

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

PAYEE NAME	OMEGA AIR CORPORATION	* SUPPLIER #	081270	* SITE	002
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CONTRACT/PO #	INVOICE DATE	10-OCT-2012	INVOICE #	106224
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DD-MMM-YYYY

DATE INVOICE RECEIVED	11-OCT-2012	DATE GOODS/ SERVICES REC'D	05-OCT-2012	RECEIPT #
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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

[illegible]

6,007.86	TOTAL
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* 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 Dennis

ADDITIONAL INFORMATION OR INSTRUCTIONS:

* QUALIFIED RECEIVER (QR) CERTIFICATION:

* ALISHA OLSON

OR 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; and other conditions, if any, have been met).

*

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



FIN-2012-00304

Page 1

BLACKCOMB

Aviation

HELICOPTER AND JET CHARTER SERVICES

October 10, 2012

Invoice No. 106224
Trip No. 5679
Cust. No. S17
Quote No. 5341428

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

Attn: Tamara Davidson

Description

		Trip Sequence		Passengers
Service Date	Aircraft	Departure	Destination	
5-Oct-12	C-FAMJ	Vancouver, BC	Prince George, BC	C. Clark 600.77 G. Garfinkel 600.77 M. Morton 600.77 J. Schneider - GCPE Staff 600.77 S15, S19 600.77
5-Oct-12	C-FAMJ	Prince George, BC	Vancouver, BC	Same 5 Paxs 500.67 x5 T. Zwaan - GCPE Staff 500.66

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

Discount
Subtotal
HST
Total

89422 0383RT

\$ 4,992.60
78.32
142.50
600.00
50.00
(499.26)
5,364.16
643.70
\$ 6,007.86 ✓

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

JOURNAL VOUCHER

PAGE 1 BATCH NO.

2 - DOCUMENT NO.

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

1

41200 901

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 10 19	
MINISTRY OF FINANCE		KYRA 7-9535		TRSF CHARTER COSTS TO PASSENGER			2013		8 EFFECTIVE DATE - optional Y M D 2012 10 19	
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	
TRSF COSTS FROM PREM TO J. SCHNEIDER GCPE									983.43	
TRSF COSTS FROM PREM TO T. ZWAAN GCPE									447.02	
BLACKCOMB AVIATION #106224		004	36A10	36200	5712	36MTSAC			-1,430.45	
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									1,430.45	
PROCESSING AUTHORITY (ISSUING CLIENT)		23 PRINT NAME					24 DATE SIGNED YMD		18 ENTER TOTAL CREDIT AMOUNT (Must Equal Total Debit Amount)	
22 SIGNATURE									1,430.45	
RECEIVING CLIENT AUTHORITY (EXPENSE OR REVENUE)		26 PRINT NAME		27 CONTACT NAME / PHONE NO.			28 DATE SIGNED YMD			
25 SIGNATURE										

Blackcomb Aviation
Charter Invoice #106224
Oct 5/12 Vancouver-Prince George Mile-Vancouver

Amount	Cl.	Resp	Serv. Line	Stob	Project	Supplier	Passenger	Ministry
1,101.44	004	36A10	36200	5712	36MTSAC	S22	Hon. Christy Clark	Office of the Premier
1,101.44	004	36A10	36200	5712	36MTSAC		Gabe Garfinkel	Office of the Premier
1,101.44	004	36A10	36200	6504	3600000		S15	Office of the Premier
1,101.44	004	36A10	36200	5712	36MTSAC		Mike Morton	Office of the Premier
1,101.44	004	36A10	36200	5712	3600000		Justin Schneider	GCPE
500.66	004	36A10	36200	5712	3600000		T. Zwaan	GCPE
\$6,007.86								

* JV to be done to transfer to ministry



Where ideas work

Ministry of Finance

INVOICE CODING SHEET

RETURN CHEQUE TO MINISTRY?

(if yes, enter "D")

FS

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>21-SEP-2012</u> <small>DD-MMM-YYYY</small>		INVOICE # <u>106204</u>					
DATE INVOICE RECEIVED <u>24-SEP-2012</u> <small>DD-MMM-YYYY</small>		DATE GOODS/ SERVICES REC'D <u>18-SEP-2012</u> <small>DD-MMM-YYYY</small>		RECEIPT # _____					
NAME &/OR ADDRESS OVERRIDE:				DESCRIPTION FOR CHEQUE STUB:					
<div style="display: flex; justify-content: space-between;"> <div>DATE CHQ/EFT REQ'D (ONLY IF URGENT) <u>DD-MMM-YYYY</u></div> <div>GL DATE (if applicable) <u>DD-MMM-YYYY</u></div> <div>PAY ALONE? YES <input type="checkbox"/></div> </div>									
AMOUNT (INCLUDING TAX)	PRE-TAX AMOUNT	TAX RATE <small>12%, 11%, 5%, 0%</small>	CL	RESP	SERVICE LINE	STOB	PROJECT	NAME & SUPPLIER # If STOB 57	OFA STOB & ASSET #
6,035.01	5,388.40	12%	004	36A10	36200	5712	3600000	CHARTER	
<i>See attached spreadsheet</i>									
6,035.01	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: <u>Leg 1: 276 NM; Leg 2: 276 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.

FIN FSA 017 REV. JUN/10



BLACKCOMB AVIATION
Charter Invoice # 106204
OCT 2, 2012 VANCOUVER TO PRINCE GEORGE TO VANCOUVER

Amount	Cl.	Resp	Serv. Line	Stob	Project	Supplier	Passenger	Ministry
933.99	004	36A10	36200	5712	36MTSAC	S22	Hon. Christy Clark	Office of the Premier
933.99	004	36A10	36200	6504	3600000		S15	Office of the Premier
933.99	004	36A10	36200	5712	36MTSAC		Gabe Garfinkel	Office of the Premier
933.99	004	36A10	36200	5712	36MTSAC		Mills, Shane	Office of the Premier
933.99	004	36A10	36200	5712	36MTSAC		Sharma, Rishi	Advanced Ed, Innov. Mult.
933.99	004	36A10	36200	5712	36MTSAC		Yap, John	Advanced Ed, Innov. Mult.
431.07	004	36A10	36200	5712	36MTSAC		Kathryn Bergen	Office of the Premier

\$6,035.01

BLACKCOMB

Aviation
HELICOPTER AND JET CHARTER SERVICES

Nautical
miles

1) 276nm

2) 276 nm

September 21, 2012

Invoice No. 106204
Trip No. 5672
Cust. No. S17
Quote No. 5334059

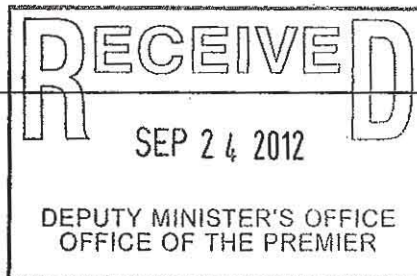
552.00

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	
18-Sep-12	C-FAMJ	Vancouver, BC	Prince George, AB	✓ C. Clark ✓ G. Garfinkel ✓ S. Mills ✓ R. Sharma - AVED staff. ✓ S15, S19 J. Yap - Minister - AVED	502.92
18-Sep-12	C-FAMJ	Prince George, AB	Vancouver, BC	Same 6 Paxs K. Bergen ✓ C. Clark ✓ G. Garfinkel ✓ S. Mills R. Sharma. ✓ S15, S19 J. YAP.	3017.52 = 7 PAX on return 431.07 3017.49
				Aircraft	\$ 4,992.60
				Air Travellers Security Charge	92.56
				Int'l Processing Fees	-
				Fuel Surcharges	142.50
				Landing Fees	600.00
				Crew Expenses	60.00
				Special Request Catering	-
				Third Party Exp.	-
				Discount	(499.26)
				Subtotal	5,388.40
				HST	646.61
				Total	\$ 6,035.01



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

Goudie, Kyra FIN:EX

From: Fleites Toris, Angela AEIT:EX
Sent: Tuesday, October 2, 2012 3:57 PM
To: Goudie, Kyra FIN:EX
Subject: FW: JV #41185279 CHARTER BLACKCOMB.xls
Attachments: JV #41185279 CHARTER BLACKCOMB.xls

Charges approved for Minister Yap and Rishi Sharma.

Thanks,

*Angela Fleites Toris
Administrative Coordinator
Office of the Minister
Minister of Advanced Education,
Innovation and Technology
and Minister Responsible for Multiculturalism
PO Box 9080 Victoria, BC V8W 9E2
Ph: 250-356-0179 / Fax: 250-952-0260
Direct: 250-356-5255*

From: Goudie, Kyra FIN:EX
Sent: Tuesday, October 2, 2012 3:52 PM
To: Fleites Toris, Angela AEIT:EX
Subject: JV #41185279 CHARTER BLACKCOMB.xls

Hi Angela,

Could you please approve via email charges for Minister Yap and Rishi's charter from Van to Prince George to Van on Sep 18th. This JV will transfer from Premier's office to Advanced Education. Thanks



PAGE 1 BATCH NO.

2 DOCUMENT NO.

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

41185 279

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 10 02	
FINANCE		KYRA 7-9535		TRSF CHARTER COST TO PASSENGER			2013		8 EFFECTIVE DATE - optional Y M D 2012 10 02	
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	
YAP, JOHN MINISTER OF AVED		019	11001	18000	5712	11MTSAC			833.92	
RISHI SHARMA AVED		019	11001	18000	5712	11MTSAC			833.92	
BLACKCOMB INV# 106204		004	36A10	36200	5712	36MTSAC			-1,667.84	
CUT HERE IF MULT-PAGE										
ISSUING CLIENT AUTHORITY (EXPENSE OR REVENUE)							21 DATE SIGNED YMD 2012 10 02		18 ENTER TOTAL DEBIT AMOUNT <i>(Must Equal Total Credit Amount)</i>	
19 SIGNATURE			20 PRINT NAME CINDY MCKINSTRY						1,667.84	
PROCESSING AUTHORITY (ISSUING CLIENT)							24 DATE SIGNED YMD		18 ENTER TOTAL CREDIT AMOUNT <i>(Must Equal Total Debit Amount)</i>	
22 SIGNATURE			23 PRINT NAME						1,667.84	
RECEIVING CLIENT AUTHORITY (EXPENSE OR REVENUE)							28 DATE SIGNED YMD			
25 SIGNATURE		26 PRINT NAME		27 CONTACT NAME / PHONE NO.						



Where ideas work

Ministry of Finance

INVOICE CODING SHEET

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

F5

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>25-SEP-2012</u> <small>DD-MMM-YYYY</small>					INVOICE # <u>106215</u>				
DATE INVOICE RECEIVED <u>25-SEP-2012</u> <small>DD-MMM-YYYY</small>					DATE GOODS/ SERVICES REC'D <u>20-SEP-2012</u> <small>DD-MMM-YYYY</small>					RECEIPT # _____				
NAME &/OR ADDRESS OVERRIDE:					DESCRIPTION FOR CHEQUE STUB:									
DATE CHQ/EFT REQ'D (ONLY IF URGENT) _____ <small>DD-MMM-YYYY</small>					GL DATE (if applicable) _____ <small>DD-MMM-YYYY</small>					PAY ALONE? YES <input type="checkbox"/>				

AMOUNT (INCLUDING TAX)	PRE-TAX AMOUNT	TAX RATE <small>12%, 11%, 5%, 0%</small>	CL	RESP	SERVICE LINE	STOB	PROJECT	NAME & SUPPLIER # If STOB 57	OFA STOB & ASSET #
4,062.46	3,627.36	12%	004	36A10	36200	5712	3600000	CHARTER	
1184.93	1057.97	12%	004	36A10	36200	5712	36MTBAC	CLARK, Christy	
1184.94	1057.98	12%	004	36A10	36200	5712	36MTBAC	Garfinkel, Gabe	
1184.93	1057.97	12%	004	36A10	36200	6504	3600000		S15
507.84	453.43	12%	004	36A10	36200	5712	36MTBAC	MacIntyre, Sarah	
4062.64 4,062.46	TOTAL								

<p>* EXPENSE AUTHORITY (EA) INFORMATION:</p> <p>* <u>MICHELLE LEAMY</u> EA PRINTED NAME</p> <p>* BRIEF PAYMENT DESCRIPTION FOR EA NOTIFICATION: Note: This is also the line description displayed on GL detail reports.</p> <p>* <u>Michelle Leamy</u></p>	<p>* QUALIFIED RECEIVER (QR) CERTIFICATION:</p> <p>* <u>ALISHA OLSON</u> QR PRINTED NAME</p> <p>The goods provided or services delivered have been inspected or reviewed; and the goods or services were properly received and documentation to support the account has been verified (i.e., goods: as ordered, correct quantity and suitable quality; services: as contracted, appropriate deliverables and/or performance criteria met; or other conditions, if any, have been met).</p> <p>* <u>Alisha Olson</u> QR SIGNATURE</p>
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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.

ACCOUNTS DATE STAMP

SEP 27 2012

CORPORATE AND MINISTRY
SUPPORT SERVICES
FSA

BLACKCOMB

Aviation

HELICOPTER AND JET CHARTER SERVICES

September 25, 2012

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

Attn: Tamara Davidson

Invoice No. 106215
Trip No. 6140
Cust. No. S17
Quote No. 5311217

Nautical miles

1) 151 nm

2) 151 nm

302

Description

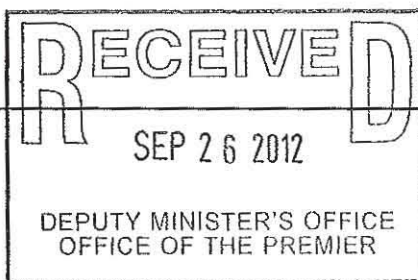
Trip Sequence				
Service Date	Aircraft	Departure	Destination	Passengers
20-Sep-12	C-FMCG	Vancouver, BC	Kelowna, BC	C. Clark x2 567.83 G. Garfinkel x2 507.84 S. MacIntyre 507.84 S15, S19 x2 507.83

20-Sep-12 C-FMCG Kelowna, BC Vancouver, BC

Same 3 Paxs

*Clark 677.10
Garfinkel 677.10
S15, S19 677.10*

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



\$ 2,700.40
56.96
90.00
600.00
180.00

Subtotal

HST

Total

89422 0383RT

3,627.36

435.28

\$ 4,062.64 ✓

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

Bandia