



**SAN DIEGO COUNTY
REGIONAL AIRPORT AUTHORITY**

Meeting Date: **OCTOBER 7, 2010**

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 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.

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

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

3. DESTINATIONS/PURPOSE (Provide detailed explanation as to the purpose of the trip- continue on extra sheets of paper as necessary):
Destination: Vancouver, BC Purpose: EDC's 7th Annual Leadership Trip
Explanation:

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

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

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

Travelers Signature: *Thella Bowers* Date: 9/23/10

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

By my signature below, I certify the following:

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

Administrator's Signature: _____ Date: _____

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

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

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

GENERAL INSTRUCTIONS:

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

1. TRAVELER:

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

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

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

Destination: Washington, D.C. Purpose: FAAC Labor/Workforce Subcommittee Meeting
Explanation: _____

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

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

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

Travelers Signature: *Thella Bowens* Date: 9/23/10

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

By my signature below, I certify the following:

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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: _____

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

2. DATE OF REQUEST: 9/3/10 PLANNED DATE OF DEPARTURE/RETURN: 10/13/10 / 10/14/10

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

Destination: Denver, CO Purpose: FAAC Finance Subcommittee Meeting
Explanation:

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:	
• AIRFARE	\$ 200
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$ 50
B. LODGING	\$ 200
C. MEALS	\$ 50
D. SEMINAR AND CONFERENCE FEES	\$
E. ENTERTAINMENT (If applicable)	\$
F. OTHER INCIDENTAL EXPENSES	\$
TOTAL PROJECTED TRAVEL EXPENSE	\$ 500

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: _____

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- 3. The concerned out-of-town travel and all identified expenses conform to the requirements and intent of Authority's Policies 3.30 and 3.40.

Administrator's Signature: Thella Bowers 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 Bowers Dept: Executive Office / #6
 Position: Board Member President/CEO Gen. Counsel Chief Auditor
 All other Authority employees (does not require executive committee administrator approval)

2. DATE OF REQUEST: 8/20/10 PLANNED DATE OF DEPARTURE/RETURN: 11/7/10 / 11/11/10

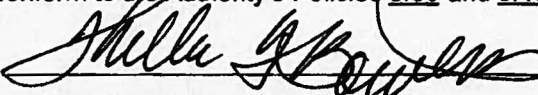
3. DESTINATIONS/PURPOSE (Provide detailed explanation as to the purpose of the trip- continue on extra sheets of paper as necessary):

Destination: Vancouver, British Columbia Purpose: EDC Best Practices Leadership Trip
 Explanation:

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:	
• AIRFARE	\$ 600
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$ _____
B. LODGING	\$ _____
C. MEALS	\$ _____
D. SEMINAR AND CONFERENCE FEES	\$ 1500
E. ENTERTAINMENT (If applicable)	\$ _____
F. OTHER INCIDENTAL EXPENSES	\$ _____
TOTAL PROJECTED TRAVEL EXPENSE	\$ 2100

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).

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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.)



Contact [San Di](#)

Best Practices Leadership Trip- Vancouver

Monday, November 08, 2010 at 2:55 PM - Thursday, November 11, 2010 at 11:20 AM (PT)

Vancouver, British Columbia



Tweet

Like

Be the first of your friends to like this.

Ticket Information

TICKET TYPE	SALES END	PRICE	FEE	QUANTITY
Ticket	Nov 08, 2010	\$1,500.00	\$54.95	1



Event Details

We hope you and a colleague are available to journey with EDC to Vancouver for our annual best practices leadership trip!

If you have connections in Vancouver or are interested in a certain topic, please let Lauree or I know. The topics we are currently exploring are:

- Olympics
- Mayor Robertson's initiative for Vancouver to be the "Greenest City by 2020"
- Economic impact of Granville Island and their public market
- Working waterfront
- Regional and Sustainable Planning- What Worked and What Didn't
- Prioritizing and funding in transportation
- "Vancouverism"- Downtown high density development intended and unintended consequences
- Technology and Gaming
- Utilizing public/private partnership solutions to serve public interests
- Former Mayors discuss tipping point decisions for Vancouver

And of course the most valuable part of the trip is the priceless relationships with other trip participants!

The trip is \$1,500 per person and includes hotel, meals, and group ground transportation.

The price does not include airfare.

This event organizer is using Eventbrite to provide event ticketing and online event registration.

Contact San Diego Regional EDC for event and ticket information

BUSINESS EXPENSES

THELLA F. BOWENS

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

7/16/2010

Period Covered

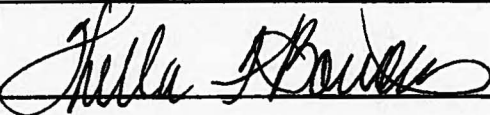
DATE	G/L Account	Description	AMOUNT
7/16/10	66240.10000	Dinner w/TDP Director Finalist, David Brush	
TOTAL			\$98.11

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

APPROVED:

NAME



NAME

DATE

DATE

*Dinner with
David (Grush)
Finalist for TDP Director*

HEXAGONE
(619) 236-0467

0031a TABLE 13 #Party 2
JERRY C SvrCk: 3 6:10p 07/16/10
DINING

1 SOUP DU JOUR	3.50
1 SALAD	7.00
1 BOURGIGNON	20.00
1 SCABASS	25.00
1 APPLE TARTE TATIN	6.50
1 BLUEBERRIES-CASSIS	7.00
1 COFFEE	2.50

Sub Total 75.50

Tax: 6.61

Sub Total 82.11

07/16 7:36p TOTAL = 82.11

CORNER OF LAUREL & 5TH
SAN DIEGO, CA 92101

0031

Server: JERRY C (#29) Rec: 21
07/16/10 19:42, Swiped T: 13 Terr: 3

HEXAGONE
495 LAUREL ST
SAN DIEGO, CA. 92101
(619)236-0467
MERCHANT #:

CARD TYPE ACCOUNT NUMBER

Name: THELLA F BONENS
OD TRANSACTION APPROVED
AUTHORIZATION #: 565866
Reference: 0716010000031
TRANS TYPE: Credit Card SALE

CHECK: 82.11

TIP: 16.00

TOTAL: 98.11

X_____

Duplicate Copy

CARDHOLDER WILL PAY CARD ISSUER ABOVE
AMOUNT PURSUANT TO CARDHOLDER AGREEMENT
PLEASE LEAVE SIGNED COPY FOR SERVER

MARK BURCHYETT



**SAN DIEGO COUNTY
REGIONAL AIRPORT AUTHORITY**

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

SDCRAA CHECK REQUEST

CR #

ISSUE CHECK TO THE ORDER OF
Mark Burchyett

DATE ISSUED

8/13/2010

ORIGINATING DEPARTMENT/BUSINESS UNIT

Chief Auditor

PREPARED BY

EXT.

Mark Burchyett 2435

IN PAYMENT OF THE FOLLOWING

AMOUNT

AICPA Membership Dues Reimbursement for Mark Burchyett, member #1653440. AICPA Year

\$205.00

TAX ID #

TOTAL

\$205.00

SPECIAL INSTRUCTIONS

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

APPROVED FOR PROCESSING

Requesting Department Authorized Signature

Accounting Department

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

DEPARTMENT/ BUSINESS UNIT	OBJECT/SUBSIDIARY	* SUB- LEDGER	WORK ORDER/ TRACKING ORDER	COST OBJECT/ LOCATION	AMOUNT	COMMENTS
16	66200-120				205	

* "w" for tracking orders or work orders

AP NOTES

VENDOR NO. _____

REVIEWED BY _____

INVOICE NO. _____

INVOICE DATE _____

PYMT DATE _____

RT TO BU _____ SEP CK _____

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

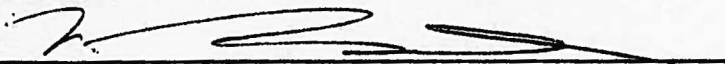
8/1/10 to 7/31/11

Period Covered

DATE	G/L Account	Description	AMOUNT
9/13/10	66200-120	AICPA Membership Dues Reimbursement for Mark Burchyett, member #1653440. AICPA year August 1, 2010 - July 31, 2011.	\$205.00
TOTAL			\$205.00

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

* Policy 3.30



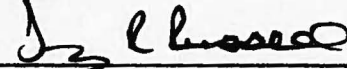
NAME

9/13/10

DATE

APPROVED: *By the Executive Committee on sept. 27, 2010*

NAME



DATE

9/27/10

AICPA Dues Payment Confirmation # 4842779

service@aicpa.org

10:32 AM

To mburchyett@[REDACTED].com

Thank you for your payment! Please download and review our new Benefits Guide - it has all the information you need to fully take advantage of your AICPA membership.

Your purchase details are given below:

Confirmation Number: 4842779

Item : AICPA MEMBERSHIP - 12 MONTH RENEWAL FY2011

Total : \$205.00

Member : Mark Burchyett

Member ID: 01653440

Phone : [REDACTED]

Preferred Email : mburchyett@[REDACTED].com

Preferred Mailing Address:

[REDACTED]
[REDACTED]

UNITED STATES

Payment Type: CREDIT_CARD

Tax ID 13-0432265

AICPA dues may be deducted as a business expense but not as a charitable contribution. 3% of net dues are not deductible in accordance with IRC Sec. 6033. Contributions to the AICPA Foundation and the Benevolent Fund are tax-deductible as charitable contributions.

If you did not contribute to the AICPA Benevolent Fund, the AICPA Foundation or the AICPA Political Action Committee and would like to do so, please click on the links found here. AICPA Benevolent Fund, the AICPA Foundation or the AICPA Political Action Committee and would like to do so, please click on the links found here for each donor supported program. If you have any questions regarding this payment, please call the AICPA Member Service Center at 888-777-7077, Monday-Friday 9AM-6PM EST or send an email to service@aicpa.org

Membership AICPA News Publications CPE & Conferences Interest Areas Research Career Become a CPA Advocacy For the Public AICPA Store

Dues Payment & Review

You are currently working on:

Verify Items in Your Shopping Cart

Delete	Item	Price
	AICPA MEMBERSHIP	\$205.00

To remove an item, click the delete icon to the left of the line. For donations enter amount and Press Recalculate button.

Total: \$205.00

Recalculate

Due

- Profile Information
- Dues Payment & Review**
- Payment Information
- Confirm & Submit Payment
- Membership Dues Payment Confirmation

Consider adding a Section Membership below to further broaden your benefits.

Sections and Contributions

Select	Item	Price
<input type="checkbox"/>	CPEXpress INDIVIDUAL PURCHASE	\$180.00
<input type="checkbox"/>	AICPA PAC CONTRIBUTION	\$1.00
<input type="checkbox"/>	TAX SECTION MEMBERSHIP - NEW MEMBER FY2011	\$180.00
<input type="checkbox"/>	TAX SECTION WITH ADVISER - NEW MEMBER FY2011	\$190.00
<input type="checkbox"/>	FVS SECTION MEMBERSHIP - NEW MEMBER FY2011	\$200.00
<input type="checkbox"/>	PFP SECTION MEMBERSHIP - NEW MEMBER FY2011	\$200.00
<input type="checkbox"/>	IT SECTION MEMBERSHIP - NEW MEMBER FY2011	\$200.00
<input type="checkbox"/>	AICPA BENEVOLENT FUND CONTRIBUTION FY2011	\$1.00
<input type="checkbox"/>	AICPA FOUNDATION /MINORITY FY2011	\$1.00

Check Out this Video!



Message

Please use the "Go Back" button, rather than clicking "Back" on your browser.

Right Now



Only credit and debit card payments are accepted for online payments. [Update Cart](#)



[Return to My Account](#)



MARK BURCHYETT



**SAN DIEGO COUNTY
REGIONAL AIRPORT AUTHORITY**

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

SDCRAA CHECK REQUEST

CR #

ISSUE CHECK TO THE ORDER OF
Mark Burchyett

DATE ISSUED

9/22/2010

ORIGINATING DEPARTMENT/BUSINESS UNIT

Chief Auditor

PREPARED BY

EXT.

Mark Burchyett 2435

IN PAYMENT OF THE FOLLOWING

AMOUNT

Parking for Board Retreat Event

\$10.00

Parking for National Airport Conference

\$16.00

TAX ID #

TOTAL

\$25.00

SPECIAL INSTRUCTIONS

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

APPROVED FOR PROCESSING

Requesting Department Authorized Signature

Accounting Department

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

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

* "w" for tracking orders or work orders

AP NOTES

VENDOR NO

REVIEWED BY

INVOICE NO

INVOICE DATE

PYMT DATE

RT TO BU

SEP CK

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

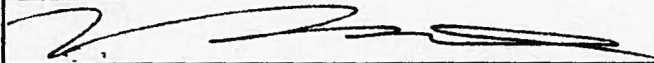
September 18-21, 2010

Period Covered

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

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

* Policy 3.30



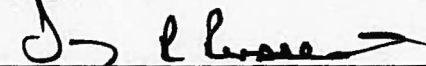
NAME

9/22/10

DATE

APPROVED: *By the Executive Committee on Sept. 27, 2010*

NAME



DATE

9/27/10

ACE PARKING
San Diego, CA
619-231-3771

Full Statement

Y/S #02 A Payment No. 00000060
T/D #01 Ticket No. 009983
Entry Time 09/21/2010 (Tue) 8:32
Exit Time 09/21/2010 (Tue) 8:40
Parking Time 1:08
Parking Fee Rate A \$16.00

Account # *****8400
Slip # 02285
Authority # 002383
Credit Card Amount \$15.00
Cash Amount \$0.00

Total \$15.00

Thank You for Your Visit
Please Come Again!

NAC Conference
Parking

RECEIPT
Five Star Parking

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

EXPIRATION DATE/TIME
Exp 02:00am
SEP 18, 2010

Ticket # 00058259
FOLLOW INSTRUCTIONS ON SIGNS
\$10.00 Card #xxxx-8400
Auth#:
Evening Rate \$10.00
Total Due \$10.00
Questions: 619-233-2000
or customerservice_sd@
fivestarparking.com

\$10.00
Card
Visa

Exp 02:00a
SEP 18, 2010

T#00058259
S/N#200007
110402

Purchased
SEP 17, 2010
05:50p

Board Retreat
Parking

DISPLAY FACE UP ON DASH

DISPLAY FACE UP ON DASH

EXPENSE REPORT

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

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

TRAVELER: Thella Bowens DEPT. NAME & NO. Executive Office / #6
 DEPARTURE DATE: 8/24/2010 RETURN DATE: 8/25/2010 REPORT DUE: 9/24/10
 DESTINATION: Chicago, IL

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 8/24/10	WEDNESDAY 8/25/10	THURSDAY	FRIDAY	SATURDAY	
Air Fare, Railroad, Bus (attach copy of itinerary w/charges)	540.40				198.88				198.88
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.)*									0.00
Hotel*									0.00
Telephone, Internet and Fax*									0.00
Laundry*									0.00
Tips - separately paid (maids, bellhop, other hotel svcs.)									0.00
Meals (include tips pd.)	Breakfast*								0.00
	Lunch*								0.00
	Dinner*								0.00
	Other Meals*			10.76	1.99				12.75
<i>Alcohol is a non-reimbursable expense</i>									
Hospitality ¹ *									0.00
Miscellaneous:									0.00
									0.00
									0.00
*Provide detailed receipts									0.00
Total Expenses prepaid by Authority	540.40	0.00	0.00	10.76	200.87	0.00	0.00	0.00	211.63

Explanation:	Total Expenses Prepaid by Authority	540.40
	Total Expenses Incurred by Employee (including cash advances)	211.63
	Grand Trip Total	752.03
	Less Cash Advance (attach copy of Authority ck)	
	Less Expenses Prepaid by Authority	540.40
	Due Traveler (positive amount)²	
	Due Authority (negative amount)³	211.63
<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: Dianne Berg Ext.: 2445
 Traveler Signature: Thella Bowens Date: _____
 Approved By: _____ Date: _____

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

I, _____ hereby certify that this document was approved by the Executive Committee at its _____ meeting.

(Please leave blank. Whoever clerk's the meeting will insert their name and title.)
 (Leave blank and we will insert the meeting date.)

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

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

GENERAL INSTRUCTIONS:

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

1. TRAVELER:

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

2. DATE OF REQUEST: 5/17/10 PLANNED DATE OF DEPARTURE/RETURN: 8/24/10 / 8/25/10

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

Destination: Washington, DC } meeting location Purpose: Future of Aviation Advisory Committee
Chicago, IL } changed Meeting
 Explanation: _____

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

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

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

Travelers Signature: Thella A. Bowens Date: 18 May 2010

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

By my signature below, I certify the following:

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

Administrator's Signature: _____ Date: _____

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

I, Jane B. Mc, hereby certify that this document was approved
 (Please leave blank. Whoever clerk's the meeting will insert their name and title.)
 by the Executive Committee at its 5/24/10 meeting.
 (Leave blank and we will insert the meeting date.)

Berg Dianne

From: Scott Mackerley [smackerley@traveltrust.com]
Sent: Monday, July 19, 2010 4:25 PM
To: Berg Dianne; Harris Matt; Caldera Amy; SMACKERLEY@TRAVELTRUST.COM
Subject: Travel Itinerary 24AUG SAN BOWENS
Attachments: 59057373.PDF; 59057373.HTM

BOWENS/THELLA

DEPT 6

19Jul10 04:24pm

YOUR UNITED ETICKET CONFIRMATION IS ** TDB35G **
-----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

24Aug10 08:10am Tuesday
Air United Airlines Flight# 330 Class:T Seat:8D
From: San Diego CA, USA 24Aug10 08:10am Tuesday
To: Chicago O'Hare IL, US 24Aug10 02:10pm Tuesday
Meal: Food For Purchase Equip: Airbus A320 Jet Status: Confirmed
Stops: 0

Depart - TERMINAL 1
Arrive - TERMINAL 1
United Airlines locator: TDB35G
UA Frequent Flyer# [REDACTED] BOWENS/THELLA

** ECONOMY PLUS AISLE SEAT CONFIRMED **
~~Flight Duration: 4 hour(s) and 00 minutes~~
Class of Service: Coach

25Aug10 06:15pm Wednesday
Air United Airlines Flight# 395 Class:T Seat:7C
From: Chicago O'Hare IL, US 25Aug10 06:15pm Wednesday
To: San Diego CA, USA 25Aug10 08:29pm Wednesday
Meal: Food For Purchase Equip: Airbus A320 Jet Status: Confirmed
Stops: 0

Depart - TERMINAL 1
Arrive - TERMINAL 1

UNITED

8/24
Other

08/24/2010
UNION SAN OHIO
Device ID 01XXXXXXXXXX

Receipt #: 0192
Transaction: 10001100022581783

S. .

Product	Price	Qty	Amt.
Parfait	5.00	1	5.00
Total	USD		5.00

8/25
Other

8/24
Other

HUTSON CLARK
OFFICE AIRPORT
TERMINAL 1
WWW.HUTSONCLARK.COM
(773)549-6622
FAX (773)549-6164

08/24/2010 1:57PM 0001
000001#0214

SM CARMEL CORN	11	\$2.75
MED POPCORN	11	\$2.50
MOUSE ST		\$5.25
TAX1		\$0.51
***TOTAL		\$5.76
CASH		\$20.00
CHANGE		\$14.24

CHICAGO 686-6150

10467 GLE

CHK 505 AUG25'11 M GST

1 KE...LE CHIPS	1.79
SUBTOTAL	1.79
TAX	.20
AMOUNT	1.99
CASH	2.04
CHANGE	0.05

QUESTIONS/COMMENTS
HARRY.LU@HMSSHOT.COM
or call 7736865149

BECOME A FAN OF HMS40ST
ON FACEBOOK.