

**Van Schaik, Katherine MEM:EX**

---

**From:** Gill, Rupi K MEM:EX  
**Sent:** Wednesday, January 16, 2013 10:27 AM  
**To:** Van Schaik, Katherine MEM:EX  
**Subject:** FW: Accountable Advance Form

Re FOI request relating to MAP petty cash

---

**From:** Williams, Phil HSD:EX  
**Sent:** Tuesday, February 8, 2011 9:57 AM  
**To:** Clark, Bruce HSD:EX; Gill, Rupi K HSD:EX  
**Cc:** Barker, Gary HSD:EX  
**Subject:** FW: Accountable Advance Form

Hey Bruce and Rupi,

Sorry for taking so long with this, but the document below has to be completed and signed off by your RM.

This will allow for funds to be issued to your good selves for the MAP project.

You will be accountable for your funds and will be required to provide receipts and documentation for all purchases.

I have two more prospects for the project giving me 4 operators.

We will be completing some training, then out to play on Vancouver Island.....

Cheers.....

*Phil Williams #085  
Special Provincial Constable  
Regional Inspector  
Liquor Control and Licensing Branch  
Ministry of Public Safety and Solicitor General  
Vancouver Island, The Okanagan and Kootenay Regions  
Victoria Head Office- 1-250-741-3625*

---

**From:** McElroy, Scott D HSD:EX  
**Sent:** Monday, January 31, 2011 10:47 AM  
**To:** Williams, Phil HSD:EX  
**Subject:** Accountable Advance Form



Application for  
Accountable Adv...

Scott McElroy  
Manager Financial Services  
Liquor Control and Licensing Branch  
Management Services  
Ministry of Public Safety and Solicitor General  
2nd floor 1019 Wharf St  
250 387-9124

# APPLICATION FOR ACCOUNTABLE ADVANCE

**Instructions:**

- Sections A, B, C and D** – to be completed by employee requiring advance.  
**Section E** – to be completed by ministry spending authority.  
**Section F** – to be completed by Government Agent (in accordance with Financial Administration Procedures 3B7).  
**Section G** – to be completed by person receiving cheque, if other than applicant.

Pursuant to Treasury Board Financial Management Operating Policy 9.5.1.1, assignment of wages is not applicable to advances issued for purposes of salaries and wages.

**Freedom of Information and Protection of Privacy Act**

The personal information requested on this form is collected under the authority of and used for the purpose of administering the *Financial Administration Act*. Questions about the collection or use of this information can be directed to the Procedures Analyst, Office of the Comptroller General at 250 387-8540, PO Box 9413 Stn Prov Govt, Victoria BC V8W 9V1.

**MINISTRY CONTROL NO.**
**DOCUMENT CONTROL NO.**

| A | CLIENT | EMPLOYEE ID. | EMPLOYEE SURNAME | INITIALS | RESP. CENTRE | SERVICE LINE | STOB |
|---|--------|--------------|------------------|----------|--------------|--------------|------|
|   |        |              |                  |          |              |              |      |

|                         |                       |                |
|-------------------------|-----------------------|----------------|
| MINISTRY BRANCH ADDRESS | EMPLOYEE HOME ADDRESS | SUPPLIER CODE  |
|                         |                       |                |
|                         |                       | WORK PHONE NO. |
|                         |                       |                |
|                         |                       | HOME PHONE NO. |
|                         |                       |                |

|  |   |   |
|--|---|---|
| <b>TYPE OF ADVANCE</b><br><input type="checkbox"/> TRAVEL<br><input type="checkbox"/> STANDING<br><input type="checkbox"/> TEMPORARY – applicants <b>must</b> complete Section C. Advance must be accounted for or repaid within one week of completion of the travel. | <input type="checkbox"/> SALARY/INDIVIDUAL<br><input type="checkbox"/> WORKING CAPITAL<br><input type="checkbox"/> OTHER: | <b>AMOUNT REQUIRED</b><br>\$<br>YYYY / MM / DD<br><b>DATE CHEQUE REQUIRED</b> |
|--|---|---|

|  |   |
|--|---|
| <b>IF YOU NOW HOLD A TRAVEL ADVANCE, COMPLETE BELOW</b><br>AMOUNT OF STANDING ADVANCE \$<br>AMOUNT OF TEMPORARY ADVANCE \$ | <b>C ESTIMATED COSTS (CDN \$)</b><br>TRANSPORTATION<br>PER DIEMS<br>ACCOMMODATION<br>OTHER<br><b>TOTAL \$</b> |
| <b>B REASON FOR ADVANCE AND DESTINATION</b>  | DEPARTURE YYYY / MM / DD<br>RETURN YYYY / MM / DD<br>DATES OF TRAVEL  |

**D** In consideration of the accountable advance made to me, as requested above, I promise to pay the Minister of Finance, on demand, any amount of the advance not expended for the purpose for which it was authorized and not repaid.

I understand and agree that the Comptroller General is authorized to recover by setoff under section 38 of the *Financial Administration Act*, any amount of the accountable advance not expended for the purpose for which it was authorized and not repaid. I also agree that recovery by setoff may be made against any money due and payable to me by the Province of British Columbia. Money due and payable to me may include, but is not restricted to, wages, salaries and severance payments.

Nothing contained in this agreement shall prejudice the right of the Minister of Finance to recover by setoff or by any other collection action any amount of the accountable advance not expended for the purpose for which it was authorized and not repaid.

**EMPLOYEE SIGNATURE**
**DATE SIGNED**  
 YYYY MM DD

|   |                                  |
|---|----------------------------------|
| <b>E AUTHORIZATION SPENDING AUTHORITY</b> – Certified that the amount to be advanced is in accordance with appropriate statute or other authority for payment and/or contract.<br>NAME – TYPE OR PRINT<br>POSITION TITLE<br>SIGNATURE OF SPENDING AUTHORITY | <b>DATE SIGNED</b><br>YYYY MM DD |
|---|----------------------------------|

|  |
|--|
| <b>F GOVERNMENT AGENT CHEQUE NO.</b><br>TYPE OF ID<br>ID NO. |
|--|

|  |
|--|
| <b>G SIGNATURE OF PERSON RECEIVING CHEQUE – IF OTHER THAN APPLICANT</b><br>SURNAME – TYPE OR PRINT |
|--|

# APPLICATION FOR ACCOUNTABLE ADVANCE

## Instructions:

- Sections A, B, C and D** - to be completed by employee requiring advance.  
**Section E** - to be completed by ministry spending authority.  
**Section F** - to be completed by Government Agent (in accordance with Financial Administration Procedures 3B7).  
**Section G** - to be completed by person receiving cheque, if other than applicant.

## Freedom of Information and Protection of Privacy Act

The personal information requested on this form is collected under the authority of and used for the purpose of administering the *Financial Administration Act*. Questions about the collection or use of this information can be directed to the Procedures Analyst, Office of the Comptroller General at 250 387-8540, PO Box 9413 Stn Prov Govt, Victoria BC V8W 9V1.

Pursuant to Treasury Board Financial Management Operating Policy 9.5.1.1, assignment of wages is not applicable to advances issued for purposes of salaries and wages.

DOCUMENT CONTROL NO.

MINISTRY CONTROL NO.

|   |                     |                              |                 |                       |                     |             |
|---|---------------------|------------------------------|-----------------|-----------------------|---------------------|-------------|
| <b>A: CLIENT</b>                              | <b>EMPLOYEE ID.</b> | <b>EMPLOYEE SURNAME</b>      | <b>INITIALS</b> | <b>RESP. CENTRE</b>   | <b>SERVICE LINE</b> | <b>STOB</b> |
| 010   | s.15                | GILL                         | R.              | 15778                 | 12400               |             |
| <b>MINISTRY/BRANCH/ADDRESS</b>                |                     | <b>EMPLOYEE HOME ADDRESS</b> |                 | <b>SUPPLIER CODE</b>  |                     |             |
| Ministry of Public Safety & Solicitor General |                     |                              |                 |                       |                     |             |
| #10 Liquor Control & Licensing Branch         |                     | s.22                         |                 | <b>WORK PHONE NO.</b> |                     |             |
| #101 - 9180 KING GEORGE III BLVD              |                     |                              |                 | (604) 586-2658        |                     |             |
| Surrey BC                                     |                     |                              |                 | <b>HOME PHONE NO.</b> |                     |             |
|   |                     |                              |                 | s.22                  |                     |             |

|   |                           |
|---|---------------------------|
| <b>TYPE OF ADVANCE</b>  | <b>AMOUNT REQUIRED</b>    |
| <input type="checkbox"/> TRAVEL<br><input type="checkbox"/> SALARY/INDIVIDUAL<br><input checked="" type="checkbox"/> WORKING CAPITAL<br><input type="checkbox"/> OTHER:<br><input type="checkbox"/> STANDING<br><input type="checkbox"/> TEMPORARY - applicants must complete Section C. Advance must be accounted for or repaid within one week of completion of the travel. | \$ 1500<br>YYYY / MM / DD |
| <b>DATE CHEQUE REQUIRED</b>   |                           |


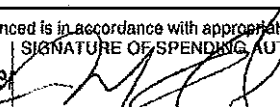
## IF YOU NOW HOLD A TRAVEL ADVANCE, COMPLETE BELOW

|  |                                       |                                   |
|--|---------------------------------------|-----------------------------------|
| <b>AMOUNT OF STANDING ADVANCE</b> \$   | <b>AMOUNT OF TEMPORARY ADVANCE</b> \$ | <b>C ESTIMATED COSTS (CDN \$)</b> |
|  |                                       | TRANSPORTATION                    |
|  |                                       | PER DIEMS                         |
|  |                                       | ACCOMMODATION                     |
|  |                                       | OTHER                             |
|  |                                       | <b>TOTAL</b> \$                   |
| <b>B REASON FOR ADVANCE AND DESTINATION</b>                                  |                                       | <b>DATES OF TRAVEL</b>            |
| FUNDS REQUIRED TO PURCHASE ALCOHOL AS PART OF THE MINOR AGENTS PROGRAM (MAP) |                                       | <b>DEPARTURE</b> YYYY / MM / DD   |
|  |                                       | <b>RETURN</b> YYYY / MM / DD      |

**D** In consideration of the accountable advance made to me, as requested above, I promise to pay the Minister of Finance, on demand, any amount of the advance not expended for the purpose for which it was authorized and not repaid.

I understand and agree that the Comptroller General is authorized to recover by setoff under section 38 of the *Financial Administration Act*, any amount of the accountable advance not expended for the purpose for which it was authorized and not repaid. I also agree that recovery by setoff may be made against any money due and payable to me by the Province of British Columbia. Money due and payable to me may include, but is not restricted to, wages, salaries and severance payments.

Nothing contained in this agreement shall prejudice the right of the Minister of Finance to recover by setoff or by any other collection action any amount of the accountable advance not expended for the purpose for which it was authorized and not repaid.

|   |                               |
|---|-------------------------------|
| <b>EMPLOYEE SIGNATURE</b>   | <b>DATE SIGNED</b> YYYY MM DD |
|    | 20.11.10.2009                 |
| <b>E AUTHORIZATION SPENDING AUTHORITY</b> - Certified that the Ministry's advance is in accordance with appropriate statute or other authority for payment and/or contract. | <b>DATE SIGNED</b> YYYY MM DD |
| <b>NAME - TYPE OR PRINT</b>   | 20.11.10.2009                 |
| <b>POSITION TITLE</b>   |                               |
| Surrey Regional Manager   |                               |
| <b>SIGNATURE OF SPENDING AUTHORITY</b>  |                               |
|   |                               |

|   |                   |                                |
|---|-------------------|--------------------------------|
| <b>F GOVERNMENT AGENT</b>   | <b>TYPE OF ID</b> | <b>ID NO.</b>                  |
| CHEQUE NO.  |                   |                                |
| <b>G SIGNATURE OF PERSON RECEIVING CHEQUE - IF OTHER THAN APPLICANT</b> |                   | <b>SURNAME - TYPE OR PRINT</b> |
|   |                   |                                |

## **Barker, Gary MEM:EX**

---

**From:** Barker, Gary MEM:EX  
**Sent:** Friday, April 13, 2012 2:53 PM  
**To:** Edmundson, Bruce MEM:EX; Lister, Donna O MEM:EX; Clark, Michael J MEM:EX; Tetzels, Raymond MEM:EX; Clark, Bruce MEM:EX; Gill, Rup K MEM:EX; Blackwell, Jay MEM:EX  
**Subject:** MAP Patty Cash Alternative

Hi guys. Happy Friday!

s.22

s.13

Thoughts and comments?

Gary Barker  
Regional Manager  
Special Provincial Constable  
Compliance and Enforcement Division  
Liquor Control and Licensing Branch  
Victoria BC  
PH: 250-952-5742

## Van Schaik, Katherine MEM:EX

---

**From:** Blackwell, Jay MEM:EX  
**Sent:** Tuesday, June 19, 2012 3:05 PM  
**To:** Barker, Gary MEM:EX  
**Subject:** RE: MAP Funding

It's in the mail

---

**From:** Barker, Gary MEM:EX  
**Sent:** Wednesday, June 13, 2012 3:12 PM  
**To:** McRobert, Brad P MEM:EX; England, Kevin MEM:EX; Blackwell, Jay MEM:EX  
**Subject:** FW: MAP Funding

Guys: please apply asap.

Thanks.

Gary Barker  
Regional Manager  
Special Provincial Constable  
Compliance and Enforcement Division  
Liquor Control and Licensing Branch  
Victoria BC  
PH: 250-952-5742

---

**From:** Edmundson, Bruce MEM:EX  
**Sent:** Friday, May 18, 2012 3:01 PM  
**To:** Clark, Bruce MEM:EX; Gill, Rupi K MEM:EX; Blackwell, Jay MEM:EX  
**Cc:** Barker, Gary MEM:EX; Clark, Michael J MEM:EX; Roberts, Diane C JAG:EX; Tetzell, Raymond MEM:EX  
**Subject:** MAP Funding

In the s.15 you will find 3 new forms. They are:

- Accountable Advance Form/ pdf file
- Petty Cash reconciliation Form/ pdf file
- Accountable Advance Instructions/ Word document.
- The Advance form is one option to obtain cash to fund MAP inspections. It is to fund purchases only. It is not to be used for any other reasons. It is an option to be used rather than petty cash.
- The Reconciliation Form is the record keeping form to obtain reimbursements. It is required to be reimbursed.
- Both forms contain government acronyms not commonly used or known. The instructions set out all the information anyone will need to know, on how to properly fill out the forms.

A reminder that processing applications for advances can take several weeks. Hence, if you need funding for MAP purchases, PLAN AHEAD.

---

Bruce Edmundson

Deputy General Manager  
Compliance and Enforcement Division  
Liquor Control and Licensing Branch  
phone: 250 356-2364  
website [www.hsd.gov.bc.ca/lclb](http://www.hsd.gov.bc.ca/lclb)

**Van Schaik, Katherine MEM:EX**

---

**From:** Barker, Gary MEM:EX  
**Sent:** Friday, April 13, 2012 2:53 PM  
**To:** Edmundson, Bruce MEM:EX; Lister, Donna O MEM:EX; Clark, Michael J MEM:EX; Tetzl, Raymond MEM:EX; Clark, Bruce MEM:EX; Gill, Rupi K MEM:EX; Blackwell, Jay MEM:EX  
**Subject:** MAP Patty Cash Alternative

Hi guys. Happy Friday!

s.22

s.13

Thoughts and comments?

Gary Barker  
Regional Manager  
Special Provincial Constable  
Compliance and Enforcement Division  
Liquor Control and Licensing Branch  
Victoria BC  
PH: 250-952-5742



## Van Schaik, Katherine MEM:EX

---

**From:** Edwards, Pamela MEM:EX  
**Sent:** Monday, February 27, 2012 10:47 AM  
**To:** England, Kevin MEM:EX; Blackwell, Jay MEM:EX  
**Subject:** Minors' Project

Hi,

Gary has asked me to create a spreadsheet for the petty cash used for the Minors' Project. Would you mind sending me in this information until we determine what exactly we need.

| Date | Inspector | Establishment | Licence Number | Location | Purchase Description |
|------|-----------|---------------|----------------|----------|----------------------|
|------|-----------|---------------|----------------|----------|----------------------|

There will be more than one inspector involved and some places may not have a licence number issued by us but whatever identifying information you could provide would be helpful.

Thanks,  
Pam

*Pamela Edwards  
Administrative Assistant  
Liquor Control & Licensing Branch  
Compliance & Enforcement  
Phone: 250-952-5743  
Fax: 250-952-7059*

## **Barker, Gary MEM:EX**

---

**Subject:** Get petty cash for the evening's MAP.  
**Location:** Gary's office

**Start:** Mon 2012-05-28 3:00 PM  
**End:** Mon 2012-05-28 3:15 PM  
**Show Time As:** Tentative

**Recurrence:** (none)

**Meeting Status:** Not yet responded

**Organizer:** McRobert, Brad P MEM:EX  
**Required Attendees:** Barker, Gary MEM:EX

## **Barker, Gary MEM:EX**

---

**From:** Jones, Kathleen MEM:EX  
**Sent:** Tuesday, May 15, 2012 7:56 AM  
**To:** Barker, Gary MEM:EX; Clark, Michael J MEM:EX; Lister, Donna O MEM:EX; Tetzl, Raymond MEM:EX; Edmundson, Bruce MEM:EX  
**Cc:** Edwards, Pamela MEM:EX; Ly, Peggy MEM:EX; Derksen, Teresa MEM:EX; Jones, Kathleen MEM:EX  
**Subject:** Agenda and Minutes for C&E Meeting today

Hi All,

Meeting material for today is attached. Pam has kindly agreed to take the meeting minutes this afternoon. Many thanks Pam.

Kathy



9 Agenda May 15 7 Minutes - May 1  
2012.doc



2012.docx

Kathleen Jones  
Executive Assistant to Karen Ayers  
Assistant Deputy Minister & General Manager  
Liquor Control and Licensing Branch, British Columbia  
T: 250.952.5777  
E: [Kathleen.Jones@gov.bc.ca](mailto:Kathleen.Jones@gov.bc.ca)

# **Agenda**

## **Liquor Control and Licensing Branch C&E MANAGERS' MEETING**

**Tuesday, May 15, 2012**  
**Crosstown Boardroom, 4<sup>th</sup> Floor, 3350 Douglas St.**  
**Teleconference** s.15, s.17  
**Participant ID** s.15, s.17  
**Bruce is the Moderator**  
**2:00– 3:30 pm**

Not Responsive

e. MAP Petty Cash Alternative (Gary)

Not Responsive

**Liquor Control and Licensing Branch  
C&E Managers' Meeting  
May 1, 2012  
4<sup>th</sup> F. 3350 Douglas Street/Teleconference  
2:00 – 3:30 p.m.**

---

**PRESENT:** Bruce Edmundson (Chair), Bruce Clark (for Donna Lister), Jay Blackwell (for Gary Barker), Mike Clark, Ray Tetzl, Kathy Jones (recording)

---

Not Responsive

Not Responsive

**MAP Petty Cash Alternative (Bruce)**

- Following problems with the issuance and tracking of petty cash for minor agent purchases, the team discussed the following three options:

s.15

- Email transfer of money – Rupi investigating. Further details to be provided at next meeting.
  - Keep petty cash
- Item to be discussed further at next meeting.

Not Responsive

Pages 15 through 16 redacted for the following reasons:

-----

Not Responsive

# **Agenda**

## **Liquor Control and Licensing Branch C&E MANAGERS' MEETING**

**Tuesday, May 1, 2012**  
**Crosstown Boardroom, 4<sup>th</sup> Floor, 3350 Douglas St.**  
**Teleconference** s.15, s.17  
**Participant ID** s.15, s.17  
**Bruce is the Moderator**  
**2:00– 3:30 pm**

Not Responsive

g. MAP Petty Cash Alternative (Gary)

Not Responsive



## Barker, Gary MEM:EX

---

**From:** Jones, Kathleen MEM:EX  
**Sent:** Thursday, April 12, 2012 10:10 AM  
**To:** Barker, Gary MEM:EX; Clark, Michael J MEM:EX; Tetzl, Raymond MEM:EX; Jones, Kathleen MEM:EX; Lister, Donna O MEM:EX  
**Cc:** Edwards, Pamela MEM:EX  
**Subject:** C&E Managers' Meeting material - April 17/12  
**Attachments:** 7 Agenda April 17 2012.doc; 6 Minutes - April 3 2012.docx

Good morning,

Material for next Tuesday's meeting is attached.

:)Kathy

Kathleen Jones  
Executive Assistant to Karen Ayers  
Assistant Deputy Minister & General Manager  
Liquor Control and Licensing Branch, British Columbia  
T: 250.387.9131  
E: [Kathleen.Jones@gov.bc.ca](mailto:Kathleen.Jones@gov.bc.ca)

# **Agenda**

## **Liquor Control and Licensing Branch C&E MANAGERS' MEETING**

**Tuesday, April 17, 2012**  
**Crosstown Boardroom, 4<sup>th</sup> Floor, 3350 Douglas St.**  
**Teleconference** s.15, s.17  
**Participant ID** s.15, s.17  
**Ray is the Moderator**  
**2:00– 3:30 pm**

Not Responsive

### **d. MAP Petty Cash Alternative (Gary)**

Not Responsive

## Van Schaik, Katherine MEM:EX

---

**From:** Evans, Jan L MEM:EX  
**Sent:** Thursday, May 17, 2012 3:45 PM  
**To:** Edmundson, Bruce MEM:EX  
**Subject:** FW: Application for Accountable Advance Process

See Scott's comments. They are in red in the document rather than over to the side. He needs some practice with the track change function!

Let me know if you have any questions.

---

**From:** McElroy, Scott D MEM:EX  
**Sent:** Thursday, May 17, 2012 2:54 PM  
**To:** Evans, Jan L MEM:EX  
**Subject:** Application for Accountable Advance Process

Here are my changes to this document.



Application for  
Accountable Ad...

### **"Application for Accountable Advance" and "Petty Cash Reconciliation Report"**

An application for an Accountable Advance is one means of accessing the necessary cash to provide to a minor as agent to effect purchases of liquor under the Minors as Agents Program (MAP). Petty cash and gift cards purchased via government issued purchasing cards are other options.

<sup>s13</sup> Accountable advances are not held against an employee's pay but are required to be repaid before a final paycheque is issued

Comment [s1]: Ac

Accountable advances are to be used solely for the purpose of funding MAP purchases.

Inspectors may request advances up to \$200 and Regional Inspectors may request advances up to \$500. Regional Inspectors at their discretion may advance funds to inspectors. Regional Inspectors already have a \$1500.00 advance for MAP

The advance is considered a standing advance. E.g. where sales are made to a minor, a copy of the receipt is retained and the advance is reimbursed based on the amount of receipts provided in the "Petty Cash Reconciliation Report". This advance is considered a Working Capital Advance

#### The steps to obtain an advance are:

1. Fill out the "Application for Accountable Advance" Form; specific instructions are provided below.
2. Sign and submit the form to your Spending Authority (your Regional Manager)
3. The Spending Authority (subject to approval) submits the form to Management Services.
4. Management Services issues you a cheque. Mgmt Services forwards application to Ministry HQ and they have cheque issued via Treasury
5. You cash the cheque.
6. You have the cash to issue to the minor on a case by case basis.

#### The steps to reimburse a depleted advance are:

1. Fill out the "Petty Cash Reconciliation Report"; specific instructions are provided below.
2. Sign and submit the form to your Expense Authority, your Regional Manager.
3. The Expense authority subject to approval submits the form to Management Services.
4. You are issued a cheque.
5. You cash the cheque.

## LCLB MAP Purchase Funding

6. Your advance is now back up to the original amount requested.

## LCLB MAP Purchase Funding

### Filling out the "Application for Accountable Advance Form"

1. The form is on the Q:Drive/LCL Compliance/ Compliance and Enforcement/ Minors as Agents/ MAP Forms
2. **Section A:**
  - The Client Number is 105 in all cases.
  - Each employee should know their id number, if not it is in TOL.
  - The RESP. Centres are:
    - 15777 C&E - Victoria (DGM)
    - 15778 C&E - Surrey (RM SRO)
    - 15779 C&E - Interior Region (VIRO)
    - 15780 C&E - Northern Region (SRO)
    - 15781 C&E - Van Island (VIRO)
    - 15787 C&E - Vancouver (VRO)
  - The Service Line is 12400 in all cases.
  - The STOB is 1820 in all cases.
  - The Supplier Code is the Agent specific number from their contract. Leave blank Mgmt Services will fill in. This is not related to the Agent's contract
  - The Ministry/ Branch address is your local office address.
  - You must enter your home address.
  - The home phone and work phone numbers are the Applicants numbers, they are not the Agent's numbers.
  - Under Type of Advance, you tick ☒ and "Other". Just use "Other"
  - Under Amount Required, Inspectors may receive up to \$200, Regional Inspectors may receive up to \$500. Regional Inspectors may advance funding to inspectors.
  - Under Date Check Required enter ASAP.
  - Under "If you know hold a Travel Advance" leave this blank.
3. **Section B:**
  - Reason for Advance and Destination: Write "MAP Evidence Purchase"
4. **Section C:**
  - Estimated Costs: Write "N/A"
  - Dates of Travel and Return are "N/A".
5. **Section D:** Self explanatory.
6. **Section E:** The Regional Manager is the Spending Authority.
7. **Section F and G:** Leave Empty.

**If you are relying on this to fund a MAP project, give at least 30 days to process the application.**

## LCLB MAP Purchase Funding

### Filling out the Petty Cash Reconciliation Report

This is the same report used to reconcile petty cash and to be reimbursed for cash advances.

You must provide copies of receipts for each purchase.

Where no receipt is available, simply state "no receipt available", or "no receipt provided". Where there is a receipt for the purchase you must provide a copy of that receipt.

The "Petty Cash Holder" is your name.

Leave "Petty Cash Holder's Supplier Code" blank.

The RESP Centre is the same as above (Section A) of the Accountable Advance Form. This will remain the same for your office for all entries.

The Service Line is 12400 for all cases.

The STOB is  $\frac{2}{5}$  in all cases. ( the stob will be 6501)

The Project Number can be left blank.

The Supplier Code is the Agent specific number from their contract.

Add it all up, balance it and submit to your Regional Manager.

The Regional Manager then submits it to Management Services.

**If you are relying on this to fund a MAP project, give at least 30 days to process the application.**

**Van Schaik, Katherine MEM:EX**

---

**From:** Evans, Jan L MEM:EX  
**Sent:** Monday, May 14, 2012 4:00 PM  
**To:** Edmundson, Bruce MEM:EX  
**Subject:** FW: Petty Cash/Working Capital Advance form

As requested.

---

**From:** McElroy, Scott D MEM:EX  
**Sent:** Monday, May 14, 2012 11:58 AM  
**To:** Evans, Jan L MEM:EX  
**Subject:** Petty Cash/Working Capital Advance form



Application for  
Accountable Adv...



# APPLICATION FOR ACCOUNTABLE ADVANCE

**Instructions:**

**Sections A, B, C and D** – to be completed by employee requiring advance.

**Section E** – to be completed by ministry spending authority.

**Section F** – to be completed by Government Agent (in accordance with Financial Administration Procedures 3B7).

**Section G** – to be completed by person receiving cheque, if other than applicant.

Pursuant to Treasury Board Financial Management Operating Policy 9.5.1.1, assignment of wages is not applicable to advances issued for purposes of salaries and wages.

**Freedom of Information and Protection of Privacy Act**

The personal information requested on this form is collected under the authority of and used for the purpose of administering the *Financial Administration Act*. Questions about the collection or use of this information can be directed to the Procedures Analyst, Office of the Comptroller General at 250 387-8540, PO Box 9413 Stn Prov Govt, Victoria BC V8W 9V1.

MINISTRY CONTROL NO.

DOCUMENT CONTROL NO.

|                 |              |                  |          |              |              |      |
|-----------------|--------------|------------------|----------|--------------|--------------|------|
| <b>A</b> CLIENT | EMPLOYEE ID. | EMPLOYEE SURNAME | INITIALS | RESP. CENTRE | SERVICE LINE | STOB |
|-----------------|--------------|------------------|----------|--------------|--------------|------|

MINISTRY/BRANCH/ADDRESS

EMPLOYEE HOME ADDRESS

SUPPLIER CODE

WORK PHONE NO.

HOME PHONE NO.

**TYPE OF ADVANCE**

☐ TRAVEL
 ☐ SALARY/INDIVIDUAL
 ☐ WORKING CAPITAL
 ☐ OTHER:

☐ STANDING

☐ TEMPORARY – applicants must complete Section C.  
 Advance must be accounted for or repaid within one week of completion of the travel.

AMOUNT REQUIRED

\$

YYYY / MM / DD

 DATE  
CHEQUE  
REQUIRED

**IF YOU NOW HOLD A TRAVEL ADVANCE, COMPLETE BELOW**

 AMOUNT OF  
STANDING ADVANCE \$

 AMOUNT OF  
TEMPORARY ADVANCE \$

**C ESTIMATED COSTS (CDN \$)**

TRANSPORTATION

PER DIEMS

ACCOMMODATION

OTHER

TOTAL \$

**B REASON FOR ADVANCE AND DESTINATION**

 DATES  
OF  
TRAVEL

 DEPARTURE  
YYYY / MM / DD

 RETURN  
YYYY / MM / DD

**D** In consideration of the accountable advance made to me, as requested above, I promise to pay the Minister of Finance, on demand, any amount of the advance not expended for the purpose for which it was authorized and not repaid.

I understand and agree that the Comptroller General is authorized to recover by setoff under section 38 of the *Financial Administration Act*, any amount of the accountable advance not expended for the purpose for which it was authorized and not repaid. I also agree that recovery by setoff may be made against any money due and payable to me by the Province of British Columbia. Money due and payable to me may include, but is not restricted to, wages, salaries and severance payments.

Nothing contained in this agreement shall prejudice the right of the Minister of Finance to recover by setoff or by any other collection action any amount of the accountable advance not expended for the purpose for which it was authorized and not repaid.

EMPLOYEE SIGNATURE

 DATE SIGNED  
YYYY MM DD

**E** AUTHORIZATION SPENDING AUTHORITY – Certified that the amount to be advanced is in accordance with appropriate statute or other authority for payment and/or contract.

NAME – TYPE OR PRINT

POSITION TITLE

SIGNATURE OF SPENDING AUTHORITY

 DATE SIGNED  
YYYY MM DD

**F** GOVERNMENT AGENT  
CHEQUE NO.

TYPE OF ID

ID NO.

**G** SIGNATURE OF PERSON RECEIVING CHEQUE – IF OTHER THAN APPLICANT

SURNAME – TYPE OR PRINT

## Van Schaik, Katherine MEM:EX

---

**From:** Evans, Jan L MEM:EX  
**Sent:** Monday, May 14, 2012 4:01 PM  
**To:** Edmundson, Bruce MEM:EX  
**Subject:** FW: Reconciliation Form

As requested.

---

**From:** McElroy, Scott D MEM:EX  
**Sent:** Monday, May 14, 2012 3:57 PM  
**To:** Evans, Jan L MEM:EX  
**Subject:** Reconciliation Form



Petty Cash  
Reconciliation Form.

Scott McElroy  
Manager Financial Services  
Liquor Control and Licensing Branch  
Management Services  
Ministry of Public Safety and Solicitor General  
4th Floor 3350 Douglas St  
Victoria, BC V8Z 3L1  
250 952-5785



**INSTRUCTIONS:** The petty cash holder is to complete all sections below and retain the canary copy. The Petty Cash Reconciliation/Replenishment Report, along with all original receipts, should be forwarded to Financial Services for processing. PLEASE TYPE OR PRINT. Forms are also available on the intranet at: [www.fin.gov.bc.ca/OCG/ocg/forms/forms.stm](http://www.fin.gov.bc.ca/OCG/ocg/forms/forms.stm)

[illegible]

| NAME OF PETTY CASH HOLDER |  |
|---------------------------|--|
| 1                         |  |
| 2                         |  |
| 3                         |  |
| 4                         |  |
| 5                         |  |
| 6                         |  |
| 7                         |  |
| 8                         |  |
| 9                         |  |
| 10                        |  |
| 11                        |  |
| 12                        |  |
| 13                        |  |
| 14                        |  |
| 15                        |  |
| 16                        |  |
| 17                        |  |
| 18                        |  |
| 19                        |  |
| 20                        |  |
| 21                        |  |
| 22                        |  |
| 23                        |  |
| 24                        |  |
| 25                        |  |
| 26                        |  |
| 27                        |  |
| 28                        |  |
| 29                        |  |
| 30                        |  |
| 31                        |  |
| 32                        |  |
| 33                        |  |
| 34                        |  |
| 35                        |  |
| 36                        |  |
| 37                        |  |
| 38                        |  |
| 39                        |  |
| 40                        |  |
| 41                        |  |
| 42                        |  |
| 43                        |  |
| 44                        |  |
| 45                        |  |
| 46                        |  |
| 47                        |  |
| 48                        |  |
| 49                        |  |
| 50                        |  |
| 51                        |  |
| 52                        |  |
| 53                        |  |
| 54                        |  |
| 55                        |  |
| 56                        |  |
| 57                        |  |
| 58                        |  |
| 59                        |  |
| 60                        |  |
| 61                        |  |
| 62                        |  |
| 63                        |  |
| 64                        |  |
| 65                        |  |
| 66                        |  |
| 67                        |  |
| 68                        |  |
| 69                        |  |
| 70                        |  |
| 71                        |  |
| 72                        |  |
| 73                        |  |
| 74                        |  |
| 75                        |  |
| 76                        |  |
| 77                        |  |
| 78                        |  |
| 79                        |  |
| 80                        |  |
| 81                        |  |
| 82                        |  |
| 83                        |  |
| 84                        |  |
| 85                        |  |
| 86                        |  |
| 87                        |  |
| 88                        |  |
| 89                        |  |
| 90                        |  |
| 91                        |  |
| 92                        |  |
| 93                        |  |
| 94                        |  |
| 95                        |  |
| 96                        |  |
| 97                        |  |
| 98                        |  |
| 99                        |  |
| 100                       |  |

PETTY CASH HOLDER'S  
SUPPLIER CODECASH ON HAND

\* If "Other", please enter actual dollar amount.

           X \$ 1.00 =           

           X \$ 2.00 =           

           X \$ 5.00 =           

           X \$10.00 =                                 

                     X \$            =                     

\_\_\_\_\_ COIN = \_\_\_\_\_

TOTAL CASH ON HAND

**\$**

**PAYMENT REQUEST TOTAL**

(TOTAL EXPENDITURES INCLUDING HST)

1

TOTAL CASH ON HAND

2

SUB ADVANCES OUTSTANDING

3.

PREVIOUS CLAIMS SUBMITTED  
BUT NOT YET REIMBURSED

4

LESS CASH OVER

15

AUTHORIZED PETTY CASH AMOUNT  
(MUST EQUAL SUM OF 1-5)

PETTY CASH HOLDER'S SIGNATURE  
I certify accuracy of the figures indicated above.

DATE SIGNED

YYYY MM DD

EXPENSE AUTHORITY SIGNATURE

Certified that the amount to be paid is correct, is in accordance with appropriate statute or other authority for payment and/or contract, and where applicable, that the work has been performed, the goods supplied, the service rendered and/or other conditions met.

PRINT NAME

DATE SIGNED

YYYY MM DD

**X**

**X**

## Van Schaik, Katherine MEM:EX

---

**From:** Evans, Jan L MEM:EX  
**Sent:** Thursday, January 10, 2013 12:43 PM  
**To:** LCLB FOI LCLB:EX  
**Subject:** FW: MAP Contract R&R Document

Here is one.

---

**From:** Edmundson, Bruce SG:EX  
**Sent:** Tuesday, March 6, 2012 11:15 AM  
**To:** LCLB-C&E DGM MGMT; Clark, Bruce SG:EX; Gill, Rupi K SG:EX; Norman, Lynda SG:EX; Fisher, Mandy SG:EX; Evans, Jan L SG:EX  
**Subject:** MAP Contract R&R Document

This document: "*MAP Contract Roles and Responsibilities*" is now on the

s.15

s.15

Many thanks to Lynda and Mandy for their engagement with this task that makes things work so much smoother for all of us.

Thank you.



MAP Contract  
Roles and Respons.

Bruce Edmundson  
Deputy General Manager  
Compliance and Enforcement Division  
Liquor Control and Licensing Branch  
phone: 250 952 7037  
website [www.pssg.gov.bc.ca/lclb](http://www.pssg.gov.bc.ca/lclb)

This document sets out the roles, responsibilities and processes for:

## **MAP CONTRACT COORDINATION**

### **THERE ARE 3 PRIMARY ROLES:**

1. The Contract Manager: this is generally the Regional Inspector, and may be the Regional Manager or the Manager of Investigations; in some cases, especially in field offices, this role may be transferred to an inspector.
2. The Budget Officer: this is the Management Services staff member, in this case it is Lynda Norman.
3. C&E Contract Coordinator: this is the DGM's executive assistant, in this case it is Mandy Fisher.

### **THE CONTRACTING PROCESS:**

1. The Contract Manager (generally the RI), after interviewing and determining the suitability of the minor agent, emails the new contractor information to the C&E Contract Coordinator (Mandy) with a cc to the Budget Officer (Lynda) :
  - name,
  - date of birth
  - address,
  - Social Insurance Number,
  - email address,
  - phone number/s.

The Contract Manager (generally the RI) will also provide the following for the parent or guardian of the contractor:

- name
  - address
  - email address
  - phone number/s
2. The Budget Officer (Lynda) e-mails the contract number to the C&E Contract Coordinator (Mandy).
  3. The Budget Officer (Lynda) where necessary requests a Supplier number from the Ministry's Financial Services.
  4. The C&E Contract Coordinator (Mandy) uses the MAP contract format to complete the details of the contract and letters.
  5. The C&E Contract Coordinator (Mandy) sends a PDF copy of the contract to the Contract Manager (the RI).

6. The Contract Manager (the RI) prints 2 copies of the contract, both of which must be signed by both the minor agent and the parent or guardian.
7. The Contract Manager returns both signed copies to the C&E Contract Coordinator (Mandy).
8. The C&E Contract Manager (Mandy) provides both the contracts to the ADM's Executive Assistant for the ADM's signature.
9. The ADM's Executive Assistant returns both signed copies to the C&E Contract Coordinator (Mandy).
10. The C&E Contract Coordinator (Mandy) provides 1 signed copy to the Contract Manager (the RI) and one signed copy goes to the Budget Officer (Lynda).
11. The RI provides the signed contract to the minor agent.
12. The Budget Officer (Lynda) enters the contractor information into the MAP spreadsheet with the new pre-approved contract number.
13. The minor as agent submits the invoice to the handler, or RI.
14. The handler reviews and approves the invoice.
15. The handler (RI) submits the invoice to the Budget Officer (Lynda)

#### **CONTRACT ADMINISTRATION (Budget Officer):**

---

- checks for completion and then scans the document to create an electronic file.
- creates a Supplier Tracking Sheet to track incoming invoices and balances.
- creates an electronic request for approval (iProcurement) with PDF attachments of the paperwork in the electronic file.
- creates a detailed contract in CAS and forwards this to the ADM for electronic approval.
- ADM approves the contract on-line: the contract with approval is returned to Budget Officer.
- creates the paper file including a copy of the contract and letter, and the invoice tracking sheets.
- invoices received are entered into Supplier Tracking.
- Invoices are then entered into iProcurement in order to draw against the designated funds.
- invoices are entered into CAS for payment.
- invoices are copied and forwarded to Finance.

- copy of the invoice along with iProcurement approval is filed with the paper records in our contract file.

**ROLE OF CONTRACT MANAGER (RI or Inspector in field offices)**

---

- Day to day dealings with contractors.
- Coordination of questions raised by contractors. The Contract Manager may need to contact the Budget Officer to clarify a question. If this issue relates to all contractors, the Budget Officer will cc all of the RMs and RIs with the corporate response.
- Review of all invoices prior to being forwarded for payment.
- Work with the contractor to resolve billing issues.

Bruce Edmundson  
Deputy General Manager,  
Compliance and Enforcement Division

## Van Schaik, Katherine MEM:EX

---

**From:** Evans, Jan L MEM:EX  
**Sent:** Thursday, January 10, 2013 12:44 PM  
**To:** LCLB FOI LCLB:EX  
**Subject:** FW: MAP Funding

Here is the other.

---

**From:** Evans, Jan L MEM:EX  
**Sent:** Wednesday, May 16, 2012 1:49 PM  
**To:** Edmundson, Bruce MEM:EX  
**Subject:** MAP Funding

Here is the info you requested.

The petty cash holder supplier code on the reimbursement form is a number generated from CAS Oracle and it can be left blank.

Client: 105 – all instances  
Services line 12400 – all instances  
Stob s.13 – all instances  
Supplier Code – is the agent specific number. This is in their contract.

Responsibility Centres:

- 15777 C&E - Victoria (Bruce)
- 15778 C&E - Surrey (Mike)
- 15779 C&E - Interior Region (Gary)
- 15780 C&E - Northern Region (Mike)
- 15781 C&E - Van Island (Gary)
- 15787 C&E - Vancouver (Donna)