

FS

PURCHASE CARD SUMMARY

BRANCH NAME
Office of the Premier - Executive Branch

CARDHOLDER NAME
Laura Tennant

SUPPLIER# - BMO
2081565

STATEMENT DATE (DD-MMM-YYYY)
03-Nov-2013

INVOICE NUMBER
PCARE s17 TEN03NOV13

DESCRIPTION
PCARD NOV/13 TENNANT

AREA CODE & PHONE
250 387 1715

AMOUNT for GST, GST and PST, PST, or HST PURCHASES (INCLUDES GST/HST)

PRE-TAX AMOUNT for OTHER PURCHASES (EXCLUDES GST/HST)

CL

RESP

SERVICE LINE

STOB

PROJECT

TAX CODE

EMPLOYEE'S FULL SUPPLIER NAME AND SUPPLIER CODE (only required for STOB 57)

Not Responsive

clearing line

4

36A10

36200

8530

8530

Not Responsive

4

36A10

36200

6531

3600000

9.24

004

36A10

00000

1575

3600000

GST/HST amount for pre-tax amounts for other purchases
xxx.xxOCG.00000.1575.xx00000.0.0

0.00

TOTAL

(must be \$0)

CARDHOLDER (QUALIFIED RECEIVER) CERTIFICATION:
I certify the goods provided or services delivered have been inspected or reviewed; and the goods or services were properly received and documentation to support the account has been verified (i.e. goods: as ordered, correct quantity and suitable quality; services: as contracted, appropriate deliverables and/or performance criteria met; or other conditions, if any, have been met).

SIGNATURE

DATE
Jan 3/14

EXPENSE AUTHORITY CERTIFICATION:
Certified that the amount to be paid is correct, is a proper charge against an appropriation which I have been delegated authority, is in accordance with appropriate statute or other authority for payment and/or contract, the payment complies with all relevant statutes, regulations, Treasury Board directives, other executive orders and central agency and ministry policy, there are sufficient funds in the budget, and where applicable, that the work has been performed, goods supplied, the service rendered and/or conditions met.

SIGNATURE

DATE
Jan 7/14

PRINTED NAME of QUALIFIED RECEIVER
Laura Tennant

PRINTED NAME of EXPENSE AUTHORITY
Michelle Leamy

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JAN 10 2014
Jan 26/14

FIN-2015-00006
Page 1



Your Purchasing Card Statement

LAURA TENNANT

→ Stmt. date: Nov. 3, 2013 → Acct. balance: \$17

Details of your transactions

Item no.	Trans date	Posting date	Description	Amount
TRANSACTIONS FOR ACCOUNT NUMBER - \$17				
1	Oct. 6	Oct. 6	AUTOMATIC PAYMENT RECEIVED - THANK YOU	\$17
2	Oct. 25	Oct. 25	Not Responsive	
3	Oct. 28	Oct. 28	CHATEAU VICTORIA VICTORIA BC	444.17
4	Nov. 3	Nov. 3	INTEREST ADVANCES @ 00.000000% TO 03NOV	0.00
5	Nov. 3	Nov. 3	INTEREST PURCHASES @ 05.000000% TO 03NOV	0.00

PRE-AUTHORIZED DEBIT IN EFFECT AS REQUESTED FROM YOUR DESIGNATED PAYMENT ACCOUNT.

Report any items which do not agree with your records within 30 days of statement date.

Your account at a glance

\$17	
Previous balance, Oct. 3	
- Payments - thank you	\$17
- Other credits	
+ Purchases	Not Responsive
+ Cash advances/Cheques	\$0.00
+ Interest	\$0.00
+ Fees	\$0.00
+ Other charges	\$0.00
→ New account balance, Nov. 3	
Your credit limit	\$17
Credit available, Nov. 3	

STATEMENT ONLY
DO NOT PAY!

Helpful information

Transactions listed in this statement :

Airlines	\$ 0.00
Hotel	\$ 444.17
Car rental	\$ 0.00
Restaurants	Not Responsive
Retail	\$ 0.00
Cash advances/Cheques	\$ 0.00
Other	\$ 0.00

Contact us Local calls Toll-free calls Canada & USA Please address any written enquiries to:

Enquiries: 1 866 205-4515 1 800 263-2263 MasterCard
Telephone Devices for the Deaf: N/A 1 866 859-2089 P.O.Box 300 Station M
Lost or stolen cards: 1 800 361-3361 1 800 361-3361 Toronto, ON M6S 4X2

® Registered trademark of Bank of Montreal.
® Registered trademark of MasterCard International Incorporated.



P.O.BOX 11064 STN CENTRE-VILLE
MONTREAL QC H3C 5A2

LAURA TENNANT
ATTN LAURA TENNANT
272 W ANNEX PARLIAMENT BLDGS ROOM 156
VICTORIA BC
V8W 9E1

→ Approved by:	
Signature	Signature
Name	Name
Date	Date



Chateau Victoria
HOTEL & SUITES

740 Burdett Avenue, Victoria, British Columbia, Canada V8W 1B2 • Local: (250) 382-4221 • Fax: (250) 380-1960
Toll Free: (800) 663-5891 • www.ChateauVictoria.com

Mon Oct 28/2013 10:22

GST# 89160 2336
PST# 1000-9181

AM

Surname Office Of The Premier
First Name Laura Tennant
Address 1
Address 2
City
Province/State
Country
Postal/Zip
Phone
Conf # 313592
Corporate
IATA #

Arrival Date Oct 25, 2013
of Nights 1
Dept Date Oct 26, 2013
Room # F118
Room Type Function Billing Accounts
of Guests 1/
Rate Type
Amount \$0.00
A/R Account

Posting Date	Billing Code	Note Identifier	Amount
Oct 25, 2013	Catering	Catering Chk# 8507	\$34.07
Oct 25, 2013	Vista 18	Vista 18 Chk# 8473	\$215.99
Oct 25, 2013	Service Charge		\$4.87
Oct 25, 2013	Goods and Services Tax		\$0.24
Oct 28, 2013	Catering Rm Sales	Salon A	\$180.00
Oct 28, 2013	Goods and Services Tax	Salon A	\$9.00
Oct 28, 2013	Mastercard		(444.17)
Total			\$0.00

Billing Code Summary

Goods and Services Tax \$9.24

PST # 100-9181 GST #89160 2336

CHATEAU VICTORIA LTD
740 BURDETT STREET
VICTORIA BC

817
CARD *****
CARD TYPE MASTERCARD
DATE 2013/10/28
TIME 0597 10:21:46
RECEIPT NUMBER
M30631185-001-742-011-0

PURCHASE
TOTAL

\$444.17

APPROVED

AUTH# 132146 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

PURCHASING CARD TRANSACTION REGISTER

Cardholder:	Laura Tennant	Statement Date (DD-MMM-YYYY):	03/Nov/2013	Clearing line to account:	CLIENT	RESP	SVS LINE	STOB	PROJ	TOTAL AMOUNT
Branch:	Office of the Premier - Executive Branch	Supplier# - BMO:	2081565		4	36A10	36200	8530	8530	(451.16)
Description:	PCARD NOV/13 TENNANT	Invoice #:	PCARD s17 TEN03NOV13							
Qualified Receiver:	Laura Tennant	Telephone #:	250 387 1715							
Expense Authority:	Michelle Leamy									

TRANS NO.	DATE	SUPPLIER NAME	ITEMS PURCHASED	CLIENT	RESP	SVS LINE	STOB	PROJ	TAX CODE	EMPLOYEE'S FULL SUPPLIER NAME (REQUIRED FOR STOB57)	EMPLOYEE'S SUPPLIER CODE	PRE-TAX AMOUNT	GST/HST AMOUNT	PST AMOUNT	TOTAL AMOUNT
Not Responsive															
2	28-Oct-13	Chateau Victoria	Lunch/Meeting Room Rental	4	36A10	36200	6531 /	3600000				434.93	9.24 /		444.17 /

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Not Responsive 9.24 0.00 Not Responsive

Originals paid in error.
 ~~Monet~~ cheque was cancelled and copies attached for payment.
 XRef w/ Batch # FS14DEXE6LG50

BRANCH NAME							DESCRIPTION		
Intergovernmental Relations Secretariat							PCARDAUG/13 ELLIOTT		
CARDHOLDER NAME							AREA CODE & PHONE		
Genevieve Elliott							250-356-5004		
SUPPLIER# - BMO		STATEMENT DATE (DD-MMM-YYYY)					INVOICE NUMBER		
2081565		03-Aug-2012					PCAR s17 ELL03AUG13		
AMOUNT		CL	RESP	SERVICE LINE	STOB	PROJECT			
Not Responsive	clearing line	4	36356	18850	8530	3600000			
AMOUNT for GST, GST and PST, PST, or HST PURCHASES (INCLUDES GST/HST)	PRE-TAX AMOUNT for OTHER PURCHASES (EXCLUDES GST/HST)	CL	RESP	SERVICE LINE	STOB	PROJECT	TAX CODE	EMPLOYEE'S FULL SUPPLIER NAME AND SUPPLIER CODE (only required for STOB 57)	
5000.00		4	36356	18850	6531	3698741	GST+PST		
Not Responsive									
					1575		GST/HST amount for pre-tax amounts for other purchases xxx.xxOCG.00000.1575.xx00000.0.0		
0.00	TOTAL (must be \$0)								
CARDHOLDER (QUALIFIED RECEIVER) CERTIFICATION:						EXPENSE AUTHORITY CERTIFICATION:			
I certify the goods provided or services delivered have been inspected or reviewed; and the goods or services were properly received and documentation to support the account has been verified (i.e. goods: as ordered, correct quantity and suitable quality; services: as contracted, appropriate deliverables and/or performance criteria met; or other conditions, if any, have been met).						Certified that the amount to be paid is correct, is a proper charge against an appropriation which I have been delegated authority, is in accordance with appropriate statute or other authority for payment and/or contract; the payment complies with all relevant statutes, regulations, Treasury Board directives, other executive orders and central agency and ministry policy, there are sufficient funds in the budget, and where applicable, that the work has been performed, goods			
SIGNATURE		DATE		SIGNATURE		DATE			
Genevieve Elliott		Aug 9/13		Sukie Saini		08-Aug-2013			
PRINTED NAME of QUALIFIED RECEIVER						PRINTED NAME of EXPENSE AUTHORITY			
Genevieve Elliott						Sukie Saini			

Date	Supplier Name	Client Resp	Account	STOB	Project Number	Supplier	Description	Tax Code	Pre-tax Amount	GST/HST Amount	PST Amount	Total Amount
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Not Responsive

2013-07-11	FAIRMONT HOTEL VANCOUVER	004	36355	18850	6531	3698741	0	Deposit for Memorial service - Hon. G. Gardom July 17, 2013	GST & PST	\$4,464.29	\$223.21	\$312.50	\$5,000.00
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\$4,464.29	\$223.21	\$312.50	\$5,000.00
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TOTAL PURCHASES

Not Responsive

Account Information

Name
ID

ELLIOTT, GENEVIEVE S22
s17

Corporation
Default Code

PROVINCE OF BC - PURCHASE

Statement Highlights

Statement Date
Account #
Account Limit
Account Balance

08/03/2013

s17

Statement ID
Currency
Payment Due Date
Minimum Payment

508244
CANADIAN DOLLAR
08/06/2013
s17

Your payment was received

Transaction Details

Tran ID	Tran Date	Proc Date	Description	Amount	Addendum	DM/Statement Code	Total Tax	Amount
Account Number s17								
-	07/08		AUTOMATIC PAYMENT RECEIVED - THANK YOU	-	-	-	-	s17 CR
s17	07/12	07/12	FAIRMONT HOTEL VANCOUV VANCOUVER, BC. CAN	163735	No Addendum	-	535.71*	5000.00
N/R								

Report any items which do not agree with your records within 30 days of statement date.
* - Tax is estimated using information provided from the transaction and is for informational purposes only.

Statement Summary

Previous Balance, 07/03/2013
- Payments - thank you
- Other Credits

s17 CR
0.00

Purchases
+ Cash Advances
+ Interest
+ Fees
+ Other Charges
New Account Balance, 08/03

N/R

Interest Information

Purchases/Other

Cash advance/Cheques

Interest charges on this statement
Annual interest rates next period (%)
Daily interest rates next period (%)

0.00
5.00000%
0.01369%

0.00
0.00000%
0.00000%

Contact Information

Local Calls
Collect Calls
Toll free Calls

Enquiries
Lost or Stolen cards

416 283 2263
1 800 263 2263
1 800 361 3361

Internet
http://www.bmo.com/spendandpayment
http://www.bmo.com/achatelpaiement

THIS STATEMENT IS INFORMATION ONLY

Mr Memorial Service - Garde Gardom
Unknown

Date 07-11-13
Time 13:37
Room s22
Conf. No. s17
Recpt. No. 46898

ADVANCE DEPOSIT			
Date	Description		Amount
07-11-13	Mastercard XXXXXXXXXXXX s17 XX/XX		5,000.00CAD
	Arrival	Departure	Group ID / Room Type
	07-17-13	07-27-13	1518264

Guest Signature

Cashier No. 195

PURCHASE CARD SUMMARY									
BRANCH NAME Intergovernmental Relations Secretariat						DESCRIPTION PCARDSEP/13 ELLIOTT			
CARDHOLDER NAME Genevieve Elliott						AREA CODE & PHONE 250-356-5004			
SUPPLIER# - BMO 2081565		STATEMENT DATE (DD-MMM-YYYY) 03-Sep-2013				INVOICE NUMBER PCARI s17 ELL03SEP13			
AMOUNT		CL	RESP	SERVICE LINE	STOB	PROJECT			
Not Responsive	clearing line	4	36356	18850	8530	3600000			
AMOUNT FOR GST, GST and PST, PST, or HST PURCHASES (INCLUDES GST/HST)	PRE-TAX AMOUNT FOR OTHER PURCHASES (EXCLUDES GST/HST)	CL	RESP	SERVICE LINE	STOB	PROJECT	TAX CODE	EMPLOYEE'S FULL SUPPLIER NAME AND SUPPLIER CODE (only required for STOB 57)	
Not Responsive									
	90.45	4	36356	18850	6531	3601204			
644.45		4	36356	18850	6531	3601204	PST		
Not Responsive									
					1575		GST/HST amount for pre-tax amounts for other purchases xxx.xxOCG.00000.1575.xx00000.0.0		
0.00	TOTAL (must be \$0)								
CARDHOLDER (QUALIFIED RECEIVER) CERTIFICATE OF EXPENSE AUTHORITY CERTIFICATION:									
I certify the goods provided or services delivered have been inspected or reviewed, and the goods or services were properly received and documentation to support the account has been verified (i.e. goods: as ordered, correct quantity and suitable quality; services: as contracted, appropriate deliverables and/or performance criteria met, or other conditions, if any, have been met).						Certified that the amount to be paid is correct, is a proper charge against an appropriation which I have been delegated authority, is in accordance with appropriate statute or other authority for payment and/or contract, the payment complies with all relevant statutes, regulations, Treasury Board directives, other executive orders and central agency and ministry policy, there are sufficient funds in the budget, and where applicable, that the work has been performed, goods			
SIGNATURE		DATE		SIGNATURE		DATE			
Genevieve Elliott		16-Sep-2013		Sukie Saini		16-Sep-2013			
PRINTED NAME of QUALIFIED RECEIVER						PRINTED NAME of EXPENSE AUTHORITY			
Genevieve Elliott						Sukie Saini			

Purchasing Card Transaction Record

Intergovernmental Relations Secretariat

Card Holder: Genevieve Elliott

Statement date: Sept 03, 2013

Date	Supplier Name	Client	Resp	Account	STOB	Project Number	Supplier	Description	Tax Code	Pre-tax Amount	GST/HST Amount	PST Amount	Total Amount
Not Responsive													
2013-08-24	FAIRMONT VANCOUVER	004	36356	18850	6531	3601204	0	Service Charge Luncheon for President of the fench Senate 10 people Vancouver Aug 23,2013		\$90.45	\$0.00	\$0.00	\$90.45
2013-08-24	FAIRMONT VANCOUVER	004	36356	18850	6531	3601204	0	Luncheon for President of the fench Senate 10 people Vancouver Aug 23,2013		\$603.00	\$0.00	\$41.45	\$644.45
										\$693.45	\$0.00	\$41.45	\$734.90

Not Responsive

TOTAL PURCHASES

Not Responsive

Monday, September 16, 2013

Page 1 of 1

Account Information

Name
ID

ELLIOTT, GENEVIEVE s22
s17

Corporation
Default Code

PROVINCE OF BC - PURCHASE

Statement Highlights

Statement Date
Account #
Account Limit
Account Balance

09/03/2013

s17

Statement ID
Currency
Payment Due Date
Minimum Payment

513476
CANADIAN DOLLAR
09/06/2013
s17

Your payment was received

Transaction Details

Tran ID	Tran Date	Proc Date	Description	Auth #	Addendum	GL/Customer Code	Total Tax	Amount
Account Number -			s17					
		08/06	AUTOMATIC PAYMENT RECEIVED - THANK YOU	-	-	-	-	Not Responsive
s17	08/24	08/26	FAIRMONT WATERFRONT F& VANCOUVER, BC, CAN	170516	No Addendum	-	78.74*	734.90 ✓

Not Responsive

* - Tax is estimated using information provided from the transaction and is for informational purposes only.

Statement Summary

Previous Balance
- Payments - thank you
- Other Credits

s17

Purchases
+ Cash Advances
+ Interest
+ Fees
+ Other Charges
New Account Balance, 09/03

Not Responsive

Interest Information

	Purchases/Other	Cash advance/Cheques
Interest charges on this statement	0.00	0.00
Annual interest rates next period (%)	5.00000%	0.00000%
Daily interest rates next period (%)	0.01369%	0.00000%

Contact Information

	Local Calls	Collect Calls	Toll free Calls
Enquiries	416 283 2263		1 800 263 2263
Lost or Stolen cards			1 800 361 3361
Internet	http://www.bmo.com/spendandpayment http://www.bmo.com/achatetpaiement		

THIS STATEMENT IS INFORMATION ONLY

BUSINESS EXPENSE APPROVAL for Business Meetings/Protocol Events

Attach original invoices/receipts that have been coded and approved
by an expense authority. Please see page 2 for further instructions.

BUSINESS EXPENSE APPROVAL NO.

SECTION 1 – ORIGINATOR INFORMATION

NAME OF ORIGINATOR OF EXPENSE	TELEPHONE NO.	DATE SUBMITTED	YYYY / MM / DD
Karen Geiger	(250) 356-9414	2013/08/22	
MINISTRY/DIVISION/BRANCH	LOCATION (CITY) OF EVENT	START DATE OF EVENT	YYYY / MM / DD
IGRS - Office of Protocol	Vancouver	2013/08/23	
		END DATE OF EVENT	YYYY / MM / DD
		2013/08/23	

SECTION 2 – NAME / NATURE OF EVENT

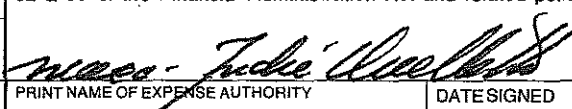
In general terms, describe the event, the number of people attending and their affiliation. For example: Annual Regional Meeting – 20 government employees, 2 service contractors.

Luncheon for the President of the French Senate
Hosted by Parliamentary Secretary Norm Letnick
- 7 French
- 3 BC Government

SECTION 3 – INDIVIDUALS INCLUDED IN MEAL CLAIMS

Complete this section only if the Business Expense Approval includes a meal. Identify the individual's name and either the ministry or company they are affiliated with. Attach a separate list if necessary.

See attached

SECTION 4 – BUSINESS EXPENSE REQUESTED			SECTION 5 – EXPENSE AUTHORITY PRE-APPROVAL		
CATEGORY	STOB	AMOUNT	RESP. CENTRE	SERVICE LINE	PROJECT NO. (IF APPLICABLE) OR ADDITIONAL CODING
1. Meeting Room Rental	6531				36366 18850 3661204
2. Equipment/Furniture Rental	6531		EXPENSE AUTHORITY SIGNATURE – Certified correct pursuant to sections 32 & 33 of the Financial Administration Act and related policies.		
3. Photocopying, Faxing, Telephone, etc.	6531				
4. Food/Beverages for Meetings <input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/> SNACKS <input type="checkbox"/> COFFEE/TEA/JUICE, ETC.	6531		PRINT NAME OF EXPENSE AUTHORITY	DATE SIGNED YYYY / MM / DD	
			Marc-Andre Ouellette		
5. Business Meals in Restaurant <input type="checkbox"/> BREAKFAST <input checked="" type="checkbox"/> LUNCH <input type="checkbox"/> DINNER	6531		SECTION 6 – EMPLOYEE REIMBURSEMENT INFORMATION Complete this section only if reimbursing an employee for expenses they have paid personally. Enter payee name, cheque mailing address, and reimbursement total.		
6. Event Planners, Speakers, etc.					
7. Travel Costs for Non-BC Government Participants					
8. Other:					
			QUALIFIED RECEIVER SIGNATURE – Certified goods/services received pursuant to CPPM 4.3.2.		
			X		
ESTIMATED TOTAL			REIMBURSEMENT TOTAL		



PROTOCOL ITINERARY



Visit of
Mr. Jean-Pierre Bel
President of the French Senate (Speaker)

Visit Date: August 23, 2013

Contact: Christophe Alamelama, Consulate General

s17

Page 1 of 1

Delegation:

- **Mr. Jean-Marc TODESCHINI**, Parliamentary Administrator of the French Senate; Vice-President of the France-Canada and France-Quebec Friendship Group; Senator of the Moselle (north-eastern France) - Socialist Party
- **Mr. Philippe ZELLER**, French Ambassador to Canada
- **Mr. François CROQUETTE** - Diplomatic Counsellor to Mr. Bel
- **Mrs. Odile ZELLER**, Spouse of French Ambassador
- **Mr. Cédric DUHAMEL**, Security Officer, President of the Senate

Mr. Alamelama
Cell: s22

Consulate General of France in Vancouver:

- **Mr. Christophe ALAMELAMA**, A/Consul General

Friday, August 23 – Vancouver

09:55	Greeted on arrival at by Mr. Marc-Andre Ouellette, Chief of Protocol	s15	<i>Marc-Andre Ouellette</i> Cell: s17
10:00 – 10:30	Meeting with The Honourable Bill Bennett , Minister of Energy and Mines (Core Review) <i>Location:</i> s15 <i>Topic: Investment Opportunities in B.C.</i>		<i>Sarina Costa</i> Tel: s22
10:30 – 11:55	Private Time		
11:55	Greeted by Mr. Marc-André Ouellette , Chief of Protocol for British Columbia	s15	<i>Marc-Andre Ouellette</i> Cell: s17

Prepared by: Office of Protocol
Intergovernmental Relations Secretariat
1st Floor – 548 Michigan Street
Victoria, British Columbia, Canada, V8W 9V1
Business: (250) 387-1616 Fax: (250) 356-2814
Website: www.protocol.gov.bc.ca

Contact
Ms. Karen Geiger, Protocol Manager
Mr. Marc-André Ouellette,
Executive Director and Chief of Protocol

Business	Mobile
250.356.9414	s17
250.387.4304	

12:00 – Luncheon hosted by **Mr. Norm Letnick**, Parliamentary
13:30 Secretary to the Premier, Intergovernmental Affairs
Location: s15

Janta Ouidiev
Tel: s22

BC Participants:

- **Ms. Pierrette Maranda**, Deputy Minister,
Intergovernmental Relations Secretariat
- **Mr. Marc-André Ouellette**, Chief of Protocol for British
Columbia

Sandra Dawes
Tel: s22

Prepared by: Office of Protocol
Intergovernmental Relations Secretariat
1st Floor – 548 Michigan Street
Victoria, British Columbia, Canada, V8W 9V1
Business: (250) 387-1616 Fax: (250) 356-2814
Website: www.protocol.gov.bc.ca

Contact
Ms. Karen Geiger, Protocol Manager
Mr. Marc-André Ouellette,
Executive Director and Chief of
Protocol

Business
250.356.9414
250.387.4304

Mobile
s17

Check Detail

Check	Table	Check Opened	Minutes	Guests	Reference #	Location	Employee
4440	51	8/23/2013 12:24 PM	102.00	10	VIP LUNCHEON	Fairmont Waterfront	LIZ REGO
		12:24 PM	1	DIET COKE	4.00	04 HERONS REST	LIZ REGO
		12:29 PM	1	GREENS	12.00	04 HERONS REST	LIZ REGO
		12:29 PM	1	NO CHOICE		04 HERONS REST	LIZ REGO
		12:29 PM	1	GREENS	12.00	04 HERONS REST	LIZ REGO
		12:29 PM	1	NO CHOICE		04 HERONS REST	LIZ REGO
		12:29 PM	1	GREENS	12.00	04 HERONS REST	LIZ REGO
		12:29 PM	1	NO CHOICE		04 HERONS REST	LIZ REGO
		12:29 PM	1	GREENS	12.00	04 HERONS REST	LIZ REGO
		12:29 PM	1	NO CHOICE		04 HERONS REST	LIZ REGO
		12:29 PM	1	GREENS	12.00	04 HERONS REST	LIZ REGO
		12:29 PM	1	NO CHOICE		04 HERONS REST	LIZ REGO
		12:29 PM	1	GREENS	12.00	04 HERONS REST	LIZ REGO
		12:29 PM	1	NO CHOICE		04 HERONS REST	LIZ REGO
		12:29 PM	1	GREENS	12.00	04 HERONS REST	LIZ REGO
		12:29 PM	1	NO CHOICE		04 HERONS REST	LIZ REGO
		12:29 PM	1	GREENS	12.00	04 HERONS REST	LIZ REGO
		12:29 PM	1	NO CHOICE		04 HERONS REST	LIZ REGO
		12:29 PM	1	GREENS	12.00	04 HERONS REST	LIZ REGO
		12:29 PM	1	NO CHOICE		04 HERONS REST	LIZ REGO
		12:29 PM	1	GREENS	12.00	04 HERONS REST	LIZ REGO
		12:29 PM	1	NO CHOICE		04 HERONS REST	LIZ REGO
		12:31 PM	1	OPEN FOOD	0.01	04 HERONS REST	LIZ REGO
		12:31 PM		9 SALMON		04 HERONS REST	LIZ REGO
		12:31 PM	1	OPEN FOOD	0.01	04 HERONS REST	LIZ REGO
		12:31 PM		1 TART		04 HERONS REST	LIZ REGO
VOID		12:42 PM	-1	GREENS	(12.00)	04 HERONS REST	GUILLAUME NOEL
VOID		12:42 PM	-1	NO CHOICE		04 HERONS REST	GUILLAUME NOEL
VOID		12:42 PM	-1	GREENS	(12.00)	04 HERONS REST	GUILLAUME NOEL
VOID		12:42 PM	-1	NO CHOICE		04 HERONS REST	GUILLAUME NOEL
VOID		12:42 PM	-1	GREENS	(12.00)	04 HERONS REST	GUILLAUME NOEL
VOID		12:42 PM	-1	NO CHOICE		04 HERONS REST	GUILLAUME NOEL
VOID		12:42 PM	-1	GREENS	(12.00)	04 HERONS REST	GUILLAUME NOEL
VOID		12:42 PM	-1	NO CHOICE		04 HERONS REST	GUILLAUME NOEL
VOID		12:42 PM	-1	GREENS	(12.00)	04 HERONS REST	GUILLAUME NOEL
VOID		12:42 PM	-1	NO CHOICE		04 HERONS REST	GUILLAUME NOEL
VOID		12:42 PM	-1	GREENS	(12.00)	04 HERONS REST	GUILLAUME NOEL
VOID		12:42 PM	-1	NO CHOICE		04 HERONS REST	GUILLAUME NOEL
VOID		12:42 PM	-1	GREENS	(12.00)	04 HERONS REST	GUILLAUME NOEL
VOID		12:42 PM	-1	NO CHOICE		04 HERONS REST	GUILLAUME NOEL
VOID		12:42 PM	-1	GREENS	(12.00)	04 HERONS REST	GUILLAUME NOEL
VOID		12:42 PM	-1	NO CHOICE		04 HERONS REST	GUILLAUME NOEL
VOID		12:42 PM	-1	OPEN FOOD	(0.01)	04 HERONS REST	GUILLAUME NOEL
VOID		12:42 PM		9 SALMON		04 HERONS REST	LIZ REGO
VOID		12:42 PM	-1	OPEN FOOD	(0.01)	04 HERONS REST	GUILLAUME NOEL
VOID		12:42 PM		1 TART		04 HERONS REST	LIZ REGO
		12:53 PM	1	OPEN FOOD	450.00	04 HERONS REST	LIZ REGO
		12:53 PM		SET MENU		04 HERONS REST	LIZ REGO

Payment by: ☒ MC ☐ CHEQUE ☒
Entered into Database ☒
FMR Date _____

 $\frac{1}{2}$

9/13/2013 4:03 PM

1:25 PM	1	M-HILL RESERVE	68.00	04 HERONS REST	LIZ REGO
1:25 PM	1	DO NOT MAKE		04 HERONS REST	LIZ REGO
1:25 PM	1	CM 5VINEYARD	45.00	04 HERONS REST	LIZ REGO
1:25 PM	1	DO NOT MAKE		04 HERONS REST	LIZ REGO
2:02 PM	1	TEA	4.50	04 HERONS REST	LIZ REGO
2:02 PM	1	COFFEE REG	4.50	04 HERONS REST	LIZ REGO
2:02 PM	1	COFFEE REG	4.50	04 HERONS REST	LIZ REGO
2:02 PM	1	COFFEE REG	4.50	04 HERONS REST	LIZ REGO
2:02 PM	1	COFFEE REG	4.50	04 HERONS REST	LIZ REGO
2:02 PM	1	COFFEE REG	4.50	04 HERONS REST	LIZ REGO
2:02 PM	1	COFFEE REG	4.50	04 HERONS REST	LIZ REGO
2:02 PM	1	COFFEE REG	4.50	04 HERONS REST	LIZ REGO
2:02 PM	1	COFFEE REG	4.50	04 HERONS REST	LIZ REGO
2:06 PM		% CHARGE TIP	90.45	04 HERONS REST	LIZ REGO
2:06 PM		MASTERCARD	734.90	04 HERONS REST	LIZ REGO
2:06 PM		***** s17		04 HERONS REST	LIZ REGO
2:06 PM		s17 Mastercard Int		04 HERONS REST	LIZ REGO
Sub Total			603.00		
Tax			41.45		
Service Charge			90.45		
Check Total			734.90		

PURCHASE CARD SUMMARY									
BRANCH NAME					DESCRIPTION				
Intergovernmental Relations Secretariat					PCARDDEC/13 OUELLETTE				
CARDHOLDER NAME					AREA CODE & PHONE				
Marc-Andr� Ouellette					s17				
SUPPLIER# - BMO		STATEMENT DATE (DD-MMM-YYYY)			INVOICE NUMBER				
2081565		03-Dec-2013			PCARE s17 DUE03DEC13				
AMOUNT		CL	RESP	SERVIC E LINE	STOB	PROJECT			
Not Responsive clearing line		4	36356	18850	8530	3600000			
AMOUNT for GST, GST and PST, PST, or HST PURCHASES (INCLUDES GST/HST)	PRE-TAX AMOUNT for OTHER PURCHASES (EXCLUDES GST/HST)	CL	RESP	SERVIC E LINE	STOB	PROJECT	TAX CODE	EMPLOYEE'S FULL SUPPLIER NAME AND SUPPLIER CODE (only required for STOB 57)	
Not Responsive		4	36356	18850	6501	3698738	GST +PST		
					1575		GST/HST amount for pre-tax amounts for other purchases xxx.xxOCG.00000.1575.xx00000.0.0		
0.00		TOTAL (must be \$0)							
CARDHOLDER (QUALIFIED RECEIVER) CERTIFICATE EXPENSE AUTHORITY CERTIFICATION:									
I certify the goods provided or services delivered have been inspected or reviewed; and the goods or services were properly received and documentation to support the account has been verified (i.e. goods: as ordered, correct quantity and suitable quality; services: as contracted, appropriate deliverables and/or performance criteria met; or other conditions, if any, have been met).					Certified that the amount to be paid is correct, is a proper charge against an appropriation which I have been delegated authority, is in accordance with appropriate statute or other authority for payment and/or contract, the payment complies with all relevant statutes, regulations, Treasury Board directives, other executive orders and central agency and ministry policy, there are sufficient funds in the budget, and where applicable, that the work has been performed, goods supplied, the service rendered and/or conditions met.				
SIGNATURE		DATE		SIGNATURE			DATE		
<i>Marc-Andr� Ouellette</i>		Dec 13/13		<i>Sukie Saini</i>			11-Dec-2013		
PRINTED NAME of QUALIFIED RECEIVER					PRINTED NAME of EXPENSE AUTHORITY				
Marc-Andr� Ouellette					Sukie Saini				

Not Responsive

Date	Supplier Name	Client	Resp	Account	STOB	Project Number	Supplier	Description	Tax Code	Pre-tax Amount	GST/HST Amount	PST Amount	Total Amount
2013-11-04	ARTINA'S JEWELLERY	004	36356	18850	6501	3698738	0	Gift for HRH Princess Takamado of Japan Jobs and Trade Mission	GST & PST	\$206.00	\$10.30	\$14.42	\$230.72

Not Responsive

TOTAL PURCHASES

Not Responsive

Account Information

Name
ID

OUELLETTE, MARC ANDRE
s17

Corporation
Default Code

PROVINCE OF BC - PURCHASE

Statement Highlights

Statement Date
Account #
Account Limit
Account Balance

12/03/2013

s17

Statement ID
Currency
Payment Due Date
Minimum Payment

529940
CANADIAN DOLLAR
12/06/2013
s17

Transaction Details

Tran ID	Tran Date	Proc Date	Description	Auth #	Addendum	GL/Customer Code	Total Tax	Amount
Account Number -			s17	Not Responsive				
s17	11/04	11/06	ARTINA S JEWELLERY VICTORIA, BC, CAN	164117	No Addendum	-	24.72*	230.72

Report any items which do not agree with your records within 30 days of statement date.
* - Tax is estimated using information provided from the transaction and is for informational purposes only.

Statement Summary

Previous Balance
- Payments - thank you
- Other Credits

0.00
0.00
0.00

Purchases
+ Cash Advances
+ Interest
+ Fees
+ Other Charges
New Account Balance, 12/03

Not Responsive

Interest Information

Interest charges on this statement
Annual interest rates next period (%)
Daily interest rates next period (%)

0.00
5.000000%
0.01369%

Purchases/Other
Cash advance/Cheques

0.00
0.000000%
0.000000%

Contact Information

Enquiries
Lost or Stolen cards

Internet

Local Calls
416 283 2263

Collect Calls

Toll free Calls
1 800 263 2263
1 800 361 3361

http://www.bmo.com/spendandpayment
http://www.bmo.com/achatelpaiement

THIS STATEMENT IS INFORMATION ONLY

Artina's Jewellery

Hand Crafted Canadian Jewellery
1002 Government Street
Victoria BC Canada V8W 1X7
(250) 386 7000 / 1 877 386 7000
GST# R123456789

3/0840
ACME 7777777777 \$200.00
370/03
PG 1R 7777777777 \$0.00
Sub Total: \$200.00
TAX: \$24.72
Total: \$230.72
Paid By: MasterCard \$230.72

No Change Due

Customer: 11950
Name: BC GOVT

11-04-2013 13:41 001 01 45845
DB Items: 2



www.artinas.com

NO REFUND, Exchange Only within 30 days
In Original, Unused Condition
Sale & Special prices are a FINAL SALE

ARTINA'S JEWELLERY
1002 GOVERNMENT ST V8W1X7
VICTORIA BC
22778407

11-04-2013 13:41:16
Acct # s17 C
Exp Date 11/11 Card Type MC
Name: MARC ANDRE OUELLETTE
A00000000041010 MasterCard

Trace # 780009
432604460001
Auth # 164117 RRN 001172009

Total \$230.72
(00) APPROVED-THANK YOU

Retain this copy for your records
Customer copy

004
36356
18850
36 98738

Gift for H.I.H. Princess Takamado of Japan
Job and Trade Mission.

PURCHASE CARD SUMMARY									
BRANCH NAME						DESCRIPTION			
Intergovernmental Relations Secretariat						PCARDJUL/13 ELLIOTT			
CARDHOLDER NAME						AREA CODE & PHONE			
Genevieve Elliott						250-356-5004			
SUPPLIER# - BMO			STATEMENT DATE (DD-MMM-YYYY)			INVOICE NUMBER			
2081565			03-Jul-2012			PCARC s17 ELL03JUL13			
AMOUNT			CL	RESP	SERVIC E LINE	STOB	PROJECT		
Not Responsive		clearing line	4	36356	18850	8530	3600000		
AMOUNT for GST, GST and PST, PST, or HST PURCHASES (INCLUDES GST/HST)	PRE-TAX AMOUNT for OTHER PURCHASES (EXCLUDES GST/HST)		CL	RESP	SERVIC E LINE	STOB	PROJECT	TAX CODE	EMPLOYEE'S FULL SUPPLIER NAME AND SUPPLIER CODE (only required for STOB 57)
	153.44		4	36356	18850	6501	3600000	0%	
Not Responsive									
332.05				36356	18850	6531	3601204	GST	
	134.04			36356	18850	6531	3601204		
Not Responsive									
					1575			GST/HST amount for pre-tax amounts for other purchases xxx.xxOCG.00000.1575.xx00000.0.0	
0.00	TOTAL (must be \$0)								
CARDHOLDER (QUALIFIED RECEIVER) CERTIFICATE OF EXPENSE AUTHORITY CERTIFICATION:									
I certify the goods provided or services delivered have been inspected or reviewed; and the goods or services were properly received and documentation to support the account has been verified (i.e. goods: as ordered, correct quantity and suitable quality; services: as contracted, appropriate deliverables and/or performance criteria met; or other conditions, if any, have been met).					Certified that the amount to be paid is correct, is a proper charge against an appropriation which I have been delegated authority, is in accordance with appropriate statute or other authority for payment and/or contract, the payment complies with all relevant statutes, regulations, Treasury Board directives, other executive orders and central agency and ministry policy, there are sufficient funds in the budget, and where applicable, that the work has been performed, goods				
SIGNATURE			DATE		SIGNATURE			DATE	
Genevieve Elliott			July 11/13		Sukie Saini			04-Jul-2013	
PRINTED NAME of QUALIFIED RECEIVER					PRINTED NAME of EXPENSE AUTHORITY				
Genevieve Elliott					Sukie Saini				

Account Information				
Name	ELLIOTT, GENEVIEVE	s22	Corporation	PROVINCE OF BC - PURCHASE
ID	s17		Default Code	
Statement Highlights				
Statement Date	07/03/2013	Statement ID	502810	
Account #		Currency	CANADIAN DOLLAR	
Account Limit	s17	Payment Due Date	07/06/2013	
Account Balance		Minimum Payment	s17	

Transaction Details								
Tran ID	Tran Date	Proc Date	Description	Auth #	Addendum	GL/Customer Code	Total Tax	Amount
Account Number			s17					
	06/14	06/14	ROYAL VANCOUVER YACHT 604-2241344, BC, CAN	161650	No Addendum	s17	14.36*	134.04 ✓
s17	06/14	06/14	CAPITAL CITY TUXEDO RE VICTORIA, BC, CAN	163333	No Addendum	-	16.44*	153.44 ✓
Not Responsive								
s17	06/23	06/25	LAUREL POINT INN VICTORIA, BC, CAN	163707	No Addendum	-	35.58*	332.05 ✓
Not Responsive								

Report any items which do not agree with your records within 30 days of statement date.

* - Tax is estimated using information provided from the transaction and is for informational purposes only.

Statement Summary			Interest Information		
Previous Balance, 05/03/2013	0.00		Purchases/Other	Cash advance/Cheques	
- Payments - thank you	0.00				
- Other Credits	0.00		Interest charges on this statement	0.00	0.00
Purchases			Annual interest rates next period (%)	5.00000%	0.00000%
+ Cash Advances			Daily interest rates next period (%)	0.01369%	0.00000%
+ Interest			Contact Information		
+ Fees				Local Calls	Collect Calls
+ Other Charges					Toll free Calls
New Account Balance, 07/03			Enquiries	416 283 2263	1 800 263 2263
			Lost or Stolen cards		1 800 361 3361
			Internet	http://www.bmo.com/spendandpayment http://www.bmo.com/achatetpaiement	

THIS STATEMENT IS INFORMATION ONLY

Farewell to CJ
the Hon. Lance Finch

CAPITAL CITY TUXEDO RENT
626 COURTNEY ST
VICTORIA, BC, V8W 1C1
250-384-8213

MasterCard MID: S17 Ref #: 005
Term ID: 200

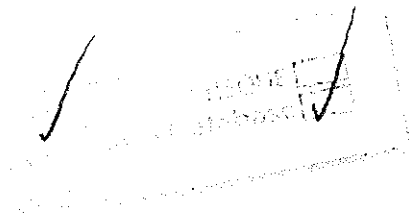
Sale

XXXXXXXXXX S17
MASTERCARD Entry Method: CHIP
06/14/13 13:32:27
Inv #: 006190 Appr Code: 163333
Apprvd Batch#: 900839
Total: \$ 153.44

By entering a verified PIN, cardholder
agrees to pay issuer such total in
accordance with issuer's agreement with
cardholder (Merchant agreement if credit
voucher).
Retain this copy for statement
verification.

Application Label: MasterCard
AID: A00000000041010
TVR: 00 00 00 00 00
TSI: E0 00

Merchant Copy





Capital City Tuxedo Rentals
626 COURTNEY STREET
TOLL FREE 1-877-883-1333
NO REFUND ALL SALES FINAL
Victoria BC V8W 1C1 384-8213 GST #100797927R

M/C (page 1) INVOICE 66190

09:55 10/30/2013

PAID

TUXEDO RENTAL (1 DAY) JUNE 14, 2013 1 137.00 137.00
*****THANK YOU*****

		SUBTOTAL	137.00
		P.S.T.	6.85
		G.S.T.	9.59
1 ITEMS	1 PIECES	INVOICE TOTAL	153.44

Cleaver, Sheila C FIN:EX

From: Elliott, Genevieve IGRS:EX
Sent: Wednesday, October 30, 2013 10:28 AM
To: Cleaver, Sheila C FIN:EX
Subject: RE: Receipt for PCard transaction
Attachments: 20131030102223.pdf

Hi Sheila,

The itemized receipt is attached. Do you want me to send you the original fax copy or will this email suffice?

Genevieve

From: Cleaver, Sheila C FIN:EX
Sent: Wednesday, October 30, 2013 9:53 AM
To: Elliott, Genevieve IGRS:EX
Subject: Receipt for PCard transaction

Hi Genevieve,

We are just doing an audit of Purchase Cards and there is a receipt missing on one of your PCard reconciliations.

July 3/13 statement-Capital City Tuxedo Rentals-\$153.44

The Debit receipt is attached to say it was paid. Please scan and send the itemized receipt to show what makes up the \$153.44

Thank You.

Sheila Cleaver

Corporate Card Coordinator / Purchased Card/Travel Card/TA
Min. of Finance, Ministry of Children and the Office of the Premier
3rd Floor, Government Building, 100 - 96th St
Phone: (250) 927-4162 Fax: (250) 927-3329
E-mail: Sheila.Cleaver@gov.bc.ca

From: Patrick Harrison - RVYC <member_accounts@royalvan.com>
Sent: Friday, June 14, 2013 3:06 PM
To: Elliott, Genevieve IGRS:EX
Subject: RVYC - Credit Card Payment
Attachments: s17, s22 MC Receipt - June 14.pdf

Hello Ms. Elliott,

Following our phone conversation today, I charged the MasterCard you provided me for your balance of \$134.04 and have attached a receipt for the transaction to this email. As well, I have inserted an updated account summary below showing the payment being applied to your account. Please let me know if you have any questions or concerns regarding this matter.

Thank you for your payment.

01 - Royal Vancouver Yacht Club Pg 1
Member Inquiry as of Jun 14, 13

s17, s22 - Genevieve Elliott
Office of Protocol Phone :
548 Michigan St, First Floor Alt. No:
Victoria BC Status : 76
V8W 9V1

Date	Ty	Ch/Inv/Jrn	Description	Charges	TX/SV/GR	Amount	DueDate	
	BF		Balance Forward			134.04		
Jun14	CH	SJ0592	MC Payment - Than	-134.04	0.00	-134.04	Jun14	X

Total						0.00		
	Current		1 Mths	2 Mths	3 Mths	Over 4 Mths		
	-134.04		0.00	134.04	0.00	0.00		
===== End of Report =====								

Best regards,



Patrick Harrison
Member Accounts
Royal Vancouver Yacht Club
3811 Point Grey Road
Vancouver BC V6R 1B3
Tel 604.224.1344
Fax 604.224.4146
www.royalvan.com

Visit - Australia
[Handwritten signature and stamp]

APPROVED

-- PURCHASE --

**ROYAL VANCOUVER YACHT
CLUB
VANCOUVER, BC V6R1B3
(604) 224 - 1344**

Ref. Number: 800-8944
Account Number: XXXXXXXXXXXX s17
Auth. Code: APPROVED 161650
Server ID: Patrick
Date/Time: 2013/06/14 12:16:49

Amount: \$134.04
Tip: _____
Total: _____

Cardmember acknowledges receipt of
goods and/or services in the amount of
the total shown hereon and agrees to
perform the obligations set forth by the
cardmember's agreement with the issuer.



ROYAL VANCOUVER YACHT CLUB
3811 POINT GREY ROAD
VANCOUVER, B.C. V6R 1B3
(604) 224-1344 (604) 224-4146 FAX

STATEMENT

Genevieve Elliott
Office of Protocol
548 Michigan St, First Floor
Victoria BC V8W 9V1

MEMBER NUMBER	STATEMENT DATE
s17, s22	May 31/13
BALANCE DUE	
134.04	

AMOUNT
ENCLOSED \$ _____

PLEASE DETACH HERE AND RETURN THIS PORTION WITH YOUR REMITTANCE

Member NameGenevieve ElliottMember #X2211

DATE	REFERENCE	DESCRIPTION	AMOUNT	PST	GST	TOTAL
		Balance Forward				134.04
			0.00	0.00	0.00	134.04

MINIMUM FOOD	SPENT TO DATE	BALANCE	PERIOD ENDING

CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS
0.00	134.04	0.00	0.00

ROYAL VANCOUVER YACHT CLUB
3811 POINT GREY ROAD
VANCOUVER, B.C. V6R 1B3

BALANCE DUE ▶ GST# R119392462	134.04
---	--------

IN ACCORDANCE WITH CLUB BY-LAWS
THIS ACCOUNT IS DUE IMMEDIATELY
Y07SF005927 04

Carr, Helen IGRS:EX

Gen

30012014

READ

s17

11 APR 13

From: Elliott, Genevieve IGRS:EX
Sent: Wednesday, March 20, 2013 2:48 PM
To: Geiger, Karen IGRS:EX
Cc: Saini, Sukie IGRS:EX; Carr, Helen IGRS:EX
Subject: FW: BC- Australia Lunch- April 3, 2013- copy of deposit paid
Attachments: Scanned from Colorcube001.pdf

Hi Karen,

Attached is the receipt from the RVYC for the GG of Australia Visit. Can you please submit a BEA on Monday?

Genevieve

-----Original Message-----

From: RVYC - Catering [<mailto:catering@royalvan.com>]
Sent: Wednesday, March 20, 2013 2:21 PM
To: Elliott, Genevieve IGRS:EX
Subject: FW: BC- Australia Lunch- April 3, 2013- copy of deposit paid

Please open the attached document.

Attachment File Type: pdf

multifunction device Location: machine location not set
Device Name: colorcube9201

Scanned from Colorcube

Payment by:	
MC <input checked="" type="checkbox"/>	CHEQUE <input type="checkbox"/>
Entered into Database <input checked="" type="checkbox"/>	
EMR Date _____	

01 - Royal Vancouver Yacht Club
Member Inquiry as of Mar 31, 13

Pg 1

s17,s22 - Genevieve Elliott

Office of Protocol
548 Michigan St, First Floor
Victoria BC
V8W 9V1

Phone :
Alt. No:
Status : 76

Date	Ty	Ch/Inv/Jrn	Description	Charges	TX/SV/GR	Amount	DueDate
Mar18	CH	SJ9Z10	April 3/13 Deposi	Not Responsive	0.00	Mar18	X
				Total	- Not Responsive		

Current	1 Mths	2 Mths	3 Mths	Over 4 Mths
Not Responsive	0.00	0.00	0.00	0.00

==== End of Report =====

March 18, 2013 4:44pm

User: PATRICK Term: A3

BUSINESS EXPENSE APPROVAL for Business Meetings/Protocol Events

BUSINESS EXPENSE APPROVAL NO.

Attach original invoices/receipts that have been coded and approved
by an expense authority. Please see page 2 for further instructions.

SECTION 1 – ORIGINATOR INFORMATION

NAME OF ORIGINATOR OF EXPENSE	TELEPHONE NO.	DATE SUBMITTED	YYYY / MM / DD
Karen Geiger	(250) 356-9414	2013/03/25	
MINISTRY/DIVISION/BRANCH	LOCATION (CITY) OF EVENT	START DATE OF EVENT	YYYY / MM / DD
IGRS	Vancouver, B.C.	2013/04/03	
		END DATE OF EVENT	YYYY / MM / DD
		2013/04/03	

SECTION 2 – NAME / NATURE OF EVENT

In general terms, describe the event, the number of people attending and their affiliation. For example: Annual Regional Meeting – 20 government employees, 2 service contractors.

Her Honour, The Honourable Ms. Judith Guichon, Lieutenant Governor of British Columbia is hosting lunch for Their Excellencies Ms. Quentin Bryce Governor General of Australia and Mr. Michael Byrce. There will be approximately 6 in the party from Australia and 14 in the party from BC and Canada.

SECTION 3 – INDIVIDUALS INCLUDED IN MEAL CLAIMS

Complete this section only if the Business Expense Authority is a ministry or company they are affiliated with. Attach a

Please see attached list.

Individual's name and either the

Gen's P-card

SECTION 4 – BUSINESS EXPENSE REQUESTED			SECTION 5 – EXPENSE AUTHORITY PRE-APPROVAL		
CATEGORY	STOB	AMOUNT	RESP. CENTRE	SERVICE LINE	PROJECT NO. (IF APPLICABLE) OR ADDITIONAL CODING
1. Meeting Room Rental	6531		36356	1.8850	3601204
2. Equipment/Furniture Rental	6531		EXPENSE AUTHORITY SIGNATURE – Certified correct pursuant to sections 32 & 33 of the Financial Administration Act and related policies.		
3. Photocopying, Faxing, Telephone, etc.	6531		A/Carr		
4. Food/Beverages for Meetings	6531		PRINT NAME OF EXPENSE AUTHORITY	DATE SIGNED	
<input type="checkbox"/> BREAKFAST <input checked="" type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/> SNACKS <input type="checkbox"/> COFFEE/TEA/JUICE, ETC.			Helen Carr	203/03/21	
5. Business Meals in Restaurant	6531		SECTION 6 – EMPLOYEE REIMBURSEMENT INFORMATION		
<input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER			Complete this section only if reimbursing an employee for expenses they have paid personally. Enter payee name, cheque mailing address, and reimbursement total.		
6. Event Planners, Speakers, etc.		Not Responsive	QUALIFIED RECEIVER SIGNATURE – Certified goods/services received pursuant to CPPM 4.3.2.		
7. Travel Costs for Non-BC Government Participants			X		
8. Other:					
ESTIMATED TOTAL		\$	REIMBURSEMENT TOTAL		

To: Geiger, Karen IGRS:EX
Subject: GG Australia Visit - Proposed Seating Plan

TABLE ONE (10):

- Her Honour the Honourable Judith Guichon, Lieutenant Governor of British Columbia;
- His Honour Mr. Bruno Mallioux (TBC)
- Mr. Michael Small – Canadian High Commissioner to Australia
- Colonel James Hammond – Private Secretary to the Lieutenant Governor
- LG Guest TBC
- LG Guest TBC

- Her Excellency Ms Quentin Bryce AC CVO – Governor-General of the Commonwealth of Australia
- His Excellency Mr Michael Bryce AM AE
- Her Excellency Ms Louise Hand PSM – Australian High Commissioner to Canada
- Mr Stephen Brady CVO – Official Secretary to the Governor-General

TABLE TWO:

- Dr Graeme Killer AO – Medical Officer
- Mr Kevin Lamb – Honorary Consul, Australian Consulate, Vancouver
- LEUT Michelle Freeman – Aide-de-Camp to the Governor-General
- Australia - TBD
- Australia - TBD

- Ms. Angela Bodgan – Chief of Protocol for Canada
- Mr. Marc-Andre Ouellette – Chief of Protocol for British Columbia
- HADC, Inspector Bob Blacker
- Canada - TBD
- Canada - TBD

s17,s22 - Genevieve Elliott
Office of Protocol
548 Michigan St, First Floor
Victoria BC
V8W 9V1

Phone :
Alt. No:
Status : 76

Date	Ty	Ch/Inv/Jrn	Description	Charges	TX/SV/GR	Amount	DueDate	
Mar18	CH	SJ9Z10	April 3/13 Deposi	Not Responsive	0.00		Mar18	X
					Total	- Not Responsive		
Current		1 Mths	2 Mths	3 Mths	Over 4 Mths			
Not Responsive		0.00	0.00	0.00	0.00			

==== End of Report =====

Date	Supplier Name	Client	Resp	Account	STOB	Project Number	Supplier	Description	Tax Code	Pre-tax Amount	GST/HST Amount	PST Amount	Total Amount
2013-06-14	CAPITAL CITY TUXEDO RENT	004	36356	18850	6501	3600000	0	Tuxedo rental for MAO to attend Farewell to CJ the Hon Lance Finch		\$153.44	\$0.00	\$0.00	\$153.44
										\$153.44	\$0.00	\$0.00	\$153.44

Not Responsive

2013-06-14	ROYAL VANCOUVER YACAT CLUB	004	36356	18850	6531	3601204	0	Balance for Australia Visit was paid on APR Pcard		\$134.04	\$0.00	\$0.00	\$134.04
										Not Responsive			

Not Responsive

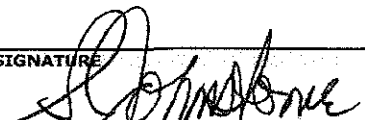
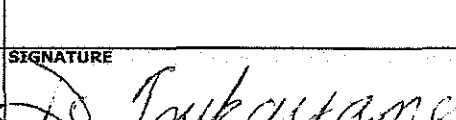
Not Responsive

TOTAL PURCHASES

Not Responsive

PURCHASE CARD SUMMARY

BRANCH NAME							DESCRIPTION		
Office of the Premier,							MC Reconciliation		
CARDHOLDER NAME							AREA CODE & PHONE		
Sheila Johnstone							250 387-5553		
SUPPLIER# - BMO				STATEMENT DATE (DD-MMM-YYYY)			INVOICE NUMBER		
2081565				03-Oct-2013			PCARD s17 JOH03OCT2013		
AMOUNT for GST, GST and PST, PST, or HST PURCHASES (INCLUDES GST/HST)	PRE-TAX AMOUNT for OTHER PURCHASES (EXCLUDES GST/HST)	CL	RESP	SERVICE LINE	STOB	PROJECT	TAX CODE	EMPLOYEE'S FULL SUPPLIER NAME AND SUPPLIER CO (only required for STOB 57)	
	clearing line	4	36344	34410	8530	3600000			
Not Responsive		4	36344	34410	5711	3600000	GST	Dtsukayama	1031527
	Not Responsive	4	36135	34090	6531	3600000			
2.018.99		4	36135	34090	6531	3600000	GST		
		4	36344	34410	6316	3600000			
		4	36344	34410	6316	3600000	GST and PST		
		4	36344	34410	6501	3600000	GST		
		4	36344	34410	6502	3600000			
		4	36344	34410	6502	3600000	GST		
		4	36344	34410	6506	3600000	GST		
		4	36344	34410	6508	3600000			
		4	36344	34410	6508	3600000	GST and PST		
		4	36344	34410	6525	3600000			
					1575		GST/HST amount for pre-tax amounts for other purchases xxx.xxOCG.00000.1575.xx00000.0.0		
0.00	TOTAL	(must be \$0)							

CARDHOLDER (QUALIFIED RECEIVER) CERTIFICATION:		EXPENSE AUTHORITY CERTIFICATION:	
<p>I certify the goods provided or services delivered have been inspected or reviewed; and the goods or services were properly received and documentation to support the account has been verified (i.e. goods: as ordered, correct quantity and suitable quality; services: as contracted, appropriate deliverables and/or performance criteria met; or other conditions, if any, have been met).</p>		<p>Certified that the amount to be paid is correct, is a proper charge against an appropriation which have been delegated authority, is in accordance with appropriate statute or other authority for payment and/or contract, the payment complies with all relevant statutes, regulations, Treasury Board directives, other executive orders and central agency and ministry policy, there are sufficient funds in the budget, and where applicable, that the work has been performed, goods supplied, the service rendered and/or conditions met.</p>	
SIGNATURE	DATE	SIGNATURE	DATE
	Oct 30/13		Oct. 30/11.
PRINTED NAME of QUALIFIED RECEIVER		PRINTED NAME of EXPENSE AUTHORITY	
Sheila Johnstone		Debbie Tsukayama	

Guest Name: Group Master Office of the Premier
Office of the Premier
Po Box 9041, Stn Provincial Go
Victoria, BC V8W 9E1 CN

Room #: GROUP
Folio#: s22
Group #: 2258
Guests: 0
Clerk: LMCKAY
GST/HST # 855028726

Arrive: 09/10/13 Time: 03:33 AM Depart: 09/18/13 Time: 12:09 PM Stat: HIST

Date	Description	Reference	Comment	Charges	Credits
09/11/13	BONFIRE RESTAURANT	5267		\$708.75	
09/11/13	BONFIRE RESTAURANT	5268		\$1,310.24	
09/18/13	PAY MASTERCARD	s17	***** s17		(\$2,018.99)

Folio Balance: \$0.00

Guest Signature: _____

4205 Gellatly Road
West Kelowna, B.C. V4T 2K2
1-877-762-COVE
info@covelakeside.com



4205 Gellatly Road, West Kelowna, BC
Phone: 250-707-1800 Fax: 250-707-1809
www.covelakeside.com

Office of the Premier
PO Box 9041
Station Provincial Government
Victoria, BC V8W 9E1
Attn: Ms. Sheila Johnstone

Date: September 17/13
Invoice # RCLR0FD51
Group # 2258

GST	DATE	DESCRIPTION	CHARGE	BALANCE
62.39	Sept 11/13	Food and Beverage Banquets #175268	\$1,310.24	\$1,310.24
33.75	Sept 11/13	Audio Visual Meeting Room & Conference Phone	\$708.75	\$708.75
		Deposit		
\$96.14		GST included in Invoice		
Total Amount Owing				2,018.99

Terms: 30 days

The Cove GST # 855028726
Bonfire GST # 139629299

Thank you for choosing The Cove Lakeside Resort

Guest Name: Group Master Office of the Premier
 Office of the Premier
 Po Box 9041, Stn Provincial Go
 Victoria, BC V8W 9E1 CN

Room #: GROUP
 Folio#: s22
 Group #: 2258
 Guests: 0
 Clerk:
 GST/HST # 855028726

Arrive: 09/10/13 Time: 03:33 AM Depart: 09/16/13 Time: 04:10:08 Stat: FOL

Date	Description	Reference	Comment	Charges	Credits
09/11/13	BONFIRE RESTAURANT	5267		\$708.75	
09/11/13	BONFIRE RESTAURANT	5268		\$1,310.24	

Folio Balance: \$2,018.99

Guest Signature: Food & Beverage / Meeting Room / AV Equipment

4205 Gellatly Road
 West Kelowna, B.C. V4T 2K2
 1-877-762-COVE
 info@covelakeside.com

(E)

CHECK # 175287 DATE 9/11/13
TABLE # 100 TIME 1:25PM

DUPLICATE CHECK

-- 4-BANQUETS : BANQUETS --
ITEMS ORDERED AMOUNT
1 MEETING ROOM 600.00
1 POLYCOM PHONE 75.00

SUBTOTAL 675.00
GST 33.75

TOTAL DUE 708.75

THANKS FOR JOINING US AT
BONFIRE RESTAURANT & BAR

Please Pay Your Server.

Gratuity: _____

Total: _____

Room: _____

Name: Office of the Premier
(please print)

Signature: _____

GST# 13962 9299 RT0001

CHECK # 175268 DATE 9/11/13
TABLE # 101 TIME 1:35PM

DUPLICATE CHECK

-- 4-BANQUETS : BANQUETS --
ITEMS ORDERED AMOUNT
25 CUSTOM BREAK 325.00
14 COFFEE REFRESH 42.00
25 SANDWICH BUFFET 600.00
6 JUICE 25.50
8 SODA 26.00
12 SPARKLING WATER 39.00

SUBTOTAL 1057.50
SERVICE 190.35
GST 62.39

TOTAL DUE 1310.24

THANKS FOR JOINING US AT
BONFIRE RESTAURANT & BAR

Please Pay Your Server.

Gratuity: _____

Total: _____

Room: _____

Name: Office of the Premier
(please print)

Signature: _____

GST# 13962 9299 RT0001

Your Purchasing Card Statement

SHEILA A JOHNSTONE

→ Stmt. date: Oct. 3, 2013 → Acct. balance: s17

Details of your transactions

Item no.	Trans date	Posting date	Description	Amount
----------	------------	--------------	-------------	--------

TRANSACTIONS FOR ACCOUNT NUMBER - s17

Not Responsive

13	Sep. 18	Sep. 19	COVE LAKESIDE RESORT WEST KELOWNA BC	2,018.99
----	---------	---------	--------------------------------------	----------

Not Responsive

PRE-AUTHORIZED DEBIT IN EFFECT AS
REQUESTED FROM YOUR DESIGNATED
PAYMENT ACCOUNT.

See over/next page

Contact us	Local calls	Toll-free calls Canada & USA	Please address any written enquiries to:
Enquiries:	1 800 263-2263	1 800 263-2263	MasterCard
Telephone Devices for the Deaf:	N/A	1 866 859-2089	P.O.Box 300 Station M
Lost or stolen cards:	1 800 361-3361	1 800 361-3361	Toronto, ON M6S 4X2

Your account at a glance

s17

Previous balance, Sep. 3

Payments - thank you

Other credits

Purchases

Cash advances/Cheques

Interest

Fees

Other charges

New account balance, Oct. 3

Your credit limit

Credit available, Oct. 3

Not Responsive

**STATEMENT ONLY
DO NOT PAY!**

Helpful information

Transactions listed in this statement

Airlines

Hotel

\$ 2,018.99

Car rental

Restaurants

Retail

Not Responsive

Cash advances/Cheques

Other

Registered trademark of Bank of Montreal.
Registered trademark of MasterCard International Incorporated.



BMO Financial Group

P.O.BOX 11064 STN CENTRE-VILLE
MONTREAL QC H3C 5A2

SHEILA A JOHNSTONE
ATTN SHEILA A JOHNSTONE
032-617 GOVERNMENT ST
VICTORIA BC
V8W 9V1

Approved by:	
Signature	Signature
Name	Name
Date	Date

s17

000632352 000632352

BUSINESS EXPENSE APPROVAL
for Business Meetings/Protocol Events

BUSINESS EXPENSE APPROVAL NO.

Attach original invoices/receipts that have been coded and approved
by an expense authority. Please see page 2 for further instructions.

SECTION 1 – ORIGINATOR INFORMATION

NAME OF ORIGINATOR OF EXPENSE	TELEPHONE NO.	DATE SUBMITTED	YYYY / MM / DD
s15 Sheila Johnstone	(250) 387-5553	2013/03/15	
MINISTRY/DIVISION/BRANCH	LOCATION (CITY) OF EVENT	START DATE OF EVENT	YYYY / MM / DD
Office of the Premier	Victoria, BC	2013/04/01	
s15		END DATE OF EVENT	YYYY / MM / DD
		2014/03/31	

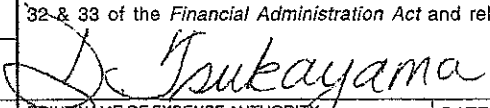
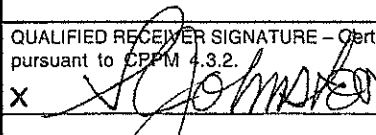
SECTION 2 – NAME / NATURE OF EVENT

In general terms, describe the event, the number of people attending and their affiliation. For example: Annual Regional Meeting – 20 government employees, 2 service contractors.

Food and Beverages for under the s15 and all other committees or functions

SECTION 3 – INDIVIDUALS INCLUDED IN MEAL CLAIMS

Complete this section only if the Business Expense Approval includes a meal. Identify the individual's name and either the ministry or company they are affiliated with. Attach a separate list if necessary.

SECTION 4 – BUSINESS EXPENSE REQUESTED			SECTION 5 – EXPENSE AUTHORITY PRE-APPROVAL		
CATEGORY	STOB	AMOUNT	RESP. CENTRE	SERVICE LINE	PROJECT NO. (IF APPLICABLE) OR ADDITIONAL CODING
1. Meeting Room Rental	6531		36135	34090	3600000
2. Equipment/Furniture Rental	6531		EXPENSE AUTHORITY SIGNATURE – Certified correct pursuant to sections 32 & 33 of the Financial Administration Act and related policies.		
3. Photocopying, Faxing, Telephone, etc.	6531				
4. Food/Beverages for Meetings <input checked="" type="checkbox"/> BREAKFAST <input checked="" type="checkbox"/> LUNCH <input checked="" type="checkbox"/> DINNER <input checked="" type="checkbox"/> SNACKS <input checked="" type="checkbox"/> COFFEE/TEA/JUICE, ETC.	6531	30,000.00	PRINT NAME OF EXPENSE AUTHORITY		DATE SIGNED YYYY / MM / DD
			Debbie Tsukayama		2013/03/15
5. Business Meals in Restaurant <input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER	6531		SECTION 6 – EMPLOYEE REIMBURSEMENT INFORMATION Complete this section only if reimbursing an employee for expenses they have paid personally. Enter payee name, cheque mailing address, and reimbursement total.		
6. Event Planners, Speakers, etc.					
7. Travel Costs for Non-BC Government Participants					
8. Other:			QUALIFIED RECEIVER SIGNATURE – Certified goods/services received pursuant to CPPM 4.3.2.		
			X 		
ESTIMATED TOTAL		\$ 30,000.00	REIMBURSEMENT TOTAL		

PURCHASING CARD TRANSACTION REGISTER

Cardholder:	Sheila Johnstone	Statement Date (DD-MMM-YYYY):	03-Oct-2013	Clearing line to account:	CLIENT	RESP	SVS LINE	STOB	PROJ	TOTAL AMOUNT
Branch:	Office of the Premier, s15	Supplier# - BMO:	2081565		4	36344	34410	8530	3600000	(6,323.52)
Description:	MC Reconciliation	Invoice #:	PCARD s22 03OCT2013							
Qualified Receiver:	Sheila Johnstone	Telephone #:	250 387-5553							
Expense Authority:	Debbie Tsukayama									

TRANS NO.	DATE	SUPPLIER NAME	ITEMS PURCHASED	CLIENT	RESP	SVS LINE	STOB	PROJ	TAX CODE	EMPLOYEE'S FULL SUPPLIER NAME (REQUIRED FOR STOB57)	EMPLOYEE'S SUPPLIER CODE	PRE-TAX AMOUNT	GST/HST AMOUNT	PST AMOUNT	TOTAL AMOUNT
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Not Responsive

18	18-Sep-13	The Cove Lakeside Resort Kelowna	s15	4	36135	34090	6531	3600000	GST			1,922.85	96.14		2,018.99
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Not Responsive

TRANS NO.	DATE	SUPPLIER NAME	ITEMS PURCHASED	CLIENT	RESP	SVS LINE	STOB	PROJ	TAX CODE	EMPLOYEE'S FULL SUPPLIER NAME (REQUIRED FOR STOB57)	EMPLOYEE'S SUPPLIER CODE	PRE-TAX AMOUNT	GST/HST AMOUNT	PST AMOUNT	TOTAL AMOUNT
270															0.00



Not Responsive

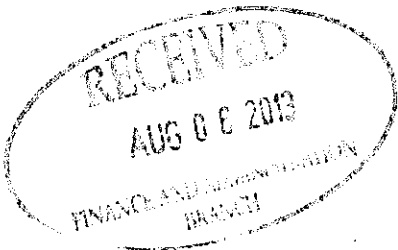
PURCHASE CARD SUMMARY

BRANCH NAME					DESCRIPTION				
Intergovernmental Relations Secretariat					PCARDAUG/13 SAINI				
CARDHOLDER NAME					AREA CODE & PHONE				
Sukie Saini					250-387-0783				
SUPPLIER# - BMO			STATEMENT DATE (DD-MMM-YYYY)			INVOICE NUMBER			
2081565			03-Aug-2013			PCARD s17 SAI03AUG13			
AMOUNT		CL	RESP	SERVICE LINE	STOB	PROJECT			
Not Responsive	clearing line	4	36356	18850	8530	3600000			
AMOUNT for GST, GST and PST, PST, or HST PURCHASES (INCLUDES GST/HST)	PRE-TAX AMOUNT for OTHER PURCHASES (EXCLUDES GST/HST)	CL	RESP	SERVICE LINE	STOB	PROJECT	TAX CODE	EMPLOYEE'S FULL SUPPLIER NAME AND SUPPLIER CODE (only required for STOB 57)	

Not Responsive

390.00		4	36356	18850	7056	3601212	GST		
Not Responsive									
					1575		GST/HST amount for pre-tax amounts for other purchases xxx.xxOCG.00000.1575.xx00000.0.0		
0.00	TOTAL	(must be \$0)							

CARDHOLDER (QUALIFIED RECEIVER) CERTIFICATION:				EXPENSE AUTHORITY CERTIFICATION:			
I certify the goods provided or services delivered have been inspected or reviewed; and the goods or services were properly received and documentation to support the account has been verified (i.e. goods: as ordered, correct quantity and suitable quality; services: as contracted, appropriate deliverables and/or performance criteria met; or other conditions.				Certified that the amount to be paid is correct, is a proper charge against an appropriation which I have been delegated authority, is in accordance with appropriate statute or other authority for payment and/or contract, the payment complies with all relevant statutes, regulations, Treasury Board directives, other executive orders and central agency and ministry policy.			
SIGNATURE		DATE		SIGNATURE		DATE	
		2013-08-06				06-Aug-2013	
PRINTED NAME of QUALIFIED RECEIVER				PRINTED NAME of EXPENSE AUTHORITY			
Sukie Saini				Helen Carr			



Account Information

Name
ID

SAINI, SUKIE
s22

Corporation
Default Code

PROVINCE OF BC - PURCHASE

Statement Highlights

Statement Date
Account #
Account Limit
Account Balance

08/03/2013

s17

Statement ID
Currency
Payment Due Date
Minimum Payment

509948
CANADIAN DOLLAR
08/06/2013
s17

Your payment was received

Transaction Details

Tran
ID

Tran
Date

Proc
Date

Description

Auth #

Addendum

GL/Customer Code

Total Tax

Amount

Account Number - s17

Not Responsive

s1707/0907/11REGENT LIMOUSINE SERVI
VICTORIA, BC, CAN003557No
Addendum-41.79*390.00✓

Not Responsive

Report any items which do not agree with your records within 30 days of statement date.
* - Tax is estimated using information provided from the transaction and is for informational purposes only.

Statement Summary

Previous Balance, 07/03/2013
- Payments - thank you
- Other Credits

Purchases
+ Cash Advances
+ Interest
+ Fees
+ Other Charges
New Account Balance, 08/03

Interest Information

CR

Interest charges on this statement
Annual interest rates next period (%)
Daily interest rates next period (%)

Purchases/Other
0.00
5.00000%
0.01369%

Cash advance/Cheques
0.00
0.00000%
0.00000%

Not Responsive

Contact Information

Local Calls
Enquiries
Lost or Stolen
cards

Collect Calls
Toll free Calls
1 800 263 2263
1 800 361 3361

REGENT LIMOUSINE SERVICE, LTD
4226 Rossiter Drive
Victoria, BC V8N 4S7 Canada
(250) 380-1911 Fax (250) 721-4202 (877) 778-4777
email: info@regentlimousine.bc.ca Website: www.regentlimousine.bc.ca

INVOICE

Bill To: GOVERNMENT OF BC OFFICE OF PROTOCOL		Customer: GOVERNMENT OF BC OFFICE OF PROTOCOL				
VICTORIA BC Attention: MANJIT KHAIRA		VICTORIA BC Attention: MANJIT KHAIRA				
Account s17	Order No	Order By	Sales SUNIL SANGHERA	Vehicle Type MINI COACH	Service Date 06/10/2013	Invoice 024960

CHARGES		RATE	AMOUNT
	Flt	325.00	325.00
Gratuity	Pct	15.00	48.75
GST #124554742	Pct	5.00	16.25
TOTAL CHARGES			\$390.00

DESCRIPTION	AMOUNT
SUBTOTAL	390.00
	0.00
TOTAL PAYMENT	\$0.00
AMOUNT DUE	\$390.00

NET 0 DAYS .. DUE DATE 06/10/2013

COMMENTS

ROUTING

s15

Thank you for choosing
Regent Limousine Service
for all your transportation needs.

Payment by: ☒ MC ☐ CHEQUE
Entered into Database ☒
FMR Date

7056

Purchasing Card Transaction Record
Intergovernmental Relations Secretariat
Card Holder: *SUKIE Saini*
Statement date: *AUG 03, 2013*

<i>Date</i>	<i>Supplier Name</i>	<i>Client Resp</i>	<i>Account</i>	<i>STOB</i>	<i>Project Number</i>	<i>Supplier</i>	<i>Description</i>	<i>Tax Code</i>	<i>Pre-tax Amount</i>	<i>GST/HST Amount</i>	<i>PST Amount</i>	<i>Total Amount</i>
-------------	----------------------	--------------------	----------------	-------------	-----------------------	-----------------	--------------------	-----------------	-----------------------	-----------------------	-------------------	---------------------

Not Responsive

<i>Date</i>	<i>Supplier Name</i>	<i>Client Resp</i>	<i>Account</i>	<i>STOB</i>	<i>Project Number</i>	<i>Supplier</i>	<i>Description</i>	<i>Tax Code</i>	<i>Pre-tax Amount</i>	<i>GST/HST Amount</i>	<i>PST Amount</i>	<i>Total Amount</i>
-------------	----------------------	--------------------	----------------	-------------	---------------------------	-----------------	--------------------	-----------------	---------------------------	---------------------------	-----------------------	-------------------------

Not Responsive

Date	Supplier Name	Client	Resp	Account	STOB	Project Number	Supplier	Description	Tax Code	Pre-tax Amount	GST/HST Amount	PST Amount	Total Amount
2013-06-10	REGENT LIMOUSINE SERVICE LTD	004	36356	18850	7056	3601212	0	Bus rental for June 10 Swearing in Ceremony at Gov't house	GST	\$373.75	\$16.25	\$0.00	\$390.00
										\$373.75	\$16.25	\$0.00	\$390.00

Not Responsive

TOTAL PURCHASES

Not Responsive

PURCHASE CARD SUMMARY

BRANCH NAME							DESCRIPTION		
Intergovernmental Relations Secretariat							PCARDMAR/14 ELLIOTT		
CARDHOLDER NAME							AREA CODE & PHONE		
Genevieve Elliott							250-356-5004		
SUPPLIER		BMO		STATEMENT DATE (DD/MM/YY)			INVOICE NUMBER		
2081565		03-Mar-2014					PCARE s17 ELL03MAR14		
AMOUNT		CL	RESP	SERVICE LINE	STOB	PROJECT			
Not Responsive	clearing line	4	36356	18850	8530	3600000			
AMOUNT for GST, GST and PST, PST, or HST PURCHASES (INCLUDES GST/HST)	PRE-TAX AMOUNT for OTHER PURCHASES (EXCLUDES GST/HST)	CL	RESP	SERVICE LINE	STOB	PROJECT	TAX CODE	EMPLOYEE'S FULL SUPPLIER NAME AND SUPPLIER CODE (only required for STOB 57)	
Not Responsive									
626.98		4	36356	18850	6501	3698738			
					1575		GST/HST amount for pre-tax amounts for other purchases xxx.xxOCG.00000.1575.xx00000.0.0		
0.00	TOTAL (must be \$0)								
CARDHOLDER (QUALIFIED RECEIVER) CERTIFICATION:							EXPENSE AUTHORITY CERTIFICATION:		
I certify the goods provided or services delivered have been inspected or reviewed; and the goods or services were properly received and documentation to support the account has been verified (i.e. goods: as ordered, correct quantity and suitable quality; services: as contracted, appropriate deliverables and/or performance criteria met; or other conditions, if any, have been met).							Certified that the amount to be paid is correct, is a proper charge against an appropriation which I have been delegated authority, is in accordance with appropriate statute or other authority for payment and/or contract, the payment complies with all relevant statutes, regulations, Treasury Board directives, other executive orders and central agency and ministry policy, there are sufficient funds in the budget, and where applicable, that the work has been performed, goods		
SIGNATURE			DATE		SIGNATURE			DATE	
Genevieve Elliott			04-MAR-2014		Saini			04-MAR-2014	
PRINTED NAME of QUALIFIED RECEIVER							PRINTED NAME of EXPENSE AUTHORITY		
Genevieve Elliott							Sukie Saini		

RECEIVED
MAR - 2014

Account Information			
Name	ELLIOTT, GENEVIEVE	s22	Corporation
ID	s17		Default Code
			PROVINCE OF BC - PURCHASE
Statement Highlights			
Statement Date	03/03/2014	Statement ID	544709
Account #		Currency	CANADIAN DOLLAR
Account Limit	s17	Payment Due Date	03/06/2014
Account Balance		Minimum Payment	s17

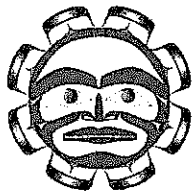
Transaction Details								
Tran ID	Tran Date	Proc Date	Description	Auth #	Addendum	GL/Customer Code	Total Tax	Amount
Account Number			s17	Not Responsive				
s17	02/19	02/20	SUN SPIRIT GALLERY WEST VANCOUVE. BC. CAN	164040	No Addendum	165021919420004	67.18*	626.98
			Not Responsive					

Report any items which do not agree with your records within 30 days of statement date.

* - Tax is estimated using information provided from the transaction and is for informational purposes only.

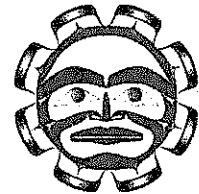
Statement Summary		Interest Information		
Previous Balance	0.00		Purchases/Other	Cash advance/Cheques
- Payments - thank you	0.00			
- Other Credits	0.00			
Purchases		Interest charges on this statement	0.00	0.00
+ Cash Advances		Annual interest rates next period (%)	5.00000%	0.00000%
+ Interest		Daily interest rates next period (%)	0.01369%	0.00000%
+ Fees	Not Responsive	Contact Information		
+ Other Charges			Local Calls	Collect Calls
New Account Balance, 03/03				Toll free Calls
		Enquiries	416 283 2263	1 800 263 2263
		Lost or Stolen cards		1 800 361 3361
		Internet	http://www.bmo.com/spendandpayment http://www.bmo.com/achatetpaiement	

THIS STATEMENT IS INFORMATION ONLY



Sun Spirit

GALLERY



Invoice To
Government of BC Office of Protocol 1st Floor, 548 Michigan Street Victoria, BC V8W 9V1

Invoice

Date	Invoice #
19/02/2014	68

Item	Description	Quantity	Price	Amount
Miscellaneous Art	Small Painted Frog Bowl	1	71.00	71.00
Corporate Discount	Corporate Volume Discount		-10.00%	-7.10
Miscellaneous Art	Small Painted Raven Bowl	1	71.00	71.00
Corporate Discount	Corporate Volume Discount		-10.00%	-7.10
Miscellaneous Art	Large Painted Raven Bowl	1	140.00	140.00
Corporate Discount	Corporate Volume Discount		-10.00%	-14.00
Miscellaneous Art	Wool Haida Blanket	1	140.00	140.00
Corporate Discount	Corporate Volume Discount		-10.00%	-14.00
Miscellaneous Art	CMC Whale Bowl	1	103.00	103.00
Corporate Discount	Corporate Volume Discount		-10.00%	-10.30
Miscellaneous Art	Bronze Bear w/Salmon	1	97.00	97.00
Corporate Discount	Corporate Volume Discount		-10.00%	-9.70
	GST on sales		5.00%	27.99
	7% on sales		7.00%	39.19
AMOUNT				\$626.98
Payments/Credits				\$-626.98
Balance Due				\$0.00

SUN SPIRIT
GALLERY
2444 MARINE DRIVE
WEST VANCOUVER, BC
V7V 1L1
778-279-5052

SALE

MID: 8013632198
TID: 0089250008013632198002
Batch #: 165
02/19/14
APPR CODE: 16404D
Trace: 4
MASTERCARD
***** s17
REF#: 000000004
13:40:40
Manual CP
/

AMOUNT

\$626.98

APPROVED

THANK YOU / MERCI

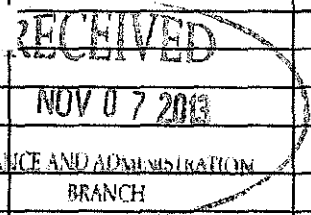
CUSTOMER COPY

PROTOCOL GIFT INVENTORY
6501
3698738

2444 Marine Drive, West Vancouver, BC, Canada V7V 1L1
778-279-5052 • www.sunspirit.ca • gallery@sunspirit.ca

Purchasing Card Transaction Record
Intergovernmental Relations Secretariat
Card Holder: *Genevieve ELLIOTT*
Statement date: *march 03, 2014.*

Date	Supplier Name	Client	Resp	Account	STOB	Project Number	Supplier	Description	Tax Code	Pre-tax Amount	GST/HST Amount	PST Amount	Total Amount
Not Responsive													
2014-02-19	SUN SPIRIT GALLERY	004	36356	18850	6501	3698738	0	Miscellaneous Gifts for protocol gift bank	GST & PST	\$559.80	\$27.99	\$39.19	\$626.98
										\$559.80	\$27.99	\$39.19	\$626.98
TOTAL PURCHASES											Not Responsive		

PURCHASE CARD SUMMARY																			
BRANCH NAME					DESCRIPTION														
Intergovernmental Relations Secretariat					PCARDNOV/13 ELLIOTT														
CARDHOLDER NAME					AREA CODE & PHONE														
Genevieve Elliott					250-356-5004														
SUPPLIER # - BMO			STATEMENT DATE (DD-MMM-YYYY)			INVOICE NUMBER													
2081565			03-Nov-2013			PCARE s17 ELL03NOV13													
AMOUNT		CL	RESP	SERVICE LINE	STOB	PROJECT													
Not Responsive	clearing line	4	36356	18850	8530	3600000													
AMOUNT for GST, GST and PST, PST, or HST PURCHASES (INCLUDES GST/HST)	PRE-TAX AMOUNT for OTHER PURCHASES (EXCLUDES GST/HST)	CL	RESP	SERVICE LINE	STOB	PROJECT	TAX CODE	EMPLOYEE'S FULL SUPPLIER NAME AND SUPPLIER CODE (only required for STOB 57)											
539.96		4	36356	18850	6531	3601204	GST												
Not Responsive																			
<div style="text-align: center;">  </div>																			
					1575	GST/HST amount for pre-tax amounts for other purchases xxx.xxOCG.00000.1575.xx00000.0.0													
0.00		TOTAL (must be \$0)																	
CARDHOLDER (QUALIFIED RECEIVER) CERTIFICATION:					EXPENSE AUTHORITY CERTIFICATION:														
I certify the goods provided or services delivered have been inspected or reviewed; and the goods or services were properly received and documentation to support the account has been verified (i.e. goods: as ordered, correct quantity and suitable quality; services: as contracted, appropriate deliverables and/or performance criteria met; or other conditions, if any, have been met).					Certified that the amount to be paid is correct, is a proper charge against an appropriation which I have been delegated authority, is in accordance with appropriate statute or other authority for payment and/or contract, the payment complies with all relevant statutes, regulations, Treasury Board directives, other executive orders and central agency and ministry policy, there are sufficient funds in the budget, and where applicable, that the work has been performed, goods														
SIGNATURE		DATE			SIGNATURE		DATE												
<i>Genevieve Elliott</i>		04-Nov-2013			<i>Sukie Saini</i>		04-Nov-2013												
PRINTED NAME of QUALIFIED RECEIVER					PRINTED NAME of EXPENSE AUTHORITY														
Genevieve Elliott					Sukie Saini														

Date	Supplier Name	Client	Resp	Account	STOB	Project Number	Supplier	Description	Tax Code	Pre-tax Amount	GST/HST Amount	PST Amount	Total Amount
2013-10-18	THE SANDBAR RESTAURANT	004	36356	18850	6531	3601204	0	Luncheon hosted by the honourable Linda Reid in honour of Mr. Isao SASAKI mayor of Natori, Japan oct	GST	\$514.89	\$25.07	\$0.00	\$539.96
										\$514.89	\$25.07	\$0.00	\$539.96

Not Responsive

TOTAL PURCHASES

Not Responsive

Account Information

Name	ELLIOTT, GENEVIEVE S22	Corporation	PROVINCE OF BC - PURCHASE
ID	s17	Default Code	

Statement Highlights

Statement Date	11/03/2013	Statement ID	524401
Account #		Currency	CANADIAN DOLLAR
Account Limit	s17	Payment Due Date	11/06/2013
Account Balance		Minimum Payment	s17

Your payment was received

Transaction Details

Tran ID	Tran Date	Proc Date	Description	Auth #	Addendum	GL/Customer Code	Total Tax	Amount
Account Number s17								
s17	10/04	10/07	THE SANDBAR RESTAURANT VANCOUVER, BC, CAN	170057	No Addendum		57.85*	539.96

Not Responsive

Report any items which do not agree with your records within 30 days of statement date.

* - Tax is estimated using information provided from the transaction and is for informational purposes only.

Statement Summary

Previous Balance
- Payments - thank you
- Other Credits

Purchases
+ Cash Advances
+ Interest
+ Fees
+ Other Charges
New Account Balance, 11/03

CR

Not Responsive

Interest Information

Interest charges on this statement
Annual interest rates next period (%)
Daily interest rates next period (%)

Purchases/Other	Cash advance/Cheques
0.00	0.00
5.000000%	0.000000%
0.01369%	0.000000%

Contact Information

Local Calls	Collect Calls	Toll free Calls
Enquiries 416 283 2263		1 800 263 2263
Lost or Stolen cards		1 800 361 3361

Internet <http://www.bmo.com/spendandpayment>
<http://www.bmo.com/achatetpaiement>

THIS STATEMENT IS INFORMATION ONLY

INVOICE

Granville Island
Vancouver, BC
Phone: (604) 669 9030
Fax : (604) 669 9033

GST# V870667-6632

Please make cheque payable to:
THE SANDBAR RESTAURANT
 c/o Accounting Office
 1583 Coal Harbour Quay
 Vancouver, BC
 V6G 3E7

1583 Coal Harbour Quay Vancouver, BC V6G 3E7 | Tel: 604-687-5684 | Fax: 604-669-7699 | vancouverdine.com

604-669-1281

604-374-8008

604-649-7666



Transaction Record

User ID:	****
Card number:	s17
Transaction Type:	Purchase
Term ID:	SBARWC99
Amount:	539.96
Approval Code:	170057
Display Message:	0APPROVED 170057
Operator Message:	0APPROVED 170057
Comment:	#1141790

[Continue](#)[Print](#)

* Please do not press the back button or the refresh button

BUSINESS EXPENSE APPROVAL for Business Meetings/Protocol Events

Attach original invoices/receipts that have been coded and approved
by an expense authority. Please see page 2 for further instructions.

BUSINESS EXPENSE APPROVAL NO.

SECTION 1 – ORIGINATOR INFORMATION

NAME OF ORIGINATOR OF EXPENSE	TELEPHONE NO.	DATE SUBMITTED	YYYY / MM / DD
David Nicholls	(250) 387.0744	2013/10/01	
MINISTRY/DIVISION/BRANCH	LOCATION (CITY) OF EVENT	START DATE OF EVENT	YYYY / MM / DD
Office of the Premier/IGRS/Office of Protocol	Vancouver	2013/10/04	
		END DATE OF EVENT	YYYY / MM / DD
		2013/10/04	

SECTION 2 – NAME / NATURE OF EVENT

In general terms, describe the event, the number of people attending and their affiliation. For example: Annual Regional Meeting – 20 government employees, 2 service contractors.

Luncheon hosted by The Honourable Linda Reid, Speaker of the Legislative Assembly of British Columbia, in honour of Mr. Isao SASAKI, Mayor of Natori, Japan.

SECTION 3 – INDIVIDUALS INCLUDED IN MEAL CLAIMS

Complete this section only if the Business Expense Approval includes a meal. Identify the individual's name and either the ministry or company they are affiliated with. Attach a separate list if necessary.

The Honourable Linda Reid, Speaker
Mr. Isao Sasaki, Mayor of Natori, Japan
Mr. Katsushi Hiratsuka, Assistant to the Mayor
Mr. Shawn Lawlor, Managing Director, Canada Wood
Mr. Jim Kojima, Japanese Community Leader (Guest of the Speaker)
Mr. Michiko Kojima, Japanese Community Leader (Guest of the Speaker)
Ms. Karen Geiger, Protocol Manager
Mr. David Nicholls, Protocol Officer

SECTION 4 – BUSINESS EXPENSE REQUESTED

CATEGORY	STOB	AMOUNT
1. Meeting Room Rental	6531	
2. Equipment/Furniture Rental	6531	
3. Photocopying, Faxing, Telephone, etc.	6531	
4. Food/Beverages for Meetings <input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/> SNACKS <input type="checkbox"/> COFFEE/TEA/JUICE, ETC.	6531	
5. Business Meals in Restaurant <input type="checkbox"/> BREAKFAST <input checked="" type="checkbox"/> LUNCH <input type="checkbox"/> DINNER	6531	
6. Event Planners, Speakers, etc.		
7. Travel Costs for Non-BC Government Participants		
8. Other:		Not Responsive

SECTION 5 – EXPENSE AUTHORITY PRE-APPROVAL

RESP. CENTRE	SERVICELINE	PROJECT NO. (IF APPLICABLE) OR ADDITIONAL CODING
36356	18850	3601204
EXPENSE AUTHORITY SIGNATURE – Certified correct pursuant to sections 32 & 33 of the <i>Financial Administration Act</i> and related policies.		
PRINT NAME OF EXPENSE AUTHORITY		DATE SIGNED
Mr. Marc-Andre Ouellette		YYYY / MM / DD

SECTION 6 – EMPLOYEE REIMBURSEMENT INFORMATION

Complete this section only if reimbursing an employee for expenses they have paid personally. Enter payee name, cheque mailing address, and reimbursement total.

QUALIFIED RECEIVER SIGNATURE – Certified goods/services received pursuant to CPPM 4.3.2.

X

ESTIMATED TOTAL \$

REIMBURSEMENT TOTAL



PURCHASE CARD SUMMARY

BRANCH NAME						DESCRIPTION			
Intergovernmental Relations Secretariat						PCARDJUL/13 OUELLETTE			
CARDHOLDER NAME						AREA CODE & PHONE			
Marc-Andr� Ouellette						s17			
SUPPLIER# - BMO		STATEMENT DATE (DD-MMM-YYYY)				INVOICE NUMBER			
2081565		03-Jul-2013				PCARD s17 DUE03JUL13			
AMOUNT		CL	RESP	SERVIC E LINE	STOB	PROJECT			
-259.57	clearing line	4	36356	18850	8530	3600000			
AMOUNT for GST, GST and PST, PST, or HST PURCHASES (INCLUDES GST/HST)	PRE-TAX AMOUNT for OTHER PURCHASES (EXCLUDES GST/HST)	CL	RESP	SERVIC E LINE	STOB	PROJECT	TAX CODE	EMPLOYEE'S FULL SUPPLIER NAME AND SUPPLIER CODE (only required for STOB 57)	
259.57		4	36356	18850	6501	3600000	GST +PST		
					1575		GST/HST amount for pre-tax amounts for other purchases xxx.xxOCG.00000.1575.xx00000.0.0		
0.00	TOTAL	(must be \$0)							

CARDHOLDER (QUALIFIED RECEIVER) CERTIFICATE EXPENSE AUTHORITY CERTIFICATION:

I certify the goods provided or services delivered have been inspected or reviewed; and the goods or services were properly received and documentation to support the account has been verified (i.e. goods: as ordered, correct quantity and suitable quality; services: as contracted, appropriate deliverables and/or performance criteria met; or other conditions, if any, have been met).

Certified that the amount to be paid is correct, is a proper charge against an appropriation which I have been delegated authority, is in accordance with appropriate statute or other authority for payment and/or contract, the payment complies with all relevant statutes, regulations, Treasury Board directives, other executive orders and central agency and ministry policy, there are sufficient funds in the budget, and where applicable, that the work has been performed, goods supplied, the service rendered and/or conditions met.

SIGNATURE	DATE	SIGNATURE	DATE
			04-Jul-2013
PRINTED NAME of QUALIFIED RECEIVER		PRINTED NAME of EXPENSE AUTHORITY	
Marc-Andr� Ouellette		Sukie Saini	

Account Information

Name	QUELLETTE, MARC ANDRE	Corporation	PROVINCE OF BC - PURCHASE
ID	s17	Default Code	

Statement Highlights

Statement Date	07/03/2013	Statement ID	502816
Account #		Currency	CANADIAN DOLLAR
Account Limit	s17	Payment Due Date	07/06/2013
Account Balance		Minimum Payment	s17

Transaction Details

Tran ID	Tran Date	Proc Date	Description	Auth #	Addendum	GL/Customer Code	Total Tax	Amount
Account Number -			s17	Not Responsive				
s17	06/12	06/13	VANCOUVER PEN SHOP VANCOUVER, BC, CAN	174940	No Addendum	-	24.99*	233.24

Report any items which do not agree with your records within 30 days of statement date.
* - Tax is estimated using information provided from the transaction and is for informational purposes only.

Statement Summary

Previous Balance, 01/03/2013	0.00
- Payments - thank you	0.00
- Other Credits	0.00
Purchases	
+ Cash Advances	
+ Interest	
+ Fees	
+ Other Charges	
New Account Balance, 07/03	

Interest Information

	Purchases/Other	Cash advance/Cheques
Interest charges on this statement	0.00	0.00
Annual interest rates next period (%)	5.00000%	0.00000%
Daily interest rates next period (%)	0.01369%	0.00000%

Contact Information

	Local Calls	Collect Calls	Toll free Calls
Enquiries	416 283 2263		1 800 263 2263
Lost or Stolen cards			1 800 361 3361
Internet	http://www.bmo.com/spendandpayment http://www.bmo.com/achatetpaiement		

THIS STATEMENT IS INFORMATION ONLY

VANCOUVER P.E.N. SHOP
512 W. HASTINGS
604 681 1512

VANCOUVER P.E.N. SHOP
512 WEST HASTINGS STREET
VANCOUVER, BC

Term ID: 28210831

Purchase

06/12/2013 10:11 AM 01
000000#2541 CLERK01

XXXXXXXXXXXX S17
MASTERCARD

Entry Method: C

PEN T₁₂ \$72.25
PEN T₁₂ \$72.25
PEN T₁₂ \$63.75
MDSE ST \$208.25
GST \$10.41
PST \$14.58

Total: \$ 233.24

2013/06/12 14:49:40

Seq #: 0010018196

Appr Code: 171340

Resp Code: 01/027

CASH \$233.24

HST 105257539

MasterCard
A00000000041010
8C 9C 5: 5B 69 66 21 41
00 00 00 00 00
E6 00
01/06/12 14:49:40

APPROVED
Thank You

Customer Copy

IMPORTANT -
retain this copy for your records

General 36000000

Signature: [Signature]
Date: [Date]
Signature: [Signature]
Date: [Date]



Purchasing Card Transaction Record
Intergovernmental Relations Secretariat
Card Holder: Marc-Andre Ouellette
Statement date: July 04, 2013

Date	Supplier Name	Client	Resp	Account	STOB	Project Number	Supplier	Description	Tax Code	Pre-tax Amount	GST/HST Amount	PST Amount	Total Amount
2013-06-12	VANCOUVER PEN SHOP	004	36356	18850	6501	3600000	0	Office pens - general supply	GST & PST	\$208.25	\$10.41	\$14.58	\$233.24

Not Responsive

TOTAL PURCHASES

Not Responsive

PURCHASE CARD SUMMARY									
BRANCH NAME						DESCRIPTION			
Intergovernmental Relations Secretariat						PCARDFEB/14 DELLABOUGH			
CARDHOLDER NAME						CARD NUMBER			
Jenny Dellabough						250-387-0783			
SUPPLIER / BMD		STATEMENT DATE (DDMMYY)				INVOICE NUMBER			
2081565		03-Feb-2014				PCAR s17 DEL03FEB14			
AMOUNT		CL	RESP	SERVIC	STOP	PROJEC			
-225.00	clearing line	4	36356	18850	8530	3600000			
AMOUNT (GST/ST/STP)	AMOUNT (GST/ST/STP)	CL	RESP	SERVIC	STOP	PROJEC	CODE	EMPLOYEE'S FULL SUPPLIER NAME AND SUPPLIER CODE (only required for STOP 5/2)	
225.00		4	36356	18850	6501	3600000	GST&PST		
					1575		GST/HST amount for pre-tax amounts for other purchases xxx.xxOCG.00000,1575.xx00000.0.0		
0.00	TOTAL (must be \$0)								
CARDHOLDER (QUALIFIED RECEIVER) CERTIFICATION:					EXPENSE AUTHORITY CERTIFICATION:				
I certify the goods provided or services delivered have been inspected or reviewed; and the goods or services were properly received and documentation to support the account has been verified (i.e. goods: as ordered, correct quantity and suitable quality; services: as contracted, appropriate deliverables and/or performance criteria met; or other conditions.					Certified that the amount to be paid is correct, is a proper charge against an appropriation which I have been delegated authority, is in accordance with appropriate statute or other authority for payment and/or contract, the payment complies with all relevant statutes, regulations, Treasury Board directives, other executive orders and central agency and ministry policy.				
SIGNATURE		DATE		SIGNATURE		DATE			
		Feb 7/14				07-Feb-2013			
PRINTED NAME OF QUALIFIED RECEIVER					PRINTED NAME OF EXPENSE AUTHORITY				
Jenny Dellabough					Sukle Saini				

COPY

Account Information			
Name	MILLAROUGH, JENNY		
ID	S17		
		Corporation Default Code	PROVINCE OF BC - PURCHASE
Statement Highlights			
Statement Date	01/02/2014		
Account #	S17		
Account Limit	S17		
Account Balance	S17		
Statement ID	542044		
Currency	CANADIAN DOLLAR		
Payment Due Date	03/04/2014		
Minimum Payment	S17		

Transaction Details							
Trans ID	Trans Date	Proc Date	Description	Auth #	Addendum	GL/Customr Code	Total Tax Amount
Account Number: S17							
S17	01/21	01/22	PASSEPORT / FINANCE GATINEAU, QO, CAN	111722	No Addendum	0000000000000000	24.11* 225.00

Report any items which do not agree with your records within 30 days of statement date.
* - Tax is estimated using information provided from the transaction and is for informational purposes only.

Statement Summary		Interest Information			
Previous Balance	0.00			Purchases/Other	Cash advance/Cheques
- Payments - thank you	0.00				
- Other Credits	0.00				
Purchases	225.00	Interest charges on this statement		0.00	0.00
+ Cash Advances	0.00	Annual interest rates next period (%)		5.00000%	0.00000%
+ Interest	0.00	Daily interest rates next period (%)		0.01369%	0.00000%
+ Fees	0.00	Contact Information			
+ Other Charges	0.00				
New Account Balance, 0203	225.00				
		Local Calls		Collect Calls	Toll free Calls
		Equities		416 283 2263	1 800 253 2263
		Lost or Stolen cards			1 800 361 3381
		Internet		http://www.bmo.com/visitandpayment http://www.bmo.com/chatstatement	

THIS STATEMENT IS INFORMATION ONLY

Purchasing Card Transaction Record
Intergovernmental Relations Secretariat
Card Holder: Sukie Saini
Statement date: December 3, 2013

Date	Supplier Name	Client	Resp	Account	STOB	Project Number	Supplier	Description	Tax Code	Pre-tax Amount	GST/HST Amount	PST Amount	Total Amount
2014-01-15	PASSPORT VISA SERVICES	004	36356	18850	6501	3800000	0	Special Visa/ passport services for Ben Stewart	GST & PST	\$200.89	\$10.04	\$14.06	\$225.00
										\$200.89	\$10.04	\$14.06	\$225.00
TOTAL PURCHASES										\$200.89	\$10.04	\$14.06	\$225.00

Jenny Dellabough

MISC. CUSTOMERS - VISA SERVICES
OFFICIAL TRAVEL
200 PROMENADE DU PORTAGE, NIVEAU 2
GATINEAU QC K1A 0G3
CANADA

INVOICE No. - N° DE FACTURE 1214395305 Quebec PPS number on all correspondence Numéro à reporter dans toute correspondance
Date: 01/15/2014 Page: 1 of 1
Form No. / Numéro N° des / Client 10010529
Form number - Numéro form 0051
Customer Account Code - Code du compte client 0002
Terms of payment - Modalités de paiement Due on Receipt

Originator - Expéditeur Passeport Canada 70 rue Crémazie, 5ième étage GATINEAU QC K1A 0G3 CANADA	<p>Mail Order or money order payable to: (Envoyer votre chèque au profit de: (à l'ordre de: Passeport Canada))</p> <p>ORIGINATOR EXPÉDITEUR</p> <p>For further information contact: Pour plus de renseignements communiquer avec:</p>
<p>Description - Description</p> <p>eSpecial 36P</p> <p>SERVICES PROVIDED IN DECEMBER 2013</p> <p>STEWART, BENJAMIN s22 PASSEPORT / FINANCE 70 RUE CREMAZIE GATINEAU, QC K1A0G3 8199343884</p> <p>(PAID BY MASTERCARD)</p> <p>ORDER #: 25221460 DATE: 01/15/14</p> <p>SALE</p> <p>XXXXXXXXXXXX s17 12/28/13 DATE: 11/18/13 01/21/14 11:18:02 IN #: 55306 APP. LINE: 11722 DATE: 01/15/14 APP. #: 00152</p> <p>ORDER #: 1357</p> <p>AMOUNT \$225.00</p> <p>10% OFFER 200.89 TOTAL 225.00 TAX 10.04 PST 14.06 TOTAL 225.00</p> <p>RECEIVED STEWART, BENJAMIN DETAIL THIS COPY FOR STUDENT CERTIFICATION CANDIDATE COPY APPROVED</p>	<p>QUANTITY QUANTITÉ</p> <p>1.000</p> <p>UNIT PRICE PRIX UNITAIRE</p> <p>225.00</p> <p>AMOUNT - MONTANT</p> <p>225.00</p>
<p>Canada</p>	<p>Payment by: <input checked="" type="checkbox"/> MCI <input type="checkbox"/> CHEQUE</p> <p>Entered into Database <input checked="" type="checkbox"/></p> <p>FMR Date</p> <p>Le 01/15/2014</p> <p>ble int 225.00</p> <p>ble ext</p>

Sub Total 200.89
Tax GST 10.04
PST 14.06
Total 225.00

PASSPORT INFORMATION BILLING FORM

The financial codes must be provided to process your request

Financial codes (FIS)	
Organization code (IS ORG)	Reference code (IS REF)
N/A	N/A

Services	
<input type="checkbox"/> Passport and visa(s)	Number of visa(s) :
<input type="checkbox"/> Visa(s) only	Number of visa(s) :
<input checked="" type="checkbox"/> Passport only	
Applicant's name	Date of birth
Benjamin Stewart	s22
Department number (Intra)	
N/A	
Department name	
N/A	
Department address (billing form)	
Attn: Jenny Dellabough Office of Protocol, Intergovernmental Relations Secretariat, Government of British Columbia 1st Floor, 548 Michigan Street, Victoria BC V8V 1S2	

Contact person		
Name		
Jenny Dellabough		
Phone	Fax	Email
250-358-1105	250-358-2814	Jenny.Dellabough@gov.bc.ca

Certified pursuant to section 32 of the Financial Administration Act

Jenny Dellabough
(signature)

Dec 30/13
(date)

Must be signed by person
personnel (2013/11)