### **Revised 4/19/13**



Item No.

Meeting Date: APRIL 22, 2013

#### 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 2013 Budget.

#### **Environmental Review:**

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

### Page 2 of 2

### **Equal Opportunity Program:**

Not applicable

### Prepared by:

TONY RUSSELL DIRECTOR, CORPORATE SERVICES/AUTHORITY CLERK

# TRAVEL REQUESTS

## DAVID ALVAREZ

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

GENERA	ΔII	NSTRI	ICTI	ONS:

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

1. TRAVELE Travelers N		avid Alvare			Dept:	
Position:	☑ Board	Member	☐ President/CEO	Gen. Counsei		Chief Auditor
	☐ All oth	er Authority	employees (does not req	uire executive commit	tee administ	rator approval)
2. DATE OF	REQUEST:	3/25/13	PLANNED DATE OF D	DEPARTURE/RETURN:	4/15/13	/ 4/17/13
DESTINA	TIONS/PURI	POSE (Prov	ide detailed explanation	as to the purpose of t	the trip- cont	inue on extra sheets
	s necessary)					
	ion: Mexico C			rpose: To meet with aders on issues of cor		
discuss vissues. N Commun addition	with Federal ( Meetings are a dications & Tr	Officials topi also coordin ansportation	San Diego / Baja Califorics such as: trade faciliat ated with federal govern n, Economy, Energy, Fo Jnited States and Canad	ation, business oppor iment offices such as reign Relations, Gove	tunities, and the Departm rnance, Hea	border crossing ents of ith and Tourism in
		TOWN TO	AVEL EXPENSES			
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	OTHER TI	RANSPORT	ATION (Taxi, Train, Car	Rental) \$	Little 271	
B. L	ODGING			\$	The state of	
. C. N	MEALS .			\$ \$ \$		
	EMINAR AN			\$	1,000	
	NTERTAINN			\$	Harate Print	
F. O	THER INCID			\$	THE RESERVE	
	TOTAL P	ROJECTE	TRAVEL EXPENSE	\$	1,000	
CERTIFIC	ATION BY	TRAVEL	ER By my signature bel	ow. I certify that the a	bove listed o	ut-of-town travel and
			Authority's Policies 3.30			
Authority's bu						
Travelers S			Vus	D	ate: 3/6	28/2015
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	ture is requir		TITATOR (WINDLE AU	Inimistrator is the Like	cutive comm	ittoe, the Authority
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	ture below, I			- A	a detella se	nddad an tha rayana
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			avel and all identified ex			
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Auth	ority's Policie	s <u>3.30</u> and <u>3</u>	3.40.			1
Administra	tor's Signatu	re:	Marea	<u> </u>	Date: _	4.1.13
AUTHORI'	TY CLERK	CERTIFI	CATION ON BEHAL	F OF EXECUTIV	E COMMI	TTEE
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	utive Commi				eting.	
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## THELLA F. BOWENS

### SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY <u>OUT-OF-TOWN TRAVEL REQUEST</u>

GENERAL	INSTRU	CTIONS:
V-11-10-1	11101110	VIIVITO.

A	All travel reque	sts must conform	to applicable	provisions of	Policies 3.30 and 3	40
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B. Personnel traveling at Authority expense shall consistent with the provisions of Policies 3.30 and 3.40, use the most economical means available to affect the travel.

Travelers Name: Thella F. Bowens		Dept: _6	3/Executive Office
Position: President/CEO	Gen. Counsel		Chief Auditor
All other Authority employees (does not require	executive committee	administrato	r approval)
2. DATE OF REQUEST: 03/26/13 PLANNED DATE OF DEF			
DESTINATIONS/PURPOSE (Provide detailed explanation as of paper as necessary):     Destination:Chicago, IL	to the purpose of tose: ACI-NA Board		
vision	n, mission, goals ar	nd objectives	s for ACI-NA as the
Explanation: orgai	nization transitions	leadership.	
<ul> <li>4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES</li> <li>A. TRANSPORTATION COSTS:</li> <li>AIRFARE</li> <li>OTHER TRANSPORTATION (Taxi, Train, Car Rest)</li> <li>B. LODGING</li> <li>C. MEALS</li> <li>D. SEMINAR AND CONFERENCE FEES</li> <li>E. ENTERTAINMENT (If applicable)</li> <li>F. OTHER INCIDENTAL EXPENSES</li> </ul>	sental) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	400.00 100.00 600.00 150.00	
TOTAL PROJECTED TRAVEL EXPENSE	\$	1350.00	
CERTIFICATION BY TRAVELER By my signature below,	I certify that the at	ove listed o	out-of-town travel and
associated expenses conform to the Authority's Policies <u>3.30</u> and Authority's business.	3.40 and are reas	onable and	directly related to the
Travelers Signature: MULLI / WOULD	Da	ate:	DUL 2013
Clerk's signature is required).  By my signature below, I certify the following:  1. I have conscientiously reviewed the above out-of-town trace.  2. The concerned out-of-town travel and all identified expendent Authority's business and reasonable in comparison to the succession of the Authority's Policies 3.30 and 3.40  Administrator's Signature:	avel request and the ses are necessary anticipated benefices conform to the	e details pro for the adva t to the Auth requiremen Date:	ovided on the reverse incement of the nority. Its and intent of 4.4.13
AUTHORITY CLERK CERTIFICATION ON BEHALF	OF EXECUTIVE	COMMIT	TTEE
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(Please leave blank. Whoever clerk's the meeting will insert their name and title by the Executive Committee at its	) mee		

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

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

11440101011	lame: Thella F. Boy	vens		Dept:	- na carried to see
osition:	☐ Board Member		Gen. Counsel		Chief Auditor
	All other Authority e	mployees (does not requ	ire executive committee	e administrator	approval)
DATE OF	REQUEST: <u>04/19/13</u>	PLANNED DATE OF	DEPARTURE/RETURN	l: <u>05/18/13</u>	/ 05/19/13
DESTINA	TIONS/PURPOSE (Prov	ide detailed explanation	n as to the purpose of	the trip- conti	nue on extra shee
	as necessary):				
Destinati	ion:Reno, NV		Purpose: Attend AAAE	Board of Dire	ctors/Policy
			Review Committee Me		
Explanat	tion:				
PRO JECT	TED OUT-OF-TOWN TR	AVEL EYDENCES			
	RANSPORTATION COS				
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	OTHER TRANSPORT	ATION (Tavi Train Ca		75.00	
B I	ODGING	ATION (Taxi, Taili, Ca			
	IEALS		\$	150.00	
	EMINAR AND CONFERI	ENCE FEES	<del></del>	100.00	
			\$		
	NTERTAINMENT (If app		\$	400.00	
F. O	THER INCIDENTAL EXP		\$	100.00	
	TOTAL PROJECTED	IRAVEL EXPENSE	\$	975.00	
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EKTIFICA	ATION BY TRAVELE	By my signature be	low, I certify that the a	above listed ou	t-of-town travel an
ssociated ex	openses conform to the A			sonable and d	irectly related to the
uthority's bu	The state of the s		behalf of		1 1
Travelers Signature	gnature:	Moodo 1	sella FBauers 1	Date: 4/	19/13
	111				
<b>ERTIFIC</b>	ATION BY ADMINIS	TRATOR (Where A	dministrator is the Exe	cutive Commi	tee the Authority
erk's signat	ture is required).				
Control of the Contro	ure below, I certify the fo	llowing:			
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1. I have	concerned out-of-town tra	vel and all identified ex	penses are necessar	y for the advar	cement of the
2. The c			the anticipated bene	fit to the Author	
2. The c	prity's business and reaso	onable in comparison to			rity.
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2. The contract of the contrac	ority's business and reaso concerned out-of-town tra	vel and all identified ex	penses conform to the	e requirements	ority. Is and intent of
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2. The control Author Author Administrate	ority's business and reason concerned out-of-town tra ority's Policies <u>3.30</u> and <u>3</u> or's Signature:	vel and all identified ex .40.	penses conform to the	Date:	and intent of

## **EXPENSE REPORT**

## THELLA F. BOWENS

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

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

TRAVELE	R:	Thella F. Bowens			DEPT. NAI	WE & NO.		Exe	cutive Offi	ice BU6	
DEPARTU	JRE DATE:	3/19/2013	RETURN	DATE:		3/22/2013		REPOR	RT DUE:	4/	21/13
DESTINAT	TION:	Washington, DC		William .	lar site						A comment
expenses :	and approva	hority Travel and Lodging Expense Re is. Please attach all required support ms should be explained in the space p	ing documentat	Policy, An ion. All r	ticle 3, Par eceipts mu	t 3.4, Sect ist be deta	ion 3.40, d iled, (cred	outlining a lit card rec	opropriate i eipts do no	reimbursa et provide	ble sufficient
			Authority				Employe	e Expens	es		THE RESERVE
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a dina			Authority)			3/19/13	3/20/13	3/21/13	3/22/13		TOTALS
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		de copy of fiyer/registration expenses)									0.0
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Gas and O										1700000	0.0
Garage/Pa											0.0
	attach mileag							10.5			0.0
	r Shuttle Far	e (include tips pd.)*			at Tilbury	89.00		16.90	86.66		192.50
Hotel*						342.46	342.46	342.46			1,027.38
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tips pd.)	Dinner*					20.60	74.80		EXTRA		95.40
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		sable expense									
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*Provide de	etailed receip				a Con	A GARAGE					0.00
		Total Expenses prepaid by Authority	582.80	0.00	0.00	456.86	450.76	368.42	95.72	0.00	1,371.76
Explanation	n:				Total Exp	enses Pre	paid by A	thority			582.80
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3Attach per	rsonal check pa	yable to SDCRAA		1 7 19					ng even if th	e amount i	
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Reimburse	ement Polic	y <sup>4</sup> and 3.30 - Business Expense R	Reimbursemen	t Policy	and that	any purc	hases/cla	ims that	are not all	owed wil	ll be my
responsibi	ility. I furthe	er certify that this report of travel ex	cpenses were	incurred	in conne	ction with	n official A	Authority	business a	and is tru	e and
соггест.											
	Travel and	Lodging Expense Reimbursement P	olicy 3.40	, ,	Business	Expense f	<u>Reimburse</u>	ment Police	cy 3.30		
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Traveler Sig	anature:	WHOOLI APRO	レストンカノノ					Date:	12/	166:16	12012
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aave Mant	and we will in	meeting. sert the meeting date.)									
			Taransalan a								
railure to al	ittach require	d documentation will result in the dela	y of processing	reimbur	sement. If	you have	any ques	dons, plea	se see		

your department Administrative Assistant or call Accounting at ext. 2806.

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

2/18/12 Travel dates

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CENEDAL	INOTOLIC	HOND.

Board Member	ravelers Name:	Thella F. Bow	vens		Dept:	BU6 Exec Office
All other Authority employees (does not require executive committee administrator approval)  DATE OF REQUEST: 12/11/12 PLANNED DATE OF DEPARTURE/RETURN: 03/19/12 / 03/22/12  DESTINATIONS/PURPOSE (Provide detailed explanation as to the purpose of the trip—continue on extra shee of paper as necessary):  Destination:Washington, DC Purpose: Washington Legislative Conference  Explanation:  PROJECTED OUT-OF-TOWN TRAVEL EXPENSES A. TRANSPORTATION COSTS: AIRFARE OTHER TRANSPORTATION (Taxi, Train, Car Rental) B. LODGING C. MEALS D. SEMINAR AND CONFERENCE FEES E. ENTERTAINMENT (if applicable) F. OTHER INCIDENTAL EXPENSES D. SEMINAR AND CONFERENCE FEES E. OTHER INCIDENTAL EXPENSES D. SEMINAR AND CONFERENCE FEES E. TOTAL PROJECTED TRAVEL EXPENSE E. OTHER INCIDENTAL EXPENSES D. TOTAL PROJECTED TRAVEL EXPENSE EXTIFICATION BY TRAVELER By my signature below, I certify that the above listed out-of-town travel and hority's business avelers Signature:  Date:  EXTIFICATION BY ADMINISTRATOR (Where Administrator is the Executive Committee, the Authority rk's signature below, I certify the following: Date:  EXTIFICATION BY ADMINISTRATOR  (Where Administrator is the Executive Committee, the Authority rk's signature below, I certify the following: Date:  EXTIFICATION BY ADMINISTRATOR  (Where Administrator is the Executive Committee, the Authority signature below, I certify the following: Date:  EXTIFICATION BY ADMINISTRATOR  (Where Administrator is the Executive Committee, the Authority signature below, I certify the following: Date:  EXTIFICATION BY ADMINISTRATOR  (Where Administrator is the Executive Committee, the Authority signature below, I certify the following: Date:  OTHER CONCENTRATION of the advancement of the Authority's Dusiness and reasonable in comparison to the anticipated benefit to the Authority.  The concerned out-of-town travel and all identified expenses are necessary for the advancement of the Authority's Policies 3.30 and 3.40.	sition:			Gen. Counsel	. <b></b>	
DATE OF REQUEST: 12/11/12 PLANNED DATE OF DEPARTURE/RETURN: 03/19/12 I 03/22/12  DESTINATIONS/PURPOSE (Provide detailed explanation as to the purpose of the trip—continue on extra shee of paper as necessary):  Destination: Provide detailed explanation as to the purpose of the trip—continue on extra shee of paper as necessary):  Destination: Provided Purpose: Washington Legislative Conference  PROJECTED OUT-OF-TOWN TRAVEL EXPENSES  A. TRANSPORTATION COSTS:  AIRFARE  OTHER TRANSPORTATION (Taxi, Train, Car Rental)  B. LODGING  C. MEALS  D. SEMINAR AND CONFERENCE FEES  E. ENTERTAINMENT (if applicable)  F. OTHER INCIDENTAL EXPENSES  TOTAL PROJECTED TRAVELER By my signature below, I certify that the above listed out-of-town travel an obcidated expenses conform/o the thority' o'icies 3.30 and 3.40 and are reasonable and directly related to the hority's business avelers Signature:  PRIFICATION BY ADMINISTRATOR (Where Administrator is the Executive Committee, the Authority rk's signature below, I certify the following:  1. I have conscientiously reviewed the above out-of-town travel request and the details provided on the revers and intention to the Authority's business and reasonable in comparison to the anticipated benefit to the Authority.  The concerned out-of-town travel and all identified expenses are necessary for the advancement of the Authority's Policies 3.30 and 3.40.		All other Authority er	molovees (does not require e:	vecutive committee a	dminietra	tor annimal)
Destination: Washington, DC  Explanation:  PROJECTED OUT-OF-TOWN TRAVEL EXPENSES  A. TRANSPORTATION COSTS:  AIRFARE  OTHER TRANSPORTATION (Taxi, Train, Car Rental)  B. LODGING  C. MEALS  D. SEMINAR AND CONFERENCE FEES  E. ENTERTAINMENT (If applicable)  F. OTHER INCIDENTAL EXPENSES  TOTAL PROJECTED TRAVEL EXPENSE  S. 100.00  EXTIFICATION BY TRAVELER By my signature below, I certify that the above listed out-of-town travel and ociated expenses conform, o the otherwise savelers Signature is required).  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.  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.  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.  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.	DATE OF REQU				03/19/	13 / 03/22/12
Destination: Washington, DC  Explanation:  PROJECTED OUT-OF-TOWN TRAVEL EXPENSES  A. TRANSPORTATION COSTS:  AIRFARE  OTHER TRANSPORTATION (Taxi, Train, Car Rental)  B. LODGING  C. MEALS  D. SEMINAR AND CONFERENCE FEES  E. ENTERTAINMENT (If applicable)  F. OTHER INCIDENTAL EXPENSES  TOTAL PROJECTED TRAVEL EXPENSE  RTIFICATION BY TRAVELER By my signature below, I certify that the above listed out-of-town travel and ociated expenses conform, o the other ority's outless avelers Signature is required).  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.  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.  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.  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.	DESTINATION	S/PURPOSE (Provi	de detailed explanation as	to the ournose of th	e trin. or	entinue en extre ebec
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PROJECTED OUT-OF-TOWN TRAVEL EXPENSES  A. TRANSPORTATION COSTS:  • AIRFARE  • OTHER TRANSPORTATION (Taxi, Train, Car Rental)  B LODGING  C. MEALS  D SEMINAR AND CONFERENCE FEES  E. ENTERTAINMENT (If applicable)  F. OTHER INCIDENTAL EXPENSES  TOTAL PROJECTED TRAVEL EXPENSE  TOTAL PROJECTED TRAVEL EXPENSE  S 100.00  ERTIFICATION BY TRAVELER By my signature below, I certify that the above listed out-of-town travel and occidated expenses conform to the thority' ocicies 3.30 and 3.40 and are reasonable and directly related to the hority's business avelers Signature:  Date:  ERTIFICATION BY ADMINISTRATOR (Where Administrator is the Executive Committee, the Authority rk's signature below. I certify the following:  1. I have conscientiously reviewed the above out-of-town travel request and the details provided on the revers 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.		ishington, DC	Purpo	se: Washington Le	gislative	Conference
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by the Executive Committee at its (Leave blank and we will insert the meeting date)

meeting.



#### Subject to Change

**WEDNESDAY, MARCH 20** 

11:00 a.m. - 2:00 p.m.

Registration

12:00 p.m. - 12:30 p.m.

**Welcome and Opening Remarks** 

12:30 p.m. - 1:30 p.m.

**Keynote Luncheon** 

1:00 p.m.

The Honorable Hal Rogers (R-KY)

Chair, House Appropriations Committee

1:30 p.m. - 3:00 p.m.

**Congressional and Administration Speakers and Panel Discussions** 

1:30 p.m.

The Honorable Frank LoBiondo (R-NJ)

Chair, House Aviation Subcommittee

3:00 p.m. - 5:00 p.m.

**Hill Meetings** 

6:00 p.m. - 8:00 p.m.

**ACI-NA Commissioners Congressional Reception** 

(Separate registration fee required)

THURSDAY, MARCH 21

8:00 a.m. - 5:30 pm

Registration

8:00 a.m. - 8:30 a.m.

**Continental Breakfast** 

8:30 a.m. - 9:00 a.m.

**Welcome and Opening Remarks** 

9:00 a.m. - 12:00 p.m.

**Congressional and Administration Speakers and Panel Discussions** 

9:00 a.m.

The Honorable Ed Pastor (D-AZ)

9:15 a.m.

The Honorable Nick Rahall (D-WV)

Ranking Member, House Transportation and Infrastructure Committee

12:00 p.m. - 1:00 p.m.

Luncheon

1:00 p.m. - 2:00 p.m.

**Panel Discussion** 

2:00 p.m. - 5:00 p.m.

Hill Meetings

5:30 p.m. - 6:30 p.m.

**Conference Networking/Closing Reception** 



#### TRAVELTRUST SCRIPPS RANCH Phone: 1-800-792-4662

#### **Electronic Invoice**

Prepared For:

**BOWENS/THELLA** 

Ref:

**DEPT 6** 

**SALES PERSON** 

INVOICE NUMBER

INVOICE ISSUE DATE

RECORD LOCATOR

**CUSTOMER NUMBER** 

E4

1200883

28 Jan 2013

KONIUV

0000SDCRAA



Client Address

SAN DIEGO COUNTY REG AIRPORT AUTHORITY PO BOX 82776 SAN DIEGO CA 92138-2776

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

DATE: Tue, Mar 19

Flight: UNITED AIRLINES 546

From To

SAN DIEGO, CA

WASHINGTON DULLES, DC

Departs **Arrives** 

7:10am 2:52pm

Departure Terminal

**Duration** 

04hr(s) :42min(s)

**BOEING 757 200** 

Class Meal

**United Economy** Food for Purchase

Stop(s)

Type

Non Stop

SERIES JET

Seat(s) Details

**BOWENS/THELLA** 

Seat(s) - 12C

UA - XXXXXX 58

DATE: Fri, Mar 22

Flight: UNITED AIRLINES 229

From

WASHINGTON DULLES, DC

Departs

9:05am

To

SAN DIEGO, CA

Arrives

11:44am

Duration

05hr(s):39min(s)

AIRBUS INDUSTRIE

Class Meal

United Economy Food for Purchase

Type

**A320 JET** 

Stop(s)

Non Stop

Seat(s) Details

**BOWENS/THELLA** 

Seat(s) - 10C

**Arrival Terminal** 

UA - XXXXXXX 58

DATE: Wed, Sep 18

Others

RESERVATION RETAINED FOR 180 DAYS

### **Ticket Information**

**Ticket Number** 

UA 7200650131

Passenger

**BOWENS THELLA** 

USD

\* 552.80

Service Fee

XD 0586210487

Billed to: Passenger

**BOWENS THELLA** 

....

002.00

Billed to:

USD

\* 30.00

SubTotal

USD 582.80

Net Credit Card Billing

\* USD 582.80

Total Amount Due

USD 0.00

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

Your travel arranger provides the information contained in this document. If you have any questions about the content, please contact your travel arranger. For Credit Card Service fees, please see eTicket receipt for total charges.



#### A Harbaugh Hotel

Guest Name:

Thella Bowens

Room #:

914

Folio #:

RWCH1194B - 1

Group #:

1811

Guests:

Clerk:

CL #:

CC #:

Arrive: 03/19/13

Time: 03:36 PM

Depart: 03/22/13

Status: FOL

		1177			
Date	Description	Reference	Comment	Charges	Credits
03/19/2013	BISTRO 525 FOOD DINNE	1625	BISTRO 525 FOOD DINNER T#: 1-162	\$16.00	0- / 0
03/19/2013	<b>BISTRO 525 GRATUITY</b>	1625	BISTRO 525 GRATUITY T#: 1-1625	\$3.007	20.60
03/19/2013	BISTRO 525 TAX	1625	BISTRO 525 TAX T#: 1-1625	\$1.60	
03/19/2013	ROOM CHARGE	914		\$299.00	342.46
03/19/2013	ROOM TAX	914t	ROOM TAX	\$43.36	542110
03/20/2013	BISTRO 525 FOOD LUNCI	1697	BISTRO 525 FOOD LUNCH T#: 1-1697	\$11.007	
03/20/2013	<b>BISTRO 525 GRATUITY</b>	1697	BISTRO 525 GRATUITY T#: 1-1697	\$2.50	14.60
03/20/2013	BISTRO 525 TAX	1697	BISTRO 525 TAX T#: 1-1697	\$1.10	18 18 8
03/20/2013	ROOM CHARGE	914		\$299.00	211246
03/20/2013	ROOM TAX	914t	ROOM TAX	\$43.36	340.10
03/21/2013	ROOM CHARGE	914		\$299.00	0.10.11
03/21/2013	ROOM TAX	914t	ROOM TAX	\$43.36	342.46

Folio Balance:

\$1,062.28

I agree that my liability for this bill is not waived and agree to be held personally liable for all charges

Signature: \_\_\_\_

525 New Jersey Avenue, N.W. Washington, DC 20001-1527 (202) 628-2100 | (800) 321-3010

Fax (202) 879-7951

For your future reservations, please visit our website at www.washingtoncourthotel.com

#4

4/11/13 Requested itemized Teccipts for Bistro 525
Will take 2 days - Meski (POC)
3/19 \$2060
3/20 1460

### RECEIPTS FROM TRAVEL TO WASHINGTON, D.C. March 19-22, 2013—THELLA F. BOWENS

### RECEIPT

Washingtor Wa	Oulles International Airport shington Flyer_Taxi
Date:	3/2/19
Name:	1091)
\$: 3	12- + #12
From:	ille and
To: Wa	ehopby !
Driver 2	Omar
TAVICAD A	202_255_0205

525 New Jersey Ave NW Washington, DC

### 

Other Meal 3/20

Breakfast 3/20

D.	ag		OF	
	ay	•	UF	

### RECEIPTS FROM TRAVEL TO WASHINGTON, D.C. March 19-22, 2013—THELLA F. BOWENS

Fiola 601 Pennsylvania Ave. NW Washington, D.C. 20004 (Entrance on Indiana Ave) www.fioladc.com Mar20'13 10:13PM Date: Card Type: Amex XXXXXXXXXXX Acct #: Card Entry: SWIPED Trans Type: PURCHASE Auth Code: 547246 Check: 1208 Table: 64/5 4044 Anton K Server: 74.80 Subtotal: Tip:\_\_

4044 Anton K Chk 1208 Gst 1 Tb1 64/5 Mar20'13)07:42PM 22.00 1 Burrata 46.00 1 S.Gr. D. Sole 68.00 Subtotal

6.80

6.80

Fiola

601 Pennsylvania Ave. NW

Washington, D.C. 20004

(Entrance on Indiana Ave)

www.fioladc.com

Sales Tax 74.80 10:04PM Total Tax2 Coll

Ask About Wine Classes!

agreement. \* \* \* \* Guest Copy \* \* \* \*

I agree to pay above total

according to my card issuer

Total: \_\_\_\_

Signature

3/20 dinna

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

### RECEIPTS FROM TRAVEL TO WASHINGTON, D.C. March 19-22, 2013—THELLA F. BOWENS

UNITED LH8# 26

1# H96363

....60 CAB COMP.

43/22/13 12:36P

M3/22/13 01:32P

TRIP # 9747

OIST 30.13 mi

Rate 1 \$ 75.36

10TAL \$ 75.36

....PLAINTS CALL

102 645 6018

HQUE A NICE DAY!

+ tip

75.36 11.30 tip 86.66

3 22

SALE RECEIPT
Store #35743 dri 03/22/13 14:05:00
Subway Sandwiches & Salads
46020 Aviation Drive Washington Dulles International Airport D Gate Dulles VA 20166 Dwr 1 TRDT 032213 SUBTOTAL \$
SalesTax \$ 0.09 DRIVE-TH \*\*TOTAL \$ CredCardAMT TEND \$ 1.98 1.98 CHANGE DUE 0.00 Take our 1-min Survey @ www.tellsubway. com & receive a free cookie. Approval No: 529119 Reference No: 308118996269 Acquired: Swipe Amount: \$1.98

> SALE RECEIPT
> Store #35743 dri 03/22/13 14:04:36
> Subway Sandwiches & Salads
> 46020 Aviation Drive Washington Dulles International Airport D Gate Dulles VA 20166 Irans# 430 Clerk 1 Dwr 1 TRDT 0322 3 10317 10020 SUBTOTAL \$
> SalesTax \$ 6.74 0.34 DRIVE-TH \*\*TOTAL \$ 7.08 CredCardAMT TEND \$ 7.08 V CHANGE DUES 0.00 Take our 1-min Survey @ www.tellsubway. com & receive a free cookie.
> Approval No: 504149
> Reference No: 308118996036
> Acquired: Swipe

> > 3/22 Lunch

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

### RECEIPTS FROM TRAVEL TO WASHINGTON, D.C. March 19-22, 2013—THELLA F. BOWENS

	TAX	ICAB RECEIPT
		Time:
Origin of trip:	hotel	
Destination:	ACI NA	Townboxse
Fare: 745	+ 1 +10	Sign:

TAXICAB RECEIPT
Time:
Origin of trip: ACI NA TOWN HOLE
Destination: hotel
Fare: 745 + 1+17 Sign:

### **SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY**

Date Del, 2019

Date

### **MISSING RECEIPT FORM**

Employee/Department Head must complete form below.

Date of Purchase/Event: 3/19/2013

Description of Item/Event: Dinner

Vendor/Event Name: Bistro 525

Dollar Amount: 20.6

Reason for Missing Receipt: Itemized receipt has been requested and takes two days to receive. Submitting without receipt until received 4/12 or 4/15.

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

Employee Signature

Department Head Signature

### SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY

### **MISSING RECEIPT FORM**

Employee/Department Head must complete form below.

Date of Purchase/Event:	3/20/2013	
Description of Item/Event:	Lunch	
Vendor/Event Name:	Bistro 525	
Dollar Amount:	14.6	
Reason for Missing Receipt:	Itemized receipt has b	een requested and takes two days
I hereby certify that the original states of the states of	nal receipt in question w	as lost or none was issued to me.
projec orginature		Date //