Revised 12/19/11

SAN DIEGO COUNTY
REGIONAL AIRPORT AUTHORITY

EXECUTIVE COMMITTEE

Item No.
4

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 CEQA. Cal. Pub. Res. Code §21065.

B. California Coastal Act Review: This Board action is not a "development" as defined by the California Coastal Act. Cal. Pub. Res. Code §30106.

Equal Opportunity Program:

Not applicable

Prepared by:

TONY RUSSELL
DIRECTOR, CORPORATE SERVICES/AUTHORITY CLERK

EXPENSE REPORTS

THELLA F. BOWENS

SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY
TRAVEL EXPENSE REPORT

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

TRAVELER: Thella F. Bowens **DEPT. NAME & NO.** Executive Office BU6

DEPARTURE DATE: 10/27/2011 **RETURN DATE:** 11/1/2011 **REPORT DUE:** 12/1/11

DESTINATION: Marrakech, Morocco

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

	Authority Expenses (Prepaid by Authority)	Employee Expenses							
		SUNDAY 10/30/11	MONDAY 10/31/11	TUESDAY 11/1/11	WEDNESDAY	THURSDAY 10/27/11	FRIDAY 10/28/11	SATURDAY 10/29/11	TOTALS
Air Fare, Railroad, Bus *(attach copy of itinerary w/charges)*	5,132.50								0.00
Conference Fees *(provide copy of flyer/registration expenses)*	750.00								0.00
Rental Car*									0.00
Gas and Oil*									0.00
Garage/Parking*									0.00
Mileage - attach mileage form*									0.00
Taxi and/or Shuttle Fare *(include tips pd.)**									0.00
Hotel*		128.63	144.35				128.63	128.63	530.24
Telephone, Internet and Fax*			23.28						23.28
Laundry*									0.00
Tips - *separately paid (maids,bellhop,other hotel srvs.)*									0.00
Meals *(include tips pd.)* Breakfast*									0.00
Lunch*									0.00
Dinner*		22.91	52.82						75.73
Other Meals*				6.28					6.28
Alcohol is a non-reimbursable expense									
Hospitality [1] *									0.00
Miscellaneous: Baggage Fees									0.00
									0.00
									0.00
**Provide detailed receipts*									0.00
Total Expenses prepaid by Authority	5,882.50	151.54	220.45	6.28	0.00	0.00	128.63	128.63	635.53

Explanation:

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

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

[1]Give names and business affiliations of any persons whose meals were paid by traveler.
[2] Prepare Check Request
[3]Attach personal check payable to SDCRAA

I as traveler or administrator acknowledge that I have read, understand and agree to Authority policies 3.40 - Travel and Lodging Expense Reimbursement Policy[4] and 3.30 - Business Expense Reimbursement Policy[5] and that any purchases/claims that are not allowed will be my responsibility. I further certify that this report of travel expenses were incurred in connection with official Authority business and is true and correct.

[4] Travel and Lodging Expense Reimbursement Policy 3.40 [5] Business Expense Reimbursement Policy 3.30

Prepared By: Amy Caldera (Print/Type Name) Ext.: 2445

Traveler Signature: Thella F. Bowens Date: 12/19/2011

Approved By: Date:

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

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

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

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

October 27 thru November 1, 2011				
Date	Expense	Amount	Exchange Rate	Reimburse Amount
10/28/2011	Hotel	1099.50 DH	0.116987	$ 128.63
10/29/2011	Hotel	1099.50 DH	0.116987	$ 128.63
10/30/2011	Hotel	1099.50 DH	0.116987	$ 128.63
10/30/2011	Dinner	196.00 DH	0.116892	$ 22.91
10/31/2011	Dinner	£34.03	1.55188	$ 52.82
10/31/2011	Hotel	£142.80	1.55188	$ 144.35
10/31/2011	Internet	£15.00	1.55188	$ 23.28
11/1/2011	Other Meal	£1.85	1.55179	$ 2.87
11/1/2011	Other Meal	£2.20	1.55179	$ 3.41
			Total:	**$ 635.53**

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

GENERAL INSTRUCTIONS:

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

1. TRAVELER:

Travelers Name: Thella Bowens Dept: 06/Executive Office

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

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

2. DATE OF REQUEST: 06/20/11 PLANNED DATE OF DEPARTURE/RETURN: 10/27/11 / 11/02/11

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

Destination:Marrakech, Morocco

Purpose: World Board Meeting and ACI World Annual Assembly/ACI Africa Annual Assembly, Conference & Exhibition

Explanation: World Board Meeting and ACI World Annual Assembly/ACI Africa Annual Assembly, Conference & Exhibition

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:		
• AIRFARE	$	5600.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	$	200.00
B. LODGING	$	1400.00
C. MEALS	$	200.00
D. SEMINAR AND CONFERENCE FEES	$	750.00
E. ENTERTAINMENT (If applicable)	$	
F. OTHER INCIDENTAL EXPENSES	$	
TOTAL PROJECTED TRAVEL EXPENSE	$	8150.00

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

Travelers Signature: Thella Bowens Date: 07/12/11

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

By my signature below, I certify the following:

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

Administrator's Signature: [signature] Date: 7.12.11

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

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

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

BOWENS/THELLA DEPT 6 13-Jul-2011 10:25 am

YOUR CONTINENTAL ETICKET CONFIRMATION IS ** D5XY50 **
YOUR BRITISH MIDLAND ETICKET CONFIRMATION IS ** 7E5HJQ **
---------INVOICE/ITINERARY ACCOUNTING DOCUMENT---------
*********TICKETLESS TRAVEL INSTRUCTIONS**********
THIS IS AN E-TICKET RESERVATION.
A GOVERNMENT ISSUED PHOTO ID IS NEEDED AT CHECK IN
THIS TICKET IS NON-REFUNDABLE AND MUST BE USED FOR
THE FLIGHTS BOOKED. IF THE RESERVATION IS NOT USED
OR CANCELLED BEFORE THE DEPARTURE OF YOUR FLIGHTS
IT MAY HAVE NO VALUE. CONTACT TRAVELTRUST BEFORE
YOUR OUTBOUND FLIGHT IF CHANGE IS NECESSARY.
****
**********TSA GUIDANCE FOR PASSENGERS**********
PLEASE ALLOW EXTRA TIME FOR SCREENING AND BOARDING
INTERNATIONAL-MINIMUM 3 HOUR CHECK-IN PRIOR TO DEPARTURE
DOMESTIC-MINIMUM 2 HOUR CHECK-IN PRIOR TO DEPARTURE
FOR ADDITIONAL SECURITY INFORMATION VISIT WWW.TSA.GOV
****
FOR TRAVEL TO MOROCCO
A US CITIZEN MUST HAVE A VALID PASSPORT
YOU CANNOT TRAVEL OUT OF THE UNITED STATES IF YOUR U.S.
PASSPORT EXPIRES WITHIN 6 MONTHS OF YOUR DEPARTURE DATE
****
FOR EMERGENCY 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
****

27-Oct-2011
08:28am
Thursday

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

Depart - TERMINAL 2
Arrive - TERMINAL C
Continental Airlines locator: D5XY50
UA Frequent Flyer# [redacted]
** AISLE SEAT CONFIRMED **
Flight Duration: 3 hour(s) and 11 minutes
Class of Service: Business

27-Oct-2011
03:45pm
Thursday

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

Depart - TERMINAL E
Arrive - TERMINAL 4
Continental Airlines locator: D5XY50
UA Frequent Flyer# [redacted]
** AISLE SEAT CONFIRMED **
Flight Duration: 9 hour(s) and 10 minutes
Class of Service: Business

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

BOWENS/THELLA DEPT 6 13-Jul-2011 10:25 am

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 10:10am
Arrival: 28-Oct-2011 Friday 12:35pm

Flight# 447 Class: P
To: Marrakech, Morroco
Seats: Seat:2D
Status: Confirmed
Stops: 0

Depart - TERMINAL 1
Arrive - TERMINAL 1
Bmi British Midland locator: 7E5HJQ
UA Frequent Flyer# [redacted]
** AISLE SEAT CONFIRMED **
Flight Duration: 3 hour(s) and 25 minutes
Class of Service: P

31-Oct-2011
02:15pm
Monday

Air Bmi British Midland
From: Marrakech, Morroco
Meal: Hot Meal
Equip: Airbus A320 Jet
Depart: 31-Oct-2011 Monday 02:15pm
Arrival: 31-Oct-2011 Monday 05:50pm

Flight# 448 Class: P
To: London Heathrow EN, UK
Seats: Seat:2C
Status: Confirmed
Stops: 0

Depart - TERMINAL 1
Arrive - TERMINAL 1
Bmi British Midland locator: 7E5HJQ
UA Frequent Flyer# [redacted]
** AISLE SEAT CONFIRMED **
Flight Duration: 3 hour(s) and 35 minutes
Class of Service: P

31-Oct-2011
Monday

Hotel Hilton International Hilton London Heathrow Airpo
TERMINAL 4, LONDON GB TW6 3AF AIRPORT FR
Phone: 44-208-7597755 Fax: 44-208-7597579
Number of Rooms: 1 Rate: 119.00GBP
Confirmation: 3440034496 Room Guaranteed
Check Out: 01-Nov-2011 Tuesday Cancel By 4 PM on Date of Arrival
ZD000010929 NONSMOKING KING
As of 13Jul11, the equivalent rate for 119.00GBP is 189.27USD
CD-091920421
ID-423793395

01-Nov-2011
10:45am
Tuesday

Air Continental Airlines
From: London Heathrow EN, UK
Meal: Lunch
Equip: Boeing 777 Jet
Depart: 01-Nov-2011 Tuesday 10:45am
Arrival: 01-Nov-2011 Tuesday 04:10pm

Flight# 5 Class: Z
To: Houston Intercontinental, TX
Seats: Seat:2D
Status: Confirmed
Stops: 0

Depart - TERMINAL 4
Arrive - TERMINAL E
Continental Airlines locator: D5XY50
UA Frequent Flyer# [redacted]
** AISLE SEAT CONFIRMED **
Flight Duration: 10 hour(s) and 25 minutes
Class of Service: Business

01-Nov-2011
05:45pm
Tuesday

Air Continental Airlines
From: Houston Intercontinental, TX
Meal: Dinner
Equip: Boeing 737-800 Jet
Depart: 01-Nov-2011 Tuesday 05:45pm
Arrival: 01-Nov-2011 Tuesday 07:18pm

Flight# 1689 Class: Z
To: San Diego CA, USA
Seats: Seat:2B
Status: Confirmed
Stops: 0

Depart - TERMINAL C
Arrive - TERMINAL 2
Continental Airlines locator: D5XY50
UA Frequent Flyer# [redacted]
** AISLE SEAT CONFIRMED **
Flight Duration: 3 hour(s) and 33 minutes
Class of Service: Business

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

BOWENS/THELLA DEPT 6 13-Jul-2011 10:25 am

Other

29-Apr-2012
Sunday

San Diego CA, USA
RESERVATION RETAINED FOR 180 DAYS

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

Ticket Information

BOWENS THELLA
Ticket#:8665624902 Ticket Base Fare: 3432.00
Invoice#:1186344 Ticket Tax: 915.70
Total Ticket Amount: 4347.70
Electronic: YES

BOWENS THELLA
Ticket#:8665624904 Ticket Base Fare: 546.00
Invoice#:1186344 Ticket Tax: 198.80
Total Ticket Amount: 744.80
Electronic: YES

$ 5132.50

SERVICE FEE DOCUMENT #: 0548152410 FEE AMOUNT: 40.00

BILLED TO: AMERICAN EXPRESS ENDING IN [redacted]

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AIRPORTS COUNCIL INTERNATIONAL

INVOICE

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

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

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

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

Please indicate the above invoice number to ensure proper credit.

FORM OF PAYMENT
Please use bank transfer or credit card if possible

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

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

☐ **CREDIT CARD** please specify by encircling appropriate card:

☐ Visa ☐ Mastercard ☐ AmexCo

Card Number: _____

Expiration: _____

Cardholder Name: _____

Signature: _____

Terms of payment:
Payment due within 30 days
All charges to the account of the invoice recipient and the full invoice amount to be sent net to ACI

Journal Detail

Payment Saferpay Phone-Mail
The shown amount was added to your Saferpay-Account.

750.00 USD

Payment details	
Reference Number	701109 MM
Account	Saferpay Phone-Mailorder 70525-19290148
Card-Number	xxxx xxxx xxx[redacted]
Expiration Date MM/YY	03/14
Liability shift	No
Transaction-ID	E0zbW2AEQQf3UAl2vzdGAUEUnr4b

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

SIX CARD SOLUTIONS

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Privacy Policy | Contact

ACI WAGA 2011

ACI WORLD / AFRICA ANNUAL GENERAL ASSEMBLY, CONFERENCE & EXPOSITION

MARRAKECH, MAROC – 28 OCTOBER - 02 NOVEMBER

SCHEDULE OF EVENTS

27 October 2011 (Thursday)	**All Day**	:	AFR Working Group Airport Charges

28 October 2011 (Friday)	**0900 - 1200**	:	AFR Executive Committee
	1400 - 1700	:	AFR Board meeting
	All Day	:	AFR Working Group Airport Charges

29 October 2011 (Saturday)	**0800 - 0900**	:	World Audit Committee meeting
	0900 - 1700	:	AFR Working Group I meeting
	0900 - 1700	:	AFR Working Group II meeting
	0900 - 1700	:	AFR Working Group III meeting
	0900 - 1330	:	ACI Europe Executive Committee
	0900 - 1330	:	ACI Europe Board meeting
	1300 - 1400	:	Lunch
	1400 - 1430	:	World Budget Committee meeting
	1430 - 1700	:	World Executive Committee meeting
	1700 - 1800	:	ACI Fund Board meeting
	1930 - 2300	:	Board dinner (all regions)
	All day	:	Conference hall build up

30 October 2011 (Sunday)	**All day**	:	Exhibition move-in/ Conference hall build up
	0830 - 1030	:	AFR General Assembly
	1100 - 1600	:	ACI World Governing Board meeting
	1300 - 1400	:	Lunch
	1700 - 1900	:	Scholarship networking

31 October 2011 (Monday)	**All day**	:	Golf Tournament and Social Activities
	0600 - 1600	:	Exhibition move-in/ Conference hall build up
	0900 - 1330	:	ACI Asia-Pacific Board meeting & lunch 1300-1400
	1600 - 1630	:	ACI World Business Partners Board meeting (tentative)
	1630 - 1730	:	ACI World Business Partners meeting (tentative)
	1800 - 2000	:	Opening ceremony in conference hall & exhibition opening on exhibition floor.

- Departing -

PALMERAIE GOLF PALACE
Golf & Spa Marrakech

Centre
Monétique
Interbancaire

F.Bowens Thella
Morocco

31/10/11 10:59:46
9660127721
90732401
RECEPT PGP I
Marrakech

BOWENS/THELLA F
xxxxxxxxxxx1003
02/14 CARTE ETRANGERE
xxx-0-2053-0-34

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

DEBIT

Le CMI vous remercie

TICKET A CONSERVER
COPIE CLIENT

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

INVOICE

Date	Texte	Débit MAD	Crédit MAD
28-10-11	T.C.S	33.00	
28-10-11	T.P.T	16.50	1099.50 DH
28-10-11	LOGEMENT GROUPE	1,050.00	
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	
30-10-11	T.P.T	16.50	1099.50 DH
30-10-11	LOGEMENT GROUPE	1,050.00	
30-10-11	RESTAURANT SIGNOR SANTI	196.00 ~~424.00~~ – recipt next page	
31-10-11	AMEX TPE		3,722.50
	Total	3,722.50	3,722.50

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

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

Signature

PALMERAIE GOLF PALACE
Golf & Spa Marrakech

Check Detail

PALMERAIE GOLF PALACE
Signor Santi

46 FOUAD 4

31 /1 7958 GST 5
30OCT'11 20:34

REPRINT
CLOSED CHECK

2	Oulmes 1L	80.00
~~1~~	~~V.Chianti~~	~~80.00~~
1	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 X
	155140/MOK *6	
	ROOM HDG	212.00
	103107/Thella	
	EXEMPTION	424.00 X

-----46 CLOSED 30OCT 21:39 ----

(DH) . 11.6892

Guest Name :_____

Room Number:_____

Signature :_____

PATANTE N°53001749 IF: 06501811

(Bill divided by 5 attendees)
(Thella paid for two attendees)

per person share: 212.00 DH
subtract 16.00 DH per person
for 80.00 DH glass of wine

revised per person share: 196.00 DH

196.00 DH = $22.91 US

Preferred Hotels & Resorts Member of Preferred Hotels & Resorts Worldwide

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

PALMERAIE HOTELS & RESORTS Morocco

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

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

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

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

BUY NOTES
CURRENCY: UNITED STATES DOLLAR
AMOUNT: 154.00
EXCHANGE RATE: 1.788200
LOCAL EQUIVALENT: -86.12
COMMISSION: 0.00
ITEM TOTAL: -86.12

TOTAL COMMISSIONS: 3.00
DUE TO CUSTOMER: 0.25

BUSINESS DATE: 28 OCT 2011

PURCHASE OVER £300 (STERLING EQUIVALENT) OF FOREIGN CURRENCY AND BENEFIT FROM COMMISSION FREE FOR RETURNED CURRENCY UP TO THE ORIGINAL PURCHASE AMOUNT AT AMERICAN EXPRESS HEATHROW AIRPORT.

HOW MUCH IS YOUR MONEY WORTH?

YOUR 'GBP' CURRENCY CONVERTER

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

SAVE TIME, SAVE MONEY! - SEE REVERSE

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

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

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

ROOM No: 30

NAME:

SIGNATURE:
Discretionary12.5%service charge has been added to your bill

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

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

COSTA LTD
AMBREAD GROUP PLC
AMBREAD COURT, BERZ AVE
CONSTABLE, LL5 5XE
VAT NO:243 2928 64
MINAXI 01/11/2011 09:32

Till 2 Sale 202479

1 Van Lat Promo 5(EI 2.20*D

TOTAL 2.20

CASH 3.00

CHANGE 0.80
* V.A.T. 0.37

** 0.25 CONCESSION 10% DISCOUNT **

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

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

COSTA LTD
AMBREAD GROUP PLC
AMBREAD COURT, BERZ AVE
CONSTABLE, LL5 5XE
VAT NO:243 2928 64
MINAXI 01/11/2011 09:40

Till 2 Sale 202483

1 Americano Milk Promo EI 1.85*

TOTAL 1.85

CARD 1.85

CHANGE 0.00
* V.A.T. 0.31

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

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

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

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

SALES VOUCHER - CUSTOMER COPY

MINAXI 01/11/2011 09:40
AMBREAD GROUP PLC
AMBREAD COURT, BERZ AVE
CONSTABLE, LL5 5XE

Card Type : AMEX
Card Number : **********1003
Entry Type : SWIPE
Expiry : 02/14

TOTAL £1.85

AUTHORISED

Cardholder Signature Verified

Please keep this copy for your records.

Merchant ID : 6447057662
Terminal ID : 2
Txn Number : 20249302
Auth Code : 22
Receipt Number : 5543

Hilton
London Heathrow Airport

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

ROOM NUMBER	255/Q1
ARRIVAL DATE	31/10/2011 18:52:00
DEPARTURE DATE	01/11/2011 08:54:00
ADULT/CHILD	1/0
ROOM RATE	£ 119.00
RATE PLAN	L-T1
AL:	
Hhonors #	[redacted]
VAT #	917 8760 84
FOLIO NO./CHE	611906A
TAX DATE:	01/11/2011

VAT INVOICE 18285875
CONFIRMATION NUMBER : 3440034496

01/11/2011 PAGE 1

DATE	DESCRIPTION	ID	REF NO	GUEST CHARGES	CREDIT	BALANCE
31/10/2011	OSCAR'S # 3265	LINTR	3389235	£34.03		
31/10/2011	IBAHN INTERNET ACCESS	LINTR	3389263	£15.00		
31/10/2011	GUEST ROOM	COGO	3389647	£119.00		
31/10/2011	ROOM TAXES	COGO	3389647	£23.80		
01/11/2011	AX *1003	TOFA	3390313		£191.83	
				BALANCE		£0.00
				ESTIMATED CURRENCY TOTAL GBP		0.00

- See page 1 of 2

TAX SUMMARY

Taxable Amount (excl VAT)	£156.71
Zero Rated Amount	£0.00
Non Taxable Amount	£3.78
VAT AT 20%	£31.34
VAT AT 17.5%	£0.00
VAT AT 15%	£0.00
Total Amount Payable	£191.83

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

hilton.co.uk

SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY
TRAVEL EXPENSE REPORT

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

TRAVELER: Thella F. Bowens **DEPT. NAME & NO.** Executive Office BU6

DEPARTURE DATE: 11/15/2011 **RETURN DATE:** 11/16/2011 **REPORT DUE:** 12/16/11

DESTINATION: St. Louis, MO

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

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

Explanation:

Total Expenses Prepaid by Authority	715.70
Total Expenses Incurred by Employee (including cash advances)	222.81
Grand Trip Total	938.51
Less Cash Advance (attach copy of Authority ck)	
Less Expenses Prepaid by Authority	715.70
Due Traveler (positive amount)[2]	
Due Authority (negative amount)[3]	222.81

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

[1]Give names and business affiliations of any persons whose meals were paid by traveler.
[2] Prepare Check Request
[3]Attach personal check payable to SDCRAA

I as traveler or administrator acknowledge that I have read, understand and agree to Authority policies 3.40 - Travel and Lodging Expense Reimbursement Policy[4] and 3.30 - Business Expense Reimbursement Policy[5] and that any purchases/claims that are not allowed will be my responsibility. I further certify that this report of travel expenses were incurred in connection with official Authority business and is true and correct.

[4] Travel and Lodging Expense Reimbursement Policy 3.40 [5] Business Expense Reimbursement Policy 3.30

Prepared By: Amy Caldera (Print/Type Name) Ext.: 2445

Traveler Signature: _____ Date: _____

Approved By: _____ Date: _____

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

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

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

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

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

GENERAL INSTRUCTIONS:

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

1. TRAVELER:

Travelers Name: Thella F. Bowens Dept: 6/Executive Office

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

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

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

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

Destination: St. Louis, MO

Purpose: ACI-NA Facilitated Discussion Session with Airport Official Representatives

Explanation: ACI-NA Facilitated Discussion Session with Airport Official Representatives as Chair of ACI-NA

Cancelled

10/25 Cancelled trip

11-8-11 Trip back on not cancelled

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:		
• AIRFARE	$	450.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	$	100.00
B. LODGING	$	300.00
C. MEALS	$	300.00
D. SEMINAR AND CONFERENCE FEES	$	
E. ENTERTAINMENT (If applicable)	$	
F. OTHER INCIDENTAL EXPENSES	$	
TOTAL PROJECTED TRAVEL EXPENSE	$	1150.00

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

Travelers Signature: Thella F Bowens Date: 4 Oct 2011

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

By my signature below, I certify the following:

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

Administrator's Signature: [signature] Date: 10-4-11

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

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

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

BOWENS/THELLA DEPT 6 06-Oct-2011 3:48 pm

YOUR UNITED ETICKET CONFIRMATION IS ** N2LD2F **
---------INVOICE/ITINERARY ACCOUNTING DOCUMENT---------
*********TICKETLESS TRAVEL INSTRUCTIONS**********
THIS IS AN E-TICKET RESERVATION.
A GOVERNMENT ISSUED PHOTO ID IS NEEDED AT CHECK IN
THIS TICKET IS NON-REFUNDABLE AND MUST BE USED FOR
THE FLIGHTS BOOKED. IF THE RESERVATION IS NOT USED
OR CANCELLED BEFORE THE DEPARTURE OF YOUR FLIGHTS
IT MAY HAVE NO VALUE. CONTACT TRAVELTRUST BEFORE
YOUR OUTBOUND FLIGHT IF CHANGE IS NECESSARY.
****
**********TSA GUIDANCE FOR PASSENGERS**********
PLEASE ALLOW EXTRA TIME FOR SCREENING AND BOARDING
INTERNATIONAL-MINIMUM 3 HOUR CHECK-IN PRIOR TO DEPARTURE
DOMESTIC-MINIMUM 2 HOUR CHECK-IN PRIOR TO DEPARTURE
FOR ADDITIONAL SECURITY INFORMATION VISIT WWW.TSA.GOV
****

15-Nov-2011
11:47am
Tuesday

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

Depart - TERMINAL 1
Arrive -
United Airlines locator: N2LD2F
UA Frequent Flyer# [redacted]
** ECONOMY PLUS AISLE SEAT CONFIRMED **
Flight Duration: 2 hour(s) and 19 minutes
Class of Service: Coach

15-Nov-2011
06:03pm
Tuesday

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

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

16-Nov-2011
04:05pm
Wednesday

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

STL-DEN OPERATED BY /UNITED EXPRESS/SKYWEST AIRLINES
Depart - TERMINAL 1
Arrive -
United Airlines locator: N2LD2F
UA Frequent Flyer# [redacted]
** ECONOMY PLUS AISLE SEAT CONFIRMED **
Flight Duration: 2 hour(s) and 29 minutes
Class of Service: Coach

16-Nov-2011
07:07pm
Wednesday

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

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

BOWENS/THELLA DEPT 6 06-Oct-2011 3:48 pm

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

Other

14-May-2012
Monday

San Diego CA, USA
RESERVATION RETAINED FOR 180 DAYS

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

Ticket Information

BOWENS THELLA
Ticket#:8714090531
Invoice#:1188564
Electronic: YES

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

SERVICE FEE DOCUMENT #: 0550830016 FEE AMOUNT: 25.00

$270.40

BILLED TO: AMERICAN EXPRESS ENDING IN [redacted]

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

BOWENS/THELLA DEPT 6

09-Nov-2011 10:14 am


```
YOUR SOUTHWEST ETICKET CONFIRMATION IS ** IYK93I **
---------INVOICE/ITINERARY ACCOUNTING DOCUMENT---------
*********TICKETLESS TRAVEL INSTRUCTIONS**********
THIS IS AN E-TICKET RESERVATION.
A GOVERNMENT ISSUED PHOTO ID IS NEEDED AT CHECK IN
A PORTION OF THIS TRIP MAY BE REFUNDABLE. PLEASE RETURN
UNUSED PORTIONS TO TRAVELTRUST FOR POSSIBLE REFUND.
**************************************************
***************TSA GUIDANCE FOR PASSENGERS**************
PLEASE ALLOW EXTRA TIME FOR SCREENING AND BOARDING
INTERNATIONAL-MINIMUM 3 HOUR CHECK-IN PRIOR TO DEPARTURE
DOMESTIC-MINIMUM 2 HOUR CHECK-IN PRIOR TO DEPARTURE
FOR ADDITIONAL SECURITY INFORMATION VISIT WWW.TSA.GOV
*******************************************************
```

15-Nov-2011
10:00am
Tuesday

Air Southwest Airlines — Flight# 1224 — Class: Y
From: San Diego CA, USA — To: Houston Hobby TX, USA
Meal: None
Equip: Boeing 737-700 Jet — Status: Confirmed
Depart: 15-Nov-2011 Tuesday 10:00am — Stops: 0
Arrival: 15-Nov-2011 Tuesday 03:00pm
Depart - TERMINAL 1
Arrive -
Flight Duration: 3 hour(s) and 00 minutes
Class of Service: Coach

15-Nov-2011
03:55pm
Tuesday

Air Southwest Airlines — Flight# 1050 — Class: Y
From: Houston Hobby TX, USA — To: St Louis Intl MO, USA
Meal: None
Equip: Boeing 737-300 Jet — Status: Confirmed
Depart: 15-Nov-2011 Tuesday 03:55pm — Stops: 0
Arrival: 15-Nov-2011 Tuesday 05:55pm
Depart -
Arrive - TERMINAL 2
Flight Duration: 2 hour(s) and 00 minutes
Class of Service: Coach

16-Nov-2011
05:10pm
Wednesday

Air Southwest Airlines — Flight# 1103 — Class: Y
From: St Louis Intl MO, USA — To: Chicago Midway IL, USA
Meal: None
Equip: Boeing 737-700 Jet — Status: Confirmed
Depart: 16-Nov-2011 Wednesday 05:10pm — Stops: 0
Arrival: 16-Nov-2011 Wednesday 06:15pm
Depart - TERMINAL 2
Arrive -
Flight Duration: 1 hour(s) and 05 minutes
Class of Service: Coach

16-Nov-2011
07:20pm
Wednesday

Air Southwest Airlines — Flight# 275 — Class: Y
From: Chicago Midway IL, USA — To: San Diego CA, USA
Meal: None
Equip: Boeing 737-700 Jet — Status: Confirmed
Depart: 16-Nov-2011 Wednesday 07:20pm — Stops: 0
Arrival: 16-Nov-2011 Wednesday 10:10pm
Depart -
Arrive - TERMINAL 1
Flight Duration: 4 hour(s) and 50 minutes
Class of Service: Coach

14-May-2012
Monday

Other

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

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

BOWENS/THELLA DEPT 6 09-Nov-2011 10:14 am

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

Ticket Information

BOWENS THELLA
Ticket#:2402940641
Invoice#:1189465

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

Electronic: YES

$ 445.30

SERVICE FEE DOCUMENT #: 0568908373 FEE AMOUNT: 30.00

BILLED TO: AMERICAN EXPRESS ENDING IN [redacted]

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CROWNE PLAZA®

HOTELS & RESORTS

11-16-11

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

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

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Crowne Plaza St. Louis Airport
11228 Lone Eagle Dr.
Bridgeton, MO 63044
Telephone: (314) 291-6700 Fax: (314) 770-1205
Email: info@cpstlairport.com

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

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

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

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

****

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

****

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

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

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

CARD TYPE	ACCOUNT NUMBER
AMERICAN EXPRES	XXXXXXXXXXX[redacted]

Name: THELLA F BOWENS
TRANSACTION APPROVED
AUTHORIZATION #: 564697
Reference: 1115010000526
TRANS TYPE: Credit Card SALE

CHECK:	13.80
TIP:	2.20
TOTAL:	16.00

_____

Duplicate Copy

CARDHOLDER WILL PAY CARD ISSUER ABOVE AMOUNT PURSUANT TO CARDHOLDER AGREEMENT
****

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

CLOUDS
***** CREDIT CARD VOUCHER *****
****
CROWNE PLAZA ST LOUIS AIRPORT
ST LOUIS, MO
CHECK: 1104
TABLE: 10/1
SERVER: 105 PATTY
DATE: NOV16'11 10:08AM
CARD TYPE: [redacted]
ACCT #: XXXXXXXXXXX[redacted]
EXP DATE: XX/XX
AUTH CODE: 543383
RESEARCH: 000000000000
THELLA F BOWENS

SUBTOTAL: 12.41

GRATUITY $ 2.00

TOTAL $ 14.41

SIGNATURE

Please leave SIGNED COPY
with your Server / Cashier.

CLOUDS
CROWNE PLAZA ST LOUIS AIRPORT
ST LOUIS, MO
105 PATTY

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

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

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

GRATUITY

TOTAL

ROOM NUMBER

PRINT LAST NAME

SIGNATURE

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

[illegible]
[illegible]go Midway Airport
Green to Green
[illegible]/2011 18:49

[illegible]
[illegible]ck. 32[illegible]6801
[illegible]er, [illegible]lizabeth
[illegible] [illegible]23

Superdawg6
1 Customo Meat [illegible].59

Subtotal 7.59
Tax 0.83
Total 8.42

[redacted] 8.42
XXXXXXXXXX[redacted]
BOWENS/THELLA F

GRAND TOTAL 8.42

T323 C3936 11/16/2011 18:49

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

SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY
TRAVEL EXPENSE REPORT

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

TRAVELER: Thella F. Bowens **DEPT. NAME & NO.** 6/Executive Office

DEPARTURE DATE: 10/1/2011 **RETURN DATE:** 10/2/2011 **REPORT DUE:** 11/1/11

DESTINATION: Sacramento, Ca

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

	Authority Expenses (Prepaid by Authority)	Employee Expenses							
		SUNDAY 10/2/11	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY 10/1/11	TOTALS
Air Fare, Railroad, Bus *(attach copy of itinerary w/charges)*	499.40								0.00
Conference Fees *(provide copy of flyer/registration expenses)*									0.00
Rental Car*								75.71	75.71
Gas and Oil*									0.00
Garage/Parking*								25.00	25.00
Mileage - attach mileage form*									0.00
Taxi and/or Shuttle Fare *(include tips pd.)**									0.00
Hotel*								157.33	157.33
Telephone, Internet and Fax*									0.00
Laundry*									0.00
Tips - *separately paid (maids,bellhop,other hotel srvs.)*									0.00
Meals *(include tips pd.)* Breakfast*		3.83							3.83
Lunch*									0.00
Dinner*									0.00
Other Meals*									0.00
Alcohol is a non-reimbursable expense									
Hospitality [1] *									0.00
Miscellaneous: Baggage Fees									0.00
									0.00
									0.00
**Provide detailed receipts*									0.00
Total Expenses prepaid by Authority	499.40	3.83	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 Prepaid by Authority	499.40
Total Expenses Incurred by Employee (including cash advances)	261.87
Grand Trip Total	761.27
Less Cash Advance (attach copy of Authority ck)	
Less Expenses Prepaid by Authority	499.40
Due Traveler (positive amount)[2]	
Due Authority (negative amount)[3]	261.87

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

[1] Give names and business affiliations of any persons whose meals were paid by traveler.
[2] Prepare Check Request
[3] Attach personal check payable to SDCRAA

I as traveler or administrator acknowledge that I have read, understand and agree to Authority policies 3.40 - Travel and Lodging Expense Reimbursement Policy[4] and 3.30 - Business Expense Reimbursement Policy[5] and that any purchases/claims that are not allowed will be my responsibility. I further certify that this report of travel expenses were incurred in connection with official Authority business and is true and correct.

[4] Travel and Lodging Expense Reimbursement Policy 3.40 [5] Business Expense Reimbursement Policy 3.30

Prepared By: Amy Caldera (Print Your Name) Ext.: 2445

Traveler Signature: Thella F Bowens Date: 14 Dec 2011

Approved By: Date:

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

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

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

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

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

GENERAL INSTRUCTIONS:

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

1. TRAVELER:

Travelers Name: Thella F. Bowens Dept: 6/Executive Office

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

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

2. DATE OF REQUEST: 08/31/11 PLANNED DATE OF DEPARTURE/RETURN: 10/01/11 / 10/01/11

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

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

Explanation: Sacramento International Airport Terminal Opening Event

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:		
• AIRFARE	$	470.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	$	150.00
B. LODGING	$	250.00
C. MEALS	$	50.00
D. SEMINAR AND CONFERENCE FEES	$	
E. ENTERTAINMENT (If applicable)	$	
F. OTHER INCIDENTAL EXPENSES	$	
TOTAL PROJECTED TRAVEL EXPENSE	$	920.00

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

Travelers Signature: Thella F Bowens Date: 31 Aug 2011

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

By my signature below, I certify the following:

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

Administrator's Signature: [signature] Date: 8.31.11

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

I, Tony R. Russell, Authority Clerk, hereby certify that this document was approved
(Please leave blank. Whoever clerk's the meeting will insert their name and title.)
by the Executive Committee at its 9/20/2011 meeting.
(Leave blank and we will insert the meeting date.)

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

BOWENS/THELLA DEPT 6 30-Sep-2011 12:31 pm

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

01-Oct-2011
12:10pm
Saturday

Air Southwest Airlines — Flight# 1709 — Class: K
From: San Diego CA, USA — To: Sacramento CA, USA
Meal: None
Equip: Boeing 737-700 Jet — Status: Confirmed
Depart: 01-Oct-2011 Saturday 12:10pm — Stops: 0
Arrival: 01-Oct-2011 Saturday 01:40pm

Depart - TERMINAL 1
Arrive - TERMINAL A
Flight Duration: 1 hour(s) and 30 minutes
Class of Service: Business Select

02-Oct-2011
08:40am
Sunday

Air Southwest Airlines — Flight# 2990 — Class: K
From: Sacramento CA, USA — To: San Diego CA, USA
Meal: None
Equip: Boeing 737-700 Jet — Status: Confirmed
Depart: 02-Oct-2011 Sunday 08:40am — Stops: 0
Arrival: 02-Oct-2011 Sunday 10:10am

Depart - TERMINAL A
Arrive - TERMINAL 1
Southwest Airlines locator: WGZ3ZS
Flight Duration: 1 hour(s) and 30 minutes
Class of Service: Business Select

30-Mar-2012
Friday

Other

San Diego CA, USA
RESERVATION RETAINED FOR 180 DAYS

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

469.40
30.00 fee
499.40

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HYATT REGENCY SACRAMENTO AT CAPITOL PARK

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

INFORMATION INVOICE

Payee Thella Bowens
[redacted]

Membership [redacted]
Bonus Code
Confirmation No. 6137699001
Group Name

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

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	CA Tourism Assessment			0.15	
10-01-11	Parking Valet			25.00	
10-02-11	American Express	XXXXXXXXXXX[redacted]	XX/XX		182.33

Your Gold Passport account will be credited for this stay.

Total	**182.33**	**182.33**
Balance		**0.00**

Guest Signature

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

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

WE HOPE YOU ENJOYED YOUR STAY WITH US!

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

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

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

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

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

HMS HOST STARBUCKS
SACRAMENTO INTERNAITONAL AIRPORT
WELCOME TO SACRAMENTO!!

4843 Savorn

CHK 7400 OCT02'11 8:11AM

---

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

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

Your order number is: 7400

PRINT

THE HERTZ CORPORATION
Phone: 800-654-4173
Fax: .
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: 10/02/2011
Document: 951001511659

Renter: THELLA BOWENS
Account No.: **********[redacted]

THELLA BOWENS
[redacted]

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

RENTAL CHARGES

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

THANK YOU FOR RENTING FROM HERTZ

ALL CHARGES HAVE BEEN BILLED TO YOUR ACCOUNT.

AMOUNT BILLED TO ACCOUNT: **75.71 USD**

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

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

SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY
TRAVEL EXPENSE REPORT

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

TRAVELER: Thella F. Bowens **DEPT. NAME & NO.** 6/Executive Office

DEPARTURE DATE: 8/28/2011 **RETURN DATE:** 8/29/2011 **REPORT DUE:** 9/28/11

DESTINATION: Reno, Nevada

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

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

Explanation:

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

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

[1]Give names and business affiliations of any persons whose meals were paid by traveler.
[2] Prepare Check Request
[3]Attach personal check payable to SDCRAA

I as traveler or administrator acknowledge that I have read, understand and agree to Authority policies 3.40 - Travel and Lodging Expense Reimbursement Policy[4] and 3.30 - Business Expense Reimbursement Policy[5] and that any purchases/claims that are not allowed will be my responsibility. I further certify that this report of travel expenses were incurred in connection with official Authority business and is true and correct.

[4] Travel and Lodging Expense Reimbursement Policy 3.40 [5] Business Expense Reimbursement Policy 3.30

Prepared By: Amy Caldera (Print Name) Ext.: 2445

Traveler Signature: Thella F. Bowens Date: 14 Dec 2011

Approved By: Date:

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

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

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

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

SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY 6/23 → Corporate Sec

OUT-OF-TOWN TRAVEL REQUEST

GENERAL INSTRUCTIONS:

A. All travel requests must conform to applicable provisions of Policies 3.30 and 3.40.

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

1. TRAVELER:

Travelers Name: Thella Bowens Dept: 06/Executive Office

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

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

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

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

Destination: Reno, NV

Purpose: Participant on panel at Third Annual Unison - AAAE CIP Finance Workshop

Explanation: Participant on panel at Third Annual Unison - AAAE CIP Finance Workshop

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

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

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

Travelers Signature: Thella K Bowens Date: 23 June 2011

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

By my signature below, I certify the following:

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

Administrator's Signature: _____ Date: _____

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

I, Tony R Russell, Authority Clerk, hereby certify that this document was approved
(Please leave blank. Whoever clerk's the meeting will insert their name and title.)

by the Executive Committee at its 6/27/11 meeting.
(Leave blank and we will insert the meeting date.)

PEPPERMILL
RENO

THELLA BOWENS PAGE 1

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

AAAE811

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

< www.PeppermillReno.com >

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

BOWENS/THELLA DEPT 6 05-Aug-2011 3:43 pm


```
***********************************************
SOUTHWEST E-TICKET CONFIRMATION *** WB6SIG ***
***********************************************
PLEASE CHECK NEW CARRY-ON RESTRICTIONS DIRECT WITH
YOUR CARRIER OR CALL US AT 800-792-4662
---------INVOICE/ITINERARY ACCOUNTING DOCUMENT---------
*********TICKETLESS TRAVEL INSTRUCTIONS**********
THIS IS AN E-TICKET RESERVATION.
A GOVERNMENT ISSUED PHOTO ID IS NEEDED AT CHECK IN
A PORTION OF THIS TRIP MAY BE REFUNDABLE. PLEASE RETURN
UNUSED PORTIONS TO US FOR POSSIBLE REFUND.
***********************************************
***************TSA GUIDANCE FOR PASSENGERS**************
PLEASE ALLOW EXTRA TIME FOR SCREENING AND BOARDING
INTERNATIONAL-MINIMUM 3 HOUR CHECK-IN PRIOR TO DEPARTURE
DOMESTIC-MINIMUM 2 HOUR CHECK-IN PRIOR TO DEPARTURE
FOR ADDITIONAL SECURITY INFORMATION VISIT WWW.TSA.GOV
*******************************************************
```

28-Aug-2011
05:25pm
Sunday

Air	Southwest Airlines	Flight#	1940 Class: K
From:	San Diego CA, USA	To:	Reno NV, USA
Meal:	None		
Equip:	Boeing 737-300 Jet	Status:	Confirmed
Depart:	28-Aug-2011 Sunday 05:25pm	Stops:	0
Arrival:	28-Aug-2011 Sunday 06:50pm		

Depart - TERMINAL 1
Arrive -
Southwest Airlines locator: [redacted]
** BUSINESS SELECT CONFIRMED
Flight Duration: 1 hour(s) and 25 minutes
Class of Service: Business Select

29-Aug-2011
02:05pm
Monday

Air	Southwest Airlines	Flight#	300 Class: K
From:	Reno NV, USA	To:	San Diego CA, USA
Meal:	None		
Equip:	Boeing 737-700 Jet	Status:	Confirmed
Depart:	29-Aug-2011 Monday 02:05pm	Stops:	1 (San Jose CA)
Arrival:	29-Aug-2011 Monday 04:45pm		

Depart -
Arrive - TERMINAL B
Depart - TERMINAL B
Arrive - TERMINAL 1
Southwest Airlines locator: [redacted]
** BUSINESS SELECT CONFIRMED
Flight Duration: 55 minutes
Class of Service: Business Select

25-Feb-2012
Saturday

Other

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

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

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

Ticket Information

BOWENS THELLA
Ticket#:2192025250
Invoice#:5217631

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

Electronic: YES

SERVICE FEE DOCUMENT #: 0548872194 FEE AMOUNT: 30.00

BILLED TO: AMERICAN EXPRESS ENDING IN [redacted]

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American Association of Airport Executives
Unison Consulting, Inc.

CIP Finance Workshop

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

Sunday, August 28

5:30 - 7:30 p.m. **Registration**

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

Monday, August 29

7:45 - 8:15 a.m. **Registration and Continental Breakfast**

8:15 - 8:30 a.m. **Welcome Remarks**

- Jim Johnson, Executive Director of Airport Services, AAAE
- Kevin Dolliole, Senior Vice President, Unison Consulting, Inc.
- Marily Mora, Executive Vice President/COO, Reno-Tahoe Airport Authority

8:30 - 9:30 a.m. **Session 1: Economic Outlook and Airport Capital Needs**
Moderator: Kevin Dolliole, Senior Vice President, Unison

- Economic and industry trends (Sharon Sarmiento, Principal, Unison)
- Airport capital needs (Robin Hunt, Manager, FAA San Francisco ADO)

9:30 - 10:30 a.m.	**Session 2: Evaluating Airport Capital Decisions I** Moderator: Gregory Chappell, Principal, Unison o 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 o 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 o Thella Bowens, President/CEO, San Diego County Regional Airport Authority o 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 o FAA Re-Authorization Update and AIP Funding (Barry Molar, Director, Unison) o 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 o PFC Program (Elliott Black, Deputy Director, FAA Office of Airport Planning and Programming) o 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

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

Tuesday, August 30

7:45 - 8:15 a.m. **Registration and Continental Breakfast**

8:15 - 9:15 a.m. **Session 8: Funding CIPs in Difficult Economic Times II (Airport Case Presentations)**
Moderator: Jorge Gonzalez, Aviation Practice Builder, Kimley-Horn

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

9:15 - 10:15 a.m. **Session 9: Debt Financing**
Moderator: Gregory Chappell, Principal, Unison

- Debt financing (Nancy Clawson, Managing Director, Merrill Lynch Public Finance)
- Airline perspective (Chris 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

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

12:00 - 12:10 p.m. **Closing Remarks**

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

SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY
TRAVEL EXPENSE REPORT

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

TRAVELER: Thella Bowens **DEPT. NAME & NO.** 6/Executive Office

DEPARTURE DATE: 9/17/2011 **RETURN DATE:** 9/21/2011 **REPORT DUE:** 10/21/11

DESTINATION: Washington, DC

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

	Authority Expenses (Prepaid by Authority)	Employee Expenses							
		SUNDAY 9/18/11	MONDAY 9/19/11	TUESDAY 9/20/11	WEDNESDAY 9/21/11	THURSDAY	FRIDAY	SATURDAY 9/17/11	TOTALS
Air Fare, Railroad, Bus *(attach copy of itinerary w/charges)*	482.00								0.00
Conference Fees *(provide copy of flyer/registration expenses)*									0.00
Rental Car*									0.00
Gas and Oil*									0.00
Garage/Parking*									0.00
Mileage - attach mileage form*									0.00
Taxi and/or Shuttle Fare *(include tips pd.)**		73.00	11.00		11.25				95.25
Hotel*		319.46	319.46	319.46				319.46	1,277.84
Telephone, Internet and Fax*									0.00
Laundry*									0.00
Tips - *separately paid (maids,bellhop,other hotel srvs.)*									0.00
Meals *(include tips pd.)* Breakfast*		24.00							24.00
Lunch*					8.39				8.39
Dinner*		23.45	155.25		7.49				186.19
Other Meals*									0.00
Alcohol is a non-reimbursable expense									
Hospitality [1]*									0.00
Miscellaneous: Baggage Fees									0.00
									0.00
									0.00
**Provide detailed receipts*									0.00
Total Expenses prepaid by Authority	482.00	439.91	485.71	319.46	27.13	0.00	0.00	319.46	1,591.67

Explanation:

Total Expenses Prepaid by Authority	482.00
Total Expenses Incurred by Employee (including cash advances)	1,591.67
Grand Trip Total	2,073.67
Less Cash Advance (attach copy of Authority ck)	
Less Expenses Prepaid by Authority	482.00
Due Traveler (positive amount)[2]	
Due Authority (negative amount)[3]	1,591.67

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

[1] *Give names and business affiliations of any persons whose meals were paid by traveler.*
[2] *Prepare Check Request*
[3] *Attach personal check payable to SDCRAA*

I as traveler or administrator acknowledge that I have read, understand and agree to Authority policies 3.40 - Travel and Lodging Expense Reimbursement Policy[4] and 3.30 - Business Expense Reimbursement Policy[5] and that any purchases/claims that are not allowed will be my responsibility. I further certify that this report of travel expenses were incurred in connection with official Authority business and is true and correct.

[4] Travel and Lodging Expense Reimbursement Policy 3.40 [5] Business Expense Reimbursement Policy 3.30

Prepared By: Amy Caldera (Print/Type Name) Ext.: 2445

Traveler Signature: Thella J Bowens Date: 12/16/2011

Approved By: Date:

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

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

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

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

SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY 6/21 → Corporate Serv.

OUT-OF-TOWN TRAVEL REQUEST

GENERAL INSTRUCTIONS:

A. All travel requests must conform to applicable provisions of Policies 3.30 and 3.40.

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

1. TRAVELER:

Travelers Name: Thella Bowens Dept: 06/Executive Office

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

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

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

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

Destination: Washington DC

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

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

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

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

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

Travelers Signature: Thella F Bowens Date: 21 June 2011

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

By my signature below, I certify the following:

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

Administrator's Signature: _____ Date: _____

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

I, Tony R Russell, Authority Clerk, hereby certify that this document was approved
(Please leave blank. Whoever clerks the meeting will insert their name and title.)

by the Executive Committee at its 6/27/11 meeting.
(Leave blank and we will insert the meeting date.)

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

BOWENS/THELLA

05-Aug-2011 5:12 pm

PLEASE CHECK NEW CARRY-ON RESTRICTIONS DIRECT WITH
YOUR CARRIER OR CALL TRAVELTRUST AT 800-792-4662
---------INVOICE/ITINERARY ACCOUNTING DOCUMENT---------
*********TICKETLESS TRAVEL INSTRUCTIONS**********
THIS IS AN E-TICKET RESERVATION.
A GOVERNMENT ISSUED PHOTO ID IS NEEDED AT CHECK IN
THIS TICKET IS NON-REFUNDABLE AND MUST BE USED FOR
THE FLIGHTS BOOKED. IF THE RESERVATION IS NOT USED
OR CANCELLED BEFORE THE DEPARTURE OF YOUR FLIGHTS
IT MAY HAVE NO VALUE. CONTACT TRAVELTRUST BEFORE
YOUR OUTBOUND FLIGHT IF CHANGE IS NECESSARY.
****
**********TSA GUIDANCE FOR PASSENGERS**********
PLEASE ALLOW EXTRA TIME FOR SCREENING AND BOARDING
INTERNATIONAL-MINIMUM 3 HOUR CHECK-IN PRIOR TO DEPARTURE
DOMESTIC-MINIMUM 2 HOUR CHECK-IN PRIOR TO DEPARTURE
FOR ADDITIONAL SECURITY INFORMATION VISIT WWW.TSA.GOV
****

17-Sep-2011
08:00am
Saturday

Air United Airlines — Flight# 970 — Class: V
From: San Diego CA, USA — To: Washington Dulles DC, USA
Meal: Food For Purchase — Seats: Seat:21C
Equip: Boeing 757 200 Jet — Status: Confirmed
Depart: 17-Sep-2011 Saturday 08:00am — Stops: 0
Arrival: 17-Sep-2011 Saturday 03:47pm

Depart - TERMINAL 1
Arrive -
United Airlines locator: Z9JHLA
UA Frequent Flyer# [redacted]
Flight Duration: 4 hour(s) and 47 minutes
Class of Service: Coach

21-Sep-2011
05:45pm
Wednesday

Air United Airlines — Flight# 240 — Class: V
From: Washington Dulles DC, USA — To: San Diego CA, USA
Meal: Food For Purchase — Seats: Seat:10C
Equip: Boeing 757 200 Jet — Status: Confirmed
Depart: 21-Sep-2011 Wednesday 05:45pm — Stops: 0
Arrival: 21-Sep-2011 Wednesday 08:01pm

Depart -
Arrive - TERMINAL 1
United Airlines locator: Z9JHLA
UA Frequent Flyer# [redacted]
Flight Duration: 5 hour(s) and 16 minutes
Class of Service: Coach

19-Mar-2012
Monday

Other

San Diego CA, USA
RESERVATION RETAINED FOR 180 DAYS

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

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

Ticket Information

BOWENS THELLA
Ticket#:8671382395
Invoice#:1186907

Electronic: YES

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

$482.00

SERVICE FEE DOCUMENT #: 0548880414 FEE AMOUNT: 30.00

BILLED TO: AMERICAN EXPRESS ENDING IN [redacted]

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09/18

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

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

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

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

Click here to download the Registration Form.

DATE:

Start Date: Sep 18, 2011

End Date: Sep 21, 2011

TIMING:

Start Time: 08:00 am

End Time: 05:00 pm

LOCATION:

The Madison

ADDRESS:

1177 Fifteenth St, NW

Washington

DC

20005

CONTACT DETAILS:

Contact Person: Judith Andry

Ph: (619) 544-1341

Email: jandry@sdchamber.org

SPONSORS

Delegation Partners:

REGISTRATION

Return to Calendar

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

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

Date	Description		Charges	Payments
17-Sep-11	Room Revenue		279.00	0.00
17-Sep-11	City Tax 14.5%	$319.46	40.46	0.00
18-Sep-11	Postscript Lunch #3691	See page 3	24.00	0.00
18-Sep-11	~~Mini Bar~~		~~6.49~~	0.00
18-Sep-11	Room Service Lunc #2768	See page 3	23.45	0.00
18-Sep-11	Room Revenue		279.00	0.00
18-Sep-11	City Tax 14.5%	319.46	40.46	0.00
19-Sep-11	Room Revenue		279.00	0.00
19-Sep-11	City Tax 14.5%	319.46	40.46	0.00
20-Sep-11	Room Revenue		279.00	0.00
20-Sep-11	City Tax 14.5%	319.46	40.46	0.00
21-Sep-11	[redacted]		0.00	1,331.78
	Totals for Sub-Folio: 1		1,331.78	1,331.78 1325.2

Paid in Full - Thank You 0.00

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

Guest Signature _____

DESTINATION HOTELS & RESORTS

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

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

FROM Dulles

TO Hotel

DATE 9/18 FARE$ 63 + 10 = 73

DRIVER'S NAME _____ CAB# _____

By Request, We Accept

Each Cab Independently Owned & Operated

09/19/2011 Taxi ride from hotel
to state department
(missing receipt form)
$110
See page after 3 of 3

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

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

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

9/21 DOT
Breakfast
Ray Lattood

Tidewater Landing
Located In
Concorse C
At Dulles
International Airport

51 A T

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

1 BBQ Pork Sand	7.99
Subtotal	7.99
Sales Tax	0.40
04:57PM Total	8.39

Have a Safe
Flight!!!

9/21
lunch

UNITED

09/21/2011
[illegible]

Receipt #: 0770
Transaction: [illegible]

Sale

Product	Price	Qty	Amt
Cheese Plate	7.49	1	7.49
[illegible]	[illegible]		7.49
Total	USD		7.49

9/21
dinner

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

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

1 B'fast Buffet	19.00
SUBTOTAL	19.00
Tax	1.90
Total Due	20.90
Gratuity	3.10 4.00
	24.00

Breakfast 9/18

Room Number 1119
Print Name THELLA BOWERS
Signature Thella J Bowers

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

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

1 B'fast Buffet	19.00
FOOD	19.00
Gratuity	3.10
Tax	1.90
Payment	24.00
CHARGE TIP	3.10
1119	
ROOM 1119-BT	
Room Charge	24.00

----509 CLOSED SEP18 12:33PM----

Room Service
1177 15th St NW Washington DC
102 Fransisc

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

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

Dinner 09/18

Additional
Gratuity 2.00
Total 23.45

Room Number 1119
Print Name Bowers
Signature Thella Bowers

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

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

1 Delivery Charge	4.00
1 Soup of the Day	9.00
1 Iced Tea	3.75
FOOD	12.75
Delivery	2.00
18% Service Chrg	3.02
Tax	1.68
Payment	23.45
CHARGE TIP	2.00
1119	
ROOM 1119-BT	
Room Charge	23.45

---102 CLOSED SEP18 4:52PM----

SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY

MISSING RECEIPT FORM

Employee/Department Head must complete form below.

Date of Purchase/Event: 19-Sep-11

Description of Item/Event: Taxi ride from hotel to State Department

Vendor/Event Name: Five Star Taxi

Dollar Amount: $ 11.00

Reason for Missing Receipt: Lost receipt

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

Employee Signature

12/15/2011
Date

Department Head Signature

Date

Form must be attached to Petty Cash Voucher for Reimbursement

SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY

MISSING RECEIPT FORM

Employee/Department Head must complete form below.

Date of Purchase/Event: 19-Sep-11

Description of Item/Event: McBee Strategic Dinner

Vendor/Event Name: Al Tiramisu

Dollar Amount: $ 155.25

Reason for Missing Receipt: Lost receipt

(See attached credit card transaction detail)

Attendees: **Mike Kulis, Matt Harris, Thella Bowens**

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

Thella A Bowens
Employee Signature

12/15/2011
Date

Department Head Signature

Date

Form must be attached to Petty Cash Voucher for Reimbursement

Transaction Date:	09/19/2011 Mon
Transaction Description:	AL_TIRAMISU WASHINGTON DC 2024674466 FOOD/BEVERAGE ~~$247.83~~ TIP ~~$40.55~~
Amount $:	288.38
Doing Business As:	AL TIRAMISU INC
Merchant Address:	2014 P ST NW WASHINGTON DC 20036-5923 UNITED STATES
Reference Number:	320112630401702739
Category:	Restaurant - Restaurant

~~$206.00~~ $135
20.25 tip
155.25

Attendees: Mike Kulis
Matt Harris
Thella Bowens

SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY
TRAVEL EXPENSE REPORT

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

TRAVELER: Thella F. Bowens **DEPT. NAME & NO.** Executive Office BU6

DEPARTURE DATE: 11/3/2011 **RETURN DATE:** 11/4/2011 **REPORT DUE:** 12/4/11

DESTINATION: Newport Beach, CA

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

	Authority Expenses (Prepaid by Authority)	Employee Expenses							
		SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY 11/3/11	FRIDAY 11/4/11	SATURDAY	TOTALS
Air Fare, Railroad, Bus *(attach copy of itinerary w/charges)*									0.00
Conference Fees *(provide copy of flyer/registration expenses)*									0.00
Rental Car*									0.00
Gas and Oil*									0.00
Garage/Parking*									0.00
Mileage - attach mileage form*						47.23	47.23		94.46
Taxi and/or Shuttle Fare *(include tips pd.)**						5.00			5.00
Hotel*						195.13			195.13
Telephone, Internet and Fax*									0.00
Laundry*									0.00
Tips - *separately paid (maids,bellhop,other hotel srvs.)*									0.00
Meals *(include tips pd.)* Breakfast*									0.00
Lunch*									0.00
Dinner*						35.93			35.93
Other Meals*									0.00
Alcohol is a non-reimbursable expense									
Hospitality [1] *							60.09		60.09
Miscellaneous: Baggage Fees									0.00
									0.00
									0.00
**Provide detailed receipts*									0.00
Total Expenses prepaid by Authority	0.00	0.00	0.00	0.00	0.00	283.29	107.32	0.00	390.61

Explanation:

11/4/11: Attendee included Matt Harris, SDCRAA

Total Expenses Prepaid by Authority	0.00
Total Expenses Incurred by Employee (including cash advances)	390.61
Grand Trip Total	390.61
Less Cash Advance (attach copy of Authority ck)	
Less Expenses Prepaid by Authority	0.00
Due Traveler (positive amount)[2]	
Due Authority (negative amount)[3]	390.61

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

[1] Give names and business affiliations of any persons whose meals were paid by traveler.
[2] Prepare Check Request
[3] Attach personal check payable to SDCRAA

I as traveler or administrator acknowledge that I have read, understand and agree to Authority policies 3.40 - Travel and Lodging Expense Reimbursement Policy[4] and 3.30 - Business Expense Reimbursement Policy[5] and that any purchases/claims that are not allowed will be my responsibility. I further certify that this report of travel expenses were incurred in connection with official Authority business and is true and correct.

[4] Travel and Lodging Expense Reimbursement Policy 3.40 [5] Business Expense Reimbursement Policy 3.30

Prepared By: Amy Caldera (Print Name) Ext.: 2445

Traveler Signature: Thella F. Bowens Date: 12-16-2011

Approved By: Date:

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

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

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

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

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

GENERAL INSTRUCTIONS:

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

1. TRAVELER:

Travelers Name: Thella F. Bowens Dept: 6/Executive Office

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

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

2. DATE OF REQUEST: 09/22/11 PLANNED DATE OF DEPARTURE/RETURN: 11/03/11 / 11/04/11

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

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

Explanation:

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

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

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: Thella F Bowens Date: 23 Sept 2011

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

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

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

Tentative Schedule

Thursday, November 3

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

Friday, November 4

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

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

Marriott.
NEWPORT BEACH
HOTEL & SPA

GUEST FOLIO

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

Room	Name	Rate	Depart	Time	ACCT#	GROUP
801	BOWENS/THELLA	149.00	11/04/11	12:00	22174	6031

Type	Arrive	Time
NSKN	11/03/11	15:46

55

Room Clerk Address Payment MRW#:

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

TO BE SETTLED TO: AMERICAN EXPRESS CURRENT BALANCE .00

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

AS REQUESTED, A FINAL COPY OF YOUR BILL WILL BE EMAILED TO:
[redacted]

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

Contains 30% post consumer fibers

To secure your next stay, go to Marriott.com

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

TRANSPORTATION CORRIDOR AGENCIES
ROUTE 73
CATALINA N ML

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

THANK YOU

Canaletto Ristorante Veneto
545 Newport Center Drive
Newport Beach, CA 92660
949, 640-0900

Date: 11/03/11 08:44PM
Card Type: Amex
Acct: XXXXXXXXXXX1003
Card Entry: SWIPED
Trans Type: SALE
Trans ID: [illegible]
Auth Code: [illegible]
Check: 33
Table: 5/1
Server: 33522 NORA H

Subtotal: 49.81
Grat: $35.93
Total

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

(949) 640-0900

33522 NORA H

bl 5/1 Chk 33 Gst 2
Nov03'11 07:39PM

1 Bruso Barodoro [redacted]
2 GL CHIASIOTA [redacted]
[redacted]
1 / SANPIETRO 57.98
28.99
100 %
Concierge 7.99-

28.99 100.45
Pts 7.99-
tax 2.25
T
$31.24
How did your meal? + tip
Receive a free dessert w/entree
purchase on your next visit
Take our brief survey:
1) Call (800) [illegible] or visit
www.ilfornaiosurvey.com
2) Enter access code:3091
Write redemption code____
4) Bring receipt next visit
Expires 30 days from today.

11/3/2011 Dinner W/John Martin, SFO Airport Director
28.99
2.25 tax
4.69 tip
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
22/1	1:36 PM
Guests: 2	40013
Reprint #: 1	
Arnie Palmer	2.75
Iced Tea	2.75
[illegible]	16.00
Beets Salad	12.00
Mini Meatballs	7.00
Seasonal Pie	8.00
Complete Subtotal	48.50
Subtotal	48.50
Tax	3.76
Total	52.25
Balance Due	**52.25**

**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

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

Server: Gabriel	DOB: 11/04/2011
01:39 PM	11/04/2011
22/1	4/40013
AMEX	4194319

Card #XXXXXXXXXXX1003
Magnetic card present: BOWENS THELLA F
Approval: 522899

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

X _____

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

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

SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY

MONTHLY MILEAGE and PARKING FEE REIMBURSEMENT REPORT

EMPLOYEE NAME			PERIOD COVERED	
Thella F. Bowens			Nov-11	
DEPARTMENT/DIVISION				
6/Executive Office				
DATE	MILES DRIVEN	DESTINATION AND PURPOSE OF TRIP	PARKING FEES & OTHER TRANSPORTATION COSTS	$$$
11/3/11	85.10	Newport Beach, CA to attend	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)		
SUBTOTAL	170.20		SUBTOTAL	5.00

Computation of Reimbursement

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

I acknowledge that I have read, understand and agree to *Authority Policy 3.30 - Business Expense Reimbursement Policy and that any purchases/claims that are not allowed will be my responsibility. I further certify that this report of mileage traveled on

Business Expense Reimbursement Policy 3.30

Thella F. Bowens

SIGNATURE OF EMPLOYEE

DEPT./DIV. HEAD APPROVAL

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 Mileage from airport to Newport Beach, CA destination.

Save trees. Go green!
Download Google Maps on your phone at **google.com/gmm**

3225 N Harbor Dr, San Diego, CA 92101

	1. Head **south**	go 16 ft total 16 ft
	2. Turn right toward **Airport Terminal Rd**	go 463 ft total 479 ft
	3. Slight left onto **Airport Terminal Rd**	go 0.2 mi total 0.3 mi
	4. Keep right at the fork	go 443 ft total 0.4 mi
	5. Turn left onto **N Harbor Dr** About 2 mins	go 1.1 mi total 1.4 mi
	6. Turn left onto **W Laurel St** About 2 mins	go 0.4 mi total 1.9 mi
	7. Turn left onto **India St** About 3 mins	go 0.9 mi total 2.7 mi
	8. Slight left to merge onto **I-5 N** About 1 hour 3 mins	go 66.6 mi total 69.4 mi
	9. Take exit **85A** to merge onto **CA-73 N** toward **Long Beach** Partial toll road About 12 mins	go 12.1 mi total 81.4 mi
	10. Take exit **12** for **Bonita Canyon Dr** Partial toll road	go 0.4 mi total 81.8 mi
	11. Turn left onto **Bonita Canyon Dr** About 3 mins	go 1.4 mi total 83.2 mi
	12. Continue onto **Ford Rd** About 2 mins	go 0.7 mi total 83.9 mi
	13. Turn left onto **Jamboree Rd** About 2 mins	go 0.7 mi total 84.6 mi
	14. Turn left onto **Santa Barbara Dr** About 2 mins	go 0.5 mi total 85.1 mi
	15. Take the 1st right onto **Newport Center Dr** Destination will be on the right	go 108 ft total 85.1 mi

900 Newport Center Dr, Newport Beach, CA 92660

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

Map data ©2011 Google, INEGI

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

TRAVEL REQUEST

BRETON LOBNER

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

GENERAL INSTRUCTIONS:

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

1. TRAVELER:

Travelers Name: Breton Lobner Dept: 15

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

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

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

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

Destination: Denver, CO Purpose: ACI-NA Legal Affairs Steering Committee

Explanation: Meeting for the Legal Affairs Steering Committee

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:		
• AIRFARE	$	319.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	$	10.00
B. LODGING	$	
C. MEALS	$	50.00
D. SEMINAR AND CONFERENCE FEES	$	
E. ENTERTAINMENT (If applicable)	$	379.00
F. OTHER INCIDENTAL EXPENSES	$	
TOTAL PROJECTED TRAVEL EXPENSE	$	

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

Travelers Signature: Breton K Lobner Date: 12/12/11

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

By my signature below, I certify the following:

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

Administrator's Signature: _____ Date: _____

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

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

by the Executive Committee at its _____ meeting.
(Leave blank and we will insert the meeting date.)

TRAVEL REQUESTS

THELLA F. BOWENS

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

GENERAL INSTRUCTIONS:

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

1. TRAVELER:

Travelers Name: Thella F. Bowens Dept: 6/Executive Office

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

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

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

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

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

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

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:		
• AIRFARE	$	6200.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	$	200.00
B. LODGING	$	2500.00
C. MEALS	$	400.00
D. SEMINAR AND CONFERENCE FEES	$	600.00
E. ENTERTAINMENT (If applicable)	$	
F. OTHER INCIDENTAL EXPENSES	$	
TOTAL PROJECTED TRAVEL EXPENSE	$	9900.00

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

Travelers Signature: Thella F Bowens Date: 14 Dec 2011

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

By my signature below, I certify the following:

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

Administrator's Signature: _____ Date: _____

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

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

by the Executive Committee at its _____ meeting.
(Leave blank and we will insert the meeting date.)

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

GENERAL INSTRUCTIONS:

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

1. TRAVELER:

Travelers Name: Thella F. Bowens Dept: 6/Executive Office

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

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

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

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

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

Explanation: 2012 ACI-NA Winter Board of Directors Meeting and CEO Forum

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:		
• AIRFARE	$	500.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	$	150.00
B. LODGING	$	700.00
C. MEALS	$	200.00
D. SEMINAR AND CONFERENCE FEES	$	600.00
E. ENTERTAINMENT (If applicable)	$	
F. OTHER INCIDENTAL EXPENSES	$	
TOTAL PROJECTED TRAVEL EXPENSE	$	2150.00

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

Travelers Signature: Thella F Bowens Date: Dec 14 2011

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

By my signature below, I certify the following:

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

Administrator's Signature: _____ Date: _____

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

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

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

GENERAL INSTRUCTIONS:

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

1. TRAVELER:

Travelers Name: Thella F. Bowens Dept: 6/Executive Office

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

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

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

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

Destination:Washington, DC Purpose: 2012 ACI-NA/AAAE Spring Washington Conference

Explanation: 2012 ACI-NA/AAAE Spring Washington Conference

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:		
• AIRFARE	$	600.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	$	150.00
B. LODGING	$	1300.00
C. MEALS	$	200.00
D. SEMINAR AND CONFERENCE FEES	$	600.00
E. ENTERTAINMENT (If applicable)	$	
F. OTHER INCIDENTAL EXPENSES	$	
TOTAL PROJECTED TRAVEL EXPENSE	$	2850.00

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

Travelers Signature: Thella F Bowens Date: 14 Dec 2011

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

By my signature below, I certify the following:

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

Administrator's Signature: _____ Date: _____

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

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

by the Executive Committee at its _____ meeting.
(Leave blank and we will insert the meeting date.)

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

GENERAL INSTRUCTIONS:

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

1. TRAVELER:

Travelers Name: Thella F. Bowens Dept: 6/Executive Office

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

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

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

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

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

Explanation: ACI-NA Air Service Data and Planning Seminar

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:		
• AIRFARE	$	
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	$	150.00
B. LODGING	$	350.00
C. MEALS	$	150.00
D. SEMINAR AND CONFERENCE FEES	$	575.00
E. ENTERTAINMENT (If applicable)	$	
F. OTHER INCIDENTAL EXPENSES	$	
TOTAL PROJECTED TRAVEL EXPENSE	$	1225.00

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

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

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

By my signature below, I certify the following:

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

Administrator's Signature: _____ Date: _____

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

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

by the Executive Committee at its _____ meeting.
(Leave blank and we will insert the meeting date.)

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

GENERAL INSTRUCTIONS:

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

1. TRAVELER:

Travelers Name: Thella F. Bowens Dept: 6/Executive Office

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

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

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

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

Destination: Vancouver British Columbia, Canada

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

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

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:		
• AIRFARE	$	750.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	$	150.00
B. LODGING	$	400.00
C. MEALS	$	150.00
D. SEMINAR AND CONFERENCE FEES	$	600.00
E. ENTERTAINMENT (If applicable)	$	
F. OTHER INCIDENTAL EXPENSES	$	
TOTAL PROJECTED TRAVEL EXPENSE	$	2050.00

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

Travelers Signature: Thella F Bowens Date: 15 Dec 2011

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

By my signature below, I certify the following:

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

Administrator's Signature: _____ Date: _____

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

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

by the Executive Committee at its _____ meeting.
(Leave blank and we will insert the meeting date.)

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

GENERAL INSTRUCTIONS:

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

1. TRAVELER:

Travelers Name: Thella F. Bowens Dept: 6/Executive Office

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

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

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

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

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

Explanation: Attend California Airports Council Board of Directors Meeting

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

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

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

Travelers Signature: Thella F Bowens Date: 15 Dec 2011

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

By my signature below, I certify the following:

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

Administrator's Signature: _____ Date: _____

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

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