


**BRITISH
COLUMBIA**
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SEP 18 2014

Property Assessment Appeal Board
RECEIVED

SEP 03 2014

Invoice Number: PAAB14-1008	Supplier Number: s.22
Name: Dale Pope	PROPERTY ASSESSMENT APPEAL BOARD
Address: s.22	City, Province:

Claim Date: August 5, 2014	Task: Decision writing	Task Information: reviewing, writing in appeal s.3 etc	
Hours: 2			
Personal Transportation: From:	To:	Mileage: 0km (x \$0.51 per km)	Amount: \$ 0.00
Other Transportation:	Airfare: <input type="checkbox"/> Bus/Taxi: <input type="checkbox"/> Ferry: <input type="checkbox"/>	Amount: \$0	
Accommodation: Private: <input type="checkbox"/>	Commercial: <input type="checkbox"/>	Amount: \$0	
Meals: Breakfast: <input type="checkbox"/> Lunch: <input type="checkbox"/> Dinner: <input type="checkbox"/> Full Day: <input type="checkbox"/> Incidental: <input type="checkbox"/>	Amount: \$0		
Misc Expenses:	Amount: \$0		
Expense Total:			\$0.00

Claim Date: August 18, 2014	Task: Decision writing	Task Information: writing in appeal s.3	
Hours: 8			
Personal Transportation: From:	To:	Mileage: 0km (x \$0.51 per km)	Amount: \$ 0.00
Other Transportation:	Airfare: <input type="checkbox"/> Bus/Taxi: <input type="checkbox"/> Ferry: <input type="checkbox"/>	Amount: \$0	
Accommodation: Private: <input type="checkbox"/>	Commercial: <input type="checkbox"/>	Amount: \$0	
Meals: Breakfast: <input type="checkbox"/> Lunch: <input type="checkbox"/> Dinner: <input type="checkbox"/> Full Day: <input type="checkbox"/> Incidental: <input type="checkbox"/>	Amount: \$0		
Misc Expenses:	Amount: \$0		
Expense Total:			\$0.00

Claim Date: August 19, 2014	Task: Other - provide details	Task Information: email from Board chair and to board chair and colleagues on panel and attending to retrieve appeal materials from Purolator in appeal s.3	
Hours: 1.5			
Personal Transportation: From:	To:	Mileage: 0km (x \$0.51 per km)	Amount: \$ 0.00
Other Transportation:	Airfare: <input type="checkbox"/> Bus/Taxi: <input type="checkbox"/> Ferry: <input type="checkbox"/>		Amount: \$0
Accommodation:	Private: <input type="checkbox"/> Commercial: <input type="checkbox"/>		Amount: \$0
Meals: Breakfast: <input type="checkbox"/> Lunch: <input type="checkbox"/> Dinner: <input type="checkbox"/> Full Day: <input type="checkbox"/> Incidental: <input type="checkbox"/>			Amount: \$0
Misc Expenses:			Amount: \$0
Expense Total:			\$0.00

Claim Date: August 19, 2014	Task: Decision writing	Task Information: writing in appeal s.22	
Hours: 5			
Personal Transportation: From:	To:	Mileage: 0km (x \$0.51 per km)	Amount: \$ 0.00
Other Transportation:	Airfare: <input type="checkbox"/> Bus/Taxi: <input type="checkbox"/> Ferry: <input type="checkbox"/>		Amount: \$0
Accommodation:	Private: <input type="checkbox"/> Commercial: <input type="checkbox"/>		Amount: \$0
Meals: Breakfast: <input type="checkbox"/> Lunch: <input type="checkbox"/> Dinner: <input type="checkbox"/> Full Day: <input type="checkbox"/> Incidental: <input type="checkbox"/>			Amount: \$0
Misc Expenses:			Amount: \$0
Expense Total:			\$0.00

Claim Date: August 21, 2014	Task: Other - provide details	Task Information: email from and to Board Chair and review file documents and appeal management in appeal s.3	
Hours: 4.5			
Personal Transportation: From:	To:	Mileage: 0km (x \$0.51 per km)	Amount: \$ 0.00

Other Transportation:	Airfare: <input type="checkbox"/>	Bus/Taxi: <input type="checkbox"/>	Ferry: <input type="checkbox"/>	Amount: \$0
Accommodation:	Private: <input type="checkbox"/>	Commercial: <input type="checkbox"/>	Amount: \$0	
Meals: Breakfast:	Lunch:	Dinner:	Full Day:	Incidental:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Misc Expenses:				Amount: \$0
Expense Total:				\$0.00

Claim Date: August 21, 2014	Task: Other - provide details	Task Information: conference with panel colleague on draft and revise in appeal s.3		
Hours: 1				
Personal Transportation: From:	To:	Mileage: 0km (x \$0.51 per km)	Amount: \$ 0.00	
Other Transportation:	Airfare: <input type="checkbox"/>	Bus/Taxi: <input type="checkbox"/>	Ferry: <input type="checkbox"/>	Amount: \$0
Accommodation:	Private: <input type="checkbox"/>	Commercial: <input type="checkbox"/>	Amount: \$0	
Meals: Breakfast:	Lunch:	Dinner:	Full Day:	Incidental:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Misc Expenses:				Amount: \$0
Expense Total:				\$0.00

Claim Date: August 22, 2014	Task: Prep for hearing	Task Information: reviewing and considering expert opinions etc in appeal s.3		
Hours: 6				
Personal Transportation: From:	To:	Mileage: 0km (x \$0.51 per km)	Amount: \$ 0.00	
Other Transportation:	Airfare: <input type="checkbox"/>	Bus/Taxi: <input type="checkbox"/>	Ferry: <input type="checkbox"/>	Amount: \$0
Accommodation:	Private: <input type="checkbox"/>	Commercial: <input type="checkbox"/>	Amount: \$0	
Meals: Breakfast:	Lunch:	Dinner:	Full Day:	Incidental:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Misc Expenses:	Amount: \$0
Expense Total:	\$0.00

Claim Date: August 22, 2014	Task: Other - provide details	Task Information: email and conference discussions with panel colleague and instructions to Jennifer in appeal s.3	
Hours: 1.5			
Personal Transportation: From:	To:	Mileage: 0km (x \$0.51 per km)	Amount: \$ 0.00
Other Transportation:	Airfare: <input type="checkbox"/> Bus/Taxi: <input type="checkbox"/> Ferry: <input type="checkbox"/>	Amount: \$0	
Accommodation:	Private: <input type="checkbox"/> Commercial: <input type="checkbox"/>	Amount: \$0	
Meals: Breakfast: <input type="checkbox"/> Lunch: <input type="checkbox"/> Dinner: <input type="checkbox"/> Full Day: <input type="checkbox"/> Incidental: <input type="checkbox"/>	Amount: \$0		
Misc Expenses:	Amount: \$0		
Expense Total:			\$0.00

Claim Date: August 23, 2014	Task: Prep for hearing	Task Information: in appeal s.3	
Hours: 7			
Personal Transportation: From:	To:	Mileage: 0km (x \$0.51 per km)	Amount: \$ 0.00
Other Transportation:	Airfare: <input type="checkbox"/> Bus/Taxi: <input type="checkbox"/> Ferry: <input type="checkbox"/>	Amount: \$0	
Accommodation:	Private: <input type="checkbox"/> Commercial: <input type="checkbox"/>	Amount: \$0	
Meals: Breakfast: <input type="checkbox"/> Lunch: <input type="checkbox"/> Dinner: <input type="checkbox"/> Full Day: <input type="checkbox"/> Incidental: <input type="checkbox"/>	Amount: \$0		
Misc Expenses:	Amount: \$0		
Expense Total:			\$0.00

Claim Date: August 25, 2014	Task: Oral hearings	Task Information: attend and chair hearing in appeal s.3	
Hours: 8			
Personal Transportation:	To:	Mileage: 0km (x \$0.51 per km)	Amount: \$ 0.00

From:	:				
Other Transportation:	Airfare: <input type="checkbox"/>	Bus/Taxi: <input type="checkbox"/>	Ferry: <input type="checkbox"/>	Amount: \$0	
Accommodation:	Private: <input type="checkbox"/>	Commercial: <input type="checkbox"/>	Amount: \$0		
Meals: Breakfast:	Lunch: <input type="checkbox"/>	Dinner: <input type="checkbox"/>	Full Day: <input type="checkbox"/>	Incidental: <input type="checkbox"/>	Amount: \$0
Misc Expenses:					Amount: \$0
Expense Total:					\$0.00

Claim Date: August 26, 2014	Task: Oral hearings	Task Information: attend and chair hearing in appeal s.3			
Hours: 8					
Personal Transportation: From:	To:	Mileage: 0km (x \$0.51 per km)	Amount: \$ 0.00		
Other Transportation:	Airfare: <input type="checkbox"/>	Bus/Taxi: <input type="checkbox"/>	Ferry: <input type="checkbox"/>	Amount: \$0	
Accommodation:	Private: <input type="checkbox"/>	Commercial: <input type="checkbox"/>	Amount: \$0		
Meals: Breakfast:	Lunch: <input type="checkbox"/>	Dinner: <input type="checkbox"/>	Full Day: <input type="checkbox"/>	Incidental: <input type="checkbox"/>	Amount: \$0
Misc Expenses:					Amount: \$0
Expense Total:					\$0.00

Claim Date: August 27, 2014	Task: Oral hearings	Task Information: attend and chair hearing in appeal s.3			
Hours: 8					
Personal Transportation: From:	To:	Mileage: 0km (x \$0.51 per km)	Amount: \$ 0.00		
Other Transportation:	Airfare: <input type="checkbox"/>	Bus/Taxi: <input type="checkbox"/>	Ferry: <input type="checkbox"/>	Amount: \$0	
Accommodation:	Private: <input type="checkbox"/>	Commercial: <input type="checkbox"/>	Amount: \$0		
Meals: Breakfast:	Lunch: <input type="checkbox"/>	Dinner: <input type="checkbox"/>	Full Day: <input type="checkbox"/>	Incidental: <input type="checkbox"/>	Amount: \$0
Misc Expenses:					Amount: \$0

Expense Total: \$0.00

Claim Date: August 28, 2014	Task: Oral hearings	Task Information: attend and chair hearing in appeal ^{s.3}	
Hours: 8			
Personal Transportation: From:	To:	Mileage: 0km (x \$0.51 per km)	Amount: \$ 0.00
Other Transportation:	Airfare: <input type="checkbox"/> Bus/Taxi: <input type="checkbox"/> Ferry: <input type="checkbox"/>		Amount: \$0
Accommodation:	Private: <input type="checkbox"/> Commercial: <input type="checkbox"/>		Amount: \$0
Meals: Breakfast: <input type="checkbox"/>	Lunch: <input type="checkbox"/>	Dinner: <input type="checkbox"/>	Full Day: <input type="checkbox"/> Incidental: <input type="checkbox"/> Amount: \$0
Misc Expenses:			Amount: \$0
Expense Total:			\$0.00

Claim Date: August 29, 2014	Task: Oral hearings	Task Information: attend and chair hearing in appeal ^{s.3} etc and adjourn for continuation on Sept 11/14	
Hours: 8			
Personal Transportation: From:	To:	Mileage: 0km (x \$0.51 per km)	Amount: \$ 0.00
Other Transportation:	Airfare: <input type="checkbox"/> Bus/Taxi: <input type="checkbox"/> Ferry: <input type="checkbox"/>		Amount: \$0
Accommodation:	Private: <input type="checkbox"/> Commercial: <input type="checkbox"/>		Amount: \$0
Meals: Breakfast: <input type="checkbox"/>	Lunch: <input type="checkbox"/>	Dinner: <input type="checkbox"/>	Full Day: <input type="checkbox"/> Incidental: <input type="checkbox"/> Amount: \$0
Misc Expenses:			Amount: \$0
Expense Total:			\$0.00

Claim Date: August 30, 2014	Task: Decision writing	Task Information: reviewing final draft with panel colleague, revise and submit for review in appeal s.3	
Hours: 1.5			
Personal Transportation:	To:	Mileage: 0km (x \$0.51 per km)	Amount: \$ 0.00

From:	:		
Other Transportation:	Airfare: <input type="checkbox"/>	Bus/Taxi: <input type="checkbox"/>	Ferry: <input type="checkbox"/>
Amount:	\$0		
Accommodation:	Private: <input type="checkbox"/>	Commercial: <input type="checkbox"/>	
Amount:	\$0		
Meals:	Breakfast: <input type="checkbox"/>	Lunch: <input type="checkbox"/>	Dinner: <input type="checkbox"/>
Full Day: <input type="checkbox"/>	Incidental: <input type="checkbox"/>		
Amount:	\$0		
Misc Expenses:			
Amount:	\$0		
Expense Total:			\$0.00

Summary of Hours (by Date)			S.22	
Date	Hours Claimed	Adjusted Hours	Project #	Amount
August 5, 2014	2	2	5100000	
August 18, 2014	8	8	1409103	1409103
August 19, 2014	6.5	6.5	5100000	54300
August 21, 2014	5.5	5.5	5100000	5505
August 22, 2014	7.5	7.5		
August 23, 2014	7	7		
August 25, 2014	8	8		
August 26, 2014	8	8		
August 27, 2014	8	8		
August 28, 2014	8	8		
August 29, 2014	8	8		
August 30, 2014	1.5	1.5		

Client:060 RC:51091 SL:54300 STOB:5505
Project:5100000

Total Amount of Per Diem: \$3900 (78 hrs)

Client:060 RC:51091 SL:54300 STOB:5515
Project:5100000

Total Expenses: \$0

Grand Total: \$3900

Do you (as the Qualified Receiver) wish to approve this invoice for further processing? ☐ Yes ☐ No ☒ Ignore

[Back to Invoice List View](#)

GAST	
Account	Stob
Certified prices/amounts checked & not previously passed for payment.	
CERIFIED AMOUNT TO BE PAID: \$195.00	
SIGNATURE	

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SEP 13 2014
MINISTRE OF CONTINUITY DEVELOPMENT INDUSTRIAL TOURISM CULTURE & TRADE


**BRITISH
COLUMBIA**
Property Assessment Appeal Board
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OCT 14 2014

 FINANCIAL OPERATIONS
 MINISTRY OF TOURISM, CULTURE & THE ARTS

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SEP 29 2014

Invoice Number: PAAB14-1017	Supplier Number: s.22	PROPERTY ASSESSMENT APPEAL BOARD
Name: Dale Pope		City: Province:
Address: s.22		

Claim Date: September 5, 2014	Task: Decision writing	Task Information: writing some final edits before submission in appeal s.3	
Hours: 1			
Personal Transportation: From:	To:	Mileage: 0km (x \$0.52 per km)	Amount: \$ 0.00
Other Transportation:	Airfare: <input type="checkbox"/> Bus/Taxi: <input type="checkbox"/> Ferry: <input type="checkbox"/>		Amount: \$0
Accommodation:	Private: <input type="checkbox"/> Commercial: <input type="checkbox"/>		Amount: \$0
Meals: Breakfast: <input type="checkbox"/> Lunch: <input type="checkbox"/> Dinner: <input type="checkbox"/> Full Day: <input type="checkbox"/> Incidental: <input type="checkbox"/>			Amount: \$0
Misc Expenses:			Amount: \$0
Expense Total:			\$0.00

Claim Date: September 10, 2014	Task: Prep for hearing	Task Information: preparing for continued hearing in appeal s.3 etc	
Hours: 4			
Personal Transportation: From:	To:	Mileage: 0km (x \$0.52 per km)	Amount: \$ 0.00
Other Transportation:	Airfare: <input type="checkbox"/> Bus/Taxi: <input type="checkbox"/> Ferry: <input type="checkbox"/>		Amount: \$0
Accommodation:	Private: <input type="checkbox"/> Commercial: <input type="checkbox"/>		Amount: \$0
Meals: Breakfast: <input type="checkbox"/> Lunch: <input type="checkbox"/> Dinner: <input type="checkbox"/> Full Day: <input type="checkbox"/> Incidental: <input type="checkbox"/>			Amount: \$0
Misc Expenses:			Amount: \$0

Expense Total: \$0.00

Claim Date: September 11, 2014	Task: Oral hearings	Task Information: attending and chairing oral hearing in appeal ;s.3	
Hours: 8			
Personal Transportation: From:	To:	Mileage: 0km (x \$0.52 per km)	Amount: \$ 0.00
Other Transportation:	Airfare: <input type="checkbox"/> Bus/Taxi: <input type="checkbox"/> Ferry: <input type="checkbox"/>		Amount: \$0
Accommodation:	Private: <input type="checkbox"/> Commercial: <input type="checkbox"/>		Amount: \$0
Meals: Breakfast: <input type="checkbox"/> Lunch: <input type="checkbox"/> Dinner: <input type="checkbox"/> Full Day: <input type="checkbox"/> Incidental: <input type="checkbox"/>			Amount: \$0
Misc Expenses:			Amount: \$0
Expense Total:			\$0.00

Claim Date: September 12, 2014	Task: Self directed research	Task Information: reviewing and considering, in light of developing law, recent SCC decision on tribunal deference, forwarding to board office with comment	
Hours: 4			
Personal Transportation: From:	To:	Mileage: 0km (x \$0.52 per km)	Amount: \$ 0.00
Other Transportation:	Airfare: <input type="checkbox"/> Bus/Taxi: <input type="checkbox"/> Ferry: <input type="checkbox"/>		Amount: \$0
Accommodation:	Private: <input type="checkbox"/> Commercial: <input type="checkbox"/>		Amount: \$0
Meals: Breakfast: <input type="checkbox"/> Lunch: <input type="checkbox"/> Dinner: <input type="checkbox"/> Full Day: <input type="checkbox"/> Incidental: <input type="checkbox"/>			Amount: \$0
Misc Expenses:			Amount: \$0
Expense Total:			\$0.00

Claim Date: September 16, 2014	Task: Decision writing	Task Information: reviewing formatted draft from board office and providing edits in appeal s.3	
Hours: 1.5			
			Amount: \$ 0.00

Personal Transportation: From:	To:	Mileage: 0km (x \$0.52 per km)	
Other Transportation:	Airfare: <input type="checkbox"/>	Bus/Taxi: <input type="checkbox"/>	Ferry: <input type="checkbox"/>
			Amount: \$0
Accommodation:	Private: <input type="checkbox"/>	Commercial: <input type="checkbox"/>	Amount: \$0
Meals: Breakfast:	Lunch:	Dinner:	Full Day:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incidental:			Amount: \$0
<input type="checkbox"/>			
Misc Expenses:			Amount: \$0
Expense Total:			\$0.00

Claim Date: September 18, 2014	Task: Other - provide details	Task Information: reviewing counsels application for extension, consulting panel colleagues and providing decision to board office in appeal s.3	
Hours: 0.5			
Personal Transportation: From:	To:	Mileage: 0km (x \$0.52 per km)	Amount: \$ 0.00
Other Transportation:	Airfare: <input type="checkbox"/>	Bus/Taxi: <input type="checkbox"/>	Ferry: <input type="checkbox"/>
			Amount: \$0
Accommodation:	Private: <input type="checkbox"/>	Commercial: <input type="checkbox"/>	Amount: \$0
Meals: Breakfast:	Lunch:	Dinner:	Full Day:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incidental:			Amount: \$0
<input type="checkbox"/>			
Misc Expenses:			Amount: \$0
Expense Total:			\$0.00

Claim Date: September 18, 2014	Task: Decision writing	Task Information: providing final edits and decision summary to board office in appeal s.3	
Hours: 1.5			
Personal Transportation: From:	To:	Mileage: 0km (x \$0.52 per km)	Amount: \$ 0.00
Other Transportation:	Airfare: <input type="checkbox"/>	Bus/Taxi: <input type="checkbox"/>	Ferry: <input type="checkbox"/>
			Amount: \$0
Accommodation:	Private: <input type="checkbox"/>	Commercial: <input type="checkbox"/>	Amount: \$0

Meals: Breakfast: <input type="checkbox"/>	Lunch: <input type="checkbox"/>	Dinner: <input type="checkbox"/>	Full Day: <input type="checkbox"/>	Incidental: <input type="checkbox"/>	Amount: \$0
Misc Expenses:					Amount: \$0
Expense Total:					\$0.00

Claim Date: September 23, 2014	Task: Prep for hearing	Task Information: receiving reviewing and considering counsels argument in preparation for continued hearing in appeal 's.3			
Hours: 3.5					
Personal Transportation: From:	To:	Mileage: 0km (x \$0.52 per km)	Amount: \$ 0.00		
Other Transportation:	Airfare: <input type="checkbox"/>	Bus/Taxi: <input type="checkbox"/>	Ferry: <input type="checkbox"/>	Amount: \$0	
Accommodation:	Private: <input type="checkbox"/>	Commercial: <input type="checkbox"/>	Amount: \$0		
Meals: Breakfast: <input type="checkbox"/>	Lunch: <input type="checkbox"/>	Dinner: <input type="checkbox"/>	Full Day: <input type="checkbox"/>	Incidental: <input type="checkbox"/>	Amount: \$0
Misc Expenses:					Amount: \$0
Expense Total:					\$0.00

Summary of Hours (by Date)			
Date	Hours Claimed	Adjusted Hours	
September 5, 2014	1	1	
September 10, 2014	4	4	
September 11, 2014	8	8	
September 12, 2014	4	4	
September 16, 2014	1.5	1.5	
September 18, 2014	2	2	
September 23, 2014	3.5	3.5	
Client:060 RC:51091 SL:54300 STOB:5505 Project:5100000		Total Amount of Per Diem:	\$1200 (24 hrs)
Client:060 RC:51091 SL:54300 STOB:5515 Project:5100000		Total Expenses:	\$0
Grand Total:			\$1200

Do you (as the Qualified Receiver) wish to approve this invoice for further processing? ☐ Yes ☐ No ☒ Ignore

WFO S.22

Vendor # _____

Project # 31000000

DATE INVOICE RECEIVED			GOODS & SERVICES RECEIVED	
Y	M	D	Y	M
11	10	27	11	10

Vote	Min	Resp	Account	Stob
031060	509115	4300		

Certified prices/extensions/totals checked & not previously passed for payment

Signature _____

CERTIFIED AMOUNT TO BE PAID: \$ 12000

is correct.

is in accordance with the appropriate statute or other authority and for contract.

where applicable that the work has been performed, the goods supplied, the service rendered, and/or other conditions met.

SPENDING AUTHORITY SIGNATURE _____

FOI/MPO/Author/Commitment

Vendor # _____

Project # _____

Close Commit. Y/N _____

DATE INVOICE RECEIVED			GOODS & SERVICES RECEIVED	
Y	M	D	Y	M

Vote	Min	Resp	Account	Stob

Certified prices/extensions/totals checked & not previously passed for payment

Signature _____

CERTIFIED AMOUNT TO BE PAID: \$ 6000

is correct.

is in accordance with the appropriate statute or other authority and for contract.

where applicable that the work has been performed, the goods supplied, the service rendered, and/or other conditions met.

SPENDING AUTHORITY SIGNATURE _____

RECEIVED

NOV 18 2014

BRITISH
COLUMBIA

Property Assessment Appeal Board

FINANCIAL OPERATIONS
MINISTRY OF TOURISM, CULTURE & THE ARTS

RECEIVED

Invoice Number: PAAB14-1032	Supplier Number: s.22	NOV 06 2014
Name: Dale Pope		
Address: PROPERTY ASSESSMENT City: ALBERTA		

Claim Date: October 6, 2014	Task: <u>Training</u> Board meetings	Task Information: Attending BCCAT	
Hours: 8			
Personal Transportation: From:	To:	Mileage: 0km (x \$0.52 per km)	Amount: \$ 0.00
Other Transportation:	Airfare: <input type="checkbox"/> Bus/Taxi: <input type="checkbox"/> Ferry: <input type="checkbox"/>	Amount: \$ 0	
Accommodation: Private: <input type="checkbox"/> Commercial: <input type="checkbox"/>	Amount: \$ 0		
Meals: Breakfast: <input type="checkbox"/> Lunch: <input type="checkbox"/> Dinner: <input type="checkbox"/> Full Day: <input type="checkbox"/> Incidental: <input type="checkbox"/>	Amount: \$ 0		
Misc Expenses:	Amount: \$ 0		
Expense Total:			\$ 0.00

Claim Date: October 7, 2014	Task: <u>Training</u> Board meetings	Task Information: Attending BCCAT	
Hours: 8			
Personal Transportation: From:	To:	Mileage: 0km (x \$0.52 per km)	Amount: \$ 0.00
Other Transportation:	Airfare: <input type="checkbox"/> Bus/Taxi: <input type="checkbox"/> Ferry: <input type="checkbox"/>	Amount: \$ 0	
Accommodation: Private: <input type="checkbox"/> Commercial: <input type="checkbox"/>	Amount: \$ 0		
Meals: Breakfast: <input type="checkbox"/> Lunch: <input type="checkbox"/> Dinner: <input type="checkbox"/> Full Day: <input type="checkbox"/> Incidental: <input type="checkbox"/>	Amount: \$ 0		
Misc Expenses:	Amount: \$ 0		
Expense Total:			\$ 0.00

Claim Date: October 8, 2014	Task: Prep for hearing	Task Information: Downloading and reviewing, considering Respondent argument in appeal s.3
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Hours: 3			
Personal Transportation: From:	To:	Mileage: 0km (x \$0.52 per km)	Amount: \$ 0.00
Other Transportation:	Airfare: <input type="checkbox"/>	Bus/Taxi: <input type="checkbox"/>	Ferry: <input type="checkbox"/>
Accommodation:	Private: <input type="checkbox"/>	Commercial: <input type="checkbox"/>	Amount: \$0
Meals: Breakfast: <input type="checkbox"/>	Lunch: <input type="checkbox"/>	Dinner: <input type="checkbox"/>	Full Day: <input type="checkbox"/>
		Incidental: <input type="checkbox"/>	Amount: \$0
Misc Expenses:			Amount: \$0
Expense Total:			\$0.00

Claim Date: October 13, 2014	Task: Prep for hearing	Task Information: downloading, reviewing, considering Appellants reply argument and preparing for oral hearing by reviewing all arguments in appeal s.3	
Hours: 7			
Personal Transportation: From:	To:	Mileage: 0km (x \$0.52 per km)	Amount: \$ 0.00
Other Transportation:	Airfare: <input type="checkbox"/>	Bus/Taxi: <input type="checkbox"/>	Ferry: <input type="checkbox"/>
Accommodation:	Private: <input type="checkbox"/>	Commercial: <input type="checkbox"/>	Amount: \$0
Meals: Breakfast: <input type="checkbox"/>	Lunch: <input type="checkbox"/>	Dinner: <input type="checkbox"/>	Full Day: <input type="checkbox"/>
		Incidental: <input type="checkbox"/>	Amount: \$0
Misc Expenses:			Amount: \$0
Expense Total:			\$0.00

Claim Date: October 15, 2014	Task: Oral hearings	Task Information: attending at oral hearing in appeal s.3	
Hours: 8			
Personal Transportation: From:	To:	Mileage: 0km (x \$0.52 per km)	Amount: \$ 0.00
Other Transportation:	Airfare: <input type="checkbox"/>	Bus/Taxi: <input type="checkbox"/>	Ferry: <input type="checkbox"/>
			Amount: \$0

Accommodation: Private: <input type="checkbox"/>	Commercial: <input type="checkbox"/>	Amount: \$0
Meals: Breakfast: <input type="checkbox"/>	Lunch: <input type="checkbox"/>	Dinner: <input type="checkbox"/>
Full Day: <input type="checkbox"/>	Incidental: <input type="checkbox"/>	Amount: \$0
Misc Expenses:		Amount: \$0
Expense Total:		\$0.00

Claim Date: October 18, 2014	Task: Other - provide details	Task Information: reviewing and considering cases referred to in the Appellant and Respondent brief of authorities and noting appraisal and legal principles relied upon in appeal s.3	
Hours: 6			
Personal Transportation: From:	To:	Mileage: 0km (x \$0.52 per km)	Amount: \$ 0.00
Other Transportation:	Airfare: <input type="checkbox"/>	Bus/Taxi: <input type="checkbox"/>	Ferry: <input type="checkbox"/>
			Amount: \$0
Accommodation: Private: <input type="checkbox"/>	Commercial: <input type="checkbox"/>	Amount: \$0	
Meals: Breakfast: <input type="checkbox"/>	Lunch: <input type="checkbox"/>	Dinner: <input type="checkbox"/>	Full Day: <input type="checkbox"/>
Incidental: <input type="checkbox"/>	Amount: \$0		
Misc Expenses:			Amount: \$0
Expense Total:			\$0.00

Claim Date: October 24, 2014	Task: Decision writing	Task Information: writing draft legal outline in appeal s.3	
Hours: 2			
Personal Transportation: From:	To:	Mileage: 0km (x \$0.52 per km)	Amount: \$ 0.00
Other Transportation:	Airfare: <input type="checkbox"/>	Bus/Taxi: <input type="checkbox"/>	Ferry: <input type="checkbox"/>
			Amount: \$0
Accommodation: Private: <input type="checkbox"/>	Commercial: <input type="checkbox"/>	Amount: \$0	
Meals: Breakfast: <input type="checkbox"/>	Lunch: <input type="checkbox"/>	Dinner: <input type="checkbox"/>	Full Day: <input type="checkbox"/>
Incidental: <input type="checkbox"/>	Amount: \$0		
Misc Expenses:			Amount: \$0
Expense Total:			\$0.00

Summary of Hours (by Date)		
Date	Hours Claimed	Adjusted Hours
October 6, 2014	8	8
October 7, 2014	8	8
October 8, 2014	3	3
October 13, 2014	7	7
October 15, 2014	8	8
October 18, 2014	6	6
October 24, 2014	2	2

Client:060 RC:51091 SL:54300 STOB:5505 Project:5100000	Total Amount of Per Diem	\$2100 (42 hrs)
Client:060 RC:51091 SL:54300 STOB:5515 Project:5100000	Total Expenses:	\$0
Grand Total:		\$2100

Do you (as the Qualified Receiver) wish to approve this invoice for further processing? ☐ Yes ☐ No ☒ Ignore

[Back to Invoice List View](#)

PO/LMP s.22
Vendor # 5100000
Project # 5100000

DATE INVOICE RECEIVED		GOODS & SERVICES RECEIVED	
Vote	Min	Resp	Stob
031	060	51091	54300

Certified prices/extensions/totals checked & not previously passed for payment.

Signature _____

CERTIFIED AMOUNT TO BE PAID: \$2100.00

is correct is in accordance with the appropriate statute or other authority and for contract where applicable that the work has been performed, the goods supplied, the service rendered, and/or other conditions met.

SPENDING AUTHORITY SIGNATURE _____

PO/LMP/Author/Commitment# _____
Vendor # _____ Close Commit Y/N _____
Project # _____

DATE INVOICE RECEIVED		GOODS & SERVICES RECEIVED	
Vote	Min	Resp	Stob
031	060	51091	54300

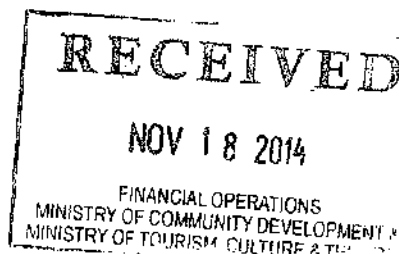
Certified prices/extensions/totals checked & not previously passed for payment.

Signature _____

CERTIFIED AMOUNT TO BE PAID: \$1050.00

is correct is in accordance with the appropriate statute or other authority and for contract where applicable that the work has been performed, the goods supplied, the service rendered, and/or other conditions met.

SIGNATURE _____




**BRITISH
COLUMBIA**
Property Assessment Appeal Board
RECEIVED
 DEC - 8 2014
 FINANCIAL OPERATIONS
 MINISTRY OF COMMUNITY DEVELOPMENT &
 MINISTRY OF REVENUE & CREDIT SERVICES

RECEIVED

Invoice Number: PAAB14-1045	Supplier Number: s.22	DEC 01 2014
Name: Dale Pope		PROPERTY ASSESSMENT

Claim Date: November 1, 2014	Task: Other - provide details	Task Information: conferring with panel colleagues re decision in appeal s.3	
Hours: 1			
Personal Transportation: From:	To:	Mileage: 0km (x \$0.52 per km)	Amount: \$ 0.00
Other Transportation:	Airfare: <input type="checkbox"/> Bus/Taxi: <input type="checkbox"/> Ferry: <input type="checkbox"/>		Amount: \$0
Accommodation:	Private: <input type="checkbox"/> Commercial: <input type="checkbox"/>		Amount: \$0
Meals: Breakfast: <input type="checkbox"/> Lunch: <input type="checkbox"/> Dinner: <input type="checkbox"/> Full Day: <input type="checkbox"/> Incidental: <input type="checkbox"/>			Amount: \$0
Misc Expenses:			Amount: \$0
Expense Total:			\$0.00

Claim Date: November 18, 2014	Task: Decision writing	Task Information: conferring with panel colleagues and reviewing, considering and revising draft reasons for discussion in appeal s.3	
Hours: 4.5			
Personal Transportation: From:	To:	Mileage: 0km (x \$0.52 per km)	Amount: \$ 0.00
Other Transportation:	Airfare: <input type="checkbox"/> Bus/Taxi: <input type="checkbox"/> Ferry: <input type="checkbox"/>		Amount: \$0
Accommodation:	Private: <input type="checkbox"/> Commercial: <input type="checkbox"/>		Amount: \$0
Meals: Breakfast: <input type="checkbox"/> Lunch: <input type="checkbox"/> Dinner: <input type="checkbox"/> Full Day: <input type="checkbox"/> Incidental: <input type="checkbox"/>			Amount: \$0
			Amount: \$0

Misc Expenses:	
Expense Total: \$0.00	

Claim Date: November 19, 2014	Task: Other - provide details	Task Information: reviewing all legal authority presented by the parties and considering for potential inclusion in reasons for appeal s.3 s.3	
Hours: 3.5			
Personal Transportation: From:	To:	Mileage: 0km (x \$0.52 per km)	Amount: \$ 0.00
Other Transportation:	Airfare: <input type="checkbox"/>	Bus/Taxi: <input type="checkbox"/>	Ferry: <input type="checkbox"/>
			Amount: \$0
Accommodation:	Private: <input type="checkbox"/>	Commercial: <input type="checkbox"/>	Amount: \$0
Meals: Breakfast: <input type="checkbox"/>	Lunch: <input type="checkbox"/>	Dinner: <input type="checkbox"/>	Full Day: <input type="checkbox"/>
			Incidental: <input type="checkbox"/>
			Amount: \$0
Misc Expenses:			Amount: \$0
Expense Total:			\$0.00

Claim Date: November 28, 2014	Task: Decision writing	Task Information: final draft revision and attending at PAAB office to meet with colleague for draft review, revision and rewrite parts of draft decision in appeal s.3	
Hours: 5			
Personal Transportation: From:	To:	Mileage: 0km (x \$0.52 per km)	Amount: \$ 0.00
Other Transportation:	Airfare: <input type="checkbox"/>	Bus/Taxi: <input type="checkbox"/>	Ferry: <input type="checkbox"/>
			Amount: \$0
Accommodation:	Private: <input type="checkbox"/>	Commercial: <input type="checkbox"/>	Amount: \$0
Meals: Breakfast: <input type="checkbox"/>	Lunch: <input type="checkbox"/>	Dinner: <input type="checkbox"/>	Full Day: <input type="checkbox"/>
			Incidental: <input type="checkbox"/>
			Amount: \$0
Misc Expenses:			Amount: \$0
Expense Total:			\$0.00

Summary of Hours (by Date)	\$700 (14 hrs)
----------------------------	----------------

Date	Hours Claimed	Adjusted Hours	
November 1, 2014	1	1	
November 18, 2014	4.5	4.5	
November 19, 2014	3.5	3.5	
November 28, 2014	5	5	
Client:060 RC:51091 SL:54300 STOB:5505		Total Amount of	
Project:5100000		Per Diem	
Client:060 RC:51091 SL:54300 STOB:5515		Total	
Project:5100000		Expenses:	\$0
		Grand Total:	\$700

Do you (as the Qualified Receiver) wish to approve this invoice for further processing? ☐ Yes ☐ No ☒ Ignore

[Back to Invoice List View](#)

PO/IMP/PA/Inv#Commitment# _____
 Vendor # _____ Close Commit Y/N _____
 Project # _____

DATE INVOICE RECEIVED		GOODS & SERVICES RECEIVED	
DATE	AMOUNT	DATE	AMOUNT
11/1/2014	1	11/18/2014	4.5
11/19/2014	3.5	11/28/2014	5

Certified that the invoice is correct & not previously passed for payment

Signature: _____

CERTIFIED AMOUNT TO BE PAID: \$ 350.00

is in accordance with the appropriate statute or other authority and for contract where applicable that the work has been performed, the goods supplied, the service rendered and/or other conditions met

SPENDING AUTHORITY SIGNATURE: _____

PO/IMP/PA/Inv#Commitment# _____
 Vendor # _____ Commit Y/N _____
 Project # 5100000

DATE INVOICE RECEIVED		GOODS & SERVICES RECEIVED	
DATE	AMOUNT	DATE	AMOUNT
11/1/2014	1	11/18/2014	4.5
11/19/2014	3.5	11/28/2014	5

Certified that the invoice is correct & not previously passed for payment

Signature: _____

CERTIFIED AMOUNT TO BE PAID: \$ 700.00

is in accordance with the appropriate statute or other authority and for contract where applicable that the work has been performed, the goods supplied, the service rendered and/or other conditions met

SPENDING AUTHORITY SIGNATURE: _____


**BRITISH
COLUMBIA**
Property Assessment Appeal Board
RECEIVED

DEC 18 2014

Invoice Number: PAAB14-1051	Supplier Number: s.22	
Name: Dale Pope		PROPERTY ASSESSMENT
s.22		

Claim Date: December 3, 2014	Task: Decision writing	Task Information: review consider and revise draft in appeal s.3 etc	
Hours: 1			
Personal Transportation: From:	To:	Mileage: 0km (x \$0.52 per km)	Amount: \$ 0.00
Other Transportation:	Airfare: <input type="checkbox"/> Bus/Taxi: <input type="checkbox"/> Ferry: <input type="checkbox"/>	Amount: \$0	
Accommodation:	Private: <input type="checkbox"/> Commercial: <input type="checkbox"/>	Amount: \$0	
Meals: Breakfast: <input type="checkbox"/> Lunch: <input type="checkbox"/> Dinner: <input type="checkbox"/> Full Day: <input type="checkbox"/> Incidental: <input type="checkbox"/>			Amount: \$0
Misc Expenses:			Amount: \$0
Expense Total:			\$0.00

Claim Date: December 4, 2014	Task: Decision writing	Task Information: review consider and revise draft and confer with panel colleagues in appeal s.3	
Hours: 1.5			
Personal Transportation: From:	To:	Mileage: 0km (x \$0.52 per km)	Amount: \$ 0.00
Other Transportation:	Airfare: <input type="checkbox"/> Bus/Taxi: <input type="checkbox"/> Ferry: <input type="checkbox"/>	Amount: \$0	
Accommodation:	Private: <input type="checkbox"/> Commercial: <input type="checkbox"/>	Amount: \$0	
Meals: Breakfast: <input type="checkbox"/> Lunch: <input type="checkbox"/> Dinner: <input type="checkbox"/> Full Day: <input type="checkbox"/> Incidental: <input type="checkbox"/>			Amount: \$0
Misc Expenses:			Amount: \$0

Expense Total: \$0.00			
Claim Date: December 9, 2014	Task: Decision writing	Task Information: attending meeting with panel colleagues at PAAB to review, revise draft in final form in appeal s.3	
Hours: 3			
Personal Transportation: From:	To:	Mileage: 0km (x \$0.52 per km)	Amount: \$ 0.00
Other Transportation:	Airfare: <input type="checkbox"/>	Bus/Taxi: <input type="checkbox"/>	Ferry: <input type="checkbox"/>
			Amount: \$0
Accommodation: Private: <input type="checkbox"/>			Commercial: <input type="checkbox"/>
			Amount: \$0
Meals: Breakfast: <input type="checkbox"/>	Lunch: <input type="checkbox"/>	Dinner: <input type="checkbox"/>	Full Day: <input type="checkbox"/>
			Incidental: <input type="checkbox"/>
			Amount: \$0
Misc Expenses:			Amount: \$0
Expense Total: \$0.00			

Claim Date: December 15, 2014	Task: Self directed research	Task Information: reviewing and considering recent case law on standard of review, bias and administrative fairness	
Hours: 4			
Personal Transportation: From:	To:	Mileage: 0km (x \$0.52 per km)	Amount: \$ 0.00
Other Transportation:	Airfare: <input type="checkbox"/>	Bus/Taxi: <input type="checkbox"/>	Ferry: <input type="checkbox"/>
			Amount: \$0
Accommodation: Private: <input type="checkbox"/>			Commercial: <input type="checkbox"/>
			Amount: \$0
Meals: Breakfast: <input type="checkbox"/>	Lunch: <input type="checkbox"/>	Dinner: <input type="checkbox"/>	Full Day: <input type="checkbox"/>
			Incidental: <input type="checkbox"/>
			Amount: \$0
Misc Expenses:			Amount: \$0
Expense Total: \$0.00			

Claim Date: December 16, 2014	Task: Decision writing	Task Information: reviewing considering review comments and approving same in appeal s.3	
Hours: 1			
Personal Transportation:		Mileage: 0km (x \$0.52 per km)	Amount: \$ 0.00

From:	To:	
Other Transportation:	Airfare: <input type="checkbox"/> Bus/Taxi: <input type="checkbox"/> Ferry: <input type="checkbox"/>	Amount: \$0
Accommodation:	Private: <input type="checkbox"/> Commercial: <input type="checkbox"/>	Amount: \$0
Meals: Breakfast: <input type="checkbox"/> Lunch: <input type="checkbox"/> Dinner: <input type="checkbox"/> Full Day: <input type="checkbox"/> Incidental: <input type="checkbox"/>		Amount: \$0
Misc Expenses:		Amount: \$0
Expense Total:		\$0.00

Summary of Hours (by Date)		
Date	Hours Claimed	Adjusted Hours
December 3, 2014	1	1
December 4, 2014	1.5	1.5
December 9, 2014	3	3
December 15, 2014	4	4
December 16, 2014	1	1

Client:060 RC:51091 SL:54300 STOB:5505 Project:5100000	Total Amount of Per Diem	\$525 (10.5 hrs)
Client:060 RC:51091 SL:54300 STOB:5515 Project:5100000	Total Expenses:	\$0
Grand Total:		\$525

Do you (as the Qualified Receiver) wish to approve this invoice for further processing? ☐ Yes ☐ No ☒ Ignore

[Back to Invoice List View](#)

PO/IT	S.22	Use Commit Y/N
Vend		
Project #	5100000	
DATE INVOICE RECEIVED	11/12/14	DATE SERVICES RECEIVED
Vote	Min.	Resp.
031	060	51091
Account	54300	STOB
		5505
Certified prices & totals checked & not previously passed for payment		
Signature		
CERTIFIED AMOUNT TO BE PAID \$ 525.00		
is correct is in accordance with the appropriate statute or other authority and for contract where applicable that the work has been performed, the goods supplied, the service rendered, and/or other conditions met		
SPENDING AUTHORITY SIGNATURE		

PO/IT	S.22	Use Commit Y/N
Vend		
Project #	5100000	
DATE INVOICE RECEIVED	11/12/14	DATE SERVICES RECEIVED
Vote	Min.	Resp.
031	060	51091
Account	54300	STOB
		5505
Certified prices & totals checked & not previously passed for payment		
Signature		
CERTIFIED AMOUNT TO BE PAID \$ 26.25		
is correct is in accordance with the appropriate statute or other authority and for contract where applicable that the work has been performed, the goods supplied, the service rendered, and/or other conditions met		
SPENDING AUTHORITY SIGNATURE		


**BRITISH
COLUMBIA**
RECEIVED

MAR 21 2014

Property Assessment Appeal Board

MINISTRY OF TOURISM, CULTURE & THE ARTS

RECEIVED

Invoice Number: PAAB14-974	Supplier Number: s.22	MAR 17 2014
Name: Dale Pope s.22		

Claim Date: March 12, 2014	Task: Board meetings	Task Information: annual board meeting at PAAB office	
Hours: 8			
Personal Transportation: From: s.22	To: PAAB office and return	Mileage: 72km (x \$0.51 per km)	Amount: \$ 36.72
Other Transportation:	Airfare: <input type="checkbox"/> Bus/Taxi: <input type="checkbox"/> Ferry: <input type="checkbox"/>	Amount: \$0	
Accommodation:	Private: <input type="checkbox"/> Commercial: <input type="checkbox"/>	Amount: \$0	
Meals: Breakfast: <input type="checkbox"/> Lunch: <input type="checkbox"/> Dinner: <input type="checkbox"/> Full Day: <input type="checkbox"/> Incidental: <input type="checkbox"/>	Amount: \$0		
Misc Expenses:	Amount: \$0		
Expense Total:			\$36.72

Claim Date: March 13, 2014	Task: Board meetings	Task Information: Annual board meeting at PAAB	
Hours: 4			
Personal Transportation: From: s.22	To: PAAB office and return	Mileage: 72km (x \$0.51 per km)	Amount: \$ 36.72
Other Transportation:	Airfare: <input type="checkbox"/> Bus/Taxi: <input type="checkbox"/> Ferry: <input type="checkbox"/>	Amount: \$0	
Accommodation:	Private: <input type="checkbox"/> Commercial: <input type="checkbox"/>	Amount: \$0	
Meals: Breakfast: <input type="checkbox"/> Lunch: <input type="checkbox"/> Dinner: <input type="checkbox"/> Full Day: <input type="checkbox"/> Incidental: <input type="checkbox"/>	Amount: \$0		
Misc Expenses:	Amount: \$0		
Expense Total:			\$36.72

Summary of Hours (by Date)			\$600 (12 hrs)
Date	Hours Claimed	Adjusted Hours	
March 12, 2014	8	8	
March 13, 2014	4	4	
Client:060 RC:51091 SL:54300 STOB:5505 Project:5100000		Total Amount of Per Diem	
Client:060 RC:51091 SL:54300 STOB:5515 Project:5100000		Total Expenses:	\$73.44
		Grand Total:	\$673.44

Do you (as the Qualified Receiver) wish to approve this invoice for further processing? ☐ Yes ☐ No ☒ Ignore

[Back to Invoice List View](#)

PO/MP/CS.22
Vendor # _____ Note Comm. Y/N _____
Project # 51000000

DATE INVOICE RECEIVED: 11/03/14 HOURS & SERVICES RECEIVED: 11/03/14

Vote	Rate	Rate	Account	Stob
031	060	51091	54300	5505
				5515

Certified prices/extensions/totals checked & not previously passed for payment

Signature: *[Signature]* \$673.44

CERTIFIED AMOUNT TO BE PAID: \$ 673.44

is correct
is in accordance with applicable statute or other
authority and for contract
where applicable that the work has been performed,
the goods supplied, the services rendered, and/or
other conditions met.

SPENDING AUTHORITY SIGNATURE

PO/MP/CS.22
Vendor # _____ Note Comm. Y/N _____
Project # 51000000

DATE INVOICE RECEIVED: 11/03/14 HOURS & SERVICES RECEIVED: 11/03/14

Vote	Rate	Rate	Account	Stob
060	51091	00000	1575	

Certified prices/extensions/totals checked & not previously passed for payment

Signature: *[Signature]* \$300

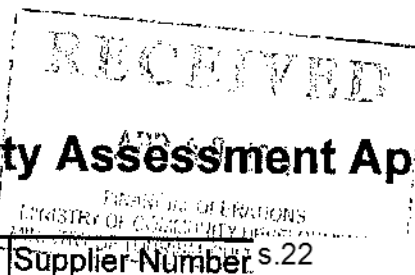
CERTIFIED AMOUNT TO BE PAID: \$ 300

is correct
is in accordance with applicable statute or other
authority and for contract
where applicable that the work has been performed,
the goods supplied, the services rendered, and/or
other conditions met.

SPENDING AUTHORITY SIGNATURE

BRITISH
COLUMBIA

Property Assessment Appeal Board



RECEIVED

MAR 31 2014

Invoice Number: PAAB14-987

Supplier Number: s.22

Name: Dale Pope

s.22

PROPERTY ASSESSMENT
APPEAL BOARD

Claim Date: March 25, 2014	Task: Prep for hearing	Task Information: receiving and reviewing file documentation, hearing material and submissions in appeal s.3	
Hours: 6			
Personal Transportation: From:	To:	Mileage: 0km (x \$0.51 per km)	Amount: \$ 0.00
Other Transportation:	Airfare: <input type="checkbox"/> Bus/Taxi: <input type="checkbox"/> Ferry: <input type="checkbox"/>	Amount: \$0	
Accommodation:	Private: <input type="checkbox"/> Commercial: <input type="checkbox"/>	Amount: \$0	
Meals: Breakfast: <input type="checkbox"/> Lunch: <input type="checkbox"/> Dinner: <input type="checkbox"/> Full Day: <input type="checkbox"/> Incidental: <input type="checkbox"/>	Amount: \$0		
Misc Expenses:	Amount: \$0		
Expense Total:			\$0.00

Claim Date: March 27, 2014	Task: Prep for hearing	Task Information: reviewing and considering legal issues raised in appeal s.3	
Hours: 3			
Personal Transportation: From:	To:	Mileage: 0km (x \$0.51 per km)	Amount: \$ 0.00
Other Transportation:	Airfare: <input type="checkbox"/> Bus/Taxi: <input type="checkbox"/> Ferry: <input type="checkbox"/>	Amount: \$0	
Accommodation:	Private: <input type="checkbox"/> Commercial: <input type="checkbox"/>	Amount: \$0	
Meals: Breakfast: <input type="checkbox"/> Lunch: <input type="checkbox"/> Dinner: <input type="checkbox"/> Full Day: <input type="checkbox"/> Incidental: <input type="checkbox"/>	Amount: \$0		
Misc Expenses:	Amount: \$0		

Summary of Hours (by Date)		
Date	Hours Claimed	Adjusted Hours
March 25, 2014	6	6
March 27, 2014	3	3

Client:060 RC:51091 SL:54300 STOB:5505 Project:5100000	Total Amount of Per Diem	\$450 (9 hrs)
Client:060 RC:51091 SL:54300 STOB:5515 Project:5100000	Total Expenses:	\$0
	Grand Total:	\$450

Do you (as the Qualified Receiver) wish to approve this invoice for further processing? ☐ Yes ☐ No ☒ Ignore Submit |

[Back to Invoice List View](#)

PO/IMPOAuth#Commitment# _____

Vendor # _____ Close Commit Y/N _____

Project # _____

DATE INVOICE RECEIVED						GOODS & SERVICES RECEIVED					
Y	Y	M	M	D	D	Y	Y	M	M	D	D

Vote	Qty	Receipt	Account	Stop
	000	51000	00000	1578

Of the above goods and services, totals checked
& approved by _____ based for payment

Signature _____

CERTIFIED AMOUNT TO BE PAID : 2250

I am in accordance with the appropriate statute or other authority and for contract, where applicable, that the work has been performed, the goods supplied, the services rendered, and/or other conditions met.

Signature _____

SPENDING AUTHORITY _____

PO# 1115.22

Vendor # _____ commit Y/N _____

Project # 500000

DATE INVOICE RECEIVED 11/03/97 GOODS & SERVICES RECEIVED 11/03/97

Veto	Min.	Recp	Amount	Stat
<u>001</u>	<u>060</u>	<u>5091</u>	<u>54300</u>	<u>5588</u>

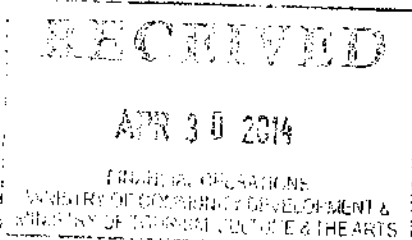
Certified prices/extensions/totals is checked & not previously passed for payment

Signature _____ 45000

CERTIFIED AMOUNT TO BE PAID \$ _____

is correct
is in accordance with the appropriate statute or other
authority and for contract
where applicable, that no more has been performed,
the goods supplied, the services rendered, and/or
other conditions met

_____ SPECIAL AGENT AUTHORITY SIGNATURE




**BRITISH
COLUMBIA**

RECEIVED
JUN 19 2014
Property Assessment Appeal Board
FINANCIAL OPERATIONS
MINISTRY OF COMMUNITY DEVELOPMENT &
MINISTRY OF TOURISM, CULTURE & THE ARTS

RECEIVED

JUN 10 2014

 Invoice Number: **PAAB14-995**

 Supplier Number: **s.22**
**PROPERTY ASSESSMENT
APPEAL BOARD**

 Name: **Dale Pope**

s.22

Claim Date: May 23, 2014	Task: Other - provide details	Task Information: receiving and reviewing file contents from board in appeal s.3	
Hours: 1			
Personal Transportation: From:	To:	Mileage: 0km (x \$0.51 per km)	Amount: \$ 0.00
Other Transportation:	Airfare: <input type="checkbox"/> Bus/Taxi: <input type="checkbox"/> Ferry: <input type="checkbox"/>		Amount: \$0
Accommodation:	Private: <input type="checkbox"/> Commercial: <input type="checkbox"/>		Amount: \$0
Meals: Breakfast: <input type="checkbox"/>	Lunch: <input type="checkbox"/> Dinner: <input type="checkbox"/> Full Day: <input type="checkbox"/> Incidental: <input type="checkbox"/>		Amount: \$0
Misc Expenses:			Amount: \$0
Expense Total:			\$0.00

Claim Date: May 30, 2014	Task: Prep for hearing	Task Information: review parties positions, material and evidence in appeal s.3	
Hours: 3.5			
Personal Transportation: From:	To:	Mileage: 0km (x \$0.51 per km)	Amount: \$ 0.00
Other Transportation:	Airfare: <input type="checkbox"/> Bus/Taxi: <input type="checkbox"/> Ferry: <input type="checkbox"/>		Amount: \$0
Accommodation:	Private: <input type="checkbox"/> Commercial: <input type="checkbox"/>		Amount: \$0
Meals: Breakfast: <input type="checkbox"/>	Lunch: <input type="checkbox"/> Dinner: <input type="checkbox"/> Full Day: <input type="checkbox"/> Incidental: <input type="checkbox"/>		Amount: \$0
Misc Expenses:			Amount: \$0

Expense Total: \$0.00

Claim Date: June 1, 2014	Task: Prep for hearing	Task Information: continued review, conference with panel colleague and considering issues and amendments to legislation in appeal s.3	
Hours: 3			
Personal Transportation: From:	To:	Mileage: 0km (x \$0.51 per km)	Amount: \$ 0.00
Other Transportation:	Airfare: <input type="checkbox"/>	Bus/Taxi: <input type="checkbox"/>	Ferry: <input type="checkbox"/>
			Amount: \$0
Accommodation:	Private: <input type="checkbox"/>	Commercial: <input type="checkbox"/>	Amount: \$0
Meals: Breakfast: <input type="checkbox"/>	Lunch: <input type="checkbox"/>	Dinner: <input type="checkbox"/>	Full Day: <input type="checkbox"/>
			Incidental: <input type="checkbox"/>
			Amount: \$0
Misc Expenses:			Amount: \$0
			Expense Total: \$0.00

Claim Date: June 2, 2014	Task: Oral hearings	Task Information: attending and chairing hearing in appeal s.3 s.3	
Hours: 8			
Personal Transportation: From s.22	To: PAAB office in Richmond and return	Mileage: 72km (x \$0.51 per km)	Amount: \$ 36.72
Other Transportation:	Airfare: <input type="checkbox"/>	Bus/Taxi: <input type="checkbox"/>	Ferry: <input type="checkbox"/>
			Amount: \$0
Accommodation:	Private: <input type="checkbox"/>	Commercial: <input type="checkbox"/>	Amount: \$0
Meals: Breakfast: <input type="checkbox"/>	Lunch: <input checked="" type="checkbox"/>	Dinner: <input type="checkbox"/>	Full Day: <input type="checkbox"/>
			Incidental: <input type="checkbox"/>
			Amount: \$22
Misc Expenses:			Amount: \$0
			Expense Total: \$58.72

Claim Date: June 3, 2014	Task: Oral hearings	
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		Task Information: attend and chair hearing in appeal s.3 s.3	
Hours: 8			
Personal Transportation: From: s.22	To: PAAB office in Richmond and return	Mileage: 72km (x \$0.51 per km)	Amount: \$ 36.72
Other Transportation:	Airfare: <input type="checkbox"/> Bus/Taxi: <input type="checkbox"/> Ferry: <input type="checkbox"/>	Amount: \$0	
Accommodation:	Private: <input type="checkbox"/> Commercial: <input type="checkbox"/>	Amount: \$0	
Meals: Breakfast: <input type="checkbox"/>	Lunch: <input checked="" type="checkbox"/>	Dinner: <input type="checkbox"/> Full Day: <input type="checkbox"/> Incidental: <input type="checkbox"/>	Amount: \$22
Misc Expenses:			Amount: \$0
Expense Total:			\$58.72

Claim Date: June 4, 2014	Task: Oral hearings	Task Information: attend and chair hearing in appeal s.3 s.3	
Hours: 8			
Personal Transportation: From: s.22	To: PAAB office in Richmond and return	Mileage: 72km (x \$0.51 per km)	Amount: \$ 36.72
Other Transportation:	Airfare: <input type="checkbox"/> Bus/Taxi: <input type="checkbox"/> Ferry: <input type="checkbox"/>	Amount: \$0	
Accommodation:	Private: <input type="checkbox"/> Commercial: <input type="checkbox"/>	Amount: \$0	
Meals: Breakfast: <input type="checkbox"/>	Lunch: <input checked="" type="checkbox"/>	Dinner: <input type="checkbox"/> Full Day: <input type="checkbox"/> Incidental: <input type="checkbox"/>	Amount: \$22
Misc Expenses:			Amount: \$0
Expense Total:			\$58.72

Claim Date: June 5, 2014	Task: Oral hearings	Task Information: attend with colleague to discuss reasons and outline and
------------------------------------	------------------------	---

		begin decision outline in appeal s.3 al	
Hours: 8			
Personal Transportation: From: s.22	To: PAAB office in Richmond and return	Mileage: 72km (x \$0.51 per km)	Amount: \$ 36.72
Other Transportation:	Airfare: <input type="checkbox"/> Bus/Taxi: <input type="checkbox"/> Ferry: <input type="checkbox"/>	Amount: \$0	
Accommodation: Private: <input type="checkbox"/> Commercial: <input type="checkbox"/>		Amount: \$0	
Meals: Breakfast: <input type="checkbox"/>	Lunch: <input checked="" type="checkbox"/>	Dinner: <input type="checkbox"/> Full Day: <input type="checkbox"/> Incidental: <input type="checkbox"/>	Amount: \$22
Misc Expenses:			Amount: \$0
Expense Total:			\$58.72

Claim Date: June 6, 2014	Task: Cancellation claim for oral hearing	Task Information: hearing day cancelled in appeal s.3 et al	
Hours: 8			
Personal Transportation: From:	To:	Mileage: 0km (x \$0.51 per km)	Amount: \$ 0.00
Other Transportation:	Airfare: <input type="checkbox"/> Bus/Taxi: <input type="checkbox"/> Ferry: <input type="checkbox"/>	Amount: \$0	
Accommodation: Private: <input type="checkbox"/> Commercial: <input type="checkbox"/>		Amount: \$0	
Meals: Breakfast: <input type="checkbox"/>	Lunch: <input type="checkbox"/>	Dinner: <input type="checkbox"/> Full Day: <input type="checkbox"/> Incidental: <input type="checkbox"/>	Amount: \$0
Misc Expenses:			Amount: \$0
Expense Total:			\$0.00

Summary of Hours (by Date)			\$2375 (47.5 hrs)
Date	Hours Claimed	Adjusted Hours	
May 23, 2014	1	1	
May 30, 2014	3.5	3.5	

June 1, 2014	3	3	
June 2, 2014	8	8	
June 3, 2014	8	8	
June 4, 2014	8	8	
June 5, 2014	8	8	
June 6, 2014	8	8	
Client:060 RC:51091 SL:54300 STOB:5505 Project:5100000			Total Amount of Per Diem
Client:060 RC:51091 SL:54300 STOB:5515 Project:5100000			Total Expenses: \$234.88
			Grand Total: \$2609.88

Do you (as the Qualified Receiver) wish to approve this invoice for further processing? ☐ Yes ☐ No ☒ Ignore Submit

[Back to Invoice List View](#)

PO/LMPS.22 _____
Vendor _____ mmit. Y/N _____
Project 5100000
DATE INVOICE RECEIVED 11/10/10 GOODS & SERVICES RECEIVED 11/10/10
Vote Amt Paid Account Sub
031 060 51091 54300 5505
5515
Certified prices/extensions/totals checked
& not previously passed for payment.
Signature _____ **2609.88**
CERTIFIED AMOUNT TO BE PAID: _____
is correct
is in accordance with the appropriate statute or other
authority and for which work has been performed,
where applicable, that no work has been performed,
the goods supplied, the service rendered, and/or
other conditions are _____
SPECIAL AUTHORITY SIGNATURE _____

PO/LMPO/Author/Commitment# _____
Vendor # _____ Close Commit. Y/N _____
Project # _____
DATE INVOICE RECEIVED _____ GOODS & SERVICES RECEIVED _____
Vote Amt Paid Account Sub
031 060 51091 54300 5505
5515
Certified prices/extensions/totals checked
& not previously passed for payment.
Signature _____ **13049**
CERTIFIED AMOUNT TO BE PAID: \$ _____
is correct
is in accordance with the appropriate statute or other
authority and for which work has been performed,
where applicable, that no work has been performed,
the goods supplied, the service rendered, and/or
other conditions are _____
SPECIAL AUTHORITY SIGNATURE _____

BRITISH
COLUMBIA

Property Assessment Appeal Board

RECEIVED

JUL 21 2014

MINISTRY OF COMMUNITY DEVELOPMENT &
MINISTRY OF TOURISM, CULTURE & THE ARTS

RECEIVED

JUL 23 2014

Invoice Number: PAAB14-999

Supplier Number: s.22

PROPERTY ASSESSMENT
APPEAL BOARD

Name: Dale Pope

s.22

Claim Date: June 9, 2014	Task: Decision writing	Task Information: review case law and authorities presented at hearing in appeal s.3	
Hours: 7			
Personal Transportation: From:	To:	Mileage: 0km (x \$0.51 per km)	Amount: \$ 0.00
Other Transportation:	Airfare: <input type="checkbox"/> Bus/Taxi: <input type="checkbox"/> Ferry: <input type="checkbox"/>		Amount: \$0
Accommodation:	Private: <input type="checkbox"/> Commercial: <input type="checkbox"/>		Amount: \$0
Meals: Breakfast: <input type="checkbox"/> Lunch: <input type="checkbox"/> Dinner: <input type="checkbox"/> Full Day: <input type="checkbox"/> Incidental: <input type="checkbox"/>			Amount: \$0
Misc Expenses:			Amount: \$0
Expense Total:			\$0.00

Claim Date: June 17, 2014	Task: Decision writing	Task Information: commencing writing in appeal s.3 etc	
Hours: 3			
Personal Transportation: From:	To:	Mileage: 0km (x \$0.51 per km)	Amount: \$ 0.00
Other Transportation:	Airfare: <input type="checkbox"/> Bus/Taxi: <input type="checkbox"/> Ferry: <input type="checkbox"/>		Amount: \$0
Accommodation:	Private: <input type="checkbox"/> Commercial: <input type="checkbox"/>		Amount: \$0
Meals: Breakfast: <input type="checkbox"/> Lunch: <input type="checkbox"/> Dinner: <input type="checkbox"/> Full Day: <input type="checkbox"/> Incidental: <input type="checkbox"/>			Amount: \$0
Misc Expenses:			Amount: \$0

Expense Total: \$0.00

Claim Date: June 21, 2014	Task: Decision writing	Task Information: continued writing in appeal ^{s.3}	
Hours: 5.5			
Personal Transportation: From:	To:	Mileage: 0km (x \$0.51 per km)	Amount: \$ 0.00
Other Transportation:	Airfare: <input type="checkbox"/> Bus/Taxi: <input type="checkbox"/> Ferry: <input type="checkbox"/>		Amount: \$0
Accommodation:	Private: <input type="checkbox"/> Commercial: <input type="checkbox"/>		Amount: \$0
Meals: Breakfast: <input type="checkbox"/>	Lunch: <input type="checkbox"/> Dinner: <input type="checkbox"/> Full Day: <input type="checkbox"/> Incidental: <input type="checkbox"/>		Amount: \$0
Misc Expenses:			Amount: \$0
Expense Total:			\$0.00

Summary of Hours (by Date)		
Date	Hours Claimed	Adjusted Hours
June 9, 2014	7	7
June 17, 2014	3	3
June 21, 2014	5.5	5.5
Client:060 RC:51091 SL:54300 STOB:5505 Project:5100000		Total Amount of Per Diem \$775 (15.5 hrs)
Client:060 RC:51091 SL:54300 STOB:5515 Project:5100000		Total Expenses: \$0
		Grand Total: \$775

Do you (as the Qualified Receiver) wish to approve this invoice for further processing? ☐ Yes ☐ No ☒ Ignore

Back to Invoice List View

Vendor: S.22
Project # 5100000

DATE INVOICE RECEIVED: 11/01/13
GOODS & SERVICES RECEIVED: 11/01/13

Vote	Min	Resp	Account	Stob
031	060	51091	54300	5505

Certified prices/extensions/totals checked & not previously passed for payment

Signature: [Signature]
CERTIFIED AMOUNT TO BE PAID: \$775.00

is correct
is in accordance with the appropriate statute or other
authority and for contract
where applicable, that the work has been performed,
the goods supplied, the service rendered, and/or
other conditions met

SPENDING AUTHORITY SIGNATURE

Submit

Project #

DATE INVOICE RECEIVED: 11/01/13
GOODS & SERVICES RECEIVED: 11/01/13

Vote	Min	Resp	Account	Stob
031	060	51091	54300	5505

Certified prices/extensions/totals checked & not previously passed for payment

Signature: [Signature]
CERTIFIED AMOUNT TO BE PAID: \$38.75

is correct
is in accordance with the appropriate statute or other
authority and for contract
where applicable, that the work has been performed,
the goods supplied, the service rendered, and/or
other conditions met

SPENDING AUTHORITY SIGNATURE