

| invoice_nu |           | vendor_n     |                    |         |  |              |            |         |              |      |                                   |                     |  |  |  |  |  |
|------------|-----------|--------------|--------------------|---------|--|--------------|------------|---------|--------------|------|-----------------------------------|---------------------|--|--|--|--|--|
| invoice_id | mber      | invoice_date | payee              | umber   | invoice_description  | entered_date | due_date   | mount   | service_line | stob | responsibility                    | service             | type   |  |  |  |  |
| 18283707   | SUP01JUL1 | 2015/07/01   | SUPER 8 ABBOTSFORD | 2406846 | CONFIRMATION NO. s.17 ACCT NO. 578-770680; RECEIVABLE ACCT NO 629-097315 | 2015/07/23   | 2015/07/21 | 1432.9  | 14304        | 7916 | Abbotsford Child Protection       | family support      | family support - safe place for mother and child |  |  |  |  |
| 18443809   | P0319642  | 2015/08/02   | SUPER 8 ABBOTSFORD | 2406846 | CONFIRMATION # s.17 ACCOUNT # 086-629160 NAME: s.22                      | 2015/08/13   | 2015/08/11 | 309.35  | 14105        | 7916 | After Hours - Provincial Response | after hours support | purchase document made out to adult              |  |  |  |  |
| 18783647   | P0319680  | 2015/09/15   | SUPER 8 ABBOTSFORD | 2406846 | ACCOUNT NUMBER: 008-732628 NAME: s.22 CONFIRMATION # s.17                | 2015/09/24   | 2015/09/24 | 300     | 14105        | 7916 | After Hours - Provincial Response | after hours support | purchase document made out to adult              |  |  |  |  |
| 18783658   | P0319687  | 2015/09/15   | SUPER 8 ABBOTSFORD | 2406846 | ACCOUNT NUMBER: 008-732628 NAME: s.22 CONFIRMATION # s.17                | 2015/09/24   | 2015/09/24 | 14.21   | 14105        | 7916 | After Hours - Provincial Response | after hours support | purchase document made out to adult              |  |  |  |  |
|            |           |              |                    |         |  |              |            | 2056.46 |              |      |                                   |                     |  |  |  |  |  |

Record 1

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Financial Administration Act*. Under certain circumstances, this collected information may be subject to disclosure as per the *Access to Information Act*, the *Freedom of Information and Protection of Privacy Act*. Any questions about the collection, use or disclosure of this information should be directed to the Help Desk, Finance and Administration Team, (250) 356-8139, PO Box 9760, Stn Prov Govt, Victoria, B.C. V8W 9S4.

| MIN | OCG SUPPLIER NUMBER | CONTRACT/PO NUMBER | DATE RECEIVED<br>(YYYYMMDD) | PAYMENT DUE DATE<br>(YYYYMMDD) |          |
|-----|---------------------|--------------------|-----------------------------|--------------------------------|----------|
| 39  | 2406846             |                    | 2015/07/14                  |                                | A 234095 |

|               |
|---------------|
| REMIT MESSAGE |
|               |

[illegible]

|       |           |
|-------|-----------|
| TOTAL | 14,329.90 |
|-------|-----------|

### SPECIAL INSTRUCTIONS:

SUPER 8 Abbottsford  
1881 SUMMIT WAY  
Abbottsford BC V2S4L5

FOR FINANCIAL OFFICE USE ONLY  
All particulars, including extensions  
and totals checked  
ACCOUNTING CLERK'S INITIALS

|                |    |                |
|----------------|----|----------------|
| PAGE<br>NUMBER | OF | TOTAL<br>PAGES |
|----------------|----|----------------|

|                      |          |              |  |
|----------------------|----------|--------------|--|
| FOR LOCAL OFFICE USE |          |              |  |
| CONTACT NAME         | INITIALS | PHONE NUMBER |  |
| LINDA DEWITT         | LD       | 604 876 5859 |  |

## EXPENSE AUTHORITY


CERTIFIED CORRECT PURSUANT TO SECTIONS 32 TO 33.2 OF THE FINANCIAL ADMINISTRATION ACT AND RELATED POLICIES.

PRINT NAME

TAN VAN DEVENTER

SIGNATURE

DATE (YYYY/MM/DD)

SIGNATURE 

15707/15



**RECEIVED**  
Ministry of Children and Family Development

JUN 14 2015  
ABBOTSFORD  
Child & Youth Mental Health - FDH

**SUPER 8 ABBOTSFORD**

1881 SUMAS WAY  
ABBOTSFORD BC V2S 4L5 CA  
Phone: 604-853-1141  
Fax: 604-853-8967  
Email: super8abbotsford@gmail.com  
Printed: 7/7/2015 2:53:27 PM

**Folio (Detailed)**

Name: s.22

Confirmation Number: s.17  
Account Number: 578-770680  
Receivable Account Number: 629-097315

Address: 2828 CRUIKSHANK ST  
ABBOTSFORD, BC V2T 5M4 CA

Room: 2018 Room Type: NQQ2, 2 Nights: 14 Guests: 1/1  
Rate Plan: RACK Daily Rate: \$89.00 + \$13.35 Tax GTD: DR - DIRECT BILL  
Arrival: 6/16/2015 (Tue) Departure: 6/30/2015 (Tue) \*MINISTRY OF CHILDREN &

**Room Rate:**

6/16/2015 (Tue) - 6/29/2015 (Mon) \$89.00 + \$13.35 Tax per night.

| Date      | Code | Description          | Amount  | Balance  |
|-----------|------|----------------------|---------|----------|
| 6/16/2015 | RM   | ROOM CHARGE          | \$89.00 | \$89.00  |
| 6/16/2015 | TAX2 | DEST MARKET TAX      | \$1.78  | \$90.78  |
| 6/16/2015 | TAX3 | PROVINCIAL SALES TAX | \$7.12  | \$97.90  |
| 6/16/2015 | TAX4 | GST                  | \$4.45  | \$102.35 |
| 6/17/2015 | RM   | ROOM CHARGE          | \$89.00 | \$191.35 |
| 6/17/2015 | TAX2 | DEST MARKET TAX      | \$1.78  | \$193.13 |
| 6/17/2015 | TAX3 | PROVINCIAL SALES TAX | \$7.12  | \$200.25 |
| 6/17/2015 | TAX4 | GST                  | \$4.45  | \$204.70 |
| 6/18/2015 | RM   | ROOM CHARGE          | \$89.00 | \$293.70 |
| 6/18/2015 | TAX2 | DEST MARKET TAX      | \$1.78  | \$295.48 |
| 6/18/2015 | TAX3 | PROVINCIAL SALES TAX | \$7.12  | \$302.60 |
| 6/18/2015 | TAX4 | GST                  | \$4.45  | \$307.05 |
| 6/19/2015 | RM   | ROOM CHARGE          | \$89.00 | \$396.05 |
| 6/19/2015 | TAX2 | DEST MARKET TAX      | \$1.78  | \$397.83 |
| 6/19/2015 | TAX3 | PROVINCIAL SALES TAX | \$7.12  | \$404.95 |
| 6/19/2015 | TAX4 | GST                  | \$4.45  | \$409.40 |
| 6/20/2015 | RM   | ROOM CHARGE          | \$89.00 | \$498.40 |
| 6/20/2015 | TAX2 | DEST MARKET TAX      | \$1.78  | \$500.18 |
| 6/20/2015 | TAX3 | PROVINCIAL SALES TAX | \$7.12  | \$507.30 |
| 6/20/2015 | TAX4 | GST                  | \$4.45  | \$511.75 |
| 6/21/2015 | RM   | ROOM CHARGE          | \$89.00 | \$600.75 |
| 6/21/2015 | TAX2 | DEST MARKET TAX      | \$1.78  | \$602.53 |
| 6/21/2015 | TAX3 | PROVINCIAL SALES TAX | \$7.12  | \$609.65 |
| 6/21/2015 | TAX4 | GST                  | \$4.45  | \$614.10 |
| 6/22/2015 | RM   | ROOM CHARGE          | \$89.00 | \$703.10 |
| 6/22/2015 | TAX2 | DEST MARKET TAX      | \$1.78  | \$704.88 |
| 6/22/2015 | TAX3 | PROVINCIAL SALES TAX | \$7.12  | \$712.00 |



# SUPER 8 ABBOTSFORD

1881 SUMAS WAY  
ABBOTSFORD BC V2S 4L5 CA

Phone: 604-853-1141

Fax: 604-853-8967

Email: super8abbotsford@gmail.com

Printed: 7/7/2015 2:53:27 PM

## Folio (Detailed)

| Date      | Code | Description                                | Amount       | Balance    |
|-----------|------|--|--------------|------------|
| 6/22/2015 | TAX4 | GST  | \$4.45       | \$716.45   |
| 6/23/2015 | RM   | ROOM CHARGE                                | \$89.00      | \$805.45   |
| 6/23/2015 | TAX2 | DEST MARKET TAX                            | \$1.78       | \$807.23   |
| 6/23/2015 | TAX3 | PROVINCIAL SALES TAX                       | \$7.12       | \$814.35   |
| 6/23/2015 | TAX4 | GST  | \$4.45       | \$818.80   |
| 6/24/2015 | RM   | ROOM CHARGE                                | \$89.00      | \$907.80   |
| 6/24/2015 | TAX2 | DEST MARKET TAX                            | \$1.78       | \$909.58   |
| 6/24/2015 | TAX3 | PROVINCIAL SALES TAX                       | \$7.12       | \$916.70   |
| 6/24/2015 | TAX4 | GST  | \$4.45       | \$921.15   |
| 6/25/2015 | RM   | ROOM CHARGE                                | \$89.00      | \$1,010.15 |
| 6/25/2015 | TAX2 | DEST MARKET TAX                            | \$1.78       | \$1,011.93 |
| 6/25/2015 | TAX3 | PROVINCIAL SALES TAX                       | \$7.12       | \$1,019.05 |
| 6/25/2015 | TAX4 | GST  | \$4.45       | \$1,023.50 |
| 6/26/2015 | RM   | ROOM CHARGE                                | \$89.00      | \$1,112.50 |
| 6/26/2015 | TAX2 | DEST MARKET TAX                            | \$1.78       | \$1,114.28 |
| 6/26/2015 | TAX3 | PROVINCIAL SALES TAX                       | \$7.12       | \$1,121.40 |
| 6/26/2015 | TAX4 | GST  | \$4.45       | \$1,125.85 |
| 6/27/2015 | RM   | ROOM CHARGE                                | \$89.00      | \$1,214.85 |
| 6/27/2015 | TAX2 | DEST MARKET TAX                            | \$1.78       | \$1,216.63 |
| 6/27/2015 | TAX3 | PROVINCIAL SALES TAX                       | \$7.12       | \$1,223.75 |
| 6/27/2015 | TAX4 | GST  | \$4.45       | \$1,228.20 |
| 6/28/2015 | RM   | ROOM CHARGE                                | \$89.00      | \$1,317.20 |
| 6/28/2015 | TAX2 | DEST MARKET TAX                            | \$1.78       | \$1,318.98 |
| 6/28/2015 | TAX3 | PROVINCIAL SALES TAX                       | \$7.12       | \$1,326.10 |
| 6/28/2015 | TAX4 | GST  | \$4.45       | \$1,330.55 |
| 6/29/2015 | RM   | ROOM CHARGE                                | \$89.00      | \$1,419.55 |
| 6/29/2015 | TAX2 | DEST MARKET TAX                            | \$1.78       | \$1,421.33 |
| 6/29/2015 | TAX3 | PROVINCIAL SALES TAX                       | \$7.12       | \$1,428.45 |
| 6/29/2015 | TAX4 | GST  | \$4.45       | \$1,432.90 |
| 6/30/2015 | DR   | s.22 [*MINISTRY OF CHILDREN<br>& FAMILY D] | (\$1,432.90) | \$0.00     |

## Summary

| Room       | Tax      | F&B    | Other  | CC     | Cash   | DB           |
|------------|----------|--------|--------|--------|--------|--------------|
| \$1,246.00 | \$186.90 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | (\$1,432.90) |

By signing below, I agree to these terms and conditions.



## **SUPER 8 ABBOTSFORD**

1881 SUMAS WAY  
ABBOTSFORD BC V2S 4L5 CA

Phone: 604-853-1141

Fax: 604-853-8967

Email: super8abbotsford@gmail.com

Printed: 7/7/2015 2:53:27 PM

### **Folio (Detailed)**

---

#### **Guest Signature:** \_\_\_\_\_

(1) Regardless of charge instructions, the undersigned acknowledges the above as personal indebtedness. (2) This property is privately owned and management reserves the right to refuse services to any one, and will not be responsible for injury or accidents to guests or loss of money, jewelry or any personal valuables of any kind.

"We or our affiliates may contact you about goods and services unless you call 888-946-4283 or write to Opt/Privacy, Wyndham Hotel Group, LLC, 22 Sylvan Way, Parsippany, NJ 07054 to opt out. View our website about privacy."



**SUPER 8 ABBOTSFORD**  
1881 SUMAS WAY  
ABBOTSFORD BC V2S 4L5 CA  
Phone: 604-853-1141  
Fax: 604-853-8967  
Email: super8abbotsford@gmail.com  
Printed: 6/16/2015 12:17:32 PM

**Confirmation**

---

Name: s.22  
Address: 2828 CRUIKSHANK ST  
ABBOTSFORD, BC V2T 5M4 CA

---

Date: Tuesday, June 16, 2015

Dear s.22

Thank you for choosing the SUPER 8 ABBOTSFORD for your next stay. The following is the confirmation information that you requested.

**Confirmation Number:** 578-770680  
**Account Number:** 578-770680

**Arrival Date:** Tuesday, June 16, 2015  
**Departure Date:** Tuesday, June 30, 2015  
**Number Of Nights:** 14  
**Room Type Requested:** NQQ2, 2 QUEENS/NSMK/MIC/FRG/HOTEL  
**Rate Plan Requested:** RACK - RACK  
**CXL Policy:**

**Room Rate:**

6/16/2015 (Tue) - 6/29/2015 (Mon) \$89.00 + Tax per night.

**Special Requests:**

**Total Estimated Stay Amount: \$1,246.00 + Tax**

We hope that you enjoy your stay at the SUPER 8 ABBOTSFORD and look forward to seeing you again.

Thank You,

**The Management of SUPER 8 ABBOTSFORD**

---

## **Cooke, Sandra L MCF:EX**

---

**From:** Devitt, Linda MCF:EX  
**Sent:** Tuesday, June 16, 2015 12:23 PM  
**To:** 'super8abbotsford@gmail.com'  
**Cc:** Weber, Tara MCF:EX; Cooke, Sandra L MCF:EX; Warren, Darci MCF:EX  
**Subject:** Room Reservation

Hi Victoria....as per your request, I am requesting a room for s.22 and Is.22 from today – June 16, 2015 to Tuesday June 30, 2015. Please send the invoice for the room upon s.22 's checkout to my attention or that of my colleague – Darci Warren at the address below. As per our conversation, the room rate is \$89 + tax per night for a total of \$102.35/night. I have provided you with my purchase card number to hold the room for s.22 and s.22. There are to be no charges put against the card.

Darci – when the invoice comes in, please pay by coding block.

Thanks,

Linda Devitt  
Acting Office Manager  
Abbotsford Child & Youth Mental Health Team – FDH/FDJ  
Child Protection Team - FFB  
Youth Services Team - FDG  
Ministry of Children & Family Development  
2828 Cruickshank Street  
Abbotsford BC V2T 5M4

Phone: 604-870-5859  
Fax: 604-870-5878  
[Linda.Devitt@gov.bc.ca](mailto:Linda.Devitt@gov.bc.ca)



Record 2



BRITISH  
COLUMBIA

Ministry of Children  
and Family Development

PURCHASE  
AUTHORIZATION

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the Financial Administration Act (FAA). Under certain circumstances, the collected information may be subject to disclosure as per the FAA and/or the Freedom of Information and Protection of Privacy Act. Any questions about collection, use or disclosure of the information should be directed to the Help Desk, (250) 350-8139, PO Box 9769, Stn Prov Govt, Victoria, B.C. V8W 9S6

COPY

**DO NOT GIVE CHANGE**

**RESTRICTIONS:**

P0319642

VOID IF ALTERED  
NOT VALID AFTER

2015 AUG 02  
EXPIRY DATE (YYYY/MM/DD)

GOODS FOR AMOUNT OF PURCHASE ONLY  
NOT TRANSFERABLE TO ANOTHER PURCHASE  
NOT NEGOTIABLE FOR CASH OR OTHER GOODS/SERVICES  
NOT VALID FOR GIFT CARDS OR ALCOHOL/TOBACCO PRODUCTS  
NOT VALID OVER \$300  
NO REFUNDS

To

SUPPLIER NAME IN FULL

SUPPLIER ADDRESS

STREET

CITY

POSTAL CODE

SUPER 8 HOTEL  
1881 SUMAS WAY ABBOTSFORD, BC

PLEASE PROVIDE:  
Purchaser

s.22

FIRST NAME

MIDDLE NAME

LAST NAME

WITH THE FOLLOWING GOODS AND/OR SERVICES

*[Signature]*  
PURCHASER'S SAMPLE SIGNATURE

| DESCRIPTION OF GOODS/SERVICES | MAXIMUM COST                | RESP | SERVICE LINE | STOB | PROJECT |
|-------------------------------|-----------------------------|------|--------------|------|---------|
| 1 Room                        | <del>269.55</del><br>269.55 | SOB  | 14105        | 7915 |         |

NOT TO EXCEED

☐ \$50 ☐ \$100 ☐ \$200 ☒ \$300

269.55 MAXIMUM VALUE  
Before taxes

OCG SUPPLIER CODE

AMOUNT IN WRITING

Three hundred

XX DOLLARS

Please enclose this authorization with your invoice (and original cash register receipt) and mail to:

**Ministry of Children and  
Family Development**

After Hours Program  
2nd Floor, 1727 W. Broadway  
Vancouver, BC  
V6J 4W6

**SUPPLIER**

PLEASE HAVE THE PURCHASER SIGN THE  
ACKNOWLEDGEMENT IN YOUR PRESENCE AND ENSURE  
THAT IT MATCHES THE SAMPLE SIGNATURE

I CERTIFY THAT I HAVE RECEIVED THE GOODS AND/OR SERVICES DESCRIBED  
ABOVE

PURCHASER'S VALIDATING SIGNATURE

DATE (YYYY/MM/DD)

Requisitioned in accordance with Expense Authority delegated by the Deputy Minister.

Signature of Expense Authority

Date 150804 District Office Code SOB

Print Name

M. TEFTRUP

YYYYMMDD

Telephone

604 660 4927

2015  
AFTER HOURS PROGRAM  
VANCOUVER



**BRITISH  
COLUMBIA**

Ministry of Children  
and Family Development

# PURCHASE AUTHORIZATION

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**DO NOT GIVE CHANGE**

VOID IF ALTERED  
NOT VALID AFTER

2015 AUG 02  
EXPIRY DATE (YYYY/MM/DD)

**RESTRICTIONS:**

GOODS FOR AMOUNT OF PURCHASE ONLY  
NOT TRANSFERABLE TO ANOTHER PURCHASER  
NOT NEGOTIABLE FOR CASH OR OTHER GOODS/SERVICES  
NOT VALID FOR GIFT CARDS OR ALCOHOL/TOBACCO PRODUCTS  
NOT VALID OVER \$300  
NO REFUNDS

**P0319642**

To

SUPPLIER NAME IN FULL

SUPER 8 HOTEL

SUPPLIER ADDRESS

STREET

CITY

POSTAL CODE

1881 SUMAS WAY ABBOTSFORD, BC

PLEASE PROVIDE:

Purchaser:

FIRST NAME

MIDDLE NAME

LAST NAME

WITH THE FOLLOWING GOODS AND/OR SERVICES:

*[Signature]*  
PURCHASER'S SIGNATURE

| DESCRIPTION OF GOODS/SERVICES | MAXIMUM COST                | RESP | SERVICE LINE | STOB | PROJECT |
|-------------------------------|-----------------------------|------|--------------|------|---------|
| 1 Room                        | <del>269.50</del><br>269.50 | SOB  | 14105        | 7983 |         |

NOT TO EXCEED

☐ \$50 ☐ \$100 ☐ \$200 ☒ \$300

269.50 MAXIMUM VALUE  
(Include taxes)

OGG SUPPLIER CODE

AMOUNT IN WRITING

Three hundred

XX DOLLARS

Please enclose this authorization with your invoice (and original cash register receipt) and mail to

**Ministry of Children and  
Family Development**

After Hours Program  
2nd Floor, 1727 W. Broadway  
Vancouver, BC  
V6J 4W6

**SUPPLIER**

PLEASE HAVE THE PURCHASER SIGN THE  
ACKNOWLEDGEMENT IN YOUR PRESENCE AND ENSURE  
THAT IT MATCHES THE SAMPLE SIGNATURE

I CERTIFY THAT I HAVE RECEIVED THE GOODS AND/OR SERVICES DESCRIBED  
ABOVE.

PURCHASER'S VALIDATING SIGNATURE

DATE (YYYY/MM/DD)

Requisitioned in accordance with Expense Authority delegated by the Deputy Minister.

Signature of Expense Authority

*[Signature]*

Date

150804

District Office Code

SOB

Telephone

604 660 4927



**BRITISH  
COLUMBIA**

Ministry of Children  
and Family Development

# PURCHASE AUTHORIZATION

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**DO NOT GIVE CHANGE**

**RESTRICTIONS:**

**P 0319643**

VOID IF ALTERED  
NOT VALID AFTER

2015 AUG 01  
EXPIRY DATE (YYYY/MM/DD)

GOODS FOR AMOUNT OF PURCHASE ONLY  
NOT TRANSFERABLE TO ANOTHER PURCHASER  
NOT NEGOTIABLE FOR CASH OR OTHER GOODS/SERVICES  
NOT VALID FOR GIFT CARDS OR ALCOHOL/TOBACCO PRODUCTS  
NOT VALID OVER \$300  
NO REFUNDS

To SUPER 8 HOTEL  
SUPPLIER NAME IN FULL  
1981 SUMMIT WAY Abbotsford BC  
SUPPLIER ADDRESS STREET CITY POSTAL CODE

PLEASE PROVIDE:  
Purchaser

s.22

WITH THE FOLLOWING GOODS AND/OR SERVICES

| DESCRIPTION OF GOODS/SERVICES | MAXIMUM COST | RESP | SERVICE LINE | STOB | PROJECT |
|-------------------------------|--------------|------|--------------|------|---------|
| TAX ON<br>Hotel Room          | 40.35        | SGB  | 14105        |      |         |

NOT TO EXCEED

☐ \$ 50 ☐ \$100 ☐ \$200 ☐ \$300

40.35

MAXIMUM VALUE  
(before taxes)

OCG SUPPLIER CODE

AMOUNT IN WRITING Forty

35 DOLLARS

Please enclose this authorization with your invoice (and original cash register receipt) and mail to:

## Ministry of Children and Family Development

After Hours Program  
2nd Floor, 1727 W. Broadway  
Vancouver, BC  
V6J 4W6

### SUPPLIER

PLEASE HAVE THE PURCHASER SIGN THE  
ACKNOWLEDGEMENT IN YOUR PRESENCE AND ENSURE  
THAT IT MATCHES THE SAMPLE SIGNATURE

I CERTIFY THAT I HAVE RECEIVED THE GOODS AND/OR SERVICES DESCRIBED  
ABOVE.

PURCHASER'S VALIDATING SIGNATURE

DATE (YYYY/MM/DD)

Requisitioned in accordance with Expense Authority delegated by the Deputy Minister.

Signature of Expense Authority M. J. TRUP

Print Name M. J. TRUP

2015 08/01 District Office Code SGB  
Telephone 604 610 4022

**SUPER 8 ABBOTSFORD**1881 SUMAS WAY  
ABBOTSFORD BC V2S 4L5 CA

Phone: 604-853-1141

Fax: 604-853-8967

Email: super8abbotsford@gmail.com

Printed: 8/2/2015 11:01:33 AM

**Folio (Detailed)**

|            |  |                            |                         |
|------------|--|----------------------------|-------------------------|
| Name:      | s.22   | Confirmation Number:       | s.17                    |
| Company:   | *MINISTRY OF CHILDREN & FAMILY D                 | Account Number:            | 086-629160              |
| Address:   | 2-1727 WEST BROADWAY<br>VANCOUVER, BC V6J 4W6 CA | Receivable Account Number: | 629-097315              |
| Room:      | 3009   | Room Type:                 | SNK1, STE/1             |
| Rate Plan: | RACK   | Daily Rate:                | \$269.00 + \$40.35 Tax  |
| Arrival:   | 8/1/2015 (Sat)                                   | Departure:                 | 8/2/2015 (Sun)          |
|            |  | Nights:                    | 1                       |
|            |  | Guests:                    | 1/3                     |
|            |  | GTD:                       | DR - DIRECT BILL        |
|            |  |                            | *MINISTRY OF CHILDREN & |

**Room Rate:**

8/1/2015 (Sat) - 8/1/2015 (Sat)

\$269.00 + \$40.35 Tax per night.

| Date     | Code | Description                             | Amount     | Balance  |
|----------|------|---|------------|----------|
| 8/1/2015 | RM   | ROOM CHARGE                             | \$269.00   | \$269.00 |
| 8/1/2015 | TAX2 | DEST MARKET TAX                         | \$5.38     | \$274.38 |
| 8/1/2015 | TAX3 | PROVINCIAL SALES TAX                    | \$21.52    | \$295.90 |
| 8/1/2015 | TAX4 | GST                                     | \$13.45    | \$309.35 |
| 8/2/2015 | DR   | s.22 [*MINISTRY OF CHILDREN & FAMILY D] | (\$309.35) | \$0.00   |

**Summary**

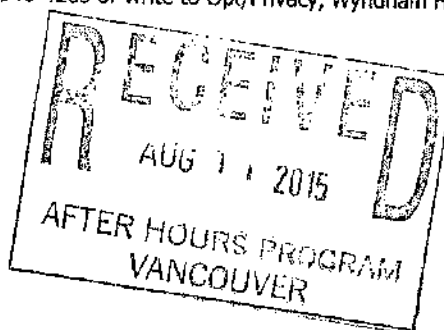
| Room     | Tax     | F&B    | Other  | CC     | Cash   | DB         |
|----------|---------|--------|--------|--------|--------|------------|
| \$269.00 | \$40.35 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | (\$309.35) |

By signing below, I agree to these terms and conditions.

**Guest Signature:**

(1) Regardless of charge instructions, the undersigned acknowledges the above as personal indebtedness. (2) This property is privately owned and management reserves the right to refuse services to any one, and will not be responsible for injury or accidents to guests or loss of money, jewelry or any personal valuables of any kind.

"We or our affiliates may contact you about goods and services unless you call 888-946-4283 or write to Opt/Privacy, Wyndham Hotel Group, LLC, 22 Sylvan Way, Parsippany, NJ 07054 to opt out. View our website about privacy."



Record 3:4

one invoice  
entered as  
two records  
in our system



BRITISH  
COLUMBIA

Ministry of Children  
and Family Development

# PURCHASE AUTHORIZATION

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the Financial Administration Act (FAA). Under certain circumstances, the collected information may be subject to disclosure as per the FAA and/or the Freedom of Information and Protection of Privacy Act. Any questions about the collection, use or disclosure of the information should be directed to the Help Desk, (250) 356-8139, PO Box 9789, Stn Prov Govt, Victoria, B.C. V8W 5S5

**DO NOT GIVE CHANGE**

VOID IF ALTERED  
NOT VALID AFTER

**RESTRICTIONS:**

P0319680

**GOOD FOR AMOUNT OF PURCHASE ONLY**  
**NOT TRANSFERABLE TO ANOTHER PURCHASER**  
**NOT NEGOTIABLE FOR CASH OR OTHER GOODS/SERVICES**  
**NOT VALID FOR GIFT CARDS OR ALCOHOL/TOBACCO PRODUCTS**  
**NOT VALID OVER \$300**  
**NO REFUNDS**

EXPIRY DATE (YYYY/MM/DD)

To Best Western Baker View

Super 8 Sumas Way

SUPPLIER NAME IN FULL

1881 Sumas Way

Abbotsford

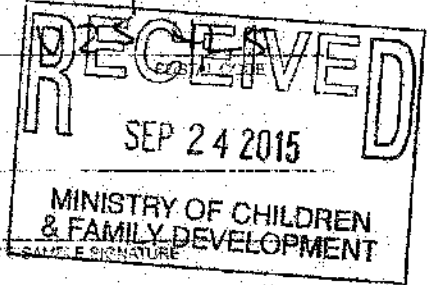
SUPPLIER ADDRESS

STREET

CITY

PLEASE PROVIDE: \$22  
Purchaser

WITH THE FOLLOWING GOODS AND/OR SERVICES



| DESCRIPTION OF GOODS/SERVICES          | MAXIMUM COST  | RESP           | SERVICE LINE | STOB       | PROJECT |
|--|---------------|----------------|--------------|------------|---------|
| <u>Hotel Room</u><br><u>1 2 nights</u> | <u>300.00</u> | <u>S&amp;B</u> | <u>4105</u>  | <u>796</u> |         |

NOT TO EXCEED

☐ \$50 ☐ \$100 ☐ \$200 ☒ \$300

MAXIMUM VALUE  
Before taxes

OCG SUPPLIER CODE

AMOUNT IN WRITING

three hundred

DOLLARS

Please enclose this authorization with your invoice (and original cash register receipt) and mail to:

## Ministry of Children and Family Development

After Hours Program  
2nd Floor, 1727 W. Broadway  
Vancouver, BC  
V6J 4W6

### SUPPLIER

PLEASE HAVE THE PURCHASER SIGN THE  
ACKNOWLEDGEMENT IN YOUR PRESENCE AND ENSURE  
THAT IT MATCHES THE SAMPLE SIGNATURE

I CERTIFY THAT I HAVE RECEIVED THE GOODS AND/OR SERVICES DESCRIBED  
ABOVE

By phone

PURCHASER'S VALIDATING SIGNATURE

DATE (YYYY/MM/DD)

Requisitioned in accordance with Expense Authority delegated by the Deputy Minister

Signature of Expense Authority

[Signature]

Print Name

Cheryl Mosher

Date 2015/09/12 District Office Code

SA B

YYYY/MM/DD

Telephone

604 660-4927



BRITISH  
COLUMBIA

Ministry of Children  
and Family Development

# PURCHASE AUTHORIZATION

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**DO NOT GIVE CHANGE**

**RESTRICTIONS:**

**P 0319687**

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NOT VALID OVER \$300  
NO REFUNDS

EXPIRY DATE (YYYY/MM/DD)

To Super 8 Sumas Way

SUPPLIER NAME IN FULL

1881 Sumas Way Abbotsford

SUPPLIER ADDRESS

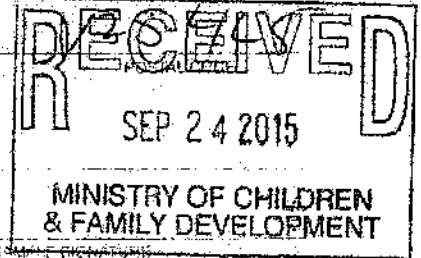
STREET

CITY

PLEASE PROVIDE: s.22  
Purchaser

FEE

WITH THE FOLLOWING GOODS AND/OR SERVICES.



PURCHASER'S SAMPLE SIGNATURE

| DESCRIPTION OF GOODS/SERVICES | MAXIMUM COST | RESP | SERVICE LINE | STOB | PROJECT |
|-------------------------------|--------------|------|--------------|------|---------|
| Hotel Room<br>x 2 A's         | 14.21        | SAB  | 14105        | 7916 |         |

NOT TO EXCEED

☐ \$ 50 ☐ \$100 ☐ \$200 ☐ \$300

14.21

MAXIMUM COST  
of purchase

OCG SUPPLIER CODE

AMOUNT IN WRITING

DOLLARS

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## Ministry of Children and Family Development

After Hours Program  
2nd Floor, 1727 W. Broadway  
Vancouver, BC  
V6J 4W6

### SUPPLIER

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THAT IT MATCHES THE SAMPLE SIGNATURE

I CERTIFY THAT I HAVE RECEIVED THE GOODS AND/OR SERVICES DESCRIBED  
ABOVE.

By phone

PURCHASER'S VALIDATING SIGNATURE

DATE (YYYY/MM/DD)

Requisitioned in accordance with Expense Authority delegated by the Deputy Minister.

Signature of Expense Authority

Dan Poe

Date 2015/09/12 District Office Code SAB

Print Name

DARREN POE

YYYY/MM/DD

Telephone

(604) 660-4427



**SUPER 8 ABBOTSFORD**1881 SUMAS WAY  
ABBOTSFORD BC V2S 4L5 CA

Phone: 604-853-1141

Fax: 604-853-8967

Email: super8abbotsford@gmail.com

Printed: 9/15/2015 12:09:32 AM

**Folio (Detailed)**

Name: s.22

Confirmation Number: s.17

Account Number: 008-732628

Receivable Account Number: 629-097315

Address: s.22

Room: 104

Room Type: ENQ1,

Nights: 2

Guests: 1/4

Rate Plan: SGV

Daily Rate: See room rate section below.

GTD: DR - DIRECT BILL

Arrival: 9/12/2015 (Sat)

Departure: 9/14/2015 (Mon)

\*MINISTRY OF CHILDREN &amp;

**Room Rate:**

9/12/2015 (Sat) - 9/12/2015 (Sat) \$120.60 + \$18.09 Tax per night.

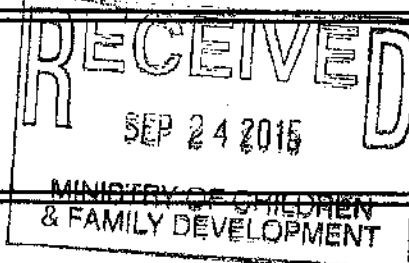
9/13/2015 (Sun) - 9/13/2015 (Sun) \$116.10 + \$17.42 Tax per night.

| Date      | Code | Description  | Amount     | Balance  |
|-----------|------|--|------------|----------|
| 9/12/2015 | RM   | ROOM CHARGE  | \$120.60   | \$120.60 |
| 9/12/2015 | TAX2 | DEST MARKET TAX  | \$2.41     | \$123.01 |
| 9/12/2015 | TAX3 | PROVINCIAL SALES TAX   | \$9.65     | \$132.66 |
| 9/12/2015 | TAX4 | GST  | \$6.03     | \$138.69 |
| 9/12/2015 | PETS | SPECIAL REQUEST FOR PETS                                       | \$10.00    | \$148.69 |
| 9/12/2015 | PETS | SPECIAL REQUEST FOR PETS                                       | \$10.00    | \$158.69 |
| 9/12/2015 | TAX4 | GST  | \$0.50     | \$159.19 |
| 9/12/2015 | TAX4 | GST  | \$0.50     | \$159.69 |
| 9/13/2015 | RM   | ROOM CHARGE  | \$116.10   | \$275.79 |
| 9/13/2015 | TAX2 | DEST MARKET TAX  | \$2.32     | \$278.11 |
| 9/13/2015 | TAX3 | PROVINCIAL SALES TAX   | \$9.29     | \$287.40 |
| 9/13/2015 | TAX4 | GST  | \$5.81     | \$293.21 |
| 9/13/2015 | PETS | SPECIAL REQUEST FOR PETS AFTER MINISTRY OF CHILDREN & FAMILY D | \$10.00    | \$303.21 |
| 9/13/2015 | PETS | SPECIAL REQUEST FOR PETS                                       | \$10.00    | \$313.21 |
| 9/13/2015 | TAX4 | GST  | \$0.50     | \$313.71 |
| 9/13/2015 | TAX4 | GST  | \$0.50     | \$314.21 |
| 9/14/2015 | DR   | s.22 [*MINISTRY OF CHILDREN & FAMILY D]                        | (\$314.21) | \$0.00   |

**Summary**

| Room     | Tax     | F&B    | Other   | CC     | Cash   | DB         |
|----------|---------|--------|---------|--------|--------|------------|
| \$236.70 | \$37.51 | \$0.00 | \$40.00 | \$0.00 | \$0.00 | (\$314.21) |

By signing below, I agree to these terms and conditions.




**BRITISH  
COLUMBIA**
**Ministry of Children  
and Family Development**
**PURCHASE  
AUTHORIZATION**

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**P0319680**
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NOT VALID FOR GIFT CARDS OR ALCOHOL/TOBACCO PRODUCTS  
NOT VALID OVER \$300  
NO REFUNDS**
**EXPIRY DATE (YYYY/MM/DD)**

To: Best Western Extended Super 8 Sumas Way  
 SUPPLIER NAME IN FULL  
1881 Sumas Way Abbotsford V2S 4L5  
 SUPPLIER ADDRESS STREET CITY POSTAL CODE

**PLEASE PROVIDE: s.22  
Purchaser**
**FIRST NAME**
**MIDDLE NAME**
**LAST NAME**
**WITH THE FOLLOWING GOODS AND/OR SERVICES:**
**PURCHASER'S SAMPLE SIGNATURE**

| DESCRIPTION OF GOODS/SERVICES | MAXIMUM COST | RESP | SERVICE LINE | STOB | PROJECT |
|-------------------------------|--------------|------|--------------|------|---------|
| Hotel Room<br>x 2 nts         | 300.00       | SeB  | NIAT         | 7916 |         |
|                               |              |      |              |      |         |
|                               |              |      |              |      |         |

**NOT TO EXCEED**
☐ \$ 50 ☐ \$100 ☐ \$200 ☒ \$300

**MAXIMUM VALUE  
(before taxes)**
**OCG SUPPLIER CODE**
**AMOUNT IN WRITING**
three hundred
**DOLLARS**
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**After Hours Program  
2nd Floor, 1727 W. Broadway  
Vancouver, BC  
V6J 4W6**
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ABOVE.**
**PURCHASER'S VALIDATING SIGNATURE**
**DATE (YYYY/MM/DD)**
**Regquisitioned in accordance with Expense Authority delegated by the Deputy Minister.**
**Signature of Expense Authority**
**Date** 2015/04/12
**District Office Code**
SA 13
**YYYY/MM/DD**