

AE18EXECDM4



Where ideas work

Travel Voucher (Restricted Use)

Control No.

E127690

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 Rzepa, Christina				Employee ID s.22		Phone Number (250) 356-0179	
Client Organization Advanced Education, Skills and Training				Job Title Executive Assistant		Travel Group Code 3	
5. Date Completed 2017/11/27		6. Fiscal Year 2018		7. Special Cheque Issue		8. Cheque Stub Information	
Type of Travel In Province		14. Reason for Travel Staffing Minister				Headquarters Vancouver	
12. Mailing Address for Cheque 9080 Stn Prov Govt Victoria, BC V8W 9E2							
16. Travel Dates	17. Places Travelled			18. Personal Vehicle Use		19. Other Transport Costs	20. & 21. Meals
	Destination	Start	End	Km	Cost	Claim	Cost
2017							
11/14	New Westminster	0830	1200		0.00	✓ 27.60	0.00
11/16	Van- Prince George -Van (AC)	0545	1630	PCard	0.00	✓ 38.60	33.25
				36.	37.	38.	39.
				\$ 0.00	\$ 66.20	\$ 33.25	\$ 0.00
				40.			Claim Total
				\$ 0.00			\$ 99.45
TOTALS OF COLUMNS							
48. Client Code	49. Resp.	50. Service Line	51. STOB	52. Project		45. Supplier Code	
019	11001	18000	5702	1100000		s.22	
019							
019							
019							
Less Travel Advance							54.
019							\$ 99.45
							AMOUNT DUE TO EMPLOYEE
45. Employee Signature (See Audit Trail)				Print Name		Date Signed	
- 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.							
56. Spending Authority Signature (See Audit Trail)				Print Name		Date Signed	
- Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies.							
57. Payment Authority Signature (See Audit Trail)				Print Name		Date Signed	
- Requisition for payment pursuant to section 32 of the Financial Administration Act.							

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

CDM Nov 29/17

**MINISTRY OF FINANCE AND SUPPORTED ENTITIES
REIMBURSEMENT CLAIM FOR NON-PAYROLL RELATED EXPENSES**

INVOICE #
MISC-RZE20171128

FORM USAGE

This form is to be used by individuals to claim reimbursement for government expenditures that have been paid for personally and cannot be claimed using another reimbursement method (e.g., items that cannot be claimed through petty cash or on a travel voucher). After completion, the individual should forward the original claim (with receipts attached) to the expense authority. The expense authority will complete and sign the Coding section and forward the claim to MFIN, Accounts for processing. A cheque will be forwarded to the *Cheque Mailing Address* below.

CHEQUE INFORMATION

Payee Name: Christina Rzepa Vendor #: s.22 Loc. Code: Home
Cheque Mailing Address: s.22

DESCRIPTION OF PURCHASE(S)

Date of Purchase	Description	Amount
Nov 28, 2017	Staples - office supplies	163.91
Nov 28, 2018 ¹⁷	Staples - office supplies	109.37
Cheque Total		273.28

CRZ

Signature of Individual Receiving Reimbursement

December 13, 2017
Date

Certified this is a true statement of disbursements made to which I am entitled and for which I have not been and will not be reimbursed by any other party.

CODING

Client: 019 Resp: 11001 Service Line: 18000 STOB: 6525 Project: 1100000 \$163.91
019 11001 18000 650108 1100000 \$109.37

J. Zep
Expense Authority Signature

14th Dec, 2017
Date

Certified that the amount to be paid is correct, in accordance with appropriate statute or other authority for payment.



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Control No.

E127658

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Name Arora, Jasleen			Employee ID s.22			Phone Number (250) 387-1866						
Client Organization Attorney General			Job Title Executive Assistant			Travel Group Code 3						
5. Date Completed 2017/11/22		6. Fiscal Year 2018		7. Special Cheque Issue		8. Cheque Stub Information						
Type of Travel In Province		14. Reason for Travel Ministerial Business				Headquarters Vancouver						
12. Mailing Address for Cheque Attorney General P.O. Box 9044, Stn Prov Govt Victoria, BC V8W 9E2												
16. Travel Dates 2017	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			Claim	Cost		Cost	Describe
10/30	Victoria	0000	2359		0.00			F-	51.50	118.22		
10/31	Victoria	0000	2359		0.00			F-	51.50	s.22	N/C	
11/01	Victoria	0000	2359		0.00			F-	51.50	123.21		
11/02	Victoria	0000	2359		0.00			F-	51.50	123.21		
11/03	Victoria	0000	2359		0.00			F-	51.50	123.21		
11/04	Victoria	0000	2359		0.00				0.00	123.21		
11/05	Victoria	0000	2359		0.00				0.00	123.21		
TOTALS OF COLUMNS					36. \$ 0.00	37. \$ 0.00		38. \$ 257.50	39. 734.27 s.22	40. \$ 0.00	Claim Total s.22 991.77	
48. Client Code 105 105 105 105	49. Resp. 15002	50. Service Line 10005		51. STOB 5701	52. Project 1500000	45. Supplier Code s.22		Amount 991.77 s.22				
Less Travel Advance 105												
											54. 991.77 s.22	
AMOUNT DUE TO EMPLOYEE												
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		Date Signed				
56. Spending Authority Signature (See Audit Trail) - Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies.						Print Name		Date Signed				
57. Payment Authority Signature (See Audit Trail) - Requisition for payment pursuant to section 32 of the Financial Administration Act.						Print Name		Date Signed				



Where ideas work

Travel Voucher (Restricted Use)

Control No.

E127657

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Name Arora, Jasleen			Employee ID s.22			Phone Number (250) 387-1866					
Client Organization Attorney General			Job Title Executive Assistant			Travel Group Code 3					
5. Date Completed 2017/11/22		6. Fiscal Year 2018		7. Special Cheque Issue		8. Cheque Stub Information					
Type of Travel In Province		14. Reason for Travel relocation				Headquarters Vancouver					
12. Mailing Address for Cheque Attorney General P.O. Box 9044, Stn Prov Govt Victoria, BC V8W 9E2											
16. Travel Dates 2017 11/17	17. Places Travelled			18. Personal Vehicle Use		19. Other Transport Costs	20. & 21. Meals		22. Lodging Costs	20. & 21. Miscellaneous	
	Destination Van-Vic	Start 0000	End 2359	Km	Cost 0.00		Claim	Cost 0.00		Cost 1400.00	Describe Relocation
TOTALS OF COLUMNS					36. \$ 0.00	37. \$ 0.00		38. \$ 0.00	39. \$ 0.00	40. \$ 1400.00	Claim Total \$ 1400.00
48. Client Code 105 105 105 105	49. Resp. 15002 15002	50. Service Line 10005 10005		51. STOB 5225 5226	52. Project 1500000 1500000		45. Supplier Code s.22		Amount \$ s.22 \$650.00		
Less Travel Advance 105											
										54. \$ 1400.00	
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			Date Signed		
56. Spending Authority Signature (See Audit Trail) - Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies.						Print Name			Date Signed		
57. Payment Authority Signature (See Audit Trail) - Requisition for payment pursuant to section 32 of the Financial Administration Act.						Print Name			Date Signed		

750.00

NR18EXESLP34



Where ideas work

Travel Voucher (Restricted Use)

Control No.

E127929

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 Jones, Tristan				Employee ID s.22		Phone Number (250) 387-9275					
Client Organization Forests, Lands, Natural Resource Operations and Rural Dev				Job Title Executive Assistant		Travel Group Code 3					
5. Date Completed 2018/01/18		6. Fiscal Year 2018		7. Special Cheque Issue		8. Cheque Stub Information					
Type of Travel In Province		14. Reason for Travel Ministerial Business				Headquarters Minister's Office					
12. Mailing Address for Cheque PO Box 9049 Stn Prov Govt Victoria, BC V8W 9E2											
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		Claim	Cost	Cost	Describe	
2017											
11/20	Smith/houston RT	1700	2100	126	66.78			0.00			
12/09	Smith/Hagwilget	1100	1700	118	62.54			0.00			
12/18	Smith/hazeto RT	0700	1700	142	75.26			0.00			
12/20	smith/hazeto RT	0800	1700	142	75.26			0.00			
12/22	Smith/Hazetto RT	1100	1700	142	75.26			0.00			
TOTALS OF COLUMNS					36. \$ 355.10	37. \$ 0.00		38. \$ 0.00	39. \$ 0.00	40. \$ 0.00	Claim Total \$ 355.10
48. Client Code	49. Resp.	50. Service Line	51. STOB	52. Project	45. Supplier Code		Amount				
128	71000128	40001 74000	574202	7100000	s.22		\$ 355.10				
128											
128											
128											
Less Travel Advance											
128											
AMOUNT DUE TO EMPLOYEE										54. \$ 355.10	
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		Date Signed				
56. Spending Authority Signature (See Audit Trail) - Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies.					Print Name		Date Signed				
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 1050-06Audited 2018Jan29
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Where ideas work

Travel Voucher (Restricted Use)

Control No.

E127553

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 Pecora, Talea				Employee ID s.22				Phone Number (778) 875-1498																																					
Client Organization Public Safety and Solicitor General				Job Title Executive Assistant				Travel Group Code 3																																					
5. Date Completed 2017/11/09			6. Fiscal Year 2018			7. Special Cheque Issue EFT			8. Cheque Stub Information																																				
Type of Travel In Province			14. Reason for Travel Event Attendance						Headquarters Port Coquitlam																																				
12. Mailing Address for Cheque																																													
<table border="1"> <tr> <td rowspan="2">16. Travel Dates 2017 11/02</td> <td colspan="3">17. Places Travelled</td> <td colspan="2">18. Personal Vehicle Use</td> <td rowspan="2">19. Other Transport Costs 148.60</td> <td colspan="2">20. & 21. Meals</td> <td rowspan="2">22. Lodging Costs</td> <td colspan="2">20. & 21. Miscellaneous</td> </tr> <tr> <td>Destination Vancouver</td> <td>Start 1030</td> <td>End 1230</td> <td>Km</td> <td>Cost 0.00</td> <td>Claim</td> <td>Cost 0.00</td> <td>Cost</td> <td>Describe</td> </tr> <tr> <td colspan="6">TOTALS OF COLUMNS</td> <td>36. \$ 0.00</td> <td>37. \$ 148.60</td> <td></td> <td>38. \$ 0.00</td> <td>39. \$ 0.00</td> <td>40. \$ 0.00</td> <td>Claim Total \$ 148.60</td> </tr> </table>												16. Travel Dates 2017 11/02	17. Places Travelled			18. Personal Vehicle Use		19. Other Transport Costs 148.60	20. & 21. Meals		22. Lodging Costs	20. & 21. Miscellaneous		Destination Vancouver	Start 1030	End 1230	Km	Cost 0.00	Claim	Cost 0.00	Cost	Describe	TOTALS OF COLUMNS						36. \$ 0.00	37. \$ 148.60		38. \$ 0.00	39. \$ 0.00	40. \$ 0.00	Claim Total \$ 148.60
16. Travel Dates 2017 11/02	17. Places Travelled			18. Personal Vehicle Use		19. Other Transport Costs 148.60	20. & 21. Meals		22. Lodging Costs	20. & 21. Miscellaneous																																			
	Destination Vancouver	Start 1030	End 1230	Km	Cost 0.00		Claim	Cost 0.00		Cost	Describe																																		
TOTALS OF COLUMNS						36. \$ 0.00	37. \$ 148.60		38. \$ 0.00	39. \$ 0.00	40. \$ 0.00	Claim Total \$ 148.60																																	
48. Client Code 010 010 010 010		49. Resp. 15001		50. Service Line 10000		51. STOB 65015701		52. Project 1500000		45. Supplier Code s.22		Amount \$ 148.60																																	
Less Travel Advance 010																																													
										54. \$ 148.60																																			
AMOUNT DUE TO EMPLOYEE																																													
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		Date Signed																																			
56. Spending Authority Signature (See Audit Trail) - Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies.								Print Name		Date Signed																																			
57. Payment Authority Signature (See Audit Trail) - Requisition for payment pursuant to section 32 of the Financial Administration Act.								Print Name		Date Signed																																			

AT18EXESLP31



Where ideas work

Travel Voucher (Restricted Use)

Control No.

E127554

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 Pecora, Talea				Employee ID s.22		Phone Number (778) 875-1498																																																
Client Organization Public Safety and Solicitor General				Job Title Executive Assistant		Travel Group Code 3																																																
5. Date Completed 2017/11/09		6. Fiscal Year 2018		7. Special Cheque Issue EFT		8. Cheque Stub Information																																																
Type of Travel In Province		14. Reason for Travel Work in Ministry Office				Headquarters Port Coquitlam																																																
12. Mailing Address for Cheque																																																						
<table border="1"> <tr> <td rowspan="2">16. Travel Dates 2017 11/03 11/05</td> <td colspan="3">17. Places Travelled</td> <td colspan="2">18. Personal Vehicle Use</td> <td>19. Other Transport Costs</td> <td colspan="2">20. & 21. Meals</td> <td>22. Lodging Costs</td> <td colspan="2">20. & 21. Miscellaneous</td> </tr> <tr> <td>Destination</td> <td>Start</td> <td>End</td> <td>Km</td> <td>Cost</td> <td></td> <td>Claim</td> <td>Cost</td> <td></td> <td>Cost</td> <td>Describe</td> </tr> <tr> <td></td> <td>Victoria</td> <td>0500</td> <td>1700</td> <td>81</td> <td>42.93</td> <td>89.20</td> <td>F-D</td> <td>33.25</td> <td></td> <td>33.00</td> <td>Parking</td> </tr> <tr> <td></td> <td>Vic-Van</td> <td></td> <td></td> <td>81</td> <td>42.93</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>								16. Travel Dates 2017 11/03 11/05	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		Claim	Cost		Cost	Describe		Victoria	0500	1700	81	42.93	89.20	F-D	33.25		33.00	Parking		Vic-Van			81	42.93						
16. Travel Dates 2017 11/03 11/05	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		Claim	Cost		Cost	Describe																																											
	Victoria	0500	1700	81	42.93	89.20	F-D	33.25		33.00	Parking																																											
	Vic-Van			81	42.93																																																	
TOTALS OF COLUMNS				36. 85.86 \$ s.22		37. \$ 89.20		38. \$ 33.25		39. \$ 0.00		40. \$ 33.00		Claim Total \$ s.22		241.31																																						
48. Client Code		49. Resp.		50. Service Line		51. STOB		52. Project		45. Supplier Code		Amount				224.61																																						
010		15001		10000		5701		1500000		s.22		\$ s.22																																										
010		15001		10000		5701		1500000				\$ 16.70																																										
010																																																						
010																																																						
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AMOUNT DUE TO EMPLOYEE																																																						
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			Date Signed																																													
56. Spending Authority Signature (See Audit Trail) - Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies.						Print Name			Date Signed																																													
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 1050-06Audited 2017Dec06
SLP



Where ideas work

Travel Voucher (Restricted Use)

Control No.

E127660

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 Brown, Evan		Employee ID s.22		Phone Number s.17	
Client Organization Office of the Premier		Job Title Executive Assistant		Travel Group Code 3	
5. Date Completed 2017/11/22		6. Fiscal Year 2018		7. Special Cheque Issue	
8. Cheque Stub Information					
Type of Travel In Province		14. Reason for Travel Official Business			Headquarters Victoria
12. Mailing Address for Cheque					
16. Travel Dates 2017 11/01	17. Places Travelled *PCard Destination Vic-Van-Vic (HJ) Start 0700 End 1300			18. Personal Vehicle Use Km Cost 0.00	19. Other Transport Costs
				20. & 21. Meals Claim F-D Cost 33.25	22. Lodging Costs
				20. & 21. Miscellaneous Cost Describe	
TOTALS OF COLUMNS				36. \$ 0.00	37. \$ 0.00
				38. \$ 33.25	39. \$ 0.00
				40. \$ 0.00	Claim Total \$ 33.25
48. Client Code 004 004 004 004	49. Resp. 36A10	50. Service Line 36200	51. STOB 5701	52. Project 3600000	45. Supplier Code s.22
					Amount \$ 33.25
Less Travel Advance 004					
					54. \$ 33.25
AMOUNT DUE TO EMPLOYEE					
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 Date Signed	
56. Spending Authority Signature (See Audit Trail) - Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies.				Print Name Date Signed	
57. Payment Authority Signature (See Audit Trail) - Requisition for payment pursuant to section 32 of the Financial Administration Act.				Print Name Date Signed	



Where ideas work

Travel Voucher (Restricted Use)

Control No.

E127661

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Name Brown, Evan		Employee ID s.22		Phone Number s.17																						
Client Organization Office of the Premier		Job Title Executive Assistant		Travel Group Code 3																						
5. Date Completed 2017/11/22		6. Fiscal Year 2018		7. Special Cheque Issue																						
8. Cheque Stub Information																										
Type of Travel In Province		14. Reason for Travel Official Business			Headquarters Victoria																					
12. Mailing Address for Cheque																										
<table border="1"> <tr> <td rowspan="2">16. Travel Dates 2017 11/03</td> <td colspan="3">17. Places Travelled</td> <td colspan="2">18. Personal Vehicle Use</td> <td rowspan="2">19. Other Transport Costs</td> <td colspan="2">20. & 21. Meals</td> <td rowspan="2">22. Lodging Costs</td> <td colspan="2">20. & 21. Miscellaneous</td> </tr> <tr> <td>*PCard Destination * Vic-Van-Vic (HJ)</td> <td>Start 0630</td> <td>End 1600</td> <td>Km</td> <td>Cost 0.00</td> <td>Claim F-D</td> <td>Cost 33.25</td> <td>Cost</td> <td>Describe</td> </tr> </table>						16. Travel Dates 2017 11/03	17. Places Travelled			18. Personal Vehicle Use		19. Other Transport Costs	20. & 21. Meals		22. Lodging Costs	20. & 21. Miscellaneous		*PCard Destination * Vic-Van-Vic (HJ)	Start 0630	End 1600	Km	Cost 0.00	Claim F-D	Cost 33.25	Cost	Describe
16. Travel Dates 2017 11/03	17. Places Travelled			18. Personal Vehicle Use			19. Other Transport Costs	20. & 21. Meals		22. Lodging Costs	20. & 21. Miscellaneous															
	*PCard Destination * Vic-Van-Vic (HJ)	Start 0630	End 1600	Km	Cost 0.00	Claim F-D		Cost 33.25	Cost		Describe															
TOTALS OF COLUMNS				36. \$ 0.00	37. \$ 0.00	38. \$ 33.25	39. \$ 0.00	40. \$ 0.00	Claim Total \$ 33.25																	
48. Client Code 004 004 004 004		49. Resp. 36A10	50. Service Line 36200	51. STOB 5701	52. Project 3600000	45. Supplier Code s.22		Amount \$ 33.25																		
Less Travel Advance 004																										
AMOUNT DUE TO EMPLOYEE									54. \$ 33.25																	
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		Date Signed																			
56. Spending Authority Signature (See Audit Trail) - Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies.					Print Name		Date Signed																			
57. Payment Authority Signature (See Audit Trail) - Requisition for payment pursuant to section 32 of the Financial Administration Act.					Print Name		Date Signed																			



Where ideas work

Travel Voucher (Restricted Use)

Control No.

E127662

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Name Brown, Evan		Employee ID s.22		Phone Number s.17	
Client Organization Office of the Premier		Job Title Executive Assistant		Travel Group Code 3	
5. Date Completed 2017/11/22		6. Fiscal Year 2018		7. Special Cheque Issue	
8. Cheque Stub Information					
Type of Travel In Province		14. Reason for Travel Official Business			Headquarters Victoria
12. Mailing Address for Cheque					
16. Travel Dates 2017 11/14 11/15	17. Places Travelled * PCard Destination * Vic-Nanaimo-Van(HJ) * Van-Vic (HJ) Start 0830 0000 End 2359 1230			18. Personal Vehicle Use Km Cost 0.00 0.00	
				19. Other Transport Costs	
				20. & 21. Meals Claim F-B F-LD Cost 41.00 22.75	
				22. Lodging Costs 175.08	
				20. & 21. Miscellaneous Cost Describe	
TOTALS OF COLUMNS				36. \$ 0.00	37. \$ 0.00
				38. \$ 63.75	39. \$ 175.08
				40. \$ 0.00	Claim Total \$ 238.83
48. Client Code 004 004 004 004	49. Resp. 36A10	50. Service Line 36200	51. STOB 5701	52. Project 3600000	45. Supplier Code s.22 Amount \$ 238.83
Less Travel Advance 004					
					54. \$ 238.83
AMOUNT DUE TO EMPLOYEE					
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 Date Signed	
56. Spending Authority Signature (See Audit Trail) - Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies.				Print Name Date Signed	
57. Payment Authority Signature (See Audit Trail) - Requisition for payment pursuant to section 32 of the Financial Administration Act.				Print Name Date Signed	



Where ideas work

Travel Voucher (Restricted Use)

Control No.

E127664

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 Brown, Evan		Employee ID s.22		Phone Number s.17	
Client Organization Office of the Premier		Job Title Executive Assistant		Travel Group Code 3	
5. Date Completed 2017/11/22		6. Fiscal Year 2018		7. Special Cheque Issue	
8. Cheque Stub Information					
Type of Travel In Province		14. Reason for Travel Official Business			Headquarters Victoria
12. Mailing Address for Cheque					
16. Travel Dates 2017 11/16 11/17	17. Places Travelled *PCard Destination *Vic-Van (HA) *Van-Vic (WJ) Start 0800 End 2359		18. Personal Vehicle Use Km Cost 0.00 0.00		19. Other Transport Costs
				20. & 21. Meals Claim F-B F- Cost 41.00 51.50	
				22. Lodging Costs 175.08	
				20. & 21. Miscellaneous Cost Describe	
TOTALS OF COLUMNS			36. \$ 0.00	37. \$ 0.00	38. \$ 92.50
					39. \$ 175.08
					40. \$ 0.00
					Claim Total \$ 267.58
48. Client Code 004 004 004 004	49. Resp. 36A10	50. Service Line 36200	51. STOB 5701	52. Project 3600000	45. Supplier Code s.22
					Amount \$ 267.58
Less Travel Advance 004					
					54. \$ 267.58
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		Date Signed
56. Spending Authority Signature (See Audit Trail) - Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies.			Print Name		Date Signed
57. Payment Authority Signature (See Audit Trail) - Requisition for payment pursuant to section 32 of the Financial Administration Act.			Print Name		Date Signed



Where ideas work

Travel Voucher (Restricted Use)

Control No.

E127665

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 Brown, Evan		Employee ID s.22		Phone Number s.17																																										
Client Organization Office of the Premier		Job Title Executive Assistant		Travel Group Code 3																																										
5. Date Completed 2017/11/22		6. Fiscal Year 2018		7. Special Cheque Issue																																										
8. Cheque Stub Information																																														
Type of Travel In Province		14. Reason for Travel Official Business			Headquarters Victoria																																									
12. Mailing Address for Cheque																																														
<table border="1"> <tr> <td rowspan="2">16. Travel Dates 2017 11/19</td> <td colspan="3">17. Places Travelled</td> <td rowspan="2">18. Personal Vehicle Use Km Cost 0.00</td> <td rowspan="2">19. Other Transport Costs 88.60</td> <td colspan="2">20. & 21. Meals</td> <td rowspan="2">22. Lodging Costs</td> <td colspan="2">20. & 21. Miscellaneous</td> </tr> <tr> <td>*PCard Destination</td> <td>Start</td> <td>End</td> <td>Claim</td> <td>Cost</td> <td>Cost</td> <td>Cost</td> <td>Describe</td> </tr> <tr> <td></td> <td>*Victoria to Van Rtn</td> <td>0830</td> <td>2030</td> <td></td> <td></td> <td>F-B</td> <td>41.00</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Vic-Van (HJ) Var-Vic (PC)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						16. Travel Dates 2017 11/19	17. Places Travelled			18. Personal Vehicle Use Km Cost 0.00	19. Other Transport Costs 88.60	20. & 21. Meals		22. Lodging Costs	20. & 21. Miscellaneous		*PCard Destination	Start	End	Claim	Cost	Cost	Cost	Describe		*Victoria to Van Rtn	0830	2030			F-B	41.00					Vic-Van (HJ) Var-Vic (PC)									
16. Travel Dates 2017 11/19	17. Places Travelled			18. Personal Vehicle Use Km Cost 0.00	19. Other Transport Costs 88.60		20. & 21. Meals		22. Lodging Costs			20. & 21. Miscellaneous																																		
	*PCard Destination	Start	End			Claim	Cost	Cost		Cost	Describe																																			
	*Victoria to Van Rtn	0830	2030			F-B	41.00																																							
	Vic-Van (HJ) Var-Vic (PC)																																													
TOTALS OF COLUMNS				36. \$ 0.00	37. \$ 88.60	38. \$ 41.00	39. \$ 0.00	40. \$ 0.00	Claim Total \$ 129.60																																					
48. Client Code 004 004 004 004		49. Resp. 36A10	50. Service Line 36200	51. STOB 5701	52. Project 3600000	45. Supplier Code s.22		Amount \$ 129.60																																						
Less Travel Advance 004																																														
								54. \$ 129.60																																						
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		Date Signed																																							
56. Spending Authority Signature (See Audit Trail) - Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies.					Print Name		Date Signed																																							
57. Payment Authority Signature (See Audit Trail) - Requisition for payment pursuant to section 32 of the Financial Administration Act.					Print Name		Date Signed																																							



Where ideas work

Travel Voucher (Restricted Use)

Control No.

E128038

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 Brown, Evan			Employee ID s.22			Phone Number s.17																																						
Client Organization Office of the Premier			Job Title Executive Assistant			Travel Group Code 3																																						
5. Date Completed 2018/02/05		6. Fiscal Year 2018		7. Special Cheque Issue		8. Cheque Stub Information																																						
Type of Travel In Province		14. Reason for Travel Official Business				Headquarters Victoria																																						
12. Mailing Address for Cheque																																												
<table border="1"> <tr> <th>16. Travel Dates</th> <th colspan="3">17. Places Travelled</th> <th colspan="2">18. Personal Vehicle Use</th> <th>19. Other Transport Costs</th> <th colspan="2">20. & 21. Meals</th> <th>22. Lodging Costs</th> <th colspan="2">20. & 21. Miscellaneous</th> </tr> <tr> <td>2017 11/19</td> <td>Destination Vic-Van-Vic</td> <td>Start 0810</td> <td>End 1930</td> <td>Km</td> <td>Cost</td> <td>s.22</td> <td>Claim</td> <td>Cost</td> <td></td> <td>Cost</td> <td>Describe</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.00</td> <td></td> <td></td> <td>0.00</td> <td></td> <td>47.01</td> <td>Jen Holmwood PC Flight</td> </tr> </table>									16. Travel Dates	17. Places Travelled			18. Personal Vehicle Use		19. Other Transport Costs	20. & 21. Meals		22. Lodging Costs	20. & 21. Miscellaneous		2017 11/19	Destination Vic-Van-Vic	Start 0810	End 1930	Km	Cost	s.22	Claim	Cost		Cost	Describe						0.00			0.00		47.01	Jen Holmwood PC Flight
16. Travel Dates	17. Places Travelled			18. Personal Vehicle Use		19. Other Transport Costs	20. & 21. Meals		22. Lodging Costs	20. & 21. Miscellaneous																																		
2017 11/19	Destination Vic-Van-Vic	Start 0810	End 1930	Km	Cost	s.22	Claim	Cost		Cost	Describe																																	
					0.00			0.00		47.01	Jen Holmwood PC Flight																																	
TOTALS OF COLUMNS					36. \$ 0.00	37. 0.00 s.22		38. \$ 0.00	39. \$ 0.00	40. 47.01 \$ 0.00	Claim Total \$ 47.01																																	
48. Client Code 004 004 004 004		49. Resp. 36A10		50. Service Line 36200		51. STOB 571211		52. Project 3600000		45. Supplier Code s.22		Amount \$ 47.01																																
Less Travel Advance 004																																												
										54. AMOUNT DUE TO EMPLOYEE \$ 47.01																																		
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			Date Signed																																			
56. Spending Authority Signature (See Audit Trail) - Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies.						Print Name			Date Signed																																			
57. Payment Authority Signature (See Audit Trail) - Requisition for payment pursuant to section 32 of the Financial Administration Act.						Print Name			Date Signed																																			



Where ideas work

Travel Voucher (Restricted Use)

Control No.

E127719

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 Dick, Jolleen				Employee ID s.22		Phone Number s.17					
Client Organization Indigenous Relations and Reconciliation				Job Title Executive Assistant		Travel Group Code 3					
5. Date Completed 2017/11/30		6. Fiscal Year 2018		7. Special Cheque Issue		8. Cheque Stub Information					
Type of Travel In Province		14. Reason for Travel Event w/ Minister				Headquarters Port Alberni					
12. Mailing Address for Cheque PO Box 9051 Stn Prov Gov Victoria, BC V8W 9E2											
16. Travel Dates 2017 11/11	17. Places Travelled			18. Personal Vehicle Use		19. Other Transport Costs	20. & 21. Meals	22. Lodging Costs	20. & 21. Miscellaneous		
	Destination PA/Tofino/PA	Start 0800	End 1630	Km 252	Cost 133.56		Claim F-BLD	Cost 12.25		Cost	Describe
TOTALS OF COLUMNS				36. \$ 133.56	37. \$ 0.00		38. \$ 12.25	39. \$ 0.00	40. \$ 0.00	Claim Total \$ 145.81	
48. Client Code 120 120 120 120	49. Resp. 0794A	50. Service Line 52000	51. STOB 5702	52. Project 0700000		45. Supplier Code s.22		Amount \$ 145.81			
Less Travel Advance 120											
								AMOUNT DUE TO EMPLOYEE		54. \$ 145.81	
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		Date Signed			
56. Spending Authority Signature (See Audit Trail) - Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies.						Print Name		Date Signed			
57. Payment Authority Signature (See Audit Trail) - Requisition for payment pursuant to section 32 of the Financial Administration Act.						Print Name		Date Signed			



Where ideas work

Travel Voucher (Restricted Use)

Control No.

E127758

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 Dick, Jolleen				Employee ID s.22				Phone Number s.17				
Client Organization Indigenous Relations and Reconciliation				Job Title Executive Assistant				Travel Group Code 3				
5. Date Completed 2017/12/07			6. Fiscal Year 2018		7. Special Cheque Issue			8. Cheque Stub Information				
Type of Travel In Province			14. Reason for Travel Mtgs w/ Minister					Headquarters Port Alberni				
12. Mailing Address for Cheque PO Box 9051 Stn Prov Gov Victoria, BC V8W 9E2												
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		Claim	Cost		Cost	Describe	
	11/27 Port Alberni/Vic	1800	2359	197	104.41		F-BL	30.50		115.99	18.90	prkg at hotel
	11/28 Victoria	0600	2359		0.00		F-	51.50		115.99	18.90	prkg at hotel
	11/29 Victoria	0600	2359		0.00		F-	51.50		115.99	18.90	prkg at hotel
	11/30 Victoria	0600	2359		0.00		F-L	41.00		s.22	18.90	prkg at hotel
	12/01 Vic/Port Alberni	0600	1530	197	104.41		F-D	33.25		115.99		
TOTALS OF COLUMNS					36. \$ 208.82	37. \$ 0.00		38. \$ 207.75	39. \$ 463.96 s.22	40. \$ 75.60	Claim Total \$ s.22	
48.	49.	50.	51.	52.	45.	Amount						
Client Code	Resp.	Service Line	STOB	Project	Supplier Code							
120	0794A	52000	5702	0700000	s.22	\$ s.22						
120						\$ 956.13						
120												
120												
Less Travel Advance												
120												
						54. \$ 956.13 s.22						
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	Date Signed					
56. Spending Authority Signature (See Audit Trail) - Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies.						Print Name	Date Signed					
57. Payment Authority Signature (See Audit Trail) - Requisition for payment pursuant to section 32 of the Financial Administration Act.						Print Name	Date Signed					

MA18EXEPAL164



Where ideas work

Travel Voucher (Restricted Use)

Control No.

E128230

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 Ranjan, Ramesh				Employee ID s.22				Phone Number s.17				
Client Organization Jobs, Trade and Technology				Job Title Executive Assistant				Travel Group Code 3				
5. Date Completed 2018/03/02				6. Fiscal Year 2018				7. Special Cheque Issue				
								8. Cheque Stub Information				
Type of Travel In Province				14. Reason for Travel Minister Meetings				Headquarters Surrey				
12. Mailing Address for Cheque 10574 King George Blvd Surrey, BC V3T 2X3												
16. Travel Dates		17. Places Travelled			18. Personal Vehicle Use		19. Other Transport Costs		20. & 21. Meals		22. Lodging Costs	
		Destination	Start	End	Km	Cost			Claim	Cost	Cost	Describe
2017												
11/15		Vancouver	0900	1600		0.00				0.00		5.00
11/17		Vancouver	0900	1600		0.00				0.00		5.00
11/23		Vancouver	0900	1600		0.00				0.00		7.00
11/29		Vancouver	0900	1600		0.00				0.00		5.00
12/01		Vancouver	0900	1600		0.00				0.00		5.00
TOTALS OF COLUMNS						36. \$ 0.00	37. \$ 0.00		38. \$ 0.00	39. \$ 0.00	40. \$ 27.00	Claim Total \$ 27.00
48. Client Code		49. Resp.		50. Service Line		51. STOB		52. Project		45. Supplier Code		Amount
125		51000		08001		5701		511111		s.22		\$ 27.00
125												
125												
125												
Less Travel Advance												
125												
AMOUNT DUE TO EMPLOYEE											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.								Print Name		Date Signed		
56. Spending Authority Signature (See Audit Trail) - Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies.								Print Name		Date Signed		
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

Audited by PL Mar 21-18



Where ideas work

Travel Voucher (Restricted Use)

Control No.

E127616

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 Zimmerman, Emily		Employee ID s.22		Phone Number s.17	
Client Organization Labour		Job Title Executive Assistant		Travel Group Code 3	
5. Date Completed 2017/11/19		6. Fiscal Year 2018		7. Special Cheque Issue	
8. Cheque Stub Information					
Type of Travel In Province		14. Reason for Travel meetings/events		Headquarters Surrey	
12. Mailing Address for Cheque BC					
16. Travel Dates	17. Places Travelled		18. Personal Vehicle Use		19. Other Transport Costs
	Destination	Start	End	Km	Cost
10/28	New west/van/sur	1500	2100	98	51.94
11/03	to victoria (Ferry)	0530	1700	71	37.63
11/06	from Victoria (Ferry)	0700	1200	71	37.63
11/10	LML Events	1700	2100	57	30.21
11/11	to Cranbrooke (AC)	1600	2200	49	25.97
11/12	to vancouver (AC)	1600	2300	35	18.55
11/17	surrey events	1830	2230	51	27.03
11/18	surrey events	1632	2130	34	18.02
*PCARD					
			36.	37.	38.
			\$ 246.98	\$ 45.53 s.22	\$ 133.50
			39.	40.	Claim Total
			\$ 124.30	\$ 295.55 s.22	\$ s.22
48. Client Code	49. Resp.	50. Service Line	51. STOB	52. Project	45. Supplier Code
127	51608	52080	5702	5155555	s.22
127	51608	52080	5701	5155555	
127	51608	52080	6501	5155555	
127					
Less Travel Advance					54.
127					\$ 845.86 s.22
AMOUNT DUE TO EMPLOYEE					
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		Date Signed
56. Spending Authority Signature (See Audit Trail) - Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies.			Print Name		Date Signed
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

*10/28 Removed taxi tip from the amount

Audited by PL Nov 27-17

*11/03 & 11/06 adjusted amount
based on second passenger



Where ideas work

Travel Voucher (Restricted Use)

Control No.

E128185

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 Zimmerman, Emily				Employee ID s.22				Phone Number s.17				
Client Organization Labour				Job Title Executive Assistant				Travel Group Code 3				
5. Date Completed 2018/02/25			6. Fiscal Year 2018		7. Special Cheque Issue			8. Cheque Stub Information				
Type of Travel In Province			14. Reason for Travel meetings					Headquarters Surrey				
12. Mailing Address for Cheque 6-5688 152 Street Surrey, BC V3S 3K2												
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		Claim	Cost		Cost	Describe	
	2017											
	11/19	Surrey	1000	1630	14		7.42			0.00		
	11/23	South Surrey	1530	1630	25		13.25			0.00		
	11/28	Whalley	1000	1100	12		6.36			0.00		
	11/30	skytrain	1600	2000	21		11.13			0.00	8.00	parking
	12/15	Guildford	1430	1630	17		9.01			0.00		
	12/18	Whalley	0800	0830	12		6.36			0.00		
	12/23	Event - Minister	1700	1900	19		10.07			0.00		
11/30	to burnaby	1600	2000		0.00		0.00		5.45	skytrain		
TOTALS OF COLUMNS					36. \$ 63.60	37. \$ 0.00		38. \$ 0.00	39. \$ 0.00	40. \$ 13.45	Claim Total \$ 77.05	
48. Client Code 127 127 127 127	49. Resp. 51608	50. Service Line 52080	51. STOB 5702	52. Project 5155555	45. Supplier Code s.22	Amount \$ 77.05						
Less Travel Advance 127												
							AMOUNT DUE TO EMPLOYEE		54. \$ 77.05			
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			Date Signed				
56. Spending Authority Signature (See Audit Trail) - Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies.					Print Name			Date Signed				
57. Payment Authority Signature (See Audit Trail) - Requisition for payment pursuant to section 32 of the Financial Administration Act.					Print Name			Date Signed				

**MINISTRY OF FINANCE AND SUPPORTED ENTITIES
REIMBURSEMENT CLAIM FOR NON-PAYROLL RELATED EXPENSES**

INVOICE #
REM ZIMMERMAN NOV 22 TO
29 18

FORM USAGE

This form is to be used by individuals to claim reimbursement for government expenditures that have been paid for personally and cannot be claimed using another reimbursement method (e.g., items that cannot be claimed through petty cash or on a travel voucher). After completion, the individual should forward the original claim (with receipts attached) to the expense authority. The expense authority will complete and sign the Coding section and forward the claim to MFIN, Accounts for processing. A cheque will be forwarded to the *Cheque Mailing Address* below.

CHEQUE INFORMATION

Payee Name: Emily Zimmerman Vendor #: _____ Loc. Code: _____
Cheque Mailing Address: s.22

DESCRIPTION OF PURCHASE(S)

Date of Purchase	Description	Amount
Nov 28 2017	Shredder. 6525	183.95
Nov 23 2017	Printer Toner Office Supplies Office supplies 6508 603.64	1055.47
Nov 29 2017	Ticket to United Way Labour Appreciation 6501	75.00
	Interest Sheila will get interest reversed from BMO	s.22
	Printer 6525 399.92 + 3.50=\$403.42 +PST 28.24+gst 20.17=\$451.83	
		\$ 1314.42
		s.22
Cheque Total		

Rem Zimmerman
Signature of Individual Receiving Reimbursement

Feb 9 2018.
Date

Certified this is a true statement of disbursements made to which I am entitled and for which I have not been and will not be reimbursed by any other party.

CODING

Client: 127 Resp: 51608 Service Line: 52080 STOB: _____ Project: 5155555

[Signature]
Expense Authority Signature

Feb 9/18
Date

Certified that the amount to be paid is correct, in accordance with appropriate statute or other authority for payment.



Where ideas work

Travel Voucher (Restricted Use)

Control No.

E127855

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Name Atkinson, Gregory ✓			Employee ID s.22			Phone Number s.17																								
Client Organization Agriculture			Job Title Executive Assistant			Travel Group Code 3																								
5. Date Completed 2017/12/27		6. Fiscal Year 2018		7. Special Cheque Issue		8. Cheque Stub Information																								
Type of Travel In Province		14. Reason for Travel Meetings with Minister				Headquarters Victoria																								
12. Mailing Address for Cheque PO Box 9043 Stn Prov Gov't																														
16. Travel Dates 2017 11/10	17. Places Travelled <table border="1"> <tr> <th>Destination</th> <th>Start</th> <th>End</th> </tr> <tr> <td>van</td> <td>1300</td> <td>1600</td> </tr> </table>			Destination	Start	End	van	1300	1600	18. Personal Vehicle Use <table border="1"> <tr> <th>Km</th> <th>Cost</th> </tr> <tr> <td></td> <td>0.00</td> </tr> </table>		Km	Cost		0.00	19. Other Transport Costs		20. & 21. Meals <table border="1"> <tr> <th>Claim</th> <th>Cost</th> </tr> <tr> <td></td> <td>0.00</td> </tr> </table>		Claim	Cost		0.00	22. Lodging Costs s.22 104.57 15.57	20. & 21. Miscellaneous <table border="1"> <tr> <th>Cost</th> <th>Describe</th> </tr> <tr> <td></td> <td>to include Hotel taxes Hotel taxes not prev pd X Ref TV#E127705</td> </tr> </table>		Cost	Describe		to include Hotel taxes Hotel taxes not prev pd X Ref TV#E127705
Destination	Start	End																												
van	1300	1600																												
Km	Cost																													
	0.00																													
Claim	Cost																													
	0.00																													
Cost	Describe																													
	to include Hotel taxes Hotel taxes not prev pd X Ref TV#E127705																													
TOTALS OF COLUMNS				36. \$ 0.00	37. \$ 0.00	38. \$ 0.00	39. 120.14 \$ s.22	40. \$ 0.00	Claim Total \$ s.22																					
48. Client Code 130 130 130 130	49. Resp. 29001	50. Service Line 30000	51. STOP s.22 5701	52. Project 2900000		45. Supplier Code s.22		Amount 120.14 \$ s.22																						
Less Travel Advance 130																														
AMOUNT DUE TO EMPLOYEE								54. 120.14 \$ s.22																						
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		Date Signed																								
56. Spending Authority Signature (See Audit Trail) - Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies.				Print Name		Date Signed																								
57. Payment Authority Signature (See Audit Trail) - Requisition for payment pursuant to section 32 of the Financial Administration Act.				Print Name		Date Signed																								

120.14



Travel Voucher (Restricted Use)

Control No.

E127705

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 Atkinson, Gregory ✓			Employee ID s.22			Phone Number s.17					
Client Organization Agriculture			Job Title Executive Assistant			Travel Group Code 3					
5. Date Completed 2017/11/28		6. Fiscal Year 2018		7. Special Cheque Issue		8. Cheque Stub Information					
Type of Travel In Province		14. Reason for Travel Meetings with Minister				Headquarters Victoria					
12. Mailing Address for Cheque PO Box 9043 Stn Prov Gov't											
16. Travel Dates	17. Places Travelled			18. 0.53 Personal Vehicle Use		19. Other Transport Costs	20. & 21. Meals		22. Lodging Costs	20. & 21. Miscellaneous	
	Destination	Start	End	Km	Cost		Claim	Cost		Cost	Describe
11/10	Vic-van (ferry)	1300	1600		0.00				N/C	s.22	hotel
11/11	Van	0700	2359		0.00		F-	51.50	89.00		
11/16	240 Goward Rd	1030	1130	15	7.95			0.00			
11/18	ProspectLake hal	1300	1400	28	14.84			0.00			
11/23	MLP-con-MRF con	1300	1500	10	5.30			0.00			
TOTALS OF COLUMNS					36. 53 kms	37. \$ 28.09		38. \$ 51.50	39. 89.00	40. 0	Claim Total \$ 168.59
48. Client Code	49. Resp.	50. Service Line	51. STOB		52. Project	45. Supplier Code		Amount			
130	29001	30000	6501		2900000	s.22		28.09 \$ s.22			
130	29001	30000	5701		2900000			140.50			
130											
130											
Less Travel Advance											
130											
											54. \$ 168.59
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		Date Signed			
56. Spending Authority Signature (See Audit Trail) - Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies.						Print Name		Date Signed			
57. Payment Authority Signature (See Audit Trail) - Requisition for payment pursuant to section 32 of the Financial Administration Act.						Print Name		Date Signed			

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

(Nov 12/17 returned to Victoria-not claiming BC Ferries fare)



Where ideas work

Travel Voucher (Restricted Use)

Control No.

E127537

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Name Hill, Robert N. ✓				Employee ID s.22				Phone Number s.17					
Client Organization Energy, Mines and Petroleum Resources				Job Title Executive Assistant				Travel Group Code 3					
5. Date Completed 2017/11/07			6. Fiscal Year 2018			7. Special Cheque Issue EFT			8. Cheque Stub Information				
Type of Travel In Province			14. Reason for Travel Ministerial Travel						Headquarters Minister's Office				
12. Mailing Address for Cheque s.22 O/R													
16. Travel Dates		17. Places Travelled		18. 0.53 Personal Vehicle Use		19. Other Transport Costs		20. & 21. Meals		22. Lodging Costs		20. & 21. Miscellaneous	
	Destination	Start	End	Km	Cost	Costs	Claim	Cost	Cost	Cost	Describe		
2017	Nelson to Vic (AC)	0730	2359	43	22.79	60.70	F-B	41.00	157.11				
11/01	Victoria	0730	2359		0.00	17.90	F-	51.50	157.11				
11/02	Victoria	0730	1600		0.00	17.90	F-D	33.25					
11/03	Vic to Nelson (AC)	0730	1530	43	22.79	427.43	F-BD	22.75					
11/06	Nelson	0730	2359		0.00			0.00		47.57	Printer Purchase		
09/19	Nelson	0730	2359		0.00			0.00		20.14	Office Supplies		
10/03	Nelson	0730	2359		0.00			0.00		16.78	Work Phone Case		
10/19	Nelson	0730	2359		0.00			0.00		26.92	Office Supplies		
10/27	Nelson	0730	2359		0.00			0.00					
TOTALS OF COLUMNS				86 kms	36. ✓ \$ 45.58	37. ✓ \$ 523.93		38. ✓ \$ 148.50	39. ✓ \$ 314.22	40. ✓ \$ 111.41	Claim Total \$ 1143.64 ✓		
48. Client Code	49. Resp.	50. Service Line	51. STOB	52. Project	45. Supplier Code	Amount							
057	27011	26700	5702	2700000	s.22	1032.23 \$ s.22							
057	27011	26700	6508	2700000		63.84							
057	27011	26700	6525	2700000		47.57							
Less Travel Advance 057													
							AMOUNT DUE TO EMPLOYEE					54. \$ 1143.64 ✓	
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			Date Signed			
56. Spending Authority Signature (See Audit Trail) - Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies.							Print Name			Date Signed			
57. Payment Authority Signature (See Audit Trail) - Requisition for payment pursuant to section 32 of the Financial Administration Act.							Print Name			Date Signed			



Where ideas work

Travel Voucher (Restricted Use)

Control No.

E127757

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Name Hill, Robert N. ✓				Employee ID s.22		Phone Number s.17																																					
Client Organization Energy, Mines and Petroleum Resources				Job Title Executive Assistant		Travel Group Code 3																																					
5. Date Completed 2017/12/06		6. Fiscal Year 2018		7. Special Cheque Issue EFT		8. Cheque Stub Information																																					
Type of Travel In Province		14. Reason for Travel Ministerial Travel				Headquarters Minister's Office																																					
12. Mailing Address for Cheque s.22 O/R																																											
16. Travel Dates 2017 11/11 11/24 12/02	17. Places Travelled <table border="1"> <thead> <tr> <th>Destination</th> <th>Start</th> <th>End</th> </tr> </thead> <tbody> <tr> <td>Nels to Riondel</td> <td>0730</td> <td>1300</td> </tr> <tr> <td>Nels-Castlegar</td> <td>1300</td> <td>1430</td> </tr> <tr> <td>Nelsons-Creston</td> <td>0730</td> <td>1530</td> </tr> </tbody> </table>			Destination	Start	End	Nels to Riondel	0730	1300	Nels-Castlegar	1300	1430	Nelsons-Creston	0730	1530	18. 0.53 Personal Vehicle Use <table border="1"> <thead> <tr> <th>Km</th> <th>Cost</th> </tr> </thead> <tbody> <tr> <td>86</td> <td>45.58</td> </tr> <tr> <td>86</td> <td>45.58</td> </tr> <tr> <td>263</td> <td>139.39</td> </tr> </tbody> </table>		Km	Cost	86	45.58	86	45.58	263	139.39	19. Other Transport Costs	20. & 21. Meals <table border="1"> <thead> <tr> <th>Claim</th> <th>Cost</th> </tr> </thead> <tbody> <tr> <td></td> <td>0.00</td> </tr> <tr> <td></td> <td>0.00</td> </tr> <tr> <td>F-BD</td> <td>22.75</td> </tr> </tbody> </table>		Claim	Cost		0.00		0.00	F-BD	22.75	22. Lodging Costs	20. & 21. Miscellaneous <table border="1"> <thead> <tr> <th>Cost</th> <th>Describe</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>		Cost	Describe		
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Claim	Cost																																										
	0.00																																										
	0.00																																										
F-BD	22.75																																										
Cost	Describe																																										
TOTALS OF COLUMNS 435 kms				36. ✓ \$ 230.55	37. \$ 0.00	38. ✓ \$ 22.75	39. \$ 0.00	40. \$ 0.00	Claim Total \$ 253.30 ✓																																		
48. Client Code 057 057 057 057		49. Resp. 27011		50. Service Line 26700		51. STOB 5702		52. Project 2700000		45. Supplier Code s.22		Amount \$ 253.30																															
Less Travel Advance 057																																											
										AMOUNT DUE TO EMPLOYEE		54. \$ 253.30 ✓																															
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		Date Signed																																			
56. Spending Authority Signature (See Audit Trail) - Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies.						Print Name		Date Signed																																			
57. Payment Authority Signature (See Audit Trail) - Requisition for payment pursuant to section 32 of the Financial Administration Act.						Print Name		Date Signed																																			



Travel Voucher (Restricted Use)

Control No.

E127712

Name Lo, Reamick ✓	Employee ID s.22	Phone Number (250) 812-8642
Client Organization Environment and Climate Change Strategy	Job Title Executive Assistant	Travel Group Code 3

5. Date Completed 2017/11/29	6. Fiscal Year 2018	7. Special Cheque Issue	8. Cheque Stub Information
Type of Travel In Province	14. Reason for Travel Ministerial business		Headquarters MO -Vancouver

12. Mailing Address for Cheque s.22
Room 112, 501 Belville St. Victoria, BC V8V 1X4 O/R to:

16. Travel Dates	17. Places Travelled			18. ^{0.53} Personal Vehicle Use		19. Other Transport Costs	20. & 21. Meals		22. Lodging Costs	20. & 21. Miscellaneous	
2017	Destination	Start	End	Km	Cost		Claim	Cost		Cost	Describe
10/05	Van to New West	1000	1300	36	19.08			0.00			
11/20	Van to Burnaby	1630	1830	16	8.48			0.00			
11/21	Van to Surrey	1000	1330	64	33.92			0.00			
11/25	Van to North Van	1545	1730	29	15.37	s.22		0.00		6.00	parking

TOTALS OF COLUMNS		145 kms	36. ✓ \$ 76.85	37. 0 \$s.22		38. \$ 0.00	39. \$ 0.00	40. 6.00 \$s.22	Claim Total \$ 82.85
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48.	Client Code 048 048 048 048	49.	Resp. 29005	50.	Service Line 64000	51.	STOB ₂ 5701	52.	Project 2900000	45.	Supplier Code s.22	Amount \$ 82.85
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[illegible]

		54.	\$ 82.85
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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	Date Signed
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56. Spending Authority Signature (See Audit Trail) - Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies.	Print Name	Date Signed
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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 OF FINANCE AND SUPPORTED ENTITIES
REIMBURSEMENT CLAIM FOR NON-PAYROLL RELATED EXPENSES

INVOICE #

LO-171229

FORM USAGE

This form is to be used by individuals to claim reimbursement for government expenditures that have been paid for personally and cannot be claimed using another reimbursement method (e.g., items that cannot be claimed through petty cash or on a travel voucher). After completion, the individual should forward the original claim (with receipts attached) to the expense authority. The expense authority will complete and sign the Coding section and forward the claim to MFIN, Accounts for processing. A cheque will be forwarded to the *Cheque Mailing Address* below.

CHEQUE INFORMATION

Payee Name: Reamick Lo Vendor #: s.22 Loc. Code: _____
 Cheque Mailing Address: s.22

DESCRIPTION OF PURCHASE(S)

Date of Purchase	Description	Amount
Nov 30, 2017	Adaptor	61.59
Dec 29, 2017	Stationery - Pens	3.35

Cheque Total

64.94

R. H. Lo
 Signature of Individual Receiving Reimbursement

Jan 15, 2018
 Date

Certified this is a true statement of disbursements made to which I am entitled and for which I have not been and will not be reimbursed by any other party.

CODING

Client: 048 Resp: 29005 Service Line: 64000 STOB: 6508 Project: 2900000

Ernie Xia
 Expense Authority Signature

Jan 15, 2018
 Date

Certified that the amount to be paid is correct, in accordance with appropriate statute or other authority for payment.