



**SAN DIEGO COUNTY
REGIONAL AIRPORT AUTHORITY**

Meeting Date: **FEBRUARY 14, 2013**

Subject:

Business and Travel Expense Reimbursement Reports for Board Members, President/CEO, Chief Auditor and General Counsel When Attending Conferences, Meetings, and Training at the Expense of the Authority

Recommendation:

For information only.

Background/Justification:

Authority Policy 3.30 (2)(b) and (4)(b) require that business expenses reimbursements of Board Members, the President/CEO, the Chief Auditor and the General Counsel be approved by the Executive Committee and presented to the Board for its information at its next regularly scheduled meeting.

Authority Policy 3.40 (2)(b) and (3)(b) require that travel expense reimbursements of Board Members, the President/CEO, the Chief Auditor and the General Counsel be approved by the Executive Committee and presented to the Board for its information at its next regularly scheduled meeting.

The attached reports are being presented to comply with the requirements of Policies 3.30 and 3.40.

Fiscal Impact:

Funds for Business and Travel expenses are included in the FY 2013 Budget.

Authority Strategies:

This item supports one or more of the Authority Strategies, as follows:

- Community Strategy Customer Strategy Employee Strategy Financial Strategy Operations Strategy

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.

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 F. Bowens Dept: BU6 Exec Office
 Position: Board Member President/CEO Gen. Counsel Chief Auditor
 All other Authority employees (does not require executive committee administrator approval)

2. DATE OF REQUEST: 01/23/13 PLANNED DATE OF DEPARTURE/RETURN: 04/17/13 / 04/18/13

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

Destination: Sacramento, CA Purpose: Attend the California Airports Council Board Meeting
 Explanation: _____

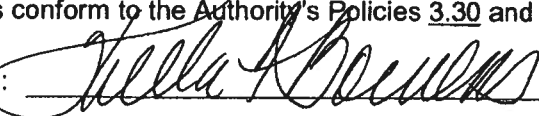
4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE	\$	500.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$	100.00
B. LODGING	\$	175.00
C. MEALS	\$	75.00
D. SEMINAR AND CONFERENCE FEES	\$	
E. ENTERTAINMENT (If applicable)	\$	
F. OTHER INCIDENTAL EXPENSES	\$	
TOTAL PROJECTED TRAVEL EXPENSE	\$	850.00

CERTIFICATION BY TRAVELER

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

Travelers Signature:  Date: 20 Jan 2013

CERTIFICATION BY ADMINISTRATOR

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

By my signature below, I certify the following:

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

Administrator's Signature: _____ Date: _____

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

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

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

GENERAL INSTRUCTIONS:

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

1. TRAVELER:

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

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

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

2. DATE OF REQUEST: 01/18/13 PLANNED DATE OF DEPARTURE/RETURN: 06/06/13 / 06/13/13

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

Destination: Istanbul, Turkey

Purpose: Participate in ACI World Governing Board/ACI-NA Board/ACI Fund Board Meetings and attend the ACI Europe World Annual Congress and Exhibition

Explanation: _____

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE	\$ 6300.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$ 250.00
B. LODGING	\$ 2700.00
C. MEALS	\$ 500.00
D. SEMINAR AND CONFERENCE FEES	\$ 1239.00
E. ENTERTAINMENT (If applicable)	\$
F. OTHER INCIDENTAL EXPENSES	\$ 200.00
TOTAL PROJECTED TRAVEL EXPENSE	\$ 11189.00

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

Travelers Signature:  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: _____ 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.)

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

GENERAL INSTRUCTIONS:

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

1. TRAVELER:

Travelers Name: Thella F. Bowens Dept: Exec Office BU6
Position: Board Member President/CEO Gen. Counsel Chief Auditor
 All other Authority employees (does not require executive committee administrator approval)

2. DATE OF REQUEST: 01/18/13 PLANNED DATE OF DEPARTURE/RETURN: 06/01/13 / 06/06/13

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

Destination: Tokyo/Yokohama, Japan Purpose: Attend World Trade Center Business Mission Event which includes meetings with JAL
Explanation: Attending WTCSA business mission to strengthen ties between San Diego and Japan.

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE	\$ 3500.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$ 400.00
B. LODGING	\$ 1800.00
C. MEALS	\$ 500.00
D. SEMINAR AND CONFERENCE FEES	\$
E. ENTERTAINMENT (If applicable)	\$
F. OTHER INCIDENTAL EXPENSES	\$ 200.00
TOTAL PROJECTED TRAVEL EXPENSE	\$ 6400.00

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

Travelers Signature:  Date: 22 Jun 2013

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

By my signature below, I certify the following:

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

Administrator's Signature: _____ Date: _____

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

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

EXPENSE REPORTS

ROBERT H. GLEASON

SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY
TRAVEL EXPENSE REPORT - Board Members
(To be completed within 30 days from travel return date)

Board member name: Robert H. Gleason
 Departure Date: 12/3/2012 Return Date: 12/7/2012 Report Due: 1/5/13
 Destination: Tokyo, Japan

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.

Business Expense Reimbursement Policy 3.30 Travel and Lodging Expense Reimbursement Policy 3.40

	Approved Expense Category by Authority	Board Member Expenses							TOTAL
		SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
Daily Per Diem Limitation									
GSA Daily Hotel Rate or Conference Hotel Rate				270.00	270.00	270.00			
Air Fare, Railroad, Bus (attach copy of itinerary w/charges)									0.00
Conference Fees (provide copy of registration expenses)									0.00
Rental Car									0.00
Gas and Oil									0.00
Garage/Parking									0.00
Mileage - attach mileage form							33.52		33.52
Taxi/Shuttle Fare (include Ups pd.) To/From meetings, airport, etc.									0.00
Hotel - Actual Expense Paid - include receipts				285.16	285.16	285.16			
Allowable Hotel (Lessor of Actual) or GSA Allowance		0.00	0.00	285.16	285.16	285.16	0.00	0.00	795.68
Hotel Taxes Paid				14.85	14.85	14.85			44.55
Telephone, Internet and Fax									0.00
Laundry									0.00
Meals (Entertainment) - include receipts									0.00
Alcohol is a non-reimbursable expense									0.00
Miscellaneous: US Bank Credit Card Foreign Transfer Fee -									0.00
Imperial Hotel (deduction of \$2.81 for meal not being reimbursed)							26.09		26.09
Total Expenses		0.00	0.00	279.81	279.81	279.81	59.55	0.00	898.98

Add any additional details as needed for explanation (attach add'l sheet if needed):

Grand Trip Total:	4,972.98
Less: Cash Advance (attach copy of Authority doc)	
Less: Expenses Prepaid by Authority	4,074.00
Due Traveler - if positive amount, prepare check request	
Due Authority - if negative, attach check payable to SDCAA	898.98

Alcohol is a non-reimbursable expense
 Give names and business affiliations of all persons whose meals were paid by traveler.
 Failure to attach required documentation will result in the delay of processing reimbursement. If you have any questions, please see your department Administrator/Assistant or Accounting at ext. 2907.

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

I as traveler or administrator acknowledges that I have read, understand and agree to Authority policies 3.40 - Travel and Lodging Expense Reimbursement Policy⁴ and 3.30 - Business Expense Reimbursement Policy⁴ 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.

Prepared By: Annex Vroman
 Traveler Signature: Robert H. Gleason
 Administrator's signature: [Signature]

Ext.: X2408
 Date: 1-23-13
 Date: 1-23-13

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE (To be completed by Clerk)

I, _____ hereby certify that this document was approved by the Executive Committee at its meeting on _____
 Clerk Signature: _____ 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: Robert H. Gleason Dept: Board/2

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

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

2. DATE OF REQUEST: 10/25/12 PLANNED DATE OF DEPARTURE/RETURN: 12/3/12 / 12/7/12

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

Destination: Tokyo, Japan Purpose: Attend Japan Airlines Inaugural Event

Explanation:

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE	\$	<u>4100</u>
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$	<u>500</u>
B. LODGING	\$	<u>1100</u>
C. MEALS	\$	<u>500</u>
D. SEMINAR AND CONFERENCE FEES	\$	
E. ENTERTAINMENT (If applicable)	\$	
F. OTHER INCIDENTAL EXPENSES	\$	<u>200</u>
TOTAL PROJECTED TRAVEL EXPENSE	\$	<u>6400</u>

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: [Signature] Date: 10.25.12

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

By my signature below, I certify the following:

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

Administrator's Signature: [Signature] Date: 10/25/2012

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 12/20/2012 meeting.
(Leave blank and we will insert the meeting date.)

03 DEC 2012 ▶ 07 DEC 2012 TRIP TO TOKYO NARITA, JAPAN

PREPARED FOR
GLEASON/ROBERT



TRAVELTRUST SCRIPPS RANCH
1-800-792-4662
TRAVEL CONSULTANT E4

RESERVATION CODE HOITNZ
AIRLINE RESERVATION CODE KY4RHA (JL)
Travel Arranger Priority Comments
YOUR JAPAN AIRLINES ETICKET CONFIRMATION IS ** KY4RHA **
-----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

FOR TRAVEL TO JAPAN
A US CITIZEN MUST HAVE A VALID PASSPORT
YOU CANNOT TRAVEL OUT OF THE UNITED STATES IF YOUR U.S.
PASSPORT EXPIRES WITHIN 6 MONTHS OF YOUR DEPARTURE DATE

FOR EMERGENCY AFTERHOURS SERVICE
WHILE IN JAPAN
PLEASE CALL 010/061-010/0041-010/0033-0100 THEN 800-15253545
IF INTL AFTERHOUR NUMBER DOES NOT WORK
DIAL DIRECT OR COLLECT 201-221-4462

YOUR INTERNATIONAL TRAVEL MAY REQUIRE VACCINATIONS
PLEASE CHECK WWW.CDC.GOV FOR LATEST REQUIREMENTS

DEPARTURE: MONDAY 03 DEC ▶ ARRIVAL: TUESDAY 04 DEC
Please verify flight times prior to departure

JAPAN AIRLINES JL 0065 Duration: 12hr(s) 00min(s)	SAN SAN DIEGO, CA	NRT TOKYO NARITA, JAPAN	Aircraft: Air
	Departing At: 11:30am (Mon, Dec 3)	Arriving At: 4:30pm (Tue, Dec 4)	Distance (in Miles): 5554
	Terminal: COMMUTER TERMINAL	Terminal: TERMINAL 2	Notes: ** AISLE SEAT CONFIRMED **

Passenger Name	Seats	Class	Status	Frequent Flyer	E-ticket Receipt(s)	Meals
» GLEASON/ROBERT	07C / Confirmed	Business	Confirmed	[REDACTED]	1317141341625	Served



DEPARTURE: FRIDAY 07 DEC Please verify flight times prior to departure

JAPAN AIRLINES JL 0066 Duration: 09hr(s):35min(s)	NRT TOKYO NARITA, JAPAN	SAN SAN DIEGO, CA	Aircraft: Air
	Departing At: 5:10pm Terminal: TERMINAL 2	Arriving At: 9:45am Terminal: COMMUTER TERMINAL	Distance (in Miles): 5554 Stop(s): 0 Notes: ** AISLE SEAT CONFIRMED **

Passenger Name	Seats	Class	Status	Frequent Flyer #	eTicket Receipt(s)	Meals
» GLEASON/ROBERT	07D / Confirmed	Business	Confirmed	[REDACTED]	1317141341625	Served

OTHER: WEDNESDAY 05 JUN

OTHER Status: Confirmed	SAN SAN DIEGO, CA Information: RESERVATION RETAINED FOR 180 DAYS
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Notes
 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

TRAVELTRUST SCRIPPS RANCH
 1-800-792-4662
 TRAVEL CONSULTANT E4

お勘定書
STATEMENT

株式会社 帝国ホテル

〒100-8558 東京都千代田区内幸町1丁目1-1

Imperial Hotel, Ltd.

1-1, Uchisaiwai-cho 1-chome, Chiyoda-ku, Tokyo 100-8558, Japan

TEL (03) 3504-1111 FAX (03) 3581-9146

お名前 MR GLEASON ROBERT H
NAME

お部屋番号 ROOM 1219
ご到着 ARR. 2012/12/04

ご人数 PSN 1
ご出発 DEP. 2012/12/07

C.C.

PAGE 1

日付 DATE	部屋番号 ROOM	料 金 CHARGES	摘 要 REFERENCE	伝票番号 CHIT NO.
12/04	1219	22,000 1,100 200	PLAN CONSUMPTION TAX ACCOMMODATION TAX	
		23,300	SUB TOTAL	
12/05		22,000 1,100 200	PLAN CONSUMPTION TAX ACCOMMODATION TAX	
		23,300	SUB TOTAL	
12/06		23,300 2,330 22,000	PLAN CONSUMPTION TAX ACCOMMODATION TAX	1100074
		25,630	SUB TOTAL	
12/07		7,777.76	TOTAL CREDIT CARD RECEIVED	0024202

10.10% OF TOTAL

RECEIVED
クレジットカードでお支払いいたしました
PAYABLE BY CREDIT CARD
IMPERIAL HOTEL

甚だ勝手ではございますが、お勘定の一割をサービス料として頂戴させていただきます。伝票につきましては、すでにお渡し済みでございますので、再発行いたしかねます。今後も引き続きお引き立てくださいますようお願い申し上げます。

A 10% service charge has been added to all bills. Chits are not attached herewith as guests receive them upon each usage of our facilities. We sincerely appreciate your gracious patronage.

ご署名 SIGNATURE

CARD *****
GLEASON/ROBERT H

F32 121207 0821 P-NO 0024202 (4)

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January 2013 Statement 12/13/2012 - 01/10/2013

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ROBERT H GLEASON
MARC J MATYS

Cardmember Service ☎ 1-877-978-7446

Transactions

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount
12/19	12/07	4863	IMPERIAL HOTEL TOKYO JP 77776.00 YEN	<i>ARLOFT</i> (\$928.20)



January 2013 Statement 12/13/2012 - 01/10/2013

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ROBERT H GLEASON
MARC J MATYS

Cardmember Service ☎ 1-877-978-7446

Transactions

Purchases and Other Debits

Fees

Post Date	Trans Date	Ref #	Transaction Description	Amount
12/19	12/07	4863	FRGN TRANS FEE-IMPERIAL HOTEL TO	\$27.84
			TOTAL FEES THIS PERIOD	\$27.84
			- 10.1% for Meal	- 2.51
				<u>26.03</u>

Continued on Next Page

Receipt

December 7, 2012

Name: Robert Gleason

¥2,940

Train to Naita Airport

In payment of Fare ticket

印紙税申告納
付につき波谷
税務署承認済

The printing on this receipt will fade with time.
Please photocopy if you need it for your records.

East Japan Railway Company
東京835 No.000001



Currency Converter

investing.money.msn.com/investments/currency-converter-calculator

Symbol /USDJPY not
found in historical price
database

2940
Japanese Y
To
US Dollar
Convert

2940 Japanese Yen = 33.516 US Dollar
1 JPY = 0.01140000 USD · 1 USD = 87.719298 JPY

THELLA F. BOWENS

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

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

TRAVELER: Thella F. Bowens **DEPT. NAME & NO.:** Executive Office BU6
DEPARTURE DATE: 12/5/2012 **RETURN DATE:** 12/8/2012 **REPORT DUE:** 1/7/13
DESTINATION: 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	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
Air Fare, Railroad, Bus (attach copy of itinerary w/charges)	571.60				12/5/12	12/8/12	12/7/12	12/8/12	0.00
Conference Fees (provide copy of flyer/registration expenses)	485.00								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.)*					70.50		62.00		132.50
Hotel*					285.11	285.11			570.22
Telephone, Internet and Fax*									0.00
Laundry*									0.00
Tips - separately paid (maids, bellhop, other hotel svcs.)									0.00
Meals (include tips pd.)						45.94			45.94
Breakfast*									0.00
Lunch*									0.00
Dinner*					42.80	11.29			54.09
Other Meals*									0.00
Alcohol is a non-reimbursable expense									
Hospitality ¹ *									0.00
Miscellaneous: Baggage Fees									0.00
									0.00
									0.00
*Provide detailed receipts									0.00
Total Expenses prepaid by Authority	1,056.60	0.00	0.00	0.00	398.41	342.34	62.00	0.00	802.75

Explanation:	Total Expenses Prepaid by Authority	1,056.60
* An additional day was added to the end of trip to reduce overall airfare. The 12/7/12 hotel rate of \$170.61 was not submitted for reimbursement.	Total Expenses Incurred by Employee (including cash advances)	802.75
	Grand Trip Total	1,859.35
	Less Cash Advance (attach copy of Authority ck)	
	Less Expenses Prepaid by Authority	1,056.60
	Due Traveler (positive amount)²	
	Due Authority (negative amount)³	802.75
	<i>Note: Send this report to Accounting even if the amount is \$0.</i>	

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.

Travel and Lodging Expense Reimbursement Policy 3.40

 Business Expense Reimbursement Policy 3.30

Prepared By: Amy G. Caldera Ext.: 2445
 Traveler Signature: Thella F. Bowens Date: 14 Jan 2013
 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. 2806.

ORIGINAL

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

GENERAL INSTRUCTIONS:

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

1. TRAVELER:

Travelers Name: Thella F. Bowers Dept: 6 Exec Office

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

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

2. DATE OF REQUEST: 11/08/12 PLANNED DATE OF DEPARTURE/RETURN: 12/05/12 / 12/07/12

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

Destination: Washington, DC

Purpose: Attend Special Executive Committee Mtg and International Aviation Issues Seminar

Explanation: Attend Special meeting of ACI-NA Executive Committee and 2012 ACI-NA International Aviation Issues Seminar.

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

- AIRFARE \$ 835.00
- OTHER TRANSPORTATION (Taxi, Train, Car Rental) \$ 150.00

B. LODGING \$ 550.00

C. MEALS \$ 150.00

D. SEMINAR AND CONFERENCE FEES \$ 485.00

E. ENTERTAINMENT (If applicable) \$

F. OTHER INCIDENTAL EXPENSES \$ 100.00

TOTAL PROJECTED TRAVEL EXPENSE \$ 2270.00

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

Travelers Signature: [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: [Signature] Date: 11.7.12

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 11/26/12 meeting.
(Leave blank and we will insert the meeting date.)



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

Electronic Invoice

Prepared For:
BOWENS/THELLA

SALES PERSON	E4
INVOICE NUMBER	1198832
INVOICE ISSUE DATE	07 Nov 2012
RECORD LOCATOR	CODNOV
CUSTOMER NUMBER	0000SDCRAA

Client Address

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

Notes

YOUR UNITED ETICKET CONFIRMATION IS ** DPGXY2 **
 -----INVOICE/ITINERARY ACCOUNTING DOCUMENT-----
 *****TICKETLESS TRAVEL INSTRUCTIONS*****
 THIS IS AN E-TICKET RESERVATION.
 A GOVERNMENT ISSUED PHOTO ID IS NEEDED AT CHECK IN
 THIS TICKET IS NON-REFUNDABLE AND MUST BE USED FOR
 THE FLIGHTS BOOKED. IF THE RESERVATION IS NOT USED
 OR CANCELLED BEFORE THE DEPARTURE OF YOUR FLIGHTS
 IT MAY HAVE NO VALUE. CONTACT TRAVELTRUST BEFORE
 YOUR OUTBOUND FLIGHT IF CHANGE IS NECESSARY.

 *****TSA GUIDANCE FOR PASSENGERS*****
 PLEASE ALLOW EXTRA TIME FOR SCREENING AND BOARDING
 INTERNATIONAL-MINIMUM 3 HOUR CHECK-IN PRIOR TO DEPARTURE
 DOMESTIC-MINIMUM 2 HOUR CHECK-IN PRIOR TO DEPARTURE
 FOR ADDITIONAL SECURITY INFORMATION VISIT WWW.TSA.GOV

DATE: Wed, Dec 05

Flight: UNITED AIRLINES 546

From	SAN DIEGO, CA	Departs	7:45am
To	WASHINGTON DULLES, DC	Arrives	3:34pm
Departure Terminal	1		
Duration	04hr(s) :49min(s)	Class	UNITED_ECONOMY
Type	BOEING 757 200 SERIES JET	Meal	Food for Purchase
Stop(s)	Non Stop		
Seat(s) Details	BOWENS/THELLA	Seat(s) - 12C	UA - XXXXXX 58

DATE: Sat, Dec 08

Flight: UNITED AIRLINES 240

From	WASHINGTON DULLES, DC	Departs	5:42pm
To	SAN DIEGO, CA	Arrives	8:17pm
		Arrival Terminal	1
Duration	05hr(s) :35min(s)	Class	UNITED_ECONOMY
Type	BOEING 757 200 SERIES JET	Meal	Food for Purchase
Stop(s)	Non Stop		
Seat(s) Details	BOWENS/THELLA	Seat(s) - 11C	UA - XXXXXX 58

DATE: Thu, Jun 06

Others

RESERVATION
RETAINED FOR
180 DAYS

Ticket Information

Ticket Number	UA 7144074457	Passenger	BOWENS THELLA		
		Billed to:	[REDACTED]	USD	* 541.60
Service Fee	XD 0580819299	Passenger	BOWENS THELLA		
		Billed to:	[REDACTED]	USD	* 30.00
				SubTotal	USD 571.60
				Net Credit Card Billing	* USD 571.60
				Total Amount Due	USD 0.00

TRAVELTRUST IS OPEN MONDAY - FRIDAY FROM 5AM-530PM PST
AND SATURDAY FROM 9AM-1PM PST - 760-635-1700.
FOR EMERGENCY AFTERHOURS SERVICE IN THE US
PLEASE CALL 888-221-6062 AND USE YOUR VIT CODE - S7NS0
PLEASE NOTE THIS IS OUR NEW EMERGENCY NUMBER
EACH EMERGENCY CALL IS BILLABLE AT A MINIMUM 25.00
THANK YOU FOR CHOOSING TRAVELTRUST...SCOTT MACKERLEY

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

Caldera Amy

From: cgroup@aci-na.org
Sent: Thursday, November 08, 2012 10:01 AM
To: Bowens Thella; Caldera Amy
Subject: 2012 ACI-NA International Aviation Issues Seminar - Confirmation

11/08/2012



Meeting Confirmation Notice

Please review your **CONTACT** information below as it will be used for rosters and badges. Any changes should be sent to cgroup@aci-na.org immediately.

Please note: The company name listed is per your Official Representative to ACI-NA. No changes to Company name is permitted.

Ms. Thella F. Bowens
President/CEO
NickName: Thella
San Diego County Regional Airport Authority
PO Box 82776 San Diego, CA 92138

PH: (619) 400-2445
FX: (619) 400-2448
EM: tbowens@san.org

You are registered for the following:

2012 ACI-NA International Aviation Issues Seminar

From Thursday, December 06, 2012 through Friday, December 07, 2012

Description	UnitPrice	Quantity	Price
		Total	485.00
		Payments	485.00
		Balance	0.00

Thank you for registering for the 2012 ACI-NA International Aviation Issues Seminar. The conference will be held December 6-7, 2012. All events will take place at the Mayflower Renaissance Hotel in Washington, DC. Registration fees for the conference include all breakfasts, coffee breaks, educational materials and an invitation to ACI-NA 2012 Industry Holiday Party. Dress for the meeting is business casual.

HOTEL:

The Mayflower Renaissance Washington hotel is located at 1127 Connecticut Avenue, NW, Washington, DC 20036. For reservations, call the hotel at (202) 347-3000. Be sure to request the Airports Council International group rate of \$249 USD single/double occupancy. The hotel cut-off date is Thursday, November 8, 2012. Reservations made after this date can only be accepted on a space and rate available basis. The hotel may sell out of rooms or the conference rate before the cut-off date. Make your reservations early!

~~1055 BOWENS/THELLA~~ 149.00 12/08/12 12:00 4790
 NDDB 12/05/12 16:16 ACCT#

90

Room Clerk

Address

Payment

MRN#

DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE
12/05	ROOM	1055, 1	249.00	} #285.11
12/05	ROOM TAX	1055, 1	36.11	
12/06	ROOM SVC	22031055	45.94	} Itemized Receipt pg 2 of 2
12/06	ROOM	1055, 1	249.00	
12/06	ROOM TAX	1055, 1	36.11	} #285.11
12/07	ROOM	1055, 1	149.00	
12/07	ROOM TAX	1055, 1	21.61	} #170.61 (see explanation)
12/08	AX CARD			
				\$786.77

PAYMENT RECEIVED BY: AMERICAN EXPRESS CURRENT BALANCE .00

THANK YOU FOR STAYING WITH US! TO EXPEDITE YOUR CHECK-OUT, PLEASE TOUCH 2490 ON YOUR PHONE, OR PRESS "MENU" ON YOUR TV REMOTE CONTROL TO ACCESS VIDEO CHECK-OUT.

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

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



**RECEIPTS FROM TRAVEL TO WASHINGTON, DC
December 5 - 7, 2012—THELLA F. BOWENS**



DULLES AIRPORT TAXI INC.
PART OF WASHINGTON FLYER
CAB #169

THANK YOU FOR USING US
703-661-8230

Date 12/05/2012
FROM: 15:37 TO: 16:16
TRIP # 705
DIST 26.40 mi
FARE.....\$ 58.50
TIP.....\$ 12.00
TOTAL.....\$ 70.50
EXPIRATION DATE **/**

12/5/12
Taxi
AP to
hotel

Approved 168232
AMERICAN EXPRESS

THANK YOU FOR USING US
703-661-8230

Trattu Restaurant
1823 Jefferson Pl NW
Washington DC 20036-2504
202-452-4960

ORDER# 14727
OnHold ID: 11

DATE\TIME: 12/5/2012 6:25:51 PM ✓
SERVER: Patrizia
STATION: 01
PARTY SIZE: 1

1 MELE SALAD*	\$9.50
1 VEAL PARMIGIANA*	\$23.95

Subtotal	\$41.95
Tax	\$4.20
GRAND TOTAL	\$46.15

33.45
12/5/12 dinner
33.45
3.35

\$36.80
6.00 tip

\$42.80

Opened: 12/5/2012 6:25:51 PM

TRATTU
1823 JEFFERSON PL
WASHINGTON, DC 20036

DATE: 12/05/12 TIME: 19:06:31
MER#: 907187000768 STA#: 3948 TER#: 0001
S-A-L-E-S D-R-A-F-T

SERVER: 0001

REF: 1671
BATCH: 301
CD TYPE: AX
TR TYPE: PR

AMOUNT: 36⁸⁰ \$46.15

TIP AMT: 6.00 ~~12.00~~

TOTAL: \$42⁸⁰ ~~58.15~~

ACCT: *****
AP: 507567 EXP: **/**

CARDMEMBER ACKNOWLEDGES RECEIPT OF
GOODS AND/OR SERVICES IN THE AMOUNT OF
THE TOTAL SHOWN HEREON AND AGREES TO
PERFORM THE OBLIGATIONS SET FORTH BY THE
CARDMEMBER'S AGREEMENT WITH THE ISSUER

Thella F. Bowens
TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

RECEIPTS FROM TRAVEL TO WASHINGTON, DC
December 5 - 7, 2012—THELLA F. BOWENS

THE MONOCLE
 202-546-4488

29 JOEL

TBL 2/1 CHK 625 GST 1
 DECO6'12 09:35PM

1 CALAMARI APP 9.00 ✓

SUBTOTAL 9.00 61.50
 TAX tax 9.09 6.15
 10:17 BALANCE 67.65

THANK YOU \$ 9.09
 TP 2.00
 11.29

THE MONOCLE ON
 107 D ST. NE
 WASHINGTON, DC 20002

12/06/2012
 Merchant ID:
 Terminal ID:
 4081001075

22:22:08
 00000000 29348
 02974938

CREDIT CARD
 AMEX SALE

CARD #
 INVOICE
 Batch #:
 SERVER
 Approval Code:
 Entry Method:
 Mode:

XXXXXXXXXXXX
 0077
 000557
 0029
 560303
 Swiped
 Online

PRE-TIP AMT
 TIP

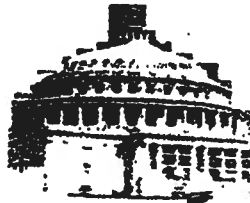
\$ 11.29 \$22.55

TOTAL AMOUNT

12/06/12
 dinner \$ 9.09
 tax .09
 TP \$ 2.00

WASSH Im svc
 214 MINH
 TBL 1055/1 CHK 2203 GST 1
 06DEC'12 10:40AM ✓

1 Delivery Charge: 4.00
 1 TCAST 5.00



TAXICAB RECEIPT

Time: _____
 Date: Dec 8

Origin of trip: Hotel

Destination: Dille

Fare: 52 + 10 TP Sign: _____
 \$ 62 ✓

1 SIDE BACON 7.00
 1 SEASON BERRIES 10.00
 1 POT COFFEE 10.00
 A04790R1055
 ROOM/ACCT CHG 45.94
 Sub-Total: 36.00
 18* RS SVC CHG 5.76
 Tax 4.18
 Total: 45.94 ✓
 ---CHECK CLOSED 11:07AM---

12/06/12 @ breakfast
 \$45.94

12/8/12 taxi
 (hotel to
 airport)

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

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

TRAVELER: Thella F. Bowens DEPT. NAME & NO. Executive Office BU6
 DEPARTURE DATE: 11/7/2012 RETURN DATE: 11/11/2012 REPORT DUE: 12/11/12
 DESTINATION: Toyko, Japan

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	
		11/11/12			11/7/12	11/8/12	11/09/12	11/10/12	
Air Fare, Railroad, Bus (attach copy of itinerary w/charges)	3,339.40								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.)*		48.00				280.27		263.98	592.25
Hotel*						446.32	446.32	535.01	1,427.65
Telephone, Internet and Fax*									0.00
Laundry*									0.00
Tips - separately paid (maids, bellhop, other hotel srvs.)									0.00
Meals (include tips pd.)	Breakfast*				12.86				12.86
	Lunch*						22.56	13.91	36.47
	Dinner*					46.82	17.34		64.16
	Other Meals*								0.00
Alcohol is a non-reimbursable expense									
Hospitality ^{1*}									0.00
Miscellaneous: Baggage Fees									0.00
									0.00
									0.00
*Provide detailed receipts									0.00
Total Expenses prepaid by Authority	3,339.40	48.00	0.00	0.00	12.86	773.41	486.22	812.90	2,133.39

Explanation:	Total Expenses Prepaid by Authority	3,339.40
	Total Expenses Incurred by Employee (including cash advances)	2,133.39
	Grand Trip Total	5,472.79
	Less: Cash Advance (attach copy of Authority ck)	
	Less Expenses Prepaid by Authority	3,339.40
	Due Traveler (positive amount) ²	
	Due Authority (negative amount) ³	2,133.39
<i>Note: Send this report to Accounting even if the amount is \$0.</i>		

¹Give names and business affiliations of any persons whose meals were paid by traveler.
²Prepare Check Request
³Attach 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.

~ Travel and Lodging Expense Reimbursement Policy 3.40
~ Business Expense Reimbursement Policy 3.30

Prepared By: Amy G. Caldera Ext.: 2445
 Traveler Signature: Thella F. Bowens Date: 11/09/12
 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. 2806.

November 7 - 11, 2012

Date	Expense	Amount	Exchange Rate	Reimburse Amount
11/8/2012	Railway	¥22,360	0.01253444	\$ 280.27
11/8/2012	Hotel	¥36,036	0.0123854	\$ 446.32
11/8/2012	Dinner	¥3,780	0.0123854	\$ 46.82
11/9/2012	Lunch	¥1,800	0.0125333	\$ 22.56
11/9/2012	Dinner	¥1,400	0.0123854	\$ 17.34
11/9/2012	Hotel	¥36,036	0.0123854	\$ 446.32
11/10/2012	Lunch	¥1,100	0.0126454	\$ 13.91
11/10/2012	Railway	¥20,870	0.0126488	\$ 263.98
11/10/2012	Hotel	¥43,197	0.0123854	\$ 535.01

Total:

Line items in gray scale above represent expenses shown on hotel invoice.

Type	US Dollar	Divided by	Exchange Rate	
<i>Credit card:</i>				
<i>Cash:</i>				

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

GENERAL INSTRUCTIONS:

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

1. TRAVELER:

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

2. DATE OF REQUEST: 09/24/12 PLANNED DATE OF DEPARTURE/RETURN: 11/07/12 / 11/12/12

3. DESTINATIONS/PURPOSE (Provide detailed explanation as to the purpose of the trip— continue on extra sheets of paper as necessary):
 Destination: Toyko, Japan Purpose: Attend Kyoto Foundation Event in Toyko at invitation of Dr. Inamori Chairman of JAL
 Explanation: _____

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:	
• AIRFARE	\$ 4900.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$ 500.00
B. LODGING	\$ 1100.00
C. MEALS	\$ 500.00
D. SEMINAR AND CONFERENCE FEES	\$
E. ENTERTAINMENT (If applicable)	\$
F. OTHER INCIDENTAL EXPENSES	\$ 200.00
TOTAL PROJECTED TRAVEL EXPENSE	\$ 7200.00

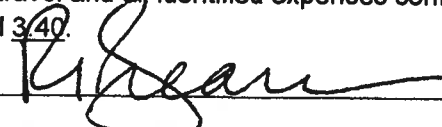
CERTIFICATION BY TRAVELER By my signature below, I certify that the above listed out-of-town travel and associated expenses conform to the Authority's Policies 3.30 and 3.40 and are reasonable and directly related to the Authority's business.

Travelers Signature:  Date: 09/24/2012

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: 9.24.12

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

I, 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 9/24/2012 meeting.
 (Leave blank and we will insert the meeting date.)



TRAVELTRUST SCRIPPS RANCH
 THANK YOU FOR USING TRAVELTRUST
 Phone: 1-800-792-4662

Electronic Invoice

Prepared For:
BOWENS/THELLA

SALES PERSON	M2
INVOICE NUMBER	1197478
INVOICE ISSUE DATE	24 Sep 2012
RECORD LOCATOR	OVWOXH
CUSTOMER NUMBER	0000SDCRAA

Client Address

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

Notes

AIRFARE 4283.20 NONREF TKT BY 27 SEP
 -----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

 FOR TRAVEL TO JAPAN
 A US CITIZEN MUST HAVE A VALID PASSPORT
 YOU CANNOT TRAVEL OUT OF THE UNITED STATES IF YOUR U.S.
 PASSPORT EXPIRES WITHIN 6 MONTHS OF YOUR DEPARTURE DATE

 FOR EMERGENCY AFTERHOURS SERVICE
 WHILE IN JAPAN
 PLEASE CALL 010/061-010/0041-010/0033-0100 THEN 800-15253545
 IF INTL AFTERHOUR NUMBER DOES NOT WORK
 DIAL DIRECT OR COLLECT 201-221-4462

 YOUR INTERNATIONAL TRAVEL MAY REQUIRE VACCINATIONS
 PLEASE CHECK WWW.CDC.GOV FOR LATEST REQUIREMENTS

DATE: Wed, Nov 07

Flight: UNITED AIRLINES 663

From	SAN DIEGO, CA	Departs	6:20am
To	SAN FRANCISCO, CA	Arrives	8:02am
Departure Terminal	1	Arrival Terminal	1
Duration	01hr(s) :42min(s)	Class	BUSINESS/BUSFIRST
Type	AIRBUS INDUSTRIE A320 JET	Meal	Refreshment - Complimentary
Stop(s)	Non Stop		
Seat(s) Details	BOWENS/THELLA	Seat(s) - 02B	UA - XXXXXX 58

DATE: Wed, Nov 07

Flight: UNITED AIRLINES 837

From	SAN FRANCISCO, CA	Departs	11:00am
To	TOKYO NARITA, JAPAN	Arrives	3:15pm
Departure Terminal	I	Arrival Terminal	1
Duration	11hr(s) :15min(s)	Class	BUSINESS/BUSFIRST
Type	BOEING 744 JET	Meal	Lunch
Stop(s)	Non Stop		
Seat(s) Details	BOWENS/THELLA	Seat(s) - 12J	UA - XXXXXX 58

DATE: Sun, Nov 11

Flight: UNITED AIRLINES 838

From	TOKYO NARITA, JAPAN	Departs	5:10pm
To	SAN FRANCISCO, CA	Arrives	9:10am
Departure Terminal	1	Arrival Terminal	I
Duration	09hr(s) :00min(s)	Class	BUSINESS/BUSFIRST
Type	BOEING 744 JET	Meal	Dinner
Stop(s)	Non Stop		
Seat(s) Details	BOWENS/THELLA	Seat(s) - 13B	UA - XXXXXX 58

DATE: Sun, Nov 11

Flight: UNITED AIRLINES 628

From	SAN FRANCISCO, CA	Departs	10:54am
To	SAN DIEGO, CA	Arrives	12:30pm
Departure Terminal	1	Arrival Terminal	1
Duration	01hr(s) :36min(s)	Class	BUSINESS/BUSFIRST
Type	BOEING 757 200 SERIES JET	Meal	Refreshment - Complimentary
Stop(s)	Non Stop		
Seat(s) Details	BOWENS/THELLA	Seat(s) - 02B	UA - XXXXXX 58

DATE: Fri, May 10

Others

RESERVATION
RETAINED FOR
180 DAYS

Ticket Information

Refunded	CO 8719903793	Passenger	BOWENS THELLA		
Ticket Refund Original Invoice	1189176				
Ticket Refund Original Invoice	1189176	Refunded	[REDACTED]	USD	- 983.80
			Refunded to Credit Card		
Ticket Number	UA 7133750885	Passenger	BOWENS THELLA		
		Billed to:	AX XXXXXXXXXXXX [REDACTED]	USD	* 4,283.20
Service Fee	XD 0579238268	Passenger	BOWENS THELLA		
		Billed to:	[REDACTED]	USD	* 40.00
			SubTotal	USD	4,323.20
			Less Refund Amount	USD	- 983.80
			Net Credit Card Billing	* USD	3,339.40
			Total Amount Due	USD	0.00



HOTEL GRANVIA
KYOTO

STATEMENT

NAME Ms. BOWENS THELLA F

ROOM No. 1007 PAX 1 DISCOUNT RATE 0%

ARR 2012/11/08 DEP 2012/11/11

1

DATE	DESCRIPTION	ROOM No.	CHARGES	CREDIT	EXPLANATION
11/08	PACKAGE	1007	31,200		
	SERVICE CHARGE		3,120	36,036	* \$446.32
	CONSUMPTION TAX		1,716		* \$46.82
11/09	✓ LA RISATA Dinner	1007	3,780	see page 5	* 6033
	PACKAGE		31,200		
	SERVICE CHARGE		3,120	36,036	* \$446.32
	CONSUMPTION TAX		1,716		
11/10	✓ ROOM SERVICE dinner	1007	1,400	See pg 6	* 3999 \$17.34
	PACKAGE		37,400		
	SERVICE CHARGE		3,740	43,197	* \$535.01
	CONSUMPTION TAX		2,057		

\$1491.81
(see attached
Amex statement)

exchange rate .0123854

GRAND TOTAL

120,449 ✓

Thank you for staying with us. We look forward to the pleasure of serving you again.



ホテルグランヴィア京都
HOTEL GRANVIA KYOTO

〒600-8216 京都市下京区烏丸通塩小路下る東塩小路町901番地
901 Higashi-shiokoji-cho, Shiokoji Sagaru, Karasuma-dori, Shimogyo-ku, Kyoto
TEL.075-344-8888 FAX.075-344-4400

SIGNATURE

ISSUED NO. 111104125394 J 1 1 04 1 0 *
12/11/11 09:38 R19

RECEIPTS FROM TRAVEL TO TOYKO, JAPAN
November 7 - 11, 2012—THELLA F. BOWENS

HMSH..ST
 RUBY'S DINER
 JOHN WAYNE AIRPORT
 CHECK: 5905
 TABLE: 26/1
 SERVER: 1808 Juan
 DATE: NOV07'12 6:52AM
 CARD TYPE: AMEX A3
 ACCT #: XXXXXXXXXXXX
 EXP DATE: XX/XX
 AUTH CODE: 524161
 THELLA F BOWENS

TOTAL: 10.86
 TIP: 2.00
 TOTAL: 12.86

X
 I AGREE TO PAY THE ABOVE AMOUNT
 IN ACCORDANCE WITH THE CARD
 ISSUER'S AGREEMENT.

11/7/12 Breakfast

HMSHOST
 RUBY'S DINER
 JOHN WAYNE AIRPORT

1808 Juan

 26/1 5905 GST 1
 NOV07'12 6:43AM

**** SEAT 1 ****
 1 EGG BRKFST 6.59
 SCRAMBLED
 WHEAT
 1 COFFEE BAR 8 3.49
 FIRST ROUND HBEV
 TOTAL 10.08
 TAX 0.78 AMOUNT 10.86

SUBTOTAL 10.08
 TAX 0.78
 AMOUNT 10.86 \$
 + tip

HOW DID WE GO?
 KULDIP JOHAL GENERAL MANAGER
 949.252.6125 X 15
 KULDIP.JOHAL@HMHOST.COM

Receipt

Name: _____

November 8, 2012

¥22,360

In payment of Fare ticket (by credit card)

The printing on this receipt will fade with time.
 Please photocopy if you need it for your records.

印紙税申告納 付につき渋谷 税務署承認済

East Japan Railway Company
 成田空港訪セ704 No.000008 印

11/8/12
 Railway Receipt \$280.27
 (Ticket on pg 3)

Page 1 OF _____

RECEIPTS FROM TRAVEL TO TOYKO, JAPAN
November 7 - 11, 2012—THELLA F. BOWENS

お客様控 クレジットカードご利用票 / CREDIT CARD SALES SLIP R001
有XX-XX
会社名・会員番号 AMEX-XXXXXXXXXXXX
取引内容:お買上 支払区分: - 括 ¥22,360
商品名: (CS決済)乗車券類 3枚(冊)
11月 8日 成田空港→京都市内 他
戻しはJR東日本の取扱箇所のみでいたします。
変更や戻しの方法等に制限があります。
この控は大切に保存してください。
24.11.-8 20163-05 成田訪セA4発行

11/8/12
Train from
Narita to
Kyoto

Handwritten signature

京都ポルタ店 075-343-3499

京都市下京区東塩小路京都駅前地下
街ポルタレストランゾーン

お得なポイントカード会員募集中!
ご入会当日からポイント加算!
詳しくはスタッフまで。

2012年11月 9日(金)13時37分000101

バンネアラビータ ¥970込
ガーデンサラダ ¥830込
紅茶 ¥0込
AFNT ¥0込
伝票No. 15819 テーブルNo. 208

小計額 ¥1,800
内税対象額 ¥1,800
内税 ¥85
合計 ¥1,800
現金 ¥1,800
合計点数 4点

2 2 扱桶作 清美 No. 5867 1名

11/9/12
← lunch
CC Receipt
→
\$22.56

Porta
京都駅前地下街

2012年11月 9日(金) 13:35 No:5120

クレジット売上票
お客様控え
この控は大切に保存して下さい。
カード発行会社 37-006
AMEX CARD
会員番号 XXX-XXXX-XXXX
有効期限 XXXX年XX月
お取扱日 2012年11月 9日 伝票番号 46123
商品区分 990 取引内容 取扱区分 110
処理通番 5922 お買上 [一括] ¥1,800
承認番号 0000096 金額 ¥1,800
ご案内 合計額 ¥1,800

ジェンビー
アリトウ コリイマツ
Handwritten signature

4000-5922-00-00-1109
加盟店
カブリチョーザ
TEL 075-343-3499

売場 係員
5120



RECEIPTS FROM TRAVEL TO TOYKO, JAPAN
November 7 - 11, 2012—THELLA F. BOWENS

【クレジット売上票】G

加算店名 MERCHANT
クラフトPH30外 専門店カフ
075-712-1111

端末番号 TERM No 49536-560-34780
ご利用日 DATE 12/11/10 13:19:29
伝票番号 SLIP No 18134
会員番号 XXXXXXXXXXXX (MS)

ACCT No
承認番号 APP CODE 000044

取引内容	支払区分	取扱区分
売上	一括	110
カード会社	有効期限	
GARD Co	EXP DATE	
AMEX CARD	XX/XX	

金額 AMOUNT ¥1,100
合計金額 ¥1,100

BOWENS THELLA
ご利用ありがとうございました
またのご来店お待ちしております
S918216
売場： 係員：
SALES COUNTER CIPERK
INFOX お客様控え CUSTOMERS COPY

お客様控

クレジットカードご利用票 / CREDIT CARD SALES SLIP R124
有XX-XX

会社名・会員番号 AMEX-XXXXXXXXXXXX
取引内容：お買上 支払区分： - 括 ¥20,870

商品名：指 定 券 ① 3枚(冊) 111

私戻しは、JR西日本のクレジットカード取扱窓口のみでお取扱いいたします。
現金での私戻しはいたしません。
この控は大切に保存してください。

24.11.10 20674-02 京都駅@1発行

11/10/12 Railway
#26398

11/10/12 Lunch
\$1391

RECEIPTS FROM TRAVEL TO TOYKO, JAPAN
November 7 - 11, 2012—THELLA F. BOWENS

INFCX
[クレジット売上帳] G

加盟店名 MERCHANT
株式会社 伊勢丹 外
075 344-8888

端末番号 TERM No 49636-560 54081
ご利用日 DATE 12/11/11 09:39:54
伝票番号 SLIP No 22206
会員番号 XXXXXXXXXXXX (MS)
ACCT No
承認番号 APP CODE 000018

取引内容	支払区分	取扱区分
売上	一括	110

カード会社 有効期限
CARD Co EXP DATE
AMEX CARD XX/XX

金額 AMOUNT ¥120,449
合計金額 ¥120,449
BOWENS THELLA
ご利用ありがとうございました。
\$733806

売場: SALES COUNTER 係員: CLERK
お客様控え
CUSTOMERS COPY



Silver
RADIO SERVICE

(619) 280-5555

SanDiegoSilverCab.com

FARE RECEIPT

Date: 11/11/12

The sum of: \$ 40.00

Passenger: + 8 tp

From: A. Pava 48

To: Faded Park Way

Driver: Amore Cab#: 760

Thank You for your Business!

MTSTA 000029

開催日: 11月14日(水)
18:00(受付) 18:30~20:30
お一人様 ¥12,000

ラ・リサ・タ

RECEIPT

2012年11月08日 22:15

R-No :6033
T-No :0011
ORDER :DINNER
C-TIME:NIGHT
PERSON:0001

Caprese ✓		2,200
	(1	2,200)
Pomodoro ✓		2,000
	(1	2,000)
SUB TOTAL		4,200
DISCOUNT		420
SERVICE CHARGE	(326)
CONSUMPTION TAX	(179)
GRAND TOTAL		3,780
ROOM CHARGE 01007		3,780

江崎 017/17

Total hotel ↑
payment
receipt

(On hotel bill)

11/8/12

dinner \$46.82

RECEIPTS FROM TRAVEL TO TOYKO, JAPAN
November 7 - 11, 2012—THELLA F. BOWENS

HOTEL GRANVIA KYOTO

ルームサービス

品名 Item	単価 Unit Price	数量 Qty	金額 Amount
Mixed Nuts	600	1	600
F.F.Potatoes	800	1	800
小 計 Sub Total			1,400
サービス料 Service Charge			121
消費税等 Consumption Tax			0
			* 66
R-No 3999	総合計 Grand Total		1,400
お支払い Payment			
ROOM CHA01007			1,400

ご利用人数 Persons 1
 ご利用日 Date 12.11.09 21:23 DINNER
 会員番号 Membership No. 84

お部屋番号 Room No.

ご請求先 Company Name

ご署名
 Signature
 (Please Print)

(On hotel bill)
 11/9/12 dinner \$ 17.34



ホテルグランヴィア京都

〒600-8216 京都市下京区烏丸通塩小路下ル東塩小路町901
 TEL. (075)344-8888(代) FAX. (075)344-4400

Detail Continued

◆ - denotes Pay Over Time activity

				Foreign Spend	Amount
11/02/12	[REDACTED]				
11/03/12	[REDACTED]				
11/03/12	[REDACTED]				
11/07/12	[REDACTED]				
	N/A	N/A	YY	00	
		N/A	YY	00	
		N/A	YY	00	
		N/A	YY	00	
11/07/12	[REDACTED]				
✓ 11/08/12	JR EAST JAPAN			22,360 Japanese Yen	\$280.27 ◆
	FREIGHT RAILROAD				
	SIGN & TRAVEL* / EXTENDED PAYMENT OPTION			Railway	
✓ 11/09/12	SHOPPING MALL POLTA KYOTO			1,800 Japanese Yen	\$22.56 ◆
	GENERAL MERCHANDISE				
	SIGN & TRAVEL* / EXTENDED PAYMENT OPTION			Lunch	
✓ [REDACTED]	[REDACTED]			[REDACTED]	[REDACTED]
	[REDACTED]				
✓ [REDACTED]	[REDACTED]			[REDACTED]	[REDACTED]
	[REDACTED]				
✓ [REDACTED]	[REDACTED]			[REDACTED]	[REDACTED]
	[REDACTED]				
✓ 11/10/12	GRAND PRINCE HOTEL K*	JP		1,100 Japanese Yen	\$13.91 ◆
	LODGING				
	SIGN & TRAVEL* / EXTENDED PAYMENT OPTION			Lunch	
✓ 11/10/12	JR WEST JAPAN			20,870 Japanese Yen	\$263.98 ◆
	FREIGHT RAILROAD				
	SIGN & TRAVEL* / EXTENDED PAYMENT OPTION			Railway	



THELLA F BOWENS
Closing Date 11/27/12

[REDACTED]

Detail Continued

◆ - denotes Pay Over Time activity

			Foreign Spend	Amount
✓	11/11/12	HOTEL GRAVIA KYOTO -* LODGING	120,449 Japanese Yen	\$1,491.81 ◆
		SIGN & TRAVEL * / EXTENDED PAYMENT OPTION		hotel .012

[REDACTED]

[REDACTED]

[REDACTED]

Description Price

11/16/12 [REDACTED]

[REDACTED]

Description

11/17/12 [REDACTED]

[REDACTED]

Description

11/17/12 [REDACTED]

AUTO FUEL DISPENSER

Description [REDACTED]

11/17/12 [REDACTED]

[REDACTED]

Description Price

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Description

[REDACTED]

[REDACTED]

BUSINESS EXPENSE

BRET LOBNER

**SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY
BUSINESS EXPENSE REIMBURSEMENT REPORT**

October and November

Period Covered

DATE	G/L Account	Description	AMOUNT
10/19/12	66290	Parking - West Tech v. SDCRAA D69 Barton Hearing	\$12.00
11/7/12	66290	Parking - Meeting -SDCERS	\$10.00
			TOTAL
			\$22.00

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

[Handwritten Signature]

APPROVED:

[Handwritten Signature]

NAME

NAME

11-29-12

11/28/12

DATE

DATE

PLACE FACE UP ON DASH
SOFIA
SUNSET PARKING

Expiration Date/Time

11:02 AM
OCT 19, 2012

Purchase Date/Time: 09:02am Oct 19, 2012
Total Due: \$12.00 Rate: 0-2 HOURS = \$12
Total Paid: \$12.00 Payment Type: C
Ticket #: 79050041
S/N #: 500012130230
Setting: Sofia 1
Mach Name: Sofia 1

Card #**** Visa

Auth #: 0742

PLACE FACE UP
ON DASH
NO IN & OUT PRIVILEGES

RECEIPT

SOFIA
SUNSET PARKING

Expiration Date/Time: 11:02am Oct 19, 2012
Purchase Date/Time: 09:02am Oct 19, 2012

Total Due: \$12.00 Rate: 0-2 HOURS = \$12
Total Paid: \$12.00 Payment Type: C
Ticket #: 79050041
Setting: Sofia 1
Mach Name: Sofia 1

Card #**** Visa

Auth #: 0742

PARKING RECEIPT

PARKING RECEIPT

PARKING RECEIPT

PARKING RECEIPT

PARKING RECEIPT

PARKING RECEIPT

PARKING RECEIPT

RECEIPT

THIS IS YOUR RECEIPT

THIS IS YOUR RECEIPT

SDCEPS

ACE PARKING
LOT 1022
One Hour Parking

meter: 00000001
stall #: 032
trans: 062761
price: \$10.00
card: VISA
auth: 02771C
EXPIRATION TIME:

Nov 7 2012
3:14PM Wed

Thank You
FOR CHOOSING ACE PARKING

RECEIPT

THIS IS YOUR RECEIPT

THIS IS YOUR RECEIPT

October 19, 2012

Friday

October 2012

November 2012

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Su	Mo	Tu	We	Th	Fr	Sa	
					1	2	3
4	5	6	7	8	9	10	
11	12	13	14	15	16	17	
18	19	20	21	22	23	24	
25	26	27	28	29	30		

19 Friday		Notes
◀ From Oct 11 XXXXXXXXXX To Oct 26 ▶ ▶ From Oct 15 XXXXXXXXXX		
7 am		
8 00		
9 00	West Tech	
10 00		
11 00		
12 pm		
1 00		
2 00		
3 00		
4 00		
5 00		
6 00		

November 07, 2012

Wednesday

November 2012

December 2012

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

7		Wednesday		Notes
	◀ From Nov 2	[Redacted]		
	◀ From Nov 5	[Redacted] To Nov 9 ▶		
	◀ From Nov 5	[Redacted]		
7 am				
8 00				
9 00	[Redacted]			
	[Redacted]			
10 00	[Redacted]			
	[Redacted]			
11 00				
12 pm	[Redacted]		☺	
1 00				
2 00	[Redacted]		Meeting with SDCERS on AB 340	
3 00	[Redacted]			
4 00				
5 00				
6 00				