

**BUSINESS EXPENSE APPROVAL**  
for Business Meetings/Protocol Events

**Attach original invoices/receipts that have been coded and approved by an expense authority. Please see page 2 for further instructions.**

**Freedom of Information and Protection of Privacy Act**

This form is required to process your request for reimbursement and the collection of personal information complies with the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of this information, please contact your Expense Authority.

BUSINESS EXPENSE APPROVAL NO.

**SECTION 1 – ORIGINATOR INFORMATION**

NAME OF ORIGINATOR OF EXPENSE	TELEPHONE NO.	DATE SUBMITTED
Maia Crockett	( 778 ) 405 1771	2023/05/10
MINISTRY/DIVISION/BRANCH	LOCATION (CITY) OF EVENT	START DATE OF EVENT
Declaration Act Secretariat	Victoria	2023/05/11
		END DATE OF EVENT
		2023/05/12

**SECTION 2 – NAME / NATURE OF EVENT**

In general terms, describe the event, the number of people attending and their affiliation. For example: Annual Regional Meeting – 20 government employees, 2 service contractors.

Declaration Act Secretariat strategic planning meeting, with 3 government employees and 2 consultant contractors. Developing high-level workplan, action plan, and priorities for the Secretariat for the coming year with expert consultants and Secretariat executive. Providing food during both days of business meeting so as not to distract from planning session with lunch planning.

Estimated cost of lunch \$25 per person x 8 people for two days (\$250) plus \$200 / day for coffee, tea, snacks, delivery fee taxes. Estimates attached.

**SECTION 3 – INDIVIDUALS INCLUDED IN MEAL CLAIMS**

Complete this section only if the Business Expense Approval includes a meal. Identify the individual's name and either the ministry or company they are affiliated with. Attach a separate list if necessary.

Jessica Wood, DM, Declaration Act Secretariat  
Priscilla Sabbas Watts, ADM, Declaration Act Secretariat  
Lisa Gibbs, Director, Executive Operations & Corporate Priorities, Declaration Act Secretariat  
Harmony Johnson, Nohotout Consulting  
Roshan Danesh KC (consultant)  
Ron Sam, Trenton McIntyre, Anna Ratzlaff, Maia Crockett, Declaration Act Secretariat

**SECTION 4 – BUSINESS EXPENSE REQUESTED**

CATEGORY	STOB	AMOUNT
1. Meeting Room Rental	6531	
2. Equipment/Furniture Rental	6531	
3. Photocopying, Faxing, Telephone, etc.	6531	
4. Food/Beverages for Meetings <input type="checkbox"/> BREAKFAST <input checked="" type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input checked="" type="checkbox"/> SNACKS <input checked="" type="checkbox"/> COFFEE/TEA/JUICE, ETC.	6531	\$ 900.00
5. Business Meals in Restaurant <input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER	6531	
6. Event Planners, Speakers, etc.		\$ 500.00
7. Travel Costs for Non-BC Government Participants		\$ 800.00
8. Other: _____ _____		

**SECTION 5 – EXPENSE AUTHORITY PRE-APPROVAL**

RESP. CENTRE	SERVICE LINE	PROJECT NO. (IF APPLICABLE) OR ADDITIONAL CODING
0799J	04800	0700000
EXPENSE AUTHORITY SIGNATURE – Certified correct pursuant to sections 32 & 33 of the <i>Financial Administration Act</i> and related policies.		
PRINT NAME OF EXPENSE AUTHORITY		DATE SIGNED YYYY / MM / DD
Lisa Fielding		

**SECTION 6 – EMPLOYEE REIMBURSEMENT INFORMATION**

Complete this section only if reimbursing an employee for expenses they have paid personally.

Employee Name:
Employee ID:
Cheque Mailing Address
QUALIFIED RECEIVER SIGNATURE – Certified goods/services received pursuant to CPPM 4.3.2.
X

**ESTIMATED TOTAL** \$ \$ 900.00**REIMBURSEMENT TOTAL**

# BUSINESS EXPENSE APPROVAL FORM INSTRUCTIONS

## BUSINESS MEETING AND PROTOCOL EVENT EXPENSE POLICY HIGHLIGHTS

Refer to [CPPM C.17](#) for Business Meeting and Protocol Event Expenses procedure.

- B.C. Government facilities should be used for business meetings/protocol events when available in accordance with [CPPM 18.3.4](#).
- Meal expenses are not appropriate when a meeting can reasonably be adjourned over the meal period.
- A BEA form is not required for claims that are \$100 or less.

## GENERAL INFORMATION

A Business Expense Approval (BEA) form may be used to obtain pre-approval and support claims for all costs associated with business meetings/protocol events, excluding travel costs for BC government employees and meeting registration fees. A BEA form can also be used for the purchase of protocol related gifts (e.g. when required for foreign dignitaries). One BEA Form is usually completed for each event. "Blanket" BEA forms may be used to cover costs of regularly scheduled meetings over a fiscal year – in these cases attach a photocopy of the BEA form to support receipts.

## FORM COMPLETION

### SECTION 1 – ORIGINATOR INFORMATION

This section should be completed by the originator of the business meeting/protocol event expense.

### SECTION 2 – NAME/NATURE OF EVENT

Describe the nature of the expense. In general terms, name the event, the number of people and the affiliation of those attending. For example: Annual Regional Meeting – 20 BC Government employees, 2 service contractors.

### SECTION 3 – INDIVIDUALS INCLUDED IN MEAL CLAIMS

Complete this section **only** if a meal is included in the claim. For all individuals who had their meal provided, identify their name and either the Ministry or company they are affiliated with. If necessary, attach a separate list. This information is required in order to cross reference to travel vouchers and service contract invoices to ensure duplicate meal claims are not made.

### SECTION 4 – BUSINESS EXPENSES REQUESTED

Identify an estimated amount in the appropriate categories. Identify an "Estimated Total" for the claim. The estimated total should not be exceeded.

Subsequent approval for business meeting/protocol event expenses is not required when the actual cost exceeds the maximum estimated total cost, if **all** the following conditions are met:

- a) the nature of the business meeting/protocol event has not changed;
- b) the overage of costs is minimal (reasonable); and
- c) the actual amount remains within the approval level of the delegated ministry official who pre-approved the business meeting/protocol event expense.

If **ALL** conditions are not met, subsequent approval by the appropriate expense authority is required.

Enter the appropriate STOB if it is not identified (categories 6, 7 and 8).

### SECTION 4 (cont'd)

**Category 1:** Identify the cost of the meeting room.

**Category 2:** Identify costs associated with renting equipment/furniture (e.g. overhead projectors, coffee machines, etc).

**Category 3:** Identify office services charged by the facility (e.g. photocopying, faxing, telephone charges).

**Category 4:** For business meetings/protocol events held in a government or commercial facility, identify the type of food and/or beverages provided.

**Category 5:** For business meetings/protocol events involving meals in restaurants, identify the type of meal.

**Category 6:** Identify costs associated with payments to event planners, speakers, performers, etc.

**Category 7:** Identify costs associated with paying travel expenses for non-BC Government participants.

**Category 8:** Identify any "other" business expenses not identified in Categories 1 through 7. "Other" would include protocol gifts for foreign dignitaries.

### SECTION 5 – EXPENSE AUTHORITY PRE-APPROVAL

This section is to be completed and approved by the appropriate expense authority official prior to the event.

Note that pre-approval may be obtained via e-mail instead of completing Section 5, as long as the e-mail request identifies the nature of the business expense and the estimated total.

In these cases, attach the approved e-mail to the BEA form when submitting claims for processing.

### SECTION 6 – EMPLOYEE REIMBURSEMENT INFORMATION

Complete this section **only** if reimbursing an employee for expenses they have paid personally. Enter the payee name, the employee ID, cheque mailing address, and reimbursement total. The employee signs as Qualified Receiver certifying for goods/services received. For other payees, the payee information will be reflected on their at-tached invoice.





Invoice #: EV12622

Delivery: 11:30 pm - 12:00 pm

Client Deputy Ministers Office	Event Date 5/11/2023 (Thu)	Booking Contact Crockett, Maia	Booking Tel (778) 405-1771	
Address Third Floor - 525 Superior Street - 2nd floor		Catering Manager Interns		Guests 8 (Gtd)
Party Name Deputy Ministers Office				

Venue							
Description	Type	Start	End	Serving	Banquet Room Setup Style		
		11:30 pm	12:00 pm	NA			
Food/Service Items							
Food/Service Items					Price	Qty	Total
<b>Butter Chicken Entree</b>	GF / DF				17.00	10	170.00
Rosstown farms chicken breast, mild curry sauce, basmati rice, toasted naan & mango chutney. (substitute chicken with tofu for vegan option)							
<b>substitute chicken with tofu</b>						2	
<b>Truffles Vegan Chocolate Brownies</b>	GF/PB				5.00	8	40.00
Gluten free vegan chocolate brownie with a semi-sweet chocolate glaze							
<b>Business Hours Delivery Fee (8am - 3pm)</b>					12.50	1	12.50

	Food	Liquor and - no PST A Beverage	Other T Beverage	Food - PST	Total
Subtotal	210.00	0.00	12.50	0.00	222.50
Operations Fee	37.80	0.00	0.00	0.00	37.80
Taxes	12.39	0.00	0.63	0.00	13.02
Total	260.19	0.00	13.13	0.00	273.32

Paid	273.32
Balance	0.00

Payments Made

Payment	Date	Method
390.40	5/10/2023 1:35:1 MC	

Refunded On	Amount	Reason
5/10/2023 - 1:59 pm	(\$117.08)	Client Revised Order

GST# 896526159 3% Interest, compounded monthly, on overdue accounts



Invoice #: EV12621

Delivery: 8:30 am - 9:00 am

Client Deputy Ministers Office	Event Date 5/12/2023 (Fri)	Booking Contact Crockett, Maia	Booking Tel (778) 405-1771	
Address Third Floor - 525 Superior Street - 2nd floor		Catering Manager Interns		Guests 8 (Gtd)
Party Name Deputy Ministers Office				

<u>Venue</u>							
Description	Type	Start	End	Serving	Banquet Room Setup Style		
		8:30 am	9:00 am	NA			
<u>Food/Service Items</u>							
Food/Service Items					Price	Qty	Total
<b>Coffee-to-Go</b>					25.50	1	25.50
96oz (12 cups)							
Level Ground coffee							
<b>Fruit Skewers</b> GF/V					6.00	6	36.00
Melons, pineapple, strawberry, vanilla bean Greek style yogurt.							
<b>Gluten Free Muffin</b> GF/V					5.00	6	30.00
<b>Truffles Vegan Chocolate Brownies</b> GF/PB					5.00	8	40.00
Gluten free vegan chocolate brownie with a semi-sweet chocolate glaze							
<b>Business Hours Delivery Fee (8am - 3pm)</b>					12.50	1	12.50

	Food	Liquor od - no PST	A Beverage	Other T Beverage	Food - PST	Total
Subtotal	106.00	0.00	12.50	25.50	0.00	144.00
Operations Fee	19.08	0.00	0.00	4.59	0.00	23.67
Taxes	6.25	0.00	0.63	1.50	0.00	8.38
Total	131.33	0.00	13.13	31.59	0.00	176.05
Paid						176.05
Balance						0.00

Payments Made		
Payment	Date	Method
423.85	5/10/2023 1:36:33 MC	
Refunded On	Amount	Reason
5/10/2023 - 1:46 pm	(\$247.80)	Client revised order
GST# 896526159		3% Interest, compounded monthly, on overdue accounts



**From:** [Gibbs, Lisa IRR:EX](#)  
**To:** [Crockett, Maia IRR:EX](#)  
**Subject:** FW: FOR APPROVAL: BEA for strategic planning meeting  
**Date:** May 10, 2023 1:44:42 PM

---

Record below.

Lisa Gibbs | Director, Executive Operations & Corporate Priorities  
Declaration Act Secretariat  
T 250.480.8257 A PO Box 9104 STN PROV GOVT, Victoria BC V8M 9B1

I acknowledge with gratitude that I am privileged to live, work, and play on many unceded territories, particularly the lands of the ləkʷəŋən and W̱SÁNEĆ peoples.

-----Original Message-----

From: Dale, Raman CSNR:EX <[Raman.Dale@gov.bc.ca](mailto:Raman.Dale@gov.bc.ca)>  
Sent: Wednesday, May 10, 2023 1:40 PM  
To: Gibbs, Lisa IRR:EX <[Lisa.Gibbs@gov.bc.ca](mailto:Lisa.Gibbs@gov.bc.ca)>  
Cc: Scadding, Tanya CSNR:EX <[Tanya.Scadding@gov.bc.ca](mailto:Tanya.Scadding@gov.bc.ca)>  
Subject: RE: FOR APPROVAL: BEA for strategic planning meeting

Approved. Thanks.

Raman Dale, CPA, CMA  
Executive Director and Chief Financial Officer Ministry of Indigenous Relations and  
Reconciliation Ministry of Energy, Mines and Low Carbon Innovation  
Phone: (250) 920-8810

Grateful to be living, learning and working on the traditional territory of the Lekwungen peoples

-----Original Message-----

From: Gibbs, Lisa IRR:EX <[Lisa.Gibbs@gov.bc.ca](mailto:Lisa.Gibbs@gov.bc.ca)>  
Sent: Wednesday, May 10, 2023 1:24 PM  
To: Dale, Raman CSNR:EX <[Raman.Dale@gov.bc.ca](mailto:Raman.Dale@gov.bc.ca)>  
Cc: Scadding, Tanya CSNR:EX <[Tanya.Scadding@gov.bc.ca](mailto:Tanya.Scadding@gov.bc.ca)>  
Subject: FOR APPROVAL: BEA for strategic planning meeting

Hi Raman,

As discussed, attached is the BEA for approval for our two day Strategic Planning session tomorrow and Friday.

As Jessica, Priscilla and I are all a part of this meeting, we cannot sign as EA and I'm hoping to get your review and approval.

Looping Tanya in as well.

Thank you!

Lisa

Lisa Gibbs | Director, Executive Operations & Corporate Priorities Declaration Act Secretariat  
T 250.480.8257 A PO Box 9104 STN PROV GOVT, Victoria BC V8M 9B1

I acknowledge with gratitude that I am privileged to live, work, and play on many unceded territories, particularly the lands of the ɫəḵʷəŋən and W̱SÁNEĆ peoples.



Invoice #: EV12624

Delivery: 11:30 pm - 12:00 pm

Client Deputy Ministers Office	Event Date 5/12/2023 (Fri)	Booking Contact Crockett, Maia	Booking Tel (778) 405-1771	
Address Third Floor - 545 Superior Street - 2nd floor		Catering Manager Interns		Guests 9 (Gtd)
Party Name Deputy Ministers Office				

<u>Venue</u>							
Description	Type	Start	End	Serving	Banquet Room Setup Style		
		11:30 pm	12:00 pm	NA			
<u>Food/Service Items</u>							
Food/Service Items					Price	Qty	Total
<b>Buddha Bowl</b> GF / VGN					18.00	9	162.00
Sticky rice, braised red cabbage, tofu, avocado, daikon, kimchi, cucumber, green onions, cilantro, dashi							
<b>add Grilled chicken</b>					7.00	6	42.00
<b>add Seared tofu</b>					7.00	2	14.00
<b>add Shrimp</b>					6.00	1	6.00
<b>Business Hours Delivery Fee (8am - 3pm)</b>					12.50	1	12.50

	Food	Liquor	Food - no PST	A Beverage	Other T Beverage	Food - PST	Total
Subtotal	224.00	0.00	12.50	0.00	0.00	0.00	236.50
Operations Fee	40.32	0.00	0.00	0.00	0.00	0.00	40.32
Taxes	13.22	0.00	0.63	0.00	0.00	0.00	13.85
Total	277.54	0.00	13.13	0.00	0.00	0.00	290.67
Paid							290.67
Balance							0.00

Payments Made			
Payment	Date	Method	
259.69	5/10/2023 1:49:30 MC		
30.98	5/11/2023 10:57 MC		
GST# 896526159			3% Interest, compounded monthly, on overdue accounts



**BUSINESS EXPENSE APPROVAL**  
**for Business Meetings/Protocol Events**

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BUSINESS EXPENSE APPROVAL NO.

**SECTION 1 – ORIGINATOR INFORMATION**

NAME OF ORIGINATOR OF EXPENSE

Maia Crockett

TELEPHONE NO.

( 778 ) 405-1771

YYYY / MM / DD

DATE  
SUBMITTED

2023/09/14

MINISTRY/DIVISION/BRANCH

Declaration Act Secretariat / DMO

LOCATION (CITY) OF EVENT

Victoria

START DATE  
OF EVENT

2023/09/15

END DATE  
OF EVENT

2023/09/15

**SECTION 2 – NAME / NATURE OF EVENT**

In general terms, describe the event, the number of people attending and their affiliation. For example: Annual Regional Meeting – 20 government employees, 2 service contractors.

Fall day-long strategic planning meeting for the Declaration Act Secretariat. Seven government employees, one contractor. \$100 for breakfast muffins and coffee, \$800 for Harmony's flights to Victoria.

**SECTION 3 – INDIVIDUALS INCLUDED IN MEAL CLAIMS**

Complete this section only if the Business Expense Approval includes a meal. Identify the individual's name and either the ministry or company they are affiliated with. Attach a separate list if necessary.

Jessica Wood, Priscilla Sabbas Watts, Aaron Brown, Jackie Demerse-Abbasi, Taylor LaVallee, Simka Marshall, Lisa Gibbs (internal), Harmony Johnson (external)

**SECTION 4 – BUSINESS EXPENSE REQUESTED**

CATEGORY

STOB

AMOUNT

1. Meeting Room Rental

6531

2. Equipment/Furniture Rental

6531

3. Photocopying, Faxing, Telephone, etc.

6531

4. Food/Beverages for Meetings

6531

☒ BREAKFAST ☐ LUNCH ☐ DINNER  
☐ SNACKS ☒ COFFEE/TEA/JUICE, ETC.

\$ 100.00

5. Business Meals in Restaurant

6531

☐ BREAKFAST ☐ LUNCH ☐ DINNER

6. Event Planners, Speakers, etc.

\$ 500.00

7. Travel Costs for Non-BC  
Government Participants

\$ 800.00

8. Other: \_\_\_\_\_  
\_\_\_\_\_**ESTIMATED TOTAL**

\$ \$ 900.00

**SECTION 5 – EXPENSE AUTHORITY PRE-APPROVAL**

RESP. CENTRE

SERVICE LINE

PROJECT NO. (IF APPLICABLE) OR  
ADDITIONAL CODING

0799J

04800

0700000

EXPENSE AUTHORITY SIGNATURE – Certified correct pursuant to sections 32 & 33 of the *Financial Administration Act* and related policies.

PRINT NAME OF EXPENSE AUTHORITY

Lisa Gibbs

DATE SIGNED

YYYY / MM / DD

2023/09/14

**SECTION 6 – EMPLOYEE REIMBURSEMENT INFORMATION**

Complete this section only if reimbursing an employee for expenses they have paid personally.

Employee Name:

Employee ID:

Cheque Mailing Address

QUALIFIED RECEIVER SIGNATURE – Certified goods/services received pursuant to CPPM 4.3.2.

X

**REIMBURSEMENT TOTAL**

# BUSINESS EXPENSE APPROVAL FORM INSTRUCTIONS

## BUSINESS MEETING AND PROTOCOL EVENT EXPENSE POLICY HIGHLIGHTS

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- B.C. Government facilities should be used for business meetings/protocol events when available in accordance with [CPPM 18.3.4](#).
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## FORM COMPLETION

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### SECTION 2 – NAME/NATURE OF EVENT

Describe the nature of the expense. In general terms, name the event, the number of people and the affiliation of those attending. For example: Annual Regional Meeting – 20 BC Government employees, 2 service contractors.

### SECTION 3 – INDIVIDUALS INCLUDED IN MEAL CLAIMS

Complete this section **only** if a meal is included in the claim. For all individuals who had their meal provided, identify their name and either the Ministry or company they are affiliated with. If necessary, attach a separate list. This information is required in order to cross reference to travel vouchers and service contract invoices to ensure duplicate meal claims are not made.

### SECTION 4 – BUSINESS EXPENSES REQUESTED

Identify an estimated amount in the appropriate categories. Identify an "Estimated Total" for the claim. The estimated total should not be exceeded.

Subsequent approval for business meeting/protocol event expenses is not required when the actual cost exceeds the maximum estimated total cost, if **all** the following conditions are met:

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If **ALL** conditions are not met, subsequent approval by the appropriate expense authority is required.

Enter the appropriate STOB if it is not identified (categories 6, 7 and 8).

### SECTION 4 (cont'd)

**Category 1:** Identify the cost of the meeting room.

**Category 2:** Identify costs associated with renting equipment/furniture (e.g. overhead projectors, coffee machines, etc).

**Category 3:** Identify office services charged by the facility (e.g. photocopying, faxing, telephone charges).

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Complete this section **only** if reimbursing an employee for expenses they have paid personally. Enter the payee name, the employee ID, cheque mailing address, and reimbursement total. The employee signs as Qualified Receiver certifying for goods/services received. For other payees, the payee information will be reflected on their at-tached invoice.

JB 9/15/2023 09:28 AM  
#0 87274531  
James Bay Till

#	Item	Price
1	Coffee Traveller	40.00
Subtotal		40.00
	GST	2.00
	PST	0.00
Total		\$ 42.00
5.00%		Gross
Tax total:		42.00
		42.00

Thank you!

Discovery Coffee - James Bay  
Menzies St 281  
V8V/286 Victoria  
+2505906323  
823173471

Discovery Coffee James  
Bay

281 MENZIES ST  
VICTORIA, BC V8V 2G6  
2505906323

Cashier: LOGAN

Transaction 050212

Total

CREDIT CARD SALE CA\$42.00  
MASTERCARD CA\$42.00

Retain this copy for statement  
validation

15-Sep-2023 9:28:30a.m.  
CA\$42.00 | Method: EMV  
Mastercard XXXXXXXXXX  
MAIA CROCKETT  
Reference ID: 325800559372  
Auth ID: 048426  
MID: \*\*\*\*\*9752  
AID: A0000000041010  
AthNtwkNm: MASTERCARD  
PIN VERIFIED

Online: <https://clover.com/p/BEMYEGME086EG>



ORIGIN GLUTEN-FREE  
BAKERY LTD.  
1525 PANDORA AVE  
VICTORIA BC

CARD \*\*\*\*\*  
CARD TYPE MASTERCARD  
DATE 2023/09/15  
TIME 0362 08:53:55  
RECEIPT NUMBER  
C84054603-001-662-004-0  
PURCHASE  
TOTAL

\$57.45

Mastercard  
A0000000041010  
663D3A4713CC4160  
0000006000-E800  
767435AE3E96FFE6

APPROVED

AUTH# 004350  
THANK YOU  
01-027

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

ORIGIN GLUTEN-FREE  
BAKERY LTD.  
1525 PANDORA AVE  
VICTORIA BC

CARD \*\*\*\*\*S.17  
CARD TYPE MASTERCARD  
DATE 2023/10/16  
TIME 8396 08:05:58  
RECEIPT NUMBER  
C84054603-001-686-001-0

PURCHASE  
TOTAL

\$11.49

Mastercard  
A0000000041010  
E58DFDD2397193EE  
0000000000-E800  
84C39615CEB420BF

APPROVED

AUTH# 033073 01-027  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
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**BUSINESS EXPENSE APPROVAL**  
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BUSINESS EXPENSE APPROVAL NO.

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NAME OF ORIGINATOR OF EXPENSE	TELEPHONE NO.	DATE SUBMITTED
Maia Crockett	( 778 ) 405-1771	2023/10/16
MINISTRY/DIVISION/BRANCH	LOCATION (CITY) OF EVENT	START DATE OF EVENT
Declaration Act Secretariat / DMO	Victoria	2023/10/16
		END DATE OF EVENT
		2023/10/16

**SECTION 2 – NAME / NATURE OF EVENT**

In general terms, describe the event, the number of people attending and their affiliation. For example: Annual Regional Meeting – 20 government employees, 2 service contractors.

Planning meeting with external contractor to develop reporting indicators for the Secretariat.

**SECTION 3 – INDIVIDUALS INCLUDED IN MEAL CLAIMS**

Complete this section only if the Business Expense Approval includes a meal. Identify the individual's name and either the ministry or company they are affiliated with. Attach a separate list if necessary.

Priscilla Sabbas-Watts, Taylor LaVallee, Aaron Brown, Jackie Demerse-Abbasi, Lisa Gibbs (government staff)  
Harmony Johnson, Hannes Edinger, Anabelle Budd, Lindsey Cox (contractors)

**SECTION 4 – BUSINESS EXPENSE REQUESTED**

CATEGORY	STOB	AMOUNT
1. Meeting Room Rental	6531	
2. Equipment/Furniture Rental	6531	
3. Photocopying, Faxing, Telephone, etc.	6531	
4. Food/Beverages for Meetings <input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input checked="" type="checkbox"/> SNACKS <input type="checkbox"/> COFFEE/TEA/JUICE, ETC.	6531	\$ 50.00
5. Business Meals in Restaurant <input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER	6531	
6. Event Planners, Speakers, etc.		\$ 500.00
7. Travel Costs for Non-BC Government Participants		\$ 800.00
8. Other: _____		

**SECTION 5 – EXPENSE AUTHORITY PRE-APPROVAL**

RESP. CENTRE	SERVICE LINE	PROJECT NO. (IF APPLICABLE) OR ADDITIONAL CODING
0799J	04800	0700000
EXPENSE AUTHORITY SIGNATURE – Certified correct pursuant to sections 32 & 33 of the <i>Financial Administration Act</i> and related policies.		
PRINT NAME OF EXPENSE AUTHORITY		DATE SIGNED
Lisa Gibbs		2023/10/16

**SECTION 6 – EMPLOYEE REIMBURSEMENT INFORMATION**

Complete this section only if reimbursing an employee for expenses they have paid personally.

Employee Name:

Employee ID:

Cheque Mailing Address

QUALIFIED RECEIVER SIGNATURE – Certified goods/services received pursuant to CPPM 4.3.2.

**X****ESTIMATED TOTAL** \$ 50.00**REIMBURSEMENT TOTAL**



# BUSINESS EXPENSE APPROVAL FORM INSTRUCTIONS

## BUSINESS MEETING AND PROTOCOL EVENT EXPENSE POLICY HIGHLIGHTS

Refer to [CPPM C.17](#) for Business Meeting and Protocol Event Expenses procedure.

- B.C. Government facilities should be used for business meetings/protocol events when available in accordance with [CPPM 18.3.4](#).
- Meal expenses are not appropriate when a meeting can reasonably be adjourned over the meal period.
- A BEA form is not required for claims that are \$100 or less.

## GENERAL INFORMATION

A Business Expense Approval (BEA) form may be used to obtain pre-approval and support claims for all costs associated with business meetings/protocol events, excluding travel costs for BC government employees and meeting registration fees. A BEA form can also be used for the purchase of protocol related gifts (e.g. when required for foreign dignitaries). One BEA Form is usually completed for each event. "Blanket" BEA forms may be used to cover costs of regularly scheduled meetings over a fiscal year – in these cases attach a photocopy of the BEA form to support receipts.

## FORM COMPLETION

### SECTION 1 – ORIGINATOR INFORMATION

This section should be completed by the originator of the business meeting/protocol event expense.

### SECTION 2 – NAME/NATURE OF EVENT

Describe the nature of the expense. In general terms, name the event, the number of people and the affiliation of those attending. For example: Annual Regional Meeting – 20 BC Government employees, 2 service contractors.

### SECTION 3 – INDIVIDUALS INCLUDED IN MEAL CLAIMS

Complete this section **only** if a meal is included in the claim. For all individuals who had their meal provided, identify their name and either the Ministry or company they are affiliated with. If necessary, attach a separate list. This information is required in order to cross reference to travel vouchers and service contract invoices to ensure duplicate meal claims are not made.

### SECTION 4 – BUSINESS EXPENSES REQUESTED

Identify an estimated amount in the appropriate categories. Identify an "Estimated Total" for the claim. The estimated total should not be exceeded.

Subsequent approval for business meeting/protocol event expenses is not required when the actual cost exceeds the maximum estimated total cost, if **all** the following conditions are met:

- a) the nature of the business meeting/protocol event has not changed;
- b) the overage of costs is minimal (reasonable); and
- c) the actual amount remains within the approval level of the delegated ministry official who pre-approved the business meeting/protocol event expense.

If **ALL** conditions are not met, subsequent approval by the appropriate expense authority is required.

Enter the appropriate STOB if it is not identified (categories 6, 7 and 8).

### SECTION 4 (cont'd)

**Category 1:** Identify the cost of the meeting room.

**Category 2:** Identify costs associated with renting equipment/furniture (e.g. overhead projectors, coffee machines, etc).

**Category 3:** Identify office services charged by the facility (e.g. photocopying, faxing, telephone charges).

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**Category 7:** Identify costs associated with paying travel expenses for non-BC Government participants.

**Category 8:** Identify any "other" business expenses not identified in Categories 1 through 7. "Other" would include protocol gifts for foreign dignitaries.

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### SECTION 6 – EMPLOYEE REIMBURSEMENT INFORMATION

Complete this section **only** if reimbursing an employee for expenses they have paid personally. Enter the payee name, the employee ID, cheque mailing address, and reimbursement total. The employee signs as Qualified Receiver certifying for goods/services received. For other payees, the payee information will be reflected on their at-tached invoice.

**BUSINESS EXPENSE APPROVAL**  
for Business Meetings/Protocol Events

**Attach original invoices/receipts that have been coded and approved by an expense authority. Please see page 2 for further instructions.**

**Freedom of Information and Protection of Privacy Act**

This form is required to process your request for reimbursement and the collection of personal information complies with the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of this information, please contact your Expense Authority.

BUSINESS EXPENSE APPROVAL NO.

**SECTION 1 – ORIGINATOR INFORMATION**

NAME OF ORIGINATOR OF EXPENSE	TELEPHONE NO.	DATE SUBMITTED	YYYY / MM / DD
Maia Crockett	( 778 ) 405 1771	2023/12/01	
MINISTRY/DIVISION/BRANCH	LOCATION (CITY) OF EVENT	START DATE OF EVENT	YYYY / MM / DD
Declaration Act Secretariat / DMO	Victoria	2023/12/07	
		END DATE OF EVENT	YYYY / MM / DD
		2023/12/08	

**SECTION 2 – NAME / NATURE OF EVENT**

In general terms, describe the event, the number of people attending and their affiliation. For example: Annual Regional Meeting – 20 government employees, 2 service contractors.

Dec. 7: Declaration Act Secretariat team-building / cultural day. 13 government participants, 2 Elders. \$550 for team lunch.  
Dec. 8: Declaration Act Secretariat open house. 75 government participants. \$1000 for food (snack platters for 60). \$500 for Indigenous guitarist.

**SECTION 3 – INDIVIDUALS INCLUDED IN MEAL CLAIMS**

Complete this section only if the Business Expense Approval includes a meal. Identify the individual's name and either the ministry or company they are affiliated with. Attach a separate list if necessary.

List attached.

**SECTION 4 – BUSINESS EXPENSE REQUESTED**

CATEGORY	STOB	AMOUNT
1. Meeting Room Rental	6531	
2. Equipment/Furniture Rental	6531	
3. Photocopying, Faxing, Telephone, etc.	6531	
4. Food/Beverages for Meetings <input type="checkbox"/> BREAKFAST <input checked="" type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/> SNACKS <input type="checkbox"/> COFFEE/TEA/JUICE, ETC.	6531	\$ 1,550.00
5. Business Meals in Restaurant <input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER	6531	
6. Event Planners, Speakers, etc.		\$ 500.00
7. Travel Costs for Non-BC Government Participants		\$ 800.00
8. Other: _____ _____		

**SECTION 5 – EXPENSE AUTHORITY PRE-APPROVAL**

RESP. CENTRE	SERVICE LINE	PROJECT NO. (IF APPLICABLE) OR ADDITIONAL CODING
0799J	04800	0700000
EXPENSE AUTHORITY SIGNATURE – Certified correct pursuant to sections 32 & 33 of the <i>Financial Administration Act</i> and related policies. 		
PRINT NAME OF EXPENSE AUTHORITY		DATE SIGNED YYYY / MM / DD
Lisa Fielding		2023/12/08

**SECTION 6 – EMPLOYEE REIMBURSEMENT INFORMATION**

Complete this section only if reimbursing an employee for expenses they have paid personally.

Employee Name:

Employee ID:

Cheque Mailing Address

QUALIFIED RECEIVER SIGNATURE – Certified goods/services received pursuant to CPPM 4.3.2.

X

**ESTIMATED TOTAL****\$ \$ 2,050.00****REIMBURSEMENT TOTAL**



# BUSINESS EXPENSE APPROVAL FORM INSTRUCTIONS

## BUSINESS MEETING AND PROTOCOL EVENT EXPENSE POLICY HIGHLIGHTS

Refer to [CPPM C.17](#) for Business Meeting and Protocol Event Expenses procedure.

- B.C. Government facilities should be used for business meetings/protocol events when available in accordance with [CPPM 18.3.4](#).
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A Business Expense Approval (BEA) form may be used to obtain pre-approval and support claims for all costs associated with business meetings/protocol events, excluding travel costs for BC government employees and meeting registration fees. A BEA form can also be used for the purchase of protocol related gifts (e.g. when required for foreign dignitaries). One BEA Form is usually completed for each event. "Blanket" BEA forms may be used to cover costs of regularly scheduled meetings over a fiscal year – in these cases attach a photocopy of the BEA form to support receipts.

## FORM COMPLETION

### SECTION 1 – ORIGINATOR INFORMATION

This section should be completed by the originator of the business meeting/protocol event expense.

### SECTION 2 – NAME/NATURE OF EVENT

Describe the nature of the expense. In general terms, name the event, the number of people and the affiliation of those attending. For example: Annual Regional Meeting – 20 BC Government employees, 2 service contractors.

### SECTION 3 – INDIVIDUALS INCLUDED IN MEAL CLAIMS

Complete this section **only** if a meal is included in the claim. For all individuals who had their meal provided, identify their name and either the Ministry or company they are affiliated with. If necessary, attach a separate list. This information is required in order to cross reference to travel vouchers and service contract invoices to ensure duplicate meal claims are not made.

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- c) the actual amount remains within the approval level of the delegated ministry official who pre-approved the business meeting/protocol event expense.

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Enter the appropriate STOB if it is not identified (categories 6, 7 and 8).

### SECTION 4 (cont'd)

**Category 1:** Identify the cost of the meeting room.

**Category 2:** Identify costs associated with renting equipment/furniture (e.g. overhead projectors, coffee machines, etc).

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**Category 6:** Identify costs associated with payments to event planners, speakers, performers, etc.

**Category 7:** Identify costs associated with paying travel expenses for non-BC Government participants.

**Category 8:** Identify any "other" business expenses not identified in Categories 1 through 7. "Other" would include protocol gifts for foreign dignitaries.

### SECTION 5 – EXPENSE AUTHORITY PRE-APPROVAL

This section is to be completed and approved by the appropriate expense authority official prior to the event.

Note that pre-approval may be obtained via e-mail instead of completing Section 5, as long as the e-mail request identifies the nature of the business expense and the estimated total.

In these cases, attach the approved e-mail to the BEA form when submitting claims for processing.

### SECTION 6 – EMPLOYEE REIMBURSEMENT INFORMATION

Complete this section **only** if reimbursing an employee for expenses they have paid personally. Enter the payee name, the employee ID, cheque mailing address, and reimbursement total. The employee signs as Qualified Receiver certifying for goods/services received. For other payees, the payee information will be reflected on their at-tached invoice.



Songhees Seafood and Steam Ltd  
1100 Admirals Road  
VICTORIA, BC V9A2P6 Canada  
GST/HST: 827369919RT0001

Invoice #000725

Issue date  
Dec 11, 2023

## Invoice #000725

We look forward to working with you.

### Customer

Maia Crockett  
Declaration Act Secretariat  
maia.crockett@gov.bc.ca  
545 - 2200 Superior St  
Victoria , BC V8V 0C5

### Invoice Details

PDF created December 11, 2023  
\$612.07  
Service date December 7, 2023

### Payment

Due December 18, 2023  
\$612.07

Items	Quantity	Price	Amount
Premium Boxed Lunch	17	\$27.00	\$459.00
Delivery fee	1	\$35.00	\$35.00
Banquet Gratuity and Service Charge	1	\$88.92	\$88.92
Subtotal			\$582.92
GST			\$29.15

**Total Paid** **\$612.07**

### Payments

Dec 11, 2023 (Mastercard **s. 17**) **\$612.07**



View online

To view your invoice go to **s. 17**

Or open the camera on your mobile device and place the QR code in the camera's view.





Songhees Seafood and Steam Ltd  
1100 Admirals Road  
VICTORIA, BC V9A2P6 Canada  
GST/HST: 827369919RT0001

Invoice #000724

Issue date  
Dec 11, 2023

## Invoice #000724

We look forward to working with you.

### Customer

Maia Crockett  
Declaration Act Secretariat  
maia.crockett@gov.bc.ca  
545 - 2200 Superior St  
Victoria , BC V8V 0C5

### Invoice Details

PDF created December 11, 2023  
\$916.24  
Service date December 8, 2023

### Payment

Due December 18, 2023  
\$916.24

Items	Quantity	Price	Amount
Artisan Charcuterie Platter	15	\$10.00	\$150.00
Artisan Cheese Platter	15	\$10.00	\$150.00
Antipasto Platter	15	\$7.50	\$112.50
Salmon Trio Platter	15	\$12.00	\$180.00
Bannock Bites (per dozen)	4	\$28.00	\$112.00
Delivery fee	1	\$35.00	\$35.00
Banquet Gratuity and Service Charge	1	\$133.11	\$133.11
Subtotal			\$872.61
GST			\$43.63

**Total Paid** **\$916.24**

### Payments

Dec 11, 2023 (Mastercard **s. 17**)

\$916.24



View online

To view your invoice go to **s. 17**

Or open the camera on your mobile device and place the QR code in the camera's view.

Page 1 of 1



Invoice #: EV15078

Delivery: 11:15 am - 11:45 am  
Wednesday, February 21, 2024

Deliver to: Third Floor - 545 Superior Street, Victoria

Client Office of the Deputy Minister	Event Date 2/21/2024 (Wed)	Booking Contact Cormier, Kira	Booking Tel (778) 405-1867	
Address Third Floor - 545 Superior Street - 2nd floor, Vic		Site Contact Cormier, Kira	Site Tel (778) 405-1867	Guests 15 (Gtd)
Party Name Office of the Deputy Minister		Catering Manager Sharina Hyman		

Food/Service Items			
Food/Service Items	Price	Qty	Total
<b>Sliced Fruit &amp; Cheese</b> GF*/V (*GF CRACKERS AVAILABLE, SURCHARGE WILL APPLY) Sliced fruit, chèvre, aged cheddar, artisan crostini and crackers	12.00	10	120.00
<b>Add Gluten Free Crackers</b> GF (1 PORTION)	2.50	3	7.50
<b>Haida Gwaii Albacore Tuna Poke Bowl</b> GF/DF Sticky rice, pickled edamame, crisp vegetables, avocado, sweetened soy reduction, Sriracha mayo, sesame seeds	18.00	10	180.00
<b>Mediterranean Power Bowl</b> GF/V Lentils, TOPSOIL greens, falafel, marinated cherry tomatoes, cucumber, red onion, kalamata olive, roasted bell pepper, feta cheese, tahini sauce	15.50	5	77.50
<b>Business Hours Delivery Fee (7:30am - 2pm)</b>	12.50	1	12.50

	Food	Liquor	od - no PST	A Beverage	Other T Beverage	Food - PST	Total
Subtotal	385.00	0.00	12.50	0.00	0.00	0.00	397.50
Operations Fee	69.30	0.00	0.00	0.00	0.00	0.00	69.30
Taxes	22.72	0.00	0.63	0.00	0.00	0.00	23.35
Total	477.02	0.00	13.13	0.00	0.00	0.00	490.15
Paid							490.15
Balance							0.00

Payments Made

Payment	Date	Method
490.15	02/16/24 10:01 MC	
GST# 896526159		3% Interest compounded monthly on overdue accounts

# Red Barn MARKET

305-395 Menzies St.  
VICTORIA, B.C. V8V 0C2

PHN:(250) 590-2062

GST #887877918

2024-02-21 9:52:44 AM

SHAYNE-JB

LA CROIX SPRK WATER CRAN RASP	\$7.99 T12
Env fee	\$0.16 Tx1
Bottle deposit	\$0.80
LA CROIX SPRK WATER LIMONCELL	\$7.99 T12
Env fee	\$0.16 Tx1
Bottle deposit	\$0.80

<b>SUB TOTAL</b>	<b>\$17.90</b>
<b>GST</b>	<b>\$0.82</b>
<b>PST</b>	<b>\$1.12</b>

<b>TOTAL</b>	<b>\$19.84</b>
<b>Master</b>	<b>\$19.84</b>

Item count: 2

2024-02-21 9:52:44 AM

SHAYNE-JB

Trans:204125

Terminal:050105025-008004

RED BARN JAMES BAY  
#305-395 Menzies St.  
VICTORIA, BC V8V2G9  
2505902062  
Purchase

MID: 6220524

TID: 010

Batch #: 52001

02-21-24

AUTH #: 009362

MasterCard

\*\*\*\*\*

S.17

CHIP

Total

Ref #: 9

RRN: 00000009

09:53:05

\*\*/\*\*

\$19.84

APPROVED

VERIFIED BY PIN

Mastercard

AID: A0000000041010

TSI: E800



**BUSINESS EXPENSE APPROVAL**  
for Business Meetings/Protocol Events

**Attach original invoices/receipts that have been coded and approved by an expense authority. Please see page 2 for further instructions.**

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BUSINESS EXPENSE APPROVAL NO.

**SECTION 1 – ORIGINATOR INFORMATION**

NAME OF ORIGINATOR OF EXPENSE <b>Kira Cormier</b>	TELEPHONE NO. <b>( 778 ) 405-1867</b>	DATE SUBMITTED <b>2024/02/15</b>
MINISTRY/DIVISION/BRANCH <b>Declaration Act Secretariat</b>	LOCATION (CITY) OF EVENT <b>Victoria</b>	START DATE OF EVENT <b>2024/02/21</b>
		END DATE OF EVENT <b>2024/02/21</b>

**SECTION 2 – NAME / NATURE OF EVENT**

In general terms, describe the event, the number of people attending and their affiliation. For example: Annual Regional Meeting – 20 government employees, 2 service contractors.

The Declaration Act Secretariat's DMO is hosting an in person meeting between BC, FNLC, Gitxaala and Ehattesaht. There will be 1 consultant contractor, 8 government employees, 3 representatives for Gitxaala and 1 representative from Ehattesaht in person at the meeting.

Representatives from 2 Nations are travelling to attend this meeting that begins at lunch, so lunch is being provided. Estimated cost is approximately \$25/person.

**SECTION 3 – INDIVIDUALS INCLUDED IN MEAL CLAIMS**

Complete this section only if the Business Expense Approval includes a meal. Identify the individual's name and either the ministry or company they are affiliated with. Attach a separate list if necessary.


Roshan Danesh - Consultant  
James Herbert, Gavin Smith & Jessica Clogg - Gitxaala  
Lisa Glowacki - Ehattesaht  
Jessica Wood & Priscilla Sabbas-Watts - Declaration Act Secretariat  
Tom McCarthy - Ministry of Indigenous Relations and Reconciliation  
Barbara Carmichael & Debbie Chan - Ministry of Attorney General  
Doug Caul - Office of the Premier

Shannon Baskerville & Tania Demchuk - Ministry of Energy,  
Mines, and Low Carbon  
Innovation

**SECTION 4 – BUSINESS EXPENSE REQUESTED**

CATEGORY	STOB	AMOUNT
1. Meeting Room Rental	6531	
2. Equipment/Furniture Rental	6531	
3. Photocopying, Faxing, Telephone, etc.	6531	
4. Food/Beverages for Meetings <input type="checkbox"/> BREAKFAST <input checked="" type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/> SNACKS <input type="checkbox"/> COFFEE/TEA/JUICE, ETC.	6531	\$ 515.00
5. Business Meals in Restaurant <input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER	6531	
6. Event Planners, Speakers, etc.		\$ 500.00
7. Travel Costs for Non-BC Government Participants		\$ 800.00
8. Other: _____		

**SECTION 5 – EXPENSE AUTHORITY PRE-APPROVAL**

RESP. CENTRE <b>0799J</b>	SERVICE LINE <b>04800</b>	PROJECT NO. (IF APPLICABLE) OR ADDITIONAL CODING
EXPENSE AUTHORITY SIGNATURE – Certified correct pursuant to sections 32 & 33 of the <i>Financial Administration Act</i> and related policies. 		
PRINT NAME OF EXPENSE AUTHORITY <b>Lisa Fielding</b>		DATE SIGNED YYYY / MM / DD <b>2024/02/15</b>

**SECTION 6 – EMPLOYEE REIMBURSEMENT INFORMATION**

Complete this section only if reimbursing an employee for expenses they have paid personally.

Employee Name:

Employee ID:

Cheque Mailing Address

QUALIFIED RECEIVER SIGNATURE – Certified goods/services received pursuant to CPPM 4.3.2.

**X****ESTIMATED TOTAL** \$ **\$ 515.00****REIMBURSEMENT TOTAL**



# BUSINESS EXPENSE APPROVAL FORM INSTRUCTIONS

## BUSINESS MEETING AND PROTOCOL EVENT EXPENSE POLICY HIGHLIGHTS

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### SECTION 1 – ORIGINATOR INFORMATION

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If **ALL** conditions are not met, subsequent approval by the appropriate expense authority is required.

Enter the appropriate STOB if it is not identified (categories 6, 7 and 8).

### SECTION 4 (cont'd)

**Category 1:** Identify the cost of the meeting room.

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Complete this section **only** if reimbursing an employee for expenses they have paid personally. Enter the payee name, the employee ID, cheque mailing address, and reimbursement total. The employee signs as Qualified Receiver certifying for goods/services received. For other payees, the payee information will be reflected on their at-tached invoice.

ID / Title
920-98 / BEA - Follow up Meeting BC, FNLC, Gitxaala & Ehattesaht
Description
N/A
Assigned To User
Cormier, Kira DAS:EX
Rush
No
Blueprint Type
Financial Approval
Category
BEA
Branch
Deputy Minister's Office
Division
Declaration Act Secretariat
Other Number
N/A
Due Date
2024-02-16
Date Completed
Placeholder
History
<div>2024-02-27 9:16 AM</div> <div>has closed the item for the following reason: Complete. [as Assigned User]</div>
<div>2024-02-15 3:28 PM</div> <div>Fielding, Lisa approved and forwarded the item to Cormier, Kira [as General Admin] Approved.</div>
<div>2024-02-15 3:28 PM</div> <div>Fielding, Lisa approved and forwarded the item to Cormier, Kira [as General Admin] Approved.</div>
<div>2024-02-15 3:27 PM</div> <div>Crockett, Maia forwarded the item to Cormier, Kira [as Business Admin] As discussed.</div>
<div>2024-02-15 2:18 PM</div> <div>Crockett, Maia added a document: 02-21-2024 - BEA.pdf</div>
<div>2024-02-15 2:12 PM</div> <div>Cormier, Kira created the item and assigned it to Fielding, Lisa [as Initiator] Hi Lisa, BEA for the February 21 meeting for your review/approval. Thank you.</div>







**Discovery Coffee James  
Bay**

281 MENZIES ST  
VICTORIA, BC V8V 2G6  
2505906323

Cashier: Employee

Transaction **031203**

<b>Total</b>	<b>CA\$51.00</b>
CREDIT CARD SALE	CA\$51.00
MASTERCARD 4786	

Retain this copy for statement  
validation

11-May-2023 8:47:37a.m.  
CA\$51.00 | Method: EMV  
Mastercard XXXXXXXXXXXX s. 17  
**TRENTON MCINTYRE**  
Reference ID: 313100792051  
Auth ID: 017143  
MID: \*\*\*\*\*9752  
AID: A0000000041010  
AthNtwkNm: MASTERCARD  
PIN VERIFIED

Online: <https://clover.com/p/74GAN4KC29RNE>



ORIGIN GLUTEN-FREE  
BAKERY LTD.  
1525 PANDORA AVE  
VICTORIA BC

CARD \*\*\*\*\*S. 17  
CARD TYPE MASTERCARD  
DATE 2023/05/11  
TIME 4303 08:33:40  
RECEIPT NUMBER  
C84054603-001-556-003-0

-----  
PURCHASE  
TOTAL

\$25.50  
-----

Mastercard  
A0000000041010  
A7B6EDF2976E7708  
0000008000-E800  
B612D0D0B55B0012

APPROVED

AUTH# 024214 01-027

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS





THE MARKET ON YATES  
OPEN DAILY 7AM TO 11PM  
Phone# 381-6000  
903 YATES ST.  
WWW.THEMARKETSTORES.COM  
GST# R136696234  
RECEIPT REQUIRED FOR REFUNDS & EXCHANGES  
#001-012 5/12/23 08:16:30 ALISTAIR  
Inv#:00840500 Trs#:858954

MARKET MUFFIN	\$13.96 GST
Items Subtotal	\$13.96
Subtotal	\$13.96
GST [\$13.96]	\$0.70
TOTAL	\$14.66
Mastercard	\$14.66
# *****S. 17	

Item count 1  
May 12 2023 08:16 am Trans# 858954

TRANSACTION RECORD

Card Number : \*\*\*\*\*S. 17  
Card Type : MASTERCARD  
Card Entry : CHIP  
Trans Type : PURCHASE  
Amount : \$14.66

Auth # : 065247  
Sequence # : 000003  
Reference # : 00000003  
Term ID : 012  
Date : 23/05/12  
Time : 08:16:13

Approved

BY ENTERING A VERIFIED PIN, CARDHOLDER  
AGREES TO PAY ISSUER SUCH TOTAL IN  
ACCORDANCE WITH ISSUERS AGREEMENT WITH  
CARDHOLDER

Application Label: Mastercard  
AID: A0000000041010  
TVR: 0000008000  
TC : F45C529B94F8F0E2  
TSI: E800

\*\*\* CUSTOMER COPY \*\*\*

\* CERTIFIED GLUTEN FREE ITEM  
PLEASE RETAIN RECEIPT FOR ANY REFUNDS OR  
EXCHANGES.  
VALID WITHIN 14 DAYS OF PURCHASE

THANK YOU  
FOR SHOPPING WITH US!



ORIGIN GLUTEN-FREE  
BAKERY LTD.  
1525 PANDORA AVE  
VICTORIA BC

S. 17

CARD \*\*\*\*\*  
CARD TYPE MASTERCARD  
DATE 2023/05/12  
TIME 3470 08:02:13  
RECEIPT NUMBER  
C84054603-001-557-001-0

PURCHASE  
TOTAL

\$8.93

Mastercard  
A0000000041010  
8D159574D6135C86  
0000008000-E800  
87E476D3B3147460

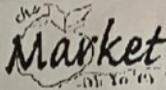
APPROVED

AUTH# 033914 01-027  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS





THE MARKET ON YATES  
OPEN DAILY 7AM TO 11PM

Phone# 381-6000

903 YATES ST.

WWW.THEMARKETSTORES.COM

GST# R136696234

RECEIPT REQUIRED FOR REFUNDS & EXCHANGES  
#001-010 10/16/2023 07:06:59 110 Self C  
Inv#:00087618 Trs#:097593

MARKET BAKERY MUFFINS 6+ \$10.47  
MARKET BAKERY MUFFINS 6+ \$10.47

Net Sales \$20.94  
TOTAL SALES \$20.94

SUB TOTAL \$20.94  
Mastercard \$20.94

# \*\*\*\*\*4786 \$0.00  
Balance

Item count 2

Oct 16 2023 07:06 am Trans# 97593

#### TRANSACTION RECORD

Card Number : \*\*\*\*\*S. 17  
Card Type : MASTERCARD  
Card Entry : CHIP  
Trans Type : PURCHASE  
Amount : \$20.94

Auth # : 085159  
Sequence # : 000001  
Reference # : 00000001  
Term ID : 010  
Date : 23/10/16  
Time : 07:06:42

Approved

BY ENTERING A VERIFIED PIN, CARDHOLDER  
AGREES TO PAY ISSUER SUCH TOTAL IN  
ACCORDANCE WITH ISSUERS AGREEMENT WITH  
CARDHOLDER

Application Label: Mastercard  
AID: A0000000041010  
TVR: 0000008000  
TC : 34D5B286A5A554F5  
TSI: E800

\*\*\* CUSTOMER COPY \*\*\*

EFFECTIVE JULY 1 WE WILL NO LONGER SUPPLY  
PLASTIC BAGS OR GIVE CREDIT FOR RE-USABLE  
BAGS

THANK YOU  
FOR SHOPPING WITH US!