

Payments made by Office of the Premier 004 to Blackcomb Helicopters, supplier 2080191 and Omega Air Corp

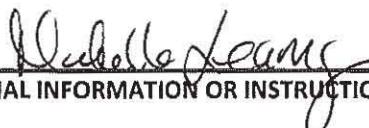
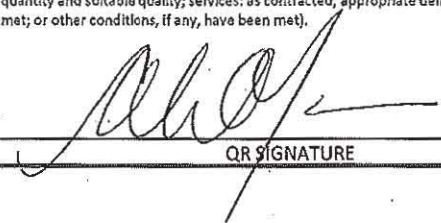
Ministry Name: Finance
Supported Entities

Payee Name	Supplier Number	Payment Number	Invoice Number	Payment Date	Invoice Date	GL Account	Invoice Paid Amount	Payment Amount
BLACKCOMB HELICOPTERS LIMITED PARTNERSHIP	2080191	06108578	105807	2011/12/29	2011/12/06	004.36A10.36200.5712.3600000	1,066.80	7,168.90
	2080191	06108578	105807	2011/12/29	2011/12/06	004.36A10.36200.6504.3600000	2,133.58	7,168.90
	2080191	06108578	105807	2011/12/29	2011/12/06	004.36A10.36200.5712.36MTSAC	3,200.40	7,168.90
	2080191	06108578	105807	2011/12/29	2011/12/06	004.36OCG.00000.1575.3600000	768.12	7,168.90
	2080191	06170126	105865	2012/02/21	2012/01/30	004.36OCG.00000.1575.3600000	514.56	4,802.40
	2080191	06170126	105865	2012/02/21	2012/01/30	004.36A10.36200.5712.3600000	3,215.88	4,802.40
	2080191	06170126	105865	2012/02/21	2012/01/30	004.36A10.36200.6504.3600000	1,071.96	4,802.40
	2080191	06172010	105910	2012/02/23	2012/02/14	004.36356.18868.5714.3601106	4,904.66	5,149.89
	2080191	06172010	105910	2012/02/23	2012/02/14	004.36356.18868.5714.3601108	0.00	5,149.89
	2080191	06172010	105910	2012/02/23	2012/02/14	004.36OCG.00000.1575.3600000	245.23	5,149.89
	2080191	06256812	105996	2012/05/04	2012/04/18	004.36OCG.00000.1575.3600000	707.70	11,476.44
	2080191	06256812	105996	2012/05/04	2012/04/18	004.36A10.36200.5712.3600000	4,718.10	11,476.44
	2080191	06256812	105996	2012/05/04	2012/04/18	004.36A10.36200.6504.3600000	1,179.52	11,476.44
	2080191	06256812	105999	2012/05/04	2012/04/18	004.36OCG.00000.1575.3600000	521.91	11,476.44
	2080191	06256812	105999	2012/05/04	2012/04/18	004.36A10.36200.6504.3600000	978.57	11,476.44
	2080191	06256812	105999	2012/05/04	2012/04/18	004.36A10.36200.5712.3600000	3,370.64	11,476.44
	2080191	06278220	106026	2012/05/22	2012/05/01	004.36A10.36200.5712.36MTVNC	2,207.58	7,954.58
	2080191	06278220	106026	2012/05/22	2012/05/01	004.36A10.36200.5712.36MTSAC	3,790.91	7,954.58
	2080191	06278220	106026	2012/05/22	2012/05/01	004.36A10.36200.6504.3600000	1,103.79	7,954.58
	2080191	06278220	106026	2012/05/22	2012/05/01	004.36OCG.00000.1575.3600000	852.30	7,954.58
	2080191	06286656	106027	2012/05/30	2012/05/15	004.36OCG.00000.1575.3600000	623.15	5,815.80
	2080191	06286656	106027	2012/05/30	2012/05/15	004.36A10.36200.5712.36MTSAC	2,649.58	5,815.80
	2080191	06286656	106027	2012/05/30	2012/05/15	004.36A10.36200.8225.3600000	679.04	5,815.80
	2080191	06286656	106027	2012/05/30	2012/05/15	004.36A10.36200.6504.3600000	1,864.03	5,815.80
Total Payee Name: 42,368.01								
OMEGA AIR CORPORATION	081270	06341046	106066	2012/07/13	2012/06/22	004.36A10.36200.6504.3600000	1,529.30	7,345.42
	081270	06341046	106066	2012/07/13	2012/06/22	004.36A10.36200.5735.3600000	781.46	7,345.42
	081270	06341046	106066	2012/07/13	2012/06/22	004.36OCG.00000.1575.3600000	787.02	7,345.42
	081270	06341046	106066	2012/07/13	2012/06/22	004.36A10.36200.5712.36MTSAC	4,247.64	7,345.42
	081270	06355050	106089	2012/07/24	2012/07/09	004.36OCG.00000.1575.3600000	675.82	10,816.35

Payee Name	Supplier Number	Payment Number	Invoice Number	Payment Date	Invoice Date	GL Account	Invoice Paid Amount	Payment Amount
	081270	06355050	106089	2012/07/24	2012/07/09	004.36A10.36200.5712.36MTSAC	3,039.87	10,816.35
	081270	06355050	106089	2012/07/24	2012/07/09	004.36A10.36200.6504.3600000	1,821.89	10,816.35
	081270	06355050	106089	2012/07/24	2012/07/09	004.36A10.36200.5712.3600000	853.72	10,816.35
	081270	06355050	106093	2012/07/24	2012/07/13	004.36A10.36200.5712.36MTSAC	3,266.20	10,816.35
	081270	06355050	106093	2012/07/24	2012/07/13	004.36A10.36200.6504.3600000	675.77	10,816.35
	081270	06355050	106093	2012/07/24	2012/07/13	004.36OCG.00000.1575.3600000	473.03	10,816.35
	081270	06367174	106122	2012/08/08	2012/07/20	004.36A10.36200.5712.36MTSAC	6,900.35	26,417.88
	081270	06367174	106122	2012/08/08	2012/07/20	004.36A10.36200.6504.3600000	2,874.49	26,417.88
	081270	06367174	106122	2012/08/08	2012/07/20	004.36OCG.00000.1575.3600000	1,172.97	26,417.88
	081270	06367174	106123	2012/08/08	2012/07/20	004.36OCG.00000.1575.3600000	1,657.52	26,417.88
	081270	06367174	106123	2012/08/08	2012/07/20	004.36A10.36200.5713.36MTSAC	10,359.41	26,417.88
	081270	06367174	106123	2012/08/08	2012/07/20	004.36A10.36200.6504.3600000	3,453.14	26,417.88
	081270	06392107	106137	2012/08/28	2012/08/04	004.36OCG.00000.1575.3600000	829.49	7,741.99
	081270	06392107	106137	2012/08/28	2012/08/04	004.36A10.36200.5712.36MTSAC	5,411.39	7,741.99
	081270	06392107	106137	2012/08/28	2012/08/04	004.36A10.36200.6504.3600000	1,501.11	7,741.99
							Total Payee Name: 52,321.64	
							Total Ministry Name: 94,689.65	

[Link to Invoice Coding Sheet completion instructions.](#)

FOREIGN CURRENCY?
(if yes, enter "\$")

PAYEE NAME		BLACKCOMB HELICOPTERS LIMITED PARTNERSHIP			* SUPPLIER #		2080191		* SITE		002	
CONTRACT/PO #		INVOICE DATE			30-JAN-2012		INVOICE #		105865			
					DD-MMM-YYYY							
DATE INVOICE RECEIVED		31-JAN-2012			DATE GOODS/ SERVICES REC'D		12-JAN-2012		RECEIPT #			
		DD-MMM-YYYY					DD-MMM-YYYY					
NAME &/OR ADDRESS OVERRIDE:						DESCRIPTION FOR CHEQUE STUB:						
DATE CHQ/EFT REQ'D (ONLY IF URGENT)		GL DATE (if applicable)					PAY ALONE? YES ☐					
		DD-MMM-YYYY					DD-MMM-YYYY					
AMOUNT (INCLUDING TAX)	PRE-TAX AMOUNT	TAX RATE 12%, 11%, 5%, 0%	CL	RESP	SERVICE LINE	STOB	PROJECT	NAME & SUPPLIER # if STOB 57	OFA STOB & ASSET #			
1,200.60	1,071.97	12%	004	36A10	36200	5712	3600000	PREMIER CLARK S22	✓ HST 12			
1,200.60	1,071.97	12%	004	36A10	36200	5712	3600000	GABE GARFINKEL S22	✓			
1,200.60	1,071.97	12%	004	36A10	36200	5712	3600000	CHRIS OLSEN S22	✓			
1,200.60	1,071.97	12%	004	36A10	36200	6504	3600000	ZZZ ministers APPROV				
4,802.40	TOTAL											
* EXPENSE AUTHORITY (EA) INFORMATION:						* QUALIFIED RECEIVER (QR) CERTIFICATION:						
* MICHELLE LEAMY						* ALISHA OLSON						
EA PRINTED NAME						QR PRINTED NAME						
* BRIEF PAYMENT DESCRIPTION FOR EA NOTIFICATION:						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).						
Note: This is also the line description displayed on GL detail reports.												
* 						* 						
ADDITIONAL INFORMATION OR INSTRUCTIONS:						QR SIGNATURE						

BRANCH BUSINESS CONTACT NAME AND PHONE NUMBER:

ALISHA OLSON (250) 356-2605

* Note: Fields with an asterisk do not need to be completed for iProcurement invoices.

FIN FSA 017 REV. JUN/10

RECEIVED
FEB 1 4 2012
CORPORATE AND
MINISTRY SUPPORT SERVICES
Page 3
FIN-2012-00215

BLACKCOMB

Aviation

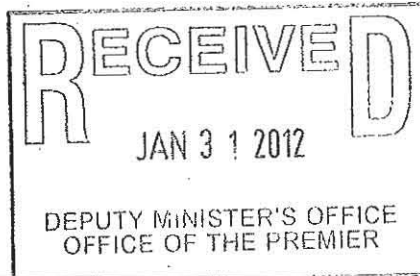
HELICOPTER AND JET CHARTER SERVICES

January 30, 2012

Invoice No. 105865
Trip No. 4737
Cust. No. S17, S22
Quote No. 5122336

Office of the Premier
PO Box 9041
Stn Prov Govt
Victoria, BC
V8W 9E1

Attn: Judy McCallum



Description

Trip Sequence				
Service Date	Aircraft	Departure	Destination	Passengers
12-Jan-12	C-FMCL	Vancouver, BC	Prince George, BC	C. Clark C. Olsen G. Garfinkel S15, S19 S15
		* 276 nmi		
12-Jan-12	C-FMCL	Prince George, BC	Vancouver, BC	Same 4 Pass
		* 276 nmi		

Aircraft	\$ 4,130.44
Air Travellers Security Charge	56.96
Int'l Processing Fees	-
Fuel Surcharges	73.50
Landing Fees	400.00
Crew Expenses	40.00
Special Request Catering	-
Third Party Exp.	-

Discount	\$ (413.04)
Subtotal	\$ 4,287.86
HST 89422 0383RT	\$ 514.54
Total	\$ 4,802.40

Terms : Due on Receipt

Thank you for your Business
Remit payment to:
Omega Air Corporation
#400 - 375 Water st.
Vancouver, BC V6B 5C6

Tel: (604) 273-5311 Fax: (604) 273-8991

*Goods and Services Received
McCallum Jan 30/12*



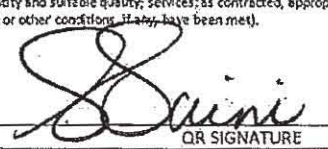
Where ideas work

Ministry of Finance
INVOICE CODING SHEET

RETURN CHEQUE TO MINISTRY?
(if yes, enter "D")

FOREIGN CURRENCY?
(if yes, enter "\$")

[Link to Invoice Coding Sheet completion instructions.](#)

PAYEE NAME <u>Omega Air Corporation (BlackComb Aviation)</u>		* SUPPLIER # <u>2080191</u>	* SITE <u>002</u>						
CONTRACT/PO # _____	INVOICE DATE <u>14-Feb-2012</u> DD-MMM-YYYY	INVOICE # <u>105910</u>							
DATE INVOICE RECEIVED <u>14-Feb-2012</u> DD-MMM-YYYY	DATE GOODS/ SERVICES REC'D _____ DD-MMM-YYYY	RECEIPT # _____							
NAME &/OR ADDRESS OVERRIDE:		DESCRIPTION FOR CHEQUE STUB: BC washington Meeting van - Olympia Wash Feb 09-12 5 passengers see Invoice for names							
DATE CHQ/EFT REQ'D (ONLY IF URGENT) _____ DD-MMM-YYYY		GL DATE (if applicable) _____ DD-MMM-YYYY	PAY ALONE? YES ☐						
AMOUNT (INCLUDING TAX)	PRE-TAX AMOUNT	TAX RATE 12%, 11%, 5%, 0%	CL	RESP	SERVICE LINE	STOB	PROJECT	NAME & SUPPLIER # If STOB 57	OFA STOB & ASSET #
\$5,149.89	\$4,904.66	5%	004	36356	18868	5714	3601108	S22	
\$5,149.89	TOTAL								
* EXPENSE AUTHORITY (EA) INFORMATION: * <u>Helen Carr</u> EA PRINTED NAME					* QUALIFIED RECEIVER (QR) CERTIFICATION: * <u>Sukie Saini</u> QR PRINTED NAME 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).  QR SIGNATURE				
* BRIEF PAYMENT DESCRIPTION FOR EA NOTIFICATION: Note: This is also the line description displayed on GL detail reports. BC washington Meeting van - Olympia Wash Feb 09-12 5 passengers see Invoice for names									
ADDITIONAL INFORMATION OR INSTRUCTIONS:									

BRANCH BUSINESS CONTACT NAME AND PHONE NUMBER:

sukie.saini@gov.bc.ca

ACCOUNTS DATE STAMP

* Note: Fields with an asterisk do not need to be completed for iProcurement invoices.

FIN FSA 017 REV. JUN/10

BLACKCOMB

Aviation

HELICOPTER AND JET CHARTER SERVICES

February 14, 2012

Invoice No. 105910
 Trip No. 5335
 Cust. No. S17
 Quote No. 5201183

Office of Protocol / Intergovernmental Relations Secretariat
 1st Floor
 548 Michigan Street
 Victoria, BC
 V8V 1S2

Attn: Karen Felker

Description

Service Date	Aircraft	Trip Sequence		Passengers
		Departure	Destination	
9-Feb-12	C-FAMI	Vancouver, BC	Olympia, WA	R. Pauliszyn R. Coleman T. Lake B. Lekstrom P. Maranda
10-Feb-12	C-FAMI	Olympia, WA	Vancouver, BC	Same 5 Paxs

Aircraft		\$	3,501.10
Air Travellers Security Charge			60.50
Int'l Processing Fees			300.00
Fuel Surcharges			93.17
Landing Fees			600.00
Crew Expenses			700.00
Special Request Catering			
Third Party Exp.			
Discount		\$	(350.11)
Subtotal		\$	4,904.66
HST/GST	89422 0383RT	\$	245.23
Total Canadian		\$	5,149.89

Terms : Due on Receipt

Thank you for your Business
 Remit payment to:
 Omega Air Corporation
 #400 - 375 Water st.
 Vancouver, BC V6B 5C6

Tel: (604) 273-5311 Fax: (604) 273-8991



Where ideas work

Ministry of Finance

INVOICE CODING SHEET

RETURN CHEQUE TO MINISTRY?

(If yes, enter "D")

FOREIGN CURRENCY?

(If yes, enter "\$")

[Link to Invoice Coding Sheet completion instructions.](#)

PAYEE NAME <u>BLACKCOMB HELICOPTERS LIMITED PARTNERSHIP</u>					* SUPPLIER # <u>2080191</u>		* SITE <u>002</u>	
CONTRACT/PO # _____			INVOICE DATE <u>18-APR-2012</u> DD-MMM-YYYY		INVOICE # <u>105996</u>			
DATE INVOICE RECEIVED <u>20-APR-2012</u> DD-MMM-YYYY			DATE GOODS/SERVICES REC'D <u>14-APR-2012</u> DD-MMM-YYYY		RECEIPT # _____			
NAME &/OR ADDRESS OVERRIDE:					DESCRIPTION FOR CHEQUE STUB:			
DATE CHQ/EFT REQ'D (ONLY IF URGENT) _____ DD-MMM-YYYY					GL DATE (if applicable) _____ DD-MMM-YYYY		PAY ALONE? YES ☐	

AMOUNT (INCLUDING TAX)	PRE-TAX AMOUNT	TAX RATE 12%, 11%, 5%, 0%	CL	RESP	SERVICE LINE	STOB	PROJECT	NAME & SUPPLIER # If STOB 57	OFA STOB & ASSET #
6,605.32	5,897.61	12%	004	36A10	36200	5712	3600000	CHARTER	
1321.06		12%			5712			C. Clark	
1321.06		12%			5712			G. Garsinkel	
1321.06		12%			5712			S. MacIntyre	
1321.06		12%			6504			S15	
660.54		12%			5712			K. Haakstad	
660.54		12%			5712			K. Baassenka	
6,605.32	TOTAL								

*** EXPENSE AUTHORITY (EA) INFORMATION:**

* MICHELLE LEAMY
EA PRINTED NAME

* BRIEF PAYMENT DESCRIPTION FOR EA NOTIFICATION:
Note: This is also the line description displayed on GL detail reports.

* Michelle Leamy

*** QUALIFIED RECEIVER (QR) CERTIFICATION:**

* ALISHA OLSON
QR PRINTED NAME

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

* [Signature]
QR SIGNATURE

ADDITIONAL INFORMATION OR INSTRUCTIONS:

NB: 276 NM PER DIRECTION

BRANCH BUSINESS CONTACT NAME AND PHONE NUMBER:

ALISHA OLSON (250) 356-2605

APR 24 2012

ACCOUNTS DATE STAMP

APR 24 2012

CORPORATE AND
MINISTRY SUPPORT SERVICES

Page A

FIN-2012-00215

* Note: Fields with an asterisk do not need to be completed for iProcurement invoices.

BLACKCOMB

Aviation
HELICOPTER AND JET CHARTER SERVICES



April 18, 2012

Invoice No.

105996

Trip No.

5727

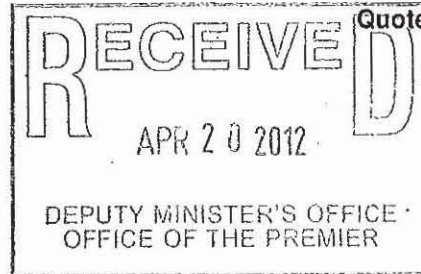
Cust. No.

S17

Quote No.

5252180

Office of the Premier
PO Box 9041
Stn Prov Govt
Victoria, BC
V8W 9E1



Attn: Tamara Davidson

276 nm
per
direction

Description

Trip Sequence				
Service Date	Aircraft	Departure	Destination	Passengers
13-Apr-12	C-GGQF	Vancouver, BC	Prince George, BC	C. Clark 1321.06 K. Haakstad 660.54 G. Garfinkel 1321.06 S. MacIntyre 1321.06 S15, S19 1321.06
14-Apr-12	C-GGQF	Prince George, BC	Vancouver, BC	Same 4 Paxs K. Boessenkool 660.54

K. Haakstad not on return.

$6605.32 \div 2 = 3302.66$ per leg. $\div 5 = 660.53$ per leg/per person

Aircraft	\$	4,988.30
Air Travellers Security Charge		71.20
Int'l Processing Fees		-
Fuel Surcharges		130.00
Landing Fees		300.00
Crew Expenses		556.94
Special Request Catering		-
Third Party Exp. (hangar rent YXS)		350.00
Discount		(498.83)
Subtotal		5,897.61
HST	89422 0383RT	707.71
Total		\$ 6,605.32

Terms : Due on Receipt

Thank you for your Business
Remit payment to:
Omega Air Corporation
#400 - 375 Water st.
Vancouver, BC V6B 5C6

Tel: (604) 273-5311 Fax: (604) 273-8991

Goods and services received

Handed
April 19/12



Where ideas work

Ministry of Finance

INVOICE CODING SHEET

FS

RETURN CHEQUE TO MINISTRY?
(if yes, enter "D")FOREIGN CURRENCY?
(if yes, enter "\$")

Link to Invoice Coding Sheet completion instructions.

PAYEE NAME <u>BLACKCOMB HELICOPTERS LIMITED PARTNERSHIP</u>		* SUPPLIER # <u>2080191</u>		* SITE <u>001</u>	
CONTRACT/PO # _____		INVOICE DATE <u>18-APR-2012</u>		INVOICE # <u>105999</u>	
		DD-MMM-YYYY			
DATE INVOICE RECEIVED <u>20-APR-2012</u>		DATE GOODS/ SERVICES REC'D <u>31-MAR-2012</u>		RECEIPT # _____	
		DD-MMM-YYYY		DD-MMM-YYYY	
NAME &/OR ADDRESS OVERRIDE:			DESCRIPTION FOR CHEQUE STUB:		
DATE CHQ/EFT REQ'D (ONLY IF URGENT)		GL DATE (if applicable)		PAY ALONE? YES ☐	
		DD-MMM-YYYY		DD-MMM-YYYY	

AMOUNT (INCLUDING TAX)	PRE-TAX AMOUNT	TAX RATE 12%, 11%, 5%, 0%	CL	RESP	SERVICE LINE	STOB	PROJECT	NAME & SUPPLIER # If STOB 57	OFA STOB & ASSET #
4,871.12	4,349.21	12%	004	36A10	36200	5712	3600000	CHARTER	
1583.42	1583.12	12%	004	36A10	36200	5712	3600000	Rebecca Scott	
1096.00	978.57	12%	004	36A10	36200	5712		G. Garfinkel	
1096.00	978.57	12%	004	36A10	36200	5712		C. Clark	
1096.00	978.57	12%	004	36A10	36200	6504		S15	
4,871.12	TOTAL								

*** EXPENSE AUTHORITY (EA) INFORMATION:**

* MICHELLE LEAMY
EA PRINTED NAME

* BRIEF PAYMENT DESCRIPTION FOR EA NOTIFICATION:
Note: This is also the line description displayed on GL detail reports.

* Michelle Leamy ✓

*** QUALIFIED RECEIVER (QR) CERTIFICATION:**

* ALISHA OLSON
QR PRINTED NAME

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

* [Signature]
QR SIGNATURE

ADDITIONAL INFORMATION OR INSTRUCTIONS:

NB: 151 NM PER DIRECTION

BRANCH BUSINESS CONTACT NAME AND PHONE NUMBER:

ALISHA OLSON (250) 356-2605

* Note: Fields with an asterisk do not need to be completed for iProcurement invoices.

FIN FSÁ 017 REV. JUN/10



APR 24/12

BLACKCOMB

Aviation
HELICOPTER AND JET CHARTER SERVICES

RECEIVED
APR 19 2012
SCHEDULING BRANCH
OFFICE OF THE PREMIER

April 18, 2012

Invoice No.
Trip No.
Cust. No.
Quote No.

10599a
5930
S17
52563

151 NM
per
direction

Office of the Premier
PO Box 9041
Stn Prov Govt
Victoria, BC
V8W 9E1

Attn: Tamara Davidson

RECEIVED
APR 20 2012
DEPUTY MINISTER'S OFFICE
OFFICE OF THE PREMIER

Description

Trip Sequence				
Service Date	Aircraft	Departure	Destination	Passengers
31-Mar-12	C-FMCL	Vancouver, BC	31 NM Abbotsford, BC	R. Scott
31-Mar-12	C-FMCL	Abbotsford, BC	128 NM Kelowna, BC	R. Scott G. Garfinkel S15, S19 C. Clark
32 NM EACH				
31-Mar-12	C-FMCL	Kelowna, BC	151 NM Vancouver, BC	Same 4 Paxs
37.75 each (NM)				
310 NM				
\$15.71 Per NM				

487.11

S15

2011.30

1096.00 x 4
487.11

2372.71

Aircraft	R Scott	100.75 NM	\$1583.11	\$	3,900.00
Air Travellers Security Charge	G. Garfinkel	69.75 NM	1096.00		56.96
Int'l Processing Fees	S15	69.75 NM	1096.00		
Fuel Surcharges	C. Clark	69.75 NM	1096.00		52.50
Landing Fees					600.00
Crew Expenses					129.75
Special Request Catering					
Third Party Exp.					
Discount					(390.00)
Subtotal					4,349.21
HST	89422 0383RT				521.91
Total				\$	4,871.12

15.71329

Terms : Due on Receipt

Thank you for your Business
Remit payment to:
Omega Air Corporation
#400 - 375 Water st.
Vancouver, BC V6B 5C6

Goods and services received
Grand total April 19/12

Tel: (604) 273-5311 Fax: (604) 273-8991



Where ideas work

Ministry of Finance

INVOICE CODING SHEET

FS

RETURN CHEQUE TO MINISTRY?

(If yes, enter "D")

FOREIGN CURRENCY?

(If yes, enter "\$")

Link to Invoice Coding Sheet completion instructions.

PAYEE NAME		BLACKCOMB HELICOPTERS LIMITED PARTNERSHIP		* SUPPLIER #		2080191		* SITE		002			
CONTRACT/PO #				INVOICE DATE		01-MAY-2012		INVOICE #		106026			
						DD-MMM-YYYY							
DATE INVOICE RECEIVED		10-MAY-2012		DATE GOODS/ SERVICES REC'D		25-APR-2012		RECEIPT #					
		DD-MMM-YYYY				DD-MMM-YYYY							
NAME &/OR ADDRESS OVERRIDE:						DESCRIPTION FOR CHEQUE STUB:							
DATE CHQ/EFT REQ'D (ONLY IF URGENT)			GL DATE (if applicable)			PAY ALONE? YES ☐							
DD-MMM-YYYY			DD-MMM-YYYY			DD-MMM-YYYY							
AMOUNT (INCLUDING TAX)	PRE-TAX AMOUNT	TAX RATE 12%, 11%, 5%, 0%	CL	RESP	SERVICE LINE	STOB	PROJECT	NAME & SUPPLIER # if STOB 57	OFA STOB & ASSET #				
7,954.58	6,852.05	12%	004	36A10	36200	5712	3600000	CHARTER					
1236.25	1103.79	12%	004	36A10	36200	5712	36MTSAC	CLARK, Christy					
1236.25							36MTVNC	Bell, Pat					
1236.25							36MTVNC	Bond, Shirley					
1236.25							36MTSAC	Garfinkel, G					
1236.25							36MTSAC	MacIntyre, S					
1236.25						6504	3600000		S15, S19				
537.08	479.54					5712	36MTSAC	Bergen, K					
<table border="1"> <tr> <td>7,954.58</td> <td>TOTAL</td> </tr> </table>												7,954.58	TOTAL
7,954.58	TOTAL												
* EXPENSE AUTHORITY (EA) INFORMATION:						* QUALIFIED RECEIVER (QR) CERTIFICATION:							
* MICHELLE LEAMY EA PRINTED NAME						* ALISHA OLSON QR PRINTED NAME							
* BRIEF PAYMENT DESCRIPTION FOR EA NOTIFICATION: Note: This is also the line description displayed on GL detail reports.						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).							
*						*							
*						*							
ADDITIONAL INFORMATION OR INSTRUCTIONS:													
Outbound = 308 nm; Inbound = 276nm													

BRANCH BUSINESS CONTACT NAME AND PHONE NUMBER:

ALISHA OLSON (250) 356-2605

* Note: Fields with an asterisk do not need to be completed for iProcurement invoices.

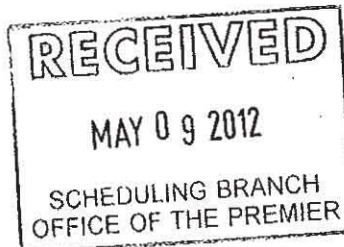
FIN FSA 017 REV. JUN/10

MAY 15/12

RECEIVED	
ACCOUNTS DATE STAMP	
MAY 1 11 2012	
CORPORATE AND MINISTRY SUPPORT SERVICES	
FSA	
Page 11	
FIN-2012-00215	

BLACKCOMB

Aviation
HELICOPTER AND JET CHARTER SERVICES



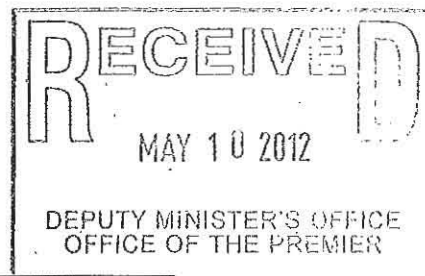
O/B - 308nm
1/B - 276nm
584 nm total
13.62 Per NM

May 1, 2012

Invoice No. 106026
Trip No. 5730
Cust. No. S17
Quote No. 5268287

Office of the Premier
PO Box 9041
Stn Prov Govt
Victoria, BC
V8W 9E1

Attn: Tamara Davidson



Description

Trip Sequence

Service Date	Aircraft	Departure	Destination	Passengers
25-Apr-12	C-GFQF	Vancouver, BC	Victoria, AB	Position
25-Apr-12	C-GFQF	Victoria, AB	Prince George, BC	C. Clark P. Bell S. Bond G. Garfinkel S. MacIntyre S15, S19
25-Apr-12	C-GFQF	Prince George, BC	Vancouver, BC	Same 6 Paxs K. Bergen

$13.6209 \times 584 \text{ NM} = 7954.55$

added .2*
Per person
Rounding
issues.

3759.50 - 537.07 = 3759.49
Same 6 Paxs
K. Bergen
 $39.43 \times 13.6209 = 537.07$
 $537.07 \times 7 = 3759.50$
= 7954.46

\$ 6,852.05
92.56
143.00
600.00
100.00

(685.31)

7,102.30

852.28

\$ 7,954.58

89422 0383RT

584NM Total

13.6209 per NM

1236.25 For both ways.

K. Bergen 537.08

Handwritten signature

c: (604) 273-8991



JOURNAL VOUCHER

2 DOCUMENT NO.

Amendments not initialed by the signing authorities will be rejected. See Core Policy and Procedures Manual for additional instruction.

1

41044 102

3 ISSUING CLIENT		4 CONTACT NAME/PHONE NUMBER		5 DESCRIPTION OF JOURNAL ENTRY - MAXIMUM 60 CHARACTERS PRINTOUTS USE FIRST 30 CHARACTERS ONLY			6 FISCAL YEAR		7 BATCH DATE Y M D 2012 05 15	
Min of Finance		Kyra Goudie 7-9535		Trsf charter cost from Prem Off			2013		8 EFFECTIVE DATE - optional Y M D 2012 05 15	
9. NAME OF PROGRAM/SERVICE LINE/REASON FOR TRANSACTION - Include names if for travel advance Attach supporting documents		10 CLIENT	11 RESP CENTRE	12 SERVICE LINE	13 STOB	14 PROJECT	15 SUPPLIER CODE REGULAR	16 SUPPLIER NAME	17 DEBIT (CREDIT) AMOUNT	
Hon. Pat Bell - Jobs Tourism and Innovation		125	51000	08001	5712	36MTVNC			1,236.25	
Hon. Shirley Bond Justice and Att. Gen.		105	15002	10005	5712	36MTVNC			1,236.25	
Blackcomb Helicopters - Inv# 106026		004	36A10	36200	5712	36MTVNC			-2,472.50	
CUT HERE IF MULT-PAGE										
ISSUING CLIENT AUTHORITY (EXPENSE OR REVENUE)		20 PRINT NAME Steve Klak					21 DATE SIGNED YMD 2012 05 15		18 ENTER TOTAL DEBIT AMOUNT (Must Equal Total Credit Amount) 2,472.50	
PROCESSING AUTHORITY (ISSUING CLIENT)		23 PRINT NAME					24 DATE SIGNED YMD		18 ENTER TOTAL CREDIT AMOUNT (Must Equal Total Debit Amount) 2,472.50	
RECEIVING CLIENT AUTHORITY (EXPENSE OR REVENUE)		26 PRINT NAME		27 CONTACT NAME / PHONE NO.			28 DATE SIGNED YMD			
25 SIGNATURE										

FIN 264 Rev. 04 / 9 / 16 (OPC 4010/7530951005)

Copy to: COMPTROLLER GENERAL

Copy to: ISSUER;

Copy to: OTHER MINISTRY

Goudie, Kyra FIN:EX

To: Sawatsky, Kim JTI:EX; Llewellyn-Thomas, Marnie JAG:EX
Subject: Charter Flight transfer approval
Attachments: EJ.V.XLS

Hi Kim/Marnie,

Minister Bell and Bond were on a charter flight April 25th 2012, from Van to Vic to Prince George to Van. Could you please have an EA or MA approve (via email) this transfer of funds from the Premier's Office to your coding. If you have any questions please contact me. Thanks

Kyra Goudie
Executive Financial Clerk, Ministers' Office Support Services
Corporate Financial and Facilities Services Branch
Ministry of Finance
Phone: (250) 387-9535 Fax: (250) 356-7326
Email: kyra.goudie@gov.bc.ca
Website: <http://www.min.fin.gov.bc.ca>
Serving all Ministers' Offices and the Office of the Premier



Where ideas work

Ministry of Finance

INVOICE CODING SHEET

FS

RETURN CHEQUE TO MINISTRY?

(if yes, enter "D")

FOREIGN CURRENCY?

(if yes, enter "\$")

Link to Invoice Coding Sheet completion instructions.

PAYEE NAME <u>BLACKCOMB HELICOPTERS LIMITED PARTNERSHIP</u>					* SUPPLIER # <u>2080191</u>					* SITE <u>001</u>									
CONTRACT/PO # _____					INVOICE DATE <u>15-MAY-2012</u>					INVOICE # <u>106027</u>									
					DD-MMM-YYYY														
DATE INVOICE RECEIVED <u>15-MAY-2012</u>					DATE GOODS/ SERVICES REC'D <u>04-MAY-2012</u>					RECEIPT # _____									
					DD-MMM-YYYY					DD-MMM-YYYY									
NAME &/OR ADDRESS OVERRIDE:										DESCRIPTION FOR CHEQUE STUB:									
DATE CHQ/EFT REQ'D (ONLY IF URGENT) _____										GL DATE (If applicable) _____					PAY ALONE? YES ☐				
DD-MMM-YYYY										DD-MMM-YYYY									
AMOUNT (INCLUDING TAX)	PRE-TAX AMOUNT	TAX RATE 12%, 11%, 5%, 0%	CL	RESP	SERVICE LINE	STOB	PROJECT	NAME & SUPPLIER # If STOB 57	OFA STOB & ASSET #										
5,815.80	5,192.68	12%	004	36A10	36200	5712	3600000	CHARTER											
See attached coding																			
5,815.80		TOTAL																	
* EXPENSE AUTHORITY (EA) INFORMATION: * <u>MICHELLE LEAMY</u> EA PRINTED NAME * BRIEF PAYMENT DESCRIPTION FOR EA NOTIFICATION: Note: This is also the line description displayed on GL detail reports. * <u>Michelle Leamy</u> ✓ * QUALIFIED RECEIVER (QR) CERTIFICATION: * <u>ALISHA OLSON</u> QR PRINTED NAME 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). * <u>[Signature]</u> ✓ QR SIGNATURE																			
ADDITIONAL INFORMATION OR INSTRUCTIONS: <u>Leg 1 = 168nm; Leg 2 = 38nm; Leg 3 = 184</u>																			

BRANCH BUSINESS CONTACT NAME AND PHONE NUMBER:

ALISHA OLSON (250) 356-2605

* Note: Fields with an asterisk do not need to be completed for iProcurement invoices.



BLACKCOMB

Aviation
HELICOPTER AND JET CHARTER SERVICES

RECEIVED

MAY 15 2012

SCHEDULING BRANCH
OFFICE OF THE PREMIER

May 15, 2012

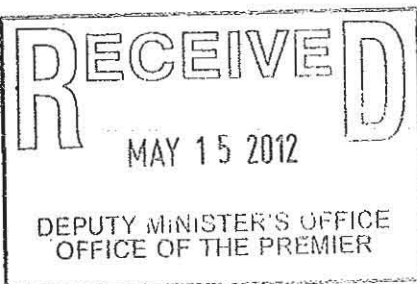
Invoice No. 106027
Trip No. AA2748
Cust. No. S17
Quote No. 5256525

Office of the Premier
PO Box 9041
Stn Prov Govt
Victoria, BC
V8W 9E1

Attn: Tamara Davidson

Description

Service Date	Aircraft	Trip Sequence		Passengers During the trip
		Departure	Destination	
4-May-12	C-GTOG	Vancouver, BC	108 Mile, BC	T. Halford C. Clarke
4-May-12	C-GTOG	108 Mile, BC	Williams Lake, BC	I. Chong G. Garfinkel
4-May-12	C-GTOG	Williams Lake, BC	Vancouver, BC	K. Bergin J. Rustad S15, S19 B. Lawrence



****Trip was sub charter ****

Aircraft (all include trip)		\$ 5,192.68
Air Travellers Security Charge		-
Int'l Processing Fees		-
Fuel Surcharges		-
Landing Fees		-
Crew Expenses		-
Special Request Catering		-
Third Party Exp.		-
Subtotal		5,192.68
HST	89422 0383RT	623.12
Total as per Quote		\$ 5,815.80

Terms : Due on Receipt

Thank you for your Business
Remit payment to:
Omega Air Corporation
#400 - 375 Water st.
Vancouver, BC V6B 5C6

Tel: (604) 273-5311 Fax: (604) 273-8991

Tamara Davidson

List of Passengers - 108 Mile and Williams Lake
May 4, 2012

Leg 1 - Vancouver to 108 Mile

(6)

- ✓ Premier Christy Clark 417.55 ← 28 NM each $\times 14.9123$
✓ Gabe Garfinkel 417.55
✓ Trevor Halford 417.55
✓ S15, S19 417.55
✓ MLA John Rustad 417.55
✓ Ben Laurence - videographer (Premier's office) 417.54

Leg 2 - re-position - 108 Mile to Williams Lake

(1)

- Ben Laurence - videographer 566.67 ← 38×14.9123

Leg 3 - Williams Lake to Vancouver

(8)

- ✓ Premier Christy Clark 342.98
✓ Gabe Garfinkel
✓ Trevor Halford 23 $\times 14.9123$
✓ S15, S19
✓ MLA John Rustad
✓ Ben Laurence - videographer
Katherine Bergen 342.98
Minister Ida Chong ↓

Leg 1) 168 NM

Leg 2) 38 NM

Leg 3) 184 NM.

390 NM total
@ 14.9123 per NM

Blackcomb Helicopters Limited Partnership
Charter Invoice # 106027
May 4, 2012 Vancouver-108 Mile-Williams Lake-Vancouver

Amount	Cl.	Resp	Serv. Line	Stob	Project	Supplier	Passenger	Ministry
760.53	004	36A10	36200	5712	36MTSAC	S22	Hon. Christy Clark	Office of the Premier
760.53	004	36A10	36200	6504	3600000		S15	Office of the Premier
760.53	004	36A10	36200	5712	36MTSAC		Gabe Garfinkel	Office of the Premier
760.53	004	36A10	36200	5712	36MTSAC		Trevor Halford	Office of the Premier
760.53	004	36A10	36200	8225	3600000		John Rustad	MLA
1,327.19	004	36A10	36200	6504	3600000		Ben Laurence	Videographer minister's guest
342.98	004	36A10	36200	5712	36MTSAC		Kathryn Bergen	Office of the Premier
342.98	004	36A10	36200	5712	36MTSAC		Ida Chong	Comm. Sport & Cult. Dev.

\$5,815.80

*Do Not
invoice
as per
Tamara Davidson*



Where ideas work

Ministry of Finance

INVOICE CODING SHEET

RETURN CHEQUE TO MINISTRY?

(if yes, enter "D")

FOREIGN CURRENCY?

(if yes, enter "\$")

Link to Invoice Coding Sheet completion instructions.

PAYEE NAME <u>Omega Air Corporation</u> <u>BLACKCOMB HELICOPTERS LIMITED PARTNERSHIP</u>		* SUPPLIER # <u>081270</u> <u>2080194</u>	* SITE <u>002</u> <u>001</u>						
CONTRACT/PO # _____	INVOICE DATE <u>22-JUN-2012</u> DD-MMM-YYYY	INVOICE # _____	106066						
DATE INVOICE RECEIVED <u>03-JUL-2012</u> DD-MMM-YYYY	DATE GOODS/ SERVICES REC'D <u>14-JUN-2012</u> DD-MMM-YYYY	RECEIPT # _____							
NAME &/OR ADDRESS OVERRIDE:		DESCRIPTION FOR CHEQUE STUB:							
DATE CHQ/EFT REQ'D (ONLY IF URGENT) _____ DD-MMM-YYYY GL DATE (if applicable) _____ DD-MMM-YYYY PAY ALONE? YES ☐									
AMOUNT (INCLUDING TAX)	PRE-TAX AMOUNT	TAX RATE 12%, 11%, 5%, 0%	CL	RESP	SERVICE LINE	STOB	PROJECT	NAME & SUPPLIER # If STOB 57	OFA STOB & ASSET #
7,345.42	6,558.41	12%	004	36A10	36200	5712	3600000	CHARTER	
<i>See attached.</i>									
7,345.42	TOTAL								
* EXPENSE AUTHORITY (EA) INFORMATION: * <u>SANDY WHARF</u> EA PRINTED NAME * BRIEF PAYMENT DESCRIPTION FOR EA NOTIFICATION: Note: This is also the line description displayed on GL detail reports. * <i>[Signature]</i>					* QUALIFIED RECEIVER (QR) CERTIFICATION: * <u>ALISHA OLSON</u> QR PRINTED NAME 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). * <i>[Signature]</i> QR SIGNATURE				
ADDITIONAL INFORMATION OR INSTRUCTIONS:									

BRANCH BUSINESS CONTACT NAME AND PHONE NUMBER:

ALISHA OLSON (250) 356-2605

* Note: Fields with an asterisk do not need to be completed for iProcurement invoices.

FIN FSA 017 REV. JUN/10



FIN-2012-00215

Omega Air
Blackcomb Aviation

Charter Invoice #106066

June 13 and 14th Vancouver-Quesnel-108 Mile-Vancouver

Amount	GL	Resp	Serv. Line	Stob	Project	Supplier	Passenger	Ministry
1,712.84	004	36A10	36200	5712	36MTSAC	S22	Hon. Christy Clark	Office of the Premier
1,712.83	004	36A10	36200	5712	36MTSAC		Kim Haakstad	Office of the Premier
1,712.82	004	36A10	36200	6504	3600000		S15	Office of the Premier
875.24	004	36A10	36200	5735	3600000		Justin Schneider	GCPE
837.59	004	36A10	36200	5712	36MTSAC		Ken Boessenkool	Office of the Premier
494.10	004	36A10	36200	5712	36MTSAC		Shazia Rana	Office of the Premier

\$7,345.42

* JV to be done to transfer to ministry

① $3500.96 \div 4 = 875.25$

② $13713.96 \div 4 = 343.49/p$

③ $2470.49 \div 5 = 494.09$

Nautical miles.

1) 265 mi
2) 104 mi
3) ~~187~~ mi
187

\$56

BLACKCOMB

Aviation
HELICOPTER AND JET CHARTER SERVICES.

RECEIVED
JUN 22 2012
SCHEDULING BRANCH
OFFICE OF THE PREMIER

June 22, 2012

Invoice No. 106066
Trip No. 5743
Cust. No. S17
Quote No. 5274948

Office of the Premier
PO Box 9041
Stn Prov Govt
Victoria, BC
V8W 9E1

Attn: Tamara Davidson

RECEIVED
JUL 03 2012
DEPUTY MINISTER'S OFFICE
OFFICE OF THE PREMIER

Description

Trip Sequence				
Service Date	Aircraft	Departure	Destination	Passengers
13-Jun-12	C-FMCL	Vancouver, BC	Quesnel, BC	C. Clark K. Haakstad S15, S19 J. Schneider (ACPE)
14-Jun-12	C-FMCL	Quesnel, BC	108 Mile, BC	Same 3 Paxs <i>Clark</i> K. Boessenkool <i>Haakstad</i> S15, S19
14-Jun-12	C-FMCL	108 Mile, BC	Vancouver, BC	Same 4 Paxs S. Rana

Aircraft	\$	5,220.25
Air Travellers Security Charge		28.48
Int'l Processing Fees		-
Fuel Surcharges		123.50
Landing Fees		900.00
Crew Expenses		808.21
Special Request Catering		-
Third Party Exp.		-
Discount		(522.03)
Subtotal		6,558.41
HST	89422 0383RT	787.01
Total		\$ 7,345.42

Terms : Due on Receipt

Thank you for your Business
Remit payment to:
Omega Air Corporation
#400 - 375 Water st.
Vancouver, BC V6B 5C6

Tel: (604) 273-5311 Fax: (604) 273-8991

Davidson
June 22/12



Where ideas work

Ministry of Finance

INVOICE CODING SHEET

RETURN CHEQUE TO MINISTRY?

(if yes, enter "D")

FOREIGN CURRENCY?

(if yes, enter "\$")

Link to Invoice Coding Sheet completion instructions.

PAYEE NAME <u>Omega Air Corporation</u> BLACKCOMB HELICOPTERS LIMITED PARTNERSHIP		* SUPPLIER # <u>081270</u> <u>2080191</u>	* SITE <u>002</u> <u>001</u>						
CONTRACT/PO # _____	INVOICE DATE <u>09-JUL-2012</u> DD-MMM-YYYY	INVOICE # _____	<u>106089</u>						
DATE INVOICE RECEIVED <u>11-JUL-2012</u> DD-MMM-YYYY	DATE GOODS/ SERVICES REC'D <u>30-JUN-2012</u> DD-MMM-YYYY	RECEIPT # _____							
NAME &/OR ADDRESS OVERRIDE:		DESCRIPTION FOR CHEQUE STUB:							
DATE CHQ/EFT REQ'D (ONLY IF URGENT) _____ DD-MMM-YYYY GL DATE (if applicable) _____ DD-MMM-YYYY PAY ALONE? YES ☐									
AMOUNT (INCLUDING TAX)	PRE-TAX AMOUNT	TAX RATE 12%, 11%, 5%, 0%	CL	RESP	SERVICE LINE	STOB	PROJECT	NAME & SUPPLIER # if STOB 57	OFA STOB & ASSET #
6,401.35	5,715.49	12%	004	36A10	36200	5712	3600000	CHARTER	
<i>See att'd spreadsheet</i>									
6,401.35	TOTAL								
* EXPENSE AUTHORITY (EA) INFORMATION: * <u>MICHELLE LEAMY</u> EA PRINTED NAME * BRIEF PAYMENT DESCRIPTION FOR EA NOTIFICATION: Note: This is also the line description displayed on GL detail reports. * <i>Michelle Leamy</i>					* QUALIFIED RECEIVER (QR) CERTIFICATION: * <u>ALISHA OLSON</u> QR PRINTED NAME 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). * <i>Alisha Olson</i> QR SIGNATURE				
ADDITIONAL INFORMATION OR INSTRUCTIONS:									

BRANCH BUSINESS CONTACT NAME AND PHONE NUMBER:

ALISHA OLSON (250) 356-2605

* Note: Fields with an asterisk do not need to be completed for iProcurement invoices.

FIN FSA 017 REV. JUN/10



FIN-2012-00215

**Blackcomb Aviation
Charter Invoice #106089**

June 29-30 Vancouver-Kamloops-Williams Lake-Vancouver

Amount	Cl.	Resp	Serv. Line	Stob	Project	Supplier	Passenger	Ministry
676.37	004	36A10	36200	5712	36MTSAC	S22	Hon. Christy Clark	Office of the Premier
1,364.15	004	36A10	36200	5712	36MTSAC		Gabe Garfinkel	Office of the Premier
407.97	004	36A10	36200	5712	36MTSAC		Shane Mills	Office of the Premier
956.17	004	36A10	36200	5712	36MTSAC		Kathryn Bergen	Office of the Premier
1,364.15	004	36A10	36200	6504	3600000		S15	Office of the Premier
s.3								
956.17	004	36A10	36200	5712	3600000		Kyle Surovy	GCPE

Not Responsive

* Invoice to be prepared to request reimbursement from the Legislative Assembly

** To be JV'd to correct office.

BLACKCOMB

Aviation
HELICOPTER AND JET CHARTER SERVICES

RECEIVED

JUL 11 2012

SCHEDULING BRANCH
OFFICE OF THE PREMIER

July 9, 2012

Invoice No. 106089
Trip No. 5651
Cust. No. S17
Quote No. 5287396

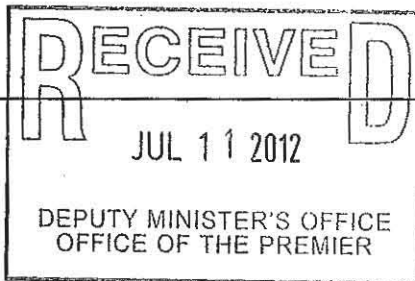
Office of the Premier
PO Box 9041
Stn Prov Govt
Victoria, BC
V8W 9E1

Attn: Tamara Davidson

Description

Trip Sequence				
Service Date	Aircraft	Departure	Destination	Passengers
29-Jun-12	C-FAMJ	Vancouver, BC	Kamloops, BC	C. Clark S15, S19 G. Garfinkel S22 S. Mills
29-Jun-12	C-FAMJ	Kamloops, BC	Williams Lake, BC	Same 4 Paxs (Clark, S15, S19 K. Bergen S22, Garfinkel) K. Surovy (ACPE)
30 Jun 12 1-Jul-12	C-FAMJ	Williams Lake, BC	Vancouver, BC	Same 4 Paxs S15, S19 Garfinkel Bergen K. Surovy (ACPE)

Aircraft
Air Travellers Security Charge
Int'l Processing Fees
Fuel Surcharges
Landing Fees
Crew Expenses
Special Request Catering
Third Party Exp.



Discount	(471.00)
Subtotal	5,715.49
HST	685.86
Total	\$ 6,401.35

Terms : Due on Receipt
Thank you for your Business
Remit payment to:
Omega Air Corporation
#400 - 375 Water st.
Vancouver, BC V6B 5C6

Tel: (604) 273-5311 Fax: (604) 273-8991

Dandea

$$\$6401.35 \div 477 = 13.42$$

Leg 1 =	2039.85	\$407.97 each.
Leg 2 =	1610.40	268.40 each.
Leg 3 =	2751.10	687.78 each.

- 1) 152 mi
 - 2) 120 mi
 - 3) 205 mi
- Nautical miles.

S22

Not Responsive



Where ideas work

Ministry of Finance

INVOICE CODING SHEET

RETURN CHEQUE TO MINISTRY?

(if yes, enter "D")

FOREIGN CURRENCY?

(if yes, enter "\$")

Link to Invoice Coding Sheet completion Instructions.

PAYEE NAME <u>Omega Air Corporation</u> <u>BLACKCOMB-HELICOPTERS LIMITED PARTNERSHIP</u>		* SUPPLIER # <u>081 270</u> <u>2080191</u>	* SITE <u>002</u> <u>001</u>						
CONTRACT/PO # _____	INVOICE DATE <u>13-JUL-2012</u> DD-MMM-YYYY	INVOICE # _____	<u>106093</u>						
DATE INVOICE RECEIVED <u>13-JUL-2012</u> DD-MMM-YYYY	DATE GOODS/ SERVICES REC'D <u>11-JUL-2012</u> DD-MMM-YYYY	RECEIPT # _____							
NAME &/OR ADDRESS OVERRIDE:		DESCRIPTION FOR CHEQUE STUB:							
DATE CHQ/EFT REQ'D (ONLY IF URGENT) _____ DD-MMM-YYYY GL DATE (if applicable) _____ DD-MMM-YYYY PAY ALONE? YES ☐									
AMOUNT (INCLUDING TAX)	PRE-TAX AMOUNT	TAX RATE 12%, 11%, 5%, 0%	CL	RESP	SERVICE LINE	STOB	PROJECT	NAME & SUPPLIER # If STOB 57	OFA STOB & ASSET #
4,415.00	3,941.96	12%	004	36A10	36200	5712	3600000	CHARTER	
<i>See att'd spreadsheet</i>									
4,415.00	TOTAL								
* EXPENSE AUTHORITY (EA) INFORMATION: * <u>MICHELLE LEAMY</u> EA PRINTED NAME * BRIEF PAYMENT DESCRIPTION FOR EA NOTIFICATION: Note: This is also the line description displayed on GL detail reports. * <i>Michelle Leamy</i>					* QUALIFIED RECEIVER (QR) CERTIFICATION: * <u>ALISHA OLSON</u> QR PRINTED NAME 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). * <i>[Signature]</i> QR SIGNATURE				
ADDITIONAL INFORMATION OR INSTRUCTIONS: <u>NB: 152nm each leg</u>									

BRANCH BUSINESS CONTACT NAME AND PHONE NUMBER:

ALISHA OLSON (250) 356-2605

* Note: Fields with an asterisk do not need to be completed for iProcurement invoices.

FIN FSA 017 REV. JUN/10



Blackcomb Aviation
Charter Invoice #106093
July 11 Vancouver-Kamloops-Vancouver

Amount	Cl.	Resp	Serv. Line	Stob	Project	Supplier	Passenger	Ministry
756.86	004	36A10	36200	5712	36MTSAC	S22	Hon. Christy Clark	Office of the Premier
756.86	004	36A10	36200	5712	36MTSAC		Gabe Garfinkel	Office of the Premier
756.86	004	36A10	36200	5712	36MTSAC		Mike Morton	Office of the Premier
315.35	004	36A10	36200	5712	36MTSAC		Kathryn Bergen	Office of the Premier
756.86	004	36A10	36200	6504	3600000		S15	Office of the Premier
756.86	004	36A10	36200	5712	36MTSAC		John Manning	Health
315.35	004	36A10	36200	5712	36MTSAC		Hon. Terry Lake	Environment
\$4,415.00								

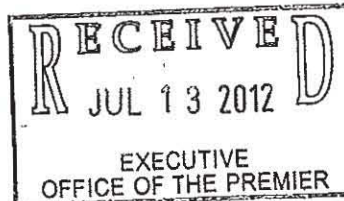
* To be JV'd to correct office

$\$4415 \div 2 = 2207.50$
 leg 1 \$ 441.50 each.
 leg 2 \$ 315.36 each

Nautical
 miles
 1) 152 mi
 2) 152 mi

BLACKCOMB

Aviation
HELICOPTER AND JET CHARTER SERVICES



July 13, 2012

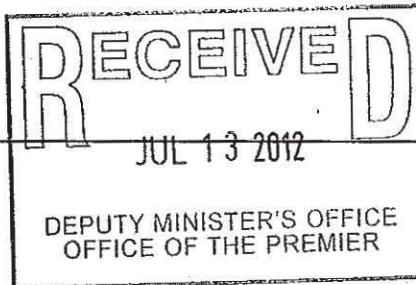
Invoice No. 106093
Trip No. 5656
Cust. No. S17
Quote No. 5299828

Office of the Premier
PO Box 9041
Stn Prov Govt
Victoria, BC
V8W 9E1

Attn: Tamara Davidson

Description

Trip Sequence				
Service Date	Aircraft	Departure	Destination	Passengers
11-Jul-12	C-FAMJ	Vancouver, BC	Kamloops, BC	C. Clark G. Garfinkel S15, S19 J. Manning- <i>HLTH</i> M. Morton
11-Jul-12	C-FAMJ	Kamloops, BC	Vancouver, BC	Same 5 Paxs K. Bergen T. Lake - <i>MINISTER ENV.</i>



Aircraft		\$ 3,140.00
Air Travellers Security Charge		85.44
Int'l Processing Fees		-
Fuel Surcharges		75.00
Landing Fees		600.00
Crew Expenses		355.52
Special Request Catering		-
Third Party Exp.		-
Discount		(314.00)
Subtotal		3,941.96
HST	89422 0383RT	473.04
Total		\$ 4,415.00

Terms : Due on Receipt

Thank you for your Business
Remit payment to:
Omega Air Corporation
#400 - 375 Water st.
Vancouver, BC V6B 5C6

Davidson

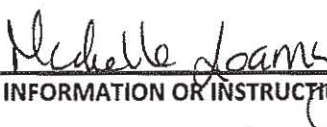
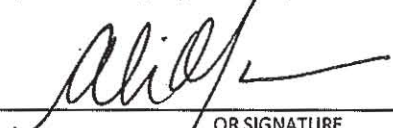
Tel: (604) 273-5311 Fax: (604) 273-8991



Where ideas work

Ministry of Finance

INVOICE CODING SHEET **FS**RETURN CHEQUE TO MINISTRY?
(if yes, enter "D")FOREIGN CURRENCY?
(if yes, enter "\$")[Link to Invoice Coding Sheet completion instructions.](#)

PAYEE NAME <u>OMEGA AIR CORPORATION</u>					* SUPPLIER # <u>081270</u>		* SITE <u>002</u>		
CONTRACT/PO # _____			INVOICE DATE <u>20-JUL-2012</u> DD-MMM-YYYY		INVOICE # <u>106122</u>				
DATE INVOICE RECEIVED <u>20-JUL-2012</u> DD-MMM-YYYY			DATE GOODS/ SERVICES REC'D <u>13-JUL-2012</u> DD-MMM-YYYY		RECEIPT # _____				
NAME &/OR ADDRESS OVERRIDE:					DESCRIPTION FOR CHEQUE STUB:				
DATE CHQ/EFT REQ'D (ONLY IF URGENT) _____ DD-MMM-YYYY GL DATE (if applicable) _____ DD-MMM-YYYY PAY ALONE? YES ☐									
AMOUNT (INCLUDING TAX)	PRE-TAX AMOUNT	TAX RATE 12%, 13%, 5%, 0%	CL	RESP	SERVICE LINE	STOB	PROJECT	NAME & SUPPLIER # if STOB 57	OFA STOB & ASSET #
<u>10,947.81</u>	<u>9,774.83</u>	<u>12%</u>	<u>004</u>	<u>36A10</u>	<u>36200</u>	<u>5712</u>	<u>3600000</u>	<u>CHARTER</u>	
10,947.81	TOTAL								
* EXPENSE AUTHORITY (EA) INFORMATION: * <u>MICHELLE LEAMY</u> EA PRINTED NAME * BRIEF PAYMENT DESCRIPTION FOR EA NOTIFICATION: Note: This is also the line description displayed on GL detail reports. * 					* QUALIFIED RECEIVER (QR) CERTIFICATION: * <u>ALISHA OLSON</u> QR PRINTED NAME 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). *  QR SIGNATURE				
ADDITIONAL INFORMATION OR INSTRUCTIONS: <u>NM Leg 1: 493; NM Leg 2: 467</u>									

BRANCH BUSINESS CONTACT NAME AND PHONE NUMBER:

ALISHA OLSON (250) 356-2605

* Note: Fields with an asterisk do not need to be completed for iProcurement invoices.



BLACKCOMB

Aviation
HELICOPTER AND JET CHARTER SERVICES

RECEIVED
JUL 20 2012
SCHEDULING BRANCH
OFFICE OF THE PREMIER

July 20, 2012

Invoice No. 106122
Trip No. 5657
Cust. No. S17
Quote No. 5288741

Nautical miles

Office of the Premier
PO Box 9041
Stn Prov Govt
Victoria, BC
V8W 9E1

RECEIVED
JUL 20 2012
DEPUTY MINISTER'S OFFICE
OFFICE OF THE PREMIER

Attn: Tamara Davidson

1) 493 mi
2) re-position
3) 467 mi

Description

Trip Sequence

Service Date	Aircraft	Departure	Destination	Passengers
12-Jul-12	C-FAMJ	Vancouver, BC	Fort St John, BC	G. Clark - 937.05 G. Garfinkel - 937.05 S15, S19 S. Thomson - Minister - 937.05 M. Morton - 937.04 R. Coleman - Minister - 937.04
12-Jul-12	C-FAMJ	Fort St John, BC	Dawson Creek, BC	Position
13-Jul-12	C-FAMJ	Dawson Creek, BC	Vancouver, BC	Same 5 Paxs S15, S19 760.79 Clark 760.79 Garfinkel 760.79 Morton R. Coleman - Minister - 760.79

Clark
Garfinkel
S15

\$ 9,090.30
92.56
225.00
600.00
676.00

960 NM ✓

$10947.81 \div 960 = 11.40$ per NM

$493 \text{ NM} \div 6 = 82.17 \times 11.40 = 936.74$ Per Passenger

$467 \div 7 = 66.71 \times 11.40 = 760.49$ Per Passenger

$937.04 \times 6 = 5622.24$

$760.79 \times 7 = 5325.53$

89422 0383RT

(909.03)
9,774.83
1,172.98
\$ 10,947.81 ✓

$936.74 \times 6 = 5620.44$

$760.49 \times 7 = 5323.43$ +

$= 10943.87$ out 3.94 round up

Handson

$3.94 \div 13 \text{ pax} = .30$ add to each person

Per leg

(604) 273-8991

Blackcomb Aviation
Charter Invoice #106122
Jul 12-13/12 Vancouver-Ft St John-Dawson Creek-Vancouver

Amount	Cl.	Resp	Serv. Line	Stob	Project	Supplier	Passenger	Ministry
1,697.84	004	36A10	36200	5712	36MTSAC	1037399	Hon. Christy Clark	Office of the Premier
1,697.84	004	36A10	36200	5712	36MTSAC	2306543	Gabe Garfinkel	Office of the Premier
1,697.84	004	36A10	36200	6504	3600000	299883	S15, S19	Office of the Premier
937.05	004	36A10	36200	5712	36MTSAC	2168425	Minister Thomson	Forest, Lands & NRO
1,697.83	004	36A10	36200	5712	36MTSAC	1031258	Mike Morton	Office of the Premier
1,697.83	004	36A10	36200	5712	36MTSAC	1037396	Minister Coleman	Energy & Mines/Housing
760.79	004	36A10	36200	6504	3600000	299883		Office of the Premier
760.79	004	36A10	36200	6504	3600000	299883	S15, S19	Office of the Premier

\$10,947.81

* Invoice to be prepared to request reimbursement from the Legislative Assembly

** To be JV'd to correct office.

JOURNAL VOUCHER

PAGE 1 BATCH NO.

2 DOCUMENT NO.

Amendments not initialled by the signing authorities will be rejected. See Core Policy and Procedures Manual for additional instruction.

1

41121 398

3 ISSUING CLIENT		4 CONTACT NAME/PHONE NUMBER		5 DESCRIPTION OF JOURNAL ENTRY - MAXIMUM 60 CHARACTERS PRINTOUTS USE FIRST 30 CHARACTERS ONLY			6 FISCAL YEAR		7 BATCH DATE Y M D 2012 07 31	
Ministry of Finance		Kyra Goudie 7-9535		Trsf Charter from Prem Off to passenger			2013		8 EFFECTIVE DATE - optional Y M D 2012 07 31	
9. NAME OF PROGRAM/SERVICE LINE/REASON FOR TRANSACTION - Include names if for travel advance Attach supporting documents		10 CLIENT	11 RESP CENTRE	12 SERVICE LINE	13 STOB	14 PROJECT	15 SUPPLIER CODE REGULAR	16 SUPPLIER NAME	17 DEBIT (CREDIT) AMOUNT	
Hon Thomson Forest, Lands & NRO		128	71000	40001	5712	71MTSAC			836.65	
Hon Coleman - Energy Mines & Housing		057	27550	26000	5712	27MTSAC			1,515.92	
Blackcomb Aviation Inv #106122		004	36A10	36200	5712	36MTSAC			2,352.57	
CUT HERE IF MULT-PAGE										
ISSUING CLIENT AUTHORITY (EXPENSE OR REVENUE)		20 PRINT NAME		21 DATE SIGNED YMD			18 ENTER TOTAL DEBIT AMOUNT (Must Equal Total Credit Amount)			
19 SIGNATURE		Kanwal Kuckreja		2012 07 31						
PROCESSING AUTHORITY (ISSUING CLIENT)		23 PRINT NAME		24 DATE SIGNED YMD			18 ENTER TOTAL CREDIT AMOUNT (Must Equal Total Debit Amount)			
22 SIGNATURE										
RECEIVING CLIENT AUTHORITY (EXPENSE OR REVENUE)		26 PRINT NAME		27 CONTACT NAME / PHONE NO.			28 DATE SIGNED YMD			
25 SIGNATURE										



Where ideas work

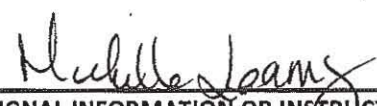
Ministry of Finance

INVOICE CODING SHEET

FS

RETURN CHEQUE TO MINISTRY?
(if yes, enter "D")FOREIGN CURRENCY?
(if yes, enter "\$")

Link to Invoice Coding Sheet completion instructions.

PAYEE NAME <u>OMEGA AIR CORPORATION</u>					* SUPPLIER # <u>081270</u>		* SITE <u>002</u>		
CONTRACT/PO # _____			INVOICE DATE <u>20-JUL-2012</u> DD-MMM-YYYY		INVOICE # <u>106123</u>				
DATE INVOICE RECEIVED <u>20-JUL-2012</u> DD-MMM-YYYY			DATE GOODS/ SERVICES REC'D <u>19-JUL-2012</u> DD-MMM-YYYY			RECEIPT # _____			
NAME &/OR ADDRESS OVERRIDE:					DESCRIPTION FOR CHEQUE STUB:				
DATE CHQ/EFT REQ'D (ONLY IF URGENT) _____ DD-MMM-YYYY GL DATE (if applicable) _____ DD-MMM-YYYY PAY ALONE? YES ☐									
AMOUNT (INCLUDING TAX)	PRE-TAX AMOUNT	TAX RATE 12%, 11%, 5%, 0%	CL	RESP	SERVICE LINE	STOB	PROJECT	NAME & SUPPLIER # if STOB 57	OFA STOB & ASSET #
15,470.07	13,812.56	12%	004	36A10	36200	5713	3600000	CHARTER	
3867.52	3453.14	12%	004	36A10	36200	5713	3600000 MTSAC	Clark, Christy	
3867.52	3453.14	12%	004	36A10	36200	5713	3600000 MTSAC	Garfinkel, Cate	
3867.52	3453.14	12%	004	36A10	36200	6504	3600000	S15	Minister
3867.52	3453.13	12%	004	36B10	36205	5713	3600000 MTSAC	Sweeney, Neil	
15,470.07	TOTAL								
* EXPENSE AUTHORITY (EA) INFORMATION: * <u>MICHELLE LEAMY</u> EA PRINTED NAME * BRIEF PAYMENT DESCRIPTION FOR EA NOTIFICATION: Note: This is also the line description displayed on GL detail reports. * 					* QUALIFIED RECEIVER (QR) CERTIFICATION: * <u>ALISHA OLSON</u> QR PRINTED NAME 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). *  QR SIGNATURE				
ADDITIONAL INFORMATION OR INSTRUCTIONS: <u>Leg 1: 821 NM; Leg 2: 426 NM; Leg 3: 511 NM</u>									

BRANCH BUSINESS CONTACT NAME AND PHONE NUMBER:

ALISHA OLSON (250) 356-2605

* Note: Fields with an asterisk do not need to be completed for iProcurement invoices.



BLACKCOMB

Aviation

HELICOPTER AND JET CHARTER SERVICES

RECEIVED

JUL 20 2012

SCHEDULING BRANCH
OFFICE OF THE PREMIER

July 20, 2012

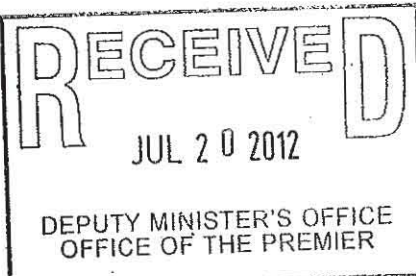
Invoice No. 106123
Trip No. 5658
Cust. No. S17
Quote No. 5305729

Nautical
miles

1) 821 miles.
2) 426 mi
3) 511 mi

Office of the Premier
PO Box 9041
Stn Prov Govt
Victoria, BC
V8W 9E1

Attn: Tamara Davidson



Description

Trip Sequence				
Service Date	Aircraft	Departure	Destination	Passengers
19-Jul-12	C-FAMJ	Vancouver, BC	Regina, SK	C. Clark G. Garfinkel S15, S19 S15 N. Sweeney Sweeney
19-Jul-12	C-FAMJ	Regina, SK	Edmonton, AB	Same 4 Paxs
19-Jul-12	C-FAMJ	Edmonton, AB	Vancouver, BC	Same 4 Paxs

Dms office Neil Sweeney
Dm.

1806.17
1806.17
1806.17
1806.16

937.18
937.18
937.18
937.18
1124.17
1124.17
1124.17
1124.17

Aircraft	13,784.60
Air Travellers	113.92
Int'l Processing	-
Fuel Surcharge	337.50
Landing Fees	900.00
Crew Expense	55.00
Special Reque	821 ÷ 4 = 205.25 × 8.7998 = 1806.16
Third Party Ex	426 ÷ 4 = 106.50 × 8.7998 = 937.18
	511 ÷ 4 = 127.75 × 8.7998 = 1124.17
	(1,378.46)
	13,812.56
	1,657.51
	15,470.07

15,470.07

Terms : Due on

add penny to first 3

1758 Nm

Thank you for your
Remit payment to:
Omega Air Corpor
#400 - 375 Water st
Vancouver, BC V6

passengers to make up
round off

8.7998 per Nm.

Clark 3867.52
Garfinkel 3867.52
S15 3867.52
Sweeney 3867.51



Where ideas work

Ministry of Finance

INVOICE CODING SHEET

FS

RETURN CHEQUE TO MINISTRY?
(if yes, enter "D")FOREIGN CURRENCY?
(if yes, enter "\$")[Link to Invoice Coding Sheet completion instructions.](#)

PAYEE NAME <u>OMEGA AIR CORPORATION</u>					* SUPPLIER # <u>081270</u>		* SITE <u>002</u>																																																																																																																																			
CONTRACT/PO # _____		INVOICE DATE <u>04-AUG-2012</u> DD-MMM-YYYY		INVOICE # <u>106137</u>																																																																																																																																						
DATE INVOICE RECEIVED <u>13-AUG-2012</u> DD-MMM-YYYY		DATE GOODS/ SERVICES REC'D <u>01-AUG-2012</u> DD-MMM-YYYY		RECEIPT # _____																																																																																																																																						
NAME &/OR ADDRESS OVERRIDE:				DESCRIPTION FOR CHEQUE STUB:																																																																																																																																						
DATE CHQ/EFT REQ'D (ONLY IF URGENT) _____ GL DATE (if applicable) _____ PAY ALONE? YES ☐																																																																																																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>AMOUNT (INCLUDING TAX)</th> <th>PRE-TAX AMOUNT</th> <th>TAX RATE 12%, 11%, 5%, 0%</th> <th>CL</th> <th>RESP</th> <th>SERVICE LINE</th> <th>STOB</th> <th>PROJECT</th> <th>NAME & SUPPLIER # if STOB 57</th> <th>OFA STOB & ASSET #</th> </tr> </thead> <tbody> <tr> <td>7,741.99</td> <td>6,912.49</td> <td>12%</td> <td>004</td> <td>36A10</td> <td>36200</td> <td>5712</td> <td>3600000</td> <td>CHARTER</td> <td></td> </tr> <tr> <td>1681.25</td> <td></td> <td></td> <td>004</td> <td>36A10</td> <td>36200</td> <td>5712</td> <td>3600000</td> <td>clark, C</td> <td></td> </tr> <tr> <td>1681.25</td> <td></td> <td></td> <td>004</td> <td>36A10</td> <td>36200</td> <td>5712</td> <td>3600000</td> <td>Gartinkel, Gabe</td> <td></td> </tr> <tr> <td>1681.24</td> <td></td> <td></td> <td>004</td> <td>36A10</td> <td>36200</td> <td>5712</td> <td>3600000</td> <td>morton, Mike</td> <td></td> </tr> <tr> <td>1017.01</td> <td></td> <td></td> <td>004</td> <td>36A10</td> <td>36200</td> <td>5712</td> <td>3600000</td> <td>Bergen, Kathryn</td> <td></td> </tr> <tr> <td>1681.24</td> <td></td> <td></td> <td>004</td> <td>36A10</td> <td>36200</td> <td>6504</td> <td>3600000</td> <td></td> <td>S15</td> </tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td colspan="2">7,741.99</td> <td colspan="2">TOTAL</td> <td colspan="6"></td> </tr> </tbody> </table>									AMOUNT (INCLUDING TAX)	PRE-TAX AMOUNT	TAX RATE 12%, 11%, 5%, 0%	CL	RESP	SERVICE LINE	STOB	PROJECT	NAME & SUPPLIER # if STOB 57	OFA STOB & ASSET #	7,741.99	6,912.49	12%	004	36A10	36200	5712	3600000	CHARTER		1681.25			004	36A10	36200	5712	3600000	clark, C		1681.25			004	36A10	36200	5712	3600000	Gartinkel, Gabe		1681.24			004	36A10	36200	5712	3600000	morton, Mike		1017.01			004	36A10	36200	5712	3600000	Bergen, Kathryn		1681.24			004	36A10	36200	6504	3600000		S15																																																			7,741.99		TOTAL							
AMOUNT (INCLUDING TAX)	PRE-TAX AMOUNT	TAX RATE 12%, 11%, 5%, 0%	CL	RESP	SERVICE LINE	STOB	PROJECT	NAME & SUPPLIER # if STOB 57	OFA STOB & ASSET #																																																																																																																																	
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ADDITIONAL INFORMATION OR INSTRUCTIONS: <u>Leg 1: 151 NM; Leg 3: 289 NM</u>																																																																																																																																										

BRANCH BUSINESS CONTACT NAME AND PHONE NUMBER:

ALISHA OLSON (250) 356-2605

* Note: Fields with an asterisk do not need to be completed for iProcurement invoices.

RECEIVED ACCOUNTS DATE STAMP AUG 16 2012 CORPORATE AND MINISTRY SUPPORT SERVICES FSA

BLACKCOMB

Aviation

HELICOPTER AND JET CHARTER SERVICES

Nautical
miles

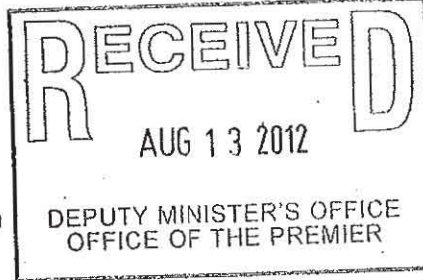
1) 151 nm
2) —
3) 289 nm

August 4, 2012

Invoice No.
Trip No.
Cust. No.
Quote No.

106137
5660
S17
5303251

Office of the Premier
PO Box 9041
Stn Prov Govt
Victoria, BC
V8W 9E1



Attn: Tamara Davidson

Description

Trip Sequence				
Service Date	Aircraft	Departure	Destination	Passengers
30-Jul-12	C-FAMJ	Vancouver, BC	Kelowna, BC	C. Clark G. Garfinkel S15, S19 M. Morton
				4
30-Jul-12	C-FAMJ	Kelowna, BC	Fairmont Hot Springs, BC	Position
1-Aug-12	C-FAMJ	Fairmont Hot Springs, BC	Vancouver, BC	Same 3 Paxs K. Bergen S15, S19
				5

1-oneway only

1-oneway only

\$ 5,746.20
28.48
165.00
900.00
647.43
(574.62)
6,912.49
829.50
\$ 7,741.99

Total Nm 440 = 175954 per Nm
151 ÷ 4 = 37.75 Per Person. \$ 664.23
289 ÷ 5 = 57.80 Per Person. \$ 1017.01
Clark 1681.24 + 1 = 1681.25
Garfinkel 1681.24 + 1 = 1681.25
Morton 1681.24
Bergen 1017.01
S15 1681.24
7741.97 = 7741.99

19422 0383RT

604) 273-8991

Handia
Aug 13/12