BRI	TISH Proper	JY204	ED ssessment App	oea	BERGEIVE	F	
Invoice Number: P	AAB1441008 COM	Sup	ptienNumber: \$.22		71 		
Name: Dale Pope		701-101-1		•	PROPERTY ASSESSMI	END	
Address: s.22					City, Province BOA PD		
Claim Date: August 5, 2014	Task: Decision writing		Information: wing, writing in appeal s.	.3			
Hours: 2							
Personal Transportation: From:	То:		nge: 0 km .51 per km)	nount: \$ 0.00			
Other Airfare: Bus/Taxi: Ferry: Amount: \$0 Transportation:							
Accommodation:	Prívate: □	Com	mercial:	An	nount: \$0		
Meals: Breakfast: Lunch: Dinner: Full Day: Incidental: Amount: \$0							
Misc Expenses:				An	nount: \$0		
			Expense Total	\$0	.00		
Claim Date: August 18, 2014	Task: Decision writing	3	Task Information: writing in appeal s.3				
Hours: 8							
Personal Transportation: From:	To:		Mileage: 0 km (x \$0.51 per km)		Amount: \$ 0.00		
Other A	irfare: ☐ Bu	s/Taxi	i: ☐ Ferry: □		Amount: \$0		
Accommodation: p	Private: □	Cor	mmercial: 🏻		Amount: \$0		
Meals: Breakfast:	🗆 Lunch: 🗆 Dinn	er: 🗆	Full Day: Incidental:		Amount: \$0		
Misc Expenses:					Amount: \$0		
			Expense To	tal·	\$0.00 L		

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			<u>. *</u>			
Personal Transportation: From:	To:	Mileage: 0 km (x \$0.51 per kr	m)		Am	ount: \$ 0.00
Other Transportation:	Airfare: □	Bus/Taxi:		Ferry: 🗆	Am	ount: \$ 0
Accommodation	^{1:} Private: [Com	mercial: [3	Am	ount: \$ 0
Meals: Breakfas □	st: Lunch:		Ful l Day : □	Incidental:	Am	ount: \$0
Misc Expenses:					Am	ount: \$0
				Expense Total:	\$0.0	00
Claim Date: August 19, 201 Hours: 5	Task: 4 Decisi	on writing	Task Info writing in	ormation: appeal s.22		<u> </u>
Personal Transportation: From:	To:		Mileage: (x \$0.51			Amount: \$ 0.00
Other Transportation:	Airfare:	Bus/Tax	i: 🗆	Ferry:	•	Amount: \$0
Accommodation	^{1:} Private: □	Co	mmercial:		. 11 . ''' 	Amount: \$0
Meals: Breakfas	st: 🗆 Lunch:	☐ Dinner: ☐	Full Day	: Incidental:		Amount: \$0
Misc Expenses:						Amount: \$0
				Expense T	otal:	\$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: 0 km (x \$0.51 per km)			Amo	ount: \$ 0.00

Other Transportation:	Airfare: □	Bus/Taxi: ☐ Ferry: ☐		Ferry: □	Amount: \$0		
Accommodation	Accommodation: Private: Commercial: Amount: \$0						
Meals: Breakfas □	st: Lunch:	Dinner: □	Full Day:	Incidental:	Amount: \$0		
Misc Expenses:					Amount: \$0		
<u></u>	·			Expense Total	\$0.00		
Claim Date: August 21, 2014	Task: Other - provide details	1	•	el colleague or	n draft and revise in		
Hours: 1							
Personal Transportation: From:	To:	Mileage: (x \$0.51	0 km per km)		Amount: \$ 0.00		
Other Transportation:	Airfare: □	Bus/Tax	d: 🗆	Ferry: □	Amount: \$0		
Accommodation: Private: Commercial: Amount: \$0							
Meals: Breakfas □	t: Lunch:	Dinner:	Full Day: □	Incidental:	Amount: \$0		
Misc Expenses:					Amount: \$0		
	Expense Total: \$0.00						
Claim Date: August 22, 2014	Task: Prep for hearing		nformation: ing and con	sidering expert	opinions etc in appeal		
Hours: 6							
Personal Transportation: From:	To:	Mileag (x \$0.5	e: 0km 1 per km)		Amount: \$ 0.00		
Other Transportation:	Airfare: □	Bus/Tax	d: 🗆	Ferry: 🗍	Amount: \$0		
Accommodation	Private: □	Co	mmercial: [Amount: \$0		
Meals: Breakfas	t: Lunch:	Dinner:	Full Day: □	Incidental:	Amount: \$0		

Misc				1	Amount	: \$0	
Expenses:	·····		 				
		<u></u>		Expense Total:	\$0.00		
Claim Date: August 22, 2014	Task: Other - provide details		conference	e discussions wit er in appeal ^{s.3}	h panel	colleague and	
Hours: 1.5							
Personal Transportation: From:	To: ;	Mileage: (x \$0.51 ;			Amoun	t: \$ 0.00	
Other Transportation:	Airfare: [Bus/Ta	axi: 🗆	Ferry: 🗆	Amoun	t: \$ 0	
Accommodation	: Private:		Commercial:		Amoun	t: \$ 0	
Meals: Breakfas	Meals: Breakfast: Lunch: Dinner: Full Day: Incidental: Amount: \$0						
Misc Expenses:						t: \$0	
	Expense Total: \$0.00						
		*					
Claim Date: August 23, 2014	1	Task: Prep for hear	ring	Task Information in appeal s.3	1: 		
Hours: 7	· ··· · · · · · · · · · · · · · · · ·		·	. ,			
Personal Transp From:	ortation:	To:		Mileage: 0 km (x \$0.51 per km)	1	Amount: \$ 0.00	
Other Transportation:	Airfare:	Bu	ıs/Taxi: □	Ferry:		Amount: \$0	
Accommodation	: Private:		Commerc	cial: 🗆		Amount: \$0	
Meals: Breakfas	t: 🗀 Lur	nch: 🗆 Dinne	er: 🗌 Full	Day: 🗌 Inciden	tal: 🗆	Amount: \$0	
Misc Expenses: Amount: \$0							
				Expens	e Total	\$0.00	
Claim Date: August 25, 2014 Hours: 8	Task: Oral h	earings	Task Inforn attend and	nation: chair hearing in	appeal ^s	s.3	
Personal Transportation:	To:	· · · · · · · · · · · · · · · · · · ·	Mileage: 0 l (x \$0.51 pe		Amou	unt: \$ 0.00	

From:	:			
Other Air Transportation:	fare: ☐ Bus	s/Taxi: □	Ferry: □	Amount: \$0
Accommodation: P	rivate: 🗆	Commercial:		Amount: \$0
Meals: Breakfast:	Lunch: Dinne	er: Full Day:	Incidental: □	Amount: \$0
Misc Expenses:				Amount: \$0
			Expense Total:	\$0.00
Claim Date: August 26, 2014	Task: Oral hearings	Task Informati attend and cha	ion: air hearing in a _l	opeal s.3
Hours: 8				Ì
Personal Transportation: From:	To:	Mileage: 0 km (x \$0.51 per ki	m)	Amount: \$ 0.00
Other Air Transportation:	fare: ☐ Bus	s/Taxi: □	Ferry: 🗆	Amount: \$0
Accommodation: p	rivate: 🗆	Commercial:		Amount: \$0
Meals: Breakfast: □	Lunch: Dinne	er: Full Day:	Incidental: □	Amount: \$0
Misc Expenses:				Amount: \$0
			Expense Total:	\$0.00
Claim Date: August 27, 2014	Task: Oral hearings	Task Informati attend and cha	ion: air hearing in a <mark>r</mark>	peals.3
Hours: 8				
Personal Transportation: From:	To:	Mileage: 0 km (x \$0.51 per ki	m)	Amount: \$ 0.00
Other Airf Transportation:	fare: ☐ Bus	/Taxi: □	Ferry: 🗌	Amount: \$0
Accommodation: Pi	rivate: 🗆	Commercial: []	Amount: \$0
Meals: Breakfast: □	Lunch: Dinne	er: Full Day:	Incidental:	Amount: \$0
Misc Expenses:				Amount: \$ 0

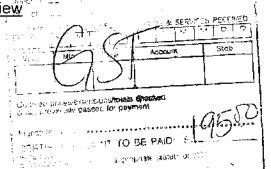
	Expense Total:∤\$0.00				
Claim Date: August 28, 2014	Task: 4 Oral heari	ings	Task Informa	ation: hair hearing in	appeal s.3
Hours: 8					
Personal Transportation: From:	To:		Mileage: 0 kn (x \$0.51 per		Amount: \$ 0.00
Other Transportation:	Airfare: 🗆	Bus/T	axi: □	Ferry: □	Amount: \$0
Accommodation	[∷] Private: □	(Commercial:		Amount: \$0
Meals: Breakfas □	t: Lunch:	Dinner: □	Full Day: □	Incidental:	Amount: \$0
Misc Expenses:					Amount: \$0
	····			Expense Tot	al: \$0.00
					======================================
Claim Date: August 29, 2014	Task: Oral hearings	s attend a		ring in appeal . ion on Sept 11.	
Hours: 8					
Personal Transportation: From:	To:	Mileage (x \$0.51	e: 0 km I per km)		Amount: \$ 0.00
Other Transportation:	Airfare: □	Bus/Ta	ıxi: 🗆	Ferry:	Amount: \$0
Accommodation	: Private: □	С	ommercial: [Amount: \$0
Meals: Breakfas □	t: Lunch: □	Dinner: □	Full Day: □	Incidental: □	Amount: \$0
Misc Expenses:					Amount: \$ 0
	The first the first of the second of the sec		E	xpense Total:	\$0.00
Claim Date: August 30, 2014	Task: Decision writing	reviewing	ormation: g final draft w w in appeal s.	•	ague, revise and submit
Hours: 1.5					
Personal Transportation:	То:	Mileage: (x \$0.51			Amount: \$ 0.00

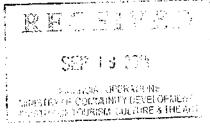
From:				1
Other Airfare: [Transportation:	∃ Bus/Taxi: □] i	erry: 🗆	Amount: \$0
Accommodation: Private	: Comm	ercial: 🔲		Amount: \$0
Meals: Breakfast: Lund	ch: Dinner: Fu		ncidental:	Amount: \$0
Misc Expenses:				Amount: \$0
		E	pense Total:	\$0.00

Summary of Hours (by Da	ate)		s.2دالماني	2
Date	Hours Claimed	Adjuste	d Hours	Close Commit. Y/N
August 5, 2014	2	2	4975 0 %	FORM 2 LIST DONES STORES
August 18, 2014	8	8		
August 19, 2014	6.5	6.5	771	NA COUNT Stob
August 21, 2014	5.5	5.5	10011	1911 5430 a530 a
August 22, 2014	7.5	7.5	Certified price & nothirevious	is/e ension-reacts checked
August 23, 2014	7	7	Signa ure	12ab
August 25, 2014	8	8	is conject.	ANCUNT TO BE PAID: 5
August 26, 2014	8	8	9 in alteordan Buthority and I where applica	ce with the appropriate statute or other for Johnstot bits the work and one of without as
August 27, 2014	8	8	other condition	to landact of other back of other of other of other of other of other of other
August 28, 2014	8	8	142	ENNING ARE TO STONATURE
August 29, 2014	8	8		MATURE
August 30, 2014	1.5	1.5		
Client:060 RC:51091 SL:	54300 STOB:5505	Ţ	otal Amount	of
Project:5100000			Per Die	m \$3900 (78 hrs)
Client:060 RC:51091 SL:	54300 STOB:5515		Tota	^{al} \$0
Project:5100000			Expenses	s: ^{PU}
;	· · · · · · · · · · · · · · · · · · ·		Grand Tota	al: \$3 90 0

Do you (as the Qualified Receiver) wish to approve this invoice for further processing? ○ Yes O No • Ignore Submit COMPORED CONTRACTOR

Back to Invoice List View

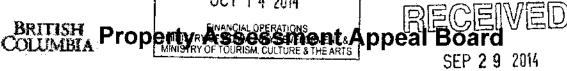




http://142.30.220.209/paab/admin/QR/approveInvoice.asp?InvoiceID=PAAB14-1008&ID=... 9/3/2014

OCT 1 4 2014





Invoice Number:	PAAB14-1017	Supplier Number: \$.22	ODERTY ASSESSME
Name: Dale Po	pe		APPEAL BOARD
Address; s.22	FF1100		City Province
Claim Date: September 5, 2014	Task: Decision writing	Task Information: writing some final edits before s s.3	submission in appeal s.3
Hours: 1			
Personal Transportation: From:	To:	Mileage: 0 km (x \$0.52 per km)	Amount: \$ 0.00
Other Transportation:	r: Airfare: □	Bus/Taxi: ☐ Ferry: ☐	Amount: \$0
Accommodation	: Private: □	Commercial:	Amount: \$0
Meals: Breakfas □	t: Lunch: D	inner: Full Day: Incidental:	Amount: \$0
Misc Expenses:	10 11 11 11 11 11 11 11 11 11 11 11 11 1		Amount: \$0
		Expense Tot	al: \$0.00
Claim Date: September 10, 2014	Task: Prep for heari	Task Information: ng preparing for continued hea	ring in appeal s.3
lours: 4			
Personal Fransportation: From:	To:	Mileage: 0 km (x \$0.52 per km)	Amount: \$ 0.00
Other Transportation:	Airfare: □	Bus/Taxi: ☐ Ferry: ☐	Amount: \$0
Accommodation:	Private: □	Commercial:	Amount: \$0
Meals: Breakfast □	: Lunch: D	inner: Full Day: Incidental:	Amount: \$0
Misc Expenses:			Amount: \$0

					Expense T	otal: \$0.00
[a. : a			·			
Claim Date: September 11, 2014	Task: Oral hearir	ngs		k Information	-	nearing in appeal (\$.3
Hours: 8						
Personal Transportation: From:	To:			eage: 0 km :0.52 per kr	n)	Amount: \$ 0.00
Other Transportation:	Airfare: □	Bu	s/Ta	ıxi: 🗆	Ferry: 🗆	Amount: \$0
Accommodation	^{ղ:} Private: 🏻		С	ommercial:		Amount: \$0
Meals: Breakfas □	st: Lunch:	Dinr	ег:	Full Day: □	Incidental:	Amount: \$0
Misc Expenses:						Amount: \$0
					Expense To	tal: \$0.00
Hours: 4 Personal	research	office Milea	with ge: 0	comment	unai deterend	Amount: \$ 0.00
2014	Self directed research	SCC (decis	sion on trib	ering, in light unal deferend	of developing law, recent e, forwarding to board
Transportation: From:	To:	(x \$0.	Mileage: 0 km (x \$0.52 per km)			
Other Transportation:	Airfare: 🗀	Bu	s/Ta	xi: 🗆	Ferry: 🗌	Amount: \$0
Accommodation	∺ Private: 🗆		С	ommercial:		Amount: \$0
Meals: Breakfas □	t: Lunch:	Dinn □	er:	Full Day: □	Incidental: □	Amount: \$0
Misc Expenses:						Amount: \$0
					Expense To	tal: \$0.00
Claim Date: September 16, 2014	Task: Decision writing	revie	ewin	ormation: g formatted appeal s.3	draft from be	pard office and provinding
Hours: 1.5						Amount: \$ 0.00

Personal Transportation: From:	To: :	Mileage: 0km (x \$0.52 per km)						
Other Transportation:	Airfare: □	Bus/Taxi: □	Ferry: □	Amount: \$0				
Accommodation	^{1:} Private: □	Commercial	: 🗆	Amount: \$0				
Meals: Breakfas □	st: Lunch:	Dinner: Full Day	: Incidental: □	Amount: \$0				
Misc Expenses:								
			Expense Total	\$0.00				
Claim Date: September 18, 2014	Task: Other - provide details			ension, consulting panel coard office in appeal				
Hours: 0.5 Personal Transportation: From:	To:	Mileage: 0 km (x \$0.52 per km)	70° ta d' - ta a - a - a - a - a - a - a - a - a	Amount: \$ 0.00				
Other Transportation:	Airfare: 🗌	Bus/Taxi: □	Ferry: □	Amount: \$0				
Accommodation	^{ı:} Private: □	Commercial		Amount: \$0				
Meals: Breakfas □	t: Lunch:	Dinner: Full Day. □ □	Incidental:	Amount: \$0				
Misc Expenses:			***************************************	Amount: \$0				
			Expense Total	\$0.00				
Claim Date: September 18, 2014	Task: Decision writing	Task Information: providing final edits in appeal s.3	s and decision su	ummary to board office				
Hours: 1,5								
Personal Transportation: From:	To:	Mileage: 0 km (x \$0.52 per km)		Amount: \$ 0.00				
Other Transportation:	Airfare: □	Bus/Taxi: □	Ferry: 🗆	Amount: \$0				
Accommodation	Private:	Commercial:		Amount: \$0				

processing?

○ Yes

Meals: Breakfas □	t: Lunch	n: Dinner:	Full Day: □	Incidental:	Amo	ount: \$ 0
Misc Expenses:					Amo	ount: \$0
				Expense To	tal: \$0.0	00
2014	Task: Prep for hearing	Task Inform receiving re preparation	viewing an		-	sels argument in al ;s.3
Hours: 3.5						
Personal Transportation: From:	To:	Mileage: 0 k (x \$0.52 per			Am	ount: \$ 0.00
Other Transportation:	Airfare: □	Bus/Taxi	: 🗆	Ferry:	Am	ount: \$0
Accommodation	: Private:	☐ Cor	nmercial: [Am	ount: \$ 0
Meals: Breakfas	t: Lunch	n: Dinner:	Full Day:	Incidental:	Am	ount: \$ 0
Misc Expenses:					Amı	ount: \$0
				Expense To	otal: \$0.0	00
			······································			· · · · · · · · · · · · · · · · · · ·
Summary of Hou	rs (by Dat					
Date		Hours Claim	ed Adjus	ted Hours		
September 5, 20		1	1			
September 10, 2	 	4	4		}	
September 11, 2		8	8		1	
September 12, 2		4	4		Į į	
September 16, 2		1.5	1.5			
September 18, 2		2	2			
September 23, 2		3.5	3.5			
Client:060 RC:51 Project:5100000	091 SL:54	300 STOB:550	J5 	Total Amor Per		1 200 (24 hrs)
Client:060 RC:5		4300 STOB:55	15	Exper	Total nses: \$0)
Project:5100000						

O No • Ignore Submit

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wo.s.22	PO/LMPO/AuthMCoquistinents
Vendor #	Vendor#Close Commit. Y/N
Project # Old Odd	Project #
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Vote Win Reap Account Stop	Vote Min Resp Account Stob
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	and previously passed by payment
Signature	Signature
CERTIFIED AMOUNT TO BE PAID: \$ 150	CERTIFIED AMOUNT TO BE PAID 8
is correct. Is in accordance with the appropriate statute or other) is correct
	is in accordance who the appropriate statute or other authority and for cyfright.
unionly and for contract, where applicable has the varie people performed, and goods supplied fire envice manufed, and/or	withite applicable that the ways par provide orders and
other conditions in	the goods suppried the service rendered, and/or other conditions the
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NOV 18 2014



Invoice Number: PAAB14		. NOV 0 6 2014				
Name: Dale Pope		oplier Number ^{s.22}	- 4			
Address: s.22		The state of the s	िं	OPERTY ASSESSME TY, AETOLINGE AND		
Claim Date: October 6, 2014	Task:Train ind Board meetings	Task Info Attending	ormation: g BCCAT			
Hours: 8						
Personal Transportation: From:	То:	Mileage: (x \$0.52		Amount: \$ 0.00		
Other Airfare: Transportation:	□ Bus/ī	axi: 🗆	Ferry: 🗔	Amount: \$0		
Accommodation: Private:		Commercial:		Amount: \$0		
Meals: Breakfast: 🗆 Lui	nch: Dinner:	☐ Full Day: ☐	Incidental:	Amount: \$0		
Misc Expenses:	Misc Expenses:					
			Expense Tota	1: \$0.00		
Claim Date: October 7, 2014	Task: Tvalin in Board meetings	Task Info				
Hours: 8						
Personal Transportation: From:	То:	Mileage: (x \$0.52		Amount: \$ 0.00		
Other Airfare: Transportation:	□ Bus/T	axi: 🗆	Ferry: 🗆	Amount: \$0		
Accommodation: Private:		Commercial: 🗆	····	Amount: \$0		
Meals: Breakfast: 🗀 Lur	ich: Dinner:	☐ Full Day: ☐	Incidental: 🗆	Amount: \$0		
Misc Expenses:				Amount: \$0		
			Expense Tota	: \$0.00		
Claim Date: Task: October 8, Prep for hearing	r	mation: ng and reviewing, n appeal :s.3	considering R	espondent		

Hours: 3		ļ			}
Personal Transportation: From:	To:	Mileago (x \$0.5	e: 0 km 2 per km)		Amount: \$ 0.00
Other Transportation:	Airfare: □	Bus/T	axi: □	Ferry: 🗆	Amount: \$0
Accommodation	^{)∶} Private: □] (Commercial: I		Amount: \$0
Meals: Breakfas □	st: Lunch:	Dinner: □	Full Day: □	Incidental:	Amount: \$0
Misc Expenses:					Amount: \$0
				Expense Total:	\$0.00
	γ				
Claim Date: Task: Task Information: October 13, Prep for 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: 0 (x \$0.52 pc			Amount: \$ 0.00
Other Transportation:	Airfare: □	Bus/Ta	axi: 🗆	Ferry: 🗆	Amount: \$0
Accommodation	¹ Private: □	- C	Commercial: [Amount: \$0
Meals: Breakfas	t: Lunch:	Dinner: □	Full Day: □	Incidental:	Amount: \$0
Misc Expenses:		, , , , , , , , , , , , , , , , , , , ,			Amount: \$0
				Expense Total:	\$0.00
				·	
Claim Date: <mark>October 15, 201</mark>	Task: 4 Oral hea	rings	Task Informa attending at o	tion: oral hearing in a	appeal s.3
Hours: 8					
Personal Transportation: From:	To:		Mileage: 0 km (x \$0.52 per l		Amount: \$ 0.00
Other Transportation:	Airfare: 🗆	Bus/T	axi: 🗆	Ferry: □	Amount: \$0

Accommodation: Private: Commercial:					Amount: \$0
Meals: Breakfas □	st: Lunch	n: Dinner:	Full Day:	Incidental:	Amount: \$0
Misc Expenses:					Amount: \$0
				Expense Tota	1: \$0.00
Claim Date: October 18, 2014	Task: Other - provide details	and Respon	and considering and ent brief of	•	d to in the Appellant noting appraisal and
Hours: 6 Personal Transportation: From:	To:	Mileage: 0 k (x \$0.52 pe			Amount: \$ 0.00
Other Transportation:	Airfare: □	Bus/Ta	axi: 🗆	Ferry: □	Amount: \$0
Accommodation	n: Private: l		Commercial: [Amount: \$0
Meals: Breakfas □	st: Lunch	: Dinner:	Full Day:	Incidental:	Amount: \$0
Misc Expenses:	M-14-1		***************************************		Amount: \$0
			E	xpense Total:	\$0.00
Claim Date: October 24, 20 [,] Hours: 2	Task: 14 Decisio	on writing	Task Informa writing draft le	tion: egal outline in a	ppeal s.3
Personal Transportation: From:	To:		Mileage: 0 km (x \$0.52 per l		Amount: \$ 0.00
Other Transportation:	Airfare:	Bus/T	axi: 🗆	Ferry: 🗌	Amount: \$0
					Amount: \$0
Meals: Breakfas	st: Lunch	: Dinner:	Full Day:	Incidental:	Amount: \$0
Misc Expenses:	***************************************				Amount: \$0
				Expense Total	\$0.00

Summary of Hours (by		· · · · · · · · · · · · · · · · · · ·		
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	1	
October 18, 2014	6	6		
October 24, 2014	2	2	1	
Client:060 RC:51091 S Project:5100000	L:54300 STOB:5505	Total Amo Per		\$2100 (42 hrs)
Client:060 RC:51091 S Project:5100000	L:54300 STOB:5515	Expe	Total	\$0
		Grand	Total:	\$2100

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

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Vendor S.22 Vendor S. S. Sosimit. V/N
Vote Min. Sesp Account Stok
Certified but sampleting, sanotats checked a function previously passed for payment.
Signature CERTIFIED AMOUNT TO BE PAID: Is connect is connect which he oppropriate states or other authority and to contract. After applicable that the work has been performed, the young supplied, thurservice rangement, and the states of
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DEC - 8 2014



Invoice Number:	PAAB14-104	5 Supp	lier Num	ber: s.22	DEC 0 1 50
Name: Dale Po s.22	pe	and the second s			PROPERTY ACCEC
Claim Date: November 1, 2014	Task: Other - provid	, –		nel colleagues	re decision in appeal
Hours: 1	details	s.3			<u> </u>
Personal Transportation: From:	To:	Mileage: 0 (x \$0.52 p			Amount: \$ 0.00
Other Transportation:	 Airfare: □	Bus/Taxi:]	Ferry: □	Amount: \$0
Accommodation	^{n:} Private: □	Comm	nercial: [Amount: \$0
Meals: Breakfas □	st: Lunch:	Dinner: Fu	ıl l Day:	Incidental:	Amount: \$0
Misc Expenses:					Amount: \$0
	· · · · · · · · · · · · · · · · · · ·			Expense Total:	\$0.00
Claim Date: November 18, 2014	Decision of writing		n panel d		reviewing, considering sion in appeal s.3
Hours: 4.5		11.11818-11			
Personal Transportation: From:		Aileage: 0 km x \$0.52 per ki	m)		Amount: \$ 0.00
Other Transportation:	Airfare: □	Bus/Taxi: [Ferry:	Amount: \$0
Accommodation	: Private: □	Comm	nercial: [Amount: \$0
Meals: Breakfas □	t: Lunch:	Dinner: Fu	ıll Day:	Incidental:	Amount: \$0
		· · · · · · · · · · · · · · · · · · ·			Amount: \$0

Approve Invoice Page 2 of 3

Misc Expenses:					
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	 	Expense Total	\$0.00
Claim Date: November 19, 2014	Task: Other - provide details		all legal auth		l by the parties and easons for appeal ^{s.3}
Hours: 3.5					
Personal Transportation: From:	To:	Mileage: 0 l (x \$0.52 pe			Amount: \$ 0.00
Other Transportation:	Airfare: □	Bus/Ta	xi: 🗆	Ferry: 🗌	Amount: \$0
Accommodation	^{າ:} Private: □	C	ommercial:		Amount: \$0
Meals: Breakfas □	st: Lunch:	Dinner: □	Full Day: □	Incidental:	Amount: \$0
Misc Expenses:		,			Amount: \$0
				Expense Total	\$0.00
Claim Date: November 28, 2014	Task: Decision writing		evision and or draft reviews		AB office to meet with direwrite parts of draft
Hours: 5		• 			
Personal Transportation: From:	To:	Mileage: 0k (x \$0.52 pe			Amount: \$ 0.00
Other Transportation:	Airfare:	Bus/Ta	xi: 🗆	Ferry: 🗆	Amount: \$0
Accommodation	¹: Private: □	Co	ommercial:		Amount: \$0
Meals: Breakfas	st: Lunch:	Dinner:	Full Day:	Incidental:	Amount: \$0
Misc Expenses:					Amount: \$0
	······································	-, , -, , , -, , , , , , , , , , , , , 		Expense Total	\$0.00
Summary of Ho	urs (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 SI Project:5100000	L:54300 STOB:5505	Total Am Pe
Client:060 RC:51091 S Project:5100000	L:54300 STOB:5515	Expe
		Grand

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

PO/LMPQ/Auth#/Commitmenth	
Vendor#	Clese Commit Y/N
Project #	
DATE PROOCE REUSIAES	CODS & SERVICES PECEIVED
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where applicable the same was the code supplied the same other conditions may be same.	renders and/or
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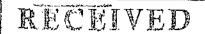
	i
PO/LMPC S. 22 Vendor # Project # Commit Y/N_	- 1
Vote Jun 2007 Account Stel	101
031 060 5091 54300 55	XX)
Certified processing characteristics at action at the post previous years and a characteristic correct is in accordance with the appropriate statute or other authority and for sportage when the appropriate statute or other where applicable that the work has been performed, the goods supplied, the sensitir reindered and/or other conditions must	-\vi
GRENDING AUTHORITY SIGNATURE	



					DEC 1 8 2014 🦼
Invoice Number		51	Supplier Nur	nber: s.22	
Name: Dale Po s.22	ppe				PROPERTY ASSESSMENT
Claim Date: December 3, 2014	Task: Decision w	riting r	Task Informati eview conside etc	*	Iraft in appeal :s.3
Hours: 1					
Personal Transportation: From:	To:		Mileage: 0 km x \$0.52 per kr	n)	Amount: \$ 0.00
Other Transportation:	Airfare: □	Bus/	Taxi; □	Ferry: 🗌	Amount: \$0
Accommodation	¹: Private: 🗌		Commercial:		Amount: \$0
Meals: Breakfas □	st: Lunch:	Dinner	∵ Full Day:	Incidental:	Amount: \$0
Misc Expenses:			**************************************		Amount: \$0
		······································		Expense Tota	al: \$0.00
Claim Date: December 4, 2014	Task: Decision writing	review	nformation: consider and gues in appea		nd confer with panel
lours: 1.5					
Personal Гransportatioп: From:	To:		je: 0 km 52 per km)		Amount: \$ 0.00
Other Transportation:	Airfare: □	Bus/T	`axi: □	Ferry: 🗆	Amount: \$0
Accommodation	[∶] Private: □		Commercial: {		Amount: \$0
Vieals: Breakfas □	t: Lunch:	Dinner:	Full Day:	Incidental:	Amount: \$0
Misc Expenses:					Amount: \$0

			Expense Tota	l: [\$0.00			
Claim Date: December 9, 2014	Task: Task Information: Decision 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: 0 km (x \$0.52 per km)		Amount: \$ 0.00			
Other Transportation:	Airfare: □	Bus/Taxi: 🗌	Ferry: □	Amount: \$0			
Accommodation	^{):} Private: □	Commercial:		Amount: \$0			
Meals: Breakfas □	t: Lunch:	Dinner: Full Day:	Incidental:	Amount: \$0			
Misc Expenses:				Amount: \$0			
			Expense Total	:\$0.00			
Claim Date: December 15, 2014 Hours: 4 Personal	Task: Self directed research	review, bias and adn Mileage: 0 km		ase law on standard of ness Amount: \$ 0.00			
Transportation: From:	To:	(x \$0.52 per km)	PROGRAMMA				
Other Transportation:	Airfare: □	Bus/Taxi: □	Ferry: □	Amount: \$0			
Accommodation	[:] Private: □	Commercial: [Amount: \$0			
Meals: Breakfas □	t: Lunch:	Dinner: Full Day:	Incidental:	Amount: \$0			
Misc Expenses:	- march			Amount: \$0			
			Expense Total:	\$0.00			
Claim Date: December 16, 2014	Task: Decision writing	Task Information: reviewing considerir same in appeal s.3	ng review comi	ments and approving			
Hours: 1 Personal Transportation:		Mileage: 0 km (x \$0.52 per km)		Amount: \$ 0.00			

From: To:					; ;	
Other Airfa Transportation:	re: 🗍	Bus/Taxi:]	Ferry: 🗆	A	mount: \$0
Accommodation: Priv	/ate: □	Comm	ercial: [A	mount: \$0
Meals: Breakfast: I	_	Dinner: Fu	ll Day:	Incidental	. A	mount: \$0
Misc Expenses:		· · · · · · · · · · · · · · · · · · ·			A	mount: \$0
			E	xpense To	otal: \$	0.00
	-			•		
Summary of Hours (b)		01 :	1		1	
Date December 3, 2014	HOL	ırs Claimed	Adjuste	d Hours		
December 4, 2014	1.5		1 =			
December 9, 2014	3		1.5	······································		İ
December 15, 2014	4	——————————————————————————————————————	3 4			
December 16, 2014	——————————————————————————————————————		4			
Client:060 RC:51091 :	SL:54300	STOB:5505	<u> </u>	Гotal Amo Рег		\$ 525 (10.5 hrs)
Client:060 RC:51091 Project:5100000	SL:54300	STOB:5515			Total	
		······································		Grand	Total:	\$525
rocessing? ack to Invoice List Vie	○ Yes	○ No •	ish to a Ignore	Submit		invoice for further
	Vendi Project # 5100	<u> vxx</u>		t 1:	Project # _	<u> </u>
	Vote Min. Certified prices Axte a pro: previously pa Signature CERTIFIED AMO is correct is or accordance w	Responsibilities checked page for payment and BE PAID on the page appropriate statute.	55 E or other		Vote Certified pr 2 not previous Signature CERTIFIE is correct is in accord where applied the doords	ED AMOUNT TO BE PAID: \$
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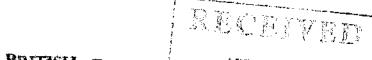
Property Assessment Appeal Board VED

Invoice Number: PAAB	Supplier N	umber: S.2	MAR 1 7 2014		
Name: Dale Pope s.22				~	
Claim Date: March 12, 2014	Task: Board meetin	1	ask inform nnual boar	ation: d meeting at P	AAB office
Hours: 8					
Personal Transportation: From:s.22	To: PAAB of return	l.	lileage: 72 : \$0.51 per		Amount: \$ 36.7
Other Airfare Transportation:	:: 🗆 Bı	us/Taxi: □	F	erry: 🗆	Amount: \$0
Accommodation: Privat	e: 🗆	Commer	rcial: 🗌		Amount: \$0
Meals: Breakfast: 🗀 Lo	unch: 🗌 Dinr	ner: 🗆 Full	Day: 🗆 I	ncidental: 🗆	Amount: \$0
Misc Expenses:					Amount: \$0
			E	xpense Total:	\$36.72
Claim Date: March 13, 2014	Task: Board meet	ings		ormation: locard meeting a	at PAAB
Hours: 4					
Personal Transportation From: ^{S.22}	To: PAAB return	office and	Mileage: (x \$0.51		Amount: \$ 36.72
Other Airfare Transportation:	e: 🗆 B	us/Taxi: 🗌	•	Ferry: 🗆	Amount: \$0
Accommodation: Privat	e: 🗆	Comme	rcial:		Amount: \$0
Meals: Breakfast: 🗆 L	unch: 🗆 Dini	ner: 🗆 Ful	I Day: □	Incidental: 🗆	Amount: \$0
Misc Expenses:					Amount: \$0
				Expense Tota	1: \$36.72

Summary of Hours (b		Adjusted Hours	\$ 600 (12 hrs)
March 12, 2014	8	8	
March 13, 2014	4	4	
Client:060 RC:51091 Project:5100000	SL:54300 STOB:5505	Total Amoi Per	unt of Diem
Client:060 RC:51091 SL:54300 STOB:5515 Project:5100000		Exper	Total nses: \$73.44
		Grand ⁻	Total: \$673.44

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

PORMPC S.22	PORMPOIAGURITORETHANGEL
Project & DIOCCCO	Vendor#Close Commit Y/N
Vendor # Project # DOCUMENT OF PAID: \$ Certified prices/extensisticials chacked and previously phasive for patriami Signalate CERTIFIED AMOUNT OF PAID: \$ is correct is in accordance very a comparison statule or other	Vandor # Olese Commit Y/N_ Project # Olese Commit Y/N_ DATE INFRICE FIRST SOURCE RECEIVED Vote IND SOURCE COMMIT Stob Certified price funds soundstate checked 8 not previously pasted for gavinorit Signature Certified by Commit Stob Certified price funds on the checked 8 not previously pasted for gavinorit Signature Certified by Commit Stob Cert
where depending the control of the goods supplied his service studend and/or other conditions and	is in accordance when experience statute or other as thursy and for contra- is thursy and for contra- is thursy and for contra- is thursy applicable that the very first people performed. The good supplies the service tendered, and/or other conditions drey.
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COLUMBIA Property Assessment Appeal Board

	CRISTRY OF CONSCIENT PROPERTY OF CONSCIENT P	MAR 3 1 2014
Invoice Number: PAAB14-987	Supplier Number 5.22	PRODER
Name: Dale Pope	······································	PROPERTY ASSESSMENT
s.22		3

Claim Date: March 25, 2014	Task: Prep for hearing	Task Information: receiving and rev and submissions	iewing file docum	entation, hearing material
Hours: 6				
Personal Transportation: From:	To:	Mileage: 0 km (x \$0.51 per km)	, 10 mm 8 m 4 m	Amount: \$ 0.00
Other Transportation:	Airfare: □	Bus/Taxi: □	Ferry: □	Amount: \$0
Accommodation	∶ Private: □	Commerci	ial: 🗌	Amount: \$0
Meals: Breakfas □	t: Lunch:	Dinner: Full Da	ay: Incidental:	Amount: \$0
Misc Expenses:				Amount: \$0
			Expense Tota	1: \$0.00
Claim Date: March 27, 2014	Task: Prep for hearing	Task Informatio reviewing and o		ssues raised in appeal
Hours: 3				
Personal Transportation: From:	To:	Mileage: 0 km (x \$0.51 per km)	Amount: \$ 0.00
Other Transportation:	Airfare: □	Bus/Taxi: □	Ferry: 🗆	Amount: \$0
Accommodation:	Private: □	Commercia	al: 🗍	Amount: \$0
Meals: Breakfast: □	Lunch:	Dinner: Full Da	y: Incidental:	Amount: \$0
Misc Expenses:				Amount: \$0

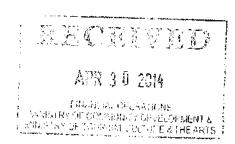
Expense Total: \$0.00

Date	Hours Claimed	Adjusted Hours	}
March 25, 2014	6	6	
March 27, 2014	3	3	
Client:060 RC:51091 8 Project:5100000	SL:54300 STOB:5505	Total Amou Per	ınt of Diem \$450 (9 hrs)
Client:060 RC:51091 Project:5100000	SL:54300 STOB:5515	- Exper	Total nses: \$0
		Grand 7	Гotal: \$ 450

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

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POLLIN S.22 Vendor	000-	commits Y/N
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where applicable, the the goods supplied. It other conditions and		erformed. and/or
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AINISTRY OF COMMUNITY DEVELOPMENT & MINISTRY OF TOURISM CULTURE & THE ARTS



JUN 1 0 2014 2

Invoice Number: PAAB14-995 Supplier Numbers 22 PROPERTY ASSES Name: Dale Pope APPEAL BOARD s.22

Claim Date: Task: Task Information: May 23, 2014 Other receiving and reviewing file contents from board in appeal provide details s.3 Hours: 1 Personal Mileage: 0km Amount: \$ 0.00 Transportation: (x \$0.51 per km) To: From: Other Amount: \$0 Airfare: 🗌 Bus/Taxi: 🔲 Ferry: Transportation: Accommodation: Private: Amount: \$0 Commercial: Meals: Breakfast: Amount: \$0 Lunch: Dinner: Full Day: Incidental: Misc Amount: \$0 Expenses: Expense Total: \$0.00 Claim Date: Task: Task Information: May 30, 2014 Prep for review parties positions, material and evidence in appeal hearing s.3 Hours: 3.5 Personal Mileage: 0km Amount: \$ 0.00 Transportation: (x \$0.51 per km) To: From: Amount: \$0 Other Airfare: 🔲 Bus/Taxi: 🔲 Ferry: Transportation: Accommodation: Private: Amount: \$0 Commercial: Meals: Breakfast: Amount: \$0 Lunch: Dinner: Full Day: Incidental: П Misc Amount: \$0 Expenses:

					Expense Tota	1: \$0.00	
Claim Date: June 1, 2014	Task: Prep for hearing	contin		iew, conf	•	inel colleague and to legislation in appea	
Hours: 3				· · · · · · · · · · · · · · · · · · ·			
Personal Transportation: From:	To:		ge: 0 km 51 per k			Amount: \$ 0.00	
Other Transportation:	Airfare: □	В	us/Taxi:		Ferry: 🗌	Amount: \$0	
Accommodation	^{ı:} Private: 🗆		Con	nmercial:		Amount: \$0	
Meals: Breakfas	st: Lunch:	Din:		Full Day:	Incidental:	Amount: \$0	
Misc Expenses:						Amount: \$0	
					Expense Tota	al: \$0.00	
Claim Date: June 2, 2014 Hours: 8 Personal	Task: Oral hearin				nairing hearing	in appeal s.3 Amount: \$ 36.72	
Transportation: From ^{s.22}	To: PAAB office i Richm and re	n ond		9. 72Km 1 per km))	Amount. \$ 36.72	
Other Transportation:	Airfare:	Bu	ıs/Taxi:		Ferry:	Amount: \$0	
Accommodation	: Private: □		Com	mercial:		Amount: \$0	
Meals: Breakfas □	t: Lunch:	Dinr		ull Day:	Incidental:	Amount: \$22	
Misc Expenses:				·····	······································	Amount: \$0	
- To shink					Expense Total	\$58.72	
Claim Date: June 3, 2014	Task: Oral hearin	gs					

		Task Information: attend and chair hearing in ap s.3	peal s.3
Hours: 8			
Personal Transportation: From: ^{s.22}	To: PAAB office in Richmond and return	Mileage: 72 km (x \$0.51 per km)	Amount: \$ 36.72
Other A Transportation:	∆irfare: ☐ Bus	s/Taxi: ☐ Ferry: ☐	Amount: \$0
Accommodation:	Private:	Commercial:	Amount: \$0
Meals: Breakfast:	Lunch: Dinne	er: Full Day: Incidental:	Amount: \$22
Misc Expenses:			Amount: \$0
		Expense Total	\$58.72
Claim Date: June 4, 2014 Hours: 8		Task Information: attend and chair hearing in ap s.3	peal ^{s.3}
Personal Transportation: From: ^{s.22}	To: PAAB office in Richmond and return	Mileage: 72 km (x \$0.51 per km)	Amount: \$ 36.72
Other A Transportation:	ìrfare: □ Bus	√Taxi: ☐ Ferry: ☐	Amount: \$0
Accommodation:	Private: □	Commercial:	Amount: \$0
Meals: Breakfast: □	Lunch; Dinne ☑ □	er: Full Day: Incidental:	Amount: \$22
Misc Expenses:			Amount: \$0
		Expense Total:	\$58.72
1	i i	sk Information: end with colleague to discuss i	reasons and outline and

		begin decision outlinal	ne in appea	_{il} s.3
Hours: 8				
Personal Transportation: From: ^{S.22}	To: PAAB office in Richmond and return	Mileage: 72 km (x \$0.51 per km)		Amount: \$ 36.72
Other Transportation:	Airfare: □	LBus/Taxi: □	Ferry:	Amount: \$0
Accommodation	Private:	Commercial:]	Amount: \$0
Meals: Breakfasi □	t: Lunch: □	inner: Full Day:	Incidental:	Amount: \$22
Misc Expenses:				Amount: \$0
		E	xpense Tot	tal: \$58.72
Claim Date: June 6, 2014	Task: Cancellation claim for oral hearing	Task Information: hearing day cand et al		peal ^{s.3}
Hours: 8				
Personal Transportation: From:	To:	Mileage: 0 km (x \$0.51 per km)		Amount: \$ 0.00
Other Transportation:	Airfare: □	Bus/Taxi: □	Ferry:	Amount: \$0
Accommodation:	Private: □	Commercial:		Amount: \$0
Meals: Breakfast	: Lunch: D	, <u> </u>	Incidental: □	Amount: \$0
Misc Expenses;				Amount: \$0
		E)	xpense Tota	al: \$0.00
Summary of Hou	s (by Date)			\$2375 (47.5 hrs)
Date	Hour	s Claimed Adjuste	d Hours	
May 23, 2014	1	1		
May 30, 2014	3.5	3.5		

<u></u>			Grand Total:	\$2609.88
Client:060 RC:5109 Project:5100000	1 SL:54300 STO	B:5515	Total Expenses:	\$234.88
Client:060 RC:5109 ⁻ Project:5100000	1 SL:54300 STO	B:5505	Total Amount of Per Diem	1
June 6, 2014	8	8		
June 5, 2014	8	8		
June 4, 2014	8	8		
June 3, 2014	8	8		
June 2, 2014	8	8		
June 1, 2014	3	3		

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

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Project # COOPS & SERVICES RECEN	
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Certified prices/extensions/totals checked & not previously passed for payment.	
Signature CERTIFIED AMCUNT TO BE PAID: \$	
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the good supplies	.,
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Page 1 of 2
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Property Assessment Appeal Board 3 2014

MINISTRY OF COMMUNITY DEVELOPMENT 8

MINISTRY OF TOURISM, CULTURE 8 THE ARTS

PROPERTY ASSESSMENT

Invoice Number: PAAB14-999

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

Supplier Number: \$5.22

PROPERTY ASSESSMENT
APPEAL BOARD

Name: Dale Pope

s.22

June 9, 2014	l ask: Decision writing	3	nformation: / case law and s.3	authorities pre	esented at hearing in
Hours: 7 Personal Transportation: From:	To:		ge: 0 km 5 1 p er km)		Amount: \$ 0.00
Other Transportation:	Airfare: □	Bus/	Taxi: □	Ferry: □	Amount: \$0
Accommodation	[∶] Private: □		Commercial:		Amount: \$0
Meals: Breakfas □	t: Lunch:	Dinne	r: Full Day: □	Incidental:	Amount: \$0
Misc Expenses:					Amount: \$0
				Expense Tota	1: \$0.00
Claim Date: June 17, 2014	Task: Decision w	riting	Task Informat commencing v		al ^{s.3}
Hours: 3					-
Personal Transportation: From:	To:		Mileage: 0 km (x \$0.51 per ki	m)	Amount: \$ 0.00
Other Transportation:	Airfare: □	Bus/	Taxi: □	Ferry: □	Amount: \$0
Accommodation:	Private:		Commercial: [Amount: \$0
Meals: Breakfast	: Lunch:	Dinne	r: Full Day: □	Incidental:	Amount: \$0
Misc Expenses:		· · · · · · · · · · · · · · · · · · ·			Amount: \$0

65T #

Claim Date: June 21, 2014 Decision writing Continued writing in appeal s.3 Hours: 5.5 Personal Transportation: From: Other Airfare: Decision writing Task Information: Continued writing in appeal s.3 Mileage: 0km (x \$0.51 per km) Amount: \$0.0
Hours: 5.5 Personal Mileage: 0km Amount: \$ 0.0 Transportation: To: (x \$0.51 per km) Amount: \$0.0
Transportation: To: (x \$0.51 per km) From:
Other Airford D. Bustavit D. Farris D. Amount: \$0
Transportation: ☐ Bus/Taxi: ☐ Ferry: ☐ Amount. 30
Accommodation: Private: Commercial: Amount: \$0
Meals: Breakfast: Lunch: Dinner: Full Day: Incidental: Amount: \$0
Misc Amount: \$0 Expenses:
Expense Total: \$0.00
June 21, 2014 5.5 5.5
Client:060 RC:51091 SL:54300 STOB:5505 Total Amount of Per Diemi\$775 (15.5 hr
t en

http://142.30.220.209/paab/admin/QR/approvelnvoice.asp?InvoiceID=PAAB14-999&ID=470 7/3/2014