LOS ANGELES WORLD AIRPORTS

PERSONAL EXPENSE STATEMENT

Item # 9

(REV. 06/09)

Page 1 of 2

(1) TRAVEL AUTHORITY (TL) NO.	COST CENTER	(30) DEPARTMENT ACCOUNTING USE ONLY
1652471	1120001	
(2) EMPLOYEE	**PHONE NUMBER**	
Gina Marie Lindsey	424-646-6250	

(3) DIVISION	(4) POSITION	CASH ADVANCES	YES ☐ NO ☑
Administration	Executive Director		
(5) DESTINATION		DEMAND NO.	DEMAND DATE
Washington DC			

(6) DATES OF TRIP				Account No.	Receipt No.	Receipt Date
FROM	11/14/2014	TO	11/19/2014	1120001		

(7) FISCAL YEAR 2015 / (8) DATE (MM/DD)	(9) LOCATION / DESCRIPTION WHERE EXPENSES WERE INCURRED/ BRIEF DESCRIPTION OF EXPENSE (MUST BE ITEMIZED PER DAY)	(10) LODGING	(11) MEALS AND INCIDENTALS	(12) Airfare	(13) MISC. EXP.	(14) TOTAL
Nov 14 & 19	Airfare from LAX to DCA - DCA to LAX	$ -	$ -	$ 1,337.20	$ -	$ 1,337.20
Nov-14	Per Diem (L/D)	$ -	$ 50.00	$ -	$ -	$ 50.00
Nov-18	Taxi to Senator Feinstein's Office - 331 Hart Senate Office Bldg	$ -	$ -	$ -	$ 5.39	$ 5.39
Nov-18	Per Diem (L)	$ -	$ 15.00	$ -	$ -	$ 15.00
	(15) SUBTOTALS	$ -	$ 65.00	$ 1,337.20	$ 5.39	$ 1,407.59
					(16) **CLAIM TOTAL**, this page	$ 1,407.59

(31) Accounting Notes	CONTROLLER'S APPROVAL		
Posted	N/A Two Procedure	(17) TOTAL FROM PAGE 1	$ 1,407.59
		(18) TOTAL FROM PAGE 2	$ 129.69 ~~71.89~~
		(19) TOTAL EXPENSES	$ ~~1,479.48~~ 1537.28
		(20) LESS OTHER EXPENSES PAID BY CITY	
		(21) CASH ADVANCE	$ 0
		(22) AIRFARE PAID BY CITY 200.08	$ 1,337.20
		(23) TOTAL OTHER EXPENSES PAID BY CITY	$ 1,337.20
		(24) **(TOTAL DUE TO THE CITY) / TOTAL DUE TO EMPLOYEE**	$ 200.08 ~~142.28~~

I **HEREBY CERTIFY** that the above is a true statement of the travel expenses incurred by me in accordance with travel policies and procedures in the service of the CITY OF LOS ANGELES. I further certify that the above expenses were necessary in connection with the performance of my duties.

(25) CLAIMANT'S SIGNATURE	(26) DATE (mm/dd/yy)	(27) SIGNATURE OF APPROVING AUTHORITY	(28) DATE (mm/dd/yy)
Gina Marie Lindsey	1/4/15	Samson Mengistu	1/15/15

(29) **Remarks / Comments:**

(1) TRAVEL AUTHORITY (TL) NO.	COST CENTER	(30) DEPARTMENT ACCOUNTING USE ONLY
0 1652471	1120001	
(2) EMPLOYEE	**PHONE NUMBER**	
Gina Marie Lindsey	424-646-6250	
(3) DIVISION / **(4) POSITION**		CASH ADVANCES — YES ☐ NO ☑
Administration / Executive Director		
(5) DESTINATION		DEMAND NO. / DEMAND DATE
Washington DC		
(6) DATES OF TRIP		Account No. / Receipt No. / Receipt Date
FROM 11/14/2014 TO 11/19/2014		1120001

(7) FISCAL YEAR 2015 / (8) DATE (MM/DD)	(9) LOCATION / DESCRIPTION WHERE EXPENSES WERE INCURRED/ BRIEF DESCRIPTION OF EXPENSE (MUST BE ITEMIZED PER DAY)	(10) LODGING	(11) MEALS AND INCIDENTALS	(12) Airfare	(13) MISC. EXP.	(14) TOTAL
Nov-19	Per Diem (B/D)	$ -	$ 45.00	$ -	$ -	$ 45.00
Nov-19	Taxi - The Hyatt, Constitution E, Washington, DC	$ -	$ -	$ -	$ 8.00	$ 8.00
Nov-19	Taxi - To Washington Reagan Airport (DCA)	$ -	$ -	$ -	$ 18.89	$ 18.89
Nov 19	Taxi to Hyatt	$ -	$ -	$ -	$ 8.00	$ 8.00
Nov 17	Taxi the Source to Hyatt (12.00) Hort to P Street (15.-)	$ -	$ -	$ -	$ 27.00	$ 27.00
Nov 17	Coffee for Kyle Mullhall & Scott Brenner	$ -	$ 22.80	$ -	$ -	$ 22.80
		$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -
	(15) SUBTOTALS	$ -	$ 67.80 ~~45.00~~	$ -	$ 61.89 ~~26.89~~	$ ~~71.89~~ 129.69
					(16) CLAIM TOTAL, this page	$ ~~71.89~~

LOS ANGELES WORLD AIRPORTS

PERSONAL EXPENSE STATEMENT

(REV. 01/15)

(1) TRAVEL AUTHORITY (TL) NO.	COST CENTER	(30) DEPARTMENT ACCOUNTING USE ONLY
1652491	1120001	
(2) EMPLOYEE	**PHONE NUMBER**	
Gina Marie Lindsey	424-646-6250	
(3) DIVISION / **(4) POSITION**		CASH ADVANCES — YES ☐ NO ☑
Administration / Executive Director		
(5) DESTINATION		DEMAND NO. / DEMAND DATE
Sarasota, FL		
(6) DATES OF TRIP		Account No. / Receipt No. / Receipt Date
FROM 2/4/2015 TO 2/6/2015		1120001

(7) FISCAL YEAR 2015 / (8) DATE (MM/DD)	(9) LOCATION / DESCRIPTION WHERE EXPENSES WERE INCURRED/ BRIEF DESCRIPTION OF EXPENSE (MUST BE ITEMIZED PER DAY)	(10) LODGING	(11) MEALS & INCID	(12) AIRFARE	(13) MISC. EXP.	(14A) TOTAL	(14B) EX
Feb 4 & 8	Airfare - LAX to DFW to TPA - TPA to LAS to LAX	$ -	$ -	$ 1,254.10	$ -	$ 1,254.10	☐
Feb 4-6	Ritz Carlton - Hotel Stay 2nights maximum allowable @252: Parking 2@35.68	$ ~~749.89~~ 504.00	$ -	$ -	$ - 51.36	$ ~~749.89~~ 555.36	☑
Feb-4	Per Diem	$ -	$ ~~60.00~~ 42.00	$ -	$ -	$ ~~60.00~~ 42.00	☐
Feb-6	Per Diem (L)	$ -	$ 15.00	$ -	$ -	$ 15.00	☐
	(15) SUBTOTALS	$ ~~749.89~~ 504.00	$ ~~75.00~~ 57.00	$ 1,254.10	$ 51.36	$ ~~2,078.99~~	
					(16) **CLAIM TOTAL**, this page	$ 1866.46	

(31) Accounting Notes		
Posted 2/4 L 2/5 B/L 2/6 B	(17) TOTAL FROM PAGE 1	$ ~~2,078.99~~
	(18) TOTAL FROM PAGE 2	$ 570.61
	(19) TOTAL EXPENSES	$ ~~2,652.60~~ 2,437.07
	(20) LESS OTHER EXPENSES PAID BY CITY	
	(21) CASH ADVANCE	$ 0
	(22) AIRFARE PAID BY CITY	$ 1,254.10
	(23) TOTAL OTHER EXPENSES PAID BY CITY	$ 1,254.10
	(24) **(TOTAL DUE TO THE CITY) / TOTAL DUE TO EMPLOYEE**	1182.97 ~~1,398.50~~

I **HEREBY CERTIFY** that the above is a true statement of the travel expenses incurred by me in accordance with travel policies and procedures in the service of the CITY OF LOS ANGELES. I further certify that the above expenses were necessary in connection with the performance of my duties.

(25) CLAIMANT'S SIGNATURE	(26) DATE (mm/dd/yy)	(27) SIGNATURE OF APPROVING AUTHORITY	(28) DATE (mm/dd/yy)
Gina Marie Lindsey	3/23/15	Susan Mengotti	3/26/15

(1) TRAVEL AUTHORITY (TL) NO.	COST CENTER	(30) DEPARTMENT ACCOUNTING USE ONLY
0 165249	1120001	
(2) EMPLOYEE	PHONE NUMBER	
Gina Marie Lindsey	424-646-6250	

(3) DIVISION	(4) POSITION	CASH ADVANCES	YES ☐ NO ☑
Administration	Executive Director		

(5) DESTINATION	DEMAND NO.	DEMAND DATE
Sarasota, FL		

(6) DATES OF TRIP				Account No.	Receipt No.	Receipt Date
FROM	2/4/2015	TO	2/6/2015	1120001		

(7) FISCAL YEAR 2015 (8) DATE (MM/DD)	(9) LOCATION / DESCRIPTION WHERE EXPENSES WERE INCURRED/ BRIEF DESCRIPTION OF EXPENSE (MUST BE ITEMIZED PER DAY)	(10) LODGING	(11) MEALS & INCID	(12) AIRFARE	(13) MISC. EXP.	(14A) TOTAL	(14B) EX
Feb 4-8	Car Rental (2-days)	$ -	$ -	$ -	$ 128.61	$ 128.61	☐
Feb-8	Per Diem	$ -	$ ~~45.00~~ 42.00	$ -	$ -	$ ~~45.00~~ 42.00	☐
Feb-20	Registration	$ -	$ -	$ -	$ 400.00	$ 400.00	☐
		$ -	$ -	$ -	$ -	$ -	☐
		$ -	$ -	$ -	$ -	$ -	☐
		$ -	$ -	$ -	$ -	$ -	☐
		$ -	$ -	$ -	$ -	$ -	☐
		$ -	$ -	$ -	$ -	$ -	☐
		$ -	$ -	$ -	$ -	$ -	☐
		$ -	$ -	$ -	$ -	$ -	☐
		$ -	$ -	$ -	$ -	$ -	☐
		$ -	$ -	$ -	$ -	$ -	☐
		$ -	$ -	$ -	$ -	$ -	☐
		$ -	$ -	$ -	$ -	$ -	☐
	(15) SUBTOTALS	$ -	$ ~~42.~~ ~~45.00~~	$ -	$ 528.61	$ ~~573.61~~ 570.61	
					(16) CLAIM TOTAL, this page	$ ~~573.61~~	

LOS ANGELES WORLD AIRPORTS

PERSONAL EXPENSE STATEMENT

(REV. 01/15)

(1) TRAVEL AUTHORITY (TL) NO.	COST CENTER	(30) DEPARTMENT ACCOUNTING USE ONLY
1652561	1120001	
(2) EMPLOYEE	**PHONE NUMBER**	
Gina Marie Lindsey	424-646-6250	
(3) DIVISION / **(4) POSITION**		CASH ADVANCES — YES ☐ NO ☑
Administration / Executive Director		
(5) DESTINATION		DEMAND NO. / DEMAND DATE
San Diego, CA (2015 ARN Revenue Conference and Exhibition)		
(6) DATES OF TRIP		Account No. / Receipt No. / Receipt Date
FROM 3/10/2015 TO 3/12/2015		1120001

(7) FISCAL YEAR 2015 / (8) DATE (MM/DD)	(9) LOCATION / DESCRIPTION WHERE EXPENSES WERE INCURRED/ BRIEF DESCRIPTION OF EXPENSE (MUST BE ITEMIZED PER DAY)	(10) LODGING	(11) MEALS & INCID	(12) AIRFARE	(13) MISC. EXP.	(14A) TOTAL	(14B) EX
March 10	Per Diem / Parking (Self-Park Rate)	$ -	$ 53.25	$ -	$ ~~-~~ 30.00	$ ~~53.25~~ 83.25	☐
Mar-11	Hotel Stay - Manchester Grand Hyatt (Host Hotel) Parking (Self-Park Rate)	$ ~~378.11~~ 253.34	$ -	$ -	$ ~~-~~ 30.00	$ ~~378.11~~ 283.34	☐
Mar-12	Per Diem	$ -	$ 53.25	$ -	$ -	$ 53.25	☐
		$ -	$ -	$ -	$ -	$ -	☐
	(15) SUBTOTALS	$ ~~378.11~~ 253.34	$ 106.50	$ -	$ 60.00	$ ~~484.61~~	
					(16) **CLAIM TOTAL**, this page	$ 419.84	

(31) Accounting Notes		
Posted. 3/10 B/L 3/11 B/L/D	(17) TOTAL FROM PAGE 1	$ ~~484.61~~
	(18) TOTAL FROM PAGE 2	$ -
	(19) TOTAL EXPENSES	$ ~~484.61~~ 419.84
	(20) LESS OTHER EXPENSES PAID BY CITY	
	(21) CASH ADVANCE	$ ~~0~~
	(22) AIRFARE PAID BY CITY	$ ~~0~~
	(23) TOTAL OTHER EXPENSES PAID BY CITY	$ -
	(24) **(TOTAL DUE TO THE CITY) / TOTAL DUE TO EMPLOYEE**	$ 419.84 ~~484.61~~

I **HEREBY CERTIFY** that the above is a true statement of the travel expenses incurred by me in accordance with travel policies and procedures in the service of the CITY OF LOS ANGELES. I further certify that the above expenses were necessary in connection with the performance of my duties.

(25) CLAIMANT'S SIGNATURE	(26) DATE (mm/dd/yy)	(27) SIGNATURE OF APPROVING AUTHORITY	(28) DATE (mm/dd/yy)
Gina Marie Lindsey	4/1/15		4/3/15

LOS ANGELES WORLD AIRPORTS

PERSONAL EXPENSE STATEMENT

(REV. 06/09)

(1) TRAVEL AUTHORITY (TL) NO. 201548		COST CENTER 1220002	(30) DEPARTMENT ACCOUNTING USE ONLY
(2) EMPLOYEE Sean Burton		PHONE NUMBER 424-646-6263	
(3) DIVISION Board Office	(4) POSITION Commissioner (President)		CASH ADVANCES YES ☐ NO ☑
(5) DESTINATION Washington, DC			DEMAND NO. / DEMAND DATE
(6) DATES OF TRIP FROM 3/16/2015 TO 3/18/2015			Account No. / Receipt No. / Receipt Date

(7) FISCAL YEAR 2015 (8) DATE (MM/DD)	(9) LOCATION / DESCRIPTION WHERE EXPENSES WERE INCURRED/ BRIEF DESCRIPTION OF EXPENSE (MUST BE ITEMIZED PER DAY)	(10) LODGING	(11) MEALS AND INCIDENTALS	(12) Airfare	(13) MISC. EXP.	(14) TOTAL
Feb-18	Airfare (Outbound only) <Wrong type airfare>	$ -	$ -	$885.10 <-75.00>	$ -	$ 885.10 (75.00)
Mar-15	Hotel (Personal) Per E-mail.	~~$445.41~~	$ -	$ -	$	~~$ 445.41~~
Mar-15	Meals	$	~~$53.25~~	$ -	$	~~$ 53.25~~
Mar-16	Hotel	$445.41	$	$ -	$ -	$ 445.41
	(15) SUBTOTALS	$~~445.~~ 4) ~~890.92~~	$ ~~53.25~~	$~~810.~~ 17) ~~885.10~~	$ -	$ ~~1,829.27~~

(16) CLAIM TOTAL, this page $ 1,255.51

(31) Accounting Notes	CONTROLLER'S APPROVAL		
OK FB60 3/17 B 3/18 BID	N/A New Procedures.	(17) TOTAL FROM PAGE 1	$ ~~1,829.27~~
		(18) TOTAL FROM PAGE 2	$ 1,574.70
		(19) TOTAL EXPENSES	$ ~~3,496.82~~
		(20) LESS OTHER EXPENSES PAID BY CITY	2,830.21
		(21) CASH ADVANCE	$ 0
		(22) AIRFARE PAID BY CITY 2,830.21	$ 0
		(23) TOTAL OTHER EXPENSES PAID BY CITY	$ -
		(24) (TOTAL DUE TO THE CITY) / TOTAL DUE TO EMPLOYEE	$ 2,830.21

I **HEREBY CERTIFY** that the above is a true statement of the travel expenses incurred by me in accordance with travel policies and procedures in the service of the CITY OF LOS ANGELES. I further certify that the above expenses were necessary in connection with the performance of my duties.

(25) CLAIMANT'S SIGNATURE	(26) DATE (mm/dd/yy)	(27) SIGNATURE OF APPROVING AUTHORITY	(28) DATE (mm/dd/yy)
	4/9/15	Sacunson Mengistu	

(29) Remarks / Comments:

(1) TRAVEL AUTHORITY (TL) NO.	COST CENTER	(30) DEPARTMENT ACCOUNTING USE ONLY
0 201548	1220002	
(2) EMPLOYEE: Sean Burton	PHONE NUMBER: 424-646-6263	
(3) DIVISION: Board Office	(4) POSITION: Commissioner (President)	CASH ADVANCES — YES ☐ NO ☑
(5) DESTINATION: Washington, DC		DEMAND NO. / DEMAND DATE
(6) DATES OF TRIP: FROM 3/16/2015 TO 3/18/2015		Account No. 1220002 / Receipt No. / Receipt Date

(7) FISCAL YEAR 2015 (8) DATE (MM/DD)	(9) LOCATION / DESCRIPTION WHERE EXPENSES WERE INCURRED/ BRIEF DESCRIPTION OF EXPENSE (MUST BE ITEMIZED PER DAY)	(10) LODGING	(11) MEALS AND INCIDENTALS	(12) Airfare	(13) MISC. EXP.	(14) TOTAL
Mar-16	Meals	$	~~$71.00~~ 53.25	$ -	$ -	$ ~~71.00~~ 53.25
Mar-17	Hotel	$445.41	$	$ -	$ -	$ 445.41
Mar-17	Taxi $9.98 + $18.27	$	~~$28.25~~	$ -	$ 28.26	$28.25
Mar-17	Meals (Breakfast Provided)	$ -	$71.00	$ -	$ -	$ 71.00
Mar-18	Hotel	$218.40	$	$ -	$ -	$ 218.40
Mar-18	Taxi $13.10 + $14.76	$	~~$27.86~~	$ -	$ 27.86	$ 27.86
Mar-18	Meals (Breakfast & ~~Lunch~~ Dinner Provided)	$ -	$53.25	$ -	$ -	$ 53.25
Mar-19	Starbucks	$ -	$12.18	$ -	$ -	$ 12.18
Feb-23	Airfare (Return only) <wrong type airfare>	$ -	$ -	$740.10 <75.00>	$ -	$ 740.10 <75.00>
		$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -
		$ -	$ - 189.68	$ -	$ -	$ -
	(15) SUBTOTALS	$ 663.81	$ ~~268.54~~	$665 ~~740.10~~	$ 56.11	$ ~~1,667.55~~ 1,574.70
					(16) CLAIM TOTAL, this page	$ ~~1,667.55~~

LOS ANGELES WORLD AIRPORTS

PERSONAL EXPENSE STATEMENT

(REV. 06/09)

Page 1 of 2

(1) TRAVEL AUTHORITY (TL) NO.	COST CENTER	(30) DEPARTMENT ACCOUNTING USE ONLY
1652601	1120001	
(2) EMPLOYEE	**PHONE NUMBER**	
Gina Marie Lindsey	424-646-6250	

(3) DIVISION	(4) POSITION	CASH ADVANCES	YES ☐ NO ☑
Administration	Executive Director		
(5) DESTINATION		DEMAND NO.	DEMAND DATE
Washington DC			

(6) DATES OF TRIP				Account No.	Receipt No.	Receipt Date
FROM	3/16/2015	TO	3/18/2015	1120001		

(7) FISCAL YEAR 2015 (8) DATE (MM/DD)	(9) LOCATION / DESCRIPTION WHERE EXPENSES WERE INCURRED/ BRIEF DESCRIPTION OF EXPENSE (MUST BE ITEMIZED PER DAY)	(10) LODGING	(11) MEALS AND INCIDENTALS	(12) Airfare	(13) MISC. EXP.	(14) TOTAL
Mar 16-18	Airfare from LAX to DCA - DCA to LAX	$ -	$ -	$ 1,435.00	$ -	$ 1,435.00
Mar-16	Per Diem	$ -	$ 53.25	$ -	$ -	$ 53.25
Mar-16	WiFi GoGo LAX to DCA	$ -	$ -	$ -	$ 21.00	$ 21.00
Mar-16	Taxi	$ -	$ -	$ -	$ 23.00	$ 23.00
	(15) SUBTOTALS	$ -	$ 53.25	$ 1,435.00	$ 44.00	$ 1,532.25
					(16) **CLAIM TOTAL**, this page	$ 1,532.25

(31) Accounting Notes	CONTROLLER'S APPROVAL		
Posted	N/A New Procedure	(17) TOTAL FROM PAGE 1	$ 1,532.25
		(18) TOTAL FROM PAGE 2	$ 210.30
		(19) TOTAL EXPENSES	$ 1,742.55
		(20) LESS OTHER EXPENSES PAID BY CITY	
		(21) CASH ADVANCE	$ 0
		(22) AIRFARE PAID BY CITY 307.55	$ 1,435.00
		(23) TOTAL OTHER EXPENSES PAID BY CITY	$ 1,435.00
		(24) **(TOTAL DUE TO THE CITY) / TOTAL DUE TO EMPLOYEE**	$ 307.55

I **HEREBY CERTIFY** that the above is a true statement of the travel expenses incurred by me in accordance with travel policies and procedures in the service of the CITY OF LOS ANGELES. I further certify that the above expenses were necessary in connection with the performance of my duties.

(25) CLAIMANT'S SIGNATURE	(26) DATE (mm/dd/yy)	(27) SIGNATURE OF APPROVING AUTHORITY	(28) DATE (mm/dd/yy)
Gina Marie Lindsey	3/31/15		4-3-15

(29) **Remarks / Comments:**

(1) TRAVEL AUTHORITY (TL) NO.	COST CENTER	(30) DEPARTMENT ACCOUNTING USE ONLY
0 1652601	1120001	
(2) EMPLOYEE	**PHONE NUMBER**	
Gina Marie Lindsey	424-646-6250	

(3) DIVISION	(4) POSITION	CASH ADVANCES	YES ☐	NO ☑
Administration	Executive Director			

(5) DESTINATION	DEMAND NO.	DEMAND DATE
Washington DC		

(6) DATES OF TRIP				Account No.	Receipt No.	Receipt Date
FROM	3/16/2015	TO	3/18/2015	1120001		

(7) FISCAL YEAR 2015 (8) DATE (MM/DD)	(9) LOCATION / DESCRIPTION WHERE EXPENSES WERE INCURRED/ BRIEF DESCRIPTION OF EXPENSE (MUST BE ITEMIZED PER DAY)	(10) LODGING	(11) MEALS AND INCIDENTALS	(12) Airfare	(13) MISC. EXP.	(14) TOTAL
Mar-17	Per Diem	$ -	$ 71.00	$ -	$ -	$ 71.00
Mar-17	Taxi $20.- + $13.-	$ -	$ -	$ -	$ 33.00	$ 33.00
Mar-18	Per Diem (B/D)	$ -	$ 53.25	$ -	$ -	$ 53.25
Mar-18	Taxi A28 $17.- + 15.- + 21.05	$ -	$ -	$ -	$ 53.05	$ 53.05
		$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -
	(15) SUBTOTALS	$ -	$ 124.25	$ -	$ 86.05	$ 210.30
					(16) CLAIM TOTAL, this page	$ 210.30

LOS ANGELES WORLD AIRPORTS

PERSONAL EXPENSE STATEMENT

(REV. 01/15)

(1) TRAVEL AUTHORITY (TL) NO.	COST CENTER	(30) DEPARTMENT ACCOUNTING USE ONLY
1652592	1120001	
(2) EMPLOYEE	**PHONE NUMBER**	
Gina Marie Lindsey	424-646-6250	

(3) DIVISION	(4) POSITION	CASH ADVANCES	
Administration	Executive Director		YES ☐ NO ☑
(5) DESTINATION		DEMAND NO.	DEMAND DATE
Washington, DC (USTA/GAC)			

(6) DATES OF TRIP				Account No.	Receipt No.	Receipt Date
FROM	3/24/2015	TO	3/29/2015	1120001		

(7) FISCAL YEAR 2015 (8) DATE (MM/DD)	(9) LOCATION / DESCRIPTION WHERE EXPENSES WERE INCURRED/ BRIEF DESCRIPTION OF EXPENSE (MUST BE ITEMIZED PER DAY)	(10) LODGING	(11) MEALS & INCID	(12) AIRFARE	(13) MISC. EXP.	(14A) TOTAL	(14B) EX
Mar-24	LAX to DCA	$ -	$ -	$ 373.10	$ -	$ 373.10	☐
Mar-24	Per Diem	$ -	$ 53.25	$ -	$ -	$ 53.25	☐
Mar-24	Wifi Gogo	$ -	$ -	$ -	$ 24.95	$ 24.95	☐
Mar-24	Taxi	$ -	$ -	$ -	$ 19.00	$ 19.00	☐
	(15) SUBTOTALS	$ -	$ 53.25	$ 373.10	$ 43.95	$ 470.30	
					(16) **CLAIM TOTAL**, this page	$ 470.30	

(31) Accounting Notes		
Posted	(17) TOTAL FROM PAGE 1	$ 470.30
	(18) TOTAL FROM PAGE 2	$319.75 ~~355.35~~
	(19) TOTAL EXPENSES	$ ~~825.65~~ 789.65
	(20) LESS OTHER EXPENSES PAID BY CITY	
	(21) CASH ADVANCE	$ Ø
	(22) AIRFARE PAID BY CITY	$ 373.10
	(23) TOTAL OTHER EXPENSES PAID BY CITY	$ -
	(24) **(TOTAL DUE TO THE CITY) / TOTAL DUE TO EMPLOYEE**	$416.55 ~~452.55~~

416.55

I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with travel policies and procedures in the service of the CITY OF LOS ANGELES. I further certify that the above expenses were necessary in connection with the performance of my duties.

(25) CLAIMANT'S SIGNATURE	(26) DATE (mm/dd/yy)	(27) SIGNATURE OF APPROVING AUTHORITY	(28) DATE (mm/dd/yy)
Gina Marie Lindsey	4/5/15		4/9/15

(1) TRAVEL AUTHORITY (TL) NO.	COST CENTER	(30) DEPARTMENT ACCOUNTING USE ONLY
0 1652592	1120001	
(2) EMPLOYEE	**PHONE NUMBER**	
Gina Marie Lindsey	424-646-6250	
(3) DIVISION / **(4) POSITION**		CASH ADVANCES — YES ☐ NO ☐
Administration / Executive Director		
(5) DESTINATION		DEMAND NO. / DEMAND DATE
Washington, DC (USTA/GAC)		
(6) DATES OF TRIP		Account No. / Receipt No. / Receipt Date
FROM 3/24/2015 TO 3/29/2015		1120001

(7) FISCAL YEAR 2015 (8) DATE (MM/DD)	(9) LOCATION / DESCRIPTION WHERE EXPENSES WERE INCURRED/ BRIEF DESCRIPTION OF EXPENSE (MUST BE ITEMIZED PER DAY)	(10) LODGING	(11) MEALS & INCID	(12) AIRFARE	(13) MISC. EXP.	(14A) TOTAL	(14B) EX
Mar-25	Per Diem	$ -	$ ~~36.00~~	$ -	$ -	$ ~~36.00~~	☐
Mar-25	Taxi 12.00 + 14.00	$ -	$ -	$ -	$ 26.00	$ 26.00	☐
Mar-~~29~~ 25	Per Diem	$ -	$ 53.25	$ -	$ -	$ 53.25	☐
Mar-29	PHX to LAX (Reimbursement for personal non-refundable purchase prior to TA. Altour quoted a return from DCA to LAX at $642.10)	$ -	$ -	$ 240.10	$ -	$ 240.10	☐
		$ -	$ -	$ -	$ -	$ -	☐
		$ -	$ -	$ -	$ -	$ -	☐
		$ -	$ -	$ -	$ -	$ -	☐
		$ -	$ -	$ -	$ -	$ -	☐
	NOTE 3/26-29 Personal	$ -	$ -	$ -	$ -	$ -	☐
		$ -	$ -	$ -	$ -	$ -	☐
		$ -	$ -	$ -	$ -	$ -	☐
		$ -	$ -	$ -	$ -	$ -	☐
		$ -	$ -	$ -	$ -	$ -	☐
		$ -	$ -	$ -	$ -	$ -	☐
	(15) SUBTOTALS	$ -	$ ~~53.25~~ ~~89.25~~	$ 240.10	$ 26.00	$ ~~355.35~~	
						319.35	
					(16) **CLAIM TOTAL**, this page	$ ~~355.35~~	