

**Revised 4/19/13**



**SAN DIEGO COUNTY  
REGIONAL AIRPORT AUTHORITY  
EXECUTIVE COMMITTEE**

**Item No.**

**4**

**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**

**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: David Alvarez Dept: \_\_\_\_\_

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

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

**2. DATE OF REQUEST:** 3/26/13 **PLANNED DATE OF DEPARTURE/RETURN:** 4/15/13 / 4/17/13

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

Destination: Mexico City, Mexico

Purpose: To meet with Mexican Officials and Business leaders on issues of concern to the border region.

Explanation: The Eighth Annual San Diego / Baja California Mission to Mexico City provides the opportunity to discuss with Federal Officials topics such as: trade facilitation, business opportunities, and border crossing issues. Meetings are also coordinated with federal government offices such as the Departments of Communications & Transportation, Economy, Energy, Foreign Relations, Governance, Health and Tourism in addition to the Embassies of the United States and Canada, the Presidency of Mexico and both houses of the Federal Congress.

**4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES**

**A. TRANSPORTATION COSTS:**

• AIRFARE

• OTHER TRANSPORTATION (Taxi, Train, Car Rental)

**B. LODGING**

**C. MEALS**

**D. SEMINAR AND CONFERENCE FEES**

**E. ENTERTAINMENT (If applicable)**

**F. OTHER INCIDENTAL EXPENSES**

**TOTAL PROJECTED TRAVEL EXPENSE**

\$	_____
\$	_____
\$	_____
\$	_____
\$	1,000
\$	_____
\$	_____
\$	1,000

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

Travelers Signature:  Date: 3/28/2013

**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: 4.1.13

**AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE**

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

**THELLA F. BOWENS**

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

**GENERAL INSTRUCTIONS:**

- 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: 03/26/13 PLANNED DATE OF DEPARTURE/RETURN: 05/07/13 / 05/09/13

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

Destination: Chicago, IL

Purpose: ACI-NA Board meeting re: organizational vision, mission, goals and objectives for ACI-NA as the organization transitions leadership.

Explanation: \_\_\_\_\_

**4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES**

**A. TRANSPORTATION COSTS:**

• AIRFARE	\$	400.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$	100.00

B. LODGING	\$	600.00
------------	----	--------

C. MEALS	\$	150.00
----------	----	--------

D. SEMINAR AND CONFERENCE FEES	\$	
--------------------------------	----	--

E. ENTERTAINMENT (If applicable)	\$	
----------------------------------	----	--

F. OTHER INCIDENTAL EXPENSES	\$	100.00
------------------------------	----	--------

<b>TOTAL PROJECTED TRAVEL EXPENSE</b>	\$	1350.00
---------------------------------------	----	---------

**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: 2 April 2013

**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: 4.4.13

**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: \_\_\_\_\_

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

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

**2. DATE OF REQUEST:** 04/19/13 **PLANNED DATE OF DEPARTURE/RETURN:** 05/18/13 / 05/19/13

**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: Attend AAAE Board of Directors/Policy Review Committee Meeting

Explanation: \_\_\_\_\_

**4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES**

**A. TRANSPORTATION COSTS:**

• AIRFARE	\$	550.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$	75.00
B. LODGING	\$	150.00
C. MEALS	\$	100.00
D. SEMINAR AND CONFERENCE FEES	\$	
E. ENTERTAINMENT (If applicable)	\$	
F. OTHER INCIDENTAL EXPENSES	\$	100.00
<b>TOTAL PROJECTED TRAVEL EXPENSE</b>	<b>\$</b>	<b>975.00</b>

**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: Jeffrey Woodson on behalf of Thella F Bowens Date: 4/19/13

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

By my signature below, I certify the following:

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

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE**

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

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



# EXPENSE REPORT

**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: 3/19/2013 RETURN DATE: 3/22/2013 REPORT DUE: 4/21/13  
 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							TOTALS
			SUNDAY	MONDAY	TUESDAY 3/19/13	WEDNESDAY 3/20/13	THURSDAY 3/21/13	FRIDAY 3/22/13	SATURDAY	
Air Fare, Railroad, Bus (attach copy of itinerary w/charges)		582.80								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.)*					89.00		16.90	86.66		192.56
Hotel*					342.46	342.46	342.46			1,027.38
Telephone, Internet and Fax*										0.00
Laundry*										0.00
Tips - separately paid (maids, bellhop, other hotel srvs.)										0.00
Meals (include tips pd.)	Breakfast*				14.10					14.10
	Lunch*				4.80	14.60	9.06	9.06		37.52
	Dinner*				20.60	74.80				95.40
	Other Meals*					4.80				4.80
Alcohol is a non-reimbursable expense										
Hospitality <sup>1</sup> *										0.00
Miscellaneous: Baggage Fees										0.00
										0.00
										0.00
*Provide detailed receipts										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:

Additional night stay reduced airfare by \$1011.00

Total Expenses Prepaid by Authority	582.80
Total Expenses Incurred by Employee (including cash advances)	1,371.76
<b>Grand Trip Total</b>	<b>1,954.56</b>
Less Cash Advance (attach copy of Authority ck)	
Less Expenses Prepaid by Authority	582.80
Due Traveler (positive amount) <sup>2</sup>	
Due Authority (negative amount) <sup>3</sup>	1,371.76

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

<sup>1</sup> Give names and business affiliations of any persons whose meals were paid by traveler.

<sup>2</sup> Prepare Check Request

<sup>3</sup> 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<sup>4</sup> and 3.30 - Business Expense Reimbursement Policy<sup>5</sup> 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.

<sup>4</sup> Travel and Lodging Expense Reimbursement Policy 3.40

<sup>5</sup> Business Expense Reimbursement Policy 3.30

Prepared By: Amy Caldera  
 Traveler Signature: Thella F. Bowens  
 Approved By: \_\_\_\_\_

Ext.: 2445  
 Date: 12 April 2013  
 Date: \_\_\_\_\_

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

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

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

2/18/12 Travel dates collected

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

**GENERAL INSTRUCTIONS:**

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

**1. TRAVELER:**

Travelers Name: Thella F. Bowens Dept: BU6 Exec Office

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

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

2. DATE OF REQUEST: 12/11/12 PLANNED DATE OF DEPARTURE/RETURN: 03/19/13 / 03/22/13

**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: Washington Legislative Conference

Explanation:

**4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES**

**A. TRANSPORTATION COSTS:**

• AIRFARE	\$	500.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$	
B. LODGING	\$	950.00
C. MEALS	\$	
D. SEMINAR AND CONFERENCE FEES	\$	600.00
E. ENTERTAINMENT (If applicable)	\$	
F. OTHER INCIDENTAL EXPENSES	\$	100.00
<b>TOTAL PROJECTED TRAVEL EXPENSE</b>	<b>\$</b>	<b>2150.00</b>

**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: 12/11/12

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

By my signature below, I certify the following:

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

Administrator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE**

Tony R. Russell, Authority Clerk  
(Please leave blank. Whoever clerk's the meeting will insert their name and title.)

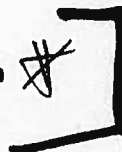
by the Executive Committee at its 12/12/12 meeting.  
(Leave blank and we will insert the meeting date.)



*Subject to Change*

**WEDNESDAY, MARCH 20**

11:00 a.m. - 2:00 p.m.	<b>Registration</b>
12:00 p.m. - 12:30 p.m.	<b>Welcome and Opening Remarks</b>
12:30 p.m. - 1:30 p.m.	<b>Keynote Luncheon</b>
1:00 p.m.	<b>The Honorable Hal Rogers (R-KY)</b> Chair, House Appropriations Committee
1:30 p.m. - 3:00 p.m.	<b>Congressional and Administration Speakers and Panel Discussions</b>
1:30 p.m.	<b>The Honorable Frank LoBiondo (R-NJ)</b> Chair, House Aviation Subcommittee
3:00 p.m. - 5:00 p.m.	<b>Hill Meetings</b>
6:00 p.m. - 8:00 p.m.	<b>ACI-NA Commissioners Congressional Reception</b> (Separate registration fee required)



**THURSDAY, MARCH 21**

8:00 a.m. - 5:30 pm	<b>Registration</b>
8:00 a.m. - 8:30 a.m.	<b>Continental Breakfast</b>
8:30 a.m. - 9:00 a.m.	<b>Welcome and Opening Remarks</b>
9:00 a.m. - 12:00 p.m.	<b>Congressional and Administration Speakers and Panel Discussions</b>
9:00 a.m.	<b>The Honorable Ed Pastor (D-AZ)</b>
9:15 a.m.	<b>The Honorable Nick Rahall (D-WV)</b> Ranking Member, House Transportation and Infrastructure Committee
12:00 p.m. - 1:00 p.m.	<b>Luncheon</b>
1:00 p.m. - 2:00 p.m.	<b>Panel Discussion</b>
2:00 p.m. - 5:00 p.m.	<b>Hill Meetings</b>
5:30 p.m. - 6:30 p.m.	<b>Conference Networking/Closing Reception</b>



TRAVELTRUST SCRIPPS RANCH

Phone: 1-800-792-4662

## Electronic Invoice

Prepared For:  
BOWENS/THELLA

Ref: DEPT 6

SALES PERSON	E4
INVOICE NUMBER	1200883
INVOICE ISSUE DATE	28 Jan 2013
RECORD LOCATOR	<del>KQNIUV</del>
CUSTOMER NUMBER	0000SDCRAA

### Client Address

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

### Notes

YOUR UNITED ETICKET CONFIRMATION IS \*\* HYCFTQ \*\*  
-----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  
\*\*\*\*\*

### DATE: Tue, Mar 19

#### Flight: UNITED AIRLINES 546

From	SAN DIEGO, CA	Departs	7:10am
To	WASHINGTON DULLES, DC	Arrives	2:52pm
Departure Terminal	1		
Duration	04hr(s) :42min(s)	Class	United Economy
Type	BOEING 757 200 SERIES JET	Meal	Food for Purchase
Stop(s)	Non Stop		
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
		Arrival Terminal	1
Duration	05hr(s) :39min(s)	Class	United Economy
Type	AIRBUS INDUSTRIE A320 JET	Meal	Food for Purchase
Stop(s)	Non Stop		
Seat(s) Details	BOWENS/THELLA	Seat(s) - 10C	UA - XXXXXX 58

**DATE: Wed, Sep 18**

**Others**

**RESERVATION  
RETAINED FOR  
180 DAYS**

### **Ticket Information**

<b>Ticket Number</b>	UA 7200650131	<b>Passenger</b>	BOWENS THELLA		
		<b>Billed to:</b>	[REDACTED]	USD	* 552.80
<b>Service Fee</b>	XD 0586210487	<b>Passenger</b>	BOWENS THELLA		
		<b>Billed to:</b>	[REDACTED]	USD	* 30.00
				<b>SubTotal</b>	USD 582.80
				<b>Net Credit Card Billing</b>	* USD 582.80 ✓
				<b>Total Amount Due</b>	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.



THE  
WASHINGTON  
COURT HOTEL

A Harbaugh Hotel

Guest Name: Thella Bowens

Room #: 914  
Folio #: RWCH1194B - 1  
Group #: 1811  
Guests: 1  
Clerk:

CL #:

CC #:

Arrive: 03/19/13

Time: 03:36 PM

Depart: 03/22/13

Status: FOL

Date	Description	Reference	Comment	Charges	Credits
03/19/2013	BISTRO 525 FOOD DINNE	1625	BISTRO 525 FOOD DINNER T#: 1-162	\$16.00	
03/19/2013	BISTRO 525 GRATUITY	1625	BISTRO 525 GRATUITY T#: 1-1625	\$3.00	
03/19/2013	BISTRO 525 TAX	1625	BISTRO 525 TAX T#: 1-1625	\$1.60	
03/19/2013	ROOM CHARGE	914		\$299.00	
03/19/2013	ROOM TAX	914t	ROOM TAX	\$43.36	
03/20/2013	BISTRO 525 FOOD LUNCI	1697	BISTRO 525 FOOD LUNCH T#: 1-1697	\$11.00	
03/20/2013	BISTRO 525 GRATUITY	1697	BISTRO 525 GRATUITY T#: 1-1697	\$2.50	
03/20/2013	BISTRO 525 TAX	1697	BISTRO 525 TAX T#: 1-1697	\$1.10	
03/20/2013	ROOM CHARGE	914		\$299.00	
03/20/2013	ROOM TAX	914t	ROOM TAX	\$43.36	
03/21/2013	ROOM CHARGE	914		\$299.00	
03/21/2013	ROOM TAX	914t	ROOM TAX	\$43.36	

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) 879-7951For your future reservations, please visit our website at  
[www.washingtoncourthotel.com](http://www.washingtoncourthotel.com)

#4

4/11/13 Requested itemized Receipts for Bistro 525  
Will take 2 days - Meski (POC)  
3/19 \$20.60  
3/20 14.60



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

**RECEIPT**

Washington Dulles International Airport  
 Washington Flyer Tax

Date: 03/20/13  
 Name: \_\_\_\_\_  
 \$: 27.00 + #12  
 From: Dulles airport  
 To: Washington  
 Driver: Omar  
 TAXICAB # 202-255-9285



525 New Jersey Ave NW  
 Washington, DC

104 Armando

Tbl 34/1      Chk 1697      Gst 1  
 Mar20'13 11:50AM

1 Spinach & Cranb      4.00  
 1 Iced Tea      2.00

Subtotal      11.00  
 Sales Tax      1.10

12:12PM Total      **12.10**

Tip      2.00

Total      14.10 ✓

Room Number \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

\*\*\*\*\*LONGWORTH CAFE\*\*\*\*\*

107 SHERRIA

CHK 7542 MAR20'13 2:32PM ✓

LW CAFE  
 1 COMP WATER ✓      1.60  
 1 YOGURT 6 OZ ✓      1.60  
 1 12 OZ COFFEE ✓      1.60

FOOD SUBTOTAL      4.80 ✓

PAYMENT      20.00

CASH      15.20

CHANGE DUE      15.20

Other meal 3/20

Breakfast 3/20

**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

Date: Mar20'13 10:13PM  
Card Type: Amex  
Acct #: XXXXXXXXXXXX  
Card Entry: SWIPED  
Trans Type: PURCHASE  
Auth Code: 547246  
Check: 1208  
Table: 64/5  
Server: 4044 Anton K

Subtotal: **74.80**

Tip: \_\_\_\_\_

Total: \_\_\_\_\_

Signature \_\_\_\_\_

I agree to pay above total  
according to my card issuer  
agreement.

\* \* \* \* Guest Copy \* \* \* \*

**Fiola**  
601 Pennsylvania Ave. NW  
Washington, D.C. 20004  
(Entrance on Indiana Ave)  
www.fioladc.com

4044 Anton K

Tbl 64/5 Chk 1208 Gst 1  
Mar20'13 07:42PM ✓

1 Burrata 22.00  
1 S.Gr. D. Sole 46.00

Subtotal 68.00  
Sales Tax 6.80

10:04PM Total **74.80**

Tax2 Coll 6.80

Ask About Wine Classes!

3/20 dinner

# RECEIPTS FROM TRAVEL TO WASHINGTON, D.C.

March 19-22, 2013—THELLA F. BOWENS

UNITED LAB# 26  
# H96363  
CAB COMP.  
3/22/13 12:36P  
3/22/13 01:32P  
TRIP # 9747  
DIST 30.13 mi  
Rate 1 \$ 75.36  
TOTAL \$ 75.36  
PLAINTS CALL  
202 645 6018  
HAVE 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

Trans# 431 Clerk 1 Dwr 1 TRDT 032213  
Receipt # 0000165500 Reg-ID reg-dt  
--- ITEM --- QTY PRICE MEMO PLU  
Dasani WAT 1 T \$ 1.89 49

SUBTOTAL \$ 1.89  
SalesTax \$ 0.09

DRIVE-TH \*\*TOTAL \$ 1.98  
CredCardAMT TEND \$ 1.98 ✓

CHANGE DUE \$ 0.00

Take our 1-min Survey @ www.tells subway.  
com & receive a free cookie.

Approval No: 529119  
Reference No: 308118996269  
Acquired: Swipe  
Account No: \*\*\*\*\*  
Card Issuer: Amex  
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

Trans# 430 Clerk 1 Dwr 1 TRDT 0322 3  
Receipt # 0000165499 Reg-ID reg-dt  
--- ITEM --- QTY PRICE MEMO PLU  
TUNA 6s 1 T \$ 5.75 10317  
CHIPS 1 T \$ 0.99 10020

SUBTOTAL \$ 6.74  
SalesTax \$ 0.34

DRIVE-TH \*\*TOTAL \$ 7.08  
CredCardAMT TEND \$ 7.08 ✓

CHANGE DUE \$ 0.00

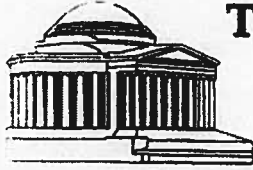
Take our 1-min Survey @ www.tells subway.  
com & receive a free cookie.

Approval No: 504149  
Reference No: 308118996036  
Acquired: Swipe  
Account No: \*\*\*\*\*  
Card Issuer: Amex  
Amount: \$7.08

3/22 Lunch

7.08 } 9.06  
1.98 }

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



**TAXICAB RECEIPT**

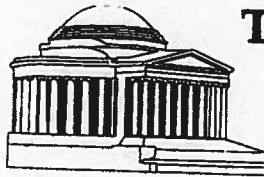
Time: \_\_\_\_\_

Date: 3/21/13

Origin of trip: hotel

Destination: ACI NA Townhouse

Fare: 7.45 + 1 tip Sign: \_\_\_\_\_



**TAXICAB RECEIPT**

Time: \_\_\_\_\_

Date: 3/21

Origin of trip: ACI NA Townhouse

Destination: hotel

Fare: 7.45 + 1 tip Sign: \_\_\_\_\_

**SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY**

**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

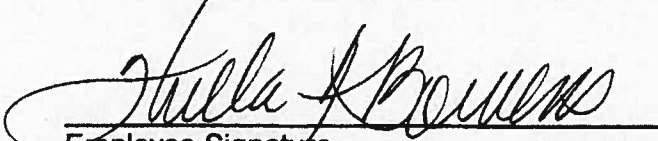
Dollar Amount: 20.6

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

  
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: 3/20/2013

Description of Item/Event: Lunch

Vendor/Event Name: Bistro 525

Dollar Amount: 14.6

Reason for Missing Receipt: Itemized receipt has been requested and takes two days to receive. Submitting as an update 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

  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

*Form must be attached to Petty Cash Voucher for Reimbursement*