



## Control No.

E109787

Name	Employee ID	Phone Number
Clark, Christy	S.22	(604) 775-1600
Client Organization	Job Title	Travel Group Code
Office of the Premier	Premier	4

5. Date Completed 2011/04/01		6. Fiscal Year 2011		7. Special Cheque Issue		8. Cheque Stub Information	
Type of Travel In Province		14. Reason for Travel Business		Headquarters Vancouver			
12. Mailing Address for Cheque 740 - 999 Canada Place Vancouver, BC V6C 3E1							
16. Travel Dates 2011 03/18 03/22	17. Places Travelled  Destination      Start      End Van-PG-Van      0900      1530 Van-FSJ-Van      0930      1630			18. Personal Vehicle Use Km      Cost 0.00 0.00		19. Other Transport Costs	20. & 21. Meals  Cost      27.00
						22. Lodging Costs	20. & 21. Miscellaneous Cost      Describe
TOTALS OF COLUMNS				36. \$ 0.00	37. \$ 0.00	38. \$ 27.00	39. \$ 0.00
				40. \$ 0.00	Claim Total \$ 27.00		
48. Client Code 004 004 004 004	49. Resp. 36A10	50. Service Line 36200	51. STOB 5702	52. Project 3600000	45. Supplier Code S.22		Amount \$ 27.00
Less Travel Advance 004							
						54. \$ 27.00	
45. Employee Signature (See Audit Trail) - Certified this travel expense claim is a true statement of disbursements made and/or allowances to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.						AMOUNT DUE TO EMPLOYEE	
56. Spending Authority Signature (See Audit Trail) - Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies.						54.	
57. Payment Authority Signature (See Audit Trail) - Requisition for payment pursuant to section 32 of the Financial Administration Act.						54.	

Ministry Spending Authority ARCS 1240-20  
Ministry Payment Authority ARCS 1050-06

Apr 14/11





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

FOREIGN CURRENCY?  
(if yes, enter "\$")

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

FIN FSA 017 REV. JUN/10

**ACCOUNTS DATE STAMP**

RECEIVED

APR 06 2011

# BLACKCOMB

*Aviation*  
HELICOPTER AND JET CHARTER SERVICES



March 31, 2011

Invoice No. 105593  
Trip No. 5470  
Cust. No. s.22

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

Attn: Judy McCallum

## Description

Trip Sequence				
Service Date	Aircraft	Departure	Destination	Passengers
18-Mar-11	C-FMCL	Vancouver, BC	Prince George, BC	C. Clark J. Hodge R. Scott s.22 s.15
18-Mar-11	C-FMCL	Prince George, BC	Vancouver, BC	Same 4 Paxs

*Goods and Services Received  
McCallum Apr 11/11*

Aircraft	\$ 3,732.16
Air Travellers Security Charge	56.96
Int'l Processing Fees	-
Fuel Surcharges	99.17
Lay Over	-
Crew Expenses	120.00
Special Request Catering	-
Third Party Exp.	-

<b>Subtotal</b>	<b>\$ 4,008.29</b>
HST	\$ 480.99
<b>Total</b>	<b>\$ 4,489.28</b>

Terms : Due on Receipt

Thank you for your Business  
Remit payment to:  
Omega Air Corporation  
#400 - 375 Water st.  
Vancouver, BC V6B 5C6

Tel: (604) 273-5311 Fax: (604) 273-8991



Where ideas work

## Travel Voucher (Restricted Use)

Control No.

E110474

**Freedom of Information and Protection of Privacy:** The personal information you are providing is collected for the purposes of travel expense administration and under the authority of the Financial Administration Act. The collection, use and disclosure of personal information is in accordance with the Freedom of Information and Protection of Privacy Act. If you have any questions regarding this collection, please contact your Ministry's Director/Manager of Information and Privacy.

<b>Name</b> Clark, Christy		<b>Employee ID</b> S.22		<b>Phone Number</b> (604) 775-1600	
<b>Client Organization</b> Office of the Premier		<b>Job Title</b> Premier		<b>Travel Group Code</b> 4	
<b>5. Date Completed</b> 2011/07/13		<b>6. Fiscal Year</b> 2012		<b>7. Special Cheque Issue</b>	
<b>8. Cheque Stub Information</b>					
<b>Type of Travel</b> In Province		<b>14. Reason for Travel</b> Business		<b>Headquarters</b> Vancouver	
<b>12. Mailing Address for Cheque</b> 740 - 999 Canada Place Vancouver, BC V6C 3E1					
<b>16. Travel Dates</b>	<b>17. Places Travelled</b>		<b>18. Personal Vehicle Use</b>	<b>19. Other Transport Costs</b>	<b>20. &amp; 21. Meals</b>
	<b>Destination</b>	<b>Start</b>	<b>End</b>	<b>Cost</b>	<b>Cost</b>
2011					
06/09	Van-PG-Van Charter	1800	2130	0.00	36.00
06/10	HA Van-Vic-Van QT HJ/AT	1030	1630	0.00	27.00
06/20	Van-Yellowknife Charter	0900	2300	0.00	27.00
06/21	Yellowknife	0700	2300	0.00	36.00
06/22	YKnife-Ottawa Charter	0700	2300	0.00	48.50
06/23	PA Ottawa-Toronto Pearson	0700	2300	0.00	48.50
06/24	WJT Toronto-Van Pearson	0700	2000	0.00	
<b>TOTALS OF COLUMNS</b>			<b>36.</b> \$ 0.00	<b>37.</b> \$ 0.00	<b>38.</b> \$ 223.00
					<b>39.</b> \$ 0.00
					<b>40.</b> \$ 0.00
					<b>Claim Total</b> \$ 223.00
<b>48. Client Code</b>	<b>49. Resp.</b>	<b>50. Service Line</b>	<b>51. STOB</b>	<b>52. Project</b>	<b>45. Supplier Code</b>
004	36A10	36200	5702	3600000	S.22
004	36A10	36200	5750	3600000	
004	36A10	36200	5705	3600000	
004					
<b>Less Travel Advance</b>					<b>Amount</b>
004					\$ 36.00
					\$ 27.00
					\$ 160.00
<b>AMOUNT DUE TO EMPLOYEE</b>					<b>54.</b> \$ 223.00
<b>45. Employee Signature (See Audit Trail)</b>					
- Certified this travel expense claim is a true statement of disbursements made and/or allowances to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.					
<b>Print Name</b>			<b>Date Signed</b>		
[Signature]			07/15/2011		
<b>56. Spending Authority Signature (See Audit Trail)</b>					
- Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies.					
<b>Print Name</b>			<b>Date Signed</b>		
Nicholas Leung			July 20/11		
<b>57. Payment Authority Signature (See Audit Trail)</b>					
- Requisition for payment pursuant to section 32 of the Financial Administration Act.					
<b>Print Name</b>			<b>Date Signed</b>		

FIN 10 (EFI-F0012 v2.6.1)

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Ministry Spending Authority ARCS 1240-20  
Ministry Payment Authority ARCS 1050-06

\*NOTE: \$1.50 was not deducted on this claim and will be deducted on next claim

\*NOTE: \$21.50 was Deducted on claim # E110631



[Signature]  
Jul 26/11



## Notes for Travel Voucher (Restricted Use) E110474 for Clark, Christy

1 note(s) returned.

Created On	Author	Note
2011/07/14 12:30:58	Webb, Jessica K. (IDIR\JEWEBB) Jessica.K.Webb@gov.bc.ca	<p>June 9 â€" Van-Prince George-Van via Charter.</p> <p>June 10 â€" Van-Victoria-Van HA QTs. Return HJ QTs.</p> <p>June 20 â€" Van-Yellowknife via Charter, accommodation on MLA Visa.</p> <p>June 21 â€" Yellowknife accommodation on MLA Visa.</p> <p>June 22 â€" Yellowknife-Ottawa via Charter to Calgary Westjet on purchasing card. Accommodation on MLA Visa.</p> <p>June 23 â€" Ottawa-Toronto Porter Air on purchasing card. Accommodation on MLA Visa.</p> <p>June 24 â€" Toronto-Van Westjet on purchasing card.</p>

Note - pls deduct dinner for June 23 meals.



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Where ideas work

Ministry of Finance

## INVOICE CODING SHEET

FS

RETURN CHEQUE TO MINISTRY?  
(if yes, enter "D")FOREIGN CURRENCY?  
(if yes, enter "\$")

Link to Invoice Coding Sheet completion instructions.

PAYEE NAME BLACKCOMB HELICOPTERS LIMITED PARTNERSHIP \* SUPPLIER # 2080191 \* SITE 0012CONTRACT/PO # \_\_\_\_\_ INVOICE DATE 14-JUN-2011 INVOICE # 105655  
DD-MMM-YYYYDATE INVOICE RECEIVED 15-JUN-2011 DATE GOODS/ SERVICES REC'D 15-JUN-2011 RECEIPT # \_\_\_\_\_  
DD-MMM-YYYY DD-MMM-YYYY

NAME &amp;/OR ADDRESS OVERRIDE:

DESCRIPTION FOR CHEQUE STUB:

DATE CHQ/EFT REQ'D  
(ONLY IF URGENT)

GL DATE (if applicable)

PAY ALONE? YES ☐

AMOUNT (INCLUDING TAX)	PRE-TAX AMOUNT	TAX RATE 12%, 11%, 5%, 0%	CL	RESP	SERVICE LINE	STOB	PROJECT	NAME & SUPPLIER # if STOB 57	OFA STOB & ASSET #
5,785.35	5,165.49	12%	004	36A10	36200	5712	3600000	CHARTER	
1446.34	1291.38	12%	004	36A10	36200	5712	3600000	Clark, C	
1446.34	1291.38	12%	004	36A10	36200	5712	3600000	Hodge, J	
1446.34	1291.38	12%	004	36A10	36200	5712	3600000	Olsen, C	
1446.33	1291.38	12%	004	36A10	36200	5712	3600000	S.15	S.15
5,785.35	TOTAL								



## \* EXPENSE AUTHORITY (EA) INFORMATION:

\* MICHELLE LEAMY  
EA PRINTED NAME

## \* BRIEF PAYMENT DESCRIPTION FOR EA NOTIFICATION:

Note: This is also the line description displayed on GL detail reports.

\* Michelle Leamy

## \* QUALIFIED RECEIVER (QR) CERTIFICATION:

\* ALISHA OLSON  
QR PRINTED NAME  
The goods provided or services delivered have been inspected or reviewed; and the goods or services were properly received and documentation to support the account has been verified (i.e., goods: as ordered, correct quantity and suitable quality; services: as contracted, appropriate deliverables and/or performance criteria met; or other conditions, if any, have been met).\* [Signature]  
QR SIGNATURE

## ADDITIONAL INFORMATION OR INSTRUCTIONS:

## BRANCH BUSINESS CONTACT NAME AND PHONE NUMBER:

ALISHA OLSON (250) 356-2605

## ACCOUNTS DATE STAMP

\* Note: Fields with an asterisk do not need to be completed for iProcurement invoices.

# BLACKCOMB

Aviation

HELICOPTER AND JET CHARTER SERVICES

June 14, 2011

Invoice No.

105655

Trip No.

5517

Cust. No.

s.22

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

Attn: Judy McCallum



## Description

Trip Sequence				
Service Date	Aircraft	Departure	Destination	Passengers
10-Jun-11	C-FMCL	Vancouver, BC	Prince George, AB	C. Clark J. Hodge O. Olsen s.15
10-Jun-11	C-FMCL	Prince George, AB	Vancouver, BC	Same 4 Paxs

Aircraft	\$ 4,765.90
Air Travellers Security Charge	56.96
Int'l Processing Fees	-
Fuel Surcharges	292.63
Lay Over	-
Crew Expenses	50.00
Special Request Catering	-
Third Party Exp.	-

## Subtotal

\$ 5,165.49

HST

89422 0383RT

\$ 619.86

## Total

\$ 5,785.35

Terms : Due on Receipt

Thank you for your Business  
Remit payment to:  
Omega Air Corporation  
#400 - 375 Water st.  
Vancouver, BC V6B 5C6

Tel: (604) 273-5311 Fax: (604) 273-8991

*Goods and Services Received*  
*J McCallum June 15/11*



Where ideas work

Ministry of Finance

## INVOICE CODING SHEET



RETURN CHEQUE TO MINISTRY?

(if yes, enter "D")

FOREIGN CURRENCY?

(if yes, enter "\$")

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

PAYEE NAME <u>BLACKCOMB HELICOPTERS LIMITED PARTNERSHIP</u>					* SUPPLIER # <u>2080191</u>					* SITE <u>001</u>									
CONTRACT/PO # _____					INVOICE DATE <u>30-JAN-2012</u> <small>DD-MMM-YYYY</small>					INVOICE # <u>105865</u>									
DATE INVOICE RECEIVED <u>31-JAN-2012</u> <small>DD-MMM-YYYY</small>					DATE GOODS/ SERVICES REC'D <u>12-JAN-2012</u> <small>DD-MMM-YYYY</small>					RECEIPT # _____									
NAME &/OR ADDRESS OVERRIDE:										DESCRIPTION FOR CHEQUE STUB:									
DATE CHQ/EFT REQ'D (ONLY IF URGENT) _____ <small>DD-MMM-YYYY</small>										GL DATE (if applicable) _____ <small>DD-MMM-YYYY</small>					PAY ALONE? YES <input type="checkbox"/>				

AMOUNT (INCLUDING TAX)	PRE-TAX AMOUNT	TAX RATE <small>12%, 11%, 5%, 0%</small>	CL	RESP	SERVICE LINE	STOB	PROJECT	NAME & SUPPLIER # if STOB 57	OFA STOB & ASSET #
1,200.60	1,071.97	12%	004	36A10	36200	5712	3600000	PREMIER CLARK 1037399	✓ HST 12
1,200.60	1,071.97	12%	004	36A10	36200	5712	3600000	GABE GARFINKEL 2306543	✓ ↓
1,200.60	1,071.97	12%	004	36A10	36200	5712	3600000	CHRIS OLSEN 2306997	✓ ↓
1,200.60	1,071.97	12%	004	36A10	36200	6504	3600000	s.15	Approval
<b>4,802.40</b>	<b>TOTAL</b>								

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

BRANCH BUSINESS CONTACT NAME AND PHONE NUMBER:

ALISHA OLSON (250) 356-2605

\* Note: Fields with an asterisk do not need to be completed for iProcurement invoices.

FIN FSA 017 REV. JUN/10



# BLACKCOMB

## Aviation

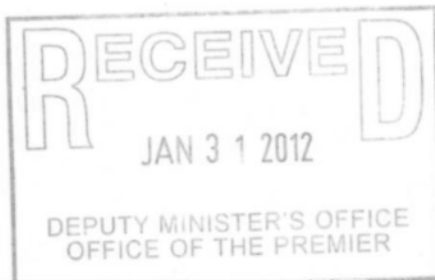
HELICOPTER AND JET CHARTER SERVICES

January 30, 2012

Invoice No. 105865  
 Trip No. 4737  
 Cust. No. s.22  
 Quote No. s.22

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

Attn: Judy McCallum



### Description

		Trip Sequence		
Service Date	Aircraft	Departure	Destination	Passengers
12-Jan-12	C-FMCL	Vancouver, BC	Prince George, BC	C. Clark C. Olsen G. Garfinkel s.15,s.22
		* 276 nmi →		
12-Jan-12	C-FMCL	Prince George, BC	Vancouver, BC	Same 4 Paxs
		* 276 nmi →		

Aircraft	\$ 4,130.44
Air Travellers Security Charge	56.96
Int'l Processing Fees	-
Fuel Surcharges	73.50
Landing Fees	400.00
Crew Expenses	40.00
Special Request Catering	-
Third Party Exp.	-

Discount	\$ (413.04)
<b>Subtotal</b>	<b>\$ 4,287.86</b>
HST 89422 0383RT	\$ 514.54
<b>Total</b>	<b>\$ 4,802.40</b>

Terms : Due on Receipt

Thank you for your Business  
 Remit payment to:  
 Omega Air Corporation  
 #400 - 375 Water st.  
 Vancouver, BC V6B 5C6

Tel: (604) 273-5311 Fax: (604) 273-8991

*Goods and Services Received  
 McCallum Jan 30/12*



## Control No.

E111927

<b>Name</b>	<b>Employee ID</b>	<b>Phone Number</b>
Clark, Christy	15.22	(604) 775-1600
<b>Client Organization</b>	<b>Job Title</b>	<b>Travel Group Code</b>
Office of the Premier	Premier	4
<b>5. Date Completed</b>		

5. Date Completed 2012/02/28	6. Fiscal Year 2012	7. Special Cheque Issue	8. Cheque Stub Information
---------------------------------	------------------------	-------------------------	----------------------------

2012	14. Reason for Travel Business	6. Cheque Stub Information
Type of Travel In Province		Headquarters Vancouver
12. Mailing Address for Cheque		

12. Mailing Address for Cheque  
740 - 999 Canada Place Vancouver, BC V6C 3E1


16. Travel Dates	17. Places Travelled			18. Personal Vehicle Use		19. Other Transport Costs	20. & 21. Meals	22. Lodging Costs	20. & 21. Miscellaneous	
	Destination	Start	End	Km	Cost		Cost		Cost	Describe
2012	Van - PG - Vancouver	0900	1545		0.00					
01/12	Van - PG - Vancouver	0900	1545		0.00					
01/15	HA Van - Vic MIA VISA	1240	2359		0.00					
01/16	Victoria	0700	2359		0.00					
01/17	HA Vic - Van MIA VISA	0700	1530		0.00					
01/19	HA Van - Vic	1330	2359		0.00					
01/20	Van - Van Ferry Nocturnal	0700	1635		0.00		36.00	✓		
01/22	Van-Smithers-Vancouver	0830	1530		0.00		39.50	✓		
02/06	Van-Kelowna-Osoyoos	0830	2359		0.00		27.00	✓		
02/07	Osoyoos - Pent - Van	0700	1500		0.00		36.00	✓		
							27.00	✓		

TOTALS OF COLUMNS					36.	37.	38.	39.	40.	Claim Total
48.	49.	50.	51.	52.	\$ 0.00	\$ 0.00	\$ 165.50	\$ 0.00	\$ 0.00	\$ 165.50



48.		49.		50.		51.		52.		45.		46.		Claim Total
	\$ 0.00		\$ 0.00		\$ 165.50		\$ 0.00		\$ 0.00		\$ 0.00		\$ 0.00	\$ 165.50
Client Code	Resp.	Service Line	STOB	Project	Supplier Code	Amount								
004 ✓	36A10 ✓	36200 ✓	5701 ✓	3600000 ✓	S.22	\$ 75.50								
004	36A10	36200	5702	3600000		\$ 90.00								
004														
004														

[illegible]

45. Employee Signature (See Audit Trail)	AMOUNT DUE TO EMPLOYEE	54.
	Print Name	\$ 165.50

- Certified this travel expense claim is a true statement of disbursements made and/or allowances to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.	Print Name 	Date Signed 03/16/12	\$ 165.50
--	---	----------------------	-----------


56. Spending Authority Signature (See Audit Trail) - Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies.	Print Name  [Signature]	Date Signed  [Signature]
--	-------------------------------	--------------------------------

57. Payment Authority Signature (See Audit Trail) - Requisition for payment pursuant to section 32 of the Financial Administration Act	 Print Name	 Date Signed
---	--	--

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Ministry Spending Authority ARCS 1240-20  
Ministry Payment Authority ARCS 1050-06

 mar 22/12





Where ideas work

Ministry of Finance

## INVOICE CODING SHEET

RETURN CHEQUE TO MINISTRY?

(if yes, enter "D")

FOREIGN CURRENCY?

(if yes, enter "\$")

Link to Invoice Coding Sheet completion instructions.

PAYEE NAME <u>BLACKCOMB HELICOPTERS LIMITED PARTNERSHIP</u>		* SUPPLIER # <u>2080191</u>		* SITE <u>001</u>	
CONTRACT/PO # _____		INVOICE DATE <u>18-APR-2012</u>		INVOICE # <u>105999</u>	
DATE INVOICE RECEIVED <u>20-APR-2012</u>		DATE GOODS/ SERVICES REC'D <u>31-MAR-2012</u>		RECEIPT # _____	
NAME &/OR ADDRESS OVERRIDE:		DESCRIPTION FOR CHEQUE STUB:			
DATE CHQ/EFT REQ'D (ONLY IF URGENT) _____ GL DATE (if applicable) _____ PAY ALONE? YES <input type="checkbox"/>					
AMOUNT (INCLUDING TAX)	PRE-TAX AMOUNT	TAX RATE 12%, 11%, 5%, 0%	CL	RESP	SERVICE LINE
4,871.12	4,349.21	12%	004	36A10	36200
1583.12	1583.12	12%	004	36A10	36200
1096.00	978.57	12%	004	36A10	36200
1096.00	978.57	12%	004	36A10	36200
1096.00	978.57	12%	004	36A10	36200
4,871.12 TOTAL					
* EXPENSE AUTHORITY (EA) INFORMATION:			* QUALIFIED RECEIVER (QR) CERTIFICATION:		
MICHELLE LEAMY EA PRINTED NAME			ALISHA OLSON QR PRINTED NAME		
* BRIEF PAYMENT DESCRIPTION FOR EA NOTIFICATION: Note: This is also the line description displayed on GL detail reports.			The goods provided or services delivered have been inspected or reviewed; and the goods or services were properly received and documentation to support the account has been verified (i.e., goods: as ordered, correct quantity and suitable quality; services: as contracted, appropriate deliverables and/or performance criteria met; or other conditions, if any, have been met).		
* <u>Michelle Leamy</u> ✓			* <u>[Signature]</u> ✓		
ADDITIONAL INFORMATION OR INSTRUCTIONS:			QR SIGNATURE		
NB: 151 NM PER DIRECTION					

BRANCH BUSINESS CONTACT NAME AND PHONE NUMBER:

ALISHA OLSON (250) 356-2605

\* Note: Fields with an asterisk do not need to be completed for iProcurement invoices.

FIN FSA 017 REV. JUN/10

ACCOUNTS DATE STAMP
APR 24 2012
CORPORATE AND MINISTRY SUPPORT SERVICES FSA

# BLACKCOMB

Aviation  
HELICOPTER AND JET CHARTER SERVICES

RECEIVED

APR 19 2012

SCHEDULING BRANCH  
OFFICE OF THE PREMIER

April 18, 2012

Invoice No.

105999

Trip No.

5930

Cust. No.

s.22

Quote No.

s.22

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

Attn: Tamara Davidson



151 nm  
per  
direction

## Description

Trip Sequence				
Service Date	Aircraft	Departure	Destination	Passengers
31-Mar-12	C-FMCL	Vancouver, BC	Abbotsford, BC	R. Scott
31-Mar-12	C-FMCL	Abbotsford, BC	Kelowna, BC	R. Scott G. Garfinkel C. Clark
31-Mar-12	C-FMCL	Kelowna, BC	Vancouver, BC	Same 4 Paxs

31 NM  
128 NM  
32 NM EACH

151 NM  
37.75 each (NM)  
310 NM  
\$15.71 Per NM

1096.00 x 4  
487.11

487.11

s.15

2011.30

2372.71

Aircraft	R Scott 100.75 NM	\$1583.41	\$	3,900.00
Air Travellers Security Charge	G. Garfinkel 69.75 NM	1096.00		56.96
Int'l Processing Fees	s.15 69.75 NM	1096.00		-
Fuel Surcharges	C. Clark 69.75 NM	1096.00		52.50
Landing Fees				600.00
Crew Expenses				129.75
Special Request Catering				-
Third Party Exp.				-
Discount				(390.00)
Subtotal				4,349.21
HST	89422 0383RT			521.91
Total			\$	4,871.12

15.71329

Terms : Due on Receipt

Thank you for your Business  
Remit payment to:  
Omega Air Corporation  
#400 - 375 Water st.  
Vancouver, BC V6B 5C6

Goods and services received  
Paid April 19/12

Tel: (604) 273-5311 Fax: (604) 273-8991



Where ideas work

## Travel Voucher (Restricted Use)

Control No.

E112469

**Freedom of Information and Protection of Privacy:** The personal information you are providing is collected for the purposes of travel expense administration and under the authority of the Financial Administration Act. The collection, use and disclosure of personal information is in accordance with the Freedom of Information and Protection of Privacy Act. If you have any questions regarding this collection, please contact your Ministry's Director/Manager of Information and Privacy.

Name Clark, Christy		Employee ID S.22		Phone Number (604) 775-1600	
Client Organization Office of the Premier		Job Title Premier		Travel Group Code 4	
5. Date Completed 2012/04/30		6. Fiscal Year 2013		7. Special Cheque Issue	
				8. Cheque Stub Information	
Type of Travel In Province		14. Reason for Travel Business		Headquarters Vancouver	
12. Mailing Address for Cheque 740 - 999 Canada Place Vancouver, BC V6C 3E1					
16. Travel Dates	17. Places Travelled			18. Personal Vehicle Use	19. Other Transport Costs
2012	Destination	Start	End	Km	Cost
04/13	Van - PG Charter	0815	2359		0.00
04/14	PG - Van Charter	0700	1130		0.00
04/17	Van - Vic MLA VISA	0750	2359		0.00
04/18	Vic - Van	0700	1605		0.00
04/24	Van - Vic	0845	2359		0.00
04/25	Vic - PG - Van Charter	0700	1830		0.00
04/26	Van-Co-Camp-Van Charter	0800	1545		0.00
				20. & 21. Meals	22. Lodging Costs
				Cost	Cost
				27.00	MLA VISA
				27.00	CCA MLA VISA
				39.50	CCA MLA VISA
				27.00	CCA MLA VISA
				39.50	CCA MLA VISA
				20. & 21. Miscellaneous	
				Cost	Describe
TOTALS OF COLUMNS				36. \$ 0.00	37. \$ 0.00
				38. \$ 160.00	39. \$ 0.00
				40. \$ 0.00	Claim Total \$ 160.00
48. Client Code	49. Resp.	50. Service Line	51. STOB	52. Project	45. Supplier Code
004	36A10	36200	5701	3600000	S.22
004	36A10	36200	5702	3600000	
004					
004					
Less Travel Advance					
004					
AMOUNT DUE TO EMPLOYEE					54. \$ 160.00
45. Employee Signature (See Audit Trail) - Certified this travel expense claim is a true statement of disbursements made and/or allowances to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.				Print Name Christy Clark	
				Date Signed May 8 2012	
56. Pending Authority Signature (See Audit Trail) - Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies.				Print Name Michelle Loring	
				Date Signed May 16/12	
57. Payment Authority Signature (See Audit Trail) - Requisition for payment pursuant to section 32 of the Financial Administration Act.				Print Name	
				Date Signed	

FIN 10 (EFI-F0012 v2.6.1)

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Ministry Spending Authority ARCS 1240-20  
Ministry Payment Authority ARCS 1050-06

May 18/12

## Notes for Travel Voucher (Restricted Use) E112469 for Clark, Christy

1 note(s) returned.

Created On	Author	Note
2012/04/30 15:53:39	Lee, May (IDIR\MAYLEE) May.Lee@gov.bc.ca	Apr.13.12-Apr.14.12 - Charter to / from Prince George. Accommodations on MLA visa. Apr.17.12 - Apr.18.12 - Van - Vic - Van via Helijet charged on MLA visa. Accommodations charged on MLA visa. Apr.24.12 - Van - Vic via HA charged on MLA visa. Accommodations charged on MLA visa. Apr.25.12 - Charter from Vic - Prince George - Van Apr.26.12 - Charter from Van - Comox - Campbell River - Van

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Where ideas work

Ministry of Finance

## INVOICE CODING SHEET

RETURN CHEQUE TO MINISTRY?

(if yes, enter "D")

FOREIGN CURRENCY?

(if yes, enter "\$")

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

PAYEE NAME <u>BLACKCOMB HELICOPTERS LIMITED PARTNERSHIP</u>		* SUPPLIER # <u>2080191</u>	* SITE <u>001</u>						
CONTRACT/PO # _____	INVOICE DATE <u>18-APR-2012</u> <small>DD-MMM-YYYY</small>	INVOICE # <u>105996</u>							
DATE INVOICE RECEIVED <u>20-APR-2012</u> <small>DD-MMM-YYYY</small>	DATE GOODS/ SERVICES REC'D <u>14-APR-2012</u> <small>DD-MMM-YYYY</small>	RECEIPT # _____							
NAME &/OR ADDRESS OVERRIDE:		DESCRIPTION FOR CHEQUE STUB:							
<div style="display: flex; justify-content: space-between;"> <div>DATE CHQ/EFT REQ'D (ONLY IF URGENT) _____ <small>DD-MMM-YYYY</small></div> <div>GL DATE (if applicable) _____ <small>DD-MMM-YYYY</small></div> <div>PAY ALONE? YES <input type="checkbox"/></div> </div>									
AMOUNT (INCLUDING TAX)	PRE-TAX AMOUNT	TAX RATE <small>12%, 11%, 5%, 0%</small>	CL	RESP	SERVICE LINE	STOB	PROJECT	NAME & SUPPLIER # if STOB 57	OFA STOB & ASSET #
6,605.32	5,897.61	12%	004	36A10	36200	5712	3600000	CHARTER	
1321.06		12%			5712			C. Clark	
1321.06		12%			5712			G. Gaeffke	
1321.06		12%			5712			S. MacIntyre	
1321.06		12%			6504			s.15	
660.54		12%			5712			K. Haakstad	
660.54		12%			5712			K. Boessenke	
6,605.32	<b>TOTAL</b>								
<b>* EXPENSE AUTHORITY (EA) INFORMATION:</b> * <u>MICHELLE LEAMY</u> EA PRINTED NAME * BRIEF PAYMENT DESCRIPTION FOR EA NOTIFICATION: Note: This is also the line description displayed on GL detail reports. * <u>Michelle Leamy</u>					<b>* QUALIFIED RECEIVER (QR) CERTIFICATION:</b> * <u>ALISHA OLSON</u> QR PRINTED NAME The goods provided or services delivered have been inspected or reviewed; and the goods or services were properly received and documentation to support the account has been verified (i.e., goods: as ordered, correct quantity and suitable quality; services: as contracted, appropriate deliverables and/or performance criteria met; or other conditions, if any, have been met). * <u>[Signature]</u> QR SIGNATURE				
<b>ADDITIONAL INFORMATION OR INSTRUCTIONS:</b> <u>NB: 276 NM PER DIRECTION</u>									

BRANCH BUSINESS CONTACT NAME AND PHONE NUMBER:

ALISHA OLSON (250) 356-2605

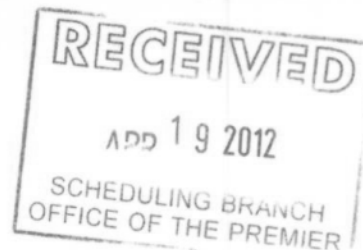
\* Note: Fields with an asterisk do not need to be completed for iProcurement invoices.

FIN FSA 017 REV. JUN/10



# BLACKCOMB

Aviation  
HELICOPTER AND JET CHARTER SERVICES



April 18, 2012

Invoice No. 105996  
Trip No. 5727  
Cust. No. S.22  
Quote No. S.22

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



Attn: Tamara Davidson

276nm  
per  
direction

## Description

Trip Sequence				
Service Date	Aircraft	Departure	Destination	Passengers
13-Apr-12	C-GGQF	Vancouver, BC	Prince George, BC	C. Clark 1321.06 K. Haakstad 660.54 G. Garfinkel 1321.06 S. MacIntyre 1321.06 S.22 S.15 1321.06
14-Apr-12	C-GGQF	Prince George, BC	Vancouver, BC	Same 4 Paxs K. Boessenkool 660.54

K. Haakstad not on return.

$6605.32 \div 2 = 3302.66$  per leg.  $\div 5 = 660.53$  per leg/per person

Aircraft	\$ 4,988.30
Air Travellers Security Charge	71.20
Int'l Processing Fees	-
Fuel Surcharges	130.00
Landing Fees	300.00
Crew Expenses	556.94
Special Request Catering	-
Third Party Exp. (hangar rent YXS)	350.00
Discount	(498.83)
<b>Subtotal</b>	<b>5,897.61</b>
HST	89422 0383RT 707.71
<b>Total</b>	<b>\$ 6,605.32</b>

Terms : Due on Receipt

Thank you for your Business  
Remit payment to:  
Omega Air Corporation  
#400 - 375 Water st.  
Vancouver, BC V6B 5C6

Tel: (604) 273-5311 Fax: (604) 273-8991

Goods and services received  
Baudou  
April 19/12