

Item No.

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

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 <u>3.30</u> and <u>3.40</u>, use the most economical means available to affect the travel.

TRAVELER: Travelers Name: Thella Bowens	Dept	Executive Office / #6
	n. Counsel	Chief Auditor
All other Authority employees (does not require execu	the committee adm	niniotrator annumal\
2. DATE OF REQUEST: 12/2/10 PLANNED DATE OF DEPARTUR	RE/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):	transfer with more trains	
	CI-NA 2011 Winter	Board of Directors
Explanation:	CEO Forum	
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	\$ 1 \$ 9 \$ 1 \$ 3 \$	00 00 00 50 95
TOTAL PROJECTED TRAVEL EXPENSE		45
CERTIFICATION BY TRAVELER By my signature below, I certif		
associated expenses conform to the Authority's Policies $\underline{3.30}$ and $\underline{3.40}$ a Authority's business.	and are reasonable	and directly related to the
Travelers Signature:	Date:	
Travelore digitature.	Date.	
CERTIFICATION BY ADMINISTRATOR (Where Administrator	r is the Executive C	ommittee, the Authority
Clerk's signature is required).		
By my signature below, I certify the following:		
 I have conscientiously reviewed the above out-of-town travel rec 		
The concerned out-of-town travel and all identified expenses are Authority's business and reasonable in comparison to the anticij		
3. The concerned out-of-town travel and all identified expenses concerned out-of-town travel and all identif		
Administrator's Signature:	/ Dar	te:
<u>AUTHORITY CLERK CERTIFICATION ON BEHALF OF EX</u>	XECUTIVE CON	AMITTEE
		AMITTEE is document was approved

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

TRAVEL REQUEST

BRET LOBNER

GENERAL INSTRUCTIONS:

- A. All travel requests must conform to applicable provisions of Policies $\underline{3.30}$ and $\underline{3.40}$.
- B. Personnel traveling at Authority expense shall, consistent with the provisions of Policies <u>3.30</u> and <u>3.40</u>, use the most economical means available to affect the travel.

	obner		_ Dept: _	General Counsel
Position: Board Member	President/CEO	Gen. Counsel		Chief Auditor
All other Authority	y employees (does not requir	e executive committ	ee admin	istrator approval)
. DATE OF REQUEST: 12/2/201	0 PLANNED DATE OF DEF	PARTURE/RETURN:		1
. DESTINATIONS/PURPOSE (Pro	vide detailed explanation as	to the purpose of th	ne trip- c	ontinue on extra sheets
of paper as necessary):				
Destination: Phoenix, AZ	Purpo Grou	ose: January 6, 201 p	11 Meetir	ng of Legal Steering
Explanation:				
	DAVEL EXPENSES			
PROJECTED OUT-OF-TOWN TO A. TRANSPORTATION CO				
AIRFARE		\$	150.00	0
 OTHER TRANSPOR 	RTATION (Taxi, Train, Car R	ental) \$		
B. LODGING		\$	179.0	0
C. MEALS		\$	50.0	0
D. SEMINAR AND CONFE	RENCE FEES	\$		
E. ENTERTAINMENT (If ap	oplicable)	\$		
F. OTHER INCIDENTAL EX	XPENSES	\$		
F. OTHER INCIDENTAL EX TOTAL PROJECTE	XPENSES E D TRAVEL EXPENSE	\$	379.0	<u></u> <u>0</u>
		\$	379.0	0
TOTAL PROJECTE	ED TRAVEL EXPENSE	\$		
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TOTAL PROJECTE CERTIFICATION BY TRAVEI associated expenses conform to the	ED TRAVEL EXPENSE LER By my signature below	\$ v, I certify that the ab	ove liste	d out-of-town travel and
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THELLA F. BOWENS

EXPENSE REPORTS

SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY TRAVEL EXPENSE REPORT

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

TRAVELE	R:	Thella Bowens		DEPT. NAME & NO.		Exe	cutive Of	fice / #6			
DEPART	JRE DATE:	11/14/2010	RETUR	RN DATE: 11/17/2010		0	REPOR	T DUE:	12	/17/10	
DESTINA	TION: Washingto	on, D.C. to Chicago, IL to	Washington,	D.C.	ite and the					nels, 10	
expenses	fer to the Authority Travel a and approvals. Please at ny special items should be	tach all required support	ing documenta	tion. All re	icle 3, Pari ecelpts mu	t 3.4, Sect st be deta	ion 3.40, o iled, (cred	utlining ap it card rec	propriate eipts do n	reimbursa ot provide	ble suffic ie nt
			Authority Expenses				Employe	e Expens	08		
			(Prepaid by Authority)	BUNDAY 11/14/10	MONDAY 11/15/10	TUESDAY 11/16/10	WEDNESDAY 11/17/10	THURSDAY	FRIDAY	SATURDAY	TOTALS
Air Fare, F	Railroad, Bus (attach copy o	f itinerary w/charges)	469.40	Na Committee							0.00
	e Fees (provide copy of flye										0.00
Rental Ca											0.00
Gas and C)#*-		V. 2 6 5 10								0.00
Garage/Pa	arking*							- Highwas			0.00
	attach mileage form*									in and	0.00
Taxi and/o	or Shuttle Fare (Include tip:	s pd.)*	经特别的	17.00	30.00	59.75	17.00				123.75
Hotel*				207.25		343.50	No. of Street	W. Com			550.75
Telephone	e, Internet and Fax*		用學業科學								0.00
Laundry*											0.00
Tips - sep	arately paid (maids,beilho)	p,other hotel srvs.)									0.00
Meals	Breakfast*				14.05	22.98	17.03				54.06
(include tips pd.)	Lunch*			9.98		13.13					23.11
ups pu.)	Dinner*			8.25			11.40				19.65
P.S	Other Meals*										0.00
	a non-reimbursable expense		A STATE OF THE STA								
Hospitality						MALE 80715					0.00
Miscellane	eous:										0.00
1000			Supplied Supplied				D. B.				0.00
			1120								0.00
*Provide o	letailed receipts									-	0.00
	Total Expens	ses prepaid by Authority	469.40	242.48	44.05	439.36	45.43	0.00	0.00	0.00	771.32
Explanation	on:						paid by Au	-			469.40
						cash adv		ilipioyee		17	771.32
ė.				2 7 2	Grand Tr				A STORES	4 endettie	1,240.72
				- 4	Less Cas	h Advance	e (attach cop	y of Authority	ck)		
				11.2	AND DESCRIPTION OF REAL PROPERTY.		paid by Au				469.40
10tm	nes and business affiliations of	lany agrana whose made w	and the form		Due Trav	eler (posi	tive amour	rt) ²			
2 Prepare	Check Request		ere paid by trave	467.	Due Auth	ority (neg	ative amo	unt) ³			771.32
3Attach pe	ersonal check payable to SDCR	Mar Phant Surface		E 180	N	ote: Send	his report t	o Accounti	ng even if t	the amount	is \$ 0.
Reimburs	eler or administrator ackr sement Policy ⁴ and 3.30 bility. I further certify tha	- Business Expense f at this report of travel e	Reimburseme xpenses wer	ent Policy ^t e incurred	and that in conne	any pure	chases/cla h official /	aims that Authority	are not a business	llowed w	ill be my
Prepared Traveler S	By:	pense Reimbursement F	ianne Berg	,	Dusiliess	CADEUSE		Ext.: Date:	3 y 3.3U	2445	
Approved	· —	, , , , , , , , , , , , , , , , , , ,						Date:			
AUTHORI	TY CLERK CERTIFICATION	ON ON BEHALF OF EX	ECUTIVE COM	AMITTEE	(To be ce	rtified if us	sed by Pres	ident/CEO	, Gen. Cou	ınsel, or Ct	nief Auditor)
1,				hereby cer	rtify that th	is docume	ent was ap	proved by	the Execu	tive Comr	mittee at its
(Please lea	ve blank. Whoever clerk's the	e meeting will insert their na meeting.	me and title.)		-		A-INE				
(Leave blan	nk and we will insert the meeti										

Failure to attach required documentation will result in the delay of processing relmbursement. If you have any questions, please see

your department Administrative Assistant or call Accounting at ext. 2808.

GEN	FR/	M	INST	TRI.	CT	NR.
-		-	1110	110		ч.

by the Executive Committee at its

- 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.

Position:	☐ Board Member		Г	Gen. Counsel		Chief Auditor
	T All other Authority	employees (does not	require ex	ecutive committ	ee admini	strator approval)
DATE OF	REQUEST: 9/23/10	PLANNED DATE (
	TIONS/PURPOSE (Prov	ride detailed explanat	ion as to t	he purpose of the	e trip co	ntinue on extra sheets
	ns necessary):					
Destinat	ion: Washington, D.C.		Purpose: Meeting	FAAC Labor/M	orkforce/	Subcommittee
Explanat	tion:		Mooning			
		# = , 12 12				
	TED OUT-OF-TOWN TR RANSPORTATION COS					
~ ·	AIRFARE	513.		\$	300	
•	OTHER TRANSPORT	ATION (Taxi, Train.	Car Renta		100	-
B. L	ODGING	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$	300	_
	MEALS			\$ \$ \$	50	_
	EMINAR AND CONFER			\$		
	NTERTAINMENT (If app			\$		
F. C	THER INCIDENTAL EXI			\$		The People
	TOTAL PROJECTED	I KAVEL EXPENSI		<u> </u>	750	-
ERTIFIC	ATION BY TRAVEL	ER By my signature	below, I ce	ertify that the ab	ove listed	out-of-town travel and
	xpenses conform to the					
uthority's bu		n &				
Travelers S	ignature: Venna	J. Know	-	Da	te: 9	28/10
	Fe Th	the some				
	ATION BY ADMINIS	TRATOR (Where	Administra	ator is the Execu	utive Com	mittee, the Authority
	ture is required).					
	ture below, I certify the fo					
1. I hav	e conscientiously review	ed the above out-of-to	own travel	request and the	details p	rovided on the revers
	concerned out-of-town tra					
	ority's business and reas					
	concerned out-of-town tra		expenses	conform to the	requireme	ents and intent of
Autho	ority's Policies 3.30 and 3	<u>3.40</u> .				
	tor's Signature:				_ Date:	
Administrat						
	Y CLERK CERTIFIC	ATION ON DEL		EVEA:		

Septe Ser 27, 2610 (Leave blank and we will insert the meeting date.)

meeting.

- 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.

TRAVELER: Travelers Name: Thella Bowens	Dept: Executive Office / #6
Position:	
☐ All other Authority employees (does	s not require executive committee administrator approval)
	TE OF DEPARTURE/RETURN: 11/16/10 / 11/16/10
3. DESTINATIONS/PURPOSE (Provide detailed expl	anation as to the purpose of the trip- continue on extra sheets
of paper as necessary): Destination: Chicago, IL	Purpose: Alrports Green Council Presidents Roundtable
Explanation:	
4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSE A. TRANSPORTATION COSTS: AIRFARE OTHER TRANSPORTATION (Taxi, Taxi,	\$ 500 \$ 100 \$ 200 \$ 50 \$ \$
CEPTIFICATION BY TRAVELED By my circul	han balance I mortificate that the above that do not of the second
	ture below, I certify that the above listed out-of-town travel and as 3.30 and 3.40 and are reasonable and directly related to the
Authority's business. Travelers Signature:	Date: 10/6/10
CEPTIFICATION BY ADMINISTRATOR MAN	here 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- 2. The concerned out-of-town travel and all idention Authority's business and reasonable in comparison.	-of-town travel request and the details provided on the reverse. ified expenses are necessary for the advancement of the
Administrator's Signature:	Date:
AUTHORITY CLERK CERTIFICATION ON B	
(Please leave blank. Whoever clerk's the meeting will insert their no by the Executive Committee at its	, hereby certify that this document was approved meeting.

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

GENERAL	INSTR	UCTION	JQ.
	1140111	-	

1. TRAVELER: Travelers Name: Thella Box	NODO.			
Board Member	The American Comments and the		_ Dept: _I	Executive Office / #6
Position:		Gen. Counsel		Chief Auditor
☐ All other Author	ity employees (does not require	executive commit	tee adminis	trator approval)
2. DATE OF REQUEST: 10/25/1				
3. DESTINATIONS/PURPOSE (P				
of paper as necessary):	ovide detailed explanation as the	o the purpose of t	ne unp- cor	itinue on extra sheet
Destination: Washington D.C.	Purpos	se: FAAC Finance	Subcomm	ittee Meeting
Explanation: Thela will be trav	eling from Chicago (Airports Gr	een Council Sper	king Enga	illee Meeting
B. LODGING C. MEALS D. SEMINAR AND CONFE E. ENTERTAINMENT (If a F. OTHER INCIDENTAL E	pplicable) XPENSES	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	560 100 300 50	
TOTAL PROJECT	ED TRAVEL EXPENSE	\$	1010	
CERTIFICATION BY TRAVE	LER By my signature below. I	certify that the ah	ove listed o	uit-of-town travel and
issociated expenses conform to the	Authority/s/Policies 3.30 and 3	3.40 and are reas	onable and	directly related to the
Authority's business. Travelers Signature:	* Dowless		ite: 36	DH 2011)
CERTIFICATION BY ADMIN	STRATOR (Minor Adminio	tonton in the Fee		
clerk's signature is required).	(Where Adminis	ou a tor is the Exec	utive Comn	nttee, the Authority
By my signature below, I certify the	following:			
I have conscientiously revie	wed the above out-of-town trave	el request and the	e details pro	vided on the reverse
2. The concerned out-of-town	travel and all identified expense	es are necessary	for the adva	incement of the
Authority's business and rea	asonable in comparison to the a	inticipated benefit	to the Auth	ority
3. The concerned out-of-town	travel and all identified expense	es conform to the	requiremen	ts and intent of
Authority's Policies 3.30 and	3.40.			
Administrator's Signature:	14 year		Date:	10.26.10
UTHORITY CLERK CERTIF	ICATION ON BEHALF OF	F FYECUTIVE	COMMIT	TEE

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

290ct10 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.

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: JOSTZY

UA Frequent Flyer# 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 Meal: None Equip: Airbus A320 Jet Status: Confirmed

Stops: 0

Depart - TERMINAL 1 Arrive - TERMINAL C United Airlines locator: JQ8TZY

UA Frequent Flyer# 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# 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# 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# 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# 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 Ticket Base Fare: 416.97
Invoice#:5204931 Ticket Tax: 27.43
Total Ticket Amount: 444.40

Electronic: YES

SERVICE FEE DOCUMENT #: 0528780553 FEE AMOUNT: 25.00

State State

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

	Time: 1
Origin of trip: Airo	act
Destination: Hote	
Fare: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Sign:
TA Origin of trip: Hotel	Time:
Destination: FAA	soima
Fare: \$15	Sign:
	Time: 11/15

Origin of trip: DOT

Destination: AIRPORT (NAT)

Fare: # 15 Sign: __

CHECKER TAXI
Cab # 2827
11/16/10 TR ISS
START END MILES
04:12 04:58 0.0
Fare: \$ 36.25
Extra: \$ 0.50
Toll: \$ 0.00
Tip: \$ 6.00
TOTAL: \$ 42.75
Card:
AUTH: 562424

0

DEPT OF CONSUMER SERVICE CALL 311 HAVE A NICE DAY 703-786-5859-Y0488# TAXICAB RECEIPT



Origin of trip: Hotel

Destination: Airport

Fare: #\\ Sign:



TAXICAB RECEIPT

Origin of trip: A'ROOK+

Destination: Notel :

Fare: \$ \\\ Sign:



Courtyard by Marriott Washington Capitol Hill Navy Yard 140 L St Se Washington Dc 20003 T 202.479.0027

Thelia/Ms Bowens Po Box 82776		Room; 309 Room Type: GENR	
San Diego CA 921	38-2776	Number of Guesta; 1	
Sd County Reg. Al	rport Authori	Rate: \$181.00 Clerk: WGM	
Autre: 14Nov10	Time 07:18FM Crepati 65Nox10	Three COR444AN Folia Number: 9675	G
Date	Description 11 (1)	Charges Credits	
	Market Payaman	6.00	
The state of the s	Market Beverage		
14Nov10	Gross Receipts Tax	0.60	
14Nov10 14Nov10	Gross Receipts Tax Room Charge Room Tax		
14Nov10 14Nov10 14Nov10 15Nov10	Gross Receipts Tax Room Charge	0.60 181.00 } 207.25 26.25 }	
14Nov10 14Nov10 14Nov10 14Nov10 15Nov10 15Nov10	Gross Receipts Tax Room Charge Room Tax	0.60 181.00 } ≥5,0≤5 26.25 } 14.05 ∕ 227.90 X ture on File	

Rewards Account # XXXXXIIII 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: Gl Number of Gue Rate: \$181.00	ests: 1
Adrivet: 4-66305/40 Deste	Times 07:15PM Peppin 15Ney Description	16. Time:	Fello Nombel; 80759 9. Christa
14Nov10 14Nov10 14Nov10 14Nov10 15Nov10	Market Beverage Gross Receipts Tax Room Charge Room Tax Card #: AXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	6.0 0.6 181.0 26.2	30 00

Rewards Account # XXXXXIIII 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

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
	Room Charge	300.00}343.50 \$13.13
	Room Tax *Room Charge	43.50 \$
	F&B Sales Tax #0814 : CHECK #5168	1.19
	Room Serv Brk Food #0814 : CHECK #5199	11.00
	Room Service DC Breakfast #0814 : CHECK #5199	2.50 ————————————————————————————————————
	Room Service Gratuity #0814 : CHECK #5199	1.98
11/17/10	XXXXXXXXXXXXXXXX	373.66
	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 whoh

11/14 Oinner

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14,2010 SAN ORD 10 G X00081176

14 -ipt #: 0163 action: 10111411584881

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13-3 1.3.1 HSD 11.3.1 11.3.1 11.3.1

toods 1

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

Casheer: Antonette 9 Payment#: 33529 Aut. Lode: 583253/1 hel ha: 031901200407

\$7.50 1 MOULTRIE \$7.50 Sub-Lotal: \$0.75 lax: Total:

Amex \$8.25

Tip

Total

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

> Thank You Please Come Again

11115 Brookfost

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

51 41676		
Tb1 6/1 Nov	Chk 3024 /15'10 09:1	
	taurar ıff Adult	
Subtota Sales T 09:16AM Tot	ax	10.95 1.10 2.05
Gratuity:	2	
Total:	14.0	75
Room #		1949 handron som sälenforregger Läudettilla
Print Name_	The state of the s	modificace-amond-all-ducking is about the deliberation.
Signature		



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

Table 1 Tominal #3 Towns 15 Annie T/16/10	Check 30034 Guests 1 9:19am
Reg. Coffee Herbal Tea Fruit Cup Bacon Biscuit BUTTER SIDE Clara's Con Salsa	2.50 1.50 2.95 3.75 2.50
Sub/Itl Tax Iotal Due	20.70 2.28 22. 98

WE ! ST

9:43
3.40

77	
Sale	22.98

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

Customer Copy

11116 Lunch

11117 Breakfast

Sotitel Laterette Square

In - Room Bining 804 15th St. AV Waskington, DC 20005 (202) 720-8800

403 Late Ni

CHK 5160 0914 50WE Novie'10 11:	
i French Ocion	8,00
Delivery Chy	2,50
Food forsl	8,00
Am Delivery	2,50
SVE 18%	1,44
lax 11:33FM Malance Due	13.13

Entry Tip Total (13, 15)

Proper B Jest 16

Print Name 1 / / 12 4 / 1/4 1

algoriture ((() () ()

Sufite: Lamarette Square

In - Room Daning 806 15th St. NW Washington. PC 20005 (202) 730-9988

401 AM I

Ük		14 FOUEIR 110 10:06A	Gst
1	Smoothie		6.00
- 1	Hot Tea		5.100
	Delivery Chg		2,50
	Food Total		11.00
	Pm Deliver/		2.50
	SVC 19%		1.98
	Tax		1,55
10:0	OSAM Walance Du	80	17.03

Estra Tip

Total

Deten H

Part of Marin

Signature

11/17 Dinner



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

Server: rafael Table 4/1	11/17/2010 8:47 PM
Guests: 1	18 0169
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

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

Server:	rafae]
08:50 P	4
Table 4	/1

D0B: 11/17/2010 11/17/2010 18/180169

18874501

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

DEPARTURE DATE: DESTINATION:		DEPT. NAME & NO.			Executive Office #6					
DESTINATION:	10/17/2010	RETUR	N DATE:		10/20/201	0	REPOR	RT DUE:	11	/19/10
	San Antonio, TX and Los Angeles	, CA		B W						
expenses and approvals	ority Travel and Lodging Expense F Please attach all required support	rting documents	ation. All re							
detail). Any special item	s should be explained in the space	Authority Employee Expenses								
		Expenses (Prepeid by Authority)	SUNDAY 10/17/10	MONDAY 10/18/10	TUESDAY 10/19/10	WEDNESDAY 10/20/10	THURSDAY	FRIDAY	SATURDAY	TOTALS
Air Fare, Railroad, Bus (a	attach copy of itinerary w/charges)	538.81						2		0.0
Conference Fees (provide	e copy of flyer/registration expenses)					1-4-				0.0
Rental Car*	and the state of the state of the state of	8/492/11/12					received.			0.0
Gas and Oil*										0.0
Garage/Parking*			7							0.0
Mileage - attach mileage										0.0
Taxi and/or Shuttle Fare	(include tips pd.)*		27.00	000.00						27.0
Hotel*			220.66	220.66	0.1.		11/1		2	441.3
Telephone, Internet and	rax			- Automotive City		- T	THE S		10 B	0.0
Laundry*	raide hallhan other hatai as m \						T Turk	9		0.0
Meals Breakfast*	raids,bellhop,other hotel srvs.)									0.0
(include Lunch*					8.85					8.8
tips pd.) Dinner*		TO SERVICE			67.07					67.0
Other Mea	ls*									0.0
Alcohol is a non-reimburs									1000	
Hospitality 1 *		0.4626.28			Mary W					0.0
Miscellaneous:		The service in the								0.0
										0.0
										0.0
*Provide detailed receipt										0.0
	otal Expenses prepaid by Authorit	y 538.81	247.68	220.66	75.92	0.00	0.00	0.00	0.00	544.2
Explanation:				Total Exp	enses Pre	epaid by A	uthority	Market Control		538.8
				Total Exp	enses Inc	urred by E				
			5111		cash adv	rances)				544.2
			- 1	Grand Tr	710000 UNIX.1820					1,083.0
						e (attach cop		ry cik)		E90 4
	social transfer of the second		E 112			paid by A				538.8
	affiliations of any persons whose meals	were paid by trev	eler.	AND REPORT OF THE PARTY.		uve amou gative amo	And and the last of the last o		Key -	544.2
² Prepare Check Request ³ Attach personal check per	yable to SDCRAA		: 古巴語					ing even if	the amount	

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.

GENERAL INSTRU	CTI	o	NS:
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by the Executive Committee at its

- 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 <u>3.30</u> and <u>3.40</u>, use the most economical means available to affect the travel.

osition:	☐ Board Member		FG	en. Counsel		Chlef Audi	itor
	All other Authority	emplovees (does not	require exe	cutive committ	ee adminis	trator anomyal)	
DATE OF F	REQUEST: 8/19/10	PLANNED DATE (Value 18 Del	0
DAILOI	ALQUEST. OF 19/10	PLANNED DATE (PEPARIO	RE/RETURN.	10/1//1	<i>1</i> 10/19/1	<u>U</u>
	TIONS/PURPOSE (Prov	ide detailed explanat	ion as to the	purpose of the	e trip- cor	ntinue on extra s	heets
	s necessary):						
Destination	on: San Antonio		Purpose: / Meeting	ACI-NA Board	and Strate	egic Planning	
Explanation	on:		Meeting				
PROJECT	ED OUT-OF-TOWN TR	AVEL EXPENSES					
A. TF	RANSPORTATION COS	TS:					
•	AIRFARE			\$	400		
	OTHER TRANSPORT	ATION (Taxi, Train,	Car Rental)	\$ \$ \$ \$ \$ \$	50		
C. MI	DDGING			\$	300 100		
	EALS EMINAR AND CONFER	ENCE FEES		\$	100		
	NTERTAINMENT (If app			Š			
	THER INCIDENTAL EXP			\$			
	TOTAL PROJECTED	TRAVEL EXPENS		\$	850		
	TION BY TRAVEL						
	penses conform to the	uthority's Policies 3.	30 and 3.40	and are reason	onable and	directly related	to the
uthority's bus	/ W. II II I	Vi NON	MAN		11	1	A
Travelers Sig	gnature:	WILIN	WILL	Da	ite: 191	Michael	2
	TION BY ADMINIO	TDATOD ave				0	
	TION BY ADMINIS	IKAIUK (Where	Administrat	or is the Exec	utive Com	nittee, the Autho	ority
	ure is required).						
	ure below, I certify the fo						
	conscientiously reviewe						
	oncerned out-of-town tra)
	rity's business and reas						
	oncerned out-of-town tra		expenses c	onform to the	requireme	nts and intent of	
	rity's Policies 3.30 and 3	<u>.40</u> .					
Author	or's Signature				_ Date:		
Author Administrate	or a digitature.					· · · - · · · · · · · · · · · · · · · ·	
Administrato	Y CLERK CERTIFIC						

(Leave bleak and we will insert the meeting date.)

meeting.

GENE	PAI	INSTRU	ICTIO	MQ.
GEITE	NAL	11317		

A.	All travel rec	uests 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 Bower	ns		De	ept: E	xecutive Office
Position:	ard Member) F Ge	en. Counsel		Chief Auditor
FAII	other Authority	employees (does no	t require exec	utive committee a	dminis	trator approval)
2. DATE OF REQUES	T: <u>5/17/10</u>	PLANNED DATE	OF DEPARTUR	RE/RETURN: 10	/19/10	/ 10/20/10
3. DESTINATIONS/PU	JRPOSE (Prov	ide detailed explana	tion as to the	purpose of the tri	ip- con	tinue on extra sheets
of paper as necessa	ary):					
Destination: Wash	nington, DC >	Los Angeles	Purpose: F Meeting	uture of Aviation	Adviso	ry Committee
Explanation:						
B. LODGING C. MEALS D. SEMINAR E. ENTERTAIL F. OTHER INC TOTAL CERTIFICATION B associated expenses of Authority's business. Travelers Signature.	AND CONFERINGENT (If appoint a Line of the Andrews	ATION (Taxi, Train, ENCE FEES licable) PENSES TRAVEL EXPENS ER By my signature authority's Policies 3	E below, I certing 30 and 3.40	fy that the above and are reasonab	le and	directly related to the
CERTIFICATION B	Y ADMINIS	TRATOR (Where	Administrato	r is the Executive	Comm	nittee, the Authority
Clerk's signature is requ	uired).				Trainers	
By my signature below						
 I have conscier 	ntiously reviewe	ed the above out-of-t	own travel re-	quest and the det	ails pro	ovided on the reverse.
2. The concerned	out-of-town tra	vel and all identified	expenses an	e necessary for the	ne adva	incement of the
Authority's busi	ness and reaso	onable in comparison	n to the antici	pated benefit to ti	ne Auth	ority.
3. The concerned Authority's Police		vel and all identified .40.	expenses co	nform to the requ	iremen	ts and intent of
Administrator's Signa	ture:		i wyddi		Date: _	
AUTHORITY CLER	K CERTIFIC	ATION ON BEH	ALF OF E	XECUTIVE CO	<u>MM</u> I	ITEE
1. Saus I	1- ne					cument was approved
(Please leave blank. Whose by the Executive Comm	mittee at its	5/24/10	and title.)	meeting.		
		Leave blank and we will	insert the meetin			

Berg Dianne

From: Sent:

Scott Mackerley [smackerley@traveltrust.com]

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

130ct10 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.

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 *********************

170ct10 03:25pm Sunday

United Airlines

Flight# 354 Class:L Seat:7C

From: San Diego CA, USA 170ct10 To: Denver CO, USA

03:25pm Sunday 170ct10 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# BOWENS/THELLA

** ECONOMY PLUS AISLE SEAT CONFIRMED **

Flight Duration: 2 hour(s) and 20 minutes

Class of Service: Coach

170ct10 07:25pm Sunday

Air United Airlines Flight# 356 Class:L Seat:8C

> From: Denver CO, USA 170ct10 07:25pm Sunday San Antonio TX, USA 170ct10 10:30pm Sunday Meal: Light Lunch Equip: Airbus Jet Status: Confirmed

Stops: 0

Depart -

Arrive - TERMINAL 1

United Airlines locator: J6M8T2

UA Frequent Flyer# BOWENS/THELLA

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

Class of Service: Coach

190ct10 02:17pm Tuesday

Air United Airlines Flight# 6261 Class:T Seat:4B

From: San Antonio TX, USA 190ct10 02:17pm Tuesday To: Los Angeles CA, USA 190ct10 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# 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
Ticket Tax: 75.32

Invoice#:1177493

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

The same and a

ACCT# GROUP

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

SAN ANTONIO RIVERCENTER

2624 BOMENS/THELLA/MS/VI 189.00 10/19/10 12:00 SD COUNTY REG. AIRPO

10/17/10 22:00

GK.

MRW#: XXXX 85 Payment Room CHARGES Address REFERENCE 189.00 2624, 1 11.34 ROOM 280.66 10/17 10/17 STATE TX 10/17 COUNTYTX 10/17 CITY TAX 2624, 1 2624, 1 17.01 2624, 189.00) AB 2624, 11.34 220.66 10/18 ROOM 10/18 STATE TX 2624, 3.31 2624, 10/18 COUNTYTX 17.01. 2624. \$441.32 10/18 CITY TAX 10/19 AX CARD

TO BE SETTLED TO:

AMERICAN EXPRESS CURRENT BALANCE .00

THANK YOU FOR CHOOSING THE RIVERCENTER MARRIOTT !!
TO EXPEDITE YOUR CHECK-OUT, PLEASE CALL THE FRONT DESK, OR
PRESS "MENU" ON YOUR TV REMOTE TO ACCESS VIDEO CHECK-OUT..

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

AS REQUESTED, A FINAL COPY OF YOUR BILL WILL BE EMAILED TO: SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

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

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amount shown in the credits column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after checkout, you will owe us interest from the checkout date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X

----mar fihers

Fare Receipt

Greater San Antonio Transportation Co.

Date 10/17/10

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Thanks For Dining with us

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To Find All of Our Locations

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