				a 			5	r.				
PURCHASE (CARD SUMM	ARY	ſ			6	<u>Annual Constants</u>		1			
BRANCH NAME					CSC 100000		DESCRIPTIO	and the Contraction of the American State of the Contract of the Contract of the Contract of the Contract of the	/			
Office of the Pr	·emier			Participant Control Control Control				PCARD FEB/13 LEE				
CARDHOLDER NAME				1			AREA CODE					
May Lee		STATE	MENT DATE (D	ID-MMM-YYY	N	-	INVOICE NU	604 775-1600				
Westerney and the second second second	AND DECEMPTING THE ADDRESS OF THE REAL PROPERTY OF		Feb-2013	and an and a second sec	Jensen gen	SERVICE PROPERTY AND ADDRESS	MARANA	PCARD s17 04FEB	12			
s22	F	THE OWNER	1 in the second second	SERVICE	5336662	1			10 -			
AMOUNT		CL	RESP	LINE	STOB	PROJECT	4		*			
Not Responsive	clearing line		36346	34410	8530	3600000	The surgery of the state		annaad 14 an ann an			
AMOUNT for 12% & 5% HST PURCHASES (INCLUDES HST)	PRE-TAX AMOUNT for OTHER PURCHASES (EXCLUDES HST)	CL	RESP	SERVICE LINE	STÓB	PROJECT	TAX CODE	EMPLOYEE'S FULL SUPPLIER NAME AN (only required for STOE				
		004	36346	34410	6506	3600000	12%					
Not Doc			36346	34410		3600000	12%					
Not Res	ponsive		36346	34410		3600000	12%					
		004	36346	34410	6531	3600000						
	7	i die Note de	and the A									
				Sec.								
		11 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	A. Maria									
			The second secon	and an	1	1.12 - 2 ^A						
					and the second	1995 - 1997 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997	1242 - 12 15 - 1 1.11 - 2 - 12 - 12 - 12 - 12 - 12 - 12 -					
	N			$\frac{\partial h}{\partial t} = \frac{\partial h}{\partial t} + \frac{\partial h}{\partial t}$		1 1 <u>1 1 1 1</u>		and the second sec				
		100	1		2. <u>11.</u> 2.	1.	1.9		<u></u>			
2 2		a of the			19 12 - 19		all a second		C Contraction of the second			
				10.3	N ² N	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.						
				1	17.17 N				a v ^{da} v ka ver			
				1			11.2 1					
		- A-		and and a	1997 - A.	1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	10.002000					
					12 ge			ATTEN S				
					17 N N 4 N	n ortanini il e E specta nel 12 il	/	GEL FLVED				
	Not Responsive				1575		HST amount for pre-tax amounts for other purchases					
0.00			st be \$0)	•	3	329	PLD AUMUNDIKAIION					
CARDHOLDER (QUAL) I certify the goods provide the goods or services we has been verified (i.e. goods) as contracted, appropriation conditions, if any, have SIGNATURE MUCLAN PRINTED NAME of QU	vided or services deliver vere properly received a goods: as ordered, corr ate deliverables and/or been met).	ered hav and doc rect qua r perform	ve been inspect curnentation to antity and sulta	able quality; s	account services: er	Certified that the been delegated contract, the pa executive order	he amount to d authority, is ayment compil rs and central ble, that the wo	be paid is correct, is a proper charge against an a In accordance with appropriate statute or other a liles with all relevant statutes, regulations, Treasu agency and ministry policy, there are sufficient for ork has been performed, goods supplied, the serv	uthority for payment and/or ry Board directives, other unds in the budget, and			
May Lee						Michelle L	eamy	0.				

FIN 122/WEB Rev. 2010/06

4

. .

••

PURCHASING CARD TRANSACTION REGISTER

Branch: Office of the Premier Supplier# - BMO: S22 account: 44 36346 34410 8530 3600000 Not Response Description: PCARD FEE/J3 LEE Invoice #: PCARD S17 D4FEB13 D4FEB13 </th
Description: PCARD FEB/13 LEE Involce #: PCARD S17 04FEB13 Qualified Receiver: May Lee Expense Authority: Michelle Leamy TRANS DATE SUPPLIER NAME ITEMS PURCHASED CLIENT RESP SVS LINE STOB PROJ HST TAX EMPLOYEE'S FULL SUPPLIER CODE PRE-TAX HST AMOUNT AMOUNT TOTAL AMO
Qualified Receiver: May Lee Telephone #: 604 775-1600 Expense Authority: Michelle Learniy Michelle Learniy Michelle Learniy TRANS NO. DATE Supplier NAME ITEMS PURCHASED Client RESP SVS LINE STOB PROJ HST TAX EMPLOYEE'S FULL SUPPLIER NAME (REQUIRED FOR STOBS7) EMPLOYEE'S AMOUNT HST TAX AMOUNT AMOUNT AMOUNT AMOUNT AMOUNT
Expense Authority: Michelle Leamy TRANS NO. DATE SUPPLIER NAME ITEMS PURCHASED CLIENT RESP SVS LINE STOB PROJ HST TAX EMPLOYEE'S FULL SUPPLIER NAME (REQUIRED FOR STOBS7) EMPLOYEE'S PRE-TAX AMOUNT HST AMOUNT TOTAL AMOUNT
NO. NO. CODE NAME (REQUIRED FOR STORS7) SUPPLIER CODE AMOUNT AMOUNT INTAL AMO
Not Responsive
Not Keeponowe

Not Responsive

10						SUSSER.					0.00
11	l an an an a'	and a second					er pest dage e La past dage e			ay a second s	0.00
12	na za na Stradi zast		 Comparison (Comparison of the America Comparison) of Comparison (Comparison of the Comparison of the Comparison) of the Comparison of Comparison of the Compariso					attention at a second			0.00
13	nd to sin that gr ages state ag							a and a second and a second as			0.00
14	an an an The Assess of	la mini e de se placa La se campaga e					1.1224 - 20			2 3 ¹ 2 2	0.00
15				inini sussi					s. 19 (4)		0.00
16	a gete eng						TEAC.		n i i in i		0.00
17	ha kaya 🐰		en en la seconda de la companya de la seconda de la se Esta de la seconda de la se							19 11	0.00
·18				an an an anna ann an an an an an an an a						s an a station of	0.00
19			and the state of the system of such a		last 1			And the second			0.00
20	금 왕 ³ 전문 100						na susse in Status an an	an Theorem 201 N		1	0.00

FIN 122/WFB Rev. 2010/08

Not Responsive



Your Purchasing Card Statement

	MAYLEE .	2
3	→ Simt. date: Feb. 3, 2013 → Acct. balance: Not Responsive	
	Details of your transactions	Your account at a glance
	item Trans Posting no. date Description Amount	<u>s17</u>
		Previous balance, Jan. 3
	TRANSACTIONS FOR ACCOUNT NUMBER \$17	Payments - thank you Other credits
		+ Purchases
	Not Responsive	+ Cash advances/Cheques
9	4 Jan, 23 Jan, 23 WHOLE FOODS MARKET WEST VANCOUVE BC 320.77	+ Interest Not Responsive + Fees
	4 Jan. 23 Jan. 23 WHOLE FOODS MARKET WEST VANCOUVE BC 320.77	+ Other charges
		→ New account balance, Feb. 3
		Your credit limit
	Not Responsive	Credit available, Feb. 3
		STATEMENT ONLY DO NOT PAY!
		,
	PLEASE PAY YOUR SCHEDULED PAYMENT AMOUNT BY THE PAYMENT DUE DATE.	
	PRE-AUTHORIZED DEBIT IN EFFECT AS	Helpful Information
8	REQUESTED FROM YOUR DESIGNATED	Transactions listed in this statement :
10-L0	PAYMENT ACCOUNT.	Airlines
HHI00-01-6-DC		Hotel
I		Car rental
	Report any items which do not agree with your records within 30 days of statement date.	Restaurants Not Responsiv
۲		Retail Cash advances/Cheques
		Other
	Toll-free calls Please address any Contact us Local calls Canada & USA written enquiries to:	
	Enquiries: 1 800 263-2263 1 800 263-2263 MasterCard Telephone Devices for the Deaf: N/A 1 868 859-2089 P.O.Box 300 Station M	
	Lost or stolen cards: 1 B00 361-3361 1 800 361-3361 Toronto, ON M6S 4X2	Registered trademark of Bank of Montreal. Registered trademark of MasterCard International Incorporated.
		MasterCarci BMO (A) Financial Group
	P.O.BOX 11064 STN CENTRE-VILLE MONTREAL QC H3C 5A2	
		The A nalysis of the Alasia State of the
	•	→ Approved by:
÷		
		Signature Signature
	MAY LEE ATT: MAY LEE	
	ATT: MAY LEE 740-999 CANADA PL VANCOUVER BC	Name Name
	VANCOUVER BC	
	е в в	Date Date
		Page 3 FIN-2013-00191
	s17	



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

		CRUDITE	E LARGE		\$89,99
	OP	SPECIAL	_TY		\$129.99
	OP	SPECIAL	TY		\$89,99
	CAD*	TAX	\$10.80	TOT	\$320.77
٧F	CAD	Master	Card -		\$320.77
AC	COUNT	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: \$17 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!



> Whole BUSINESS EXPENSE APPROVAL for Business Meetings/Protocol Events

Attach original involces/receipts that hav by an expense authority. Please see page		. [USINESSEXPENSE APPROVAL NO
SECTION 1 - ORIGINATOR INFORMATION	1	1	
NAMEOFORIGINATOROFEXPENSE	TELEPHONENO,		YYYY/MA/DD
May Lee	(604) 775-1600	DATE	2013/01/18
MINISTRY/DIVISION/BRANCH Office of the Premier	LOCATION (CITY) OFEVENY Vancouver	STARTDATE	2013/01/23
		END DATE OF EVENT	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 REQ	VESTE	D.	SECTION 5 - EXPENSE AUTHORITY PRE-APPROVAL
CATEGORY	STOB	AMOUNT	RESP, CENTRE SERVICE LINE PROJECT NO. (IF APPLICABLE) OR ADDITIONAL CODING
1. Meeting Room Rental	6531		
2. Equipment/Furniture Rental	6531		EXPENSE AUTHORITY SIGNATURE - Certified correct pursuant to sections 32 & 33 of the Financial Administration Act and related policies.
3. Photocopying, Faxing, Telephone, etc.	6631		Neletto doance
4. Food/Beverages for Meetings			PRINTNAME OF EXPENSE AUTHORITY DATESIGNED
BREAKFAGT LUNCH DINNER	6531	300.00	Michelle Learny 2013/01/18
5. Business Meals in Restaurant	1		SECTION 6 - EMPLOYEE BEIMBURSEMENT INFORMATION
BREAKFAST LUNCH DINNEB	6531	·	Complete this section only if reimbursing an employee for expenses they have paid personally. Enter payee name, cheque mailing address, and
6. Event Planners, Speakers, etc.		•	relmbursement total.
7. Travel Costs for Non-BC Government Participants			
8. Other:			5 Q
·			QUALIFIED RECEIVER SIGNATURE - Certilited goods/services received pursuant to CPPM 4.3.2.
-			X
ESTIMATED TO	OTAL	\$ 300.00	REIMBURSEMENT TOTAL
FIN 216/WEB Rev. 2008/3/18	ORI	GINAL: MINISTRY AC	COUNTS PAYABLE COPY: ORIGINATOR

PURCHASE CARD SUMMARY										
BRANCHINAME	AR	Y San Shine		1000		INFORM	THOM	CARLON MARCHINE		
			and and a star			DESCRIPTION PCARDMAR/13 SAINI				
Intergovernmental Relatio	IIS 3	Secretaria		Carlos (201			Children of the American State of the Americ			
CARDHOUDERINAME	1. A. F.			-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0		AREA CODE/& PHONE 250-387-1173				
Sukie Saini				SISSIO AVAI				Cidence of Cineter Street Stre		
SUPPLIER# - IBMO		ATEMENT		ID-WWK	(SYAYAYA)	The second s	NUMBER			
s22	03-	Feb-2013	5	100000-0000	ASIENTER		CARE s17	D3MAR13		
AMOUNT	國務				PROJECT		50			
Not Responsive clearing line	4	36356	18850	8530	3600000					
AMOUNT for PRE-TAX 12%+815% AMOUNT HST for OTHER	CL CL	RESP	SERVIC IE, LINE	STOB	PRODUCT	TAX CODE	INAME AND	S HUU, SUPPLIER SUPPLIER CODE red 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		. *	· ·		
	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%	The second s			
	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%	1			
	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%		2		
			10005	1575	3000000	and the second sec	nt for pre-tax a	mounts for other		
0.00 TOTAL	(m	ust be \$0) }							
CARDHOLDER (QUALIE)				TTETCA	EXPENSE	AUTHOR	(IN/CERIME)	CATION.		
I certify the goods provide	23. A	the set of the set of a set of the set of th	A set in a state of the set of	and the second second second	the first of the second of the first of the second developed of the	Production of the second second second	and the second	id is correct, is a		
been inspected or reviewe					3			ation which I		
were properly received an					the second set in the second	a frank frank frank frank frank frank	and moveling with the second s	In accordance		
the account has been veri							ute or other a			
correct quantity and suital					Construction and a second state of the	and the second		ment complies		
contracted, appropriate de	live	rables ar	nd/or					ons, Treasury		
SIGNATURE		ther con		f any TERMIN	Board diror	tives oth	or executive	DATE		
Hain	1/		2013-		All	VY 1	1	04-Mar-2013		
PRINTED NAME of QUAL		FDBFC	and the second s		PRINTED	NAME	EXPENSE AL			
Sukie Saini	e se	and the second second			Helen Carr					
SUKIE SAILII	NAME: NAME:	ana an	AND STREET, ST	2015/10/2010 022202010/10/00/00/00/00/00/00/00/00/00/00/00/		and the second		and here and a free and the second states of the second states of the second states of the second states of the		

×

Account Information Name ID	SAINI. SUKIE s22	9 90 88	Corporation Default Code	PROVI	NCE OF BC - P	URCHASE
Statement Highlights Statement Date Account # Account Limit Account Balance	03/03/2013 s17 Not Responsive	5 2	Statement ID Currency Payment Due Date Minimum Payment	s17 CANAI 03/06/2 Not Resp		
Your payment was received		14			12	
Transaction Details Tran Tran Proc ID Date Date	Description	Auth #	Addendum GL/Custo	omer Code	Total Tax	Amount
Account Number -	s17		μ	*		

Not Responsive

 SUN SPIRIT GALLERY 778-2795052, BC, CAN
 No
 401021919540001
 428.57*
 4000.00

 309114137 02/19
 02/20
 SUN SPIRIT GALLERY 778-2795052, BC. CAN
 162926
 No
 401021919540001
 428.57*
 4000.00

 309114137 02/19
 02/20
 SUN SPIRIT GALLERY 778-2795052, BC. CAN
 163005
 No
 401021919540002
 389.53*
 3635.60

Not Responsive

Page 7 https://www.bmodetailsonline.com/PurchaseDetail/DOL/action/ViewStatementDetails740201320019403-04

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

Interest Information

- Payments - thank you - Other Credits				2	Purchases/Other	Cash advance/Cheques
Purchases + Cash Advances + Interest	Not Responsive	Interest charges o Annual interest rate Daily interest rates	(%) honor type	:	0.00 5.00000% 0.01369%	0.00 0.00000% 0.00000%
+ Fees + Other Charges		Contact Infor	mation		2. 1	
New Account Balance, 03/03			 Local Calls 		Collect Calls	Toll free Calls
		Enquiries	416 283 2263	1		1 800 263 2263
	*	Lost or Stolen cards	a.		e	1 800 361 3361
		Internet	http://www.bmo.co. http://www.bmo.co.			4

THIS STATEMENT IS INFORMATION ONLY

te	Supplier Name	Client Resp	Account	STOB	Project Number	Supplier	Description		HST Tax Code	Pre-tax Amount	HST Amount	Total Amount	ŝ
					Tumber	<i>ii</i>			Couc	7 mount	711104111	711104111	1
						Not Responsive							
						Not Responsive							
	· .												
-02-19	SUN SPIRIT GALLERY	004 36356	18850	6501	3688	729	Citto for Brotocol Citt bank h	we navments	0.00%	\$7,635	60 \$0.0	00 \$7,635.60	5
02-10	SON SPIRIT GALLERT	004 30350	10000	6501	3000	738 0	Gifts for Protocol Gift bank to \$4000.00 & 3635.60 total arr s22	nount was	0.00%	97,000	00 QU.	φ1,555.00	
		2		1.27			322					34 C	
	1	35		~							12		

.

Page 9 FIN-2013-00191

SUN SPIRIT GALLERY









FAX TRANSMITTAL

DATE: February 19, 2013 ered into Datal TO: Government of BC **ATTENTION: Genevienve 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,

ad

Page 10 FIN-2013-00191



Sun Spirit G A L L E R Y



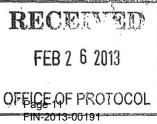
Invoice To

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

Invoice

Date	Invoice #
19/02/2013	51

ltem	Description	Quantity	Price	Amount
Miscellaneous Art	9" Silver Plate Bowl	5	220.00	1,100.00
Corporate Discount	Corporate Volume Discount Glass Totem - Clarence Mills		-10.00%	-110.00
Miscellaneous Art Corporate Discount		- 5	175.00	875.00 -87.50
Miscellaneous Art	10" Pewter Native Ring Plate	40	115.00	4,600.00
Corporate Discount			-10.00%	-460.00
Miscellaneous Art	Silver Plated Frog Bowl - Corey Bulpitt	. 10	100.00	1,000.00
Corporate Discount		c	-10.00%	-100.00
1	HST on purchases		· 12.00%	818.10
	÷			
	*X			
	in the second			
	a		.	
	τ. Γ			
		a		
			25	
	8			
		Payments/C	redits	\$0.00
GST/HST No.	812081412	Balance	Due	\$7,635.60
		L.,		
			and international states and a state of the	



2444 Marine Drive, West Vancouver, BC, Canada V7V 1L1 778-279-5052 • www.sunspirit.ca • gallery@sunspirit.ca SUN SPIRIT GAL 2444 MARINE DRIVE WEST VANCOUVER, BC V7V 1L1 778-279-5052

SALE

HID: 8013632198 TID: 0089250008013632198001 Entry Method : M REF #: 1 2013/02/19 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 Trace:0002 13:30:04

APPROVED

Appr Code: 163005 MASTERCARD

s17

AMOUNT \$3,635.60

CARDHOLDER ACKNOWLEDGES RECEIPT OF COODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON LE TITULAIRE DE LA CARTE AVDIR 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:

.

AND ALL STATIST

High

These 2 transactions do not have a BEA with them.

×.

Not Responsive

2. V. C. S. S. S. S.			A State of State	and the second
201 (2 Star 19				C. MARKER
20130220	SUN SPIRIT GA	LLERY	Gifts \$4	000.00
	Further and unsure strategical loss & sector age (19) of the sector of t		NUMBER OF STREET, STRE	Which has been and a link way and have
20130220	SUN SPIRIT GA	LUERY	Gifts \$3,6	535 60 I
and the family of the second second	the second of the second sector second second	and a second	AND DESCRIPTION OF THE OWNER OF	

Not Responsive

Not Responsive

Page 13 FIN-2013-00191



BUSINESS EXPENSE APPROVAL for Business Meetings/Protocol Events

Attach original invoices/receipts that hav by an expense authority. Please see pag	e 2 for further inst		, <u>B(</u>	JBINESSEXPENSE APPROVAL NO
SECTION 1: - ORIGINATORINFORMATION				
NAME OF ORIGINATOR OF EXPENSE		TELEPHONENO.	1	YYYY/NM/DD
Genevieve Elliott	1000.000	(250) 356-5004	DATE SUBMITTED	2013/02/01
MINISTRY/DIVISION/BRANCH Intergovernmental Relations Secretariat	LOCATION (CITY) Victoria BC	OFEVENT	START DATE OF EVENT	YYYY/MM/DQge. • V
Office of Protocol			END DATE	YYYY/MM/DD
SECTION 2LEINAME//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 prótocol 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. 1

SECTION/4 BUSINESSIEXPENSEIREO CATEGORY	STOR	AMOUNT	RESP, CENTRE	SERVICE LINE	PROJECT NO. (IFAPP	
1. Meeting Room Rental	6531		36356 ·	18850	3698738	
2. Equipment/Furniture Rental	6531	x	EXPENSE AUTHOR 32 & 33 of the Fir	ITY SIGNATURE nancial Administra	Certified correct pure tion Act and related	uant to sections policies.
3. Photocopying, Faxing, Telephone, etc.	6531		mare.	Indie le	willet.	
4. Food/Beverages for Meetings	6531		PRINT NAME OF EXPE Marc-André OL		DATESIGN	ED YYY/14M/DD
5. Business Meals in Restaurant	6531			allon only if reimb	IMBURSEMENT ursing an employee name, cheque mail	
8. Event Planners, Speakers, etc.	ļ.		remousement to	iai.		
7. Travel Costs for Non-BC Government Participants					*	
3. Other: Gifts			· · · · · · · · · · · · · · · · · · ·	. · . ·	· · · · · · · · · · · · · · · · · · ·	
	6531	Not Responsive	QUALIFIED RECEIV pursuant to CPPM		Certified goods/servic	es received
ESTIMATED T	OTAL			REIMBURSE	MENT TOTAL	
IN 215/WEB Rev. 2008/3/18	OR	IGINAL: MINISTRY AC	COUNTS PAYABLE	COF	Y: ORIGINATOR	

BRANCH NAME				TSUMN			DESCRIPTIO	
Office of the Pi CAROHOLDER NAME	remier, Cabine	t Op	erations	•			AREA CODE	MC Reconciliation July 3 2012
Sheila Johnsto	State	lorer		0.0000.0000	0			250 387-5553
SUPPLIER# - BMO		Toold Barrison	MENTIDATE (D	IDICINICITATA A	0,63	D	INVOICE NUI	PCARE s17 IUL2012
AMOUNT		CĹ	RESP	SERVICE	STOB	PROJECT		
Not Responsive	clearing line	4	36344	34410	8532	3600000	S.	a. A
AMOUNT for 12% & 5% HST PURCHASES	PRE-TAX AMOUNT for OTHER PURCHASES	.cl	RESP	SERVICE	ST08	PROJECT	TAX CODE	EMPLOYEE'S FULL SUPPLIER NAME AND SUPPLIER C (only required for STOB: 57)
(INCLUDES HST)	(EXCLUDES HST)		36344	34410	5711	3600000	12%	in the second
Not Res	sponsive		36344			3600000	12%	s22
Notites	sponsive		36344	34410 34090	and the second se	3600000 3600000	12% 12%	
1 1	1,427.17	4	36135	34090	and the second se	3600000	~~/0	
		4	36344	34410		3600000	12%	
		4	36344	34410 34410		3600000	12%	
Not Resp	oonsive	4	36344	34410	6506	3600000	12%	
		4	36344 36344	34410 34410	A REAL PROPERTY AND A REAL	3600000	12%	
		4	30344	34410	0525	3600000	12%	
171					9 - S.			
								· · · · · · · · · · · · · · · · · · ·
		-						
		2		•	177		1	
	266.68				1575			nt for pre-tax amounts for other purchases
0.00	TOTAL	(mu	1 st be \$0)					
CARDHOLDER (QUAL				11 A Salar		EXPENSE AUT	HORITY CER	TIFICATION
I certify the goods prov the goods or services w						Certified that the been delegated	he amount to authority, is	be paid is correct, is a proper charge against an appropriation v in accordance with appropriate statute or other authority for pa
has been verified (i.e. g as contracted, appropri	goods: as ordered, con ate deliverables and/o	r perfor	antity and sulta mance criteria	ble quality; s met: or othe	services:	contract, the pa	ayment compl	lles with all relevant statutes, regulations, Treasury Board direct agency and ministry policy, there are sufficient funds in the but
conditions, if any, have		- estelitik	ti	original of these			le, that the wo	ork has been performed, goods supplied, the service rendered a
					×. *			s ¹⁰ 10
	, 1			DA		SIGNATURE		DATE
Stollar Start	hanter		and the second	1110	1/1-	X.	K	1
KA		Statement of the local division in the local	www.db	man	412	11	INI	Rayanc Huge
XP	man -			$\langle \rangle$	//	N	1100	acayona mile
PRINTED NAME OF OF				LV,	//-	PRINTED NAM		SE AUTHORITY

Page 15	
FIN-2013-00191	

BUSINESS TRANSACTION ACCOUNT REGISTER

a.

Cardholde	r:	Sheila Johnstone			nent Date MM-YYYY):	03-Jul-2012		Clearing line to	CLIENT	RESP	SVS LINE	STOB	PROJ	TOTAL AMOUNT
Branch:		Office of the Premier, Cabinet		Supplic	er# - BMO:	s22	- (11) 	account:	4	36344	34410	8532	3600000	(9,105.17)
Descriptio		MC Reconcillation July 3 2012		Invoice	: #:	IPCARE 017	JUL2012							
Qualified F	Receiver:	Shella Johnstone		Teleph	one #:	250 387-5553								
Expense A	uthority:	Debble Tsukayama							δi.					
TRANS	DATE	SUPPLIER NAME	ITEMS PURCHASED	CLIENT	RESP	SVS LINE	STOB	PROJ		EMPLOYEE'S FULL SUPPLIER NAME (REQUIRED FOR STOB57)	EMPLOYEE'S	PRE-TAX AMOUNT	HST	TOTAL AMOUNT

•

Not Responsive

15	28-Jun-12	QuallsGate Vineyard Estate Winery Special Event Dinner at Cab Planning Session at Qualiscate	4	36135	34090	6531	3600000		1,342.22	138.84	1,481.06	0
	1	i i i i i i i i i i i i i i i i i i i					-		 		- Asterna -	

Not Responsive





FIN-2013-00191

Your Purchasing Card Statement SHEILA A JOHNSTONE Jul. 3, 2012 -> Stmt. date: -> Acct. balance: Not Responsive **Details of your transactions** Your account at a glance s17 Item no. Posting date Trans Description Amount Previous balance, Jun. 3 Payments - thank you TRANSACTIONS FOR ACCOUNT NUMBER s17 Other credits Purchases Cash advances/Cheques Interest Not Responsive Fees Other charges New account balance, Jul. 3 Your credit limit Not Responsive Credit available, Jul. 3 STATEMENT ONLY DO NOT PAY! 1,481.06 16 Jun, 28 Jun, 28 QUAILS GATE VINEYARD E KELOWNA BC Helpful information Not Responsive Transactions listed in this statement : 00-9-10-001HH Airlines Hotel PRE-AUTHORIZED DEBIT IN EFFECT AS REQUESTED FROM YOUR DESIGNATED Car rental PAYMENT ACCOUNT. Restaurants Not Responsive Retail Cash advances/Cheques Other Report any items which do not agree with your records within 30 days of statement date. Please address any written enquiries to: Toll-free calls Canada & USA Contact us Local calls Enquiries: 1 800 263-2263 1 800 263-2263 MasterCard P.O.Box 300 Station M Telephone Devices for the Deaf: N/A 1 866 859-2089 Registered trademark of Bank of Montreal. MasterCard and the MasterCard Brand Mark are registered trademarks of 8 Lost or stolen cards: 1 800 361-3361 1 800 361-3361 Toronto, ON M6S 4X2 MasterCard International Incorporated. BMO **Financial** Group P.O.BOX 11064 STN CENTRE-VILLE MONTREAL QC H3C 5A2 Approved by: Signature Signature JOHNSTONE LA A JOH OVERNMENT HEILA STONE Name Name ORIA 9V1 BC Date Date Page 17

58285 DUPLICATE CH	**************************************
SFR : GRO	UPS
ORDERED	AMOUNT
	862.00 275.00
*******	*****
	1157.00 185.22 138.84
L DUE	1481.06
	f Ø
ESTATE 3303 BD WEST, KELPWN	TE VINEYARD WINERY LTD UCHERIE RD A. BC V1Z2H3 694451
HERCHANT ID: 9720169	221000 100
	ALE
	EPTRY METHOD: MANNAL 21:36:56 APPR CODE: 003713 BATCH 1: 000169 REF 1: 013
AMOUNT	\$1,481.06
TIP	
TOTAL	
IN ACCORDANCE U	above total anount Ith card issuer's Eekent
	68285 DUPLICATE CH SFR : GRO ORDERED RS DINNER M RENTAL ************************************

(HER, JPANT AGREEMENT IF CREDIT VOUCHER, RETAIN THIS COPY FOR STATEMENT VERIFICATION

CARDHOLDER COPY

APPROVED

1157.00 185.22 1342.22

Johnstone, Sheila A PREM:EX

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

BRITISH COLUMBIA The Best Place on Earth

BUSINESS EXPENSE APPROVAL

for Business Meetings/Protocol Events

Attach original invoices/receipts that have been coded and by an expense authority. Please see page 2 for further instr		<u>BU</u> :	SINESS EXPENSE APPROVAL NO.
SECTION 1 - ORIGINATOR INFORMATION			
NAME OF ORIGINATOR OF EXPENSE	TELEPHONENO.	ж. тар	YYYY/MM/DD
Cabinet Operations, Shella Johnstone	(250) 387-5553	DATE SUBMITTED	2012/03/20
MINISTRY/DIVISION/BRANCH LOCATION (CITY) C Office of the Premier, Cabinet Operations Victoria, BC	OF EVENT	START DATE OF EVENT	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

a per policie 2 del 14 rel operationale de la contra s 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 REC		CUTON UN	SECTION 5 - EXPENSE AUTHORITY PRE-APPROVAL				
CATEGORY	STOB	AMOUNT .	RESP. CENTRE	SERVICELINE	PROJECT NO. (IF AF ADDITIONAL CODIN	PLICABLE) OR	
1. Meeting Room Rental	6531		36135	34090	3600000		
2. Equipment/Furniture Rental	6531	. 7		RITY SIGNATURE – C nancial Administrati			
3. Photocopying, Faxing, Telephone, etc.	6531		A)	sukaya	ama	11	
4. Food/Beverages for Meetings	-		PRINT NAME OF EXPE	ENSE AUTHORITY	DATESIGN	NED .	
BREAKFAST V LUNCH V DINNER SNACKS COFFEE/TEA/JUICE, ETC.	6531	Not Responsive	Debbie Tsukay	/ama		103/20	
5. Business Meals in Restaurant		· · ·	SECTION 6 ~	EMPLOYEE REI	IMBURSEMENT	INFORMATION	
	6531		Cómplete this see have paid person	ction only if reimbu ally. Enter payee	ursing an employe	e for expenses they illing address, and	
6. Event Planners, Speakers, etc.		Ť	reimbursement to	otal.	3	8	
7. Travel Costs for Non-BC Government Participants							
8. Other:	·			ER SKANATURE ~ C	A code/sen	loan received	
			pursuant to CPP	Comp			
ESTIMATED	TOTAL	Not Responsive	/	REIMBURSE	MENT TOTAL		
FIN 215/WEB Rev. 2008/3/18	· ORI	GINAL: MINISTRY AC	COUNTS PAYABLE	COP	Y: ORIGINATOR Page 20	ي نوب مين الارين العربية (King and Angel ine and Angeline an	

FIN-2013-00191

Pression and the survey of the survey										The second s
PURCHASE C	CARD SUMM	ARY	1					÷		
BRANCH NAME							DESCRIPTIO	N		
Office of the Pr	emier, Cabine	t Op	erations					Mcard Reconci	liation Sept 3	, 2012
CARDHOLDER NAME							AREA CODE	& PHONE		
Sheila Johnston	ne							250	387-5553	
SUPPLIER# - BMO		STATE	MENT DATE (C	D-MMM-YYYY)		INVOICENU	MBER		
s22	a B	03-9	Sep-2012					PCARI _{s1}	7 3SEPT	2012
AMOUNT		CL	RESP	SERVICE	STOB	PROJECT				
Not Responsive	clearing line	4	36344	34410	8530	3600000				2
AMOUNT for 12% & 5% HST PURCHASES (INCLUDES HST)	PRE-TAX AMOUNT for OTHER PURCHASES (EXCLUDES HST)	CL	RESP	SERVICE LINE	STOB	PROJECT	TAX CODE		SUPPLIER NAME A	ND SUPPLIER CODE
AND ANOTOPIC AND AND	STATISTICS AND INTERNAL	4	36344	34410	5711	3600000	12%			997 / 748 CAREGORY A 200 / CONSCIENCES / 2010/2010/2010/2010
		4	36344	34410		3600000	12%		s22	
	and an and the second second	4	36344	34410	the second s	3600000	12%			
		4	36135	34090	and all a state of the state of	3600000	12%	s .		1
	7,595.74	4	36135 .	34090	6531	3600000	•	.,	14	
		4	36344	34410	6316	3600000	. 12%		. V	
Not Responsive		4	36344	34410	6320	3600000	12%	e (1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	•	
		4	36344	34410	6501	3600000	12%		* a ⁰	0 1 2
		4	36344	34410	6502	3600000	12%	890 X		a:
		4	36344	34410	6506	3600000	12%	9 9 ⁹		
		4	36344	34410	6525	3600000	12%			
					•					
			•							
•										
	÷								2	
	· ·			7 A	100	-				
				- ART	an	CIUEN		1		
		1	·	A STORE	RHU	CIVED	f.			
				1-		1. 0. 0.010		· · · · · · · · · · · · · · · · · · ·		
		Newselfally	Autoristinanalistasiste	A WASSAGE		1 3 2012	1107	l for any favoration for a	11	<u> </u>
	680.55				1575	D AUMINISISK	TST anioa	nt for pre-tax amounts for c .00000.1575.xx00000.0.0	uner purchases	
0.00	TOTAL	(mu	st be \$0)		1	BRANCH	and the second se			9 <u>2</u> 9 6)
CARDHOLDER (QUAL				1925 (M. 1996)		EXPENSE AUT	HORITY CER	RTIFICATION:		
I certify the goods provi	ided or services delive	red hav	e been Inspec	ted or reviewe	ed; and			be pald is correct, is a proper		
the goods or services whas been verified (i.e. g	ere properly received nods: as ordered, corr	and doo rect out	cumentation to antity and suita	support the able ouality; s	account ervices:			in accordance with appropriat fles with all relevant statutes,		
as contracted, appropria	ate deliverables and/o					executive order	s and central	agency and ministry policy, ti	nere are sufficient	funds in the budget, and
conditions, if any, have	been met).					where applicab conditions met.		ork has been performed, good	s supplied, the se	rvice rendered and/or
						contractional meet				7
	r			~						ž.
SIGNATURE	$\sim \Lambda /$	9.5.25		DAT	re /	SIGNATURE				DATE
1 HA	halla		[Lat			K	1		CI III.
XXD	MADE		- X	Well 1	1/12	K	5 IM	irauana	2	Spt. 11/12
PRINTED NAME OF QU	ALIFIED RECEIVER	ng est		1	1	PRINTED NAN	E OF EXPEN	SEAUTHORITY		the second second
Sheila Jobnstor				· · · · · · · · · · · · · · · · · · ·	- particular and a second	Debbie Te		~		
Sitelia Jouristoi	1G			directory and a second second	and the second	Locoble 18	Junayam			

FIN 122/WEB Rev. 2010/06

PURCHASING CARD TRANSACTION REGISTER

Cardholde	er:	Sheila Johnstone		Statemer (DD-MMP		03-Sep-2012		Clearing line to	CLIENT	RESP	SVS LINE	STOB	PROJ	TOTAL AMOUNT
Branch:		Office of the Premier, Cabinet	Operations	Supplier	# - BMO:	s22		account:	4	36344	34410	8530	3600000	(12,126.09)
Descriptio	m:	Mcard Reconcillation Sept 3, 20	012	Involce #	f:	PCARE S17	3SEPT2012				and mandel			
Qualified	Receiver:	Shella Johnstone		Telephon	e #:	250 387-5553								
Expense /	Authority:	Debble Tsukayama	telle constanti reve dana esta			01								Ω.
TRANS	DATE	SUPPLIER NAME	ITEMS PURCHASED	CLIENT	RESP	SVS LINE	STOB	PROJ		EMPLOYEE'S FULL SUPPLIER NAME (REQUIRED FOR STOB57)	EMPLOYEE'S SUPPLIER CODE	PRE-TAX AMOUNT	HST AMOUNT	TOTAL AMOUNT

10

Not Responsive

11	17-3ul-12	the Cove Lakeside Resort	Food and business expenses for the 2012 Cabinet Planning Session Jun 26 - 28	4	36135	34090	6531	3600000	1	-	7,475.44	680.55	8,155.99	e
----	-----------	--------------------------	--	---	-------	-------	------	---------	---	---	----------	--------	----------	---

Not Responsive



12898

BMO 🔛 Financial Group

Your Purchasing Card Statement

-> Stmt. date: Sep. 3, 2012 -> Acct. balance: Not Posponsivo	181 g K
Details of your transactions	Your account at a clance
Hom Trans Poeting	s17
ltem Trans Posting no. date date Description	Amount Previous balance, Aug. 3
	Payments - thank you
TRANSACTIONS FOR ACCOUNT NUMBER s17	Other credits
	Purchases
	Cash advances/Cheques
	Interest Not Responsiv
	Other charges
Not Responsive	New account balance, Sep. 3
	Your credit limit
	Credit available, Sep. 3
12 Jul. 17 Aug. 17 COVE LAKESIDE RESORT WEST KELOWNA BC 8,	STATEMENT ONLY
	DO NOT PAY!
	Helpful Information
Not Responsive	
	Transactions listed in this statement :
	Airlines
	Hotel
PRE-AUTHORIZED DEBIT IN EFFECT AS REQUESTED FROM YOUR DESIGNATED	Car rental
PAYMENT ACCOUNT.	Restaurants Not Responsi
	Retail
	Cash advances/Cheques
	Other
Report any items which do not agree with your records within 30 days of statement date.	
26	
a Deservations and the second structure and the second structure and the second structure and the second structure	
Toll-free calls Please address any Contact us Local calls Canada & USA 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	Benistered trademark of Bank of Montreal
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 MasterCard International Incorporated.
а. Ф. де,	
	MasterCard BMO (A) Financial Group
O.BOX 11064 STN CENTRE-VILLE	Mastercard DIMO Thiancial Group
ONTREAL QC H3C 5A2	
	Approved by:
2	Approved by:
5	
	Signature Signature
HEILA A JOHNSTONE	and the second
HEILA A JOHNSTONE TTN SHEILA A JOHNSTONE 32-617, GOVERNMENT ST	Name Name
32-617 GOVERNMENT ST ICTORIA BC	Name Name
HEILA A JOHNSTONE TTN SHEILA A JOHNSTONE 32-617 GOVERNMENT ST ICTORIA BC AW 9V1	Name Name Date Date



BUSINESS EXPENSE APPROVAL for Business Meetings/Protocol Events

Attach original invoices/receipts that have be		90 <u>19</u>	BUSINESS EXPENSE APPROVAL
by an expense authority. Please see page 2 for SECTION 1 - ORIGINATOR INFORMATION NAME OF ORIGINATOR OF EXPENSE	TELEPHONENO.	. 	YYYY / MM / DD
Cabinet Operations, Sheila Johnstone	(250) 387-5	553 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
1		END DATE OF EVENT	1013/03/31
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

· ""我们,我说了你的,我们是把你们的吗?你在你说了?"在"什么?" 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 REQ	UESTEI	D: Action Materia	SECTION 5 - E	XPENSE AUTH	IORITY PRE-APPROVAL
CATEGORY	STOB	AMOUNT .	RESP. CENTRE	SERVICELINE	PROJECTNO. (IF APPLICABLE) OR ADDITIONAL CODING
1. Meeting Room Rental	6531		36135	34090	3600000
2. Equipment/Furniture Rental	6531	F21			Certified correct pursuant to sections tion Act and related policies.
3. Photocopying, Faxing, Telephone, etc.	6531		LQ1	sukay	ama
4. Food/Beverages for Meetings	6531	Not Responsive	PRINT NAME OF EXPE		DATESIGNED YYYY/MM/DD 2012/03/20
5. Business Meals in Restaurant	6531	i	Complete this see have paid person	ction only if reimbi ally. Enter payee	IMBURSEMENT INFORMATION ursing an employee for expenses they name, cheque mailing address, and
6. Event Planners, Speakers, etc.	×		relmbursement to	otal.	
7. Travel Costs for Non-BC Government Participants		2			ĕ
8. Other:			QUALIFIED RECEIPURSUANT to CPPY		Certified goods/services received
ESTIMATED TO	OTAL	Not Responsive	/	REIMBURSE	MENT TOTAL
IN 215/WEB Rev. 2008/3/18	OR	IGINAL: MINISTRY AC	COUNTS PAYABLE	СОР	Page 24 PY: ORIGINANO2013-00191



	3					3.0		91 36	Folio Balance:	(\$8,	155.99)	
08/16/12	PA	AY MASTERCAR	Ð			s17			· · · · ·	•		(\$8,155.99)	
· Date		Description	R	leference	. (Comment		÷.		Charge	5	Credits	
Arrive:	06/24/12	Time	: 06:04 AM		Depart:	07/17/12	T	Time:	04:17 PM	a	Stat: I	IIST	
2				12		GOV	TBC	00 00 4 0	4	Clerk: GST/HS		ACK 028726	21
		40 40	9	1				×		Guests:	0		
. 8	×	Po Box 904 Victoria, BC					, d			Group #		s17	
		Office of the		110						Folio#:			
Guest 1	Name:	Group Maste	er Cabinet I	Planning S	ession	(T)		8		Room #:	GRO	OUP	

Guest Signature:

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



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

 Office of The Premier
 Date:
 June 28,2012

 PO Box 9041, Stn Provincial Government
 Invoice #

 Victoria BC V8W 9E9
 Group #

 Atten Sheila Johnstone
 DESCRUPTION

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
	•7	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
	6	2 ¹		
		20	•,	Ť
		a a		-
3 a.	-			
		्य वही	c	ά.
•		2 (40)		
	¥			
	-		1	5
		<u>e</u>		
		۰. ۱		
\$873.86		HST Included in Invoice		
and the second		Tot	al Amount Owing	\$8,155.99

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

Thank you for choosing The Cove Lakeside Resort

	- yhil	1	L. mi	9	la
8	какаларии Снеск # 133009 Date 6/28/12 Тавle # 100 Time 2:40PH		**************************************	DATE 6/27/12 TIHE 8:58PM	**************************************
ii.	********* DUPLICATE CHECK *********		4-BANQUETS : BAN	QUETS	
	4-BANQUETS : BANQUETS		ITENS ORDERED	AKOUNT	4-BANQUETS : BANQUETS
	ITEMS ORDERED AMOUNT		30 BREAKFAST BUFFET	628.50	ITEMS ORDERED AMOUNT
1	24 BREAKFAST BUFFET 454.80 24 KORNING DREAK 86.00 24 KORNING COFFEE 70.80 24 LUNCH BUFFET 646.80 4 PELLEORINO 16.00 10 PDP 32.60 2 FLIPCHART 60.00 1 SCREEN 45.00	,	24 AFT BREAK 24 BANAHA BREAD 24 DATE SQUARES 24 WORNING COFFEE 30 DELI LUNCH 17 PELLEGRINO 13 POPCANS 2 FLIPCHART 1 SCREEN	214.80 72.00 70.80 868.50 88.00 42.25 60.00 45.00	24 COFFEE STATION 70.80 3 FRUIT SMOOTHIES 43.50 24 ITALIAN BREAK 214.80 24 ITALIAN BREAK 214.80 24 NY DELI LUNCHEON 598.80 10 CANNED POPS 32.50 13 PELLEGRINO 52.00 1 SETUP FEE 125.00 2 FLIPCHART 60.00 1 SCREEN 45.00
	*******************************		********************	************	*******
3	SUBTOTAL 1421.90 SERVICE 255.93 HST 201.33		SUBTOTAL SERVICE HST	2141.85 385.53 303.29	SUBTOTAL 1242.40 SERVICE 223.62 HST 175.93
	TOTAL DUE 1879.16		TOTAL DUE	2830.67	TOTAL DUE 1641.95
	THANKS FOR JOINING US AT BONFIRE RESTAURANT & BAR		THAKKS FOR JOINIK BONFIRE RESTAURAN		THANXS FOR JOINING US AT BONFIRE RESTAURANT & BAR
17	Please Pay Your Server.		Please Pay Your S	erver.	Please Pay Your Server.
	Gratuity:		Gratu	ity:	Gratuity:
a	Total:		τ. Το	ta):	. Total:
	Roon:		Roon:		Room:
ě	Haze: Medinage 2012 (please print)		Nake: Cabinal Planni (please print	y Miletings	Name: Metings 2012 (please print)
· . ·	Signature:		Signature:	······································	Signature:
X	GST# 13962 9299 RT0001		GST# 13962 9299 RTC	0001	GST# 13982 9299 RT0001

: .

Page 27 FIN-2013-00191



Guest Name:	Group master Cabinet Planning Session	<i>1</i> /	Room #: GROUP
21	Office of the Premier		Folio#:
x	Po Box 9041, Stn Provincial Go Victoria, BC V8W 9E1 CN	1	Group # s17
	Victoria, BC V8W 9E1 CN		Guests: 0

	And	, UI
Folio#:		
Group #		s17
Guests:	0	
Clerk:		

GOVTBC

GST/HST # 855028726 ·

Arrive: 06/	24/12 Time: 06:	04 AM	Depart: 07/12/12	. Time: 01:11:53	Stat: FOL	
Date.	Description	Reference	Comment		Charges	redits
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	S10 pgs	Gabe	8	\$51.00	
06/27/12	HST OTHER	510 pgst	HST OTHER		\$6.12	
07/03/12	POSTAGE	Charger	As per Gabe Garfi	nkel	\$10.60	
07/03/12	HST OTHER	Charger	HST OTHER		\$1.27	
07/03/12	HSTOTHER	Charger	rist OTHER	Dilli Dalar	\$1.2/	
9				rollo Balan	J124.21	

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 [Imackowetsky@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.

1

(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 Imackowetsky@thecovekelowna.com

> > Page 29 FIN-2013-00191

PURCHASE (CARD SUMM	ARY							
BRANCH NAME		K BA					DESCRIPTIO		
Board Resourc	ing and Develo	opme	nt Office					PCARD June/12 WICk	<s< th=""></s<>
CARDHOLDER NAME							AREA CODE		
Ann Wicks		STATE	HENT DATE (D	D-MMM-YYY	n		INVOICE NU	604-775-1668	
s22		47/47702*15(9/5)	un-2012	414/10/10/10/10 CONSTRUCTION			1944-Y 95 7 46 7	PCARD s17 3JUN	E12
AMOUNT	ы. -	CL	RESP	SERVICE	STOB	PROJECT			
Not Responsive	clearing line		36354	34430	8530	3600000			
AMOUNT for 12% &	PRE-TAX AMOUNT for			SERVICE				EMPLOYEE'S FULL SUPPLIER NAME	AND SUPPLIER CODE
5% HST PURCHASES (INCLIDES HST)	OTHER PURCHASES (EXCLUDES HST)	લ	RESP	LINE	STOB	PROJECT	TAX CODE	(only required for STO	98 57)
Not Responsive			36354	34430	Contraction of the second second second	3600000	12%		
95.20			36354	34430	and the second se	3600000	12%		
	Not Responsive	004	36354	34430	6516	3600000			
	·								
·		87.92333 33.0320							
		22.2200) 274-22817		and the second s					
				1100 Y 0402					
	and the second								
							2000		
			Construction of the		TEST TEST STATES				
				State - Address					
11 - 11 - 11 - 10 - 11 - 10 - 10 - 10 -		<u></u>			-4357/201834				
	3		10785 <u>+1</u>		可以形のまた				
					-500-55-0				
				がす 2013年 第二人の後	San Market				
	0.00				1575			nt for pre-tax amounts for other purchases .00000.1575.xx00000.0.0	
0.00	TOTAL	(mu	st be \$0)						
CARDHOLDER (QUAL	IFIED RECEIVER) CE	RTIFIC	ATION			EXPENSE AUT	HORITY CER	RTIFICATION:	
I certify the goods prov the goods or services w								be paid is correct, is a proper charge against ar in accordance with appropriate statute or other	
has been verified (I.e. g	oods: as ordered, corr	ect qua	ntity and suite	able quality;	ervices:	contract, the p	ayment compl	lies with all relevant statutes, regulations, Treas	sury Board directives, other
as contracted, appropria conditions, if any, have		perform	nance criteria	met; or othe	r			agency and ministry policy, there are sufficient ork has been performed, goods supplied, the se	
						conditions met			
*						1		Ω	
SIGNATURE		•		DA	re	SIGNATURE		1/	DATE
0	1.7	0.		June	rlin		1.1	tri lod	$()_{i_1 i_2 i_3 j_2 - 1}$
Un	· leac	M	2	June	97 1	l	K	Julia	June 20/2
PRINTED NAME of QU	ALIFIED RECEIVER	2.00				California and California		SE AUTHORITY	1
Ann Wicks						Deborah I	Favad	v	

FIN 122/WEB Rev. 2010/06

3

.

-mi-m

PURCHASING CARD TRANSACTION REGISTER

Cardho	lder:	Ann Wicks			ent Date (M-YYYY):	03-Jun-2012		Clearing line to	CLIENT	RESP	SVS LINE	STOB	PROJ	TOTAL AMOUNT
Branch		Board Resourcing and Developme		Supplie	r# - BMO:	s22		account:	004	36354	34430	8530	3600000	(409.15
Descrip	d Receiver:	PCARD June/12 WICKS		Invoice			7 33JUNE12							
	e Authority:	Deborah Fayad		Telepho	me #:	604-775-166	8	<u>.</u>						
TRANS NO.	DATE	SUPPLIER NAME	ITEMS PURCHASED	CLIENT	RESP	SVS LINE	STOB	PROJ	HST TAX	EMPLOYEE'S FULL SUPPLIER NAME (REQUIRED FOR STOBS7)	EMPLOYEE'S SUPPLIER CODE	PRE-TAX AMOUNT	HST Amount	TOTAL AMOUNT
	\$		- L .			Not Resp	oonsive		121			1		1
2	19-May-12	1800 Shredding	Shredding Service	004	36354	34430	6508	3600000	12.00%			85.00	10.20	95.20
						Not Re	esponsive							
.4	1997 - 2010 - 287 San 1997 - 287 San 1998 - 288													0.00
5									23					0.00
6				(Taking st					at hi					0.00
7					ppp and the second s									0.00
8														0.00
9	a fregeliere				aley kerinaka Manakaria		and and a second of the	ti testat any Additionness						0.00
10			The second s		要的時間	etti andari			$e^{-e^{i\theta t} \left[\frac{\partial T}{\partial t} \right]}$					0.00
11				N. SHART	REAL AND		Chicalar anten Tich Personalar		Tent d'a					0.00
12							新教学校 医新教育	國加加	8.2			美国 的第三人称单数	des parts	0.00
13	影響動影響											用的原因的原料	取制法院	0.00
14	- 建酸酸盐		2.44.46.24.45.46.46.46.46.46.46.46.46.46.46.46.46.46.					allhan (2005) Restriction	41 g _	Man Asharetaan Grafi	物中的特别可	的關係。但		0.00
15								的設計		Training and the second sec		服制影響的	500 (B-15	0.00
16				如此必须			國家原始的開閉	新教教	01 0100 9020 - 8		如他即是感激		er an	0.00
17														0.00
18			and the second				Trail is more th			Note of Construction				0.00
19	CARDER AND THE								8		A STATE DESIGN			0.00
20							APRIL 200 UNDER A	的影響		Souther the second second	in configuration of the			0.00

FIN 122/WEB Rev. 2010/06

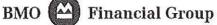
Not Responsive



1-6-DO

10-00

2983



Your Purchasing Card Statement **ANN WICKS** Jun. 3, 2012 -> Stmt. date: -> Acct. balance: Not Responsive Details of your transactions Your account at a glance s17 Item no, Posting date Trans date Description Amount Previous balance, May 3 8 Payments - thank you TRANSACTIONS FOR ACCOUNT NUMBER s17 Other credits + Purchases Not Responsive Cash advances/Cheques + Interest + 95.20 SURREY 3 May 19 May 21 1800 SHREDDING BC Not Responsive Fees + Other charges + Not Responsive -) New account balance, Jun. 3 Your credit limit Credit available, Jun. 3 PRE-AUTHORIZED DEBIT IN EFFECT AS REQUESTED FROM YOUR DESIGNATED PAYMENT ACCOUNT. STATEMENT ONLY DO NOT PAY! 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, Helpful information Transactions listed in this statement : Report any items which do not agree with your records within 30 days of statement date. Airlines Hotel Car rental Restaurants Not Responsive Retail Cash advances/Cheques Other Toll-free calls Canada & USA Please address any written enquiries to: Contact us Local calls Enquiries: 604 421-2211 1 800 263-2263 MasterCard P.O.Box 300 Station M Telephone Devices for the Deaf: N/A 1 866 859-2089 Registered trademark of Bark of Montreal, MasterCard and the MasterCard Brand Mark are registered trademarks of MasterCard International Incorporated. 8 Lost or stolen cards: 1 800 361-3361 1 800 361-3361 Toronto, ON M6S 4X2 BMO **Financial** Group P.O.BOX 11064 STN CENTRE-VILLE vaster (07)70 MONTREAL QC H3C 5A2 Approved by: Signature Signature 999 CANADA PLACE Name Name BC Date Date Page 32 FIN-2013-00191 s17





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

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

	Date	Invoice#
Ę/	15/2012	37787

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

Description		Date of Se	rvice	Qty	Rate	Amount
SCHEDULED SERVICE 1 X 32 GALLON CONSOLES	2	5/15/2012			85.00	85.00
CUSTOMER PAID BY CREDIT CARD HST (BC) on sales	Ĭ	£1	x x	8	12.00%	10.20

1800 SHREDDING 2567 192ND ST UNIT 107 SURREY, BC

Tern ID: 05173236

Purchase

s17

MASTERCARD

Total:

Entry Method: M

95.20

Invoice #: 32282

\$

2012/05/19 13:51:19 Seq #: 0012440130 Appr Code: 165119 Resp Code: 01/027

APPROVED

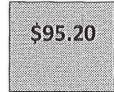
Thank You

- IMPORTANT retain this copy for your records

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

Total \$95.20

Please Pay This Amount 🛋



Page 33 FIN-2013-00191

an frank and			IAR	Y										
	ICH NAMI							DESCRIP						
Constanting of the same start	the second s	ental Relatio	ons :	Secretar	iat			week the second state	PCARDAPR/13 ELLIOTT					
and the second of the second s	HOLDER	and the second se				- 1999. 1999.		AREA.CO	DE & PHONE					
1	vive Ellio		1 a faithe	A Providence	and the second second	20 A. H. L.		250-356-5004						
	LIER#[] 522	BMO	<u>S∏</u> 03∙	ATEMEN	TEDATE: 12		MEYYYYY)	INVOICE	NUMBER PCARD s17 03APR13					
AMO	OUNT		CL	INEST /	SERVIC	STOB	PROJECT							
Not Res	sponsive	clearing line	4	36356	18850	8530	3600000							
12% H IPURC (INCI	HASES LUDES	PRE-TAX AMOUNT for OTHER RURGHASE S	(GL	RESP	Servic E. Line,	SIIOB	PROJECT	TAX CODE	EMPLOYEE'S FULL SUPPLIER NAMI AND SUPPLIER CODE ((ONLY required for STOB 57)					
	ST)	(EXCLUDES												
			4	36356	18850	6501	3601202	12%						
	Not Resp	onsive	4	36356		6501	3601203	-12%						
			4	36356		6531	3601204	12%						
554	17.64		4		18850	6531	3698738	12%						
	Not Respo	onsive	4	36356	18850	6501	3698748	12%						
	-				5 35.									
			de de ret	PROVIDENT TAKES	and the second second		and channels and an and							
			際違	國際國家		1575		HST amount for pre-tax amounts for other purchases						
100 E . 7 P . 71 6 C . 1	0.00	TOTAL	1.			1000 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100	The second s							
N + 127 12 + 24 4 4 4 4 1	San allowers Trate Walnut	A CONTRACTOR STORES	and the second	And the state of the second state of the secon	Surface and a state of the second	the state of the second second second	And and a state of the state of the state of the	Contraction and a set of the second	ITY CERTIFICATION:					
		ods provide					Certified that the amount to be paid is correct, is a prope							
		pected or re			-				ppropriation which I have been					
servic							delegated authority, is in accordance with appropriate							
	services were properly received and documentation to support the account has been verified (i.e. goods:							that auth	statute or other authority for payment and/or contract,					
to sup														
to sup as ord	lered, co	rrect quanti	ty a	nd suita	ble qual	ity;	the payme	nt complie	es with all relevant statutes,					
to sup as ord servic	lered, co es: as co	rrect quanti intracted, a	ty a ppro	nd suita priate d	ble qual leliverab	ity; les	the payme regulations	nt complie , Treasury	es with all relevant statutes, y Board directives, other executive					
to sup as ord service and/o	lered, co es: as co r perforn	rrect quanti intracted, a	ty a ppro	nd suita priate d	ble qual leliverab	ity; les	the payme regulations orders and sufficient fu	nt complie , Treasury central ag unds in th	es with all relevant statutes, y Board directives, other executive gency and ministry policy, there are e budget, and where applicable, tha					
to sup as ord service and/o if any,	lered, co es: as co r perforn	rrect quanti ontracted, aj nance criter	ty a ppro	nd suita priate d	ble qual leliverab	ity; les ditions,	the payme regulations orders and sufficient fu	nt complie , Treasury central ag unds in th as been p	es with all relevant statutes, y Board directives, other executive					
to sup as ord service and/or if any, SIGN	lered, co es: as co r perforn , have be	rrect quanti ontracted, aj nance criter	ty a ppro	nd suita priate d	ble qual leliverab ther con	ity; les ditions, TE	the payment regulations orders and sufficient fu the work h	nt complie , Treasury central ag unds in th as been p	es with all relevant statutes, y Board directives, other executive gency and ministry policy, there are e budget, and where applicable, that erformed, goods supplied, the service DATE					
to sup as ord service and/or if any, SIGN	lered, co es: as co r perforn , have be ATURE	rrect quanti ontracted, aj nance criter	ty a ppro	nd suita priate d	ble qual leliverab ther con DA	ity; les ditions, TE	the payment regulations orders and sufficient fu the work h	nt complie , Treasury central ag unds in th as been p	es with all relevant statutes, y Board directives, other executive gency and ministry policy, there are e budget, and where applicable, tha erformed, goods supplied, the service					
to sup as ord service and/oi if any, SIGN	Arune	rrect quanti ontracted, aj nance criter	ty a ppro la m	nd suita opriate c iet; or o	ble qual leliverab ther con DA 2013-	ity; les ditions, TE	the payment regulations orders and sufficient fut the work his SIGNATUR	nt complie c, Treasury central ag unds in th as been p E	es with all relevant statutes, y Board directives, other executive gency and ministry policy, there are e budget, and where applicable, that erformed, goods supplied, the service DATE					

· . . .

1 4

Page 34 FIN-2013-00191 Purchasing Card Transaction Record Intergovernmental Relations Secretariat Card Holder: Marc-Andre Ouellette Statement date: November 3, 2011

				ac									
Date	Supplier Name	Client Resp	Account	STOB	Project Number	Supplier	Description	312	HST Tax Code	Pre-tax Amount	HST Amount	Total Amount	
						Not Respo	onsive						
42.02.04							4						
13-03-01	ARTINA'S JWELLERY	004 36356	18850	6531	3698	738 0	Gifts purchased jointly wit	h MIO	12.00%	\$4,443.3	0 \$533.2	0 \$4,976.50	6
						Not Resp	onsive						
				÷		*			28				
Thursday, Ap	oril 4, 2013	Status	1927 4). saideling.or.Y		. for all looks and all approximation	and the case of the second of a	د ا م ^{رو} بر با بروی <mark>میرد و در و میرد</mark> و میرد و میرد از میرد میرد از م	Page 1 o	<i>(</i> 1	•			
20 20							а и * и	×.				Page 35	
												FIN-2013-0	0101

Account Information	ELLIOTT, GENEVIEVE K s22		Corporation Default Code	PROVINCE OF B	3C · PURCHASE	t
Account # Account Limit	s17 Responsive	1	Statement ID Currency Payment Due Date Minimum Payment	s17 CANADIAN DOLI 04/06/2013 Not Responsive	LAR	
Your payment was received						
Transaction Details Tran Tran Proc ID Date Date	Description	Auth # Ad	dendum GL/Custor	ner Code Total Tax	Amount	ë.
Account Number 51 310174759 03/01 03/04 ARTINA	7 S JEWELLERY VICTORIA, BC, CAN	154512 Ac	No -	533.20*	4976.50	
		ĩ	esponsive	8		
Report any items which do not agree • - Tax is estimated using informatio	n provided from the transac	0 days of statem stion and is for in	ent date. formational purposes only.		×	
- Tax is estimated using informatio	n provided from the transac	0 days of statem stion and is for in nterest infor	ent date. formational purposes only. mation	Purchases/Other C	Cash advance/Chequ	es
Tax is estimated using information Statement Summary Previous Balance, 03/03/2013 Payments - thank you Other Credits Purchases + Cash Advances + Interest	n provided from the transact	0 days of statem stion and is for in nterest infor	ent date. formational purposes only. mation	Purchases/Other C 0.00 5.00000% 0.01369%	Cash advance/Cheqt 0.000 0.000	0.00
Tax is estimated using information Statement Summary Previous Balance, 03/03/2013 Payments - thank you Other Credits Purchases + Cash Advances	n provided from the transact It It Not Responsive	0 days of statem stion and is for in nterest infor	ent date. formational purposes only. mation en this statement tes next period (%) s next period (%)	0.00 5.00000%	0.000	0.00
- Tax is estimated using informatio Statement Summary Previous Balance, 03/03/2013 - Payments - thank you - Other Credits Purchases + Cash Advances + Interest + Fees	n provided from the transact It It Not Responsive	0 days of statem ston and 1s for In nterest Infor nterest charges of unnual Interest rate Daily interest rate	ent date. formational purposes only. mation en this statement tes next period (%) s next period (%)	0.00 5.00000%	0.000	0.00
- Tax is estimated using informatio Statement Summary Previous Balance, 03/03/2013 - Payments - thank you - Other Credits Purchases + Cash Advances + Interest + Fees + Other Charges	n provided from the transact li Not Responsive	0 days of statem ston and 1s for In nterest Infor nterest charges of unnual Interest rate Daily interest rate	ent date. formational purposes only. mation en this statement tes next period (%) s next period (%)	0.00 5.00000% 0.01369%	0.000	0.00
- Tax Is estimated using informatio Statement Summary Previous Balance, 03/03/2013 - Payments - thank you - Other Credits Purchases + Cash Advances + Interest + Fees + Other Charges	n provided from the transact Ir Not Responsive C	0 days of statem stion and is for in nterest infor nuterest charges of nunual interest ra baily interest rate Contact infor	ent date. formational purposes only. mation on this statement tes next period (%) s next period (%) mation Local Calls	0.00 5.00000% 0.01369%	0.000 0.000 Toll free Cells	0.00

THIS STATEMENT IS INFORMATION ONLY

Artina's Jewel Hand Crafted Canadian Jew 1002 Government Stree Victoria BC Canada V8W (250) 386-7000 / 1-877-38 HST# 878297225 RT000	ellery at 1X7 6~7700
Bernstein (1997) and an and a second seco	
370703 PG TR-271213 ACRYLIC WIRE STAN 7 \$ \$5.00 Less Discount 370704	\$35.00 \$-3.50
PG TR-201636 ACRYLIC WIRE STAN Loss Discount	\$7.00 \$-0.70
252362 NS 1/2" EAGLE S/S BRACELET Less Discount	\$200.00 \$-20.00
251694 CHA 3/4" SS HB BRACELET Less Discount	\$315.00 \$~31.50
252464 AH SS 1/2" T-Bird Bracelet Less Discount	\$290.00 \$-29.00
252271 VH 5/8": SS HB ØRACELET Less Discount	\$295.00 \$-29,50
270434 DL SALMON CUFF LINKS Less Discount	\$70.00 \$-7.00
270302 JL SS SUN CUFFLINKS Less Discount	\$70.00 \$~7.00
270237 DL WOLF CUFFLINKS Less Discount	\$70.00 \$-7.00
270281 DL ~ KW CUFFLINKS Loss Discount	\$70.00 \$-7.00
270360 JL EAGLE WINGS UP CUFF LINKS Loss Discount	\$70.00 \$-7.00
270208 JL RAVEN CUFFLINKS SS Loss Discount	\$70.00 \$-7.00
270365 DL ORCA SHAPE CUFFLINKS Less Discount	\$70.00 \$~7.00
370249 HA SALMON CANDLEHOLDER	\$200.00
Less Discount 370211 H.A. CANDLEHOLDER FRUG	\$-20.00 \$200.00
Less Otscount 370225 HA CANDLEHOLDER MOON	\$~20.00 \$200.00
Less Discount 370210 H.A. CANDLEHOLDER SUN	\$-20.00 \$200.00
Less Discount	\$-20,00

. .

g * ⁶⁶ , 4			
370942 HAG ANTI TARNISH POLISH Less Discount 370414 HA HUMMINGBIRD DUHE PLATE 7" Less Discount 370890 ACME Full Bear CandleHolder Less Discount 370504 HA MEDIUM FREEFORM SUN PLATE Less Discount 370209 H.A. CANDLEHOLDER EAGLE Less Discount 370840 ACME 7"Hummingbird Less Discount 370226 HA CANDLE HOLDER HERON Less Discount	\$10.00 \$-1.00 \$200.00 \$-20.00 \$200.00 \$-20.00 \$-39.50 \$200.00 \$-20.00 \$200.00 \$-20.00 \$200.00 \$-20.00	ARTINA'S JENELLERY 1002 COVERNMENT ST V8NX7	3
370524 HA MED FREEFORM HERON Less Discount 370304 H.A. 12" EAGLE Less Discount 370950 CH RECYCLED GLASS PATE KNIFE 3 \$ \$40.00 Less Discount 370898 PANB CH Hostess Plate 3 \$ \$25.00 Less Discount 370893 PANB CH Small Platter 3 \$ \$40.00 Less Discount 370893 PANB CH Small Platter 3 \$ \$40.00 Less Discount 37083	\$395.00 \$-39.50 \$390.00 \$-39.00 \$120.00 \$-12.00 \$75.00 \$-7.50 \$120.00 \$-7.50	VICTORIA BC 22778407 IIII PURCHASE IIII 03-01-2013 12:45:12 517 C Exp Date ''/'' Card Type HC Name: GENEVIEVE K ELLIOTT AGOODOD0041010 HasterCard Trace # 290006 432604460B01 Auth # 154512 RRN 0019240B0 Total \$4,976.50 (00) APPROVED-THANK YOU Retain this copy for your records Customer copy	2
Paid By: HasterCard No Change Du Customer: 11559 Name: BC-GOVT 03/01/2013 12:47 03 WWW.artinas.com NO REFUNDS Exchange Only with In Original, Unworn Co Sale & Seasonal preces are d	D1-01-40174 Items: 41 If ayme FMR Di FMR Di FMR Di FMR Di FMR Di FMR Di FMR Di FMR Di FMR Di FMR Di	CHEQUE ed into Database	

Page 37 FIN-2013-00191



BUSINESS EXPENSE APPROVAL for Business Meetings/Protocol Events

BUSINESSEXPENSE APPROVAL NO

SECTION 1 - ORIGINATOR INFORMATION					Marca Carlos
VAME OF ORIGINATOR OF EXPENSE	19 1 .	TELEPHONE	NO.		YYYY/MM/DD
Senevleve Elliott	2	(250)	356-5004	DATE SUBMITTED	2013/02/01
AINISTRY/DIVISION/BRANCH ntergovernmental Relations Secretariat	LOCATION (CITY)) OF EVENT		START DATE OF EVENT	YYYY/MM/DD
Office of Protocol	s	40) -	* •	END DATE OF EVENT	YYYY/MM/DD

ISECTION 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 REC			SECTION/5=E	XRENSEAUTHO	RITY PRE-APPROVAL
CATEGORY	STOB	AMOUNT	RESP. CENTRE	SERVICELINE	PROJECT NO. (IF APPLICABLE) OR ADDITIONAL CODING
1. Meeting Room Rental	6531		36356	18850	3698738
2. Equipment/Furniture Rental	6531		EXPENSE AUTHOR 32 & 33 of the Fin	ITY SIGNATURE - C nancial Administratio	ertified correct pursuant to sections n Act and related policies.
3. Photocopying, Faxing, Telephone, etc.	6531		mare.	Indre'lle	willet.
Food/Beverages for Meetings BREAKFAST LUNCH DINNER SNACKS COFFEE/TEA/JUICE, ETC.	6531		PRINT NAME OF EXPE		DATE SIGNED YYYY/MM/DD
5. Business Meals in Restaurant	6531		Complete this sec have paid persons	tion only if reimbur ally. Enter payee n	ABURSEMENT INFORMATION sing an employee for expenses the ame, cheque mailing address, and
6. Event Planners, Speakers, etc.	-		reimbursement to		*
7. Travel Costs for Non-BC Government Participants		•			
8. Other: Gifts	6531	Not Responsive	QUALIFIED RECEIV pursuant to CPPM		artified goods/services received
ESTIMATED 1	OTAL		<u>A</u>	REIMBURSEN	IENT TOTAL
FIN215/WEB Rev.2008/3/18	ORI	GINAL: MINISTRY AC	COUNTS PAYABLE	COPY	ORIGINATOR

Page 38 FIN-2013-00191