

CF18EXESLP30



Where ideas work

## Travel Voucher (Restricted Use)

Control No.

E127808

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

<b>Name</b> Gunn, Paula s.22				<b>Employee ID</b> s.22				<b>Phone Number</b> (250) 356-0163																																																																																																				
<b>Client Organization</b> Children and Family Development				<b>Job Title</b> Ministerial Assistant				<b>Travel Group Code</b> 3																																																																																																				
<b>5. Date Completed</b> 2017/12/13			<b>6. Fiscal Year</b> 2018			<b>7. Special Cheque Issue</b>			<b>8. Cheque Stub Information</b>																																																																																																			
<b>Type of Travel</b> In Province			<b>14. Reason for Travel</b> Ministerial business						<b>Headquarters</b> Victoria																																																																																																			
<b>12. Mailing Address for Cheque</b> 134-501 Belleville Street PO Box 9057 Victoria, BC V8W 9E2																																																																																																												
<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. &amp; 21. Meals</th> <th>22. Lodging Costs</th> <th colspan="2">20. &amp; 21. Miscellaneous</th> </tr> <tr> <th></th> <th>Destination</th> <th>Start</th> <th>End</th> <th>Km</th> <th>Cost</th> <th></th> <th>Claim</th> <th>Cost</th> <th></th> <th>Cost</th> <th>Describe</th> </tr> <tr> <td>2017</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>12/04</td> <td>*Vic-Van-Vic(HI)</td> <td>0900</td> <td>1159</td> <td></td> <td>0.00</td> <td></td> <td>F-BD</td> <td>22.75</td> <td></td> <td>80.50</td> <td>Taxi</td> </tr> <tr> <td>12/07</td> <td>Vic-Van</td> <td>0900</td> <td>1159</td> <td></td> <td>0.00</td> <td>16.70</td> <td>F-B</td> <td>41.00</td> <td>151.57</td> <td>24.60</td> <td>Taxi</td> </tr> <tr> <td>12/08</td> <td>Van</td> <td>0900</td> <td>1159</td> <td></td> <td>0.00</td> <td></td> <td>F-D</td> <td>33.25</td> <td>s.22</td> <td></td> <td></td> </tr> <tr> <td>12/10</td> <td>Van-Vic</td> <td>0900</td> <td>1159</td> <td>68 s.2</td> <td>36.04 s.22</td> <td>72.50</td> <td></td> <td>0.00</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5"></td> <td><b>36.</b> 36.04 s.22</td> <td><b>37.</b> \$ 89.20</td> <td colspan="2"></td> <td><b>38.</b> \$ 97.00</td> <td><b>39.</b> \$ 151.57</td> <td><b>40.</b> \$ 105.10</td> <td><b>Claim Total</b> \$ s.22</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			Destination	Start	End	Km	Cost		Claim	Cost		Cost	Describe	2017												12/04	*Vic-Van-Vic(HI)	0900	1159		0.00		F-BD	22.75		80.50	Taxi	12/07	Vic-Van	0900	1159		0.00	16.70	F-B	41.00	151.57	24.60	Taxi	12/08	Van	0900	1159		0.00		F-D	33.25	s.22			12/10	Van-Vic	0900	1159	68 s.2	36.04 s.22	72.50		0.00									<b>36.</b> 36.04 s.22	<b>37.</b> \$ 89.20			<b>38.</b> \$ 97.00	<b>39.</b> \$ 151.57	<b>40.</b> \$ 105.10	<b>Claim Total</b> \$ s.22
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<b>45. Employee Signature (See Audit Trail)</b> - Certified this travel expense claim is a true statement of disbursements made and/or allowances to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.						<b>Print Name</b>			<b>Date Signed</b>																																																																																																			
<b>56. Spending Authority Signature (See Audit Trail)</b> - Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies.						<b>Print Name</b>			<b>Date Signed</b>																																																																																																			
<b>57. Payment Authority Signature (See Audit Trail)</b> - Requisition for payment pursuant to section 32 of the Financial Administration Act.						<b>Print Name</b>			<b>Date Signed</b>																																																																																																			

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

ED18EXESLP30



Where ideas work

## Travel Voucher (Restricted Use)

Control No.

E127850

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

<b>Name</b> Iliffe, Liam		<b>Employee ID</b> s.22		<b>Phone Number</b> s.22	
<b>Client Organization</b> Education		<b>Job Title</b>		<b>Travel Group Code</b> 3	
<b>5. Date Completed</b> 2017/12/21		<b>6. Fiscal Year</b> 2018		<b>7. Special Cheque Issue</b>	
<b>8. Cheque Stub Information</b>					
<b>Type of Travel</b> In Province		<b>14. Reason for Travel</b> business / support staff			<b>Headquarters</b> Victoria
<b>12. Mailing Address for Cheque</b> PO Box 9045 Stn Prov Govt Victoria, BC V8W 9E2					
<b>16. Travel Dates</b> 2017 12/13	<b>17. Places Travelled</b> *PCard <b>Destination</b> * vic to van day (HJ)			<b>18. Personal Vehicle Use</b> <b>Km</b> <b>Cost</b> 0.00	<b>19. Other Transport Costs</b> 11.00
	<b>Start</b> 1100	<b>End</b> 2000		<b>20. &amp; 21. Meals</b> <b>Claim</b> F-B	<b>Cost</b> 41.00
				<b>22. Lodging Costs</b>	
				<b>20. &amp; 21. Miscellaneous</b> <b>Cost</b>	<b>Describe</b>
<b>TOTALS OF COLUMNS</b>				<b>36.</b> \$ 0.00	<b>37.</b> \$ 11.00
				<b>38.</b> \$ 41.00	<b>39.</b> \$ 0.00
				<b>40.</b> \$ 0.00	<b>Claim Total</b> \$ 52.00
<b>48. Client Code</b> 062 062 062 062	<b>49. Resp.</b> 22001	<b>50. Service Line</b> 06000	<b>51. STOB</b> 5701	<b>52. Project</b> 2200000	<b>45. Supplier Code</b> s.22
<b>Less Travel Advance</b> 062					<b>Amount</b> \$ 52.00
					<b>54.</b> \$ 52.00
<b>AMOUNT DUE TO EMPLOYEE</b>					
<b>45. Employee Signature (See Audit Trail)</b> - Certified this travel expense claim is a true statement of disbursements made and/or allowances to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.				<b>Print Name</b>	<b>Date Signed</b>
<b>56. Spending Authority Signature (See Audit Trail)</b> - Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies.				<b>Print Name</b>	<b>Date Signed</b>
<b>57. Payment Authority Signature (See Audit Trail)</b> - Requisition for payment pursuant to section 32 of the Financial Administration Act.				<b>Print Name</b>	<b>Date Signed</b>

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Ministry Spending Authority ARCS 1240-20  
Ministry Payment Authority ARCS 1050-06Audited 2018Jan11  
SLP



## Where ideas work

### Travel Voucher (Restricted Use)

Control No.

E127911

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<b>Name</b> Iliffe, Liam <b>Client Organization</b> Education				<b>Employee ID</b> s.22 <b>Job Title</b>				<b>Phone Number</b> s.22 <b>Travel Group Code</b> 3							
<b>5. Date Completed</b> 2018/01/12				<b>6. Fiscal Year</b> 2018				<b>7. Special Cheque Issue</b>				<b>8. Cheque Stub Information</b>			
<b>Type of Travel</b> In Province				<b>14. Reason for Travel</b> busines / support staff								<b>Headquarters</b> Victoria			
<b>12. Mailing Address for Cheque</b> PO Box 9045 Stn Prov Govt Victoria, BC V8W 9E2															
<b>16. Travel Dates</b>		<b>17. Places Travelled</b>				<b>18. Personal Vehicle Use</b>		<b>19. Other Transport Costs</b>		<b>20. &amp; 21. Meals</b>		<b>22. Lodging Costs</b>		<b>20. &amp; 21. Miscellaneous</b>	
		<b>*PCard</b>				<b>Km</b>		<b>Cost</b>		<b>Claim</b>		<b>Cost</b>		<b>Cost</b>	
<b>Destination</b>		<b>Start</b>		<b>End</b>						<b>F-D</b>				<b>Describe</b>	
2017		*Vic to van day(HJ)		0600		1600		0.00		37.00					
12/01		*Vic to van trave(HA)		0700		2100		0.00		s.22				59.56 Car Rental	
12/18		Van to vic		0900		1900		0.00		96.90		153.93		s.22 car rental	
12/19		victoria travel		0900		1900		0.00		26.70					
12/20		Victoria travel		0600		1200		0.00		25.00					
12/29		Victoria Travel		0700		1800		0.00		0.00					
12/21										0.00		153.39		Car Rental	
<b>TOTALS OF COLUMNS</b>								<b>36.</b> \$ 0.00		<b>37.</b> 185.60 \$ s.22		<b>38.</b> \$ 136.25		<b>39.</b> 153.93 \$ s.22	
												<b>40.</b> \$ 212.95		<b>Claim Total</b> \$ s.22	
<b>48. Client Code</b>		<b>49. Resp.</b>		<b>50. Service Line</b>		<b>51. STOB</b>		<b>52. Project</b>		<b>45. Supplier Code</b>		<b>Amount</b>			
062		22001		06000		5701		2200000		s.22		\$ s.22			
062		22001		06000		5701		2200000				16.70			
062															
062															
<b>Less Travel Advance</b>															
062															
<b>AMOUNT DUE TO EMPLOYEE</b>														<b>54.</b> \$ s.22	
<b>45. Employee Signature (See Audit Trail)</b> - Certified this travel expense claim is a true statement of disbursements made and/or allowances to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.										<b>Print Name</b>				<b>Date Signed</b>	
<b>56. Spending Authority Signature (See Audit Trail)</b> - Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies.										<b>Print Name</b>				<b>Date Signed</b>	
<b>57. Payment Authority Signature (See Audit Trail)</b> - Requisition for payment pursuant to section 32 of the Financial Administration Act.										<b>Print Name</b>				<b>Date Signed</b>	

AT18EXESLP37



Where ideas work

## Travel Voucher (Restricted Use)

Control No.

E127828

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

<b>Name</b> Lawson, Liam				<b>Employee ID</b> s.22		<b>Phone Number</b> (250) 812-2547					
<b>Client Organization</b> Public Safety and Solicitor General				<b>Job Title</b> Ministerial Assistant		<b>Travel Group Code</b> 3					
<b>5. Date Completed</b> 2017/12/18		<b>6. Fiscal Year</b> 2018		<b>7. Special Cheque Issue</b>		<b>8. Cheque Stub Information</b>					
<b>Type of Travel</b> In Province		<b>14. Reason for Travel</b> Tour Nanaimo facilities with Minister				<b>Headquarters</b> Victoria					
<b>12. Mailing Address for Cheque</b> PO Box 9080 Stn Prov Govt Victoria, BC V8W 9E2											
<b>16. Travel Dates</b> 2017 11/12 12/12	<b>17. Places Travelled</b>			<b>18. Personal Vehicle Use</b>		<b>19. Other Transport Costs</b>	<b>20. &amp; 21. Meals</b>  <b>Claim</b> F-B 41.00 F-DI s.22 21.00	<b>22. Lodging Costs</b> 144.00	<b>20. &amp; 21. Miscellaneous</b>		
	<b>Destination</b>	<b>Start</b>	<b>End</b>	<b>Km</b>	<b>Cost</b>				<b>Cost</b>	<b>Describe</b>	
	Nanaimo	0700	0845	147	77.91						
	Victoria	1400	1530	147	77.91						
<b>TOTALS OF COLUMNS</b>				<b>36.</b> \$ 155.82	<b>37.</b> \$ 0.00	<b>38.</b> 62.00 s.22	<b>39.</b> \$ 144.00	<b>40.</b> \$ 0.00	<b>Claim Total</b> \$ s.22 361.82		
<b>48. Client Code</b> 010 010 010 010	<b>49. Resp.</b> 150011001	<b>50. Service Line</b> 1000018000	<b>51. STOB</b> 5702	<b>52. Project</b> 15000001100000	<b>45. Supplier Code</b> s.22		<b>Amount</b> \$ s.22 361.82				
<b>Less Travel Advance</b> 010											
								<b>AMOUNT DUE TO EMPLOYEE</b>		<b>54.</b> \$ s.22 361.82	
<b>45. Employee Signature (See Audit Trail)</b> - Certified this travel expense claim is a true statement of disbursements made and/or allowances to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.				<b>Print Name</b>		<b>Date Signed</b>					
<b>56. Spending Authority Signature (See Audit Trail)</b> - Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies.				<b>Print Name</b>		<b>Date Signed</b>					
<b>57. Payment Authority Signature (See Audit Trail)</b> - Requisition for payment pursuant to section 32 of the Financial Administration Act.				<b>Print Name</b>		<b>Date Signed</b>					

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Ministry Spending Authority ARCS 1240-20  
Ministry Payment Authority ARCS 1050-06Audited 2018Jan08  
SLP



Where ideas work

## Travel Voucher (Restricted Use)

Control No.

E127920

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

<b>Name</b> Beale, William ✓		<b>Employee ID</b> s.22		<b>Phone Number</b> (250) 952-7619	
<b>Client Organization</b> Agriculture		<b>Job Title</b> Ministerial Assistant		<b>Travel Group Code</b> 3	
<b>5. Date Completed</b> 2018/01/15		<b>6. Fiscal Year</b> 2018		<b>7. Special Cheque Issue</b>	
<b>8. Cheque Stub Information</b>					
<b>Type of Travel</b> In Province		<b>14. Reason for Travel</b> Meetings with Minister		<b>Headquarters</b> Victoria	
<b>12. Mailing Address for Cheque</b> Room 325-501 Belleville St Victoria BC, BC V8V 1X4					
<b>16. Travel Dates</b>	<b>17. Places Travelled</b>			<b>18. 0.53 Personal Vehicle Use</b>	<b>19. Other Transport Costs</b>
2017	<b>Destination</b>	<b>Start</b>	<b>End</b>	<b>Km</b>	<b>Cost</b>
12/07	Vic-Van*(ferry)	0600	2359	79	41.87
12/08	Van	0700	2359		0.00
12/08	Van-Vic (ferry)	0700	1500	68	36.04
					89.50, s.22 to include s.22 fuel rebate
				<b>20. &amp; 21. Meals</b>	<b>22. Lodging Costs</b>
				<b>Claim</b>	<b>Cost</b>
				F-D	33.25
				F-D	33.25
					0.00
					151.57
					N/C
				<b>20. &amp; 21. Miscellaneous</b>	
				<b>Cost</b>	<b>Describe</b>
				62.00 s.22	Hotel Parking
<b>TOTALS OF COLUMNS</b>				<b>36. ✓</b>	<b>37. 89.50 s.22</b>
147 kms				<b>\$ 77.91</b>	<b>\$ 89.50 s.22</b>
				<b>38. ✓</b>	<b>39. ✓</b>
				<b>\$ 66.50</b>	<b>\$ 151.57</b>
				<b>40. 62.00 s.22</b>	<b>Claim Total</b>
				<b>\$ s.22</b>	<b>\$ s.22</b>
<b>48. Client Code</b>	<b>49. Resp.</b>	<b>50. Service Line</b>	<b>51. STOB</b>	<b>52. Project</b>	<b>45. Supplier Code</b>
130	29001	30000	5701	2900000	s.22
130					
130					
130					
<b>Less Travel Advance</b>					<b>54. 447.48 s.22</b>
130					<b>\$ s.22</b>
<b>AMOUNT DUE TO EMPLOYEE</b>					
<b>45. Employee Signature (See Audit Trail)</b> - Certified this travel expense claim is a true statement of disbursements made and/or allowances to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.				<b>Print Name</b>	<b>Date Signed</b>
<b>56. Spending Authority Signature (See Audit Trail)</b> - Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies.				<b>Print Name</b>	<b>Date Signed</b>
<b>57. Payment Authority Signature (See Audit Trail)</b> - Requisition for payment pursuant to section 32 of the Financial Administration Act.				<b>Print Name</b>	<b>Date Signed</b>

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

\* MA paid for ferry and will claim on forthcoming TV

DJ Jan 16/18



Where ideas work

## Business Expense Approval

Control No.

B023284

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

<b>Name</b> Russell, Shannon ✓	<b>Branch</b> Minister's Office	<b>Phone Number</b> (250) 387-9699
<b>Client Organization</b> Citizens' Services	<b>Division</b> Minister's Office	<b>Job Title</b> Senior Ministerial Assistant

<b>EVENT</b>	<b>Description</b>	<b>Start Date</b>	<b>End Date</b>
<b>Location (City)</b> Vancouver	Staff meeting	2017/12/08	2017/12/08

<b>PARTICIPANTS</b>			
<b>Organization</b>	<b>Number of People</b>	<b>Organization</b>	<b>Number of People</b>
Ministry of Citizens' Services	4		

<b>INDIVIDUALS INCLUDED IN MEAL CLAIMS</b>			
<b>Name</b>	<b>Organization</b>	<b>Name</b>	<b>Organization</b>
Grewal, Param .	Citizens' Services	Sims, Jinny .	Citizens' Services
Russell, Shannon .	Citizens' Services	Riley, Karl .	Citizens' Services

<b>BUSINESS EXPENSE REQUESTED</b>	<b>STOB</b>	<b>Amount</b>	<b>Responsibility</b>	<b>Service Line</b>	<b>Project</b>	<b>Supplier</b>
1. Meeting Room Rental	6531	112/	32805	34610	/6531/3200000	
2. Equipment/Furniture Rental	6531					
3. Photocopying, Faxing, Telephone, etc.	6531					
4. Food/Beverages for Meetings	6531	113.85				
<input type="checkbox"/> Breakfast <input checked="" type="checkbox"/> Lunch <input type="checkbox"/> Dinner						
<input type="checkbox"/> Snacks <input type="checkbox"/> Coffee/Tea/Juice, etc.						
5. Business Meals in Restaurant						
<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner						
6. Event Planners, Speakers, etc.	6531					
7. Travel Costs for Non-BC Government Participants	6531					
<b>Estimated Total</b>		\$113.85	<b>Reimbursement Total</b>			<b>\$113.85</b>

Mail to: SUPPLIER# s.22  
Shannon . Russell ✓  
501 Belleville Street  
Victoria BC V8V 1X4

**SIGNATURES** Refer to Treasury Board directives for approval authorities. (See Audit Trail)

<b>Employee</b>	<b>Print Name</b> Shannon Russell	<b>Date Signed</b> Dec 12, 2017
<b>Supervisor/Designated Authority</b>	<b>Print Name</b> Jinny Sims	<b>Date Signed</b> Dec 12, 2017
<b>Signing Authority</b>	<b>Print Name</b> Jinny Sims	<b>Date Signed</b> Dec 12, 2017



## Travel Voucher (Restricted Use)

Control No.

E127796

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

<b>Name</b> Russell, Shannon		<b>Employee ID</b> s.22		<b>Phone Number</b> (250) 387-9699	
<b>Client Organization</b> Citizens' Services		<b>Job Title</b> Senior Ministerial Assistant		<b>Travel Group Code</b> 3	
<b>5. Date Completed</b> 2017/12/12		<b>6. Fiscal Year</b> 2018		<b>7. Special Cheque Issue</b>	
<b>8. Cheque Stub Information</b>		<b>14. Reason for Travel</b> Accompanying Minister		<b>Headquarters</b> Victoria	
<b>12. Mailing Address for Cheque</b> PO BOX 9068 Stn Prov Gov't					
<b>16. Travel Dates</b>	<b>17. Places Travelled</b>			<b>18. Personal Vehicle Use</b>	<b>19. Other Transport Costs</b>
	<b>Destination</b>	<b>Start</b>	<b>End</b>	<b>Km</b>	<b>Cost</b>
2017					
2017/01	Vic to Van-Vic	0830	1600		0.00
2017/05	4000 Seymour	1130	1330		0.00
2017/12	Ministry Tours	0856	1220		0.00
				<b>36. \$ 0.00</b>	<b>37. \$ 726.00</b>
				<b>38. \$ 22.75</b>	<b>39. \$ 0.00</b>
				<b>40. \$ 0.00</b>	<b>Claim Total \$ 748.75</b>
<b>48. Client Code</b>	<b>49. Resp.</b>	<b>50. Service Line</b>	<b>51. STOB</b>	<b>52. Project</b>	<b>45. Supplier Code</b>
112	32805	34610	5701	3200000	
112	32805	34610	6501	3200000	
112					
112					
<b>Less Travel Advance</b>					<b>54. \$ 748.75</b>
<b>AMOUNT DUE TO EMPLOYEE</b>					
<b>45. Employee Signature (See Audit Trail)</b> - Certified this travel expense claim is a true statement of disbursements made and/or allowances to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.				<b>Print Name</b>	<b>Date Signed</b>
<b>56. Spending Authority Signature (See Audit Trail)</b> - Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies.				<b>Print Name</b>	<b>Date Signed</b>
<b>57. Payment Authority Signature (See Audit Trail)</b> - Requisition for payment pursuant to section 32 of the Financial Administration Act.				<b>Print Name</b>	<b>Date Signed</b>



# Where ideas work

## Travel Voucher (Restricted Use)

Control No.

E127797

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

<b>Name</b> Russell, Shannon		<b>Employee ID</b> s.22		<b>Phone Number</b> (250) 387-9699	
<b>Client Organization</b> Citizens' Services		<b>Job Title</b> Senior Ministerial Assistant		<b>Travel Group Code</b> 3	
<b>5. Date Completed</b> 2017/12/12		<b>6. Fiscal Year</b> 2018		<b>7. Special Cheque Issue</b>	
<b>8. Cheque Stub Information</b>					
<b>Type of Travel</b> In Province		<b>14. Reason for Travel</b> Accompanying Minister			<b>Headquarters</b> Victoria
<b>12. Mailing Address for Cheque</b> PO Box 90368 Stn Prov Gov't					
<b>16. Travel Dates</b> 2017 12/06 12/07 12/08	<b>17. Places Travelled</b>		<b>18. Personal Vehicle Use</b> Km Cost	<b>19. Other Transport Costs</b>	<b>20. &amp; 21. Meals</b> Claim Cost
	<b>Destination *</b>	<b>Start</b>	<b>End</b>		
	Vic to Van (ferry)	1730	2200	0.00	F-BL 30.50
	Surrey to Van	0800	1900	0.00	F-B 41.00
	Surrey to Vic	0800	2000	0.00	F-BL 30.50
					<b>22. Lodging Costs</b> 160.21 s.22
					<b>20. &amp; 21. Miscellaneous</b> Cost Describe s.22 24.00: Parking per receipts
<b>TOTALS OF COLUMNS</b>				<b>36.</b> \$ 0.00	<b>37.</b> \$ 143.00
				<b>38.</b> \$ 102.00	<b>39.</b> \$ 320.42
				<b>40.</b> 24.00 \$ s.22	<b>Claim Total</b> \$ s.22 589.42
<b>48. Client Code</b> 112 112 112 112	<b>49. Resp.</b> 66M02 32805	<b>50. Service Line</b> 44900- 34610	<b>51. STOB</b> 5701	<b>52. Project</b> 66MH00 3200000	<b>45. Supplier Code</b> s.22
					<b>Amount</b> 589.42 \$ s.22
<b>Less Travel Advance</b> 112					
					<b>54.</b> 589.42 \$ s.22
<b>AMOUNT DUE TO EMPLOYEE</b>					
<b>45. Employee Signature (See Audit Trail)</b> - Certified this travel expense claim is a true statement of disbursements made and/or allowances to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.				<b>Print Name</b>	<b>Date Signed</b>
<b>56. Spending Authority Signature (See Audit Trail)</b> - Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies.				<b>Print Name</b>	<b>Date Signed</b>
<b>57. Payment Authority Signature (See Audit Trail)</b> - Requisition for payment pursuant to section 32 of the Financial Administration Act.				<b>Print Name</b>	<b>Date Signed</b>





Where ideas work

## Travel Voucher (Restricted Use)

Control No.

E127799

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

<b>Name</b> Frampton, Caelie ✓				<b>Employee ID</b> s.22		<b>Phone Number</b> (778) 678-2028	
<b>Client Organization</b> Environment and Climate Change Strategy				<b>Job Title</b>		<b>Travel Group Code</b> 3	
<b>5. Date Completed</b> 2017/12/12		<b>6. Fiscal Year</b> 2018		<b>7. Special Cheque Issue</b>		<b>8. Cheque Stub Information</b>	
<b>Type of Travel</b> In Province		<b>14. Reason for Travel</b> Ministerial Business				<b>Headquarters</b> MO Victoria	
<b>12. Mailing Address for Cheque</b> Room 112 501 Belleville st Victoria, BC V8V 1X4							
<b>16. Travel Dates</b>	<b>17. Places Travelled</b>			<b>18. Personal Vehicle Use</b>		<b>19. Other Transport Costs</b>	<b>20. &amp; 21. Meals</b>
	<b>Destination</b>	<b>Start</b>	<b>End</b>	<b>Km</b>	<b>Cost</b>		<b>Claim</b>
2017							<b>Cost</b>
12/06	Vic-Van	1730	2359		0.00	16.70	F-BLI 18.25
12/07	Van	0700	2359		0.00		F-BDI 10.50
12/08	Van	0700	2359		0.00		F-BDI 10.50
12/09	Van	0700	2359		0.00		0.00
12/10	Van-Vic (HJ)	0700	1300		0.00	P/Card	F-BDI 10.50
12/12	Vic-Van	0700	2359		0.00	189.00	0.00
				<b>36.</b>	<b>37.</b>		<b>38.</b>
				\$ 0.00	\$ 205.70 ✓		\$ 49.75 ✓
							<b>39.</b>
							\$ 0.00
							<b>40.</b>
							\$ 42.80 ✓
							<b>Claim Total</b>
							\$ 298.25 ✓
<b>48. Client Code</b>		<b>49. Resp.</b>	<b>50. Service Line</b>	<b>51. STOB</b>	<b>52. Project</b>	<b>45. Supplier Code</b>	
048		29005	64000	5701	2900000	s.22	
048							
048							
048							
<b>Less Travel Advance</b>							
048							
						<b>54.</b>	
						\$ 298.25 ✓	
<b>45. Employee Signature (See Audit Trail)</b> - Certified this travel expense claim is a true statement of disbursements made and/or allowances to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.					<b>Print Name</b>		<b>Date Signed</b>
<b>56. Spending Authority Signature (See Audit Trail)</b> - Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies.					<b>Print Name</b>		<b>Date Signed</b>
<b>57. Payment Authority Signature (See Audit Trail)</b> - Requisition for payment pursuant to section 32 of the Financial Administration Act.					<b>Print Name</b>		<b>Date Signed</b>



## Where ideas work

### Travel Voucher (Restricted Use)

Control No.

E128433

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

<b>Name</b> Gillezeau, Rob				<b>Employee ID</b> s.22				<b>Phone Number</b> (250) 387-3751									
<b>Client Organization</b> Finance				<b>Job Title</b> Ministerial Assistant				<b>Travel Group Code</b> 3									
<b>5. Date Completed</b> 2018/03/21			<b>6. Fiscal Year</b> 2018			<b>7. Special Cheque Issue</b> EFT			<b>8. Cheque Stub Information</b>								
<b>Type of Travel</b> Out of Province			<b>14. Reason for Travel</b> Staff Minister - FPT Ministers Meeting						<b>Headquarters</b> Victoria								
<b>12. Mailing Address for Cheque</b> Room 153 Parliament Buildings Victoria, BC V8V 1X4																	
<b>16. Travel Dates</b> 2017 12/08 12/09 12/10 12/11 12/12	<b>17. Places Travelled</b>  <b>Destination</b> Vict-Vanc (AC) Vanc-Ottawa (AC) Ottawa Ottawa Ottawa/Van/Vict  <b>Start</b> 0600 0600 0600 0600 0600  <b>End</b> 2359 2359 2359 2359 1700			<b>18. Personal Vehicle Use</b>  <b>Km</b>  <b>Cost</b> 0.00 0.00 0.00 0.00 0.00		<b>19. Other Transport Costs</b>  <b>Costs</b> ✓ 358.14    ✓ 1066.80		<b>20. &amp; 21. Meals</b>  <b>Claim</b> F- F- F- F- H-  <b>Cost</b> 51.50 51.50 51.50 51.50 25.75		<b>22. Lodging Costs</b>  <b>Costs</b> ✓ 151.57 231.62 ✓ 231.62 231.62		<b>20. &amp; 21. Miscellaneous</b>  <b>Cost</b>  <b>Describe</b>					
<b>TOTALS OF COLUMNS</b>					<b>36.</b> \$ 0.00		<b>37.</b> \$ 1424.94		<b>38.</b> \$ 231.75		<b>39.</b> \$ 846.43		<b>40.</b> \$ 0.00		<b>Claim Total</b> \$ 2503.12		
<b>48. Client Code</b> 022 022 022 022		<b>49. Resp.</b> 32001		<b>50. Service Line</b> 34000		<b>51. STOB</b> 5743 5705		<b>52. Project</b> 3200000		<b>45. Supplier Code</b> s.22				<b>Amount</b> \$ 2503.12			
<b>Less Travel Advance</b> 022																	
								<b>AMOUNT DUE TO EMPLOYEE</b>				<b>54.</b> \$ 2503.12					
<b>45. Employee Signature (See Audit Trail)</b> - Certified this travel expense claim is a true statement of disbursements made and/or allowances to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.								<b>Print Name</b>				<b>Date Signed</b>					
<b>56. Spending Authority Signature (See Audit Trail)</b> - Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies.								<b>Print Name</b>				<b>Date Signed</b>					
<b>57. Payment Authority Signature (See Audit Trail)</b> - Requisition for payment pursuant to section 32 of the Financial Administration Act.								<b>Print Name</b>				<b>Date Signed</b>					



## Control No.

E127845

Name	Employee ID	Phone Number
Spilker, Robyn ✓	s.22	(250) 952-7627
Client Organization	Job Title	Travel Group Code
Finance	Ministerial Assistant	3

<b>5. Date Completed</b> 2017/12/21	<b>6. Fiscal Year</b> 2018	<b>7. Special Cheque Issue</b> EFT	<b>8. Cheque Stub Information</b>
<b>Type of Travel</b> In Province	<b>14. Reason for Travel</b> Staff Minister	<b>Headquarters</b> Victoria	

## 12. Mailing Address for Cheque

Minister's Office Room 153, Parliament Buildings Victoria, BC V8V 1X4

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											
09/21	Vict-Vanc(QT)	0700	2359		0.00			0.00	410.08		
09/22	Van-Vic-Heli(QT)	0700	2359		0.00	office cab card	F-	51.50			
10/20	Vic-Van-Vic(QT)	0700	2359		0.00		H-	25.75			
12/07	Vic-Van-(Ferry)	0700	2359		0.00	N/C	H-	25.75	151.57		
12/08	Van-Vic-(Ferry)	0700	2359		0.00	N/C	F-	51.50	s.22		

	36.	37.		38.	39.	40.	<b>Claim Total</b>
TOTALS OF COLUMNS	\$ 0.00	\$ 0.00		\$ 154.50 ✓	\$ 561.65 ✓	\$ 0.00	\$ 716.15 ✓

48.	Client Code 022 022 022 022	49.	Resp. 32001	50.	Service Line 34000	51.	STOB 5701	52.	Project <del>2714737</del> 3200000	45.	Supplier Code s.22	Amount \$ 716.15
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[illegible][illegible]

<b>45. Employee Signature (See Audit Trail)</b> - Certified this travel expense claim is a true statement of disbursements made and/or allowances to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.	<b>Print Name</b>	<b>Date Signed</b>
---	-------------------	--------------------

<b>56. Spending Authority Signature (See Audit Trail)</b> - Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies.	<b>Print Name</b>	<b>Date Signed</b>
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<b>57. Payment Authority Signature (See Audit Trail)</b> - Requisition for payment pursuant to section 32 of the Financial Administration Act.	<b>Print Name</b>	<b>Date Signed</b>
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## BUSINESS EXPENSE APPROVAL for Business Meetings/Protocol Events

BUSINESS EXPENSE APPROVAL NO.

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

### SECTION 1 – ORIGINATOR INFORMATION

NAME OF ORIGINATOR OF EXPENSE Minister of Health's Office ✓	TELEPHONE NO. ( 250 ) 9533547	DATE SUBMITTED 2017/12/12
MINISTRY/DIVISION/BRANCH Minister's Office	LOCATION (CITY) OF EVENT Victoria	START DATE OF EVENT 2017/12/12
		END DATE OF EVENT 2017/12/12 ✓

### SECTION 2 – NAME / NATURE OF EVENT

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

Minister was hosting a dinner for government related affairs in the researchers, two other government officials also present. 10 attendees including health

### SECTION 3 – INDIVIDUALS INCLUDED IN MEAL CLAIMS


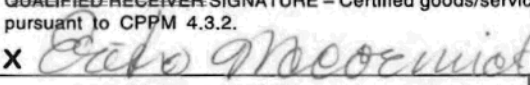
Complete this section only if the Business Expense Approval includes a meal. Identify the individual's name and either the ministry or company they are affiliated with. Attach a separate list if necessary.

Minister Adrian Dix - Minister of Health  
Don Wright - Deputy Minister  
Rebecca Warburton - Health Researcher  
William Warburton - Health Researcher  
Health Researcher's spouse ✓  
Ramsay Hamdi - Health Researcher  
Dave Scott - Health Researcher  
Bob Hart - Health Researcher  
Malcolm Maclure - Health Researcher  
One more health researcher attended - name not provided.

### SECTION 4 – BUSINESS EXPENSE REQUESTED

CATEGORY	STOB	AMOUNT
1. Meeting Room Rental	6531	
2. Equipment/Furniture Rental	6531	
3. Photocopying, Faxing, Telephone, etc.	6531	
4. Food/Beverages for Meetings <input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input checked="" type="checkbox"/> DINNER <input type="checkbox"/> SNACKS <input type="checkbox"/> COFFEE/TEA/JUICE, ETC.	6531	232.36
5. Business Meals in Restaurant <input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER	6531	
6. Event Planners, Speakers, etc.		
7. Travel Costs for Non-BC Government Participants		
8. Other:		
<b>ESTIMATED TOTAL</b>	<b>\$</b>	<b>232.36</b> ✓

### SECTION 5 – EXPENSE AUTHORITY PRE-APPROVAL

RESP. CENTRE 66001	SERVICE LINE 44000	PROJECT NO. (IF APPLICABLE) OR ADDITIONAL CODING 6600000
EXPENSE AUTHORITY SIGNATURE – Certified correct pursuant to sections 32 & 33 of the <i>Financial Administration Act</i> and related policies.		
 PRINT NAME OF EXPENSE AUTHORITY – <span style="float: right;">QR</span> Jasmyrn Singh		QUALIFIED RECEIVER DATE SIGNED 2018/02/14
<h3>SECTION 6 – EMPLOYEE REIMBURSEMENT INFORMATION</h3> <p>Complete this section only if reimbursing an employee for expenses they have paid personally. Enter payee name, cheque mailing address, and reimbursement total.</p> <p>Jasmyrn Singh ✓ PO Box 9050 Stn Prov Gov Victoria BC V8W 9E2</p>		
QUALIFIED RECEIVER SIGNATURE – Certified goods/services received pursuant to CPPM 4.3.2. X  Expense Authority		
<b>REIMBURSEMENT TOTAL</b>		232.36



Where ideas work

## Travel Voucher (Restricted Use)

Control No.

E127874

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

<b>Name</b> Sas, Jonathan				<b>Employee ID</b> s.22		<b>Phone Number</b> (250) 953-4844	
<b>Client Organization</b> Indigenous Relations and Reconciliation				<b>Job Title</b> Ministerial Assistant		<b>Travel Group Code</b> 3	
<b>5. Date Completed</b> 2018/01/03		<b>6. Fiscal Year</b> 2018		<b>7. Special Cheque Issue</b>		<b>8. Cheque Stub Information</b>	
<b>Type of Travel</b> In Province		<b>14. Reason for Travel</b> Meetings				<b>Headquarters</b> Victoria/Vancouver	
<b>12. Mailing Address for Cheque</b> PO Box 9051 Stn Prov Gov Victoria, BC V8W 9E2							
<b>16. Travel Dates</b> 2017 12/10	<b>17. Places Travelled</b>			<b>18. Personal Vehicle Use</b>		<b>19. Other Transport Costs</b>	<b>20. &amp; 21. Meals</b>
	<b>Destination</b> Victoria	<b>Start</b> 1700	<b>End</b> 1800	<b>Km</b>	<b>Cost</b> 0.00	<b>Costs</b> 73.40	<b>Claim</b>  <b>Cost</b> 0.00
							<b>22. Lodging Costs</b>
							<b>Cost</b>  <b>Describe</b>
<b>TOTALS OF COLUMNS</b>				<b>36.</b> \$ 0.00	<b>37.</b> \$ 73.40	<b>38.</b> \$ 0.00	<b>39.</b> \$ 0.00
<b>40.</b> \$ 0.00	<b>41. Claim Total</b> \$ 73.40						
<b>48. Client Code</b> 120 120 120 120	<b>49. Resp.</b> 0794A	<b>50. Service Line</b> 52000	<b>51. STOB</b> 5702	<b>52. Project</b> 0700000	<b>45. Supplier Code</b> s.22		<b>Amount</b> \$ 73.40
<b>Less Travel Advance</b> 120							
						<b>54.</b> \$ 73.40	
<b>45. Employee Signature (See Audit Trail)</b> - Certified this travel expense claim is a true statement of disbursements made and/or allowances to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.				<b>Print Name</b>		<b>Date Signed</b>	
<b>56. Spending Authority Signature (See Audit Trail)</b> - Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies.				<b>Print Name</b>		<b>Date Signed</b>	
<b>57. Payment Authority Signature (See Audit Trail)</b> - Requisition for payment pursuant to section 32 of the Financial Administration Act.				<b>Print Name</b>		<b>Date Signed</b>	



# Where ideas work

## Travel Voucher (Restricted Use)

Control No.

E127738

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<b>Name</b> Currie, Kathie				<b>Employee ID</b> s.22				<b>Phone Number</b> s.22						
<b>Client Organization</b> Jobs, Trade and Technology				<b>Job Title</b> Ministerial Assistant				<b>Travel Group Code</b> 3						
<b>5. Date Completed</b> 2017/12/04			<b>6. Fiscal Year</b> 2018			<b>7. Special Cheque Issue</b>			<b>8. Cheque Stub Information</b>					
<b>Type of Travel</b> In Province			<b>14. Reason for Travel</b> Victoria meetings						<b>Headquarters</b> Vancouver					
<b>12. Mailing Address for Cheque</b> s.22														
<b>16. Travel Dates</b>		<b>17. Places Travelled</b>			<b>18. Personal Vehicle Use</b>		<b>19. Other Transport Costs</b>		<b>20. &amp; 21. Meals</b>		<b>22. Lodging Costs</b>		<b>20. &amp; 21. Miscellaneous</b>	
		<b>Destination</b>	<b>Start</b>	<b>End</b>	<b>Km</b>	<b>Cost</b>			<b>Claim</b>	<b>Cost</b>			<b>Cost</b>	<b>Describe</b>
2017		Vic- Van (Ferry)	0700	1800		0.00		✓ 89.50	F-BL	51.50 s.22				
11/24		Van- Vic (Ferry)	1300	2359		0.00		✓ 93.50	F-LD	22.75	114.40		15.00	Parking
11/26		Vic	0700	2359		0.00			F-	51.50	114.40		15.00	Parking
11/27		Vic	0700	2359		0.00			F-	51.50	114.40		15.00	Parking
11/28		Vic	0700	2359		0.00			F-	51.50	114.40		15.00	Parking
11/29		Vic	0700	2359		0.00			F-	51.50	114.40		15.00	Parking
11/30		Vic	0700	2359		0.00			F-	51.50	114.40		15.00	Parking
12/01		Vic- Van	0700	1800		0.00			F-BL	30.50				
<b>TOTALS OF COLUMNS</b>					<b>36.</b>	<b>37.</b>		<b>38.</b>	<b>39.</b>	<b>40.</b>	<b>Claim Total</b>			
					\$ 0.00	\$ 183.00		\$ 310.75 s.22	\$ 572.00	\$ 75.00	\$ 1140.75 s.22			
<b>48. Client Code</b>		<b>49. Resp.</b>	<b>50. Service Line</b>		<b>51. STOB</b>	<b>52. Project</b>		<b>45. Supplier Code</b>		<b>Amount</b>				
125		51000	08001		5701	5111111		s.22		\$ 1140.75				
125										= \$ s.22				
125														
125														
<b>Less Travel Advance</b>														
125														
										<b>54. \$ 1140.75 s.22</b>				
<b>AMOUNT DUE TO EMPLOYEE</b>														
<b>45. Employee Signature (See Audit Trail)</b> - Certified this travel expense claim is a true statement of disbursements made and/or allowances to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.								<b>Print Name</b>			<b>Date Signed</b>			
<b>56. Spending Authority Signature (See Audit Trail)</b> - Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies.								<b>Print Name</b>			<b>Date Signed</b>			
<b>57. Payment Authority Signature (See Audit Trail)</b> - Requisition for payment pursuant to section 32 of the Financial Administration Act.								<b>Print Name</b>			<b>Date Signed</b>			



Where ideas work

## Travel Voucher (Restricted Use)

Control No.

E127827

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

<b>Name</b> Currie, Kathie ✓			<b>Employee ID</b> s.22			<b>Phone Number</b> s.22					
<b>Client Organization</b> Jobs, Trade and Technology			<b>Job Title</b> Ministerial Assistant			<b>Travel Group Code</b> 3					
<b>5. Date Completed</b> 2017/12/16		<b>6. Fiscal Year</b> 2018		<b>7. Special Cheque Issue</b>		<b>8. Cheque Stub Information</b>					
<b>Type of Travel</b> In Province		<b>14. Reason for Travel</b> Minister's Meetings				<b>Headquarters</b> Vancouver					
<b>12. Mailing Address for Cheque</b> s.22											
<b>16. Travel Dates</b>	<b>17. Places Travelled</b>			<b>18. 0.53 Personal Vehicle Use</b>		<b>19. Other Transport Costs</b>	<b>20. &amp; 21. Meals</b>		<b>22. Lodging Costs</b>	<b>20. &amp; 21. Miscellaneous</b>	
	<b>Destination</b>	<b>Start</b>	<b>End</b>	<b>Km</b>	<b>Cost</b>		<b>Claim</b>	<b>Cost</b>		<b>Cost</b>	<b>Describe</b>
*12/01	Vic to Van (ferry)	0700	1800	55	29.15	72.50		0.00	119.50	34.75	X Ref TV# E127738 not prev pd
12/04	Van to Vic (ferry)	0700	2359	55	29.15	72.50	F-	51.50	s.22	15.75	parking x 2
12/05	Vic	0700	2359		0.00		F-LD	22.75		13.00	parking, Hotel
12/06	Vic to Van (ferry)	0700	2000		0.00	72.50		0.00	119.50		parking
									adjusted to include Rm GST		
<b>TOTALS OF COLUMNS</b>				110 kms	<b>36. ✓</b> \$ 58.30	<b>37. ✓</b> \$ 217.50		<b>38. ✓</b> \$ 74.25	<b>39. 239.00</b> \$ s.22	<b>40. ✓</b> \$ 63.50	<b>Claim Total</b> \$ s.22 652.55
<b>48. Client Code</b>	<b>49. Resp.</b>	<b>50. Service Line</b>	<b>51. STOB</b>		<b>52. Project</b>	<b>45. Supplier Code</b>		<b>Amount</b>			
125	51000	08001	5744 <sup>01</sup>		5111111	s.22		652.55 \$ s.22			
125											
125											
125											
<b>Less Travel Advance</b>											
125											
										<b>54. ✓</b> s.22 652.55	
<b>AMOUNT DUE TO EMPLOYEE</b>											
<b>45. Employee Signature (See Audit Trail)</b> - Certified this travel expense claim is a true statement of disbursements made and/or allowances to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.						<b>Print Name</b>			<b>Date Signed</b>		
<b>56. Spending Authority Signature (See Audit Trail)</b> - Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies.						<b>Print Name</b>			<b>Date Signed</b>		
<b>57. Payment Authority Signature (See Audit Trail)</b> - Requisition for payment pursuant to section 32 of the Financial Administration Act.						<b>Print Name</b>			<b>Date Signed</b>		



# Where ideas work

## Travel Voucher (Restricted Use)

Control No.

E127847

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

<b>Name</b> Currie, Kathie			<b>Employee ID</b> s.22			<b>Phone Number</b> (s.22)			
<b>Client Organization</b> Jobs, Trade and Technology			<b>Job Title</b> Ministerial Assistant			<b>Travel Group Code</b> 3			
<b>5. Date Completed</b> 2017/12/21		<b>6. Fiscal Year</b> 2018		<b>7. Special Cheque Issue</b>		<b>8. Cheque Stub Information</b>			
<b>Type of Travel</b> In Province		<b>14. Reason for Travel</b> Seattle with Minister				<b>Headquarters</b> Vancouver			
<b>12. Mailing Address for Cheque</b> s.22									
<b>16. Travel Dates</b> 2017 12/08 Van	<b>17. Places Travelled</b>			<b>18. Personal Vehicle Use</b>		<b>19. Other Transport Costs</b>		<b>20. &amp; 21. Meals</b>	
	<b>Destination</b> Seattle - Van	<b>Start</b> 0500	<b>End</b> 1400	<b>Km</b> 25	<b>Cost</b> 13.25			<b>Claim</b> F-D	<b>Cost</b> 33.25
	*PCARD								
	US Rate 1.2966 x 33.25 = \$43.21								
				<b>36.</b> \$ 13.25	<b>37.</b> \$ 0.00		<b>38.</b> \$ 33.25	<b>39.</b> \$ 0.00	<b>40.</b> s.22
<b>TOTALS OF COLUMNS</b>									<b>Claim Total</b> \$ = s.22
<b>48. Client Code</b> 125 125 125 125	<b>49. Resp.</b> 51000	<b>50. Service Line</b> 08001		<b>51. STOB</b> <del>5711</del> 5706		<b>52. Project</b> 5111111		<b>45. Supplier Code</b> s.22	
								<b>Amount</b> \$s.22 \$ 56.47	
<b>Less Travel Advance</b> 125									
								<b>54.</b> \$56.47 s.22	
								<b>AMOUNT DUE TO EMPLOYEE</b>	
<b>45. Employee Signature (See Audit Trail)</b> - Certified this travel expense claim is a true statement of disbursements made and/or allowances to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.						<b>Print Name</b>		<b>Date Signed</b>	
<b>56. Spending Authority Signature (See Audit Trail)</b> - Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies.						<b>Print Name</b>		<b>Date Signed</b>	
<b>57. Payment Authority Signature (See Audit Trail)</b> - Requisition for payment pursuant to section 32 of the Financial Administration Act.						<b>Print Name</b>		<b>Date Signed</b>	

FIN 10 (EFI-F0012 v2.6.1)

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

### US dollar (USD)

Low [High]	2017-09-11	1.2128 CAD [0.8245 USD]
Average	2017-01-10 – 2018-01-10	1.2966 CAD [0.7721 USD]
High [Low]	2017-05-04	1.3743 CAD [0.7276 USD]

\*Could not locate taxi receipts with the dates removed from travel claim.

\*Receipts were not clear with date look like duplicates  
Audited by PL Jan 10-18





## TRAVEL AUTHORIZATION

This form must be used for all out-of-province travel requests.  
It may, at the discretion of ministries, be used for in-province travel requests.

☐ Out-of-Province ☒ Out-of-Canada ☐ In-Province

MINISTRY / ENTITY / CORPORATE NAME (IF CONTRACTOR)

Jobs, Trade and Technology

EMPLOYEE NAME

Kathie Currie

VOTE

EMPLOYEE ID.

s.22

POSITION

Sr. Ministerial Assistant

BARGAINING UNIT / GROUP NO.

BRANCH / LOCATION / REGION

Minister's Office

DATE DEPARTING

YYYY / MM / DD

2017/12/08

DATE RETURNING

YYYY / MM / DD

2017/12/08

NO. OF WORKDAYS AWAY

1

ESTIMATED OVERTIME CLAIM

HOURS

IDENTITY OF ORGANIZATION (OTHER THAN PROV. OF B.C.) PAYING ANY OF THE COSTS

☐ N/A, OR:

DESTINATIONS

Washington State - Seattle

METHOD OF TRAVEL

Air

PURPOSE OF TRAVEL

Give details of event to be attended, project name / number, program involved, benefits to Ministry, etc.

Staffing Minister to Cascadia Innovation Network MOU  
Signing Ceremony/Launch. Speaking engagement for MBR

### SIGNATURES

Refer to CPPM 10.3.4 Policy 1 and 10.4.4 for approval authorities.  
PLEASE SIGN ONE BOX ONLY

DIRECTOR

APPROVED

NOT APPROVED

DATE SIGNED  
YYYY / MM / DD

ASSISTANT DEPUTY MINISTER

APPROVED

NOT APPROVED

DATE SIGNED  
YYYY / MM / DD

DEPUTY MINISTER

APPROVED

NOT APPROVED

DATE SIGNED  
YYYY / MM / DD

MINISTER

APPROVED

NOT APPROVED

DATE SIGNED  
YYYY / MM / DD

EMPLOYEE'S SIGNATURE

DATE SIGNED  
YYYY / MM / DD

*[Signature]*

2018/01/10

FIN 99/WEB Rev. 2008/10/08

Originator completes and forwards a copy to immediate supervisor for approval(s). If travel is approved, the supervisor retains a copy and returns the original to the originator. The originator attaches the original and a copy to their travel voucher.

Reset Form



## TRAVEL VOUCHER

PAGE \_\_\_\_ OF \_\_\_\_

(Note: FIN 10 uses are restricted per CPPM C.1.6.)

INSTRUCTIONS: Employee please complete field 3 to Employee Signature line plus columns 48 - 54. Attach appropriate receipts in order of claim.

1. MINISTRY AND BATCH NO.

John Jones  
Technology

2. CONTROL NO.

W TRA CUR 121918

3. CLIENT	4. MIN. ABBREV.	5. DATE COMPLETED YYYY MM DD 2018 03 05	6. FISCAL YEAR 2018	7. SPECIAL CHECK/ISSUE 04	8. CHECK/STUB INFORMATION MAXIMUM 13 SINGLE-SPACED LINES. 36 CHARACTERS PER LINE. ATTACH EXTRA PAGES IF REQUIRED.
9. EMPLOYEE ID.	10. EMPLOYEE SUPPLIER NO.	11. EMPLOYEE SURNAME Currie	INITIALS K	12. EMPLOYEE GROUP NO. (1 only) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	13. POSTAL CODE

15. REASON FOR TRAVEL: Staff by Minister

16. EMPLOYEE OCCUPATION

17. DATE OF TRAVEL	18. PLACES TRAVELLED TO / FROM	19. PERSONAL VEHICLE USE DISTANCE X KM RATE	20. BUS/TAXI/AIR/FERRY COSTS	21. B/L/D	22. MEALS: ALLOWANCE/PER DIEM AS APPLICABLE TO GROUP NO.	23. ACCOMMODATION COSTS (TO POLICY LIMIT)	24. COST	25. MISCELLANEOUS (CAR RENTAL, PHONE, ATM FEES, ETC.) DESCRIPTION	TOTAL DAILY COSTS
12/7	Vancouver						23	parking	23
12/8	Vancouver						30	parking	30
12/9	Vancouver						30	parking	30
12/11	Vancouver						23	parking	23
12/12	Vancouver Victoria	✓ 72.50	110.53	✓ 28.75	110.53	4	✓ parking	\$215.78	
12/13	Victoria		110.53	✓ 51.50	110.53			\$162.03	
12/14	Vic-Van	✓ 72.50				12	parking	84.50	
12/15	Vancouver					23	parking	23	
12/17	Van-Vic	89.50		✓ 51.50				140.50	
12/19	Vic-Van	89.50		✓ 51.50				140.50	
TOTALS OF COLUMNS		38	39	40	41	42	THIS TOTAL MUST EQUAL TOTAL IN BOX Y \$872.31 = \$22 CLAIM TOTALS		
43. PORTAL TO PORTAL DISTANCE	44. TOTAL DISTANCE FROM PREVIOUS VOUCHER	45. TOTAL DISTANCE TO DATE		46. EMPLOYEE SIGNATURE		HEADQUARTERS (CITY NAME) Vancouver		WORK PHONE NO.	

47. SUPPLIER CODE	48. CLIENT	49. RESP. CENTRE	50. SERVICE LINE	51. STOB	52. PROJECT	AMOUNT
	125	51000	08001	5702	5111111	129.00
THIS TOTAL MUST EQUAL TOTAL IN BOX X						TOTAL
LESS ADVANCE AMOUNT						\$872.31

IF ADVANCE WAS GREATER THAN (Y) ENTER (Y) AMOUNT IN (Z) AND REPAY THE BALANCE. ATTACH RECEIPTS AND PREVIOUS PAGES OF THIS VOUCHER IF ANY.

AMOUNT DUE TO EMPLOYEE

55. EXPENSE AUTHORITY SIGNATURE KATHLEEN CURRIE	PRINT NAME KATHLEEN CURRIE	DATE SIGNED 2018 03 05
56. PROCESSING CLERK INITIAL K	2018/03/05	



## TRAVEL VOUCHER

PAGE \_\_\_\_ OF \_\_\_\_

(Note: FIN 10 uses are restricted per CPPM C.1.6.)

1. MINISTRY AND BATCH NO.

2. CONTROL NO.

W TRA CUR 122918

INSTRUCTIONS: Employee please complete field 3 to Employee Signature line plus columns 48-54. Attach appropriate receipts in order of claim.

3. CLIENT	4. MIN. ABBREV.	5. DATE COMPLETED YYYY MM DD 2018 03 05	6. FISCAL YEAR 2018	7. SPECIAL CHEQUE ISSUE 04	8. CHEQUE STUB INFORMATION - MAXIMUM 10 SINGLE-SPACED LINES. 90 CHARACTERS PER LINE. ATTACH EXTRA PAGES IF REQUIRED.	
9. EMPLOYEE I.D.	10. EMPLOYEE SUPPLIER NO.	11. EMPLOYEE SURNAME Currie			INITIALS K	12. EMPLOYEE GROUP NO. (one only) 1 2 3 4
13. MAILING ADDRESS FOR CHEQUE					14. POSTAL CODE	

15. REASON FOR TRAVEL

staffing minister

15. EMPLOYEE OCCUPATION

17. DATE OF TRAVEL	18. PLACES TRAVELLED TO / FROM	19. PERSONAL VEHICLE USE DISTANCE X KM RATE \$	20. BUS/TAXI/AIR/FERRY COSTS \$	21. B/L/D	22. MEALS: ALLOWANCE/PER DIEM AS APPLICABLE TO GROUP NO.	23. ACCOMMODATION COSTS (TO POLICY LIMIT) \$	24. COST \$	25. MISCELLANEOUS (CAR RENTAL, PHONE, ATM FEES, ETC.) DESCRIPTION	26. TOTAL DAILY COSTS
12/15	Vancouver						23		23
12/21	Vancouver						19		19
12/29	San Jose / San Francisco		170						170
TOTALS OF COLUMNS									212

43. PORTAL TO PORTAL DISTANCE

44. TOTAL DISTANCE FROM PREVIOUS VOUCHER

45. TOTAL DISTANCE TO DATE

46. EMPLOYEE SIGNATURE

HEADQUARTERS (CITY NAME)

Vancouver

WORK PHONE NO.

NOTES	47. SUPPLIER CODE	48. CLIENT	49. RESP. CENTRE	50. SERVICE LINE	51. STOB	52. PROJECT	AMOUNT
		125	51000	08001	5702	5111111	\$ 42.00
THIS TOTAL MUST EQUAL TOTAL IN BOX X							Y TOTAL
LESS ADVANCE AMOUNT							Z

IF ADVANCE WAS GREATER THAN (Y) ENTER (Y) AMOUNT IN (Z) AND REPAY THE BALANCE. ATTACH RECEIPTS AND PREVIOUS PAGES OF THIS VOUCHER IF ANY.

AMOUNT DUE TO EMPLOYEE

212

55. EXPENSE AUTHORITY SIGNATURE

56. PROCESSING CLERK INITIAL

CERTIFIED EXTENSIONS AND ENTITLEMENTS CORRECT

PRINT NAME

KATHLEEN CURRIE

DATE SIGNED

2018 03 05



Where ideas work

## Travel Voucher (Restricted Use)

Control No.

E127936

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

<b>Name</b> Cooling, Karen		<b>Employee ID</b> s.22		<b>Phone Number</b> (250) 953-0920	
<b>Client Organization</b> Labour		<b>Job Title</b> Ministerial Assistant		<b>Travel Group Code</b> 3	
<b>5. Date Completed</b> 2018/01/22		<b>6. Fiscal Year</b> 2018		<b>7. Special Cheque Issue</b> EFT	
<b>8. Cheque Stub Information</b>					
<b>Type of Travel</b> In Province		<b>14. Reason for Travel</b> Meetings		<b>Headquarters</b> Victoria	
<b>12. Mailing Address for Cheque</b> P.O. Box 9064 Stn Prov Govt Victoria, BC V8W 9E2					
<b>16. Travel Dates</b> 2017 12/14 (HJ)	<b>17. Places Travelled</b>		<b>18. Personal Vehicle Use</b>	<b>19. Other Transport Costs</b>	<b>20. &amp; 21. Meals</b>
	<b>Destination</b> Vic-Van-Vic(Ferry)	<b>Start</b> 0945	<b>End</b> 1830	<b>Km</b> 0.00	<b>Cost</b> ✓ 16.70
					<b>Claim</b> F-
					<b>Cost</b> 51.50
					<b>Lodging Costs</b>
					<b>Cost</b> ✓ 71.00
					<b>Describe</b> Taxi
<b>TOTALS OF COLUMNS</b>				<b>36.</b> \$ 0.00	<b>37.</b> \$ 16.70
				<b>38.</b> \$ 51.50	<b>39.</b> \$ 0.00
				<b>40.</b> \$ 71.00	<b>Claim Total</b> \$ 139.20
<b>48. Client Code</b> 127 127 127 127	<b>49. Resp.</b> 51608	<b>50. Service Line</b> 52080	<b>51. STOB</b> 5701	<b>52. Project</b> 5155555	<b>45. Supplier Code</b> s.22
					<b>Amount</b> \$ 139.20
<b>Less Travel Advance</b> 127					
					<b>54.</b> \$ 139.20
<b>AMOUNT DUE TO EMPLOYEE</b>					
<b>45. Employee Signature (See Audit Trail)</b> - Certified this travel expense claim is a true statement of disbursements made and/or allowances to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.				<b>Print Name</b>	
				<b>Date Signed</b>	
<b>56. Spending Authority Signature (See Audit Trail)</b> - Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies.				<b>Print Name</b>	
				<b>Date Signed</b>	
<b>57. Payment Authority Signature (See Audit Trail)</b> - Requisition for payment pursuant to section 32 of the Financial Administration Act.				<b>Print Name</b>	
				<b>Date Signed</b>	



Where ideas work

## Travel Voucher (Restricted Use)

Control No.

E127795

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

<b>Name</b> Ashbourne, Craig				<b>Employee ID</b> s.22		<b>Phone Number</b> (250) 213-3187	
<b>Client Organization</b> Municipal Affairs and Housing				<b>Job Title</b> Ministerial Assistant		<b>Travel Group Code</b> 4	
<b>5. Date Completed</b> 2017/12/11		<b>6. Fiscal Year</b> 2018		<b>7. Special Cheque Issue</b> EFT		<b>8. Cheque Stub Information</b>	
<b>Type of Travel</b> In Province		<b>14. Reason for Travel</b> Meetings				<b>Headquarters</b> Victoria	
<b>12. Mailing Address for Cheque</b>							
<b>16. Travel Dates</b>	<b>17. Places Travelled</b>			<b>18. Personal Vehicle Use</b>		<b>19. Other Transport Costs</b>	<b>20. &amp; 21. Meals</b>
2017	<b>Destination</b>	<b>Start</b>	<b>End</b>	<b>Km</b>	<b>Cost</b>	<b>Costs</b>	<b>Cost</b>
11/22	Vic - Van - Vic (HJ)	0900	1500		0.00	32.10	22.75
11/24	Vic - Van (HJ)	0600	2359		0.00	86.30 s.22	51.50
11/25	Van - Vic (HJ)	0600	1000		0.00	33.50	22.75
12/07	Vic - Van (HJ)	0500	2359		0.00	115.76 s.22	51.50
12/08	Van - Vic (HJ)	0600	1900		0.00	74.30	51.50
*PCARD							
<b>TOTALS OF COLUMNS</b>				<b>36.</b>	<b>37.</b>	<b>38.</b>	<b>39.</b>
				\$ 0.00	\$ 341.90 s.22	\$ 200.00	\$ 298.02
<b>40.</b>	<b>41.</b>	<b>42.</b>	<b>43.</b>	<b>44.</b>	<b>45.</b>	<b>46.</b>	<b>47.</b>
<b>Client Code</b>	<b>Resp.</b>	<b>Service Line</b>	<b>STOB</b>	<b>Project</b>	<b>Supplier Code</b>	<b>Amount</b>	
060	51057	54000	5701	5100000	s.22	\$ 839.92	
060							
060							
060							
<b>Less Travel Advance</b>							
060							
<b>AMOUNT DUE TO EMPLOYEE</b>						<b>54.</b>	
						\$ 839.92 s.22	
<b>45. Employee Signature (See Audit Trail)</b> - Certified this travel expense claim is a true statement of disbursements made and/or allowances to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.				<b>Print Name</b>		<b>Date Signed</b>	
<b>56. Spending Authority Signature (See Audit Trail)</b> - Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies.				<b>Print Name</b>		<b>Date Signed</b>	
<b>57. Payment Authority Signature (See Audit Trail)</b> - Requisition for payment pursuant to section 32 of the Financial Administration Act.				<b>Print Name</b>		<b>Date Signed</b>	

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

Audited by PL Dec 15-17



Where ideas work

## Travel Voucher (Restricted Use)

Control No.

E127842

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

<b>Name</b> Squance, Leah				<b>Employee ID</b> s.22		<b>Phone Number</b> (250) 356-7750	
<b>Client Organization</b> Social Development and Poverty Reduction				<b>Job Title</b>		<b>Travel Group Code</b> 3	
<b>5. Date Completed</b> 2017/12/20		<b>6. Fiscal Year</b> 2018		<b>7. Special Cheque Issue</b>		<b>8. Cheque Stub Information</b>	
<b>Type of Travel</b> In Province		<b>14. Reason for Travel</b> Meetings				<b>Headquarters</b> Vic	
<b>12. Mailing Address for Cheque</b>							
<b>16. Travel Dates</b>	<b>17. Places Travelled</b>			<b>18. Personal Vehicle Use</b>		<b>19. Other Transport Costs</b>	<b>20. &amp; 21. Meals</b>
	<b>Destination</b>	<b>Start</b>	<b>End</b>	<b>Km</b>	<b>Cost</b>		<b>Claim</b>
2017							<b>Cost</b>
11/30	Vic-Van (Ferry)	1600	2359	102	54.06	✓ 89.50	F-BLI 18.25
12/01	Van	0800	2359		0.00		F-DI 21.00
12/11	Van-Vic (Ferry)	1500	2000	85	45.05	✓ 72.50	
12/14	Vic-Van (Ferry)	1300	2359	102	54.06	✓ 72.50	F-BLI 18.25
12/15	Van	0800	2359	120	63.60		F-DI 21.00
12/19	Van	0800	2359	50	26.50		F-BI 28.75
12/20	Van-Vic (HA)	0800	2359	17	9.01	✓ 320.00	F-LDI 10.50
12/21	Vic-Van (HA)	1430	2359	17	9.01		F-BL 30.50
12/22	Van	0800	1700	95	50.35		F-D 33.25
<b>TOTALS OF COLUMNS</b>				<b>36.</b>	<b>37.</b>		<b>38.</b>
				\$ 311.64	\$ 554.50		\$ 181.50
<b>39.</b>	<b>40.</b>	<b>Claim Total</b>					
\$ 123.00	\$ 26.60	\$ 1197.24					
<b>48. Client Code</b>	<b>49. Resp.</b>	<b>50. Service Line</b>	<b>51. STOB</b>	<b>52. Project</b>	<b>45. Supplier Code</b>	<b>Amount</b>	
031	46001	48000	5701	4600000	s.22	\$ 1197.24	
031							
031							
031							
<b>Less Travel Advance</b>							
031							
<b>AMOUNT DUE TO EMPLOYEE</b>						<b>54.</b>	
						\$ 1197.24	
<b>45. Employee Signature (See Audit Trail)</b> - Certified this travel expense claim is a true statement of disbursements made and/or allowances to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.				<b>Print Name</b>		<b>Date Signed</b>	
<b>56. Spending Authority Signature (See Audit Trail)</b> - Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies.				<b>Print Name</b>		<b>Date Signed</b>	
<b>57. Payment Authority Signature (See Audit Trail)</b> - Requisition for payment pursuant to section 32 of the Financial Administration Act.				<b>Print Name</b>		<b>Date Signed</b>	



# Where ideas work

## Travel Voucher (Restricted Use)

Control No.

E127872

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

<b>Name</b> Newhook, Kelly				<b>Employee ID</b> s.22		<b>Phone Number</b> (250) 953-0905																								
<b>Client Organization</b> Tourism, Arts and Culture				<b>Job Title</b> SENIOR MA		<b>Travel Group Code</b> 3																								
<b>5. Date Completed</b> 2018/01/02		<b>6. Fiscal Year</b> 2018		<b>7. Special Cheque Issue</b>		<b>8. Cheque Stub Information</b>																								
<b>Type of Travel</b> In Province		<b>14. Reason for Travel</b> Staff Meeting				<b>Headquarters</b> Minister's Office																								
<b>12. Mailing Address for Cheque</b>																														
<b>16. Travel Dates</b> 2017 12/13 12/14		<b>17. Places Travelled</b> <table border="1"> <tr> <th>Destination</th> <th>Start</th> <th>End</th> </tr> <tr> <td>Vancouver (Ferry)</td> <td>1200</td> <td>2000</td> </tr> <tr> <td>Vancouver</td> <td>0800</td> <td>1900</td> </tr> </table>		Destination	Start	End	Vancouver (Ferry)	1200	2000	Vancouver	0800	1900	<b>18. Personal Vehicle Use</b> <table border="1"> <tr> <th>Km</th> <th>Cost</th> </tr> <tr> <td></td> <td>0.00</td> </tr> <tr> <td></td> <td>0.00</td> </tr> </table>		Km	Cost		0.00		0.00	<b>19. Other Transport Costs</b> 110.25		<b>20. &amp; 21. Meals</b> <table border="1"> <tr> <th>Claim</th> <th>Cost</th> </tr> <tr> <td>F-BL</td> <td>0.00</td> </tr> <tr> <td></td> <td>30.50</td> </tr> </table>		Claim	Cost	F-BL	0.00		30.50
Destination	Start	End																												
Vancouver (Ferry)	1200	2000																												
Vancouver	0800	1900																												
Km	Cost																													
	0.00																													
	0.00																													
Claim	Cost																													
F-BL	0.00																													
	30.50																													
						<b>22. Lodging Costs</b>																								
						<b>20. &amp; 21. Miscellaneous</b> <table border="1"> <tr> <th>Cost</th> <th>Describe</th> </tr> <tr> <td>16.70</td> <td>Ferry</td> </tr> <tr> <td>94.50</td> <td>Staff lunch</td> </tr> </table>		Cost	Describe	16.70	Ferry	94.50	Staff lunch																	
Cost	Describe																													
16.70	Ferry																													
94.50	Staff lunch																													
<b>TOTALS OF COLUMNS</b>				<b>36.</b> \$ 0.00		<b>37.</b> \$ 110.25																								
				<b>38.</b> \$ 30.50		<b>39.</b> \$ 0.00																								
				<b>40.</b> \$ 111.20		<b>Claim Total</b> \$ 251.95																								
<b>48. Client Code</b> 126 126 126 126		<b>49. Resp.</b> 51384 <del>51384</del>		<b>50. Service Line</b> 54006 <del>54006</del>		<b>51. STOB</b> 5701 <del>5711</del>																								
				<b>52. Project</b> 5188888 <del>5188888</del>		<b>45. Supplier Code</b> s.22																								
						<b>Amount</b> 251.95 <del>s.22</del> \$																								
<b>Less Travel Advance</b> 126																														
						<b>54.</b> \$ 251.95																								
<b>45. Employee Signature (See Audit Trail)</b> - Certified this travel expense claim is a true statement of disbursements made and/or allowances to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.				<b>Print Name</b>		<b>Date Signed</b>																								
<b>56. Spending Authority Signature (See Audit Trail)</b> - Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies.				<b>Print Name</b>		<b>Date Signed</b>																								
<b>57. Payment Authority Signature (See Audit Trail)</b> - Requisition for payment pursuant to section 32 of the Financial Administration Act.				<b>Print Name</b>		<b>Date Signed</b>																								

## BUSINESS EXPENSE APPROVAL for Business Meetings/Protocol Events

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

BUSINESS EXPENSE APPROVAL NO.

### SECTION 1 – ORIGINATOR INFORMATION

NAME OF ORIGINATOR OF EXPENSE <b>Kelly Newhook</b>	TELEPHONE NO. s.22	DATE SUBMITTED <b>2018/01/02</b>	YYYY / MM / DD
MINISTRY/DIVISION/BRANCH <b>Tourism Arts and Culture</b>	LOCATION (CITY) OF EVENT <b>Maple Ridge</b>	START DATE OF EVENT <b>2017/12/13</b>	YYYY / MM / DD
		END DATE OF EVENT <b>2017/12/14</b>	YYYY / MM / DD

### SECTION 2 – NAME / NATURE OF EVENT

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

Staff Lunch

### SECTION 3 – INDIVIDUALS INCLUDED IN MEAL CLAIMS

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

In attendance:

Minister Lisa Beare  
Sr MA, Kelly Newhook  
MA, James Infante  
EA, Korleen Carreras  
AC, Marina Holding

### SECTION 4 – BUSINESS EXPENSE REQUESTED

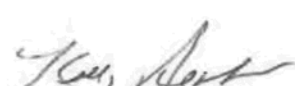
CATEGORY	STOB	AMOUNT
1. Meeting Room Rental	6531	
2. Equipment/Furniture Rental	6531	
3. Photocopying, Faxing, Telephone, etc.	6531	
4. Food/Beverages for Meetings <input type="checkbox"/> BREAKFAST <input checked="" type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/> SNACKS <input type="checkbox"/> COFFEE/TEA/JUICE, ETC.	6531	94.50
5. Business Meals in Restaurant <input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER	6531	
6. Event Planners, Speakers, etc.		
7. Travel Costs for Non-BC Government Participants		
8. Other: _____		
<b>ESTIMATED TOTAL</b>		<b>\$ 94.50</b>

### SECTION 5 – EXPENSE AUTHORITY PRE-APPROVAL

RESP. CENTRE <b>51384</b>	SERVICE LINE <b>54006</b>	PROJECT NO. (IF APPLICABLE) OR ADDITIONAL CODING <b>5188888</b>
EXPENSE AUTHORITY SIGNATURE – Certified correct pursuant to sections 32 & 33 of the <i>Financial Administration Act</i> and related policies. 		
PRINT NAME OF EXPENSE AUTHORITY <b>James Infante</b>		DATE SIGNED YYYY / MM / DD <b>2018/11/11</b>

### SECTION 6 – EMPLOYEE REIMBURSEMENT INFORMATION

Complete this section only if reimbursing an employee for expenses they have paid personally. Enter payee name, cheque mailing address, and reimbursement total.

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


X

**REIMBURSEMENT TOTAL      94.50**



## BUSINESS EXPENSE APPROVAL for Business Meetings/Protocol Events

BUSINESS EXPENSE APPROVAL NO.

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

### SECTION 1 – ORIGINATOR INFORMATION

NAME OF ORIGINATOR OF EXPENSE  Kelly Newhook	TELEPHONE NO.  s.22	DATE SUBMITTED  2018/01/02
MINISTRY/DIVISION/BRANCH Tourism Arts and Culture	LOCATION (CITY) OF EVENT Maple Ridge	START DATE OF EVENT 2017/12/13
		END DATE OF EVENT 2017/12/14

### SECTION 2 – NAME / NATURE OF EVENT

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

s.22 Newhook incurred a flight change expense to a personal travel <sup>Plan</sup> expense. This expense was approved given the flight returning her to Victoria was a minimum of \$200, but the flight change expense only amounted to \$110.25 for her to fly out of Vancouver instead of Victoria.

### SECTION 3 – INDIVIDUALS INCLUDED IN MEAL CLAIMS

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

### SECTION 4 – BUSINESS EXPENSE REQUESTED

CATEGORY	STOB	AMOUNT
1. Meeting Room Rental	6531	
2. Equipment/Furniture Rental	6531	
3. Photocopying, Faxing, Telephone, etc.	6531	
4. Food/Beverages for Meetings <input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/> SNACKS <input type="checkbox"/> COFFEE/TEA/JUICE, ETC.	6531	
5. Business Meals in Restaurant <input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER	6531	
6. Event Planners, Speakers, etc.		
7. Travel Costs for Non-BC Government Participants		
8. Other: Flight Change Exp.	5712	110.25

### SECTION 5 – EXPENSE AUTHORITY PRE-APPROVAL

RESP. CENTRE  51384	SERVICE LINE  54006	PROJECT NO. (IF APPLICABLE) OR ADDITIONAL CODING  5188888
EXPENSE AUTHORITY SIGNATURE – Certified correct pursuant to sections 32 & 33 of the <i>Financial Administration Act</i> and related policies.  		
PRINT NAME OF EXPENSE AUTHORITY  James Infante		DATE SIGNED YYYY / MM / DD  2018 / 11 / 11

### SECTION 6 – EMPLOYEE REIMBURSEMENT INFORMATION

Complete this section only if reimbursing an employee for expenses they have paid personally. Enter payee name, cheque mailing address, and reimbursement total.

 QUALIFIED RECEIVER SIGNATURE – Certified goods/services received pursuant to CPPM 4.3.2. <b>X</b>	
--	--

**ESTIMATED TOTAL     \$     110.25**

**REIMBURSEMENT TOTAL     110.25**



# Where ideas work

## Travel Voucher (Restricted Use)

Control No.

E127815

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<b>Name</b> Harder, Derrick				<b>Employee ID</b> s.22		<b>Phone Number</b> (250) 387-1978																																					
<b>Client Organization</b> Transportation and Infrastructure				<b>Job Title</b> Ministerial Assistant		<b>Travel Group Code</b> 3																																					
<b>5. Date Completed</b> 2017/12/14		<b>6. Fiscal Year</b> 2018		<b>7. Special Cheque Issue</b>		<b>8. Cheque Stub Information</b>																																					
<b>Type of Travel</b> In Province		<b>14. Reason for Travel</b> Ministerial				<b>Headquarters</b> Victoria																																					
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<b>16. Travel Dates</b> 2017 12/09 12/10 12/11	<b>17. Places Travelled</b>  <table border="1"> <tr> <th>Destination</th> <th>Start</th> <th>End</th> </tr> <tr> <td>Vic - Van (HJ)</td> <td>1400</td> <td>1700</td> </tr> <tr> <td>Van</td> <td>1600</td> <td>1900</td> </tr> <tr> <td>Van - Vic (HJ)</td> <td>0900</td> <td>2000</td> </tr> </table>			Destination	Start	End	Vic - Van (HJ)	1400	1700	Van	1600	1900	Van - Vic (HJ)	0900	2000	<b>18. Personal Vehicle Use</b> <table border="1"> <tr> <th>Km</th> <th>Cost</th> </tr> <tr> <td></td> <td>0.00</td> </tr> <tr> <td></td> <td>0.00</td> </tr> <tr> <td></td> <td>0.00</td> </tr> </table>		Km	Cost		0.00		0.00		0.00	<b>19. Other Transport Costs</b> ✓ 12.00		<b>20. &amp; 21. Meals</b> <table border="1"> <tr> <th>Claim</th> <th>Cost</th> </tr> <tr> <td>F-BLD</td> <td>12.25</td> </tr> <tr> <td>F-BL</td> <td>30.50</td> </tr> <tr> <td>F-D</td> <td>33.25</td> </tr> </table>		Claim	Cost	F-BLD	12.25	F-BL	30.50	F-D	33.25	<b>22. Lodging Costs</b> 157.57 ✓		<b>20. &amp; 21. Miscellaneous</b> <table border="1"> <tr> <th>Cost</th> <th>Describe</th> </tr> </table>		Cost	Describe
				Destination	Start	End																																					
				Vic - Van (HJ)	1400	1700																																					
				Van	1600	1900																																					
				Van - Vic (HJ)	0900	2000																																					
Km	Cost																																										
	0.00																																										
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Claim	Cost																																										
F-BLD	12.25																																										
F-BL	30.50																																										
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Cost	Describe																																										
*PCARD																																											
<b>TOTALS OF COLUMNS</b>				<b>36.</b> \$ 0.00		<b>37.</b> \$ 12.00		<b>38.</b> \$ 76.00		<b>39.</b> \$ 157.57		<b>40.</b> \$ 0.00		<b>Claim Total</b> \$ 245.57																													
<b>48. Client Code</b> 034 034 034 034		<b>49. Resp.</b> 55001		<b>50. Service Line</b> 60410		<b>51. STOB</b> 5701		<b>52. Project</b> 5500102		<b>45. Supplier Code</b> s.22		<b>Amount</b> \$ 245.57																															
<b>Less Travel Advance</b> 034																																											
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