



**SAN DIEGO COUNTY
REGIONAL AIRPORT AUTHORITY**

Meeting Date: **OCTOBER 6, 2011**

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 2011 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/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: 08/31/11 PLANNED DATE OF DEPARTURE/RETURN: 10/01/11 / 10/01/11

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: Sacramento International Airport Terminal Opening Event
Explanation: Sacramento International Airport Terminal Opening Event

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE	\$	<u>470.00</u>
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$	<u>150.00</u>
B. LODGING	\$	<u>250.00</u>
C. MEALS	\$	<u>50.00</u>
D. SEMINAR AND CONFERENCE FEES	\$	<u> </u>
E. ENTERTAINMENT (If applicable)	\$	<u> </u>
F. OTHER INCIDENTAL EXPENSES	\$	<u> </u>
TOTAL PROJECTED TRAVEL EXPENSE	\$	<u>920.00</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: 3 Aug 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: 8.31.11

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: 09/22/11 PLANNED DATE OF DEPARTURE/RETURN: 11/03/11 / 11/04/11

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

Destination: Newport Beach, CA Purpose: California Airports Council Board of Directors meeting

Explanation: _____

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

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

B. LODGING \$ 170.00

C. MEALS \$ 100.00

D. SEMINAR AND CONFERENCE FEES \$ _____

E. ENTERTAINMENT (If applicable) \$ _____

F. OTHER INCIDENTAL EXPENSES \$ _____

TOTAL PROJECTED TRAVEL EXPENSE \$ 420.00

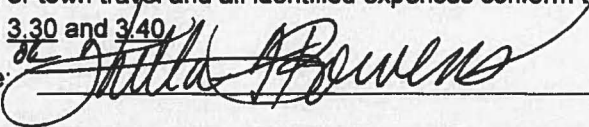
CERTIFICATION BY TRAVELER By my signature below, I certify that the above listed out-of-town travel and associated expenses conform to the Authority's Policies 3.30 and 3.40 and are reasonable and directly related to the Authority's business.

Travelers Signature: _____ Date: _____

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

By my signature below, I certify the following:

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

Administrator's Signature:  Date: 23 Sept 2011

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.)

BRETON LOBNER

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 travelling 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: Breton Lobner Dept 15

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

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

2. DATE OF REQUEST: 09/09/2011 PLANNED DATE OF DEPARTURE/RETURN: 09/13/11 / 09/13/11

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: Meeting with State Controllers Office
Explanation: Meeting with State Controllers Office

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE	\$ <u>490.00</u>
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$ _____
B. LODGING	\$ _____
C. MEALS	\$ <u>50.00</u>
D. SEMINAR AND CONFERENCE FEES	\$ _____
E. ENTERTAINMENT (If applicable)	\$ _____
F. OTHER INCIDENTAL EXPENSES	\$ _____
TOTAL PROJECTED TRAVEL EXPENSE	\$ <u>540.00</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: 9-10-11

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

By my signature below, I certify the following:

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

Administrator's Signature:  Date: 9-9-11

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. Bowers DEPT. NAME & NO. 6/Executive Office
 DEPARTURE DATE: 7/28/2011 RETURN DATE: 8/3/2011 REPORT DUE: 9/2/11
 DESTINATION: Dallas Ft. Worth

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 7/31/11	MONDAY 8/2/11	TUESDAY 8/3/11	WEDNESDAY 8/3/11	THURSDAY 7/28/11	FRIDAY 7/29/11	SATURDAY 7/30/11	
Air Fare, Railroad, Bus (attach copy of itinerary w/charges)	242.20								0.00
Conference Fees (provide copy of registration expenses)									0.00
Rental Car*							107.55		107.55
Gas and Oil*							6.48		6.48
Garage/Parking*									0.00
Mileage - attach mileage form*									0.00
Taxi and/or Shuttle Fare (include tips pd.)*									0.00
Hotel*						289.78			289.78
Telephone, internet and Fax*									0.00
Laundry*									0.00
Tips - separately paid (maids, bellhop, other hotel svcs.)									0.00
Meals (include tips pd.)									0.00
Breakfast*									0.00
Lunch*									0.00
Dinner*									0.00
Other Meals*									0.00
Alcohol is a non-reimbursable expense									
Hospitality ¹ *									0.00
Miscellaneous:									0.00
									0.00
*Provide detailed receipts									0.00
Total Expenses prepaid by Authority	242.20	0.00	0.00	0.00	0.00	289.78	114.03	0.00	403.81

Explanation:	Total Expenses Prepaid by Authority	242.20
	Total Expenses Incurred by Employee (including cash advances)	403.81
	Grand Trip Total	646.01
	Less Cash Advance (attach copy of Authority cit)	
	Less Expenses Prepaid by Authority	242.20
	Due Traveler (positive amount) ²	403.81
Due Authority (negative amount) ³	403.81	

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.

⁴ Travel and Lodging Expense Reimbursement Policy 3.40

⁵ Business Expense Reimbursement Policy 3.30

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

Ext.: 2445
 Date: 30 Aug 2011
 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. 2808.

**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: Thelia F. Bowens Dept: 06/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: 07/11/11 PLANNED DATE OF DEPARTURE/RETURN: 07/28/11 / 08/03/11

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

Destination: To Dallas FL. Worth Return to San Diego from Martha's Vineyard, MA* Purpose: Meeting with American Airlines
 Explanation: Meeting with American Airlines HQ.

* Reason for return flight from Martha's Vineyard, MA instead of Dallas: Traveler will be on vacation and now needs to return for the August 4 Board meeting (the return leg from Martha's Vineyard, MA is \$96 less than if she returned directly from Dallas - see attachment).

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:	
• AIRFARE	\$ 488.90
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$ 125.00
B. LODGING	\$ 350.00
C. MEALS	\$ 100.00
D. SEMINAR AND CONFERENCE FEES	\$ 0.00
E. ENTERTAINMENT (if applicable)	\$ 0.00
F. OTHER INCIDENTAL EXPENSES	\$ 0.00
TOTAL PROJECTED TRAVEL EXPENSE	\$ 1061.90

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: *Thelia F. Bowens* Date: 07/14/11

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: 7.12.11

AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

I, 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 7/25/2011 meeting.
 (Leave blank and we will insert the meeting date.)



TravelTrust
 374 North Coast Highway 1C1
 Encinitas, Ca 92024
 Tel: 760-635-1700
 Fax: 760-635-1720
 Website www.traveltrust.com

BOWENS/THELLA

DEPT 6

13-Jul-2011 3:46 pm

Page 1 of 2

YOUR AMERICAN AIRLINES ETICKET CONFIRMATION IS ** IHTTXQ **
 YOUR DELTA ETICKET CONFIRMATION IS ** GXCWH4 **

-----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


 28-Jul-2011
 11:05am
 Thursday

Air American Airlines Flight# 1146 Class: G
 From: San Diego CA, USA To: Dallas/Ft Worth TX, USA
 Meal: Food For Purchase Seats: Seat:17D
 Equip: Boeing 757 Jet Status: Confirmed
 Depart: 28-Jul-2011 Thursday 11:05am Stops: 0
 Arrival: 28-Jul-2011 Thursday 04:05pm
 Depart - TERMINAL 2
 Arrive -
 American Airlines locator: IHTTXQ

 ** EXIT ROW AISLE SEAT CONFIRMED **
 ** EXIT ROW AISLE SEAT CONFIRMED **
 Flight Duration: 3 hour(s) and 00 minutes
 Class of Service: G


 28-Jul-2011
 Thursday

Car Hertz Rent A Car Type: Inter Car Auto A/c
 Pick Up: Dallas/Ft Worth TX, USA
 Confirmation: F16836998F8 Rate: 20.24USD
 Return: 30-Jul-2011 Dallas/Ft Worth TX, USA
 Approximate Price: 66.31USD
 Rate Info: USD20.24 Ulmtd WD Xtra Day40.48 Ulmtd Xtra Hr10.12 Ulmtd
 Approximate Price: USD66.31 UNL 2DY 0HR 25.83MC
 Arrival Time: 04:05pm
 Dropoff : Dallas/Ft worth TX, USA
 Dropoff Time: 08:00am
 CD-1205197

car rental


 28-Jul-2011
 Thursday

Hotel Hyatt Hotels Grand Hyatt Dfw
 2337 SOUTH INTERNATIONAL PKWY, DFW AIRPORT TX 75
 Phone: 1-972-973-1234 Fax: 1-972-973-1299
 Number of Rooms: 1 Rate: 259.00USD
 Confirmation: HY0058128905 Room Guaranteed
 Check Out: 30-Jul-2011 Saturday
 NONSMOKING KING
 ** RATE CHANGE - 1ST NIGHT 259.00 2ND NIGHT 169.00 **
 ID-G74412834W

Confirmation #


 03-Aug-2011
 03:40pm
 Wednesday

Air Delta Air Lines Flight# 4149 Class: T
 From: Marthas Vineyard MA, USA To: New York Kennedy NY, USA
 Meal: None Seats: Seat:12B
 Equip: CRJ-Canadair Regional Status: Confirmed
 Depart: 03-Aug-2011 Wednesday 03:40pm Stops: 0
 Arrival: 03-Aug-2011 Wednesday 05:10pm
 MVI-JFK OPERATED BY PINNACLE DBA DELTA CONNECTION
 Depart -
 Arrive - TERMINAL 3
 Delta Air Lines locator: GXCWH4



TravelTrust
 374 North Coast Highway 1C1
 Encinitas, Ca 92024
 Tel: 760-635-1700
 Fax: 760-635-1720
 Website: www.traveltrust.com

BOWENS/THELLA

DEPT 6

13-Jul-2011 3:46 pm

Page 2 of 2

**** AISLE SEAT CONFIRMED ****
 Flight Duration: 1 hour(s) and 30 minutes
 Class of Service: Coach


 03-Aug-2011
 06:45pm
 Wednesday

Air: Delta Air Lines
 From: New York Kennedy NY, USA
 Meal: Food For Purchase
 Equip: Boeing 757 Jet
 Depart: 03-Aug-2011 Wednesday 06:45pm
 Arrival: 03-Aug-2011 Wednesday 10:03pm
 Depart - TERMINAL 3
 Arrive - TERMINAL 2
 Delta Air Lines Locator: GXCW14

Flight# 245 Class: T
 To: San Diego CA, USA
 Seats: Seat 42C
 Status: Confirmed
 Stops: 0

**** AISLE SEAT CONFIRMED ****
 Flight Duration: 6 hour(s) and 18 minutes
 Class of Service: Coach

Other

30-Jan-2012
 Monday

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 888-221-8082 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#: 8665624890
 Invoice#: 1186329

Ticket Base Fare: 245.58
 Ticket Tax: 29.12
 Total Ticket Amount: 274.70

Electronic: YES

BOWENS THELLA
 Ticket#: 8665624891
 Invoice#: 1186329

Ticket Base Fare: 185.11
 Ticket Tax: 27.09
 Total Ticket Amount: 212.20

Electronic: YES

#242.20

SERVICE FEE DOCUMENT #: 0548152401 FEE AMOUNT: 30.00

BILLED TO: AMERICAN EXPRESS ENDING IN 1012



Grand Hyatt DFW
2337 South International
Parkway
DFW Airport, TX 75261
Tel: 972.973.1234
Fax: 972.973.1299

INVOICE

Payee Thella Bowens
Po Box 488
San Diego Intl Airport
San Diego CA 921120488
United States

Room No. 0233
Arrival 07-28-11
Departure 07-29-11
Page No. 1 of 1
Folio Window 1
Folio 176704
Invoice

Membership GP G74412834W
Bonus Code
Confirmation No. 5812890501
Group Name

Date	Description	Charges	Credits
07-28-11	Package	259.00	
07-28-11	City Occupancy Tax 6%	15.39	
07-28-11	State Occupancy Tax 6%	15.39	
07-28-11	City Occupancy Tax 6%	15.39	
07-28-11	State Occupancy Tax 6%	15.39	
07-29-11	American Express XXXXXXXXXXXX1003 XX/XX		317.78

\$289.78

Your Gold Passport account will be credited for this stay.

Total *\$289.78* 317.78 **317.78**

Balance 0.00

Guest Signature

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

It is our endeavor to exceed your expectations. We welcome your feedback and comments. Simply e-mail Hyatt Consumer Affairs at QualityDFWGH@Hyatt.com
Thank you for choosing the Grand Hyatt DFW.
For future stays, please use SKYLINK to travel to Terminal D.
Please remit payment to:
Grand Hyatt Dallas Fort Worth
PO Box 974413
DFW Airport, TX 75397
Customer Service Number: 1-888-552-7410
Customer Service Email: Na.CustomerService@Hyatt.com
For best rates available, please visit us at www.grandhyattdfw.hyatt.com



THE HERTZ CORPORATION
 Phone: 800-654-4173
 Fax: .
 Web: www.hertz.com



Rental Agreement No: 579096346
 Invoice Date: 07/30/2011
 Document: 961001128193

Direct All Inquiries To:
 THE HERTZ CORPORATION
 PO BOX 26120
 OKLAHOMA CITY, OK 73126-0120

REPRINT

Renter: **THELLA BOWENS**
 Account No.: ~~XXXXXXXXXX~~
 CDP No.: 1205197
 CDP Name: TRAVEL TRUST

THELLA BOWENS
 TRAVEL TRUST
~~XXXXXXXXXX~~

RENTAL REFERENCE

Rental Agreement No: 579096346
 Reservation ID: F16836996F6

RENTAL DETAILS

Rate Plan: IN: MCLF OUT: MCLF
 Rented On: 07/28/2011 18:09 LOC# 160020
 DALLAS - DFW AP, TX
 Returned On: 07/29/2011 13:31 LOC# 160020 ✓
 DALLAS - DFW AP, TX
 Car Description: ALTIMA 215WKA
 Veh. No.: 5756697
 CAR CLASS Charged: C MILEAGE In: 34,140
 Rented: YF Out: 34,104
 Reserved: C Driven: 36

MISCELLANEOUS INFORMATION

CC AUTH: 541252 DATE: 2011/07/28 AMT: 302.00

RENTAL CHARGES

DAYS	1 @	22.49	22.49
SUBTOTAL			32.49
DISCOUNT			10.00¢ -3.25
SUBTOTAL			29.24
ADDITIONAL OPERATOR			13.00
DAMAGE WAIVER (CDW/LDW)			27.99
LIABILITY INS. SUPPLEMENT			12.95
PERSONAL ACCIDENT INS.			5.95
CONCESSION FEE RECOVERY			9.90
VEHICLE LICENSE FEE			1.45
CUSTOMER FACILITY CHARGE			6.20
PREMIUM ROADSIDE SERVICE			3.99
TAX			7.50¢ 6.88

AMOUNT DUE

✓ ~~117.55 USD~~
\$107.55

THANK YOU FOR RENTING FROM HERTZ

ALL CHARGES HAVE BEEN BILLED TO YOUR ACCOUNT.

Direct All Inquiries To:
 THE HERTZ CORPORATION
 PO BOX 26120

**RECEIPTS FROM TRAVEL TO FT. WORTH, TEXAS
JULY 28 THROUGH AUGUST 03, 2011—THELLA F. BOWENS**

7-ELEVEN
14205 TRINITY BLVD
FORT WORTH, TX 76155
STORE#: 39070

SHELL
14501 TRINITY BLVD
FORT WORTH TX 76155

57 543 202709
S100441

: DUPLICATE RECEIPT >

DATE 07/29/11 1:18PM
INVOICE# 643775
AUTH# 583571

AMEX
ACCOUNT NUMBER
XXXX XXXXXX X1003
BOWENS/THELLA F

*Fuel for
Mentor
car*

UMP PRODUCT \$/G
07 UNLD \$3.879

GALLONS FUEL TOTAL
1.781 \$ 6.48

TOTAL SALE \$ 6.48

THANKS, COME AGAIN

**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. 6/Executive Office
 DEPARTURE DATE: 6/11/2011 RETURN DATE: 6/16/2011 REPORT DUE: 7/16/11
 DESTINATION: Lisbon, Portugal

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 6/12/11	MONDAY 6/13/11	TUESDAY 6/14/11	WEDNESDAY 6/15/11	THURSDAY 6/16/11	FRIDAY	SATURDAY 6/11/11	
Air Fare, Railroad, Bus (attach copy of itinerary w/charges)	4,767.20								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.)*				231.10	173.33	18.59			423.02
Hotel*			460.26	460.26	460.26	460.26			1,841.04
Telephone, Internet and Fax*									0.00
Laundry*									0.00
Tips - separately paid (maids, bellhop, other hotel srvs.)									0.00
Meals (include tips pd.)	Breakfast*			20.14	74.14	20.49			114.77
	Lunch*	13.49	27.55		8.46				49.50
	Dinner*	57.29	39.10						96.39
	Other Meals*	3.99	4.31						8.30
Alcohol is a non-reimbursable expense									
Hospitality ^{1*}									0.00
Miscellaneous: Baggage Fees									0.00
									0.00
									0.00
*Provide detailed receipts									0.00
Total Expenses prepaid by Authority	4,767.20	74.77	531.22	711.50	716.19	499.34	0.00	0.00	2,533.02

Explanation:	Total Expenses Prepaid by Authority	4,767.20
	Total Expenses Incurred by Employee (including cash advances)	2,533.02
	Grand Trip Total	7,300.22
	Less Cash Advance (attach copy of Authority ck)	
	Less Expenses Prepaid by Authority	4,767.20
	Due Traveler (positive amount) ²	
Due Authority (negative amount) ³	2,533.02	
<i>Note: Send this report to Accounting even if the amount is \$0.</i>		

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

⁴ Travel and Lodging Expense Reimbursement Policy 3.40 ⁵ Business Expense Reimbursement Policy 3.30

Prepared By: _____ Ext.: 2445
 Traveler Signature: Thella F. Bowens Date: 23 Sept 2011
 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.

June 11 - 16, 2011 Lisbon, Portugal

Date	Expense	Amount	Exchange Rate	Reimburse Amount
6/12/2011	Other Meal	€ 2.75	1.4501	\$ 3.99
6/12/2011	Lunch	€ 9.30	1.4505	\$ 13.49
6/12/2011	Dinner	€ 39.83	1.4383	\$ 57.29
6/13/2011	Hotel	€ 320.00	1.4383	\$ 460.26
6/13/2011	Lunch	€ 19.20	1.435	\$ 27.55
6/13/2011	Other Meal	€ 3.00	1.435	\$ 4.31
6/13/2011	Dinner	€ 27.25	1.435	\$ 39.10
6/14/2011	Hotel	€ 320.00	1.4383	\$ 460.26
6/14/2011	Car	€ 160.00	1.4444	\$ 231.10
6/14/2011	Breakfast	€ 14.00	1.4383	\$ 20.14
6/15/2011	Lunch	€ 5.88	1.4383	\$ 8.46
6/15/2011	Hotel	€ 320.00	1.4383	\$ 460.26
6/15/2011	Car	€ 120.00	1.4444	\$ 173.33
6/15/2011	Breakfast	€ 51.34	1.4441	\$ 74.14
6/16/2011	Hotel	€ 320.00	1.4383	\$ 460.26
6/16/2011	Breakfast	€ 14.30	1.4331	\$ 20.49
6/16/2011	Taxi	€ 12.95	1.4331	\$ 18.59

Total: \$ 2,533.02



Type	Currency Converter Used:
<i>Visa Transactions</i>	OANDA

**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/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: 03/14/11 PLANNED DATE OF DEPARTURE/RETURN: 06/11/11 / 06/18/11

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

Destination: Lisbon, Portugal

Purpose: ACI-NA Executive Committee Mtg and Joint Board Meeting with ACI Europe and 21st ACI Europe Annual General Assembly, Congress and Exhibition

Explanation: ACI-NA Executive Committee Mtg and Joint Board Meeting with ACI Europe and 21st ACI Europe Annual General Assembly, Congress and Exhibition

4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES

A. TRANSPORTATION COSTS:

• AIRFARE	\$ 3450.00
• OTHER TRANSPORTATION (Taxi, Train, Car Rental)	\$ 200.00
B. LODGING	\$ 2100.00
C. MEALS	\$ 600.00
D. SEMINAR AND CONFERENCE FEES	\$ 1200.00
E. ENTERTAINMENT (If applicable)	\$
F. OTHER INCIDENTAL EXPENSES	\$ 100.00
TOTAL PROJECTED TRAVEL EXPENSE	\$ 7650.00

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: 13/03/2011

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

I, Tony R. Russell, 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 3/28/11 meeting.
(Leave blank and we will insert the meeting date.)



TravelTrust
 374 North Coast Highway 101
 Encinitas, Ca 92024
 Tel: 760-635-1733
 Fax: 760-635-1720
 Website: www.traveltrust.com

BOWENS/THELLA
 FAYE

DEPT 6

09-May-2011 5:11 pm

Page 1 of 2

YOUR UNITED ETICKET CONFIRMATION IS ** WC5BMM **
 YOUR TAP ETICKET CONFIRMATION IS ** 2R06JG **
 -----INVOICE/ITINERARY ACCOUNTING DOCUMENT-----
 *****TICKETLESS TRAVEL INSTRUCTIONS*****
 THIS IS AN E-TICKET RESERVATION.
 A GOVERNMENT ISSUED PHOTO ID IS NEEDED AT CHECK IN
 THIS TICKET IS NON-REFUNDABLE AND MUST BE USED FOR
 THE FLIGHTS BOOKED. IF THE RESERVATION IS NOT USED
 OR CANCELLED BEFORE THE DEPARTURE OF YOUR FLIGHTS
 IT MAY HAVE NO VALUE. CONTACT TRAVELTRUST BEFORE
 YOUR OUTBOUND FLIGHT IF CHANGE IS NECESSARY.

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

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

 FOR EMERGENCY AFTERHOURS SERVICE
 WHILE IN PORTUGAL
 PLEASE CALL 00-800-15253545
 IF INTL AFTERHOUR NUMBER DOES NOT WORK
 DIAL DIRECT OR COLLECT 201-221-4462

 11-Jun-2011 07:54am Saturday	Air	United Airlines	Flight#	970	Class:	A
	From:	San Diego CA, USA	To:	Washington Dulles DC, USA	Seats:	Seat:2E
	Meal:	Breakfast	Status:	Confirmed	Stops:	0
	Equip:	Boeing 757 200 Jet	Depart:	11-Jun-2011 Saturday 07:54am	Arrival:	11-Jun-2011 Saturday 03:52pm
	Depart -	TERMINAL 1				
	Arrive -					
	United Airlines locator: WC5BMM					
	UA Frequent Flyer# [REDACTED]					
	** AISLE SEAT CONFIRMED **					
	Flight Duration: 4 hour(s) and 58 minutes					
Class of Service: First						

 11-Jun-2011 07:07pm Saturday	Air	United Airlines	Flight#	952	Class:	Z
	From:	Washington Dulles DC, USA	To:	Frankfurt, Germany	Seats:	Seat:7C
	Meal:	Dinner Snack/brunch	Status:	Confirmed	Stops:	0
	Equip:	Boeing 767 Jet	Depart:	11-Jun-2011 Saturday 07:07pm	Arrival:	12-Jun-2011 Sunday 09:10am
	Depart -					
	Arrive -	TERMINAL 1				
	United Airlines locator: WC5BMM					
	UA Frequent Flyer# [REDACTED]					
	** AISLE SEAT CONFIRMED **					
	Flight Duration: 8 hour(s) and 03 minutes					
Class of Service: Business						

 12-Jun-2011 01:30pm Sunday	Air	Tap Air Portugal	Flight#	575	Class:	Z
	From:	Frankfurt, Germany	To:	Lisbon, Portugal	Seats:	Seat:2C
	Meal:	Lunch	Status:	Confirmed	Stops:	0
	Equip:	Airbus A320 Jet	Depart:	12-Jun-2011 Sunday 01:30pm	Arrival:	12-Jun-2011 Sunday 03:30pm
	Depart -	TERMINAL 1				
	Arrive -	TERMINAL 1				
	Tap Air Portugal locator: 2R06JG					
	UA Frequent Flyer# [REDACTED]					



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

BOWENS/THELLA
 FAYE

DEPT 6

09-May-2011 5:11 pm

Page 2 of 2

**** AISLE SEAT CONFIRMED ****
 Flight Duration: 3 hour(s) and 00 minutes
 Class of Service: Z


 16-Jun-2011
 12:30pm
 Thursday

Air: Continental Airlines Flight# 77 Class: Z
 From: Lisbon, Portugal To: Newark Liberty International
 Meal: Lunch Seats: Seat:3B
 Equip: Boeing 757 200 Jet Status: Confirmed
 Depart: 16-Jun-2011 Thursday 12:30pm Stops: 0
 Arrival: 16-Jun-2011 Thursday 03:30pm

Depart -
 Arrive - TERMINAL C
 Continental Airlines locator: D03YSE
 UA Frequent Flyer# [REDACTED]

**** AISLE SEAT CONFIRMED ****
 Flight Duration: 8 hour(s) and 00 minutes
 Class of Service: Business


 16-Jun-2011
 05:15pm
 Thursday

Air: Continental Airlines Flight# 1426 Class: Z
 From: Newark Liberty International To: San Diego CA, USA
 Meal: Dinner Seats: Seat:2B
 Equip: Boeing 737-800 Jet Status: Confirmed
 Depart: 16-Jun-2011 Thursday 05:15pm Stops: 0
 Arrival: 16-Jun-2011 Thursday 07:59pm

Depart - TERMINAL C
 Arrive - TERMINAL 2
 Continental Airlines locator: D03YSE
 UA Frequent Flyer# [REDACTED]

**** AISLE SEAT CONFIRMED ****
 Flight Duration: 5 hour(s) and 44 minutes
 Class of Service: Business

Other

13-Dec-2011
 Tuesday

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 888-221-6082 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#: 8649471393 Ticket Base Fare: 4030.00
 Invoice#: 1184622 Ticket Tax: 697.20
 Total Ticket Amount: 4727.20
 Electronic: YES

SERVICE FEE DOCUMENT #: 0546230665 FEE AMOUNT: 40.00

BILLED TO: AMERICAN EXPRESS ENDING IN 1012

\$ 4767.20

HOTEL BRITANIA

Cópia de Original
Venda a Dinheiro N° VD 01/1211

Exmo.Sr. THELLA FAYE BOWENS/MS

N°Quarto :	4002		
Data Entr. :	2011-06-22	Data Saída:	2011-06-23
Regime :	BB	Diária :	0,00

«Consumidor Final»
NIF: 999999990

Data	Serviço	Valor		
2011-06-22	Pag.Parcial <i>Round trip car/shuttle service</i>	-280,00		
2011-06-22	Desembolsos/Disbursements	280,00		
IVA Incluído	Aposento 6%	0,00 / 0,00	Total da Factura :	280,00
Os serviços foram prestados nas datas indicadas	Al./Beb. 13%	0,00 / 0,00	Pagamento Anterior:	-280,00
	Outros 23%	0,00 / 0,00	Valor EUROS	0,00
Desembolsos/Disbursements - IVA excluído - alínea c), n°6, art° 16° do CIVA				

\$404.43

2011-06-22 22:45:39

FJ9- - Processado por programa certificado n° 178/DGCI

Empregado:
Carlota Davies

exchange rate
1.4444
€

Residencial 4 Estrelas
R.Rodríguez Sampaio, 17- 1150-278 Lisboa - Portugal
Tel.: (351) 213 155 016 - Fax: (351) 213 155 021
britania.hotels@heritage.pt
www.heritage.pt



Transaction Date:	08/22/2011 Wed
Transaction Description:	HOTEL BRITANIA LISBOA LODGING SIGN & TRAVEL® / EXTENDED PAYMENT OPTION
Amount \$:	404.43
Foreign Spend Amount:	280.00 European Union Euro - round trip car service
Doing Business As:	HOTEL BRITANIA
Merchant Address:	RUA RODRIGUES SAMPAIO 17 LISBOA 1150 PORTUGAL
Reference Number:	320111740332184886
Category:	Travel - Lodging

Exchange rate 1.4444

14 June:

Arrive at Congress Centre by 14h00 and then pick up ~~_____~~ Round trip car service
(60€ from Britania to Estoril, 100€ from Guincho to Britania =160€)

15 June 08h00-18h00 - Roundtrip car service

To and From Estoril Congress Centre
(60€x2= 120€)



Original

Venda a Dinheiro N° VD 01/1160

Britania @ heritiga.pt

Exmo.Sr. THELLA FAYE BOWENS/MS

N°Quarto :	26		
Data Entr. :	2011-06-12	Data Saída:	2011-06-16
Regime :	AP	Diária :	320,00

«Consumidor Final»
NIF: 999999990

Data	Serviço	Valor
2011-06-13	Aposento/Accommodation	460,26 320,00
2011-06-14	Aposento/Accommodation	460,26 320,00
2011-06-14	P.Almoço/Breakfast - see missing receipt form	20,14 14,00
2011-06-15	Aposento/Accommodation	460,26 320,00
2011-06-15	Bar do Império	16,91 20,00 11,76
2011-06-16	Aposento/Accommodation	460,26 320,00
2011-06-16	Mini-Bar - see missing receipt form	6,40 4,45
JVA Incluído	Aposento 6%	1.207,55 / 72,45
Os serviços foram prestados nas datas indicadas	Al./Beb. 13%	34,07 / 4,42
	Outros 23%	0,00 / 0,00
Total da Fatura :		1884,48 1.318,49 1310,21
Pagamento Anterior:		0,00
Valor EUROS		1.318,49 1310,21

Desembolsos/Disbursements - IVA excluído - alínea c), n°6, art° 16° do CIVA

2011-06-16 9:29:49

9=CG - Processado por programa certificado n° 178/DGCI

Empregado:
TEMPORARIO

HOTEL BRITANIA

R. ROD. SAMPAIO 17
LISBOA
N.F. Contr: 500426970
Ident. TPA: 00003784
2011/06/16 09:33:47
Per: 015 Tr: 003 M: 005
D. EST.: 9550102834
* * * * *
COMPRA
DOMENS/THELLA F
artão:
*****8911003
AL: 02/14 AUT: 526792
MERICAN EXPRESS
EUR 1 318,49
MERICAN EXPRESS
ssinatura:

***** OBRIGADO *****
* * * * *

Residencial 4 Estrelas
R. Rodrigues Sampaio, 17-- 1150-278 Lisboa - Portugal
Tel.: (351) 213 155 016 - Fax: (351) 213 155 021
britania.hotels@heritage.pt
www.heritage.pt



SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY

MISSING RECEIPT FORM

Employee/Department Head must complete form below.

Date of Purchase/Event: 6/14/2011

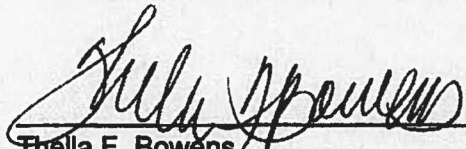
Description of Item/Event: Breakfast Buffet at Hotel

Vendor/Event Name: Hotel Britania P. Almoco

Dollar Amount: 14,00

Reason for Missing Receipt: Hotel does not provide itemized receipt

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



Thella F. Bowens



Date

Department Head Signature

Date

Form must be attached to Petty Cash Voucher for Reimbursement

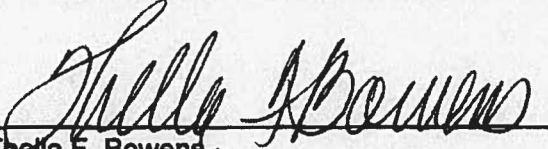
SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY

MISSING RECEIPT FORM

Employee/Department Head must complete form below.

Date of Purchase/Event: 6/14/2011
Description of Item/Event: Bottled Water
Vendor/Event Name: Mini-bar in hotel room
Dollar Amount: 4.45
Reason for Missing Receipt: Hotel does not provide itemized receipt

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



Thella F. Bowens

23 Sept 2011

Date

Department Head Signature

Date

Transaction Date: 06/16/2011 Thu
Transaction Description: HOTEL BRITANIA LISBOA ✓
LODGING
SIGN & TRAVEL® / EXTENDED PAYMENT OPTION
Amount \$: 1,896.38 - 01824.48
Foreign Spend Amount: 1.318,49 European Union Euro
Doing Business As: HOTEL BRITANIA
Merchant Address: RUA RODRIGUES SAMPAIO 17
LISBOA
1150
PORTUGAL
Reference Number: 320111670252639540
Category: Travel - Lodging

fyi - 3.28 difference for bar to Imperio expense
(# 11.91) ↗

Exchange rate 1.4383

Transaction Date: 06/12/2011 Sun
Transaction Description: ITALISSIMO TERMINAL FRANKFURT HE
FAST FOOD RESTAURANT
Description Price
WAREN \$17.15
SIGN & TRAVEL® / EXTENDED PAYMENT OPTION
Amount \$: 24.87 ✓
Foreign Spend Amount: 17.15 European Union Euro ✓
Doing Business As: ITALISSIMO TERMINAL 1 - AIRPORT
Merchant Address: HUGO-ECKENER-RING 1
TERMINAL 1, A-STEIG
FRANKFURT
60549
GERMANY
Reference Number: 320111640209717595
Category: Restaurant - Restaurant

exchange rate 1.4501
for 6/12/11 other meal

**RECEIPTS FROM TRAVEL TO LISBON, PORTUGAL
JUNE 11 - 16, 2011—THELLA F. BOWENS**

Kundenbeleg

Kartenzahlung
American Express
Bezahlung/Payment

casualfood GmbH
Italissimo
Frankfurt Airport
Ust. ID 255893097

casualfood GmbH
Frankfurt Airport Center 1
Hugo-Eckener-Ring
D - 60549 Frankfurt
Phone: +49 (0)69 650 07 26-0
Italissimo FFM

www.casualfood.de

Terminal ID 14000301
Nr. 9500978895
Kassen Nr. 010747
Beleg Nr. 0394
Kassen Nr. 000000-0022-00
Kultur Ref. 0613
Buch ID Resp. 561776
Auth. Code 16
Datum 12.06.2011
Uhrzeit 10:51:50

RECHNUNG
Nr.: 21087498 12.06.2011 10:52

~~1 Volvic Minis Beitar 2,80 2,80~~
~~1 Nestle Pflaster 2,75 2,75~~
incl. 0,25 € Pfand
1 Volvic Naturelle 0, 2,75 2,75 T
incl. 0,25 € Pfand
~~1 San Pellegrino 0,15 0,15~~
incl. 0,25 € Pfand
~~1 Pringles Original 1,00 1,00~~
~~1 Belikin Bier 4,50 4,50~~

\$ 3.99

Betrag/Amount
EUR 17,15

Summe: **17,15€**

Kartennr. 372765078911XXX
gültig bis 02/2014
111 561776

American Express 17,15€
Nr.: xxxxxxxxxxxx1003

00 GEN.NR: 16

**** Gebucht ****
ADDIPOS - Rechnung: 21087498

	Netto	Steuer	Brutto
incl. 19% Mwst:	11,05€	2,10€	13,15€
incl. 7% Mwst:	3,74€	0,28€	4,00€

Ust-Id: DE 814 527 597

Es bediente Sie DE Meryem Mat (412).
Vielen Dank für Ihren Besuch.

6/12/2011
Other meal

Transaction Date: 08/12/2011 Sun
Transaction Description: PERFECT DAY MOBIL F FRANKFURT DE
RESTAURANT
Description Price
WAREN \$9.30
SIGN & TRAVEL® / EXTENDED PAYMENT OPTION
Amount \$: 13.49
Foreign Spend Amount: 9.30 European Union Euro
Doing Business As: PERFECT DAY MOBIL F R A
Merchant Address: TERMINAL 1 TRANSIT A 34
FRANKFURT
60548
GERMANY
Reference Number: 320111640208717596
Category: Restaurant - Restaurant

exchange rate: 1.4505
for 6/12 Lunch

RECEIPTS FROM TRAVEL TO LISBON, PORTUGAL
JUNE 11 - 16, 2011—THELLA F. BOWENS

☐ perfect day®
Kaffeekultur und frischer Genuss

SSP Airport - Gastronomie

301051 Misgena

CHK 149

12JUN'11 12:51

Im Haus

1 Latte Mac. reg.	3,90
1 HS Croiss Schoko	2,40
1 DPG Evian 0.5 l	2,75
✓ Pfand 0.25	0,25
✓ American Express	9,30

Zahlung EUR	9,30
1,01 19 % MwSt Food	6,30
NETTO TOTAL	5,29
0,48 19% MwSt	3,00
NETTO TOTAL	2,52
1,49 MWST TOTAL	9,30
NETTO TOTAL	7,81

Perfect Day Mobilo

Flughafen Frankfurt am Main
FAG Postfach 52
60549 Frankfurt am Main
Tel.: 06196 - 9986116
Airport.Frankfurt@ssp-ce.de
ST. NR. 43 225 7931 3
Vielen Dank für Ihren Besuch
Wir freuen uns auf ein baldiges
Wiedersehen!

-K-U-N-D-E-N-B-E-L-E-G-

PERFECT DAY MOBIL F R A
FIL.-NR. : 41220720
Terminal 1 Transit A34
80549 Frankfurt

Terminal-ID 56547837
TA-Nr 061089 BNr 1859

Kartenzahlung
American Express

EUR 9.30

PAN *****1003
gültig bis 02/14
VU-Nr 9508302809
Genehmigungs-Nr 56494z
Datum 12.06.11 12:47 Uhr

*** Zahlung erfolgt ***
===== =
AS-Proc-Code = 00 902
00
Capt.-Ref. = 0613
AID59: 34
00 GEN.NR: 34
===== =

BITTE BELEG AUFBEWAHREN

6/12/2011 Lunch

**RECEIPTS FROM TRAVEL TO LISBON, PORTUGAL
JUNE 11 - 16, 2011—THELLA F. BOWENS**

EMPO:
MESA

QTD	DESIGNACAO	EUROS
1	Salada Marimada	8.00
1	Salada Caranguejo Real	14.50 T
	Salada de Frutos	6.00
1	Risotto do Dia	11.00 T
	Doce de Leite	10.00
	Doce de Leite com Laranja	5.00
	Doce de Leite Branco	5.00
	Doce de Leite	5.00
1	Agua Luso G 1	3.00 T (1)
	Agua Luso G 1	5.00
1	Tatin de Maca	4.50 T
	Maca do Dia	1.00
1	Cafe	1.50 T
	Cafe	5.00
	Cafe com Leite	5.00
TOTAL		97.00

34.50 €
Tip .5.33 €
39.83 €

IVA 13% 11.16

OBRIGADO PELA VISITA
VOLTE SEMPRE
PROCESSADO POR EQUIPAMENT

ESTABELECIMENTO DO CIDADÃO

CALC SACRAMENTO 44
LISBOA
N.F. Contr: 507243021
Id. TPA 00639995
2011/06/12 22:18:33
Per:085 Tr:007 Msg:416
ID. ESTABEL.: 1851831

* * *
COMPR:

THELLA F BOWEN:
Cartão:

AUT:004641

VISA INTERNACIONAL
EUR 97.00
VISA DB E

Assinatura: TIP 15 €
5.33 €

EM CASO DE DEVOLUCAO
GUARDE O SEU TALAO

6/12/11 dinner

**RECEIPTS FROM TRAVEL TO LISBON, PORTUGAL
JUNE 11 - 16, 2011—THELLA F. BOWENS**

Consulta de mesa 34

Ribadouro

Emp.: Carlos Nunes
Nao serve de factura
27-06

✓ 13/06/11

Artigo	IV	Total
1 Lombo Bacalhau Ribau	3	€ 17,00 T
1 Sopa de Legumes	3	€ 17,00
1 Agua das Pedras	13	€ 1,50 T
1 Sopa de Legumes	13	€ 1,50
1 Sopa de Legumes	13	€ 1,50
1 Sopa de Legumes	13	€ 1,50
1 Salada Mista (Riba)	13	€ 4,00 T
1 Bula	13	€ 0,50 T
1 Sopa de Legumes	13	€ 1,50
1 Sopa de Legumes	13	€ 1,50
1 Sopa de Legumes	13	€ 1,50
1 Mousse de Chocolate (R)	13	€ 3,30 T
1 Sopa de Legumes	13	€ 1,50
Total		€ 106,75

2725€

" A factura/recibo será emitida após confirmação dos bens solicitados/e os consumidos "

Este documento nao serve de factura

Tkau-Processado por programa certificado n. 0071/DGCI

RESTAURANTE RIBADOURO

RUA DO SALITRE, N 2
1250-200 LISBOA
N.F.Contr: 502036788
Id. TPA 00483505
2011/06/13 22:52:37
Per:016 Tr:025 Msg:638
ID.ESTABEL.: 1625250
* * *
COMPRA

Cartão:

AUT:019642

VISA INTERNACIONAL
EUR 106,75
VISA DB E

Assinatura:

EM CASO DE DEVOLUCAO
GUARDE O SEU TALAO

* * *
***** OBRIGADO *****

dinner 6/13/11

Exchange 1.4350
* OANDA

**RECEIPTS FROM TRAVEL TO LISBON, PORTUGAL
JUNE 11 - 16, 2011—THELLA F. BOWENS**

LEITF

PRA: 1
CONT: 500164509 - TELF: 213465131
***** ESPLANADA *****

MESA 21

EMPREG. 1

1 AGUA MEIO LT.	5.60	2.20
1 FRANGO ASS. PIC- NIC	13.00	13.00
PIZZA 1 FORMOSA	12.00	
LINGUINE CARBONETTI	12.00	
UNHAO (0.10L)	4.25	4.00
3%	5.51	19.20
TOTAL	47.85	

SIGLON:
13/06 11 18:55 CAI 1 1A U.D. 129176/1

IVA INCLUIDO A TAXA EM VIGOR
ESTE T

COPI
STAR
PRACA D. JOAO CAMARA

Numero Fiscal: 507967577
Terminal Pag. Automata: 000592927
Data: 2011/06/13 Hora: 192042
Period: 054 Transa: 039 Mensag: 536

Comerciante: ID.ESTABEL.: 1778026

* * *
C O M P R A
* * *

Cartao: *****
Autorizacao: AUT:023117
Emiscr Cart: VISA INTERNACIONAL
Ticket : 2660

Assinatura

6/13/2011 Lunch

(EUR : 11,10)

EM CASO DE DEVOLUCAO



STARBUCKS COFFEE PORTUGAL LDA
STARBUCKS ESTACAO DO ROSSIO
PrD.Joao da Camara 1200-147 LISBOA

1 RENAN

NUM 2660 FAC 11002/008733 Pax 0
13Jun'11 19:16

LEVAR

1 SA...	1,10
1/2 CAR. MACA (d)	3,10
1 SL/Frutanatura	3,00
1 EM...	0,30

AUT:023117

VISA 11,10 3,00E

B.IMPOSTO 11,10
TT.PAGAMENTO 11,10

*** I.V.A. INCLUIDO ***

	BASE	IVA	TOTAL
IVA 13%=	9,82	1,28	11,10

CRCL/NIPC 507967577
Capital Social 4.610.000 Euros

Nome :

N.C :

Codigo WC : 4321
Obrigado pela sua visita !
www.starbucks.pt
rLOY-Processado por programa
certificado n. 1035/DGCI

6/13/2011
Other meal
*Oanda

**RECEIPTS FROM TRAVEL TO LISBON, PORTUGAL
JUNE 11 - 16, 2011—THELLA F. BOWENS**

HOTEL BRITANIA

Débitos

Nº 01468 / A

Bar do Império

Rua Rodrigues Sampaio, 17 - 1150-278 Lisboa

Date 06/18/2011

Quarto N. 26

PLU	Q	Descritivo	Valor Total	PLU	Q	Descritivo	Valor Total
196	2	Snd mista	9,80				
23	1	...	6,90				
							4,90
							98 tax
							5,88€

TROPIHOTEL, LDA - Largo do Carmo de Anunciação (Carmo de St. José) - 1100-088 Lisboa
 Tel. 351 21 300 20 00 - Fax 351 21 300 20 01 - C. Contabilístico nº 123456789 - N.º de Registo nº 123456789

O Funcionário
[Signature]

Nota
THANK YOU!
20% Room!

Total € 20,04
Correcções (+) (-)
Novo Total € 46,70

IVA Incluído
Taxa 13%

Modo de pagamento:
a crédito
a pronto

(assinatura do cliente)

TROPIHOTEL, LDA.
Contribuinte n.º 500 426 970, Capital Social 74. 819,67 Euros, Cons. Reg. Com. de Lisboa n.º 51 683

Lunch 6/15
Exchange rate 1.4383

**RECEIPTS FROM TRAVEL TO LISBON, PORTUGAL
JUNE 11 - 16, 2011—THELLA F. BOWENS**



Consulta de mesa

142

**CATARINO, TRINDADE
E DIAS LDA.**

Nao serve de factura

15/06/11

Qt	Artigo	IV	Total
1	SOMO ANANAZ	13	e 2.10
1	1/4 Agua	13	e 0.90
1	Agua Pedras	13	e 1.00
1	Pao, Tostas e Manteiga	13	e 5.34
1	queijinho Goo	13	e 2.60
1.0	ROBALO	13	e 43.26
1.1	Sapatella	13	e 10.71
1	Batata Frita	13	e 0.90
2	Imperato 8801	13	e 0.90
2	Imperato/mant	13	e 1.00
1	Crepe c/ Gelado	13	e 4.10
1	Irish Coffee	13	e 0.90
1	Agua Tonica	13	e 1.30
Euros			e 112.41

Breakfast 6/15/2011

.90
1.78
43.26
4.10
1.30

5134€ x Exchange rate 14441
* Oanda

**RECEIPTS FROM TRAVEL TO LISBON, PORTUGAL
JUNE 11 - 16, 2011—THELLA F. BOWENS**

Harrods Buffet
 Carlos Moia Imp. Exp., Sa.
 Morada: Rua Ivone Silva, N. 6 19. Esq.
 Cod. Postal: 1050-124
 Telefone:
 No. Contribuinte: 504273183
 gisto na Cons. Lisboa n.7619
 pital Social: 374099 Eur

iente: Consumidor final
 i. Contribuinte:

pp 1,43310

enda a Dinheiro No 03/01490675
 ata: 16/06/11

Breakfast

Qt Artigo	IV	Total	
02 Croissant Misto	13	3,55	7,10 T(1) 3,55
2 MUFFIN CHOCOLATE	13	3,55	
1 Pastel Leitao	13	0,85	
01 Sumo Laranja	13	3,85	11,55 T(1) 3,85
02 Cafe c/Leite	13	2,10	4,20 T(1) 2,10
1 Pastel Nata	13	1,80	
1 Scones	13	1,80	1,80
Total:		37.90	
Troco:	2.10		

TIP 3.00 € } tip

\$11.30 + 3.00 TIP = \$14.30

Pagamento efectuado em:

erario 37.9

sa: Balcao 101
 a: 10:52
 ndido por: Kelly Carla

Processado por Computador
 IVA Incluído

QqzS-Processado por programa
 certificado n. 0071/DGCI

TÁXIS DIVA, LDA.
 Contribuinte N.º 500 516 634
 Reg. na Cons. Reg. Com. de Vila Franca de Xira
 sob o N.º 6.667
 Capital Social 5.000 €
 Qta. Morgado, Sto. António de Bolonha
 Lote 11, Bloco B2, 3.º-Dto. - 2625 PÓVOA SANTA IRIA

FACTURA/RECIBO
 N.º 11301
SERVIÇO DE TÁXI
 Viatura 11 - 84 - XV

Exmo. Sr.
 Cont. N.º Taxímetro €
 de Suplementos €
 a Outros €
 TOTAL **9,95** €

H. M.
 Data, *16.6.11*
 I.V.A. - Taxa de 6% Incluída.
 Os serviços prestados foram realizados nesta Data

O MOTORISTA,
Jiwo JIP

Page 8 OF 8

12,95
 6/16/11 Taxi
 * Oanda

BRETON LOBNER

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

September
Period Covered

DATE	G/L Account	Description	AMOUNT
9/7/11	66290	Parking - MTS attending Taxicab Committee Meeting re: taxicab rates of fare	\$2.25
9/8/11	66290	Parking - MTS attending Taxicab Committee Meeting re: taxicab rates of fare	\$3.00
TOTAL			\$5.25

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

* Policy 3.30

Burt H. Fisher

APPROVED: By the Executive Committee at its August 22 2011

NAME	DATE

NAME	DATE

EXPENSES OF BRETON K. LOBNER

\$2.25
PARKING AT MTS
ATTENDING TAXICAB COMMITTEE MEETING
SEPTEMBER 7, 2011
RE: TAXICAB RATES OF FARE

WELCOME TO
JAMES R. MILLS
PLEASE KEEP THIS TICKET
WITH YOU

Entered/Arrivee:
2011/09/07 09:48
Ticket/Billet#:0000657789
Dur/Duree:76:52
Paid On/Paye Le:
2011/09/07 11:06

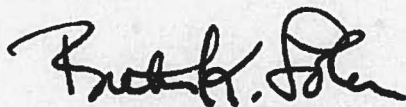
Paid/Paye:\$ 2.25
Original Fee:\$ 2.25
GST:\$ 0.00
PST:\$ 0.00

Change:\$ 0.00
AMEX
SC:\$ 0.00

Merchant ID:
*****4314 Swiped

Purchase 11/09/07 11:05:49
Seq# 0535 Pay Station
Auth# 325053
000 APPROVED

\$3.00
PARKING AT MTS
ATTENDING MTS EXECUTIVE COMMITTEE MEETING
SEPTEMBER 8, 2011
RE: TAXICAB RATES OF FARE



SEP 8 2011

TOTAL: \$5.25

WELCOME TO
JAMES R. MILLS

PLEASE KEEP THIS TICKET
WITH YOU

Entered/Arrivee:
2011/09/08 08:48

Ticket/Billet#:0000740065
Dur/Duree:110:24
Paid On/Paye Le:
2011/09/08 10:38

Paid/Paye:\$ 3.00
Original Fee:\$ 3.00
GST:\$ 0.00
PST:\$ 0.00

Change:\$ 0.00
AMEX
SC:\$ 0.00

Merchant ID:
*****4314 Swiped

Purchase 11/09/08 10:38:31
Seq# 0536 Pay Station
Auth# 765302
000 APPROVED