EN18EXEDIJ 43

## **Travel Voucher (Restricted Use)**

Control No.

E127704

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.

	essica C. ✓ rganization ure		s J	mplov .22 ob Titl Ministe	177	nt		(25	one Number 50) 387-1023 vel Group C			
5. Date C	completed /28	6. Fisc 2018	al Year		7. Special	Cheque Iss	ue	8.	Cheque Stu	b Informa	tion	
Type of In Provin	Travel nce	Meetin	ason for ngs with M						adquarters ctoria/ <u>Vanco</u>	uver		
	ng Address for Che 9043 Stn Prov Govt		W 9E2									
16. Travel Dates	17. Places T	ravelled		100000	ersonal icle Use	19. Other Transport		1. Ieals	22. Lodging	20. & 21 Mis		aneous
2017 11/02 11/03 11/16 11/20	Destination Vic to Saltspy (ferry Saltspr to Vic Vic-Van (AC) Van to Vic (HA)	Start 1800 0700 0700 0700	End 2359 2359 2359 2359 1200	Km	0.00 0.00 0.00 0.00	Costs P/Card P/Card	F-L F-B	0.00 41.00 41.00 0.00	Costs	28. 20.20 s.2	00	Describe ferry taxi taxi
TOTALS	OF COLUMNS				<b>36.</b> \$ 0.00	<b>37.</b> \$ 0.00		<b>38.</b> \$ 82.0	<b>39.</b> 0 \$ 0.00	<b>40.</b> 60.4 \$ s.22		Claim Total \$ s.22
1	49. Resp 130 2900 130 2900	)1	Service I 3000 30000	0	51. STOB 5701 5702	2	roject 900000	45.	Supplier C s.22	ode	000	Amount .20 \$ s.22
	130											
	ivel Advance 130	1			1	1		1				
							AMOUNT	DUE TO	EMPLOYEE		54.	\$ s.22
- Certifie disburse a result	loyee Signature (Seed this travel expensements made and/or of travel on government I have not been ar	e claim is allowan nent busi	s a true st ces to whi ness as d	ch I am etailed	n entitled as above and		ame		Date	Signed		
56. Spen	nding Authority Sig ed correct pursuant t stration Act and relate	o section	32 & 33			Print N	ame		Date	Signed		
- Requis	nent Authority Sigr sition for payment pu stration Act.				e Financial	Print N	ame		Date	Signed		

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EN18EXEDIJ57

## Travel Voucher (Restricted Use)

Control No.

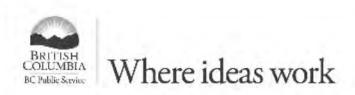
E127769

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.

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Jessica C. ✓ rganization ure		s.2 Job	Title	Assistant			Phone No (250) 38 Travel Gr 3				
5. Date (	Completed	6. Fiscal Y 2018	ear	7. S	pecial Che	eque Issue	8	8. Cheq	ue Stub Info	rma	tion	
Type of In Provi	Travel nce	14. Reason Meetings						Headqu Victoria	arters /Vancouver			
	ing Address for C 9043 Stn Prov Go		E2									
16. Travel Dates	17. Places Ti	ravelled	18. Per Vehi	rsonal cle Use	19. Other Transport	rt	eals	22. Lodging	1		llaneous	
2017 11/16 11/21 12/01 12/02	Destination Vic-Van (AC) Vic to home Vic-Van-Pen(AC) Pen-Kel-Van(AC)			0.00 0.00p	Costs (Card57.80 (Card (Card28.00	F-B F-D	41.00 0.00 33.25 30.50	97.75	0 s.22 6.90 s.22 58.00 26.00	ta: ta:	xi, rental car	Pd to Mir Popham : TV#.276
TOTALS	OF COLUMNS			<b>36</b> . \$ 0.00	<b>37.</b> \$ 85.80	ý 0	<b>38.</b> ✓ \$ 104.75	<b>39.</b> ✓ \$ 97.75	<b>40.</b> 90.90 \$ <b>s</b> 22		Claim Total \$ s.22	379
	t Code Res 130 29 130 130 130	<b>50. Ser</b> 001	vice Line 30000	51  e	52 STOB 5701	Proj		45. Sup	plier Code s.22		Amount 379.20 \$ s.2	
Less Tra	avel Advance	T		- 1	- 4							
	130						OUNT DUE	TO EMPI	OYEE		<b>54.</b> 379.20 \$ \$ 22	,
- Certification of the control of th	bloyee Signature ( ed this travel exper ements made and/ of travel on govern th I have not been	nse claim is a to or allowances to nment business	ue state o which as deta	I am enti	itled as	Print Name	9		Date Signe	ed		
- Certifi	nding Authority S ed correct pursuan stration Act and rela	t to section 32			ncial	Print Nam	e		Date Sign	ed		
- Requi	ment Authority Significant payment patration Act.		tion 32 c	of the Fin		Print Nam			Date Sign		pority ARCS 12	

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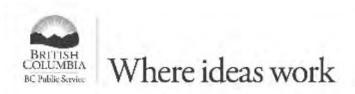
Control No.

E127573

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 Riley, Ka Client Org Citizens'	ganization			Emplo s.22 Job Tit Ministe		ant		(25	one Number 50) 387-7934 vel Group C	1	
	ompleted	6. Fisca	al Year		7. Specia	Cheque Iss	ue	8.	Cheque Stu	ıb Informa	tion
Type of T In Province	ravel	0.700.000.000	ason for a Ministe		l in Vancou	ver			eadquarters		
	ng Address for Che										
716. Travel Dates 2017 11/09 Vi	Places To Places	ravelled Start 1600	End 2200 0830	18. Pe	ersonal nicle Use Cost 0.00 0.00	19. Other Transport Costs 16.70 207.00	20. & 21 Mo	Cost 0.00		20. & 21. Mis Cost	cellaneous
TOTALS	OF COLUMNS				<b>36.</b> \$ 0.00	<b>37.</b>		<b>38.</b> \$ 0.00	<b>39.</b> \$ 0.00	<b>40.</b> \$ 0.00	Claim Total \$ 223.70
S. Client	49.		Service 346		51. STOB 5701	52. Pr	roject 200000	<b>45.</b> s.22	Supplier C		Amount \$ 223.70
Less Trav	vel Advance	1			.1	4		1			
	12						AMOUNT	DUE TO	EMPLOYER		<b>54.</b> \$ 223.70
<ul> <li>Certified disburser</li> <li>a result of</li> </ul>	oyee Signature (Se d this travel expens ments made and/or of travel on governm I have not been an	e claim is allowand nent busir	es to whoes as a	nich I an detaile	m entitled a d above and	1	ame		Date	Signed	
56. Spend - Certified	ding Authority Sig d correct pursuant t ration Act and relate	o section	32 & 33			Print N	ame		Date	Signed	
- Requisi	ent Authority Sign ition for payment puration Act.				ne Financia	Print N	ame		Date	Signed	

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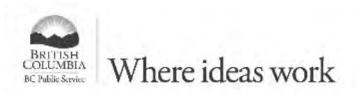
Control No.

E127749

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.

	arl √ rganization 'Services			Emplo s.22 Job Tir Minist		ant		(2	one Number 50) 387-7934 vel Group (	4	
	ompleted	6. Fis	cal Year		7. Specia	I Cheque Iss	sue	8.	Cheque Stu	ıb Informa	tion
Type of I	Travel nce	14. Re Staffi	eason for ng Ministe						eadquarters lictoria		
12. Mailir	ng Address for Ch		O Box 906	8 Stn Dr	ov Gov't						
16. Travel Dates	17. Places T			18. Pe	ersonal nicle Use	19. Other Transport	20. & 21 M	1. eals	22. Lodging	20. & 21. Mis	cellaneous
2017 11/30 12/04	Destination Vic to Van (ferry Van to Vic(HA)	<b>Start</b> 1500 0730	1900 0830	Km	0.00 0.00	16.70 207.00	Claim	0.00 0.00		Cost	Describe
TOTALS	OF COLUMNS				<b>36.</b> \$ 0.00	<b>37.</b>		38. \$ 0.0	39. \$ 0.00	<b>40.</b> \$ 0.00	Claim Total \$ 223.70
18. Client 1 1	t Code Resp 112 3280 112 112 112		Service 346		51. STOB 5701	52. Pr	roject 200000	45. s.22	Supplier C		Amount \$ 223.70
Less Tra	vel Advance	1			-1	1					
	112						AMOUNT	DUE TO	EMPLOYER		<b>54.</b> \$ 223.70
- Certified disburse a result of for which	loyee Signature (Sed this travel expensements made and/or of travel on government have not been and the sed of travel on the sed of travel on the sed of travel or tra	se claim r allowar nent bus	is a true s ices to whiness as	nich I ar detaile	m entitled a d above and	d	ame		Date	Signed	
- Certifie	nding Authority Signed correct pursuant tration Act and relate	to sectio	n 32 & 33			Print N	ame		Date	e Signed	
- Requis	nent Authority Sign sition for payment pu tration Act.				ne Financia	Print N	ame		Date	e Signed	

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Control No.

E127519

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.

	line   √ rganization ment and Climate C	hange S	Strategy			s.22 Job T	itle terial Assi	istant	(77	one Numbe 78) 679-584 vel Group	2
5. Date C	ompleted	6. Fis	cal Year	T	7. Speci	al Cheque Is	ssue	8	. Cheque St	ub Informa	tion
Type of In Proving 12. Mailin	Travel	Minis	eason fo sterial Bus		1				leadquarters MO	Victoria	
	12 501 Belleville St 17. Places To Destination Vic-Van (HJ) Van	Victoria		18. Pe	rsonal icle Use   Cost   0.00   0.00   0.00	19. Other Transport Costs 325.00 P/Card	20. & 21 M Claim F-BLI F- F-LDI	Cost 18.2 51.5 10.5	30.75	Cost 30.	Describe 00 2x Taxi 00 2x Taxi
TOTALS	OF COLUMNS				<b>36.</b> \$ 0.00	<b>37.</b>		<b>38.</b> \$ 80.2	✓ <b>39.</b> ✓ 25 \$ 61.50	<b>40.</b> \$ 81.5	✓ Claim Total 50 \$ 548.25
8. Client	49. t Code Resp 048 2900 048 048 048		Service 640		51. STO 570	52. B	Project 2900000	45.			Amount \$ 548.25
ess Tra	vel Advance	1			1	1		1		_	
	048						AMOUN	T DUE TO	O EMPLOYE	F	<b>54.</b> \$ 548.25
- Certified disburse a result for which	loyee Signature (Seed this travel expensements made and/or of travel on government I have not been as	se claim r allowa nent bus	is a true s nces to w siness as	hich I a detaile	m entitled d above a	nd	-0.000			Signed	
- Certifie	nding Authority Sig ed correct pursuant tration Act and relat	to section	on 32 & 33				Name		Dat	e Signed	
- Requis	nent Authority Sign sition for payment pu tration Act.						Name		Dat	e Signed	

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# Where ideas work

## Travel Voucher (Restricted Use)

Control No.

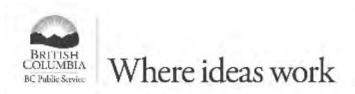
E127724

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.

	line ✓ rganization ment and Climate	Change :	Strategy			Emplo s.22 Job Ti Minist		stant		(778	ne Numbe 3) 679-584 el Group (	2
5. Date 0 2017/11	completed /30	6. Fi	scal Year	,	7. Specia	I Cheque Is	sue		8. Ch	neque Stu	b Informa	tion
Type of 1	Travel	14. F Mini	Reason fo sterial Bu		i	-			Head MO	lquarters		- 4)
	ng Address for 0		BC V8V	1X4								
16. Travel Dates 2017 11/19	17.	Travelle Start 0900		18. Pe	ersonal icle Use   Cost   0.00	19. Other Transport Costs 172.30	20. & 21 N Claim F-BD	leals   Cost		22. Lodging Costs	20. & 21. Mis Cost	cellaneous Describe
TOTALS	OF COLUMNS				36. \$ 0.00	37. \$ 172.30		38. \$ 22	2.5	<b>39.</b> \$ 0.00	40.	Claim Total \$ 195.05
0		sp. 9005	Service 640		51. STOE 570		Project 2900000	4		Supplier C s.22	ode	Amount \$ 195.05
Less Tra	vel Advance	1			-	- Y		1		_		
	J46						AMOUN	T DUE	TO EI	- WPLOYEE		<b>54.</b> \$ 195.05
- Certifie disburse a result	loyee Signature ed this travel expe ements made and of travel on gover h I have not been	nse claim or allowanment bu	n is a true s inces to w isiness as	hich I a	m entitled a d above an	d	ame			Date	Signed	
56. Spen - Certifie	iding Authority S ed correct pursuar tration Act and re	t to secti	on 32 & 33			Print N	lame			Date	Signed	
- Requis	nent Authority Si ition for payment tration Act.	pursuant	to section		he Financia	Print N				Date	Signed	

FIN 10 (EFLF0012 v2.6.1)

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Control No.

E127691

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.

	Kassandra √ Organization			s.22 Job T	itle terial As	sistant			(2	50) 95	lumber 53-3547 Froup Code			
	Completed	6. Fiscal	Year		7. Spe	cial Chec	que Issue			8. Ch	eque Stub	Info	rmation	1
2017/1 Type of	Travel	2018 14. Reas	on for T	ravel						Head	quarters			1
In Prov	vince	Opening				River Ho	ospitals			Victo				
12. Mai	ling Address for Che 337, Minister of Healt	eque h Office 5	01 Belle	ville S	t Victoria	BC V9V	/ 1X4							
16. Travel Dates 2017 11/14	17. Places Tr  Destination rental of Victo Comox	avelled	End 1900	18. Per	sonal	19. Other Transpo Costs	20. & 2 N	leals	Co	ging sts	20. & 21. N		ellaneous	
11/15 11/16	Comox-Campbell R Campbell R to Vi	0700 0700	1900		0.00		F-	51.50 51.50	179	9.80	s.22 195.74	Bu 16	dget car Nov 14-	
TOTAL	S OF COLUMNS				<b>36.</b> \$ 0.00	<b>37.</b> \$ 0.00		38. \$ 154.50	<b>39.</b> 31	\$ 6.65	<b>40.</b> 195.74 \$ s.22		Claim Total \$s.22	666
48. Clie	49. nt Code Resp. 026 66001 <del>026</del> 026 026		rvice Lii 66004	ne	51. STOE 570		Projec 666000	t 4	5.	Supp	lier Code 22		Amount 666.89 \$ s.22	
Less T	ravel Advance	10			1			- 1			_	=		1
	020						AMC	OUNT DUE	TO E	MPL	OYEE -	Ī	54. 666.89 \$s.22	
- Certification of the control of th	ployee Signature (S fied this travel expens sements made and/or It of travel on governa ch I have not been an	e claim is allowanc nent busin	a true s es to wh ess as o	ich I a detaile	m entitle d above	ed as	Print Nam	е			Date Sig	ned		
- Certif	ending Authority Sig fied correct pursuant istration Act and relat		Print Nan	ne			Date Sig	ned						
- Requ	57. Payment Authority Signature (See Audit Trail)  - Requisition for payment pursuant to section 32 of the Financ Administration Act.							ne			Date Sig	gned		

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FI18EXEDII 35

## Travel Voucher (Restricted Use)

Control No.

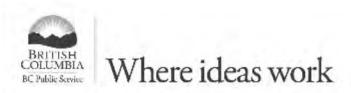
E127717

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	Kassandra ✓ Organization			s.2 Jol	b Title	D Assistant			(250)	e Number ) 953-3547 el Group Cod	le
	Completed	- 1	6. Fiscal Y 2018	ear	7. 9	pecial Che	que Issu	е	8. CI	neque Stub I	nformation
Type of In Provi	Travel ince		14. Reason Re-locatio	0.00		/			<b>Head</b> Vict	dquarters oria	
	ing Address fo			Bellevill	e St Vict	oria. BC V9\	/ 1X4				
16. Travel Dates	17. Places		7.45	18. Per	rsonal cle Use	19. Other Transport	20. & 2 Me	1. eals	22. Lodging	4.00	<b>f</b> iscellaneous
2017 09/03 09/18 11/01	Destination Victoria Victoria Comox	970 070 070 080	0 1700 0 1700	Km	0.00 0.00 0.00	Costs	Claim	0.00 0.00 0.00	Costs	925.00 420.00 785.00	Describe 15 days of rent re-location expense cleaning
TOTALS	S OF COLUMNS				<b>36.</b> \$ 0.00			<b>38.</b> \$ 0.00		<b>40.</b>	Claim Total \$ 2130.00
	026 66001 026 026 026 026	esp.	50. Service 44000 <del>660</del>		5	52. OB <del>702</del> 26	Projec 666000 660000	t 00=		oplier Code s.22	Amount \$ 2130.00
	avel Advance	- 1	1		10	- 4					
	026						АМО	UNT DU	TO EMP	LOYEE	<b>54.</b> \$ 2130.00
- Certification disburs a result for which	ed this travel ex ements made a of travel on gov ch I have not be	pense nd/or a vernme	claim is a ta allowances tent business	rue stat to which s as det	n I am en ailed abo	titled as	Print Nan	ne		Date Si	gned
- Certifi	nding Authority ed correct pursu stration Act and	ant to	section 32			And the second second	Print Na	me		Date S	igned
- Requi	ment Authority sition for payme stration Act.					and the second second second	Print Na	me		Date S	igned

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Control No.

E127700

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.

Client Or Health	rsen, Amanda ✓ rganization			s.2 Job	Title nisterial As				(25 <b>Trav</b> 3	one Numbe 50) 953-354 vel Group	7 Code	
5. Date C	ompleted /28	6. Fis	scal Year		7. Specia	I Cheque Is	sue		8. CI	heque Stu	b Informa	tion
Type of In Provin	Travel nce	Mol	eason for Meetings							<b>dquarters</b> toria		
	ng Address for Cl of Health Office Ri		arliament	Buildin	gs Victoria	BC V8V 1X	(4					
6. Travel Dates	17. Places			18. Pe	rsonal	19. Other Transport	20. & 21 N	l. Ieals		22. Lodging	20. & 21. Mis	cellaneous
2017 10/26 11/16 11/17 11/18	Destination Victoria Victoria Vic - Van (HA) Van - Vic (HA)	Start 1400 1300 0830 0700	End 1600 1410 1900 1330	Km	0.00 0.00 0.00	Costs 14.10 15.30 QT 50.50 QT	F- F-LD	51	0.00 0.00 1.50 2.75	Costs 30.75	Cost	Describe
TOTALS	OF COLUMNS				<b>36.</b> \$ 0.00	<b>37.</b>		38. \$ 74	1.25	<b>39.</b>	<b>40.</b> \$ 0.00	Claim Total \$ 184.90
0	49. Code Res 026 660 026 660 026 660	001 001	<b>Service</b> 440 440	000	51. STOI 650 570	1	Project 6600000 6600000	4	5.	Supplier C s.22	ode	Amount \$ 29.40 155.50 \$ 50.50
ess Tra	vel Advance									_	-	
	026	-1					AMOUN	T DUE	TOE	— MPLOYEE		<b>54.</b> \$ 184.90
- Certifie disburse a result	loyee Signature (\$ ed this travel experiements made and/o of travel on govern h I have not been a	se claim or allowa ment bu	is a true s nces to w siness as	hich I a	m entitled a	d					Signed	
56. Spen	eding Authority Si ed correct pursuant tration Act and rela	to section	on 32 & 33			Print	Name			Date	Signed	
- Requis	nent Authority Significant payment payment payment payment payment payment payment page 1	A COMPANY OF THE PARTY OF THE P	THE RESERVE OF THE PARTY OF			C 110000	Name			Date	Signed	

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HE18EXEDIJ 32

## Travel Voucher (Restricted Use)

Control No.

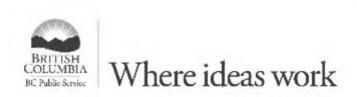
E127708

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.

	arsen, Amanda Organization	4		S Je	mplovee .22 ob Title Ministeria		ant			(250	le Number ) 953-3547 el Group Cod	de	
5. Date 0	Completed	6. F	iscal Yea	ar	7. Sp	ecial Ch	nequ	ie Issue		8. Ch	eque Stub In	form	nation
Type of In Provi	Travel ince	<b>14</b> . Re	Reason for the contract of the	7.1		4				<b>Head</b> Victo	<b>quarters</b> ria		
	ing Address for r of Health Office		Parliame	nt Build	ings Vict	oria. BC	V8\	√ 1X4					
16. Travel Dates 2017 10/01 10/11 10/14 11/05	17.	Travelled   Start   0700   0900   0900   0900   0900   0900		18. Per	sonal cle Use Cost 0.00 0.00 0.00	19. Othe Transp Cost	r	20. & 2	1. eals    Cost	22. Lodging Costs	2.30	Des do for for	scribe suble residence r 3hrs of cleaning r 3hrs of cleaning r 2hrs of cleaning
TOTALS	S OF COLUMNS				<b>36.</b> \$ 0.00	37. \$ 0.0	00		<b>38.</b> \$ 0.00	<b>39.</b> \$ 0.00	<b>40.</b> \$ 1500.00		Claim Total \$ 1500.00
48. Clien	t Code   49.	<b>50</b> <b>esp.</b> 6001	Service	e Line 000	51. ST 5	52 OB 702 2226		<b>Projec</b> 66000	ct	45. Su	pplier Code s.22		Amount \$ 1500.00
Less Tra	avel Advance										_	_	1
	026					-		AMC	OUNT DU	E TO EMF	LOYEE		<b>54.</b> \$ 1500.00
- Certifi disburs a result for whice	ployee Signature led this travel exp lements made and t of travel on gove ch I have not bee	ense clair d/or allow ernment b	n is a true ances to usiness a	e stater which I as detai	am entit led abov	e and	Pri	int Name	е		Date Sig	ned	
- Certifi	nding Authority led correct pursua stration Act and r	ant to sect	ion 32 &			cial	Pi	rint Nam	ie		Date Sig	gned	
- Requi	ment Authority sistion for paymer stration Act.	nt pursuan		on 32 of	f the Fina			rint Nam			Date Sig		uthority ARCS 1240-2

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Control No.

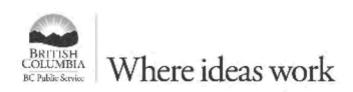
E127668

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Control No.

E127756

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16. Travel Dates	17.	Travelled		18. Per	rsonal cle Use	19. Other Transport	20. & 21 M	eals	22. Lodgi		1. liscellaneous
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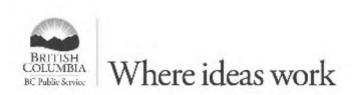
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Ministry Spending Authority ARCS 1240-20 Ministry Payment Authority ARCS 1050-06

> Audited 2018Jan18 SLP

CF18FXFCDM6



### **Travel Voucher (Restricted Use)**

Control No.

E127743

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Children	r <b>ganization</b> and Family Dev				s.: Jol Mi	<b>b Title</b> inisterial Ass				3	Froup Cod	
5. Date C 2017/12	completed	<b>6. F</b> i	iscal Year മ		7. Special	Cheque Iss	ue		8. Che	que Stul	b Informat	tion
Type of In Provir	Travel	14. I Sta	Reason fo						<b>Headq</b> Victori			
16. Travel Dates	17.	Travelle	d		rsonal icle Use	19. Other Transport		i. eals	22.	odging	20. & 21. Mis	cellaneous
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	OF COLUMNS				<b>36.</b> \$ 53.00	37. 159 0		38. \$0	.00 \$	<del>159.00</del>	<b>40.</b> \$ 89.5	Claim Total 0 \$ 301.50
(		esp. 8YAA	0. Service 14	<b>e Line</b> 001	<b>51</b> . <b>STOB</b> 5701	52. Pro	ject	45.		olier Coo 22	de	<b>Amount</b> \$ 301.50
	vel Advance	i			i	i		<u> </u>				
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Ministry Spending Authority ARCS 1240-20 Ministry Payment Authority ARCS 1050-06

CDM Dec 11/17



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## **Travel Voucher (Restricted Use)**

Control No.

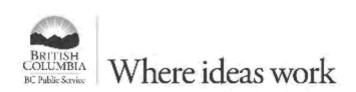
E127899

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.

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Audited 2018Jan22 SLP

CF18EXESLP38



### **Travel Voucher (Restricted Use)**

Control No.

E128118

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.

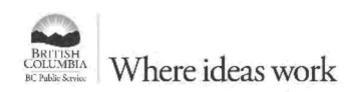
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Name							nployee ID				ne Number		
Sharma,							.22				0) 356-5767		
	ganization						b Title				el Group Co	ode	
Children	and Family	Develop	oment			N	linisterial Ass	sistant		3			
5. Date C	ompleted		6. Fis	cal Year		7. Specia	I Cheque Iss	sue		8. Cheque	Stub Inform	natio	n
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In Provin	ice		Minis	trial Busin	ess					Victoria			
12. Mailir	ng Address	for Che	eque										
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16.	17.				18.		19.	20. & 21.		22.	20. & 2	1.	
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11/30	Vancouve	.	1700	1727		0.00		İ	0.0	00		6.00	Taxi
12/05	Vancouve	-	1130	1156		0.00			0.0	00		9.40	Taxi
12/06	*Vancouve	·(HA)	0000	0728		0.00				00	14	1.90	Taxi
12/08	Vancouve		0000	0839		0.00				00		3.70	Taxi
12/19	*Vancouve		1345	1434		0.00			0.0			9.40	Taxi
						36.	37.		38.	39.	40.		Claim Total
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IN 10 (EFI-	-F0012 v2.6.1)		Produc	tion *** Co	pyriah	© Governn	nent of British	Columbia		Ministry	Spending Au	thori	tv ARCS 1240-2

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

> Audited 2018Mar08 SLP



Control No.

E127857

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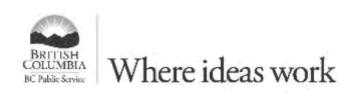
	n, please contact your an, William rganization on		Em s.2 Job	plovee 2 Litle			-	(250)	Number 953-4290 Group Co	de	
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I <b>2. Maili</b> i , BC	ng Address for Che	que									
16. Travel Dates	17. Places T *PCard			Veh	rsonal icle Use	19. Other Transport		leals	22. Lodging		llaneous
2017 11/17 11/15 11/16	Pestination *Vic to Kamloops(AC Vic to Camp. Riv Camp Riv to Vic	Start			0.00 0.00 0.00	<b>Costs</b> 76.10	Claim F- F- F-	51.50 51.50 51.50	Costs 114.84	Cost	Describe
TOTALS	OF COLUMNS				<b>36.</b> \$ 0.00	<b>37.</b> \$ 76.10		<b>38.</b> \$ 154.50	39114.84 \$s.22	<b>40.</b> \$ 0.00	Claim Total \$ s.22
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Less Tra	ivel Advance								_		
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56. Spen - Certifie	nding Authority Sign ed correct pursuant to tration Act and relate	section 32			ancial	Print Na	me		Date	Signed	
•	nent Authority Signa sition for payment pur	•		,	Financial	Print Na	me		Date	Signed	

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Ministry Spending Authority ARCS 1240-20 Ministry Payment Authority ARCS 1050-06 Audited 2018Jan25

SLP



Control No.

E127828

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	n, please c	ontact	your Mini	stry's Dir	ector/Ma	nager of Info	ormation and	l Privacy.						
Name							mployee ID				Phone N			
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FIN 10 (EFI-F0012 v2.6.1)

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

Audited 2018Jan08



# Where ideas work

## Travel Voucher (Restricted Use)

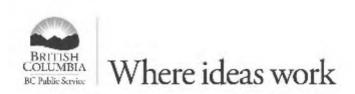
Control No.

E127716

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Client C	Jessica Organizatio ous Relatio		econcilia	tion			s.22 Job T Minis	terial Ass	sistant	(	hone Numb 250) 953-484 ravel Group	14
	Completed		-	al Year		7. Speci	al Cheque	Issue			Stub Inform	nation
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Ministry Payment Authority ARCS 1050-06



Control No.

E127688

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.

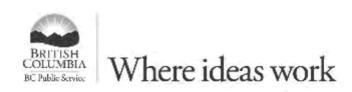
Jobs, Tra	ganization ade and Technolog	· .			s.22 Job T Minis	terial Assista				Phone Nur s.22 Travel Gro 3	up Code		
5. Date C 2017/11/	ompleted	6. Fis	scal Year		7. Speci	al Cheque I	ssue		8. C	heque Stu	b Inform	ation	
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16. Travel Dates	17. Places T			18. Per	sonal	19. Other	20. & 21 N	Ieals		22. Lodging	20. & 2 M		aneous
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- Requis Administ	nent Authority Signition for payment patration Act.	ursuant	to section	32 of th	ne Financi		Name				Signed		ADCS 4240

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

Audited by PL Nov 29-17



Control No.

E127863

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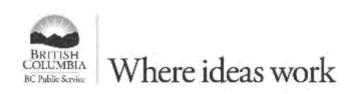
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Ministry Spending Authority ARCS 1240-20 Ministry Payment Authority ARCS 1050-06

Audited by PL Jan 16-18



Control No.

E127811

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.

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lame						Employee	ID			Phone Num	iber	
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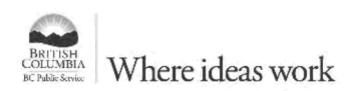
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Ministry Spending Authority ARCS 1240-20 Ministry Payment Authority ARCS 1050-06

Audited by PL Jan 16-18

Phone Number



Name

## **Travel Voucher (Restricted Use)**

Employee ID

Control No.

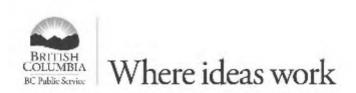
E127891

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	rs, Michael Irganizatio				.∠∠ b Title					Group Co	de	
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Travel		Places Tr	avelled			ersonal	Other		eals			ellaneous
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2017	Destinati	on	Start	End	Km	Cost	Costs	Claim	Cost	Costs	Cost	Describe
11/13	Vic-Van		1800	2100		0.00	72.50		0.00			
11/16	Vancouv	` ',	0830	1700	İ	0.00		F-	51.50			
11/17	Van		1000	1700	İ	0.00		F-L	41.00			
11/19	Van-Vic	(Ferry)	1700	2000		0.00	72.50 <b>s.22</b> :	-	0.00			
12/06	Vic-Van	(Ferry)	1800	2100		0.00	16.70		0.00			
12/07	Van-Surr	rev-Van	0930	1330	63	33.39		F-	51.50			
12/08	Van-Surr		0900	2100		0.00		F-	51.50			
12/09	Van-Vic		1200	1500	İ	0.00	72.50		0.00		İ	
12/13	Vic-Van		1800	2100		0.00	93.50		0.00			
12/14	Vancouv		1130	1600		0.00		H-	25.75			
TOTALS	S OF COLU	IMNS				<b>36.</b> \$ 33.39	<b>37.</b> \$ 327.70 \$ s.22		<b>38.</b> \$ 221.25	<b>39.</b> \$ 0.00	<b>40.</b> \$ 0.00	Claim Tota \$= s.22
8.	. 0. 0020	49.	50.			51.	52.		45.	Ψ 0.00	<u> </u>	Ψ 3.22
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	avel Advar	ice							_			
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									_		5	<b>4</b> . \$ 582.34
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Ministry Spending Authority ARCS 1240-20 Ministry Payment Authority ARCS 1050-06

Audited by PL Jan 11-18



Control No.

E127641

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Name					Emplove	e ID		Pho	ne Number	
Gardea, [					s.22			s.22	2	
Client Org					Job Title			۱ra۱	el Group Code	9
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5. Date Co		6. Fisca	al Year			heque Issue		8. Chequ	ie Stub Inform	ation
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Type of T		1	son for T	ravel				Headqua	ırters	
In Province		Meetin	gs					Victoria		
12. Mailin	g Address for Ch	eque								
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Travel		Travelled			rsonal	Other	Meals			cellaneous
Dates				Veh	icle Use	Transport		Lodgi	ina	
2017	Destination	Start	End	Km	Cost	Costs	Cost	Cos		Describe
11/10 Vi	c-Van (HJ)	1000	2359		0.00		30.50	/		
11/16	Van	1000	2359	l	0.00	34.80	30.50	30	.75 🗸	
11/17	Van -Van (HJ)	0600	1600		0.00	122.00	33.25	/	ſ	
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Client	Code Res	o.   🤄	Service Li	ne	STOB	Proje	ect	Supp	olier Code	Amount
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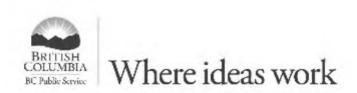
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Ministry Spending Authority ARCS 1240-20 Ministry Payment Authority ARCS 1050-06

\*Flew HJ Nov 09 and flew back HJ on Nov 20

Audited by PL Nov 22-17



Control No.

E128084

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					Employe	e ID			ne Number	
Gardea,					s.22			s.2	_	
	ganization				Job Title				el Group Code	•
	I Affairs and Housin	-				al Assistant		4		
5. Date C 2018/02/	ompleted 09	6. Fisca 2018	al Year		'. Special Cl EFT	heque Issue		8. Chequ	ie Stub Informa	ation
Type of T	ravel	14. Rea	son for Ti	ravel				Headqua	arters	
In Provin	ce	Meetin	gs					Victoria		
12. Mailir	ng Address for Che	eque								
16.	17.			18.		19.	20. & 21.	22.	20. & 21.	
Travel	1	Travelled			ersonal	Other	Meals			cellaneous
Dates				Vel	hicle Use	Transport		Lodg	ing	
2017	Destination	Start	End	Km	Cost	Costs	Cost	Cos	ts Cost	Describe
11/19	Van - Vic	1600	1700		0.00	√ 21.00	I			
12/19	Vancouver	0800	1600		0.00	<b>19.00</b>				
					36.	37.	38.	39.	40.	Claim Total
TOTALS	OF COLUMNS				\$ 0.00	\$ 40.00	\$ 0.00			
48.	49.	50.				5 <b>2.</b>		45.	-00   ψ 0.00	) <del>4-0.00</del>
Client		1	Service Li		STOB	Proje			olier Code	Amount
	60 5105		54000		5701	5100			22	\$ 40.00
_	60	"	34000		3/01	3100		3.	22	\$ 40.00
	60									
	60									
	vel Advance									<del> </del>
	60	1			1 1		1			
					-					54.
						AM	OUNT DUE	TO EMPL	OYEE	\$ 40.00
45. Empl	oyee Signature (Se	ee Audit	Trail)			Print Name			Date Signed	, , , , , , ,
	d this travel expens			tement	of		-		0.3	
	ments made and/or									
	of travel on governm									
	I have not been an									
party.					,,					
	ding Authority Sig	nature (S	ee Audit	Trail)		Print Name	е		Date Signed	
	d correct pursuant t				nancial					
	ration Act and relate									
57. Paym	ent Authority Sigr	nature (Se	e Audit T	rail)		Print Name	е		Date Signed	
- Requisi	ition for payment pu	rsuant to	section 32	of the	Financial				_	
	ration Act.									

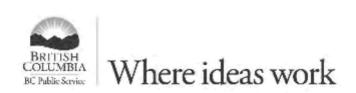
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\*12/19 supplemental to E127870

Audited by PL Feb 20-18



Control No.

E127574

**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.

Infante, James s.2.  Client Organization Job  Tourism, Arts and Culture Min						s.22 (7' ob Title Tra Ministerial Assistant 3						
5. Date Completed   6. Fiscal Year   7. \$ 2017/11/14   2018						7. Special Cheque Issue				8. Cheque Stub Information		
Type of Travel In Province  12. Mailing Address for Cheque										Headquarters Minister's Office		
s.22 16. Travel Dates	17. Places Travelled				18. Personal Vehicle Use		l N	20. & 21. Meals		20. & 21. Miscellaneous		
2017	Destination c-Vancouver(Fe Vancouver Victoria (Fe	Stai 160 170 170 170 170 170 170 170 170 170 17	00 1700 00 1930	Km	Cost 0.00 0.00 0.00	Transpo Costs 16.70 16.70	Claim F-BL	0.00 30.50 0.00	Lodging Costs	Cost 92.80°s.22	Describe taxi	
TOTALS 8.	OF COLUMNS	<u> </u>	50.		36. \$ 0.00	37. 33.40 s.22		38. \$ 30.50	39. 0 \$ 0.00	<b>40.</b> 92.80 <b>s</b> .22	Claim Total \$ 156.70	
Client Code Resp.		<b>Resp.</b> 51384	Service Line		ST	<b>STOB</b> 5701		<b>Project</b> 5188888		ier Code 2	<b>Amount</b> \$ 156.70	
	vel Advance											
126							AMOUNT DUE TO EMPL				<b>54.</b> \$ 156.70	
- Certifie disburse a result	loyee Signatured this travel exements made an of travel on gown I have not been	pense nd/or a ernme	claim is a tr llowances to nt business	ue statem which I a as detaile	am entitle ed above	ed as and	int 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		
- Requis	ment Authority sition for payme stration Act.	nt purs	•	ion 32 of	the Finar	ncial	rint Name			Date Signed		

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