini	strator approval)
2. DATE OF	REQUEST: _	12/13/11	_ PLANNED DATE OF D	EPARTURE/RETURI	N: <u>01/22/</u> 1	12 / 01/24/12
DESTINA	TIONS/PURPO	OSF (Provi	de detailed explanation	as to the purpose o	f the trin- co	entinue on extra shee
	s necessary):	30 <u>1</u> (i. 101)	ao aotamba explanation	do to allo parpose o	i dio dip co	munde on oxua snee
	on:Long Beach	n, CA		rpose: ACI-NA Air :	Service Data	a and Planning
Explanat	ion: ACI-NA A	ir Service I	Data and Planning Sem			<del></del>
	TED OUT-OF-1		VEL EXPENSES			
M. II	AIRFARE	HON COS	13.	\$		
•		NSPORTA	ATION (Taxi, Train, Car		150.00	<b></b>
B. LO	ODGING			\$	350.00	
C. M	IEALS			\$	150.00	_
D. S	<b>EMINAR AND</b>	CONFERE	NCE FEES	\$	575.00	-
E. E	NTERTAINME	NT (If appli	cable)	\$		<del>-</del>
	THER INCIDE			\$		<del>-</del>
	TOTAL PR	OJECTED	TRAVEL EXPENSE	\$	1225.00	
:ERTIFIC	ATION BY T	RAVELE	R By my signature belo	w I cortify that the	ahove lieted	out-of-town travel as
			thority's Policies 3.30			
uthority's bu	siness.	26001	1 DA	0 - 1		
Travelers Si		MUUM	1-4-2-XVIIIV		Date: /c/	(100,2011
					7	sur runj
			RATOR (Where Ad	ministrator is the Ex	ecutive Com	mittee, the Authority
•	ture is required	•				
	ure below, I ce	•	_			
			d the above out-of-towr			
			vel and all identified exp			
Autho	ority's business	and reaso	nable in comparison to	the anticipated bene	efit to the Au	ithority.
3. The c	concerned out-	of-town trav	el and all identified exp	enses conform to the	ne requireme	ents and intent of
Autho	ority's Policies	3.30 and 3.	<u>40</u> .			
Administrat	or's Signature:				Date:	
MIHOKII	T ULERK C	EKIIFIC	ATION ON BEHAL	F OF EXECUTIV	VE COMM	III (EE
l,			ing will insert their name and	, hereby cert	ify that this o	document was appro-
(Please leave b	<i>lank. Whoever cle</i> utive Committe	erk's the meel e at its	ing will insert their name and	title.)	etina .	

#### **GENERAL INSTRUCTIONS:**

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

TRAVELER:     Travelers Name: Thella F. Bowens	Dept: 6/Executive Office
Position: Position:	Gen. Counsel Chief Auditor
All other Authority employees (does not requi	re executive committee administrator approval)
2. DATE OF REQUEST: 12/15/11 PLANNED DATE OF DE	PARTURE/RETURN: 03/26/12 / 03/28/12
Tec	oose: Attend ACI-NA Business Information nnology and Public Safety and Security Spring ference
Explanation: Attend ACI-NA Business Information Technology Conference  4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES	ogy and Public Salety and Security Spring
A. TRANSPORTATION COSTS:  • AIRFARE  • OTHER TRANSPORTATION (Taxi, Train, Car F B. LODGING C. MEALS D. SEMINAR AND CONFERENCE FEES E. ENTERTAINMENT (If applicable) F. OTHER INCIDENTAL EXPENSES  TOTAL PROJECTED TRAVEL EXPENSE	\$ 750.00 \$ 150.00 \$ 400.00 \$ 150.00 \$ 600.00 \$ \$ \$
CERTIFICATION BY TRAVELER By my signature below associated expenses conform to the Authority's Policies 3.30 ar Authority's business.  Travelers Signature:	
CERTIFICATION BY ADMINISTRATOR (Where Administration Clerk's signature is required).  By my signature below, I certify the following:  1. I have conscientiously reviewed the above out-of-town to the concerned out-of-town travel and all identified experience Authority's business and reasonable in comparison to the concerned out-of-town travel and all identified experience Authority's Policies 3.30 and 3.40.	ravel request and the details provided on the reverse. Inses are necessary for the advancement of the ne anticipated benefit to the Authority.
Administrator's Signature:	Date:
AUTHORITY CLERK CERTIFICATION ON BEHALF	
I, (Please leave blank. Whoever clerk's the meeting will insert their name and ti	, hereby certify that this document was approved
by the Everytive Committee at its	meeting

#### **GENERAL INSTRUCTIONS:**

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1. TRAVELER:				
Travelers Name: Thella F. Bowen	3		_ Dept: _6	6/Executive Office
Position: Board Member	▼ President/CEO	Gen. Counsel		Chief Auditor
All other Authority em	oloyees (does not require ex	ecutive commit	tee adminis	trator approval)
2. DATE OF REQUEST: <u>12/15/11</u>	PLANNED DATE OF DEPART	TURE/RETURN:	03/28/13	2 / 03/29/12
3. DESTINATIONS/PURPOSE (Provide	detailed explanation as to t	he purpose of t	he trip cor	ntinue on extra sheets
of paper as necessary): Destination:Sacramento, CA	Purpose: Directors		nia Airports	Council Board of
Explanation: Attend California Airpo				
4. PROJECTED OUT-OF-TOWN TRAV	EL EXPENSES			
A. TRANSPORTATION COSTS	;	œ	600.00	
AIRFARE     OTHER TRANSPORTAT	ON (Taxi, Train, Car Renta	s \$	600.00 150.00	-
B. LODGING	ON (Taxi, Traili, Cal Nella	**************************************	200.00	
C. MEALS		\$	100.00	•
D. SEMINAR AND CONFEREN	CE FEES	\$		•
E. ENTERTAINMENT (If applica		\$		•
F. OTHER INCIDENTAL EXPEN		\$		-
TOTAL PROJECTED TO		\$	1050.00	•
CERTIFICATION BY TRAVELER	By my signature below, I co	ertify that the al	bove listed	out-of-town travel and
associated expenses conform to the Auth				
Authority's business.	a b	1		0 0
Travelers Signature:	U IDAWA	<i>M</i> D	ate: 15	pore 2011
CERTIFICATION BY ADMINISTR	ATOR (Where Administr	rator is the Exec	cutive Com	mittee, the Authority
Clerk's signature is required).				
By my signature below, I certify the follow	ving;			
I have conscientiously reviewed to		I request and th	ne details o	rovided on the reverse
2. The concerned out-of-town trave				
Authority's business and reasons		•		
3. The concerned out-of-town trave				
Authority's Policies 3.30 and 3.40		s comorn to the	requireme	ints and intent of
Administrator's Signature:	_		Date:	
AUTHORITY CLERK CERTIFICA	TION ON BEHALF OF	EXECUTIV	E COMM	ITTEE
I, (Please leave blank. Whoever clerk's the meeting		, hereby certif	y that this d	locument was approve
(Please leave blank. Whoever clerk's the meeting	will insert their name and title.)		etina.	
DV IIIC EXCOUVE COMMINCE ANDS		1 J 10-20	suliu.	