



SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY

Meeting Date: **MAY 2, 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: 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: 04/11/13 PLANNED DATE OF DEPARTURE/RETURN: 04/21/13 / 04/21/13

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

Destination: Portland, OR

Purpose: ACI-NA Associates/World Business Partners Board of Directors meeting (serve as ACI-NA Board Liaison to this Board)

Explanation: _____

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

- AIRFARE \$ 850.00
- OTHER TRANSPORTATION (Taxi, Train, Car Rental) \$ 100.00

B. LODGING \$ _____

C. MEALS \$ 75.00

D. SEMINAR AND CONFERENCE FEES \$ _____

E. ENTERTAINMENT (If applicable) \$ _____

F. OTHER INCIDENTAL EXPENSES \$ _____

TOTAL PROJECTED TRAVEL EXPENSE \$ _____

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

Travelers Signature: *Thella Bowens* Date: 11 April 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: *[Signature]* Date: 4.17.13

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: _____

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

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

2. DATE OF REQUEST: 04/19/13 PLANNED DATE OF DEPARTURE/RETURN: 05/18/13 / 05/19/13

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

Destination: Reno, NV

Purpose: Attend AAAE Board of Directors/Policy Review Committee Meeting

Explanation: _____

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

- AIRFARE \$ 550.00
- OTHER TRANSPORTATION (Taxi, Train, Car Rental) \$ 75.00

B. LODGING \$ 150.00

C. MEALS \$ 100.00

D. SEMINAR AND CONFERENCE FEES \$ _____

E. ENTERTAINMENT (If applicable) \$ _____

F. OTHER INCIDENTAL EXPENSES \$ 100.00

TOTAL PROJECTED TRAVEL EXPENSE \$ 975.00

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: Jeffrey Woodson on behalf of Thella F Bowens Date: 4/19/13

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: 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: 03/26/13 PLANNED DATE OF DEPARTURE/RETURN: 05/07/13 / 05/09/13

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

Destination: Chicago, IL Purpose: ACI-NA Board meeting re: organizational vision, mission, goals and objectives for ACI-NA as the organization transitions leadership.
 Explanation: _____

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

- AIRFARE \$ 400.00
- OTHER TRANSPORTATION (Taxi, Train, Car Rental) \$ 100.00

B. LODGING \$ 600.00

C. MEALS \$ 150.00

D. SEMINAR AND CONFERENCE FEES \$

E. ENTERTAINMENT (If applicable) \$

F. OTHER INCIDENTAL EXPENSES \$ 100.00

TOTAL PROJECTED TRAVEL EXPENSE \$ 1350.00

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: Thella F. Bowens Date: 2 April 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: [Signature] Date: 4.4.13

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.)

DAVID ALVAREZ

**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: David Alvarez Dept: _____

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

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

2. DATE OF REQUEST: 3/25/13 PLANNED DATE OF DEPARTURE/RETURN: 4/15/13 / 4/17/13

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

Destination: Mexico City, Mexico Purpose: To meet with Mexican Officials and Business leaders on issues of concern to the border region.

Explanation: The Eighth Annual San Diego / Baja California Mission to Mexico City provides the opportunity to discuss with Federal Officials topics such as: trade facilitation, business opportunities, and border crossing issues. Meetings are also coordinated with federal government offices such as the Departments of Communications & Transportation, Economy, Energy, Foreign Relations, Governance, Health and Tourism in addition to the Embassies of the United States and Canada, the Presidency of Mexico and both houses of the Federal Congress.

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 \$ 1,000

E. ENTERTAINMENT (if applicable) \$ _____

F. OTHER INCIDENTAL EXPENSES \$ _____

TOTAL PROJECTED TRAVEL EXPENSE \$ 1,000

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: 3/28/2013

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: 4.1.13

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 REPORT

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: 3/19/2013 RETURN DATE: 3/22/2013 REPORT DUE: 4/21/13
 DESTINATION: Washington, DC

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)	582.80			3/19/13	3/20/13	3/21/13	3/22/13		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.)*				89.00		16.90	86.66		192.56
Hotel*				342.46	342.46	342.46			1,027.38
Telephone, Internet and Fax*									0.00
Laundry*									0.00
Tips - separately paid (maids, bellhop, other hotel srvs.)									0.00
Meals (include tips pd.)	Breakfast*				14.10				14.10
	Lunch*			4.80	14.60	9.06	9.06		37.52
	Dinner*			20.60	74.80				95.40
	Other Meals*				4.80				4.80
<i>Alcohol is a non-reimbursable expense</i>									
Hospitality ¹ *									0.00
Miscellaneous: Baggage Fees									0.00
									0.00
									0.00
*Provide detailed receipts									0.00
Total Expenses prepaid by Authority	582.80	0.00	0.00	456.86	450.76	368.42	95.72	0.00	1,371.76

Explanation:	Total Expenses Prepaid by Authority	582.80
Additional night stay reduced airfare by \$1011.00	Total Expenses Incurred by Employee (including cash advances)	1,371.76
	Grand Trip Total	1,954.56
	Less Cash Advance (attach copy of Authority ck)	
	Less Expenses Prepaid by Authority	582.80
	Due Traveler (positive amount) ²	
	Due Authority (negative amount) ³	1,371.76
<i>Note: Send this report to Accounting even if the amount is \$0.</i>		

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

I as traveler or administrator acknowledge that I have read, understand and agree to Authority policies 3.40 - Travel and Lodging Expense Reimbursement Policy⁴ and 3.30 - Business Expense Reimbursement Policy⁵ and that any purchases/claims that are not allowed will be my responsibility. I further certify that this report of travel expenses were incurred in connection with official Authority business and is true and correct.

Prepared By: Amy Caldera Ext.: 2445
 Traveler Signature: Thella F. Bowens Date: 12 April 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.

**SAN DIEGO COUNTY REGIONAL AIRPO
OUT-OF-TOWN TRAVEL REQ**

GENERAL INSTRUCTIONS:

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 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: 12/11/12 PLANNED DATE OF DEPARTURE/RETURN: 03/19/13 / 03/22/13

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: Washington Legislative Conference
 Explanation:

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

- AIRFARE \$ 500.00
- OTHER TRANSPORTATION (Taxi, Train, Car Rental) \$

B LODGING \$ 950.00

C MEALS \$

D SEMINAR AND CONFERENCE FEES \$ 600.00

E ENTERTAINMENT (If applicable) \$

F OTHER INCIDENTAL EXPENSES \$ 100.00

TOTAL PROJECTED TRAVEL EXPENSE \$ 2150.00

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).

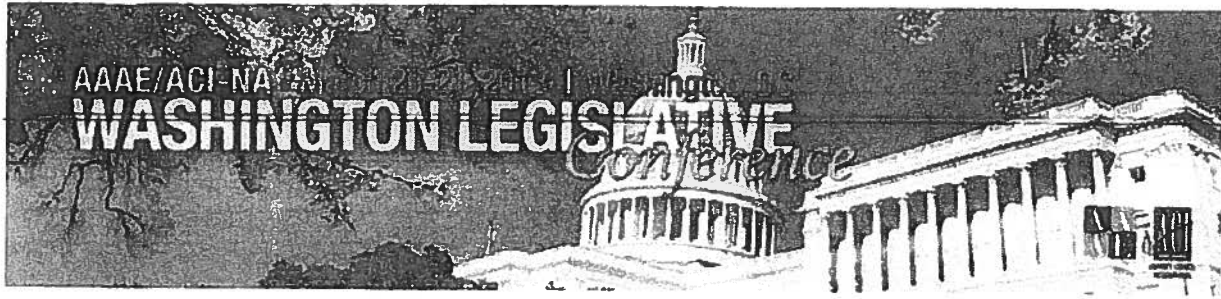
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3. The concerned out-of-town travel and all identified expenses conform to the requirements and intent of Authority's Policies 3.30 and 3.40.

Administrator's Signature: _____ Date: _____

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

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



Subject to Change

WEDNESDAY, MARCH 20

- 11:00 a.m. - 2:00 p.m. **Registration**
- 12:00 p.m. - 12:30 p.m. **Welcome and Opening Remarks**
- 12:30 p.m. - 1:30 p.m. **Keynote Luncheon**
- 1:00 p.m. **The Honorable Hal Rogers (R-KY)**
Chair, House Appropriations Committee
- 1:30 p.m. - 3:00 p.m. **Congressional and Administration Speakers and Panel Discussions**
- 1:30 p.m. **The Honorable Frank LoBiondo (R-NJ)**
Chair, House Aviation Subcommittee
- 3:00 p.m. - 5:00 p.m. **Hill Meetings**
- 6:00 p.m. - 8:00 p.m. **ACI-NA Commissioners Congressional Reception**
(Separate registration fee required)



THURSDAY, MARCH 21

- 8:00 a.m. - 5:30 pm **Registration**
- 8:00 a.m. - 8:30 a.m. **Continental Breakfast**
- 8:30 a.m. - 9:00 a.m. **Welcome and Opening Remarks**
- 9:00 a.m. - 12:00 p.m. **Congressional and Administration Speakers and Panel Discussions**
- 9:00 a.m. **The Honorable Ed Pastor (D-AZ)**
- 9:15 a.m. **The Honorable Nick Rahall (D-WV)**
Ranking Member, House Transportation and Infrastructure Committee
- 12:00 p.m. - 1:00 p.m. **Luncheon**
- 1:00 p.m. - 2:00 p.m. **Panel Discussion**
- 2:00 p.m. - 5:00 p.m. **Hill Meetings**
- 5:30 p.m. - 6:30 p.m. **Conference Networking/Closing Reception**





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

Electronic Invoice

Prepared For:
BOWENS/THELLA

Ref: **DEPT 6**

SALES PERSON	E4
INVOICE NUMBER	1200883
INVOICE ISSUE DATE	28 Jan 2013
RECORD LOCATOR	KQNIUV
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 ** HYCFTQ **
 -----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: Tue, Mar 19

Flight: UNITED AIRLINES 546

From	SAN DIEGO, CA	Departs	7:10am
To	WASHINGTON DULLES, DC	Arrives	2:52pm
Departure Terminal	1		
Duration	04hr(s) :42min(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: Fri, Mar 22

Flight: UNITED AIRLINES 229

From	WASHINGTON DULLES, DC	Departs	9:05am
To	SAN DIEGO, CA	Arrives	11:44am
		Arrival Terminal	1
Duration	05hr(s) :39min(s)	Class	United Economy
Type	AIRBUS INDUSTRIE A320 JET	Meal	Food for Purchase
Stop(s)	Non Stop		
Seat(s) Details	BOWENS/THELLA	Seat(s) - 10C	UA - XXXXXX 58

DATE: Wed, Sep 18

Others

RESERVATION
RETAINED FOR
180 DAYS

Ticket Information

Ticket Number	UA 7200650131	Passenger	BOWENS THELLA		
		Billed to:	[REDACTED]	USD	* 552.80
Service Fee	XD 0586210487	Passenger	BOWENS THELLA		
		Billed to:	[REDACTED]	USD	* 30.00
				SubTotal	USD 582.80
				Net Credit Card Billing	* USD 582.80
				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.



THE
WASHINGTON
COURT HOTEL

A Harbaugh Hotel

Guest Name: Thella Bowens

Room #: 914
Folio #: RWCH1194B - 1
Group #: 1811
Guests: 1
Clerk:

CL #:

CC #:

Arrive: 03/19/13

Time: 03:36 PM

Depart: 03/22/13

Status: FOL

Date	Description	Reference	Comment	Charges	Credits
03/19/2013	BISTRO 525 FOOD DINNE	1625	BISTRO 525 FOOD DINNER T#: 1-162	\$16.00	} 20.60
03/19/2013	BISTRO 525 GRATUITY	1625	BISTRO 525 GRATUITY T#: 1-1625	\$3.00	
03/19/2013	BISTRO 525 TAX	1625	BISTRO 525 TAX T#: 1-1625	\$1.60	
03/19/2013	ROOM CHARGE	914		\$299.00	} 342.46
03/19/2013	ROOM TAX	914t	ROOM TAX	\$43.36	
03/20/2013	BISTRO 525 FOOD LUNCI	1697	BISTRO 525 FOOD LUNCH T#: 1-1697	\$11.00	} 14.60
03/20/2013	BISTRO 525 GRATUITY	1697	BISTRO 525 GRATUITY T#: 1-1697	\$2.50	
03/20/2013	BISTRO 525 TAX	1697	BISTRO 525 TAX T#: 1-1697	\$1.10	
03/20/2013	ROOM CHARGE	914		\$299.00	} 342.46
03/20/2013	ROOM TAX	914t	ROOM TAX	\$43.36	
03/21/2013	ROOM CHARGE	914		\$299.00	} 342.46
03/21/2013	ROOM TAX	914t	ROOM TAX	\$43.36	

Folio Balance: \$1,062.28

I agree that my liability for this bill is not waived and agree to be held personally liable for all charges

Signature: _____

525 New Jersey Avenue, N.W.

Washington, DC 20001-1527

(202) 628-2100 | (800) 321-3010

Fax (202) 879-7951

For your future reservations, please visit our website at
www.washingtoncourthotel.com

#4

4/11/13 Requested itemized receipts for Bistro 525

Will take 2 days - Meski (POC)

3/19 \$20.60

3/20 14.60

RECEIPTS FROM TRAVEL TO WASHINGTON, D.C.
March 19-22, 2013—THELLA F. BOWENS

RECEIPT

Washington Dulles International Airport
 Washington Flyer Tax

Date: 03/20/13
 Name: _____
 \$: 22.00 + #12
 From: Dulles airport
 To: Washington
 Driver: Omar
 TAXICAB # 202-255-9285



525 New Jersey Ave NW
 Washington, DC

104 Armando

Tbl 34/1 Chk 1697 Gst 1
 Mar20'13 11:50AM

1 Spinach & Cranb	3.00
1 Iced Tea	2.00
Subtotal	11.00
Sales Tax	1.10
2:12PM Total	12.10
Tip	<u>2.00</u>
Total	<u>14.10</u> ✓

Room Number _____
 Print Name _____
 Signature _____

*****LONGWORTH CAFE*****

7 SHERRIA ✓
 Chk 7542 MAR20'13 2:32PM ✓

LW CAFE	
1 COMP WATER ✓	1.60
1 YOGURT 6 OZ ✓	1.60
1 12 OZ COFFEE ✓	1.60
FOOD SUBTOTAL	4.80
PAYMENT	4.80 ✓
CASH	20.00
CHANGE DUE	15.20

Other meal 3/20

Breakfast 3/20

**RECEIPTS FROM TRAVEL TO WASHINGTON, D.C.
March 19-22, 2013—THELLA F. BOWENS**

Fiola

601 Pennsylvania Ave. NW
Washington, D.C. 20004
(Entrance on Indiana Ave)
www.fioladc.com

Date: Mar20'13 10:13PM
Card Type: Amex
Acct #: XXXXXXXXXXXX
Card Entry: SWIPED
Trans Type: PURCHASE
Auth Code: 547246
Check: 1208
Table: 64/5
Server: 4044 Anton K

Subtotal: 74.80
Tip: _____
Total: _____

Signature _____
I agree to pay above total
according to my card issuer
agreement.

**** Guest Copy ****

Fiola

601 Pennsylvania Ave. NW
Washington, D.C. 20004
(Entrance on Indiana Ave)
www.fioladc.com

4044 Anton K

Tbl 64/5	Chk 1208	Gst 1
	Mar20'13 07:42PM ✓	

1 Burrata		22.00
1 S.Gr. D. Sole		46.00

Subtotal		68.00
Sales Tax		6.80
10:04PM Total		74.80
Tax2 Coll		6.80

Ask About Wine Classes!

3/20 dinner

**RECEIPTS FROM TRAVEL TO WASHINGTON, D.C.
March 19-22, 2013—THELLA F. BOWENS**

UNITED LAB# 26
 # H96363
 CAB COMP.
 03/22/13 12:36P
 03/22/13 01:32P
 TRIP # 9747
 DIST 30.13 mi
 Rate 1 \$ 75.36
 TOTAL \$ 75.36
 COMPLAINTS CALL
 202 645 6018
 HAVE A NICE DAY!
+ tip

*75.36
 11.30 tip
 86.66*

3/22

SALE RECEIPT
 Store #35743 dri 03/22/13 14:05:00
 Subway Sandwiches & Salads
 46020 Aviation Drive
 Washington Dulles International Airport
 D Gate
 Dulles VA 20166

Trans# 431 Clerk 1 Dwr 1 TRDT 032213
 Receipt # 0000165500 Reg-ID reg-dt
 --- ITEM --- QTY PRICE MEMO PLU
 Dasani WAT 1 T \$ 1.89 49

 SUBTOTAL \$ 1.89
 SalesTax \$ 0.09

 DRIVE-TH **TOTAL \$ 1.98
 CredCardAMT TEND \$ 1.98 ✓

 CHANGE DUE \$ 0.00

Take our 1-min Survey @ www.tellsubway.com & receive a free cookie.
 Approval No: 529119
 Reference No: 308118996269
 Acquired: Swipe
 Account No: *****
 Card Issuer: Amex
 Amount: \$1.98

SALE RECEIPT
 Store #35743 dri 03/22/13 14:04:36
 Subway Sandwiches & Salads
 46020 Aviation Drive
 Washington Dulles International Airport
 D Gate
 Dulles VA 20166

Trans# 430 Clerk 1 Dwr 1 TRDT 0322 3
 Receipt # 0000165499 Reg-ID reg-dt
 --- ITEM --- QTY PRICE MEMO PLU
 TUNA 6s 1 T \$ 5.75 10317
 CHIPS 1 T \$ 0.99 10020

 SUBTOTAL \$ 6.74
 SalesTax \$ 0.34

 DRIVE-TH **TOTAL \$ 7.08
 CredCardAMT TEND \$ 7.08 ✓

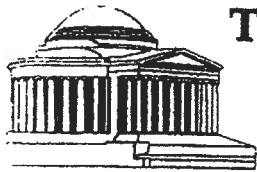
 CHANGE DUE \$ 0.00

Take our 1-min Survey @ www.tellsubway.com & receive a free cookie.
 Approval No: 504149
 Reference No: 308118996036
 Acquired: Swipe
 Account No: *****
 Card Issuer: Amex
 Amount: \$7.08

3/22 Lunch

*7.08 } 9.06
 .00*

RECEIPTS FROM TRAVEL TO WASHINGTON, D.C.
March 19-22, 2013—THELLA F. BOWENS



TAXICAB RECEIPT

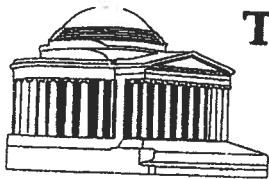
Time: _____

Date: 3/21/13

Origin of trip: hotel

Destination: ACI NA Townhouse

Fare: 7.45 + 1 tip Sign: _____



TAXICAB RECEIPT

Time: _____

Date: 3/21

Origin of trip: ACI NA Townhouse

Destination: hotel

Fare: 7.45 + 1 tip Sign: _____

SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY

MISSING RECEIPT FORM

Employee/Department Head must complete form below.

Date of Purchase/Event: 3/19/2013

Description of Item/Event: Dinner

Vendor/Event Name: Bistro 525

Dollar Amount: 20.6

Reason for Missing Receipt: Itemized receipt has been requested and takes two days to receive. Submitting without receipt until received 4/12 or 4/15.

I hereby certify that the original receipt in question was lost or none was issued to me.



Employee Signature



Date

Department Head Signature

Date

Form must be attached to Petty Cash Voucher for Reimbursement

SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY

MISSING RECEIPT FORM

Employee/Department Head must complete form below.

Date of Purchase/Event: 3/20/2013

Description of Item/Event: Lunch

Vendor/Event Name: Bistro 525

Dollar Amount: 14.6

Reason for Missing Receipt: Itemized receipt has been requested and takes two days to receive. Submitting as an update without receipt until received 4/12 or 4/15.

I hereby certify that the original receipt in question was lost or none was issued to me.


Employee Signature


Date

Department Head Signature

Date