



SAN DIEGO COUNTY
REGIONAL AIRPORT AUTHORITY
EXECUTIVE COMMITTEE

Item No.

5

Meeting Date: **SEPTEMBER 27, 2010**

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 2010 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.

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Equal Opportunity Program:

Not applicable

Prepared by:

TONY RUSSELL
DIRECTOR, CORPORATE SERVICES/AUTHORITY CLERK

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 Bowens Dept: Executive Office / #6
Position: ☐ Board Member ☒ President/CEO ☐ Gen. Counsel ☐ Chief Auditor
☐ All other Authority employees (does not require executive committee administrator approval)

2. DATE OF REQUEST: 9/23/10 PLANNED DATE OF DEPARTURE/RETURN: 11/8/10 / 11/11/10

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

Destination: Vancouver, BC Purpose: EDC's 7th Annual Leadership Trip
Explanation: _____

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE	\$	500
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$	
B. LODGING	\$	1500
C. MEALS	\$	
D. SEMINAR AND CONFERENCE FEES	\$	
E. ENTERTAINMENT (If applicable)	\$	
F. OTHER INCIDENTAL EXPENSES	\$	
TOTAL PROJECTED TRAVEL EXPENSE	\$	2000

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: 9/23/10

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

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1. TRAVELER:

Travelers Name: Thella Bowens Dept: Executive Office / #6
Position: ☐ Board Member ☒ President/CEO ☐ Gen. Counsel ☐ Chief Auditor
☐ All other Authority employees (does not require executive committee administrator approval)

2. DATE OF REQUEST: 9/23/10 PLANNED DATE OF DEPARTURE/RETURN: 11/14/10 / 11/15/10

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

Destination: Washington, D.C.

Purpose: FAAC Labor/Workforce Subcommittee Meeting

Explanation: _____

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE	\$	300
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$	100
B. LODGING	\$	300
C. MEALS	\$	50
D. SEMINAR AND CONFERENCE FEES	\$	
E. ENTERTAINMENT (If applicable)	\$	
F. OTHER INCIDENTAL EXPENSES	\$	
TOTAL PROJECTED TRAVEL EXPENSE	\$	750

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: 9/23/10

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

BUSINESS EXPENSES

MARK BURCHYETT



**SAN DIEGO COUNTY
REGIONAL AIRPORT AUTHORITY**

ORIGINAL (LILAC) - FINANCE
COPY (YELLOW) - DEPARTMENT FILE

SDCRAA CHECK REQUEST

CR #

ISSUE CHECK TO THE ORDER OF

Mark Burchyett

**[REDACTED]
San Marcos, CA 92078**

DATE ISSUED

9/22/2010

ORIGINATING DEPARTMENT/BUSINESS UNIT

Chief Auditor

PREPARED BY

EXT.

Mark Burchyett 2435

IN PAYMENT OF THE FOLLOWING

AMOUNT

Parking for Board Retreat Event

\$10.00

Parking for National Airport Conference

\$15.00

TAX ID #

TOTAL

\$25.00

SPECIAL INSTRUCTIONS

I CERTIFY THE ABOVE CLAIM IS TRUE AND CORRECT INCLUDING THAT
ANY APPLICABLE TERMS AND CONDITIONS HAVE BEEN FULFILLED

APPROVED FOR PROCESSING

Requesting Department Authorized Signature

Accounting Department

DISTRIBUTION OF CHARGES - TO BE COMPLETED BY ORIGINATING DEPARTMENT/BUSINESS UNIT

DEPARTMENT/ BUSINESS UNIT	OBJECT/SUBSIDIARY	* SUB- LEDGER	WORK ORDER/ TRACKING ORDER	COST OBJECT/ LOCATION	AMOUNT	COMMENTS
16	66290				10.00	
16	66290				15.00	

* "w" for tracking orders or work orders

AP NOTES

VENDOR NO. _____

INVOICE NO. _____

INVOICE DATE _____

PYMT DATE _____

RT TO BU _____ SEP CK _____

REVIEWED BY _____

SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY

BUSINESS EXPENSE REIMBURSEMENT REPORT

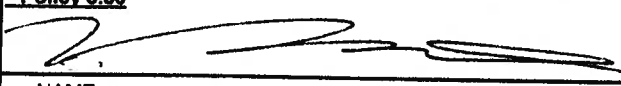
September 18-21, 2010

Period Covered

DATE	G/L Account	Description	AMOUNT
9/18/10	66290.00000	Parking for Board Retreat Event	\$10.00
9/21/10	66290.00000	Parking for National Airport Conference	\$15.00
TOTAL			\$25.00

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

* Policy 3.30



NAME

9/22/10

DATE

APPROVED:

NAME

DATE

ACE PARKING
San Diego, CA
619-231-3771

Full Statement

V/S #02 A Payment No. 00000060
T/D #01 Ticket No. 009983
Entry Time 09/21/2010 (Tue) 8:32
Exit Time 09/21/2010 (Tue) 9:40
Parking Time 1:08
Parking Fee Rate A \$15.00

Account # ****6400
Slip # 02285
Authority # 002383
Credit Card Amount \$15.00
Cash Amount \$0.00

Total \$15.00

Thank You for Your Visit
Please Come Again!

NAC Conference
Parking

RECEIPT

Five Star Parking

Lot #49
8th & "B" Street
Setting: Lot 49
Machine Name: Shelby 11

\$10.00
Card
Visa

EXPIRATION DATE/TIME

**Exp 02:00am
SEP 18, 2010**

Exp 02:00a
SEP 18, 2010

Ticket # 00058259
FOLLOW INSTRUCTIONS ON SIGNS
\$10.00 Card #****6400
Visa Auth#:
Evening Rate \$10.00
Total Due \$10.00
Questions: 619-233-2000
or customerservice_sd@
fivestarparking.com

T#00058259
S/N#200007
110402

Purchased
SEP17, 2010
05:50p

Board Retreat
Parking