

[illegible]

PURCHASING CARD TRANSACTION REGISTER

Cardholder:	May Lee	Statement Date (DD-MMM-YYYY):	03-Feb-2013	Clearing line to account:	CLIENT	RESP	SVS LINE	STOB	PROJ	TOTAL AMOUNT
Branch:	Office of the Premier	Supplier# - BMO:	S22		44	36346	34410	8530	3600000	Not Responsive
Description:	PCARD FEB/13 LEE	Invoice #:	PCARD S17 04FEB13							
Qualified Receiver:	May Lee	Telephone #:	604 775-1600							
Expense Authority:	Michelle Leamy									

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

3	Jan.23.13	Whole Food Markets	meeting supplies	004	36346	34410	6531	3600000				309.97	10.80	320.77
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Not Responsive

10														0.00
11														0.00
12														0.00
13														0.00
14														0.00
15														0.00
16														0.00
17														0.00
18														0.00
19														0.00
20														0.00

**Your Purchasing Card Statement****MAY LEE**→ Stmt. date: **Feb. 3, 2013** → Acct. balance: Not Responsive**Details of your transactions**

Item no.	Trans date	Posting date	Description	Amount
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TRANSACTIONS FOR ACCOUNT NUMBER

s17

Not Responsive

4	Jan. 23	Jan. 23	WHOLE FOODS MARKET WEST VANCOUVE BC	320.77
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Not Responsive

PLEASE PAY YOUR SCHEDULED PAYMENT AMOUNT
BY THE PAYMENT DUE DATE.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

s17

Previous balance, Jan. 3

Payments - thank you

Other credits

+ Purchases

+ Cash advances/Cheques

+ Interest

Not Responsive

+ Fees

+ Other charges

→ New account balance, Feb. 3

Your credit limit

Credit available, Feb. 3

**STATEMENT ONLY
DO NOT PAY!****Helpful information****Transactions listed in this statement :**

Airlines

Hotel

Car rental

Restaurants

Not Responsive

Retail

Cash advances/Cheques

Other

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

® Registered trademark of Bank of Montreal.
® Registered trademark of MasterCard International Incorporated.P.O.BOX 11064 STN CENTRE-VILLE
MONTREAL QC H3C 5A2MAY LEE
ATT: MAY LEE
740-999 CANADA PL
VANCOUVER BC
V6C 3E1

→ Approved by:

Signature

Signature

Name

Name

Date

Date



925 Main St. West Vancouver, BC V7T2Z3
(604) 678-0500 GST# 864826995

	CRUDITE LARGE	\$89.99
OP	SPECIALTY	\$129.99
OP	SPECIALTY	\$89.99
CAD*	TAX \$10.80 TOT	\$320.77

VF CAD Master Card \$320.77

ACCOUNT NUMBER s17
CAD CHANGE 0.00

TOTAL NUMBER OF ITEMS SOLD = 3

Whole Foods Market
925 Main Street
West Vancouver, BC

TYPE: PURCHASE

ACCT: MASTERCARD \$ 320.77

CARD: s17
DATE-TIME: 23 JAN 2013 13:47:42
REFER#: 66177186 0014700760 C
AUTH#: 164742

MasterCard
AID: A0000000041010
TVR: 0000008000

01 APPROVED - THANK YOU 027

Important:
Retain this copy for your records

1/23/13 1:47 PM 0451 03 0119 642

Your cashier today was YO
Vitamin Early Bird Sale Sat January 26
Healthy Tastes Good!

BUSINESS EXPENSE APPROVAL for Business Meetings/Protocol Events

→ Whole Foods

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
May Lee	(604) 775-1600	2013/01/18	
MINISTRY/DIVISION/BRANCH	LOCATION (CITY) OF EVENT	START DATE OF EVENT	YYYY/MM/DD
Office of the Premier	Vancouver	2013/01/23	
		END DATE OF EVENT	YYYY/MM/DD
		2013/01/23	

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.

Young Entrepreneurs Reception
Approx. 60 Young Entrepreneurs and 3 government employees

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

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 checked="" type="checkbox"/> SNACKS <input checked="" type="checkbox"/> COFFEE/TEA/JUICE, ETC.	6531	300.00
5. Business Meals in Restaurant <input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER	6531	
6. Event Planners, Speakers, etc.		
7. Travel Costs for Non-BC Government Participants		
8. Other:		

SECTION 5 - EXPENSE AUTHORITY PRE-APPROVAL

RESP. CENTRE	SERVICE LINE	PROJECT NO. (IF APPLICABLE) OR ADDITIONAL CODING
EXPENSE AUTHORITY SIGNATURE - Certified correct pursuant to sections 32 & 33 of the Financial Administration Act and related policies.		
PRINT NAME OF EXPENSE AUTHORITY		DATE SIGNED
Michelle Leary		2013/01/18

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.

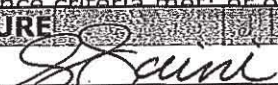

QUALIFIED RECEIVER SIGNATURE - Certified goods/services received pursuant to CPPM 4.3.2.

X

ESTIMATED TOTAL \$ 300.00

REIMBURSEMENT TOTAL

PURCHASE CARD SUMMARY

BRANCH NAME						DESCRIPTION			
Intergovernmental Relations Secretariat						PCARDMAR/13 SAINI			
CARDHOLDER NAME						AREA CODE & PHONE			
Sukie Saini						250-387-1173			
SUPPLIER# - BMO		STATEMENT DATE (DD-MMM-YYYY)				INVOICE NUMBER			
s22		03-Feb-2013				PCARE s17 03MAR13			
AMOUNT		CL	RESP	SERVICE LINE	STOB	PROJECT			
Not Responsive	clearing line	4	36356	18850	8530	3600000			
AMOUNT for 12% HST	PRE-TAX AMOUNT for OTHER PURCHASES	CL	RESP	SERVICE LINE	STOB	PROJECT	TAX CODE	EMPLOYEE'S FULL SUPPLIER NAME AND SUPPLIER CODE (only required for STOB 57)	
		4	36356	18850	5711	3600000	12%		
		4	36356	18850	6316	3600000	12%		
		4	36356	18850	6316	3600000	0%		
		4	36356	18850	6501	3600000	12%		
		4	36356	18850	6501	3600000	0%		
		4	36356	18850	6506	3600000	12%		
		4	36356	18850	6515	3600000	12%		
		4	36356	18850	6516	3600000	0%		
		4	36356	18850	6525	3600000	12%		
		4	36356	18850	6901	3600000	12%		
Not Responsive		4	36356	18850	6501	3601130	0%		
		4	36356	18850	6501	3601202	12%		
		4	36356	18850	6506	3601202	12%		
		4	36356	18850	5711	3601210	12%	s22	
		4	36356	18850	6501	3601210	12%		
		4	36356	18850	6501	3698738	12%	*	
		4	36356	18850	6501	3698748	12%		
		4	36356	18850	6531	3698748	0%		
		4	36356	18850	5711	3698753	12%		
		4	36356	18869	6501	3601101	12%		
					1575		HST amount for pre-tax amounts for other		
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).						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			
SIGNATURE			DATE			SIGNATURE			DATE
			2013-03-04						04-Mar-2013
PRINTED NAME of QUALIFIED RECEIVER						PRINTED NAME of EXPENSE AUTHORITY			
Sukie Saini						Helen Carr			

Account Information

Name	SAINI, SUKIE	Corporation	PROVINCE OF BC - PURCHASE
ID	s22	Default Code	

Statement Highlights

Statement Date	03/03/2013	Statement ID	s17
Account #	s17	Currency	CANADIAN DOLLAR
Account Limit		Payment Due Date	03/06/2013
Account Balance	Not Responsive	Minimum Payment	Not Responsive

Your payment was received

Transaction Details

Tran ID	Tran Date	Proc Date	Description	Auth #	Addendum	GL/Customer Code	Total Tax	Amount
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Account Number - s17

Not Responsive

309114136	02/19	02/20	SUN SPIRIT GALLERY 778-2795052, BC, CAN	162926	No Addendum	401021919540001	428.57*	4000.00
309114137	02/19	02/20	SUN SPIRIT GALLERY 778-2795052, BC, CAN	163005	No Addendum	401021919540002	389.53*	3635.60

Not Responsive

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, 02/03/2013

- Payments - thank you
- Other Credits

- Purchases
- + Cash Advances
- + Interest
- + Fees
- + Other Charges

New Account Balance, 03/03

Interest Information

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%

Not Responsive

Purchases/Other

Cash advance/Cheques

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

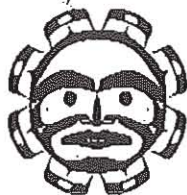
<http://www.bmo.com/spendandpayment>
<http://www.bmo.com/achatetpaiement>

THIS STATEMENT IS INFORMATION ONLY

<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>HST Tax Code</i>	<i>Pre-tax Amount</i>	<i>HST Amount</i>	<i>Total Amount</i>
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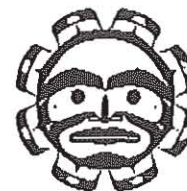
Not Responsive

2013-02-19	SUN SPIRIT GALLERY	004	36356	18850	6501	3688738	0	Gifts for Protocol Gift bank two payments \$4000.00 & 3635.60 total amount was s22	0.00%	\$7,635.60	\$0.00	\$7,635.60
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Sun Spirit

G A L L E R Y



FAX TRANSMITTAL

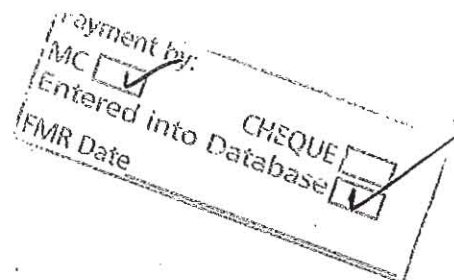
DATE: February 19, 2013

TO: Government of BC

ATTENTION: Genevieve Elliott
Team Lead, Protocol Projects

FROM: Brad McNeill

RE: Corporate Gift Order - Invoice



(2) TOTAL PAGES SENT

Hi Genevieve,

Attached is the invoice for your order. Please review for accuracy then call with the credit card number for payment.

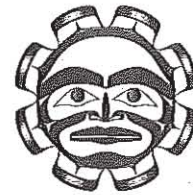
The original of this invoice and the credit card receipt will be mailed for your files.

Regards,



Sun Spirit

G A L L E R Y

**Invoice To**

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

Invoice

Date	Invoice #
19/02/2013	51

Item	Description	Quantity	Price	Amount
Miscellaneous Art	9" Silver Plate Bowl	5	220.00	1,100.00
Corporate Discount	Corporate Volume Discount		-10.00%	-110.00
Miscellaneous Art	Glass Totem - Clarence Mills	5	175.00	875.00
Corporate Discount	Corporate Volume Discount		-10.00%	-87.50
Miscellaneous Art	10" Pewter Native Ring Plate	40	115.00	4,600.00
Corporate Discount	Corporate Volume Discount		-10.00%	-460.00
Miscellaneous Art	Silver Plated Frog Bowl - Corey Bulpitt	10	100.00	1,000.00
Corporate Discount	Corporate Volume Discount		-10.00%	-100.00
	HST on purchases		12.00%	818.10
Payments/Credits				\$0.00
Balance Due				\$7,635.60

GST/HST No. 812081412

RECEIVED

FEB 26 2013

OFFICE OF PROTOCOL

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

SALE

MID: 8013632198
TID: 0089250008013632198001
Entry Method : M
REF #: 1
2013/02/19 13:29:25
Trace:0001

APPROVED

Appr. Code: 162926
MASTERCARD

s17

AMOUNT \$4,000.00

CARDHOLDER ACKNOWLEDGES RECEIPT OF GOODS
AND/OR SERVICES IN THE AMOUNT OF THE
TOTAL SHOWN HEREON

LE TITULAIRE DE LA CARTE
AVOIR RECU DES MARCHANDISES OU
SERVICES POUR LE MONTANT CI-DESSOUS

THANK YOU / MERCI

CUSTOMER COPY

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

SALE

MID: 8013632198
TID: 0089250008013632198001
Entry Method : M
REF #: 2
2013/02/19 13:30:04
Trace:0002

APPROVED

Appr. Code: 163005
MASTERCARD

s17

AMOUNT \$3,635.60

CARDHOLDER ACKNOWLEDGES RECEIPT OF GOODS
AND/OR SERVICES IN THE AMOUNT OF THE
TOTAL SHOWN HEREON

LE TITULAIRE DE LA CARTE
AVOIR RECU DES MARCHANDISES OU
SERVICES POUR LE MONTANT CI-DESSOUS

THANK YOU / MERCI

CUSTOMER COPY

Cleaver, Sheila C FIN:EX

From: Cleaver, Sheila C FIN:EX
Sent: Thursday, June 27, 2013 11:25 AM
To: Saini, Sukie IGRS:EX
Subject: Another RUSH requests-required today
Importance: High

These 2 transactions do not have a BEA with them.

Not Responsive

Not Responsive

20130220	SUN SPIRIT GALLERY	Gifts	\$4,000.00
20130220	SUN SPIRIT GALLERY	Gifts	\$3,635.60

Not Responsive

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 Genevieve Elliott	TELEPHONE NO. (250) 356-5004	DATE SUBMITTED YYYY/MM/DD 2013/02/01
MINISTRY/DIVISION/BRANCH Intergovernmental Relations Secretariat Office of Protocol	LOCATION (CITY) OF EVENT Victoria BC	START DATE OF EVENT YYYY/MM/DD
		END DATE OF EVENT YYYY/MM/DD

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.

Gifts to be presented as part of normal protocol exchange, to be used for planning and conducting official visits to the Province of The Sovereign, members of the Royal Family, the Governor General, heads of state and government, foreign ministers, heads of diplomatic missions and other VIPs; protocol/hosting visits.

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

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 type="checkbox"/> LUNCH <input type="checkbox"/> DINNER	6531	
6. Event Planners, Speakers, etc.		
7. Travel Costs for Non-BC Government Participants		
8. Other: Gifts	6531	
		Not Responsive

ESTIMATED TOTAL

SECTION 5 - EXPENSE AUTHORITY PRE-APPROVAL

RESP. CENTRE 36356	SERVICE LINE 18850	PROJECT NO. (IF APPLICABLE) OR ADDITIONAL CODING 3698738
EXPENSE AUTHORITY SIGNATURE - Certified correct pursuant to sections 32 & 33 of the Financial Administration Act and related policies. <i>Marc-André Ouellette</i>		
PRINT NAME OF EXPENSE AUTHORITY Marc-André Ouellette		DATESIGNED 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

REIMBURSEMENT TOTAL

[illegible]

RECEIVED
AUG - 3 2012
FINANCE AND ADMINISTRATION
BRANCH

BUSINESS TRANSACTION ACCOUNT REGISTER

Cardholder:	Sheila Johnstone	Statement Date (DD-MMM-YYYY):	03-Jul-2012	Clearing line to account:	CLIENT	RESP	SVS LINE	STOB	PROJ	TOTAL AMOUNT
Branch:	Office of the Premier, Cabinet Operations	Supplier# - BMO:	S22		4	36344	34410	8532	3600000	(9,105.17)
Description:	MC Reconciliation July 3 2012	Invoice #:	PCARL S17 JUL2012							
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	HST TAX CODE	EMPLOYEE'S FULL SUPPLIER NAME (REQUIRED FOR STOB57)	EMPLOYEE'S SUPPLIER CODE	PRE-TAX AMOUNT	HST AMOUNT	TOTAL AMOUNT
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Not Responsive

15	28-Jun-12	QualisGate Vineyard Estate Winery	Special Event Dinner at Ceb Planning Session at Qualisgate	4	36135	34090	6531	3600000				1,342.22	138.84	1,481.06
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Not Responsive



Your Purchasing Card Statement

SHEILA A JOHNSTONE

→ Stmt. date: Jul. 3, 2012 → Acct. balance: Not Responsive

Details of your transactions

Item no.	Trans date	Posting date	Description	Amount
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TRANSACTIONS FOR ACCOUNT NUMBER s17

Not Responsive

16	Jun. 28	Jun. 28	QUAILS GATE VINEYARD E KELOWNA BC	1,481.06
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Not Responsive

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

s17

Previous balance, Jun. 3

Payments - thank you

Other credits

Purchases

Cash advances/Cheques

Interest

Fees

Other charges

New account balance, Jul. 3

Your credit limit

Credit available, Jul. 3

Not Responsive

**STATEMENT ONLY
DO NOT PAY!**

Helpful information

Transactions listed in this statement :

Airlines

Hotel

Car rental

Restaurants

Retail

Cash advances/Cheques

Other

Not Responsive

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	

Registered trademark of Bank of Montreal.
MasterCard and the MasterCard Brand Mark are registered trademarks of
MasterCard International Incorporated.

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



→ Approved by:

Signature

Signature

Name

Name

Date

Date

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

 CHECK # 168285 DATE 6/27/12
 TABLE # 1 TIME 9:41PM
 ***** DUPLICATE CHECK *****
 =====

-- SFR : GROUPS --
 ITEMS ORDERED AMOUNT
 21 3 CRS DINNER 882.00
 1 ROOM RENTAL 275.00

SUBTOTAL 1157.00
 SERVICE 185.22
 HST 138.84

 TOTAL DUE 1481.06

1157.00
 185.22

 1342.22

QUAILS GATE VINEYARD
 ESTATE WINERY LTD
 3303 BOUCHERIE RD
 WEST, KELLOWNA, BC V1Z2H3
 2507694451

This is
 your cor
 experienc
 event fea
 a
 Please c

MERCHANT ID: 97201690013 *ERN ID: 004

SALE

s17
 MASTERCARD ENTRY METHOD: MANUAL
 06/27/12 21:36:56
 INV #: 000013 APPR CODE: 003713
 BATCH #: 000169
 REF #: 013

AMOUNT \$1,481.06

TIP -----

TOTAL =====

I AGREE TO PAY ABOVE TOTAL AMOUNT
 IN ACCORDANCE WITH CARD ISSUER'S
 AGREEMENT
 (MERCHANT AGREEMENT IF CREDIT VOUCHER)
 RETAIN THIS COPY FOR STATEMENT
 VERIFICATION
 CARDHOLDER COPY
 APPROVED

Johnstone, Sheila A PREM:EX

From: Julia Garner [jgarner@quailsgate.com]
Sent: Tuesday, July 31, 2012 12:50 PM
To: Johnstone, Sheila A PREM:EX
Subject: Receipt
Attachments: img-731113918-0001.pdf

Hi Sheila,

As requested, here is the receipt for the Premier's office event on June 28th.

Kind Regards,
Julia

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

From: admin admin
Sent: July-31-12 12:39 PM
To: Julia Garner
Subject: Quails' Gate Scanned Document

The attached document was Scanned from the Quails' Gate Xerox printer.

Number of Images: 1
Attachment File Type: PDF

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
Cabinet Operations, Sheila Johnstone	(250) 387-5553	2012/03/20	
MINISTRY/DIVISION/BRANCH	LOCATION (CITY) OF EVENT	START DATE OF EVENT	YYYY / MM / DD
Office of the Premier, Cabinet Operations	Victoria, BC	2012/04/01	
		END DATE OF EVENT	YYYY / MM / DD
		2013/03/31	

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 Cabinet, Cabinet Committees, Legislative Review Committee and all other committees under Cabinet Operations administration.

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

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 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	Not Responsive
5. Business Meals in Restaurant <input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER	6531	
6. Event Planners, Speakers, etc.		
7. Travel Costs for Non-BC Government Participants		
8. Other:		

SECTION 5 - EXPENSE AUTHORITY PRE-APPROVAL

RESP. CENTRE	SERVICE LINE	PROJECT NO. (IF APPLICABLE) OR ADDITIONAL CODING
36135	34090	3600000
EXPENSE AUTHORITY SIGNATURE - Certified correct pursuant to sections 32 & 33 of the Financial Administration Act and related policies.		
PRINT NAME OF EXPENSE AUTHORITY		DATE SIGNED
Debbie Tsukayama		2012/03/20

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 Not Responsive

REIMBURSEMENT TOTAL

[illegible]

PURCHASING CARD TRANSACTION REGISTER

Cardholder:	Sheila Johnstone	Statement Date (DD-MMM-YYYY):	03-Sep-2012	Clearing line to account:	CLIENT	RESP	SVS LINE	STOB	PROJ	TOTAL AMOUNT
Branch:	Office of the Premier, Cabinet Operations	Supplier# - BMO:	S22		4	36344	34410	8530	3600000	(12,126.09)
Description:	Mcard Reconciliation Sept 3, 2012	Invoice #:	PCARE S17 3SEPT2012							
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	HST TAX CODE	EMPLOYEE'S FULL SUPPLIER NAME (REQUIRED FOR STOB57)	EMPLOYEE'S SUPPLIER CODE	PRE-TAX AMOUNT	HST AMOUNT	TOTAL AMOUNT
-----------	------	---------------	-----------------	--------	------	----------	------	------	--------------	---	--------------------------	----------------	------------	--------------

Not Responsive

11	17-Jul-12	the Cove Lakeside Resort	Food and business expenses for the 2012 Cabinet Planning Session Jun 26 - 28	4	36135	34090	6531	3600000				7,475.44	680.55	8,155.99
----	-----------	--------------------------	--	---	-------	-------	------	---------	--	--	--	----------	--------	----------

Not Responsive



BMO



Financial Group

Your Purchasing Card Statement

SHEILA A JOHNSTONE

→ Stmt. date: Sep. 3, 2012 → Acct. balance: Not Responsive

Details of your transactions

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

TRANSACTIONS FOR ACCOUNT NUMBER: s17

Not Responsive

12 Jul. 17 Aug. 17 COVE LAKESIDE RESORT WEST KELOWNA BC

8,155.99 ✓

Not Responsive

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

s17

Previous balance, Aug. 3

Payments - thank you

Other credits

Purchases

Cash advances/Cheques

Interest

Fees

Not Responsive

Other charges

New account balance, Sep. 3

Your credit limit

Credit available, Sep. 3

**STATEMENT ONLY
DO NOT PAY!**

Helpful information

Transactions listed in this statement :

Airlines

Hotel

Car rental

Restaurants

Not Responsive

Retail

Cash advances/Cheques

Other

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

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MasterCard and the MasterCard Brand Mark are registered trademarks 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

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 Cabinet Operations, Sheila Johnstone	TELEPHONE NO. (250) 387-5553	DATE SUBMITTED 2012/03/20
MINISTRY/DIVISION/BRANCH Office of the Premier, Cabinet Operations	LOCATION (CITY) OF EVENT Victoria, BC	START DATE OF EVENT 2012/04/01
		END DATE OF EVENT 2013/03/31

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 Cabinet, Cabinet Committees, Legislative Review Committee and all other committees under Cabinet Operations administration.

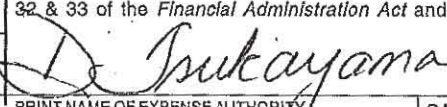
SECTION 3 - INDIVIDUALS INCLUDED IN MEAL CLAIMS

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

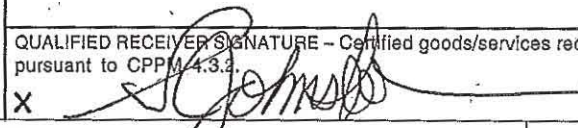
CATEGORY	STOB	AMOUNT
1. Meeting Room Rental	6531	
2. Equipment/Furniture Rental	6531	
3. Photocopying, Faxing, Telephone, etc.	6531	
4. Food/Beverages for Meetings <input checked="" type="checkbox"/> BREAKFAST <input checked="" type="checkbox"/> LUNCH <input checked="" type="checkbox"/> DINNER <input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

SECTION 5 - EXPENSE AUTHORITY PRE-APPROVAL

RESP. CENTRE 36135	SERVICE LINE 34090	PROJECT NO. (IF APPLICABLE) OR ADDITIONAL CODING 3600000
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 Debbie Tsukayama		DATE SIGNED YYYY / MM / DD 2012/03/20

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 4.3.3.


ESTIMATED TOTAL

Not Responsive

REIMBURSEMENT TOTAL



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

Room #: GROUP
 Folio#: s17
 Group #
 Guests: 0
 Clerk: LMACK
 GST/HST # 855028726

GOVTBC

Arrive: 06/24/12 Time: 06:04 AM Depart: 07/17/12 Time: 04:17 PM Stat: HIST

Date	Description	Reference	Comment	Charges	Credits
08/16/12	PAY MASTERCARD		s17		(\$8,155.99)

Folio Balance:	(\$8,155.99)
----------------	--------------

Guest Signature: _____

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

THE COVE LAKESIDE RESORT

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

Office of The Premier
PO Box 9041, Stn Provincial Government
Victoria BC V8W 9E9
Atten Sheila Johnstone

Date: June 28, 2012
Invoice #
Group # s17

HST	DATE	DESCRIPTION	CHARGE	BALANCE
		Food & Beverage		
175.93	26-Jun-12	Bonfire Banquets - 132798	\$1,641.95	
303.29	27-Jun-12	Bonfire Banquets - 1327892	\$2,830.67	
201.33	28-Jun-12	Bonfire Banquets - 133009	\$1,879.16	\$6,351.78
		Incidentals		
13.31	June 26-28, 2012	See Attached Breakdown	\$124.21	\$124.21
180.00	June 26-28, 2012	Meeting Room	\$1,680.00	\$1,680.00
\$873.86		HST Included in Invoice		
Total Amount Owling				\$8,155.99

The Cove HST/GST # 855028726
Bonfire HST/GST # 139629299

Thank you for choosing The Cove Lakeside Resort

CHECK # 133009 DATE 6/28/12
TABLE # 100 TIME 2:40PM
***** DUPLICATE CHECK *****

-- 4-BANQUETS : BANQUETS --

ITEMS ORDERED	AMOUNT
24 BREAKFAST BUFFET	454.80
24 MORNING BREAK	86.00
24 MORNING COFFEE	70.80
24 LUNCH BUFFET	648.80
4 PELLEGRINO	16.00
10 POP	32.60
2 FLIPCHART	60.00
1 SCREEN	45.00

SUBTOTAL	1421.90
SERVICE	255.93
HST	201.33

TOTAL DUE 1879.16

THANKS FOR JOINING US AT
BONFIRE RESTAURANT & BAR

Please Pay Your Server.

Gratuity: _____

Total: _____

Room: _____

Name: Meetings 2012
(please print)

Signature: _____

GST# 13962 9299 RT0001

CHECK # 132892 DATE 6/27/12
TABLE # 100 TIME 8:58PM

-- 4-BANQUETS : BANQUETS --

ITEMS ORDERED	AMOUNT
30 BREAKFAST BUFFET	628.50
24 AFT BREAK	214.80
24 BANANA BREAD	72.00
24 DATE SQUARES	72.00
24 MORNING COFFEE	70.80
30 DELI LUNCH	868.50
17 PELLEGRINO	68.00
13 POPCANS	42.25
2 FLIPCHART	60.00
1 SCREEN	45.00

SUBTOTAL	2141.85
SERVICE	385.53
HST	303.29

TOTAL DUE 2830.67

THANKS FOR JOINING US AT
BONFIRE RESTAURANT & BAR

Please Pay Your Server.

Gratuity: _____

Total: _____

Room: _____

Name: Cabinet Planning Meetings
(please print)

Signature: _____

GST# 13962 9299 RT0001

CHECK # 132798 DATE 6/26/12
TABLE # 100 TIME 9:28PM
***** DUPLICATE CHECK *****

-- 4-BANQUETS : BANQUETS --

ITEMS ORDERED	AMOUNT
24 COFFEE STATION	70.80
3 FRUIT SMOOTHIES	43.50
24 ITALIAN BREAK	214.80
24 NY DELI LUNCHEON	598.80
10 CANNED POPS	32.60
13 PELLEGRINO	52.00
1 SETUP FEE	125.00
2 FLIPCHART	60.00
1 SCREEN	45.00

SUBTOTAL	1242.40
SERVICE	223.62
HST	175.93

TOTAL DUE 1641.95

THANKS FOR JOINING US AT
BONFIRE RESTAURANT & BAR

Please Pay Your Server.

Gratuity: _____

Total: _____

Room: _____

Name: Meetings 2012
(please print)

Signature: _____

GST# 13962 9299 RT0001



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

Room #: GROUP

Folio#:

Group # s17

Guests: 0

Clerk:

GST/HST # 855028726

GOVTBC

Arrive: 06/24/12

Time: 06:04 AM

Depart: 07/12/12

Time: 01:11:53

Stat: FOL

Date	Description	Reference	Comment	Charges	Credits
06/27/12	COPY COLOUR	493 pgs	Debbie	\$49.30	
06/27/12	HST OTHER	493 pgst	HST OTHER	\$5.92	
06/27/12	COPY COLOUR	510 pgs	Gabe	\$51.00	
06/27/12	HST OTHER	510 pgst	HST OTHER	\$6.12	
07/03/12	POSTAGE	Charger	As per Gabe Garfinkel	\$10.60	
07/03/12	HST OTHER	Charger	HST OTHER	\$1.27	

Folio Balance: \$124.21

Guest Signature: _____

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

Johnstone, Sheila A PREM:EX

From: Liz Mackowetsky [lmackowetsky@thecovekelowna.com]
Sent: Friday, July 13, 2012 6:52 AM
To: Johnstone, Sheila A PREM:EX
Subject: Cove Invoice - Cabinet Planning Session - June 26-28 2012
Attachments: 20120628-Cabinet Planing Session.pdf

Dear Ms. Sheila Johnstone;

Thank you for choosing The Cove Lakeside Resort for the Office of The Premier Cabinet Planning Session held with us June 26-28, 2012.


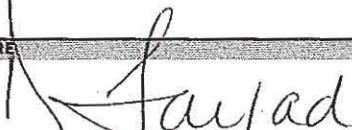
We are pleased to enclose the final billing which outlines the master account related charges. Should you have any questions related to your master billing, please do not hesitate to contact me at my direct line (250) 707-1808.
(I apologize for the delay in sending you the final invoice).

Sincerely,

Liz Mackowetsky
Office Manager

The Cove Lakeside Resort
4205 Gellatly Road, West Kelowna, BC V4T 2K2
Direct: 250-707-1808
Fax: 250-707-1809
lmackowetsky@thecovekelowna.com

BRANCH NAME		DESCRIPTION	
Board Resourcing and Development Office		PCARD June/12 WICKS	
CARDHOLDER NAME		AREA CODE & PHONE	
Ann Wicks		604-775-1668	
SUPPLIER# - BMO	STATEMENT DATE (DD-MMM-YYYY)	INVOICE NUMBER	
s22	03-Jun-2012	PCARD s17 3JUNE12	

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 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.</p>	
SIGNATURE	DATE	SIGNATURE	DATE
	June 15/12		June 20/12
PRINTED NAME of QUALIFIED RECEIVER		PRINTED NAME of EXPENSE AUTHORITY	
Ann Wicks		Deborah Fayad	

PURCHASING CARD TRANSACTION REGISTER

Cardholder:	Ann Wicks	Statement Date (DD-MMM-YYYY):	03-Jun-2012	Clearing line to account:	CLIENT	RESP	SVS LINE	STOB	PROJ	TOTAL AMOUNT
Branch:	Board Resourcing and Development Office	Supplier# - BMO:	S22		004	36354	34430	8530	3600000	(409.15)
Description:	PCARD June/12 WICKS	Invoice #:	PCARD S17 03JUNE12							
Qualified Receiver:	Ann Wicks	Telephone #:	604-775-1668							
Expense Authority:	Deborah Fayad									

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

2	19-May-12	1800 Shredding	Shredding Service	004	36354	34430	6508	3600000	12.00%			85.00	10.20	95.20
---	-----------	----------------	-------------------	-----	-------	-------	------	---------	--------	--	--	-------	-------	-------

Not Responsive

4														0.00
5														0.00
6														0.00
7														0.00
8														0.00
9														0.00
10														0.00
11														0.00
12														0.00
13														0.00
14														0.00
15														0.00
16														0.00
17														0.00
18														0.00
19														0.00
20														0.00



BMO



Financial Group

Your Purchasing Card Statement

ANN WICKS

→ Stmt. date: Jun. 3, 2012 → Acct. balance: Not Responsive

Details of your transactions

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

TRANSACTIONS FOR ACCOUNT NUMBER s17

Not Responsive

3	May 19	May 21	1800 SHREDDING SURREY BC	95.20
---	--------	--------	--------------------------	-------

Not Responsive

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

AS REQUESTED, YOUR ACCOUNT HAS BEEN
CLOSED TO FURTHER PURCHASING. PLEASE
NOTIFY US SHOULD YOU WISH TO REOPEN THIS
ACCOUNT IN THE FUTURE. THANK YOU.

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

Your account at a glance

s17

Previous balance, May 3

Payments - thank you

Other credits

+ Purchases

+ Cash advances/Cheques

+ Interest

+ Fees

+ Other charges

→ New account balance, Jun. 3

Your credit limit

Credit available, Jun. 3

**STATEMENT ONLY
DO NOT PAY!****Helpful information****Transactions listed in this statement :**

Airlines

Hotel

Car rental

Restaurants

Retail

Cash advances/Cheques

Other

Contact us	Local calls	Toll-free calls Canada & USA	Please address any written enquiries to:
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Enquiries: 604 421-2211	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.
® MasterCard and the MasterCard Brand Mark are registered trademarks of
MasterCard International Incorporated.

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



BMO



Financial Group

→ Approved by:

Signature

Signature

Name

Name

Date

Date

ANN WICKS
ANN WICKS
SUITE 730-999 CANADA PLACE
VANCOUVER BC
V6C 3E1



107 - 2567 - 192nd Street
 Surrey, BC V3S 3X1

Call Toll Free: 800-747-3334
 Customer service: 604-535-2125

Invoice

Date	Invoice #
5/15/2012	32282

BOARD RESOURCING & DEV. ****
 STE. #730-999 CANADA PLACE
 VANCOUVER, BC V6C 3E1
 CANADA

Description	Date of Service	Qty	Rate	Amount
SCHEDULED SERVICE	5/15/2012		85.00	85.00
1 X 32 GALLON CONSOLES				
CUSTOMER PAID BY CREDIT CARD				
HST (BC) on sales			12.00%	10.20

1800 SHREDDING
 2567 192ND ST UNIT 107
 SURREY, BC

Term ID: 05173236

Purchase

s17

MASTERCARD

Entry Method: M

Invoice #: 32282

Total: \$ 95.20

2012/05/19 13:51:19

Seq #: 0012440130 Appr Code: 165119

Resp Code: 01/027

APPROVED
 Thank You

**PLEASE MAKE ALL CHEQUES
 PAYABLE TO: YVR ENVIROSHRED INC.
 THANK YOU!**

Total \$95.20

Please Pay This Amount ➡

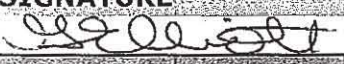
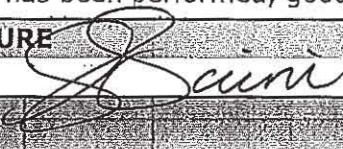
\$95.20

Customer Copy

- IMPORTANT -

retain this copy for your records

PURCHASE CARD SUMMARY

BRANCH NAME Intergovernmental Relations Secretariat						DESCRIPTION PCARDAPR/13 ELLIOTT			
CARDHOLDER NAME Genevieve Elliott						AREA CODE & PHONE 250-356-5004			
SUPPLIER# s22		BMO		STATEMENT DATE (DD-MMM-YYYY) 03-Apr-2012		INVOICE NUMBER PCARD s17 03APR13			
AMOUNT		CL	RESP	SERVICE LINE	STOB	PROJECT			
Not Responsive	clearing line	4	36356	18850	8530	3600000			
AMOUNT for 12% & 5% HST PURCHASES (INCLUDES HST)	PRE-TAX AMOUNT for OTHER PURCHASES (EXCLUDES S)	CL	RESP	SERVICE LINE	STOB	PROJECT	TAX CODE	EMPLOYEE'S FULL SUPPLIER NAME AND SUPPLIER CODE (only required for STOB 57)	
5547.64	Not Responsive	4	36356	18850	6501	3601202	12%		
		4	36356	18850	6501	3601203	12%		
		4	36356	18850	6531	3601204	12%		
		4	36356	18850	6531	3698738	12%		
		4	36356	18850	6501	3698748	12%		
					1575		HST amount for pre-tax amounts for other purchases		
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).						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			
SIGNATURE 		DATE 2013-04-04		SIGNATURE 		DATE 04-Apr-2013			
PRINTED NAME of QUALIFIED RECEIVER Genevieve Elliott				PRINTED NAME of EXPENSE AUTHORITY Sukie Saini					

Purchasing Card Transaction Record

Intergovernmental Relations Secretariat

Card Holder: Marc-Andre Ouellette

Statement date: November 3, 2011

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

Not Responsive

2013-03-01	ARTINA'S JEWELLERY	004	36356	18850	6531	3698738	0	Gifts purchased jointly with MIO	12.00%	\$4,443.30	\$533.20	\$4,976.50
------------	--------------------	-----	-------	-------	------	---------	---	----------------------------------	--------	------------	----------	------------

Not Responsive

Account Information

Name	ELLIOTT, GENEVIEVE K	Corporation	PROVINCE OF BC - PURCHASE
ID	s22	Default Code	

Statement Highlights

Statement Date	04/03/2013	Statement ID	s17
Account #	s17	Currency	CANADIAN DOLLAR
Account Limit		Payment Due Date	04/06/2013
Account Balance	Not Responsive	Minimum Payment	Not Responsive

Your payment was received

Transaction Details

Tran ID	Tran Date	Proc Date	Description	Auth #	Addendum	GL/Customer Code	Total Tax	Amount
Account Number s17								
310174759	03/01	03/04	ARTINA S JEWELLERY VICTORIA, BC, CAN	154512	No Addendum		533.20*	4976.50

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, 03/03/2013
 - Payments - thank you
 - Other Credits

Purchases
 + Cash Advances
 + Interest
 + Fees
 + Other Charges
 New Account Balance, 04/03

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%

Not Responsive

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/achatelpaiement>

THIS STATEMENT IS INFORMATION ONLY

Artina's Jewellery

Hand Crafted Canadian Jewellery
1002 Government Street
Victoria BC Canada V8W 1X7
(250) 386-7000 / 1-877-386-7700
HST# 878297225 RT0001

370703
PG TR-271213 ACRYLIC WIRE STAN
7 g \$5.00 \$35.00
Less Discount \$-3.50
370704
PG TR-281636 ACRYLIC WIRE STAN \$7.00
Less Discount \$-0.70
252362
NS 1/2" EAGLE S/S BRACELET \$200.00
Less Discount \$-20.00
251694
CHA 3/4" SS HB BRACELET \$315.00
Less Discount \$-31.50
252454
AH SS 1/2" T-Bird Bracelet \$290.00
Less Discount \$-29.00
252271
VH 5/8" SS HB BRACELET \$295.00
Less Discount \$-29.50
270434
DL SALMON CUFF LINKS \$70.00
Less Discount \$-7.00
270302
JL SS SUN CUFFLINKS \$70.00
Less Discount \$-7.00
270237
DL WOLF CUFFLINKS \$70.00
Less Discount \$-7.00
270281
DL - KW CUFFLINKS \$70.00
Less Discount \$-7.00
270360
JL EAGLE WINGS UP CUFF LINKS \$70.00
Less Discount \$-7.00
270208
JL RAVEN CUFFLINKS SS \$70.00
Less Discount \$-7.00
270385
DL ORCA SHAPE CUFFLINKS \$70.00
Less Discount \$-7.00
370249
HA SALMON CANDLEHOLDER \$200.00
Less Discount \$-20.00
370211
H.A. CANDLEHOLDER FROG \$200.00
Less Discount \$-20.00
370225
HA CANDLEHOLDER MOON \$200.00
Less Discount \$-20.00
370210
H.A. CANDLEHOLDER SUN \$200.00
Less Discount \$-20.00

370942
HAG ANTI TARNISH POLISH \$10.00
Less Discount \$-1.00
370414
HA HUMMINGBIRD DOME PLATE 7" \$200.00
Less Discount \$-20.00
370890
ACME Full Bear CandleHolder \$200.00
Less Discount \$-20.00
370504
HA MEDIUM FREEFORM SUN PLATE \$395.00
Less Discount \$-39.50
370209
H.A. CANDLEHOLDER EAGLE \$200.00
Less Discount \$-20.00
370840
ACME 7" Hummingbird \$200.00
Less Discount \$-20.00
370226
HA CANDLE HOLDER HERON \$200.00
Less Discount \$-20.00
370524
HA MED FREEFORM HERON \$395.00
Less Discount \$-39.50
370304
H.A. 12" EAGLE \$390.00
Less Discount \$-39.00
370950
CH RECYCLED GLASS PATE KNIFE
3 g \$40.00 \$120.00
Less Discount \$-12.00
370898
PANS CH Hostess Plate
3 g \$25.00 \$75.00
Less Discount \$-7.50
370893
PANS CH Small Platter
3 g \$40.00 \$120.00
Less Discount \$-12.00
Sub total: \$4937.00
Discount: \$493.70
TAX: \$533.20
Total: \$4976.50
Paid By: MasterCard \$4,976.50

ARTINA'S JEWELLERY
1002 GOVERNMENT ST V8W1X7
VICTORIA BC
22778407

|||| PURCHASE ||||
03-01-2013 12:46:12
Exp Date 11/11 Card Type HC
Name: GENEVIEVE K ELLIOTT
A0000000041010 MasterCard

Trace # 290006
432604460001
Auth # 154512 RRN 001924006

Total \$4,976.50
(00) APPROVED-THANK YOU

Retain this copy for your records
Customer copy

No Change Due

Customer: 11559
Name: BC-GOVT

03/01/2013 12:47 001-01-40174
DB Items: 41



www.artinas.com

NO REFUNDS Exchange Only within 30 days
In Original, Unworn Condition
Sale & Seasonal pieces are a FINAL SALE

Payment by:

☒ CHEQUE
Entered into Database ☒

FMR Date

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 Genevieve Elliott	TELEPHONE NO. (250) 356-5004	DATE SUBMITTED 2013/02/01	YYYY / MM / DD
MINISTRY/DIVISION/BRANCH Intergovernmental Relations Secretariat Office of Protocol	LOCATION (CITY) OF EVENT Victoria BC	START DATE OF EVENT	YYYY / MM / DD
		END DATE OF EVENT	YYYY / MM / DD

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.

Gifts to be presented as part of normal protocol exchange, to be used for planning and conducting official visits to the Province of The Sovereign, members of the Royal Family, the Governor General, heads of state and government, foreign ministers, heads of diplomatic missions and other VIPs; protocol/hosting visits.

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

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 type="checkbox"/> LUNCH <input type="checkbox"/> DINNER	6531	
6. Event Planners, Speakers, etc.		
7. Travel Costs for Non-BC Government Participants		
8. Other: Gifts	6531	

Not Responsive **X**

SECTION 5 - EXPENSE AUTHORITY PRE-APPROVAL

RESP. CENTRE 36356	SERVICE LINE 18850	PROJECT NO. (IF APPLICABLE) OR ADDITIONAL CODING 3698738
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 Marc-André Ouellette		DATE SIGNED 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.

ESTIMATED TOTAL

REIMBURSEMENT TOTAL