



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

Item No.

6

Meeting Date: **DECEMBER 20, 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.

Page 2 of 2

Equal Opportunity Program:

Not applicable

Prepared by:

TONY RUSSELL
DIRECTOR, CORPORATE SERVICES/AUTHORITY CLERK

TRAVEL REQUEST

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: 12/2/10 PLANNED DATE OF DEPARTURE/RETURN: 2/15/10 / 2/19/10

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

Destination: Savannah, GA

Purpose: ACI-NA 2011 Winter Board of Directors Meeting and CEO Forum

Explanation: _____

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE	\$	400
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$	100
B. LODGING	\$	900
C. MEALS	\$	150
D. SEMINAR AND CONFERENCE FEES	\$	395
E. ENTERTAINMENT (If applicable)	\$	
F. OTHER INCIDENTAL EXPENSES	\$	
TOTAL PROJECTED TRAVEL EXPENSE	\$	1945

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 Bowens 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 REQUEST

BRET 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 K. Lobner Dept: General Counsel

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

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

2. DATE OF REQUEST: 12/2/2010 **PLANNED DATE OF DEPARTURE/RETURN:** 1

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

Destination: Phoenix, AZ

Purpose: January 6, 2011 Meeting of Legal Steering Group

Explanation: _____

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

- | | |
|--|------------------|
| • AIRFARE | \$ <u>150.00</u> |
| • OTHER TRANSPORTATION (Taxi, Train, Car Rental) | \$ _____ |

B. LODGING	\$ <u>179.00</u>
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C. MEALS	\$ <u>50.00</u>
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D. SEMINAR AND CONFERENCE FEES	\$ _____
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E. ENTERTAINMENT (If applicable)	\$ _____
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F. OTHER INCIDENTAL EXPENSES	\$ _____
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TOTAL PROJECTED TRAVEL EXPENSE	\$ <u>379.00</u>
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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: 12-2-2010

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: 12.2.10

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

EXPENSE REPORTS

SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY

TRAVEL EXPENSE REPORT

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

TRAVELER: Thelia Bowens DEPT. NAME & NO. Executive Office / #6
 DEPARTURE DATE: 11/14/2010 RETURN DATE: 11/17/2010 REPORT DUE: 12/17/10
 DESTINATION: Washington, D.C. to Chicago, IL to Washington, D.C.

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 11/14/10	MONDAY 11/15/10	TUESDAY 11/16/10	WEDNESDAY 11/17/10	THURSDAY	FRIDAY	SATURDAY	
Air Fare, Railroad, Bus (attach copy of itinerary w/charges)	469.40								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.)*		17.00	30.00	59.75	17.00				123.75
Hotel*		207.25		343.50					550.75
Telephone, Internet and Fax*									0.00
Laundry*									0.00
Tips - separately paid (maids, bellhop, other hotel srvs.)									0.00
Meals (include tips pd.)	Breakfast*		14.05	22.98	17.03				54.06
	Lunch*	9.98		13.13					23.11
	Dinner*	8.25			11.40				19.65
	Other Meals*								0.00
Alcohol is a non-reimbursable expense									
Hospitality ^{1*}									0.00
Miscellaneous:									0.00
									0.00
									0.00
*Provide detailed receipts									0.00
Total Expenses prepaid by Authority		469.40	242.48	44.05	439.36	45.43	0.00	0.00	771.32

Explanation:	Total Expenses Prepaid by Authority	469.40
	Total Expenses Incurred by Employee (including cash advances)	771.32
	Grand Trip Total	1,240.72
	Less Cash Advance (attach copy of Authority ck)	
	Less Expenses Prepaid by Authority	469.40
	Due Traveler (positive amount) ²	
	Due Authority (negative amount) ³	771.32
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 Policy⁴ and 3.30 - Business Expense Reimbursement Policy⁵ 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: Dianne Berg Ext.: 2445
 Traveler Signature: Thelia Bowens 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 _____ 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. 2808.

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: 11/14/10 / 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.
- 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, 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 September 27, 2010 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 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: 10/5/10 PLANNED DATE OF DEPARTURE/RETURN: 11/16/10 / 11/16/10

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: SPEAKER AT Airports Green Council Presidents Roundtable

Explanation: _____

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

- AIRFARE

\$ 500

- OTHER TRANSPORTATION (Taxi, Train, Car Rental)

\$ 100

B. LODGING

\$ 200

C. MEALS

\$ 50

D. SEMINAR AND CONFERENCE FEES

\$ _____

E. ENTERTAINMENT (If applicable)

\$ _____

F. OTHER INCIDENTAL EXPENSES

\$ _____

TOTAL PROJECTED TRAVEL EXPENSE

\$ _____

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

Travelers Signature: Thella Bowens

Date: 10/6/10

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, Tony 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 October 25, 2010 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 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: 10/25/10 PLANNED DATE OF DEPARTURE/RETURN: 11/16/10 / 11/17/10

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 Finance Subcommittee Meeting
Explanation: Thella will be traveling from Chicago (Airports Green Council Speaking Engagement)

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE	\$	560
• 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	\$	1010

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: 26 Oct 2010

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: M. Jean Date: 10.26.10

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 November 22, 2010 meeting.
(Leave blank and we will insert the meeting date.)

Berg Dianne

From: Scott Mackerley [smackerley@traveltrust.com]
Sent: Friday, October 29, 2010 10:46 AM
To: Berg Dianne; Harris Matt; SMACKERLEY@TRAVELTRUST.COM
Subject: Travel Itinerary 14NOV SAN BOWENS
Attachments: 39034603.PDF; 39034603.HTM

BOWENS/THELLA

DEPT 6

29Oct10 10:45am

YOUR UNITED ETICKET CONFIRMATION IS ** JQ8TZY **

-----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

14Nov10 09:04am Sunday

Air United Airlines Flight# 330 Class:Q Seat:13D
From: San Diego CA, USA 14Nov10 09:04am Sunday
To: Chicago O'Hare IL, US 14Nov10 03:05pm Sunday
Meal: Food For Purchase Equip: Boeing 757 200 Jet Status: Confirmed
Stops: 0

Depart - TERMINAL 1

Arrive - TERMINAL 1

United Airlines locator: JQ8TZY

UA Frequent Flyer# [REDACTED] BOWENS/THELLA

** AISLE CONFIRMED.

Flight Duration: 4 hour(s) and 01 minutes

Class of Service: Coach

14Nov10 04:05pm Sunday

Air United Airlines Flight# 620 Class:Q Seat:10F
From: Chicago O'Hare IL, US 14Nov10 04:05pm Sunday
To: Washington/Reagan Nat 14Nov10 06:56pm Sunday
Meal: None Equip: Airbus A320 Jet Status: Confirmed
Stops: 0

Depart - TERMINAL 1

Arrive - TERMINAL C

United Airlines locator: JQ8TZY
UA Frequent Flyer# [REDACTED] BOWENS/THELLA

**** PREMIUM ECONOMY WINDOW ** AISLE NOT AVAILABLE**
WE WILL CONTINUE TO MONITOR FOR A SEAT
Flight Duration: 1 hour(s) and 51 minutes
Class of Service: Coach

15Nov10 04:43pm Monday

Air United Airlines Flight# 625 Class:T Seat:12D
From: Washington/Reagan Nat 15Nov10 04:43pm Monday
To: Chicago O'Hare IL, US 15Nov10 05:59pm Monday
Meal: None Equip: Boeing 757 200 Jet Status: Confirmed
Stops: 0

Depart - TERMINAL C
Arrive - TERMINAL 1
United Airlines locator: JQ8TZY
UA Frequent Flyer# [REDACTED] BOWENS/THELLA

**** AISLE CONFIRMED**
Flight Duration: 2 hour(s) and 16 minutes
Class of Service: Coach

16Nov10 07:05pm Tuesday

Air United Airlines Flight# 7604 Class:Q Seat:4D
From: Chicago O'Hare IL, US 16Nov10 07:05pm Tuesday
To: Washington/Reagan Nat 16Nov10 09:46pm Tuesday
Meal: None Equip: E70 Status: Confirmed
Stops: 0

ORD-DCA OPERATED BY /UNITED EXPRESS/SHUTTLE AMERICA
Depart - TERMINAL 1
Arrive - TERMINAL C
United Airlines locator: JQ8TZY
UA Frequent Flyer# [REDACTED] BOWENS/THELLA

**** AISLE CONFIRMED**
Flight Duration: 1 hour(s) and 41 minutes
Class of Service: Coach

17Nov10 05:24pm Wednesday

Air United Airlines Flight# 663 Class:T Seat:32D
From: Washington/Reagan Nat 17Nov10 05:24pm Wednesday
To: Denver CO, USA 17Nov10 07:30pm Wednesday
Meal: Food For Purchase Equip: Boeing 757 200 Jet Status: Confirmed
Stops: 0

Depart - TERMINAL C
Arrive -
United Airlines locator: JQ8TZY
UA Frequent Flyer# [REDACTED] BOWENS/THELLA

**** AISLE CONFIRMED**

17Nov10 09:39pm Wednesday

Air United Airlines Flight# 9 Class:T Seat:13D
From: Denver CO, USA 17Nov10 09:39pm Wednesday
To: San Diego CA, USA 17Nov10 11:06pm Wednesday
Meal: Light Lunch Equip: Boeing 757 200 Jet Status: Confirmed
Stops: 0

Depart -

Arrive - TERMINAL 1

United Airlines locator: JQ8TZY

UA Frequent Flyer# [REDACTED]-BOWENS/THELLA

** AISLE CONFIRMED

15May11 Sunday

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

Ticket Information

BOWENS THELLA

Ticket#:7931569899

Invoice#:5204931

Ticket Base Fare: 416.97

Ticket Tax: 27.43

Total Ticket Amount: 444.40

Electronic: YES

SERVICE FEE DOCUMENT #: 0528780553 FEE AMOUNT: 25.00

BILLED TO: AMERICAN EXPRESS ENDING IN 1006

IMPORTANT - PLEASE REVIEW YOUR TRAVEL ITINERARY/DOCUMENTS FOR ACCURACY AND NOTIFY YOUR TRAVELTRUST AGENT WITHIN 24 HOURS OF ANY ERRORS OR DISCREPANCIES TO ENSURE THERE ARE NO ADDITIONAL COSTS INCURRED.

DUE TO CONSTANTLY CHANGING SCHEDULES, TRAVELTRUST RECOMMENDS THAT YOU RECONFIRM YOUR FLIGHTS DIRECT WITH THE CARRIER. 72 HOURS PRIOR FOR INTERNATIONAL TRAVEL AND 24 HOURS PRIOR FOR DOMESTIC TRAVEL.

ResFAX(r) Copyright(c) 1992-2010 Cornerstone Information Systems, Inc., Bloomington, IN

ResFAX Message ID 706768

ResFAX Itinerary E-Mail



TAXICAB RECEIPT

Time: 3

Date: 11/14/10

Origin of trip: Airport

Destination: Hotel

Fare: \$17 Sign: _____



TAXICAB RECEIPT

Time: _____

Date: 11/15

Origin of trip: Hotel

Destination: FRA Office

Fare: \$15 Sign: _____



TAXICAB RECEIPT

Time: 11:15


Date: 11/15

Origin of trip: DOT

Destination: Airport (NAT)

Fare: \$15 Sign: _____

CHECKER TAXI
Cab # 2827
11/16/10 TR 100
START END MILES
04:12 04:58 0.0
Fare: \$ 36.25
Extra: \$ 0.50
Toll: \$ 0.00
Srch: \$ 0.00
Tip: \$ 6.00
TOTAL: \$ 42.75

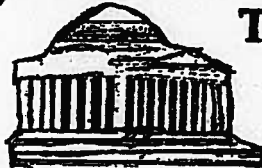
Card: 
AUTH: 562424

D

X-----

DEPT OF CONSUMER
SERVICE CALL 311
HAVE A NICE DAY

703-786-5859-7049A#



TAXICAB RECEIPT

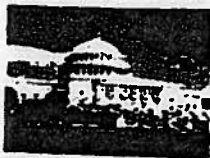
Time: _____

Date: 11/17

Origin of trip: Hotel

Destination: Airport

Fare: \$17 Sign: _____



TAXICAB RECEIPT

Time: 1

Date: 11/16

Origin of trip: Airport

Destination: Hotel

Fare: \$17 Sign: _____



Courtyard by Marriott
Washington Capitol Hill
Navy Yard

140 L St Se
Washington Dc 20003
T 202.479.0027

Thella/Ms Bowens

Po Box 82776

San Diego CA 92138-2776

Sd County Reg. Airport Authori

Room: 309

Room Type: GENR

Number of Guests: 1

Rate: \$181.00

Clerk: WGM

Arrive: 14Nov10

Time: 07:13PM

Depart: 15Nov10

Time: 08:44AM

Folio Number: 80788

Date

Description

Charges

Credits

14Nov10

Market Beverage

6.00

14Nov10

Gross Receipts Tax

0.60

14Nov10

Room Charge

181.00 } 207.25

14Nov10

Room Tax

26.25

15Nov10

Restaurant Room Charge

14.05 ✓

15Nov10

227.90

Card #: AXXXXXXXXXXXXX XXXX

Amount: 227.90 Auth: 567437 Signature on File

This card was electronically swiped on 14Nov10

Balance: 0.00

Rewards Account # XXXX. Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement or your online Statement for updated activity.

Thank you for choosing the Courtyard Navy Yard for your visit to Washington, D.C.! If for any reason your stay was not "perfect", please contact the Front Office Manager, Whitney Miller at extension 7125 prior to checking out. Or you may email me at whitney.miller@cycapitolhill.com with any comments. Thank you for staying, and we look forward to seeing you again!

Get all your hotel bills by email by updating your Rewards Preferences. Or, ask the Front Desk to email your bill for this stay. See "Internet Privacy Statement" on Marriott.com.



Courtyard by Marriott
Washington Capitol Hill
Navy Yard

140 L St Se
Washington Dc 20003
T 202.479.0027

T. Bowens

Room: 309

Room Type: GENR

Number of Guests: 1

Rate: \$181.00

Clerk:

Arrive: 14Nov10

Time: 07:53PM

Depart: 15Nov10

Time:

Folio Number: 88295

Date

Description

Charges

Credits

14Nov10

Market Beverage

6.00

14Nov10

Gross Receipts Tax

0.60

14Nov10

Room Charge

181.00

14Nov10

Room Tax

26.25

15Nov10

213.85

Card #: XXXXXXXXXXXXXXXXXXXX

Amount: 213.85 Auth: 567437 Signature on File

This card was electronically swiped on 14Nov10

Balance: 0.00

Rewards Account # XXXXX. Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement or your online Statement for updated activity.

Thank you for choosing the Courtyard Navy Yard for your visit to Washington, D.C.! If for any reason your stay was not "perfect", please contact the Front Office Manager, Whitney Miller at extension 7125 prior to checking out. Or you may email me at whitney.miller@cycapitolhill.com with any comments. Thank you for staying, and we look forward to seeing you again!

Get all your hotel bills by email by updating your Rewards Preferences. Or, ask the Front Desk to email your bill for this stay. See "Internet Privacy Statement" on Marriott.com.

Sofitel Lafayette Square Washington DC
806 15th Street NW Washington, DC 20005
Telephone 202 730 8800 Facsimile 202 730 8500

Thella Bowens

, CA
 US

Arrival 11/16/10
Departure 11/17/10

Room: 0814
Cashier:8

Page: 1
Time:

11:27:09

Conf #: 432891

Sofitel Lafayette Square Washington DC, 11/17/10

Invoice NO. 257924

Date	Description	DEBIT	CREDIT
11/16/10	Room Serv Dinner Food #0814 : CHECK #5168	8.00	
11/16/10	Room Service DC Dinner #0814 : CHECK #5168	2.50	
11/16/10	Room Service Gratuity #0814 : CHECK #5168	1.44	
11/16/10	*Room Charge	300.00	
11/16/10	Room Tax *Room Charge	43.50	
11/16/10	F&B Sales Tax #0814 : CHECK #5168	1.19	
11/17/10	Room Serv Brk Food #0814 : CHECK #5199	11.00	
11/17/10	Room Service DC Breakfast #0814 : CHECK #5199	2.50	
11/17/10	Room Service Gratuity #0814 : CHECK #5199	1.98	
11/17/10	XXXXXXXXXXXXXXX		373.66
11/17/10	F&B Sales Tax #0814 : CHECK #5199	1.55	

Balance: \$0

Sofitel is the prestige brand of Accor hotels, with over 180 properties that bring a unique French art de vivre to prime locations around the world. For reservations or information, please visit www.sofitel.com

11/14 Lunch

11/14 Dinner

UNITED

11/14/2010
SAN ORD
TO GXXXX11/6

Receipt #: 0163
Transaction: 10111411584881

Sale

Item	Price	Qty	Sub
Black Box	6.99	1	6.99
Straw	2.99	1	2.99
Total	9.98		9.98

1025 1st Street SE
Washington, DC 20003
(202) 000-000

Date: 11/14/10 Time: 08:30 pm

Order #: 237

WOMAN BLACK JACKET
Server: Antonette 9

Eat In

Paid: Paid

COUNTER

Cardier: Antonette 9

Payment#: 33529

Auth Code: 583253/1

Ref No: 031901200407

Card#: XXXXXXXXXXXX Swiped

1 MOUTRIE \$7.50

Sub Total: \$7.50

Tax: \$0.75

Total: \$8.25

Amex \$8.25

Tip : _____

Total : _____

I agree to pay above total amount
according to card issuer agreement
(merchant agreement if credit voucher)

Thank You
Please Come Again

1116 Breakfast



1115 Breakfast

Courtyard by Marriott
Capitol Hill/ Navy Yard
140 L. St., SE
Washington, DC 20003
(202) 479-0027
Restaurant

51 41676

Tbl 6/1 Chk 3024 Gst 1
Nov15'10 09:14AM

Restaurant

1 Bfst Buff Adult 10.95

Subtotal 10.95

Sales Tax 1.10

09:16AM Total 12.05

Gratuity: 2 -

Total: 14.05

Room #

Print Name

Signature

West Egg Cafe
620 N. Fairbanks
Chicago IL
Tel. # 312 280-8366

Table 1

Terminal #3 Check 30034
Server: 15 Annie Guests 1
11/16/10 9:19am

Reg. Coffee 2.50
Herbal Tea 1.50
Fruit Cup 2.95
Bacon 3.75
Biscuit 2.50

BUTTER

SIDE

1 Clara's Con Salsa 1.50

Sub/Ttl 20.70

Tax 2.28

Total Due 22.98

We

11/16/10 9:43

Check 30034

Table 1

Server Sale

Terminal 3

Server 15

ipped

Auth BOWENS/THELLA F

Card Typ XXXXXXXXXXXX

Auth 522770

Trans ID 41

Subtotal 22.98

Tip (.....)

Total (.....)

I AGREE TO PAY TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGMT
(MERCHANT AGMT IF CREDIT VCHR)

Customer Copy

11/16 Lunch

Sofitel Lafayette Square

In - Room Dining
806 15th St. NW
Washington, DC 20005
(202) 730-8800

403 Late RI

CHK 5160 8014 BOWENS Gst 1
Nov16'10 11:32PM

1 French Onion	8.00
Delivery Chg	2.50
Food Total	8.00
Rm Delivery	2.50
SVC 18%	1.44
Tax	1.19
11:32PM Balance Due	13.13

Extra Tip _____

Total 13.13

Room # 814

Print Name TILLIP EXPENDS

Signature [Signature]

11/17 Breakfast

Sofitel Lafayette Square

In - Room Dining
806 15th St. NW
Washington, DC 20005
(202) 730-8800

401 AM I

CHK 5199 814 BOWENS Gst 1
Nov17'10 10:06AM

1 Smoothie	6.00
1 Hot Tea	5.00
Delivery Chg	2.50
Food Total	11.00
Rm Delivery	2.50
SVC 18%	1.98
Tax	1.55
10:06AM Balance Due	17.03

Extra Tip _____

Total 17.03

Room # 814

Print Name TILLIP EXPENDS

Signature [Signature]

11/17 Dinner



Cantina Grill
Concourse B Mezzanine Level
PO Box 49310
Denver, CO 80249
(303) 342-8469

Server: rafael 11/17/2010
Table 4/1 8:47 PM
Guests: 1 180169

Ice Tea 1.65
Bowl Corn-Poblano Chowder 3.95
Cheese Nachos 4.95

Subtotal 10.55
Tax 0.85

Total 11.40

Balance Due 11.40

Thank You!
We would love to hear from you
Please email comments to:
info@cantinagrillbdia.com

Cantina Grill
Concourse B Mezzanine Level
PO Box 49310
Denver, CO 80249
(303) 342-8469

Server: rafael DOB: 11/17/2010
08:50 PM 11/17/2010
Table 4/1 18/180169

Card #XXXXXXXXXX 18874501
Magnetic card present:
Approval: 586146

Amount: \$ 11.40

+ Tip: _____

= Total: _____

Thank You!
We would love to hear from you
Please email comments to:
info@cantinagrillbdia.com

Guest Copy

**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. Executive Office #6
DEPARTURE DATE: 10/17/2010 RETURN DATE: 10/20/2010 REPORT DUE: 11/19/10
DESTINATION: San Antonio, TX and Los Angeles, 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							TOTALS
			SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
			10/17/10	10/18/10	10/19/10	10/20/10				
Air Fare, Railroad, Bus (attach copy of itinerary w/charges)		538.81								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.)*			27.00							27.00
Hotel*			220.66	220.66						441.32
Telephone, Internet and Fax*										0.00
Laundry*										0.00
Tips - separately paid (maids, bellhop, other hotel svcs.)										0.00
Meals (include tips pd.)	Breakfast*									0.00
	Lunch*			8.85						8.85
	Dinner*			67.07						67.07
	Other Meals*									0.00
Alcohol is a non-reimbursable expense										
Hospitality ¹ *										0.00
Miscellaneous:										0.00
										0.00
										0.00
*Provide detailed receipts										0.00
Total Expenses prepaid by Authority		538.81	247.66	220.66	75.92	0.00	0.00	0.00	0.00	544.24
Explanation:		Total Expenses Prepaid by Authority							538.81	
		Total Expenses Incurred by Employee (including cash advances)							544.24	
		Grand Trip Total							1,083.05	
		Less Cash Advance (attach copy of Authority ck)								
		Less Expenses Prepaid by Authority							538.81	
		Due Traveler (positive amount) ²								
		Due Authority (negative amount) ³							544.24	
		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 Policy⁴ and 3.30 - Business Expense Reimbursement Policy⁵ 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: Dianne Berg
Traveler Signature: Thella Bowens
Approved By: _____

Ext.: 2445
Date: _____
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.

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: 8/19/10 PLANNED DATE OF DEPARTURE/RETURN: 10/17/10 / 10/19/10

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

Destination: San Antonio

Purpose: ACI-NA Board and Strategic Planning Meeting

Explanation: _____

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

- AIRFARE \$ 400
- OTHER TRANSPORTATION (Taxi, Train, Car Rental) \$ 50

B. LODGING

\$ 300

C. MEALS

\$ 100

D. SEMINAR AND CONFERENCE FEES

\$ _____

E. ENTERTAINMENT (If applicable)

\$ _____

F. OTHER INCIDENTAL EXPENSES

\$ _____

TOTAL PROJECTED TRAVEL EXPENSE

\$ 850

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: 19 August 2010

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 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 August 23, 2010 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 Bowers Dept: 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: 5/17/10 **PLANNED DATE OF DEPARTURE/RETURN:** 10/19/10 / 10/20/10

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

Destination: Washington, DC → Los Angeles Purpose: Future of Aviation Advisory Committee Meeting

Explanation: _____

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE	\$	1000
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$	100
B. LODGING	\$	300
C. MEALS	\$	100
D. SEMINAR AND CONFERENCE FEES	\$	
E. ENTERTAINMENT (If applicable)	\$	
F. OTHER INCIDENTAL EXPENSES	\$	
TOTAL PROJECTED TRAVEL EXPENSE	\$	1500

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 Bowers

Date: 5/17/10

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, Sara D. [Signature], 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 5/24/10 meeting.
(Leave blank and we will insert the meeting date.)

Berg Dianne

From: Scott Mackerley [smackerley@traveltrust.com]
Sent: Wednesday, October 13, 2010 2:16 PM
To: Berg Dianne; Harris Matt; SMACKERLEY@TRAVELTRUST.COM
Subject: Travel Itinerary 17OCT SAN BOWENS
Attachments: 51342176.PDF; 51342176.HTM

BOWENS/THELLA

DEPT 6

13Oct10 02:15pm

YOUR UNITED ETICKET CONFIRMATION IS ** J6M8T2 **

-----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](http://www.TSA.GOV)

17Oct10 03:25pm Sunday

Air United Airlines Flight# 354 Class:L Seat:7C
From: San Diego CA, USA 17Oct10 03:25pm Sunday
To: Denver CO, USA 17Oct10 06:45pm Sunday
Meal: Light Lunch Equip: Airbus A320 Jet Status: Confirmed
Stops: 0

Depart - TERMINAL 1

Arrive -

United Airlines locator: J6M8T2

UA Frequent Flyer# [REDACTED] BOWENS/THELLA

** ECONOMY PLUS AISLE SEAT CONFIRMED **

Flight Duration: 2 hour(s) and 20 minutes

Class of Service: Coach

17Oct10 07:25pm Sunday

Air United Airlines Flight# 356 Class:L Seat:8C
From: Denver CO, USA 17Oct10 07:25pm Sunday
To: San Antonio TX, USA 17Oct10 10:30pm Sunday
Meal: Light Lunch Equip: Airbus Jet Status: Confirmed
Stops: 0

Depart -

Arrive - TERMINAL 1

United Airlines locator: J6M8T2
UA Frequent Flyer# [REDACTED] BOWENS/THELLA

**** ECONOMY PLUS AISLE SEAT CONFIRMED ****
Flight Duration: 2 hour(s) and 05 minutes
Class of Service: Coach

19Oct10 02:17pm Tuesday

Air United Airlines Flight# 6261 Class:T Seat:4B
From: San Antonio TX, USA 19Oct10 02:17pm Tuesday
To: Los Angeles CA, USA 19Oct10 03:27pm Tuesday
Meal: None Equip: CRJ-700 Canadair Regional Jet Status: Confirmed
Stops: 0

SAT-LAX OPERATED BY /UNITED EXPRESS/SKYWEST AIRLINES
Depart - TERMINAL 1
Arrive - TERMINAL 8
United Airlines locator: J6M8T2
UA Frequent Flyer# [REDACTED] /THELLA

**** ECONOMY PLUS AISLE SEAT CONFIRMED ****
Flight Duration: 3 hour(s) and 10 minutes
Class of Service: Coach

18Apr11 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...SCOTT MACKERLEY

Ticket Information

BOWENS THELLA		
Ticket#:7916342331	Ticket Base Fare:	433.49
Invoice#:1177493	Ticket Tax:	75.32
	Total Ticket Amount:	508.81
Electronic: YES		

SERVICE FEE DOCUMENT #: 0526976021 FEE AMOUNT: 30.00

BILLED TO: AMERICAN EXPRESS ENDING IN 1006

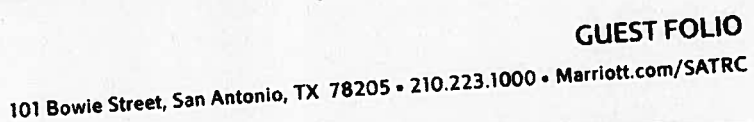
IMPORTANT - PLEASE REVIEW YOUR TRAVEL ITINERARY/DOCUMENTS FOR ACCURACY AND NOTIFY YOUR TRAVELTRUST AGENT WITHIN 24 HOURS OF ANY ERRORS OR DISCREPANCIES TO ENSURE THERE ARE NO ADDITIONAL COSTS INCURRED.

DUE TO CONSTANTLY CHANGING SCHEDULES, TRAVELTRUST RECOMMENDS THAT YOU RECONFIRM YOUR FLIGHTS DIRECT WITH THE CARRIER. 72 HOURS PRIOR FOR INTERNATIONAL TRAVEL AND 24 HOURS PRIOR FOR DOMESTIC TRAVEL.

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ResFAX Message ID 702531

ResFAX Itinerary E-Mail



101 Bowie Street, San Antonio, TX 78205 • 210.223.1000 • Marriott.com/SATRC

ACCT# GROUP

10/17/10 23:00

MRW#: XXXX

10/18 CREDIT CARD
10/19 AX CARD
TO BE SETTLED TO: AMERICAN EXPRESS CURRENT BALANCE .00
CONVENT CENTER MARRIOTT !!

SUMMARY OF TAXES		TAXED AMOUNT	TAX
0	DESCRIPTION AUTOMATED PKG TAX	.00	.00
	NET CHARGES 441.32	TAX .00	CREDITS .00
			FOLIO 441.32

Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement for update activity.

Signature X

To secure your next stay, go to Marriott.com

Fare Receipt



Greater San Antonio Transportation Co.

Date 10/17/10

Received of _____

The Sum of \$23 + 4 tip = \$27

Pick Up Airport

Drop Off Hotel

Yellow Cab

No. _____ Driver _____

10/19
DINNER

10/19
LUNCH

Check #: 773759 Register #: 1
Date: 10/19/10 Time: 01:20pm

at 1)-----
Pizza Com 2
Bottle Water

Subtotal: \$
Tax: \$
Sub w/ Tax \$
Amt Due: \$8.1

Change Due: \$1

Thanks For Dining with us
... a Great Day!

To Find All of Our Locations
Please Visit
www.gsat.com

Server: Jessica
30/1
3

10/19/2010
8:37 PM

#10C

Table #: 1

Tom Tomato Salad
an Seabass Entree

total

57.07

310-802-1973

Server: Jessica
7 PM
e 30/3

DOB: 10/19,
10/19,
1/

1046

#XXXXXXXXXXXX

credit card present: BOWENS THELLA
card: 584932

Amount: 57.07
+ Tip: 10.00
= Total: 67.07