



**SAN DIEGO COUNTY
REGIONAL AIRPORT AUTHORITY**

Meeting Date: **MAY 3, 2012**

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 2012 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

ROBERT GLEASON

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/02
Position: Board Member President/CEO Gen. Counsel Chief Auditor
 All other Authority employees (does not require executive committee administrator approval)

2. DATE OF REQUEST: 4/3/12 PLANNED DATE OF DEPARTURE/RETURN: 4/21/12 / 4/24/12

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

Destination: Pasadena, CA Purpose: Attend conference
Explanation: ACI-NA 2012 Airport Board and Commissioners Conference

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE	\$
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$ 166.50
B. LODGING	\$ 600.00
C. MEALS	\$ 100.00
D. SEMINAR AND CONFERENCE FEES	\$ 650.00
E. ENTERTAINMENT (If applicable)	\$
F. OTHER INCIDENTAL EXPENSES	\$ 50.00
TOTAL PROJECTED TRAVEL EXPENSE	\$ 1566.50

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: 4.9.12

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:  Date: 4.9.12

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.)

JIM PANKNIN

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: Jim Panknin Dept: Board/02
Position: Board Member President/CEO Gen. Counsel Chief Auditor
 All other Authority employees (does not require executive committee administrator approval)

2. DATE OF REQUEST: 4/3/12 PLANNED DATE OF DEPARTURE/RETURN: 4/21/12 / 4/24/12

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

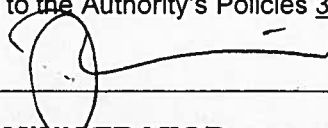
Destination: Pasadena, CA Purpose: Attend conference
Explanation: ACI-NA 2012 Airport Board and Commissioners Conference

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE	\$	
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$	166.50
B. LODGING	\$	600.00
C. MEALS	\$	100.00
D. SEMINAR AND CONFERENCE FEES	\$	650.00
E. ENTERTAINMENT (If applicable)	\$	
F. OTHER INCIDENTAL EXPENSES	\$	50.00
TOTAL PROJECTED TRAVEL EXPENSE	\$	1566.50

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: 4/3/12

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:  Date: 4-9-12

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

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

THELLA F. BOWENS

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

3/28 → Corporate

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: 3/28/12 PLANNED DATE OF DEPARTURE/RETURN: 04/22/12 / 04/24/12

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

Destination: Pasadena, CA Purpose: 2012 Airport Board Members & Commissioners Conference
Explanation: 2012 Airport Board Members & Commissioners Conference

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE	\$	
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$	200.00
B. LODGING	\$	400.00
C. MEALS	\$	100.00
D. SEMINAR AND CONFERENCE FEES	\$	650.00
E. ENTERTAINMENT (If applicable)	\$	0.00
F. OTHER INCIDENTAL EXPENSES	\$	
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: 28 March 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: 3.28.12

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: 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: 04/17/12 PLANNED DATE OF DEPARTURE/RETURN: 06/15/12 / 06/17/12

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

Destination: Grand Rapids, Michigan Purpose: 2012 Small Airports Conference as Chair of ACI-NA Board

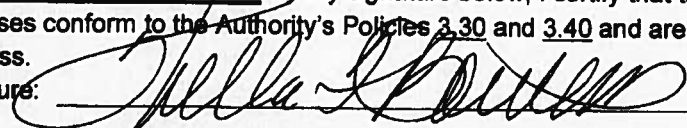
Explanation: _____

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE	\$	600.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$	100.00
B. LODGING	\$	500.00
C. MEALS	\$	200.00
D. SEMINAR AND CONFERENCE FEES	\$	400.00
E. ENTERTAINMENT (If applicable)	\$	
F. OTHER INCIDENTAL EXPENSES	\$	100.00
TOTAL PROJECTED TRAVEL EXPENSE	\$	1900.00

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: 4/17/12

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

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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: _____

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

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 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: 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: 04/17/12 PLANNED DATE OF DEPARTURE/RETURN: 06/03/12 / 06/07/12

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: ACI-NA Marketing & Communications/Jumpstart Conference as Chair of ACI-NA

Explanation: _____

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

- AIRFARE \$ 500.00
- OTHER TRANSPORTATION (Taxi, Train, Car Rental) \$ 100.00

B. LODGING \$ 700.00

C. MEALS \$ 200.00

D. SEMINAR AND CONFERENCE FEES \$ 825.00

E. ENTERTAINMENT (If applicable) \$

F. OTHER INCIDENTAL EXPENSES \$ 100.00

TOTAL PROJECTED TRAVEL EXPENSE \$ 2425.00

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: 4/17/12

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

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(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: 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: 04/17/12 PLANNED DATE OF DEPARTURE/RETURN: 07/19/12 / 07/20/12

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

Destination: San Jose, CA Purpose: California Airports Council Board of Directors Meeting

Explanation: _____

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE	\$ 475.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$ 100.00
B. LODGING	\$ 250.00
C. MEALS	\$ 100.00
D. SEMINAR AND CONFERENCE FEES	\$
E. ENTERTAINMENT (If applicable)	\$
F. OTHER INCIDENTAL EXPENSES	\$ 100.00
TOTAL PROJECTED TRAVEL EXPENSE	\$ 1025.00

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: 4/17/12

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

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: 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: 04/17/12 PLANNED DATE OF DEPARTURE/RETURN: 06/19/12 / 06/22/12

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

Destination: Coeur D' Alene, Idaho Purpose: ACI-NA Summer Board and Executive Committee Meeting

Explanation: _____

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

- AIRFARE \$ 500.00
- OTHER TRANSPORTATION (Taxi, Train, Car Rental) \$ 200.00

B. LODGING \$ 900.00

C. MEALS \$ 200.00

D. SEMINAR AND CONFERENCE FEES \$ _____

E. ENTERTAINMENT (If applicable) \$ _____

F. OTHER INCIDENTAL EXPENSES \$ 100.00

TOTAL PROJECTED TRAVEL EXPENSE \$ 1900.00

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: 4/17/12

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

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 (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 - 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: 04/13/12 PLANNED DATE OF DEPARTURE/RETURN: 09/04/12 / 09/13/12

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

Destination: Calgary, Canada Purpose: ACI-NA 21st Annual Conference & Exhibition
Explanation: _____

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

- AIRFARE \$ 700.00
- OTHER TRANSPORTATION (Taxi, Train, Car Rental) \$ _____

B. LODGING \$ 1800.00

C. MEALS \$ 300.00

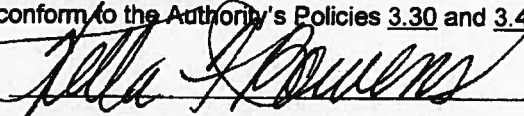
D. SEMINAR AND CONFERENCE FEES \$ 795.00

E. ENTERTAINMENT (If applicable) \$ _____

F. OTHER INCIDENTAL EXPENSES \$ 100.00

TOTAL PROJECTED TRAVEL EXPENSE \$ 3695.00

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: 4-17-12

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: _____ 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

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: 2/23/2012 RETURN DATE: 2/27/2012 REPORT DUE: 3/28/12
 DESTINATION: Dallas, Texas

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 2/26/12	MONDAY 2/27/12	TUESDAY	WEDNESDAY	THURSDAY 2/23/12	FRIDAY 2/24/12	SATURDAY 2/25/12	
Air Fare, Railroad, Bus (attach copy of itinerary w/charges)	905.20								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.)*									0.00
Hotel*						161.59			161.59
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*						16.50		16.50
	Dinner*					78.49			78.49
	Other Meals*								0.00
<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	905.20	0.00	0.00	0.00	0.00	240.08	16.50	0.00	256.58

Explanation:

Total Expenses Prepaid by Authority	905.20
Total Expenses incurred by Employee (including cash advances)	256.58
Grand Trip Total	1,161.78
Less Cash Advance (attach copy of Authority ck)	
Less Expenses Prepaid by Authority	905.20
Due Traveler (positive amount)²	
Due Authority (negative amount)³	256.58

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

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.

⁴ Travel and Lodging Expense Reimbursement Policy 3.40

⁵ Business Expense Reimbursement Policy 3.30

Prepared By: Amy Caldera
 Traveler Signature: Thella F. Bowens
 Approved By: _____

Ext.: 2445
 Date: 17 April 2012
 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.

417 → Corporate Services /
Email 4:16 pm

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

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: 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: 01/31/12 PLANNED DATE OF DEPARTURE/RETURN: 02/23/12 | 02/24/12

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

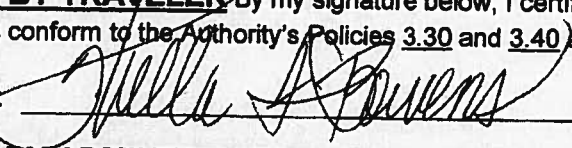
Destination: Dallas, TX Purpose: Meeting with Southwest Airlines
Explanation: Meeting with Southwest Airlines Headquarters

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE	\$ <u>850.00</u>
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$ <u>100.00</u>
B. LODGING	\$ <u>250.00</u>
C. MEALS	\$ <u>100.00</u>
D. SEMINAR AND CONFERENCE FEES	\$ _____
E. ENTERTAINMENT (If applicable)	\$ _____
F. OTHER INCIDENTAL EXPENSES	\$ _____
TOTAL PROJECTED TRAVEL EXPENSE	\$ <u>1300.00</u>

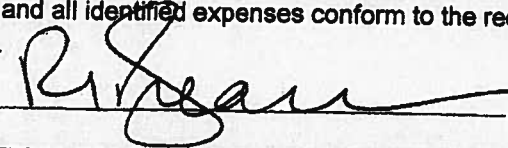
CERTIFICATION BY TRAVELER By my signature below, I certify that the above listed out-of-town travel and associated expenses conform to the Authority's Policies 3.30 and 3.40 and are reasonable and directly related to the Authority's business.

Travelers Signature:  Date: 2 Feb 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: 2-9-12

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 2/21/2012 meeting.
(Leave blank and we will insert the meeting date.)



Traveltrust
 374 North Coast Highway 101
 Encinitas, Ca 92024
 Tel: 760-635-1700
 Fax: 760-635-1720
 Website: www.traveltrust.com

BOWENS/THELLA

14-Feb-2012 10:06 am
 Page 1 of 2

YOUR SOUTHWEST ETICKET CONFIRMATION IS ** IC93BT **
 -----INVOICE/ITINERARY ACCOUNTING DOCUMENT-----
 *****TICKETLESS TRAVEL INSTRUCTIONS*****
 THIS IS AN E-TICKET RESERVATION.
 A GOVERNMENT ISSUED PHOTO ID IS NEEDED AT CHECK IN
 A PORTION OF THIS TRIP MAY BE REFUNDABLE. PLEASE RETURN
 UNUSED PORTIONS TO TRAVELTRUST FOR POSSIBLE REFUND.

 *****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

 23-Feb-2012 11:40am Thursday	Air	Southwest Airlines	Flight#	934	Class:	Y
	From:	San Diego CA, USA	To:	Dallas Love Field TX, USA		
	Meal:	None				
	Equip:	Boeing 737-700 Jet	Status:	Confirmed		
	Depart:	23-Feb-2012 Thursday 11:40am	Stops:	1 (El Paso TX)		
	Arrival:	23-Feb-2012 Thursday 05:25pm				

Depart - TERMINAL 1
 Arrive -
 Southwest Airlines locator: IC93BT
 Flight Duration: 1 hour(s) and 45 minutes
 Class of Service: Coach

 27-Feb-2012 09:05am Monday	Air	Southwest Airlines	Flight#	462	Class:	Y
	From:	Dallas Love Field TX, USA	To:	San Diego CA, USA		
	Meal:	None				
	Equip:	Boeing 737-700 Jet	Status:	Confirmed		
	Depart:	27-Feb-2012 Monday 09:05am	Stops:	1 (San Antonio TX)		
	Arrival:	27-Feb-2012 Monday 11:50am				

Depart -
 Arrive - TERMINAL A
 Depart - TERMINAL A
 Arrive - TERMINAL 1
 Southwest Airlines locator: IC93BT
 Flight Duration: 1 hour(s) and 05 minutes
 Class of Service: Coach

Other

25-Aug-2012
 Saturday
 San Diego CA, USA
 RESERVATION RETAINED FOR 180 DAYS-A

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 888-221-8062 AND USE YOUR VIT CODE - S7NS0
 PLEASE NOTE THIS IS OUR NEW EMERGENCY NUMBER
 EACH EMERGENCY CALL IS BILLABLE AT A MINIMUM 25.00
 THANK YOU FOR CHOOSING TRAVELTRUST...SCOTT MACKERLEY

Ticket Information

BOWENS THELLA		
Ticket#: 2421435125	Ticket Base Fare:	875.20
Invoice#: 1191760	Ticket Tax:	0.00
	Total Ticket Amount:	875.20

Electronic: YES

SERVICE FEE DOCUMENT #: 0571677258 FEE AMOUNT: 30.00

BILLED TO: AMERICAN EXPRESS ENDING IN [REDACTED]

\$905.20



Hilton Anatole

Dallas

2201 Stemmons Freeway • Dallas, TX 75207
Phone (214) 748-1200 • Fax (214) 761-7520
Reservations
www.hilton.com or 1 800 HILTONS

Name & Address

BOWENS, THELLA
3225 NORTH HARBOR DRIVE

SAN DIEGO, CA 92101
US

Room 2074/K1
Arrival Date 2/23/2012
Departure Date 2/24/2012

Adult/Child 1/0
Room Rate 143.00

6:11:00PM

RATE PLAN L-G1

HH# [REDACTED] BLUE

AL

BONUS AL CAR

Confirmation Number : 3460311769

2/24/2012 PAGE 1

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE
2/23/2012	NANA RESTAURANT	LINTR	6703151	020.74		
2/23/2012	NANA RESTAURANT	LINTR	6703152			
2/23/2012	NANA RESTAURANT	LINTR	6703154	\$78.49		
2/23/2012	GUEST ROOM	KLH	6703600	\$143.00		
2/23/2012	ROOM TAXES	KLH	6703600	\$18.59		
WILL BE SETTLED TO AX * [REDACTED]						\$240.08
EFFECTIVE BALANCE OF						\$0.00
<p>Hilton HHonors(R) stays are posted within 72 hours of checkout. To check your earnings for this or any other stay at more than 3,000 Hilton Family hotels worldwide, please visit HiltonHHonors.com.</p> <p>Thank you for choosing Hilton! Book your next stay at hilton.com and take advantage of our internet-only Advance Purchase Rates and limited-time special offers!</p> <p>X7380 Jules Ramirez</p>						

DATE OF CHARGE	FOLIO NO./CHECK NO. 1039889 A
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	

PAYMENT DUE UPON RECEIPT

T
H
A
N
K

Y
O
U

Zip-Out Check-Out®

Good Morning ! We hope you enjoyed your stay. With Zip-Out Check-Out® there is no need to stop at the Front Desk to check out.

- Please review this statement. It is a record of your charges as of late last evening.
- For any charges after your account was prepared, you may:
 - + pay at the time of purchase.
 - + charge purchases to your account, then stop by the Front Desk for an updated statement.
 - + or request an updated statement be mailed to you within two business days.

If the statement meets with your approval, simply press the Zip-Out Check-Out button on your guest room telephone. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room. Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.

**RECEIPTS FROM TRAVEL TO DALLAS, TX
February 23 - 24, 2012—THELLA F. BOWENS**

Nana	
1286425 Espinoza	
TBL 38/2	CHK 1517 GST 0
Feb23'12 06:40PM	

1 ARUGULA	12.00
1 FILET	46.00
Medium	
1 Iced Tea	2.50
1 \$ Grat	13.00
1 Room Charge	20.74
2074 BOWENS/THEL	
1 \$ Grat	13.00-V
1 Room Charge	20.74-V
2074 BOWENS/THEL	
1 \$ Grat	13.00
1 Room Charge	78.49
2074 BOWENS/THEL	
Subttl	60.50
Svc Chg	13.00
Tax	4.99
Total	78.49
---CLOSED	Feb23'12 08:01PM----
---POSTED	Feb23'12 08:01PM----

BIG AL'S BBQ
3125 INWOOD ROAD
DALLAS, TEXAS 75235
214-350-2649

02/24/2012 12:14PM 0001
000000#2077

2HEAT DINNER	11	\$12.99
DRINK	11	\$2.25
HOSE ST		\$15.24
TAX1		\$1.26

CASH **\$16.50**

**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: 4/16/2012 RETURN DATE: 4/17/2012 REPORT DUE: 5/17/12
 DESTINATION: Las Vegas, Nevada

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)	457.60		4/16/12	4/17/12					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.)*			16.90	15.80					32.70
Hotel*									0.00
Telephone, Internet and Fax*			13.99						13.99
Laundry*									0.00
Tips - separately paid (maids, bellhop, other hotel srvs.)									0.00
Meals (include tips pd.)	Breakfast*			22.34					22.34
	Lunch*								0.00
	Dinner*		24.15						24.15
	Other Meals*								0.00
<i>Alcohol is a non-reimbursable expense</i>									
Hospitality ^{1*}									0.00
Miscellaneous: Baggage Fees									0.00
									0.00
*Provide detailed receipts									0.00
Total Expenses prepaid by Authority	457.60	0.00	55.04	38.14	0.00	0.00	0.00	0.00	93.18

Explanation:	Total Expenses Prepaid by Authority	457.60
	Total Expenses Incurred by Employee (including cash advances)	93.18
	Grand Trip Total	550.78
	Less Cash Advance (attach copy of Authority ck)	
	Less Expenses Prepaid by Authority	457.60
	Due Traveler (positive amount) ²	
	Due Authority (negative amount)³	93.18

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

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 Caldera Ext.: 2445
 Traveler Signature: Thella F. Bowens Date: 17 April 2012
 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 F. Bowens Dept: 06
 Position: Board Member President/CEO Gen. Counsel Chief Auditor
 All other Authority employees (does not require executive committee administrator approval)

2. DATE OF REQUEST: 2/10/12 PLANNED DATE OF DEPARTURE/RETURN: 04/16/12 / 4/19/12

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

Destination: Las Vegas, NV Purpose: ACI-NA Operations and Technical Affairs/Environmental Affairs Conference
 Explanation: _____


4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

- AIRFARE \$ 450.00
- OTHER TRANSPORTATION (Taxi, Train, Car Rental) \$

B. LODGING	\$ 433.44
C. MEALS	\$ 150.00
D. SEMINAR AND CONFERENCE FEES	\$ 695.00
E. ENTERTAINMENT (If applicable)	\$ 0.00
F. OTHER INCIDENTAL EXPENSES	\$ 0.00
TOTAL PROJECTED TRAVEL EXPENSE	\$ 1728.44

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: 2/16/12

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: _____ Date: _____

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

1. Tony R. Russell, Authority Clerk, hereby certify that this document was approved
 (Please leave blank. Whoever clerks the meeting will insert their name and title.)
 by the Executive Committee at its 2/21/2012 meeting.
 (Leave blank and we will insert the meeting date.)



TravelTrust
 374 North Coast Highway 101
 Encinitas, Ca 92024
 Tel: 760-635-1700
 Fax: 760-635-1720
 Website: www.traveltrust.com

BOWENS/THELLA

DEPT 6

29-Mar-2012 2:47 pm

Page 1 of 1

YOUR SOUTHWEST ETICKET CONFIRMATION IS ** 49RI4S **

-----INVOICE/ITINERARY ACCOUNTING DOCUMENT-----


*****TICKETLESS TRAVEL INSTRUCTIONS*****

THIS IS AN E-TICKET RESERVATION.

A GOVERNMENT ISSUED PHOTO ID IS NEEDED AT CHECK IN
 A PORTION OF THIS TRIP MAY BE REFUNDABLE. PLEASE RETURN
 UNUSED PORTIONS TO TRAVELTRUST FOR POSSIBLE REFUND.

*****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


 16-Apr-2012
 03:25pm
 Monday

Air Southwest Airlines **Flight#** 391 **Class:** K
From: San Diego CA, USA **To:** Las Vegas NV, USA
Meal: None
Equip: Boeing 737-700 Jet **Status:** Confirmed
Depart: 16-Apr-2012 Monday 03:25pm **Stops:** 0
Arrival: 16-Apr-2012 Monday 04:35pm
 Depart - TERMINAL 1
 Arrive - TERMINAL 1
 Southwest Airlines locator: 49RI4S
 Flight Duration: 1 hour(s) and 10 minutes
 Class of Service: Business Select


 17-Apr-2012
 12:15pm
 Tuesday

Air Southwest Airlines **Flight#** 1001 **Class:** K
From: Las Vegas NV, USA **To:** San Diego CA, USA
Meal: None
Equip: Boeing 737-700 Jet **Status:** Confirmed
Depart: 17-Apr-2012 Tuesday 12:15pm **Stops:** 0
Arrival: 17-Apr-2012 Tuesday 01:25pm
 Depart - TERMINAL 1
 Arrive - TERMINAL 1
 Southwest Airlines locator: 49RI4S
 Flight Duration: 1 hour(s) and 10 minutes
 Class of Service: Business Select

Other

14-Oct-2012
 Sunday

San Diego CA, USA
 RESERVATION RETAINED FOR 180 DAYS

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

Ticket Information

BOWENS THELLA
 Ticket#: 2431412138
 Invoice#: 0573272103

Ticket Base Fare: 427.60
 Ticket Tax: 0.00
 Total Ticket Amount: 427.60

Electronic: YES

SERVICE FEE DOCUMENT #: 0573272103 FEE AMOUNT: 30.00

BILLED TO: AMERICAN EXPRESS ENDING IN 

\$ 457.60

Caldera Amy

From: Brito Leticia
Sent: Friday, February 10, 2012 4:43 PM
To: Caldera Amy
Subject: RE: Credit Card Authorization

Hello, Amy

This is your authorization to use your P-Card for this hotel deposit in order to hold the reservation (as listed below). Please ensure that Thella is aware that she will need to change the credit card on record when she checks into the hotel (for additional night charges and any incidentals).

In addition, please make sure you include this email with your respective monthly P-Card reconciliation for audit purposes. Thank you.

Kind Regards,

Leticia Brito
Purchasing Card Program Analyst
Procurement Department
San Diego County Regional Airport Authority P.O. Box 82776 San Diego, CA 92138
(619) 400-2536

From: Caldera Amy
Sent: Friday, February 10, 2012 4:33 PM
To: Brito Leticia
Subject: Credit Card Authorization
Importance: High

Lety,

I need to make a hotel reservation with Planet Hollywood for Thella Bowens for a conference in Las Vegas, NV this April. The hotel requires that one night be pre-paid in the amount of \$144.48. Can you please authorize the use of the p-card for this reservation asap.

Thank you,

Amy Caldera



RESORT & CASINO • LAS VEGAS
3667 South Las Vegas Blvd
Las Vegas, NV 89109
FOR RESERVATIONS CALL 1-866-919-7472
702-785-5555

Name: THELLA BOWENS
Address: 3225 N HARBER DR
SAN DIEGO CA 92101
Group Code: SMACI2
Company Name:

Room: RR2164
Arrive: 4/16/12
Depart: 4/17/12
Persons: 1
Deposit Amt:
Reservation ID: 409484085776
Guest Folio ID: 410145469531

DATE	REFERENCE	DESCRIPTION	TKT#	S	AMOUNT	DATE	REFERENCE	DESCRIPTION	TKT#	S	AMOUNT
04/16/12	410149001496	ROOM CHARGE RR 2164	RR 2164		129.00						
		TAX			15.48						
04/16/12	410145469532	ADVANCE DEPOSIT *****			144.48-						
04/16/12	410145513717	ROOM SERVICE	4721020		29.15						
04/16/12	410145519414	INTERNET ROOM CHARGE 2164 22:26 Internet Svc	5519414		13.99						
04/17/12	410155591380	FRONT DESK AMEX *****			43.14-						
TOTAL											.00

} prepay requirement
- see attached receipt

C/O CASHIER YASUKO

RECEIPTS FROM TRAVEL TO LAS VEGAS, NEVADA

April 16 - 17, 2012—THELLA F. BOWENS

4/17 Hotel to Airport

YELLOW-CHECKER-STAR

"THE" CAB COMPANIES

Las Vegas, Nevada

873-2227

COMPUTER RADIO DISPATCHED

DRIVER# _____ DATE 4/16/12
(CHARGE THE ACCT. OF) 14.90 + 2.00 tip
(RECEIVED OF) _____

FOR TAXI FARE FROM Melayran

TO Planet Hollywood Hotel

(X) DRIVER NAME _____

(X) PASSENGER SIGNATURE _____

PASSENGER RECEIPT

CAB#: 6090
DATE: 4/17/2012
TIME: 10:53
RECEIPT#: 11823
AMOUNT : \$ 13.80
CARD WILL BE CHARGED
EXTRA \$3.00 FEE
CARDNUMBER: [REDACTED]
AUTH#: 506258

-VERIFONETS.COM-

15.80



PLANET DAILIES LAS VEGAS

LAS VEGAS, NV 89109

CHECK: 250
TABLE: 124 / 1
SERVER: 1919 VICTOR C
DATE: APR17'12 10:32AM
CARD TYPE: AMEX
ACCT #: XXXXXXXXXXXX [REDACTED]
EXP DATE: XX/XX
AUTH CODE: 566251
RESEARCH: 000000000000
THELLA F BOWENS

PLANET DAILIES LAS VEGAS
PLANET HOLLYWOOD RESORT & CASINO
702 732-1222

1919 VICTOR C

TBL 124/1 CHK 2501 GST 1
APR17'12 10:17AM

SUBTOTAL: 18.84

GRATUITY: 3.50

TOTAL: 22.34

Thella F Bowens
GUEST SIGNATURE

NOTE: Debit/Check Card Users!
Your bank may hold pre-authorize
funds 3-7 business days before
actual charge is applied.

1 COFFEE 2.99
1 *BK BERRIES SI 4.50
1 *BKFT BACON* 5.99
1 *BISCUIT* 3.95

TOTAL FOOD 14.44
TOTAL BEVERAGE 2.99
Tax 1.41

10:31 Total Due 18.84

4/17/12 Breakfast

RECEIPTS FROM TRAVEL TO LAS VEGAS, NEVADA
April 16 - 17, 2012—THELLA F. BOWENS



Server: Chad, Baatanchury	Date: 04/16/2012
Revenue Center: Room Service	Meal Period: Swing (11)
Table Name: RR2164	Check Open: 9:20 PM
Cover Count: 1	Check Closed: 9:52 PM
Check #: 4721020	Cashier: Yvette, Ojeda

Item Number	Menu Item	QTY	Amount
70043	RS East Coast Buffalo Wings	1	\$14.00
237			
Total Item Sales:			\$19.00

Service Charges:		Service Charge:	\$5.00
		Gratuity:	\$3.81
		Total Service Charges:	\$8.81
		Tax:	\$1.54
		Direct Tips:	\$0.00
		Total Amount Due:	\$29.15

Payments:		Room Charge(Bowens, Thella):	\$29.15
		Total Payments:	\$29.15

24.15

4/16 dinner

**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: 12/13/11 **PLANNED DATE OF DEPARTURE/RETURN:** 02/08/12 / 02/10/12

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

Destination: Salt Lake City, Utah Purpose: 2012 ACI-NA Winter Board of Directors and CEO Forum
 Explanation: 2012 ACI-NA Winter Board of Directors Meeting and CEO Forum

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE	\$	<u>500.00</u>
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$	<u>150.00</u>
B. LODGING	\$	<u>700.00</u>
C. MEALS	\$	<u>200.00</u>
D. SEMINAR AND CONFERENCE FEES	\$	<u>600.00</u>
E. ENTERTAINMENT (If applicable)	\$	<u> </u>
F. OTHER INCIDENTAL EXPENSES	\$	<u> </u>
TOTAL PROJECTED TRAVEL EXPENSE	\$	<u>2150.00</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: *Thella F. Bowens* Date: Dec 14 2011

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

By my signature below, I certify the following:

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

Administrator's Signature: _____ Date: _____

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

Tony L. Russell Authority Clerk, hereby certify that this document was approved
 (Please leave blank. Whoever clerk's the meeting will insert their name and title.)
 by the Executive Committee at its 12/21/2011 meeting.
 (Leave blank and we will insert the meeting date.)



TravelTrust
 374 North Coast Highway 101
 Encinitas, Ca 92024
 Tel: 760-635-1703
 Fax: 760-635-1720
 Website: www.traveltrust.com

BOWENS/THELLA

DEPT 6

20-Jan-2012 3:15 pm

Page 1 of 2

YOUR UNITED ETICKET CONFIRMATION IS ** K553ZY **
 -----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

✈️ 03-Feb-2012 11:43am Friday	Air	United Airlines	Flight#	596	Class:	S	
	From:	San Diego CA, USA	To:	San Francisco CA, USA			
	Meal:	None	Seats:	Seat:12C			
	Equip:	Airbus A320 Jet	Status:	Confirmed			
	Depart:	03-Feb-2012 Friday	11:43am	Stops:	0		
	Arrival:	03-Feb-2012 Friday	01:20pm				

Depart - TERMINAL 1
 Arrive - TERMINAL 3
 United Airlines locator: K553ZY
 UA Frequent Flyer# [REDACTED]
 ** AISLE SEAT CONFIRMED **
 Flight Duration: 1 hour(s) and 37 minutes
 Class of Service: Coach

✈️ 03-Feb-2012 02:41pm Friday	Air	United Airlines	Flight#	5262	Class:	S	
	From:	San Francisco CA, USA	To:	Salt Lake City UT, USA			
	Meal:	None	Seats:	Seat:2B			
	Equip:	CRJ-Canadair Regional	Status:	Confirmed			
	Depart:	03-Feb-2012 Friday	02:41pm	Stops:	0		
	Arrival:	03-Feb-2012 Friday	05:39pm				

SFO-SLC OPERATED BY /SKYWEST DBA UNITED EXPRESS
 United Airlines locator: K553ZY
 UA Frequent Flyer# [REDACTED]
 ** AISLE SEAT CONFIRMED **
 Flight Duration: 1 hour(s) and 58 minutes
 Class of Service: Coach

✈️ 11-Feb-2012 10:46am Saturday	Air	United Airlines	Flight#	5539	Class:	L	
	From:	Salt Lake City UT, USA	To:	San Francisco CA, USA			
	Meal:	None	Seats:	Seat:5B			
	Equip:	CRJ-700 Canadair Reg	Status:	Confirmed			
	Depart:	11-Feb-2012 Saturday	10:46am	Stops:	0		
	Arrival:	11-Feb-2012 Saturday	11:56am				

SLC-SFO OPERATED BY /UNITED EXPRESS/SKYWEST AIRLINES
 Depart - TERMINAL UNIT 1
 Arrive - TERMINAL 3
 United Airlines locator: K553ZY
 UA Frequent Flyer# [REDACTED]
 ** AISLE SEAT CONFIRMED **
 Flight Duration: 2 hour(s) and 10 minutes
 Class of Service: Coach

✈️ 11-Feb-2012 12:55pm Saturday	Air	United Airlines	Flight#	852	Class:	L	
	From:	San Francisco CA, USA	To:	San Diego CA, USA			
	Meal:	None	Seats:	Seat:21D			
	Equip:	Boeing 757 200 Jet	Status:	Confirmed			
	Depart:	11-Feb-2012 Saturday	12:55pm	Stops:	0		
	Arrival:	11-Feb-2012 Saturday	02:30pm				

Terminal One



Traveltrust
 374 North Coast Highway 101
 Encinitas, Ca 92024
 Tel: 760-635-1700
 Fax: 760-635-1720
 Website: www.traveltrust.com

BOWENS/THELLA

DEPT 6

20-Jan-2012 3:15 pm

Page 2 of 2

Depart - TERMINAL 3
 Arrive - TERMINAL 1
 United Airlines locator: K553ZY
 UA Frequent Flyer# [REDACTED]
 ** EXIT ROW AISLE SEAT CONFIRMED **
 Flight Duration: 1 hour(s) and 35 minutes
 Class of Service: coach

Other

08-Aug-2012
 Wednesday

San Diego CA, USA
 RESERVATION RETAINED FOR 180 DAYS

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

Ticket Information

BOWENS THELLA
 Ticket#: 8737910513
 Invoice#: 1191148

Ticket Base Fare:	305.11
Ticket Tax:	66.09
Total Ticket Amount:	371.20

Electronic: YES

SERVICE FEE DOCUMENT #: 0570867107 FEE AMOUNT: 30.00

BILLED TO: AMERICAN EXPRESS ENDING IN [REDACTED]

} #401.20

(2/3 departure due to personal travel preceding
 the 2012 ACI-NFA Winter Board of Directors and
 CEO forum)

Thella Bowens

The GRAND AMERICA Hotel

02-11-12

Room No. : 1788
 Arrival : 02-07-12
 Departure : 02-11-12
 Page No. : 1 of 1
 Folio No. : 594691
 Conf. No. : 3760064
 Cashier No. : 649
 User ID : JTUCKETT
 Invoice No. :

INFORMATION INVOICE

Membership No. :
 A/R Number :
 Group Code : ACIN0212
 Company Name : Airports Council International-†

Date	Description	Additional Information	Charges	Credits
02-07-12	Room Charge		204.00	
02-07-12	Taxes Room Tax		11.73	} 229.70
02-07-12	Taxes State Sales Tax		13.97	
02-08-12	Room Charge		204.00	
02-08-12	Taxes Room Tax		11.73	} 229.70
02-08-12	Taxes State Sales Tax		13.97	
02-09-12	Garden Cafe Dinner	Room# 1788 : CHECK# 3487	36.30	
02-09-12	Garden Cafe Dinner	Room# 1788 : CHECK# 3487	36.30	
02-09-12	Garden Cafe Dinner	Room# 1788 : CHECK# 3487	30.07	} See page 3 of 4
02-09-12	Room Charge		204.00	
02-09-12	Taxes Room Tax		11.73	} 229.70
02-09-12	Taxes State Sales Tax		13.97	
02-10-12	Room Charge		204.00	
02-10-12	Taxes Room Tax		11.73	} 229.70
02-10-12	Taxes State Sales Tax		13.97	
02-11-12	American Express Payment			
Total			948.87	948.87
Balance				0.00

██████████ XX/XX

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the full amount of these charges.

Guest Signature: _____

RECEIPTS FROM TRAVEL TO SALT LAKE CITY, UTAH
February 3 - 11, 2012—THELLA F. BOWENS

RETURN OR EXCHANGE
WITHIN 14 DAYS ON
ANY ITEM NOT WORN
OR ALTERED, WITH
ORIGINAL RECEIPT
THANK YOU

RETURN OR EXCHANGE
WITHIN 14 DAYS ON
ANY ITEM NOT WORN
OR ALTERED, WITH
ORIGINAL RECEIPT
THANK YOU

006 PM GASUNDR Store: 0008
Register # 03. Receipt#: 7661
CUSTOMER COPY
Tue Feb 07 2012 18:18:22

006 PM GASUNDR Store: 0008
Register # 03. Receipt#: 7803
CUSTOMER COPY
Thu Feb 09 2012 20:14:58

Sales ID: 13-GABRIELLA

Sales ID: 25-MARIYA

SMART WATER \$2.00TX
786162200433

Sale Total	\$2.00
Tax Total	\$0.14
Total	\$2.14
Cash	\$2.14

2 @ \$2.00
SMART WATER \$4.00TX
786162200433

Sale Total	\$4.00
Tax Total	\$0.27
Total	\$4.27
Cash	\$20.27
Change	\$16.00

GRAND AMERICA HOTEL
SALT LAKE CITY, UT.
Items 1

GRAND AMERICA HOTEL
SALT LAKE CITY, UT.
Items 2

**RECEIPTS FROM TRAVEL TO SALT LAKE CITY, UTAH
February 3 - 11, 2012—THELLA F. BOWENS**

51293487

NICK C STEPHE 206
Thu 02/09/12 10:09 PM 3
Guest Num: 3 CAFE

1 ROMAIN SALAD 8.00
1 SM GNOCCHI 12.00
1 SOFT DRINK 2.50

SubTotal 22.50
Taxes... 1.77

Please pay this amount
Total 24.27

GRATUITY

\$ 5.80

TOTAL

\$ 30.07

** ROOM CHARGES **

ROOM

\$ 1788

ROOM GUEST (PRINT)

GUEST SIGN

THELLA BOWENS
Thella F. Bowens

GRAND AMERICA
GARDEN CAFE
555 SOUTH MAIN STREET
SALT LAKE CITY, UT 84111
801-258-6000

51293487

NICK C STEPHE 206
Thu 02/09/12 10:09 PM 3
Guest Num: 3 CAFE

~~1 SOFT DRINK 5.00~~ 2.50
1 ONION SOUP 6.00
1 HOUSE SALAD 8.00
~~1 ROMAIN SALAD 16.00~~ 8.00
1 DRESS ON SIDE 0.00
1 PAN S. HALIBUT 29.00
1 BOWL OF BERRIES 8.00
1 SM GNOCCHI 12.00 12.00

SubTotal 34.00
Taxes... 6.59

Please pay this amount
Total 90.59

GRATUITY

\$

TOTAL

\$

** ROOM CHARGES **

ROOM

\$

ROOM GUEST (PRINT)

GUEST SIGN

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: 3/17/2012 RETURN DATE: 3/23/2012 REPORT DUE: 4/22/12
 DESTINATION: Geneva, Switzerland

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 3/18/12	MONDAY 3/19/12	TUESDAY 3/20/12	WEDNESDAY 3/21/12	THURSDAY 3/22/12	FRIDAY 3/23/12	SATURDAY 3/17/12	
Air Fare, Railroad, Bus (attach copy of itinerary w/charges)	6,545.40								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.)*			44.73				35.79		80.52
Hotel*		333.70	333.70	333.70	333.70	333.70		245.89	1,914.39
Telephone, Internet and Fax*									0.00
Laundry*									0.00
Tips - separately paid (maids, bellhop, other hotel srvs.)									0.00
Meals (Include tips pd.)	Breakfast*								0.00
	Lunch*								0.00
	Dinner*		60.37		61.09	27.44			148.90
	Other Meals*				0.85				0.85
<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	6,545.40	394.07	378.43	333.70	395.64	361.14	35.79	245.89	2,144.66

Explanation:

Total Expenses Prepaid by Authority	6,545.40
Total Expenses Incurred by Employee (including cash advances)	2,144.66
Grand Trip Total	8,690.06
Less Cash Advance (attach copy of Authority ck)	
Less Expenses Prepaid by Authority	6,545.40
Due Traveler (positive amount) ²	
Due Authority (negative amount) ³	2,144.66

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

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

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

⁴ Travel and Lodging Expense Reimbursement Policy 3.40

⁵ Business Expense Reimbursement Policy 3.30

Prepared By: Amy Caldera
 Traveler Signature: Thella F. Bowens
 Approved By: _____

Ext.: 2445
 Date: 4/17/12
 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 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: 12/13/11 PLANNED DATE OF DEPARTURE/RETURN: 03/17/12 / 03/23/12

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

Destination: Geneva, Switzerland Purpose: ACI World Aviation and Environmental Summit and ACI World Board Meeting
Explanation: ACI World Aviation and Environmental Summit and ACI World Board Meeting

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE	\$ 6200.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$ 200.00
B. LODGING	\$ 2500.00
C. MEALS	\$ 400.00
D. SEMINAR AND CONFERENCE FEES	\$ 600.00
E. ENTERTAINMENT (If applicable)	\$
F. OTHER INCIDENTAL EXPENSES	\$
TOTAL PROJECTED TRAVEL EXPENSE	\$ 9900.00

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: 4 Dec 2011

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

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

Administrator's Signature: _____ Date: _____

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

Tony P. Russell, Authority Clerk, hereby certify that this document was approved by the Executive Committee at its 12/21/2011 meeting.
(Please leave blank. Whoever clerk's the meeting will insert their name and title.)
(Leave blank and we will insert the meeting date.)



TravelTrust
 374 North Coast Highway 101
 Encinitas, Ca 92024
 Tel: 760-635-1700
 Fax: 760-635-1720
 Website www.traveltrust.com

BOWENS/THELLA

DEPT 6

20-Jan-2012 1:48 pm

Page 1 of 2

YOUR UNITED ETICKET CONFIRMATION IS ** XSS84M **
 -----INVOICE/ITINERARY ACCOUNTING DOCUMENT-----
 *****TICKETLESS TRAVEL INSTRUCTIONS*****
 THIS IS AN E-TICKET RESERVATION.
 A GOVERNMENT ISSUED PHOTO ID IS NEEDED AT CHECK IN
 A PORTION OF THIS TRIP MAY BE REFUNDABLE. PLEASE RETURN
 UNUSED PORTIONS TO TRAVELTRUST FOR POSSIBLE REFUND.

 *****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 SWITZERLAND
 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 AFTERTHOUS SERVICE
 WHILE IN SWITZERLAND
 PLEASE CALL 00-800-15253545
 IF INTL AFTERTHOUS 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


 17-Mar-2012
 05:38pm
 Saturday

Air	United Airlines	Flight#	974	Class:	D
From:	Washington Dulles DC, USA	To:	Geneva, Switzerland	Meals:	Dinner Snack/brunch
Meal:	Dinner Snack/brunch	Seats:	Seat:8H	Status:	Confirmed
Equip:	Boeing 767 Jet	Stops:	0		
Depart:	17-Mar-2012 Saturday		05:38pm		
Arrival:	18-Mar-2012 Sunday		08:40am		

Depart -
 Arrive - MAIN TERMINAL
 United Airlines locator: XSS84M
 UA Frequent Flyer# [REDACTED] -BOWENS/THELLA
 ** AISLE SEAT CONFIRMED **
 Flight Duration: 8 hour(s) and 02 minutes
 Class of Service: Business


 23-Mar-2012
 10:45am
 Friday

Air	United Airlines	Flight#	975	Class:	D
From:	Geneva, Switzerland	To:	Washington Dulles DC, USA	Meals:	Lunch Snack/brunch
Meal:	Lunch Snack/brunch	Seats:	Seat:8H	Status:	Confirmed
Equip:	Boeing 767 Jet	Stops:	0		
Depart:	23-Mar-2012 Friday		10:45am		
Arrival:	23-Mar-2012 Friday		02:57pm		

Depart - MAIN TERMINAL
 Arrive -
 United Airlines locator: XSS84M
 UA Frequent Flyer# [REDACTED] -BOWENS/THELLA
 ** AISLE SEAT CONFIRMED **
 Flight Duration: 9 hour(s) and 12 minutes
 Class of Service: Business


 23-Mar-2012
 05:41pm
 Friday

Air	United Airlines	Flight#	240	Class:	A
From:	Washington Dulles DC, USA	To:	San Diego CA, USA	Meals:	Dinner
Meal:	Dinner	Seats:	Seat:2B	Status:	Confirmed
Equip:	Boeing 757 200 Jet	Stops:	0		
Depart:	23-Mar-2012 Friday		05:41pm		
Arrival:	23-Mar-2012 Friday		08:29pm		

Depart -
 Arrive - TERMINAL 1
 United Airlines locator: XSS84M
 UA Frequent Flyer# [REDACTED] -BOWENS/THELLA



TravelTrust
 374 North Coast Highway 101
 Encinitas, Ca 92024
 Tel: 760-635-1700
 Fax: 760-635-1720
 Website: www.traveltrust.com

BOWENS/THELLA

DEPT 6

20-Jan-2012 1:48 pm

Page 2 of 2

**** AISLE SEAT CONFIRMED ****
 Flight Duration: 5 hour(s) and 48 minutes
 Class of Service: First

Other

19-Sep-2012
 Wednesday

San Diego CA, USA
 RESERVATION RETAINED FOR 180 DAYS

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

Ticket Information

BOWENS THELLA
 Ticket#: 8737910508
 Invoice#: 1191142

Ticket Base Fare:	5772.00
Ticket Tax:	733.40
Total Ticket Amount:	6505.40

Electronic: YES

6545.40

SERVICE FEE DOCUMENT #: 0570867101 FEE AMOUNT: 40.00

BILLED TO: AMERICAN EXPRESS ENDING IN [REDACTED]

May 17 - 23, 2012 Geneva, Switzerland

Date	Expense	Amount	Exchange Rate	Reimburse Amount
3/17/2012	Hotel	224.00 CHF	1.0977	\$ 245.89
3/18/2012	Meal	55.00 CHF	1.0977	\$ 60.37
3/18/2012	Hotel	304.00 CHF	1.0977	\$ 333.70
3/19/2012	Hotel	304.00 CHF	1.0977	\$ 333.70
3/19/2012	Taxi	50.00 CHF	0.894625	\$ 44.73
3/20/2012	Hotel	304.00 CHF	1.0977	\$ 333.70
3/21/2012	Meal	55.65 CHF	1.0977	\$ 61.09
3/21/2012	Other Meal	.95 CHF	0.894625	\$ 0.85
3/21/2012	Hotel	304.00 CHF	1.0977	\$ 333.70
3/22/2012	Meal	25.00 CHF	1.0977	\$ 27.44
3/22/2012	Hotel	304.00 CHF	1.0977	\$ 333.70
3/23/2012	Taxi	40.00 CHF	0.894625	\$ 35.79

Total: \$ 2,144.66

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

Type	US Dollar	Divided by	Exchange Rate	
<i>Credit card:</i>	\$ 2,092.92	1906.65 CHF	1.09777	
<i>Cash:</i>	\$ 240.00	214.71 CHF	0.894624719	

Mrs Thella Bowens
[REDACTED]

Hôtel Royal Manotel, Genève 23.03.12

Hôtel Royal 41-43 rue de Lausanne 1201 Genève Tel. +41 22 906 1414 Fax +41 22 906 1499 royal@manotel.com www.manotel.com/royal	VAT-Nr. 447 965	Room: 419	Page/s: 1 of 2
	Arrival: 17.03.12	Time: 08:25	
	Departure: 23.03.12	Cashier: CRIC	
	Voucher Nr.:	Folio-Nr.: 153063	

INVOICE

Company: Aéroport International de Genève

Date	Description	Supplement	Debit CHF	Credit CHF
17.03.12	Accommodation		220.00	} 224
17.03.12	City Tax Business Groups		4.00	
18.03.12	Room Service		55.00	} 304
18.03.12	Accommodation		300.00	
18.03.12	City Tax Business Groups		4.00	} 304
19.03.12	Accommodation		300.00	
19.03.12	City Tax Business Groups		4.00	} 304
20.03.12	Accommodation		300.00	
20.03.12	City Tax Business Groups		4.00	} 304
21.03.12	Restaurant		68.65	
21.03.12	Accommodation		300.00	
21.03.12	City Tax Business Groups		4.00	} 304
22.03.12	Bistro		39.00	
22.03.12	Accommodation		300.00	} 304
22.03.12	City Tax Business Groups		4.00	
23.03.12	American Express			1,906.65

HôtelRoyal ^{★★★★★}

Mrs Thella Bowens


Hôtel Royal Manotel, Genève 23.03.12

Hôtel Royal 41-43 rue de Lausanne 1201 Genève Tel. +41 22 906 1414 Fax +41 22 906 1499 royal@manotel.com www.manotel.com/royal	VAT-Nr. 447 965	Room: 419	Page/s: 2 of 2
	Arrival: 17.03.12	Time: 08:25	
	Departure: 23.03.12	Cashier: CRIC	
	Voucher Nr.:	Folio-Nr.: 153063	

INVOICE

Company: Aéroport International de Genève

Description	Supplement	Debit CHF	Credit CHF
		Total CHF	1,906.65
			1,906.65
		Balance CHF	0.00
		Total Incl. VAT CHF	1,906.65
		Total Net CHF	1,833.04



	Total Net in CHF	VAT Amount in CHF	Amount Gross in CHF
VAT (1) 0.0%	43.00	0.00	43.00
VAT (3) 3.8%	1,657.03	62.97	1,720.00
VAT (4) 8.0% (F&B)	133.01	10.64	143.65
VAT (5) 8.0% (Divers)	0.00	0.00	0.00

Transaction Date:	03/23/2012 Fri
Transaction Description:	ROYAL HOTEL GENEVE LODGING MISCELLANEOUS GOODS SIGN & TRAVEL® / EXTENDED PAYMENT OPTION
Amount \$:	2,092.82 ←
Foreign Spend Amount:	1,808.65 Swiss Francs
Doing Business As:	ROYAL HOTEL
Merchant Address:	RUE DE LAUSANNE 41 GENEVE 1201 SWITZERLAND
Reference Number:	320120850205454352
Category:	Travel - Lodging

Exchange Rate 1.0977

**RECEIPTS FROM TRAVEL TO GENEVA, SWITZERLAND
MARCH 17 - 23, 2012—THELLA F. BOWENS**

AMERICAN EXPRESS INT. INC.
GENEVA NIVEAU ARRIVEE
CP37
GENEVA, CH1215, CH
TEL:+41 22 717 8342

18 MAR 2012 TIME: 07:31
11:11 TRANS: 025

AMOUNT:	240.00	NOTES
EXCHANGE RATE:	0.894624719	
LOCAL EQUIVALENT:	-214.71	
COMMISSION:	5.00	
TOTAL:	-209.71	
LOCAL BUY:	209.71	
TOTAL SELL:		
TOTAL COMMISSIONS:	5.00	
DUE TO CUSTOMER:	209.71	

BUSINESS DATE: 18 MAR 2012

THANK YOU FOR USING AMERICAN EXPRESS

ORDER YOUR FOREIGN CURRENCIES ONLINE :

WWW.AMERICANEXPRESS.COM/
ONLINECURRENCYEXCHANGE

QUITTANCE POUR COURSE DE TAXI

Nom du client: _____
Date: 19.3.12 Heure: _____
Course de _____
à _____
Au compteur Fr. 50.- Nom _____
Bagages Fr. _____ et signature du chauffeur
Surtaxe retour Fr. _____
Service compris Total Fr. 50.- Taxi GE 1300
N° TVA _____ TVA Incluse

Affilié à **TAXI**
Ambassador

QUITTANCE

Tel. +41 22 731 41 41 Fax +41 22 732 41 40
www.ambataxi.ch 7, Rue Alfred-Vincent -1201 Genève

Date: 23/03/12 Heure: _____ Prix CHF _____
Client: _____ CHF _____
Divers: _____
Total: CHF 40

Taxi GE 2523 Si à facturer, sign. du client: _____

Currency purchase
209.71 CHF

**RECEIPTS FROM TRAVEL TO GENEVA, SWITZERLAND
MARCH 17 - 23, 2012—THELLA F. BOWENS**



**Pour moi et pour toi.
Genève Rue de Lausanne**

Article	Quant	Prix	Action	Total
Evian 1.5L	1	0.95		0.95 0

TOTAL CHF 0.95

Espèces 50.00

Retour CHF -49.05

COOP SOCIETE COOPERATIVE NUMERO TVA: 498000

CD	TVA %	TOTAL	TVA
0	2.50	0.95	0.02

Vous avez été servi par Mme Nkanba

Nous vous remercions de votre visite

Service consommateurs:

tel. 0848 888 444 (Tarif national)



990001002852103120000095

21.03.12 10:51 00285 00347362 001 0001864

ROOM SERVICE ROY

131 Room Roy

Tbl 419/1 Fct 7547 Cvt 1
18Mar'12 21:20

1 Salade Masciun	9.00
1 Risotto Arborio	28.00
1 Tarte Jour	7.00
1 EVIAN 50 CL	6.00

A Payer -> 50.00

Tips: 5.00

Name: THELLA BOWENS

Room #: 419

Signature: Thella F. Bowens

Tips 5.00

172499

19/Bowens

HOTEL 55.00

Total du -> 50.00

Tips/Tabac -> 5.00

Paiement -> 55.00

----- Voir Suite -----

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LE RESTAURANT

111 Restaura

Tbl 28/1 Fct 3332 Cvt 1
21Mar'12 21:22

1 S.VERTE RESTAU 12.00
1 Sandre 46.00

15 %
BOG 10.35-

A payer -> 58.65

Tips: 10.00

Name: THELLA BOWENS

Room #: 419

Signature: [Handwritten Signature]

→
47.65
8.00

55.65 CHF

Restaurant Le Duo
Rue de Lausanne 43 - 1201 Genève
Tél. 022 906 14 60 - Fax 022 906 14 99
N° TVA 447 965

MANOTEL
HOTEL GROUP GENEVA

**RECEIPTS FROM TRAVEL TO GENEVA, SWITZERLAND
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LE BISTRO

114 Bistro 2

Tbl 3/1 Fct 6702 Cvt 1
22Mar'12 20:00

1 EVIAN 50 CL	6.00
1 Salade Mescun	9.00
1 FRITES	6.00

A payer -> 35.00

Tips: 6.00

Name: THELLA F. BOWENS

Room #: 419

Signature: Thella F. Bowens

21.00 CHF
4.00 CHF

25.00 CHF

Restaurant Le Duo
Rue de Lausanne 43 - 1201 Genève
Tél. 022 906 14 60 - Fax 022 906 14 99
N° TVA 447 965



BRETON LOBNER

BUSINESS EXPENSE

SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY

PETTY CASH VOUCHER

No. _____

Date March 28, 2012

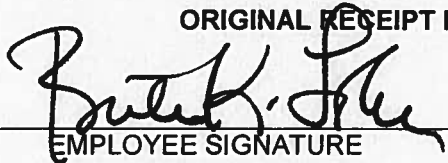
RECEIVED OF Treasurer, San Diego County Regional Airport Authority

For the following purposes: Parking Fee: SD County Courthouse *Landcaster v. SDCERS* \$12.00
Parking Fee: SD Regional Chamber of Commerce \$6.00
Parking Fee: West Tech V. SDCRAA \$17.00

TOTAL \$35.00

I hereby certify that the purchase represented by this voucher was made by me for the use or benefit of the San Diego Regional Airport Authority.

ORIGINAL RECEIPT MUST BE ATTACHED


EMPLOYEE SIGNATURE

DEPARTMENT HEAD APPROVAL

Breton K. Lobner

PRINT NAME

PETTY CASH ISSUER

X

RECEIVED BY AND DATE PAID

PROJECT No.

FUND	DEPT.	LOCATION	ACCOUNT	WORK ORDER
01	15	0100	66290	

Lobner Breton

Subject: San Diego Regional Chamber of Commerce, 141st Annual Dinner (CONFIRMED)
Location: Town and Country Resort & Convention Center
Start: Thu 2/16/2012 5:00 PM
End: Thu 2/16/2012 8:00 PM
Recurrence: (none)
Organizer: Lobner Breton

The Authority is participating in the following event. If you are interested in attending, please RSVP to me by **Thursday, February 2**. Names will be placed on a waiting list and used to fill the seats until filled by the Board.

San Diego Regional Chamber of Commerce 141st Annual Dinner	Thursday, February 16, 2012 5:00 p.m. – 8:00 p.m.
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Town and Country Resort & Convention Center
Grand Exhibit Hall
500 Hotel Circle North
San Diego, CA 92108

With over 1,000 business and elected leaders expected to attend, this event will bring a Who's Who of the region's community leaders together for one evening. The program will include the induction of the Chamber's 2012 Chairman of the Board, and the 2012 Board of Directors. The Spirit of San Diego, Courageous Leadership, and Regional Unity Awards will each be bestowed to individuals in the business community who have demonstrated the entrepreneurial and business spirit that is uniquely San Diego.

5:00 – 6:00 p.m. Check-in and Networking
6:00 – 6:50 p.m. Welcome and Dinner
6:50 – 8:00 p.m. Program


Dress – business

Thank you.

Rebecca Bloomfield
Public and Customer Relations
San Diego County Regional Airport Authority
(619) 400-2880
(619) 400-2878 Fax
RBloomfi@san.org

Attendees:

1. Robert Gleason
2. Diana Lucero
3. Roy Ang
4. Brent Buma
5. Jeffrey Woodson
6. Jeffrey Lindeman
7. Mike Kulis

Ace Parking Management	
	Location: <u>Town & Country</u>
	Date: <u>FEB 16 2012</u>
	Amount: <u>\$6.00</u>
Receipt of payment	

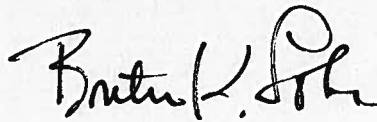
Parking Receipt
\$6.00
2-16-12

Breton H. Jole

Parking Receipt: \$12.00
Friday, February 17, 2012

San Diego County Courthouse
Lancaster v. SDCERS
Oral Argument on Demurrers
Judge Praeger, Judge Superior Court

Submitted by
Breton K. Lobner
General Counsel



RECEIPT

Ampco System Parking
Lot 1001
First and Ash

Setting: Lot 1001 \$12.00
Card Name: Shelby 3 Card
Visa

EXPIRATION DATE/TIME

01:35 AM
FEB 18, 2012

Exp 01:35a
FEB 18, 2012

Ticket #: 00023721 T#00023721
FOLLOW INSTRUCTIONS ON SIGNS S/N#200006
\$12.00 Card#xxxx-1444 100098
Visa Auth #: 07021D
AM-5PM 12HRS (\$12)
Total Due \$12.00 Purchased
Total Paid \$12.00 FEB17, 2012
01:35p

Questions 619-233-2000 or
customerserviceSD@abm.com

UP ON DASH DISPLAY FACE UP ON DASH DISPLAY FACE UP ON DASH DISPLAY FACE

REQUEST FOR REIMBURSEMENT FOR BUSINESS EXPENSE

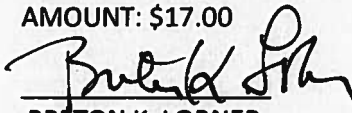
PARKING RECEIPT

PARKING AT COURTHOUSE

WEST TECH V. SDCRAA
TRIAL SETTING CONFERENCE
DEPT. 69 – JUDGE BARTON

MARCH 16, 2012


AMOUNT: \$17.00


BRETON K. LOBNER

3-16-12 79-509

THIS CONTRACT LIMITS OUR LIABILITY-READ IT
NO VEHICLE IS RELEASED WITHOUT THIS CLAIM CHECK. Customer agrees to use this parking facility at customer's sole and exclusive risk. Company expressly disclaims any responsibility, express or implied, to protect against the loss of or damage to customer's vehicle or contents. Please check your vehicle for any property prior to parking in this facility or releasing the vehicle to the parking attendant. Company is not responsible for any property left in the vehicle or any loss or damage to or any tampering of such items. **OWNER ASSUMES COMPLETE RESPONSIBILITY FOR DAMAGE TO OR LOSS OF ANY AND ALL PROPERTY LEFT INSIDE THE VEHICLE.** Company is not responsible for mechanical damage or mechanical failures of vehicle. No employee or agent of the Company may enlarge or increase the liability of Company's liability in any manner. Company shall have the right, but not the responsibility, to refuse use of the vehicle should driver appear intoxicated to Company employee. Company assumes no liability for accommodations, transportation or safety should release of the vehicle be refused due to intoxication. **PARKING IN THIS FACILITY IS AN ACCEPTANCE OF THE TERMS OF THIS CONTRACT.** Note posted hours of operation and posted parking rates.

CUSTOMER AGREES TO INSPECT VEHICLE BEFORE LEAVING THE FACILITY. ANY CLAIM OF DAMAGE OR LOSS MUST BE MADE AND ITEMIZED ON CLAIM FORM BEFORE THE VEHICLE LEAVES THE FACILITY OR CUSTOMER SHALL BE RESPONSIBLE TO WAIVE ANY SUCH CLAIM.

 **ACE PARKING MANAGEMENT, INC.**
1-800-426-7275

PARKING SOUTHLAND PRINTING - SHREVEPORT, LA 122292