

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.

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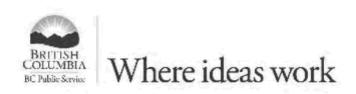
FIN 10 (EFI-F0012 v2.6.1)

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

> Audited 2018Jan25 SLP

ED18EXESLP30



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.

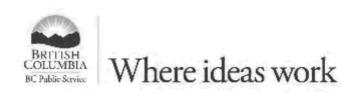
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5. Date C	Completed /21	6. Fiscal Y	ear/	7. Special	Cheque Iss	ue	8. CI	neque Stul	b Informatio	n
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	ng Address for Che 9045 Stn Prov Govt		C V8W 9E2							
16. Travel Dates	17. Places To	ravelled	1 -	ersonal hicle Use	19. Other Transport	20. & 21. Mea	als	22. Lodging	20. & 21. Misce	ellaneous
2017 12/13	Destination * vic to van day (HJ)		ind Km 2000	0.00	Costs 11.00	Claim F-B	41.00	Costs	Cost	Describe
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56. Spen	ding Authority Sigred correct pursuant to tration Act and relate	section 32			Print Na	ame		Date	Signed	
- Requis	nent Authority Signa sition for payment pur tration Act.			ne Financial	Print Na	ame		Date	Signed	

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

Audited 2018Jan11



Control No.

E127911

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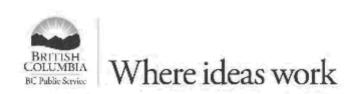
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Ministry Spending Authority ARCS 1240-20 Ministry Payment Authority ARCS 1050-06

Audited 2018Mar14

AT18EXESLP37



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.

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	Liam ganization afety and S		r Genera	al		s. Jo	mplovee ID 22 bb Title Ministerial As	sistant			Phone N (250) 81 Travel G		
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16. Travel	17.		Fravelle		18.	ersonal	19. Other	20. & 21 M	1. leals	2	2.	20. & 21. Misce	ellaneous
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56. Spen - Certifie	ding Auth d correct p tration Act	oursuar	nt to sec	tion 32 & 3			Print N	lame			Date	Signed	
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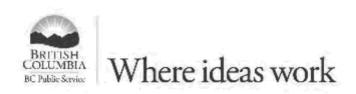
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Ministry Spending Authority ARCS 1240-20 Ministry Payment Authority ARCS 1050-06

Audited 2018Jan08

EN18EXEDIJ 51



Travel Voucher (Restricted Use)

Control No.

E127920

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Name Beale, V Client O Agricult	rganization			s.22 Job	loyee ID Title isterial Ass	sistant			Phone Num (250) 952-7 Travel Grou 3	619		
5. Date 0 2018/01	Completed		Fiscal Yea	ar	7. Spe	cial Chequ	e Issue		8. Cheque	Stub Inforn	nation	
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	ing Address for 325-501 Belleville		oria BC. B	C V8V	1X4							
16. Travel Dates	17.	Travelle		18. Pe	0.53 rsonal	19. Other Transport	1	eals	22.	20. & 21. Mis	scellaneous	
2017 12/07 12/08 12/08	Destination Vic-Van*(ferry Van Van-Vic (ferry	0700	End 2359 2359 1500	Km 79 68	41.87 0.00 36.04	Costs 89.50; ^{s.22} include ^{s.22}	F-D F-D	33.25 33.25 0.00	Costs 151.57 N/C	Cost 62.00 s.22	Describe Hotel Parking	
TOTALS	S OF COLUMNS		50.	47 kms	36.	37. 89.50 \$ s.22		38. ✓ \$ 66.50			Claim Total \$ s.22	447.4
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Less Tra	avel Advance				<u> </u>							1
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- Requis	ment Authority sition for paymer stration Act.						nt Name		1	Date Signed	I	

FIN 10 (EFI-F0012 v2.6.1)

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

DJ Jan 16/18

^{*} MA paid for ferry and will claim on forthcoming TV



Where ideas work

Business Expense Approval

Branch

Control No.

B023284

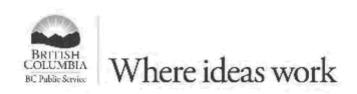
Phone Number

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. Name

	ivision //inister's Offic	e		(250) 387-9699 Job Title Senior Ministerial	Assistant
				Oction Willisterial	Assistant
Description		Start Da	ate	End Date	
Staff meeting		2017/1	12/08	2017/12/08	
	Number of				Number of
	A CONTRACTOR OF THE PARTY OF TH	Organization	1		People
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Organization		Name		Organization	
Citizens' Services		Sims, Jinny .			
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DJ Jan 2/18

FI18EXEDIJ₇₂



Travel Voucher (Restricted Use)

Control No.

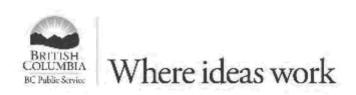
E127796

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Client Or	Shannon ganization Services		Emplo s.22 Job Ti Senio	tle	osterial Assis	tant			(2	none Num 250) 387-9 avel Grou	699		
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l6. Travel Dates	17. Places T	ravelled			ersonal nicle Use	19. Other Transport	20. & 21 M	eals		22. Lodging	20. & 21 Mis	1. scellaneous	
2017 12/01 12/05 12/12	Destination Vic to Van-Vic 4000 Seymour Ministry Tours	Start 0830 1130 0856	End 1600 1330 1220	Km	Cost 0.00 0.00 0.00	Costs 652.00 34.00 40.00	Claim F-BD		t 2.75 0.00 0.00	Costs	Cost	Describe F Taxi x 2 (los	er no
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1	12						MOUNT	 DUE 1	TO EN	MPLOYEE	_	54. \$ 748.7	5
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Control No.

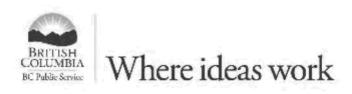
E127797

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collection	n, please cor	ntact your	r Ministry			-	ormation an	nd Privacy							
lame Russell	Shannon			Empl s.22	ovee I	D					Phone Num (250) 387-96				
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	ng riaarooo		•	O Box 903	68 Stn	Prov Gov't									
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12/08	Surrey to \	Vic	0800	2000		0.00	112.00	F-BL	30	.50	s.22	24.00 per receir	ots	Par	king
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	h I have not														
party.															
	nding Autho						Print	Name			Date	Signed			
	ed correct pu stration Act a				or the I	rınancıal									
	nent Author					o Financia		Name			Date	Signed			
	sition for pay stration Act.	ment pur	suant to	section 3	s2 of th	e Financia	11								
110 (EFI	I-F0012 v2.6.1	1)	Producti	on *** Co	pyright	© Governi	nent of Britis	sh Columb	ia	N	linistry Spen	ding Auth	ority	ARC	S 1240-2

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^{*} Dec 6/17 BC Ferries-Paid by the Minister X Ref TV#E127809



Control No.

E127799

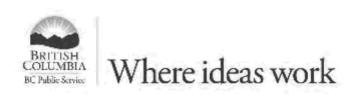
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collection	, please cor	ntact yo	our Minis	try's Direc	tor/Mar	nager of In	formation an	d Privacy.							
Name	- 01:-	1						Employee s.22	· ID			Number			
	n, Caelie ganization	*						Job Title				378-2028 Group Co	de		
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5. Date C	ompleted /12		6. Fis	scal Year		7. Specia	al Cheque Is	ssue		8. C	heque Stu	b Informa	tion	ı	1
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2017	Destination	on	Start	End	Km	Cost	Costs	Claim	Cost	t l	Costs	Cost		Describe	
12/06	Vic-Van		1730	2359		0.00	16.70	F-BLI	1	8.25					
12/07	Van		0700	2359		0.00		F-BDI	1 1	0.50					
12/08	Van		0700	2359		0.00		F-BDI		0.50					
12/09	Van	(111)	0700	2359		0.00	D/C1	- DDI		0.00				0-10	
12/10 12/12	Van-Vic Vic-Van	(H))	0700 0700	1300 2359		0.00	P/Card 189.00	F-BDI		0.50 0.00		32.		Cab x2 cab	
12/12	VIC-Vali		0700	2339		0.00	169.00		'	0.00		10.	00	Cab	
						36.	37. ✓		38.		39.	40.	√	Claim Total	+
TOTALS	OF COLUM	INS				\$ 0.00	\$ 205.70			9.75	\$ 0.00	\$ 42.8		\$ 298.25	1
48.	4	19.	50).		51.	52.		4	15.					1
Client	Code	Res	р.	Service	Line	STO		Project	1	;	Supplier C	ode		Amount	
)48	290	005	640	00	570	01	2900000			s.22			\$ 298.25	
1 ~)48)48														
)48														
	vel Advanc	e											\vdash		+
)48	,,,													
													54		1
									T DUE	TO E	MPLOYEE			\$ 298.25	_
	loyee Signa						Print N	Name			Date	Signed			
	ed this travel														
	ements made of travel on														
	h I have not														
party.						-,,									
56. Spen	ding Autho	rity Si	gnature	(See Aud	it Trail)	Print	Name			Date	Signed			1
	ed correct pu				of the	Financial									
Administ	tration Act a	ınd rela	ted polic	cies.											
57 Days	nent Author	rity Cia	inatura	(Soo Audi	t Trail\		Drint	Name			Date	Signed			-
	sition for pay							Ivallie			Date	signed			
	tration Act.	о р		00000011	J_ 0. U										
															4

FIN 10 (EFI-F0012 v2.6.1)

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FI18EXECDM1



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.

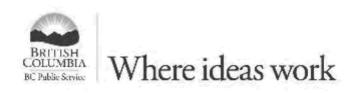
Name	i, piease contact you	I WIII II Sti y		volam		ormation and	i iivaoy.	DI	none l	Number		
Gillezea	u, Rob			.22	ee in					87-3751		
	rganization		Jo	b Titl	е			,	, ,	Group Co	de	
Finance			Λ	/liniste	rial Assista	ant		3				
5. Date 0 2018/03	Completed 3/21	6. Fisca 2018	l Year		7. Specia EFT	l Cheque Iss	ue	8	. Che	que Stub	Informatio	n
Type of Out of P		14. Reas Staff Mi			nisters Me	eting			leadq Victor	uarters ia		
	ng Address for Che 53 Parliament Buildir		a BC V8	N/ 1X4	L							
16. Travel	17. Places Tr		a, bo vo	18.	ersonal	19. Other	20. & 21 M	eals	12	22.	20. & 21. Misc	ellaneous
Dates				Veh	icle Use	Transport				Lodging		
2017 12/08 12/09 12/10	Vict-Vanc (AC) Vanc-Ottawa (AC) Ottawa	9600 0600 0600	2359 2359 2359	Km	0.00 0.00 0.00	Costs 358.14	Claim F- F- F-	51 51	.50 .50	Costs 151.57 231.62 231.62	Cost	Describe
12/11 12/12	Ottawa Ottawa/Van/Vict	0600 0600	2359 1700		0.00	√ 1066.80	F- H-		.50 .75	231.62		
	OF COLUMNS				36. \$ 0.00			38. \$ 231		39. \$ 846.43	40. \$ 0.00	Claim Tota \$ 2503.12
8. Clien	t Code 49.	50. Se	rvice Lir		51. STOB	52. Projec	45 ct		upplie	er Code		Amount
(022 32001 022 022 022		34000		5713 5705	3200000			s.22			\$ 2503.12
	avel Advance								_			
(022											
						AN	OUNT D	UE TO	EMPL		54.	\$ 2503.12
- Certifie disburse a result	loyee Signature (Se ed this travel expense ements made and/or of travel on governm th I have not been and	e claim is a allowance ent busine	a true sta es to whice ess as de	h I am tailed	n entitled a above and	d	ime			Date S	igned	
56. Sper - Certifie	nding Authority Sigred correct pursuant to stration Act and relate	section 3	32 & 33 c			Print N	ame			Date S	Signed	
- Requis	ment Authority Sign sition for payment pur stration Act.				e Financia	Print N	ame			Date S	Signed	

FIN 10 (EFI-F0012 v2.6.1)

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

Audited CDM Mar 26/18



Control No.

E127845

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 Spilker,	n, please contact your Robyn ✓ rganization	,	En s.22 Jo	nploye	ee ID		,		(250)	Number 952-7627 Group Co	de		
5. Date C 2017/12	Completed	6. Fiscal 2018	Year		'. Special EFT	Cheque Iss	ue		8. Ch	eque Stub	Informa	tion	
Type of In Provir	Travel nce	14. Reas Staff Mir		_	CFI				Head Victo	quarters ria			
	ng Address for Chec's Office Room 153, F		Duilding	o Vioto	orio BC V	0\/ 1\/ 1							
16. Travel Dates	17. Places Tr		Bulluling	18. Pe	rsonal	19. Other Transport	20. & 21 M	leals		22. Lodging	20. & 2 Mi		aneous
2017 09/21 09/22 10/20 12/07 12/08	Destination Vict-Vanc(QT) Van-Vic-Heli(QT) Vic-Van-Vic(QT) Vic-Van-(Ferry) Van-Vic-(Ferry)	Start 0700 0700 0700 0700 0700 0700	End 2359 2359 2359 2359 2359 2359	Km	0.00	Costs ffice cab card N/C N/C	Claim F- H- H- F-	5 2 2	0.00 1.50 5.75 5.75 1.50	Costs 410.08	Cost		Describe
TOTALS	OF COLUMNS				36. \$ 0.00	37. \$ 0.00		38. \$ 15	54.50	39. ✓ \$ 561.65	40. \$ 0.0	00	Claim Total \$ 716.15
(49. t Code Resp. 32001 32001 32001 32001		ervice Li 34000	ne	51 . STOB 5701	2	roject 71473 7 :200000	4	5. S	upplier Co s.22	de		Amount \$ 716.15
	vel Advance									_			
(022						AMOUNT	DUE	TO EN	IPLOYEE		54.	\$ 716.15
- Certifie disburse a result	loyee Signature (Second this travel expense ements made and/or a fortravel on government I have not been and	claim is a allowance: ent busine	true stat s to which ss as det	n I am ailed a	entitled as above and		ame			Date S	igned		
56. Spen	nding Authority Sign ed correct pursuant to stration Act and related	section 3	2 & 33 of		nancial	Print N	ame			Date \$	Signed		
- Requis	nent Authority Signa sition for payment pur stration Act.	suant to s	ection 32	of the		Print N					Signed		ARCS 1240-2

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BUSINESS EXPENSE APPROVAL for Business Meetings/Protocol Events

PECTION 4 ODIONIATOR MICCOLL		or further ins	structions.				
SECTION 1 - ORIGINATOR INFORMAT	TION						
NAME OF ORIGINATOR OF EXPENSE			TELEPHONE NO.		,	YYYY/MM/DD	
Minister of Health's Office ✓			(250) 953	33547	DATE . SUBMITTED	2017/12/12	
MINISTRY/DIVISION/BRANCH		LOCATION (CIT	Y) OF EVENT		START DATE	2017/12/12	
Minister's Office		Victoria			OF EVENT	YYYY/MM/DD	
					OF EVENT	2017/12/12	✓
SECTION 2 - NAME / NATURE OF EVI n general terms, describe the event, the						i Davisasi Mas	
SECTION 3 – INDIVIDUALS INCLUDED Complete this section only if the Busines ministry or company they are affiliated w Minister Adrian Dix - Minister of Health Don Wright - Deputy Minister Rebecca Warburton - Health Research	ss Expense ith. Attach	Approval inclu		ntify the indiv	vidual's nan	ne and either the	
William Warburton - Health Researcher Health Researcher's spo Ramsay Hamdi - Health Researcher Dave Scott - Health Researcher Bob Hart - Health Researcher		✓					
William Warburton - Health Researcher Health Researcher's spo Ramsay Hamdi - Health Researcher Dave Scott - Health Researcher Bob Hart - Health Researcher Malcolm Maclure - Health Researcher One more health researcher attended -	rouse	√ provided.					
William Warburton - Health Researcher	rouse	provided.	SECTION 5 - I	EXPENSE AU	PROJE	PRE-APPROVAL COND. (IFAPPLICABLE) OR	
William Warburton - Health Researcher Health Researcher's sponsor Ramsay Hamdi - Health Researcher Dave Scott - Health Researcher Bob Hart - Health Researcher Malcolm Maclure - Health Researcher One more health researcher attended - SECTION 4 - BUSINESS EXPENSE RE	name not				PROJE		
William Warburton - Health Researcher Health Researcher's sponsor Ramsay Hamdi - Health Researcher Dave Scott - Health Researcher Bob Hart - Health Researcher Malcolm Maclure - Health Researcher One more health researcher attended - SECTION 4 - BUSINESS EXPENSE RE CATEGORY 1. Meeting Room Rental	name not		RESP. CENTRE 66001 EXPENSE AUTHO	SERVICE LINE 44000	PROJE ADDIT	CTNO. (IF APPLICABLE) OR IONAL CODING	ons
William Warburton - Health Researcher Health Researcher's sponsor Ramsay Hamdi - Health Researcher Dave Scott - Health Researcher Bob Hart - Health Researcher Malcolm Maclure - Health Researcher One more health researcher attended - SECTION 4 - BUSINESS EXPENSE RE CATEGORY	name not GUESTED STOB 6531		RESP. CENTRE 66001 EXPENSE AUTHO	SERVICE LINE 44000	PROJE ADDITI 660 RE – Certified distration Act a	CTNO. (IF APPLICABLE) OR ONAL CODING	ons
Villiam Warburton - Health Researcher Health Researcher's sponsor Ramsay Hamdi - Health Researcher Dave Scott - Health Researcher Bob Hart - Health Researcher Malcolm Maclure - Health Researcher Dine more health researcher attended - SECTION 4 - BUSINESS EXPENSE RE CATEGORY 1. Meeting Room Rental 2. Equipment/Furniture Rental	name not GUESTED STOB 6531 6531 6531		RESP. CENTRE 66001 EXPENSE AUTHO	SERVICELINE 44000 RITY SIGNATUR Financial Admin	PROJE ADDITI 660 RE – Certified distration Act a	CTNO. (IFAPPLICABLE) OR ONAL CODING OOOO correct pursuant to section related policies. Qualified Receiver DATE SIGNED	ons
Villiam Warburton - Health Researcher Health Researcher's sponsor Ramsay Hamdi - Health Researcher Dave Scott - Health Researcher Bob Hart - Health Researcher Malcolm Maclure - Health Researcher Dave Bellen Business Expense Recated - Bellen Business Expense Recated - Bellen Business Expense Recated - Bellen Business Expense Recated Business Ex	name not GUESTED STOB 6531 6531		RESP. CENTRE 66001 EXPENSE AUTHO 32 & 33 of the F	SERVICELINE 44000 PRITY SIGNATUR Financial Admini	PROJE ADDITI 660 RE – Certified istration Act a	CTNO. (IF APPLICABLE) OR ONAL CODING OOOO correct pursuant to section related policies. Qualified Receiver	
Villiam Warburton - Health Researcher Health Researcher's sponsor Ramsay Hamdi - Health Researcher Dave Scott - Health Researcher Bob Hart - Health Researcher Malcolm Maclure - Health Researcher One more health researcher attended - SECTION 4 - BUSINESS EXPENSE RE CATEGORY 1. Meeting Room Rental 2. Equipment/Furniture Rental 3. Photocopying, Faxing, Telephone, etc. 4. Food/Beverages for Meetings BREAKFAST LUNCH DINNER SNACKS COFFEE/TEAJUICE, ETC.	name not GUESTED STOB 6531 6531 6531	AMOUNT	RESP. CENTRE 66001 EXPENSE AUTHO 32 & 33 of the F BRINT NAME OF EXE Jasmyn Singh SECTION 6 — Complete this se have paid person	SERVICELINE 44000 PRITY SIGNATUR FINANCIAL Admini PENSE AUTHORITA EMPLOYEE action only if re mally. Enter pa	PROJE ADDITION 6600 RE - Certified distration Act and service of the service of	cornect pursuant to section related policies. Qualified Receiver DATE SIGNED YYYY/MM/DD	TION es the
Villiam Warburton - Health Researcher Health Researcher's sponsor Ramsay Hamdi - Health Researcher Dave Scott - Health Researcher Bob Hart - Health Researcher Malcolm Maclure - Health Researcher One more health researcher attended - SECTION 4 - BUSINESS EXPENSE RE CATEGORY 1. Meeting Room Rental 2. Equipment/Furniture Rental 3. Photocopying, Faxing, Telephone, etc. 4. Food/Beverages for Meetings BREAKFAST LUNCH DINNER SNACKS COFFEE/TEA/JUICE, ETC. 5. Business Meals in Restaurant	name not GUESTED STOB 6531 6531 6531	AMOUNT	RESP. CENTRE 66001 EXPENSE AUTHO 32 & 33 of the F BRINT NAME OF EXE Jasmyn Singh SECTION 6 — Complete this se	SERVICELINE 44000 PRITY SIGNATUR Financial Admini PENSE AUTHORITA EMPLOYEE action only if re nally. Enter parally.	PROJE ADDITION 6600 RE - Certified distration Act at a graph of the property	CTNO. (IFAPPLICABLE) OR ONAL CODING 10000 Correct pursuant to section of related policies. Qualified Receiver DATE SIGNED YYYY / MM / DD ZOL 3 1 621 1 SEMENT INFORMA The employee for expens	TION es the

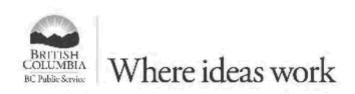
ORIGINAL: MINISTRY ACCOUNTS PAYABLE COPY: ORIGINATOR

REIMBURSEMENT TOTAL

232.36

ESTIMATED TOTAL

FIN 215/WEB Rev. 2008/3/18



Control No.

E127874

Phone Number

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Employee ID

Sas, Jonatha Client Organi Indigenous R	zation	Dooonoili	ation			s.22 Job Title	al Assistar	nt.	(250) 953-4844 Travel Group Code 3			
5. Date Comp 2018/01/03			scal Year		7. Specia	I Cheque Iss			8. Cheque St	ub Informat	ion	
Type of Trave In Province 12. Mailing A		14. R Mee	eason for tings	Trave	İ				Headquarter Victoria/Vand			
PO Box 9051 16. 17. Travel	Stn Prov Go			18.	ersonal	19. Other	20. & 21 Me	l. eals	22.	20. & 21. Miso	ellaneous	
	stination ctoria	Start 1700	End 1800	Veh Km	Cost 0.00	Transport Costs 73.40	Claim	Cost 0.	Costs	Cost	Describe	
TOTALS OF (COLUMNS				36. \$ 0.00	37. \$ 73.40		38. \$ 0.	39. 00 \$ 0.00	40. \$ 0.00	Claim Total \$ 73.40	
18. Client Coo 120 120 120 120 Less Travel A	49. le Res 079	50 94A	Service 520		51. STOB 5702	52. P	roject 700000	45			Amount \$ 73.40	
120	dvance						AMOUNT	DUE	O EMPLOYE		54. \$ 73.40	
45. Employee - Certified thi disbursemen a result of tra for which I ha	s travel exper ts made and/ vel on goverr	nse claim or allowa nment bu	is a true s nces to wh siness as	nich I ar detailed	m entitled a d above and	Print Na		JOE 1		e Signed	φ 7 3.40	
party. 56. Spending - Certified co Administratio	rrect pursuan	t to section	on 32 & 33			Print N	ame		Da	te Signed		
57. Payment - Requisition Administratio	for payment p n Act.	oursuant	to section	32 of th	ne Financia	Print N			Date Signed			

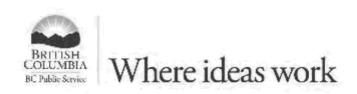
FIN 10 (EFI-F0012 v2.6.1)

Name

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

Audited by PL Jan 16-17



Control No.

E127738

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.

	i, piease contact	your ivii	ilistry's Direc	JUI/IVIAI			anu Fiivac	у.					
Name Currie, k	Cathie				Empl s.22	loyee ID			Ph s.2	one Nur	mber		
	rganization				Job .	Γitle			Tra	vel Gro	up Code	е	
	ade and Technol	ogy				sterial Assis	stant		3				
5. Date C 2017/12	Completed /04		Fiscal Year 018		7. Spec	ial Cheque	Issue		8. Che	que Stu	b Inform	natior	1
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16.	17.			18.		19.	20. & 21	20. & 21.			20. & 21.		
Travel	Places	Travel	led		sonal	Other		/leals			M	liscel	laneous
Dates					le Use	Transpor				odging	l		
2017	Destination	Start	End	Km	Cost	Costs	Claim Cost F-B± 51.50 s.22		, '	Costs	Cost		Describe
11/24	Vic- Van (Ferry	0700			0.00	89.50				111 10	4	F 00	Davidsina
11/26 11/27	Van- Vic (Ferry	1300 0700			0.00	93.50	F-LD	22	.50	114.40 114.40		5.00 5.00	Parking Parking
11/27	Vic	0700			0.00		F-		.50	114.40		5.00	Parking
11/29	Vic	0700			0.00		F-		.50	114.40		5.00	Parking
11/30	Vic	0700			0.00		F-		.50	114.40		5.00	Parking
12/01	Vic- Van	0700			0.00		F-BL		.50	114.40	l '	0.00	ranking
TOTALO	OF COLUMNS				36.	37.		38. \$ 31			40.	- 00	Claim Total
101ALS 48.	OF COLUMNS		i0.		\$ 0.00 51.	\$ 183.00 52.)	\$ s.22		572.00	\$ 75	0.00	
	t Code 49.	sp.	Service	Lino	STO		Project	45		plier Co	do	-	Amount
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	125												=\$ s.22
	125												
	125											-	
	ivel Advance 125												
							AMOUN	IT DUE T	О ЕМРІ	OYEE		54.	\$ 1140.75 {s.22
45. Emp	loyee Signature	(See A	udit Trail)			Prin	nt Name			Date	Signed		
- Certifie	ed this travel expe	ense cla	aim is a true	stateme	ent of								
	ements made and												
	of travel on gove												
	h I have not been	and wi	II not be rein	nbursed	by any o	other							
party.			· · ·										
56. Spen	nding Authority	Signatu	ire (See Aud	dit I rail) 		nt Name			Date	Signed		
	ed correct pursua stration Act and re			or the	Financia	'							
57. Pavn	nent Authority S	ignatuı	re (See Aud	it Trail)		Print Name Date Signed							
	sition for payment										g s		
Adminis	tration Act.	-											

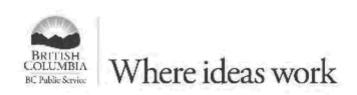
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Ministry Spending Authority ARCS 1240-20 Ministry Payment Authority ARCS 1050-06

*Supplemental to E127701

Audited by PL Dec 06-17



Control No.

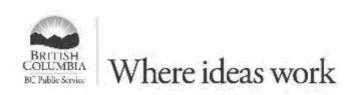
E127827

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.

	, please contact y	our Minis	stry's Direc	ctor/Ma			d Privacy.						
Name Currie, K	Cathio ✓				Emplo s.22	yee ID			Phone s.22	Number			
	rganization				Job Ti	le				Group Co	de		
	ade and Technolo	gy				erial Assista	nt		3	J. G. W. P. G. G.			
	ompleted		scal Year		7. Specia	I Cheque Is	ssue		8. Cheque	Stub Infor	matio	n	7
2017/12/		201											-
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s.22	ng Address for C	neque											
16.	17.			18 . 0	.53	19.	20. & 21		22.	20. 8	21.		1
Travel	Places '	Travelle	t	Pe	rsonal	Other	1	eals			Misce	llaneous	
Dates					icle Use	Transport	1	١٠.	Lodgii			l 	
2017	Destination	Start	End	Km	Cost	Costs	Claim	Cost	Cost	s Cost		Describe	77720 mat
*12/01 12/04	Vic to Van(ferry Van to Vic(ferry		1800 2359	55 55	29.15 29.15	72.50 72.50	F-	51.5	1119.50		34.75	X Ref TV# E12 parking x 2	27 / 38 not]
12/04	Vario	0700	2359	55	0.00	72.50	F-LD	22.			15.75	parking, Hot	tel
12/06	Vic to Van (ferr		2000		0.00	72.50			00 119.50		13.00	parking	
	(1011)	,							adjusted 1	o include F	Rm GST	1 .	
TOTALS	OF COLUMNS		1	10 kms	36.	37.		38. \$ 74.	✓ 39. 239 \$s.22		63.50	Claim Total \$s.22	652.55
48.	49.	50		10 Kills	51 .	52.		45		Ι Ψ'	33.30	Ψ	1002.00
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	loyee Signature (Print N	Name		D	ate Signe	d		1
	ed this travel expe												
	ements made and												
	of travel on gover h I have not been												
party.	T Thave not been	and will i	iot be rein	ibuise	a by arry ou								
	ding Authority S	ignature	(See Au	dit Trai	I)	Print	Name		D	ate Signe	d		1
- Certifie	ed correct pursuar	it to secti	on 32 & 3						-				
Administ	tration Act and rel	ated poli	cies.										
57. D			/O A1	14. Tara 111		Dul 1	Mana			-4- 01-	.1		-
5/. Pavn	nent Authority Si	gnature	(See Aud	ιτ Trail)	Print	Name		0	ate Signe	d		I
				32 of i	he Financi	al I			į.				1
party. 56. Spending Authority Signature (See Audit Trail) - Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies. 57. Payment Authority Signature (See Audit Trail) - Requisition for payment pursuant to section 32 of the Financial Administration Act.							Name Name		Date Signed Date Signed				

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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.

	, please contact y	our Mir	nistry's Dire	ector/Ma				nd Privac	у.					
Name	/_4L!_				Empl s 22	loyee I	D			Pho		Number		
Currie, K	tatnie ganization				s.22 Job 1	Title				,	,	Group Code		
	ade and Technolo	gy				sterial /	Assist	ant		3		oroup cour	•	
	ompleted	6. 1	Fiscal Yea	r	7. Spec	ial Ch	eque	ssue		8. Cheq	ue S	Stub Inform	nation	
Type of 1			Reason f	or Trav	el					Headqu	arte	rs		
In Provin			eattle with I							Vancou				
2. Mailir 5.22	ng Address for C	heque												
6.	17.			18.		19.		20. & 21		22.		20. & 21.		
Travel	Places T	ravelle	ed		sonal		her	Meals			- 1	Mis	cellaneous	
Dates	Dootingtion	C44	LEnd		cle Use		sport			Lodgin				
2017 12/08 Va	Destination n-Seattle - Van	Start 0500	End 1400	Km 25	13.25 Cost		sts	Claim Cost F-D 33.2		Cost	s	Cost s.22	Describe taxi in seattle	
	*PCARD													
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									NT DUE	ТО ЕМРІ			54. \$56.47 s.22	
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6. Spen - Certifie	ding Authority Sed correct pursuan tration Act and rel	t to sec	ction 32 & 3			ı	Print	Name			D	ate Signed		
- Requis	nent Authority Si ition for payment tration Act.	cial	Print Name Date Signed											

FIN 10 (EFI-F0012 v2.6.1)

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

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

THE	TRA	AVEL A	UTHORIZA	TION			
BRITISH COLUMBIA	This form must it may, at the discretion	be used for n of ministri	r all out-of-provinces, be used for in-	e travel requ province trav	ests. /el requests.		
The Best Place on Earth	Out-of-Province	e X	Out-of-Canada	☐ In-Pro	ovince	ESTIMATED C	OSTS (IN CAN. \$) 550
MINISTRY / ENTITY / CORPORA	TE NAME (IF CONTRACTOR)			-	VOTE	1	50
Jobs, Trade and Tecl	hnology				1	alseM	
EMPLOYEE NAME		-			EMPLOYEE ID.	Lodging	-
Kathie Currie					s.22	Overtime	
POSITION				BARGAINING	3 UNIT/GROUP NO.	Fees	-
Sr. Ministerial Assista	ant					Other	- ,
BRANCH / LOCATION / REGION							
Minister's Office						-	
DATE DEPARTING YYYY/MM/DD	DATE RETURNING N	O. OF WORK	DAYS AWAY	ESTIMATED	OVERTIME CLAIM	-	
2017/12/08	2017/12/08		1	1	HOURS		
IDENTITY OF ORGANIZATION (O	OTHER THAN PROV. OF B.C.) PAYING ANY OF TH	E COSTS		4			
N/A, OR:						SUB TOTAL	600
DESTINATIONS	7111					Less Costs paid by others	
Washington State - S	Seattle					TOTAL COSTS	000
METHOD OF TRAVEL					SIGNATURES		
Air			Refer to		.4 Policy 1 and 10.4.4 EASE SIGN ONE BOX	for approval a	uthorities,
PURPOSE OF TRAVEL	Itended, project name / number, program in	unhand	DIRECTOR	ire.	NOT ADDRESS		DATE GIOLIED
benefits to Ministry, etc.			APPRO	ED	NOT APPROV	ED	DATE SIGNED YYYY/MM/DD
	ascadia Innovation Network MC aunch. Speaking engagement t					1	
			ASSISTANT DEPUTY	MINISTER	1		
			APPROV	/ED	NOT APPROV	ED	DATE SIGNED YYYY/MM/DD
			1		1	1	

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.

APPROVED

DEPUTY MINISTER

MINISTER

DATE SIGNED YYYY/MM/DD

EMPLOYEE'S SIGNATURE

FIN 99/WEB Rev. 2008/10/08

Reset Form

DATE SIGNED YYYY / MM / DD

DATE SIGNED YYYY/MM/DD

NOT APPROVED

NOT APPROVED

ATT N	BRITISH
-	71 - 12 - 10 12 - 1

55. EXPENSE AUTHORITY SIGNATURE CHRIFTED CORRECT PURSUANT TO SECTION 24 19 OF THE FINANCIAL ADMINISTRATION ACT AND RELATED POLICIES.

CERTIFIED EXTENSIONS AND ENTITLEMENTS CORPECT FIN 10 Rev. 2007/2/28 OPC 7530951008 (100/pk)

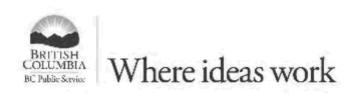
56. PROCESSING CLERKINITIAL

TRAVEL VOUCHER PAGE ____ OF _ (Note: FiN 10 uses are restricted per CPPM C.1.6.) 2. CONTROL NO. 1. MINISTRY AND BATCH NO. INSTRUCTIONS: Employee please complete field 3 to Employee Signature line John Towne and TRA CUR 121918 plus columns 48 - 54. Attach appropriate receipts in order of claim. Technology S. DATE COMPLETED 3 CLIENT 8. CHEQUE STUB INFORMATION - MAXIMUM TO SINGLE - SPACED LINES: 36 CHARACTERS FER 7. SPECIAL CHEQUE ISSUE ABBREV. YEAR YYYY LINE, ATTACH EXTRA PAGES IF REQUIRED 0,4 12/0/3,0 20, 9. EMPLOYEELD. 12.EMPLOYEEGROUPNO INITIALS s.22 S.22 1s.22 14 POSTAL CODE s.22 15. REASON FOR TRAVEL 16. EMPLOYEE OCCUPATION 17. 21. 22 MEALS:
B L D ALLOWANCE/
PER DIEM AS
APPLICABLE
TO GROUP NO. 19. PERSONAL MISCELLANEOUS (CAR RENTAL, PHONE, AYM FEES, ETC.) DATE VEHICLE USE BUS/TAXI/ ACCOMMODATION TOTAL OF DISTANCE X 104 AIR/FERRY/ COSTS 24. GOST Depart Arrive DESCRIPTION DAILY TRAVEL TO / FROM RATE COSTS 26. BROUGHT FORWARD KM \$ \$ FROM PREVIOUS PAGE Vanconvel 1217 23 23 * SUPPLEMENTAL TO £127847 Returned back from 30 20 30 30 12,11 23 23 110 53 s.22 75 72 28 1. charia s.22 \$215.78 110.53 33. \$162.03 50 72 50 12 23 23 89 51. 140:50 51 12 19 50 \$ 872.31=: \$.22 42 THIS TOTAL TOTALS OF COLUMNS MUST EQUAL 44. TOTAL DISTANCE FROM PREVIOUS YOUGHER TOTAL IN BOX Y 43. PORTAL 45 TOTAL DISTANCE TO PORTAL DISTANCE -> TODATE 46. EMPLOYEE SIGNATUR HEADQUARTERS (CITY NAME) WORK PHONE NO. am (curer NOTES 47. SUPPLIER CODE 44. FIESP, CENTRE 50. SERVICE LINE 52. PROJECT 5701 s.22 5,1,0,0,0 , Ji 80 5,7 5 \$743.31 125 51000 08001 5702 5111111 129.00 THIS TOTAL MUST TOTAL EQUAL TOTAL IN BOX X LESS TRAVEL CB LESS ADVANCE AMOUNT 1... 1. - 1 1 1 1 1 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. \$872.31 s.22

> 2018 ORIGINAL: MINISTRY COPY: EMPLOYEE

AMOUNT DUE TO EMPLOYEE

BRITISH COLUMBI	A				VO e restric			ER CPPM C	2.1.6.)] 1. Mi	NETRY A	IND BU	ATCH NO.	2. CONTROL	VO.	OF	
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FIN 10 Hev. 2007/2/28	OPC 7530951008 (100/)	mg.							1			d br	DI	Mar 10	10		CIO	1



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.

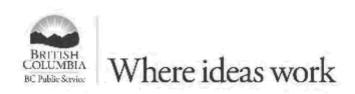
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Labour				erial Assista	nt			3			
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56. Spendin - Certified c	ng Authority Sign correct pursuant to ion Act and relate	section 32 & 33			Print Name				Date Signed		
- Requisition Administrati			32 of th								

FIN 10 (EFI-F0012 v2.6.1)

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

Audited by PL Feb 02-18



Control No.

E127795

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Name						Employee ID Phone Number							
Ashbour						s.22			(250) 21				
	ganization					Job Title				roup Code	•		
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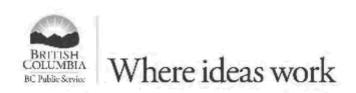
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Administration Act. FIN 10 (EFI-F0012 v2.6.1)

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

Audited by PL Dec 15-17



Control No.

E127842

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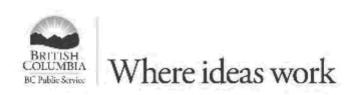
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	ements made a												
	t of travel on go												
party.	ch I have not be	en an	ad ton lilw L	reimbu	irsed	by any	y otner						
1 7	nding Authorit	v Siar	ature (See	Audit	Trail)		P	rint Nam	e		Date Signe	ed
- Certifi	ied correct purs stration Act and	uant to	section 32				cial						
- Requi	57. Payment Authority Signature (See Audit Trail)Requisition for payment pursuant to section 32 of the Financial Administration Act.									Print Name Date Signed			

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

Audited by PL Jan 16-17



Control No.

E127872

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56. Spen - Certifie		oursuant	to secti	e (See Aud on 32 & 33 cies.				rint	Name			Da	te Signed		
57. Payment Authority Signature (See Audit Trail) - Requisition for payment pursuant to section 32 of the Financial Administration Act.								Print Name Date Signed							

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

Audited by PL Jan 25-18



BUSINESS EXPENSE APPROVAL for Business Meetings/Protocol Events

Attach original invoices/receipts the by an expense authority. Please see			BUSINESS EXPENSE APPROV	
SECTION 1 - ORIGINATOR INFORMAT	TION			
NAME OF ORIGINATOR OF EXPENSE	TELEPHON	ENO.	YYYY/MM/DD	
Kelly Newhook	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 EVE	NT			

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 RE		SECTION 5 - EXPENSE AUTHORITY PRE-APPROVAL					
CATEGORY	STOB	AMOUNT	RESP. CENTRE	SERVICELINE	PROJECT NO. (IF APPLI ADDITIONAL CODING		
Meeting Room Rental	6531		51384	54006	5188888		
2. Equipment/Furniture Rental	6531		EXPENSE AUTHO 32 & 33 of the	ORITY SIGNATURE - Financial Administra	Certified correct pursu	ant to sections olicies.	
3. Photocopying, Faxing, Telephone, etc.	6531		Law	4 profin	le		
4. Food/Beverages for Meetings ☐ BREAKFAST	6531	94.50	James Infant		DATE SIGNED YYY 20(8/	Y/MM/DD	
5. Business Meals in Restaurant BREAKFAST LUNCH DINNER	6531		Complete this s	ection only if reimbonally. Enter payer	EIMBURSEMENT IN oursing an employee f e name, cheque mailir	NFORMATION or expenses they	
6. Event Planners, Speakers, etc.			reimbursement	total.	and the second second second	Charles and	
Travel Costs for Non-BC Government Participants			-	1			
8. Other:				4, Ners		-	
			QUALIFIED RECEIVER SIGNATURE – Certified goods/services received pursuant to CPPM 4.3.2.				
	-		×				
ESTIMATED	TOTAL \$	94.50		REIMBURSI	EMENT TOTAL	94.50	



BUSINESS EXPENSE APPROVAL for Business Meetings/Protocol Events

Attach original involces/receipts that by an expense authority. Please see		В	USINESS EXPENSE APPRO	
SECTION 1 - ORIGINATOR INFORMAT	ION			
NAME OF ORIGINATOR OF EXPENSE	TELEPHONE NO.	1	YYYY/MM/DD	
Kelly Newhook	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	
	.1	END DATE OF EVENT	2017/12/14	
SECTION 2 - NAME / NATURE OF EVE	NT			

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.

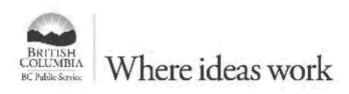
s.22 Newhook incurred a flight change expense to a personal travel expense. This expense was approved given the flight returning her to Victoria was a minimum of \$200, but the flight change expense only amounted to \$110.25 for her to fly out of Vancouver instead of Victoria.

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 RE	QUESTED		SECTION 5 - EXPENSE AUTHORITY PRE-APPROVAL					
CATEGORY	STOB	AMOUNT	RESP. CENTRE	SERVICELINE	PROJECT NO. (IF APPL ADDITIONAL CODING	ICABLE) OR		
Meeting Room Rental	6531		51384	54006	5188888			
2. Equipment/Furniture Rental	6531		EXPENSE AUTHO 32 & 33 of the	ORITY SIGNATURE - Financial Administra	- Certified correct pursuation Act and related po	ant to sections olicies.		
3. Photocopying, Faxing, Telephone, etc.	6531		1/0N	my Suf	rust			
4. Food/Beverages for Meetings BREAKFAST LUNCH DINNER SNACKS COFFEE/TEA/JUICE, ETC.	6531		James Infant		DATE SIGNED	YY/MM/DD / 10 / 11		
5. Business Meals in Restaurant BREAKFAST LUNCH DINNER	6531		SECTION 6 - EMPLOYEE REIMBURSEMENT INFORMAT Complete this section only if reimbursing an employee for expenses have paid personally. Enter payee name, cheque mailing address,					
6. Event Planners, Speakers, etc.			reimbursement	total.				
7. Travel Costs for Non-BC Government Participants								
8. Other: Flight Change Exp.	5712	110.25	QUALIFIED RECEIVER SIGNATURE – Certified goods/services received pursuant to CPPM 4.3.2.					
ESTIMATED 1	TOTAL	\$ 110.25		REIMBURS	EMENT TOTAL	110.25		

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Control No.

E127815

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.

	i, piease contact	your willi	Stry's Direc	Clui/iviai						Dhana N			
Name Harder,	Derrick					Employee IE 22	,			Phone N (250) 38			
						lob Title					е		
Transpo	ortation and Infras	tructure				Ministerial A	ssistant			3	<u> </u>		
5. Date Completed 2017/12/14 2018 7. Special C 2017/12/14 14. Reason for Travel In Province Ministerial						ial Cheque	Cheque Issue 8. Che			eque Stu	eque Stub Information		
									Head Victo	Iquarters oria			
12. Maili	ing Address for (Cheque											
, 16.	17.			18.		19.	20. & 21.		2	22.	20. & 21.		
Travel Dates	ravel Places Travelled		Per	Personal Ot		Other Meals			Lodging	Miscellaneous			
2017	Destination	Start	End	Km	Cost	Costs	Claim	Cost		Costs	Cost	Describe	
12/09	Vic - Van (HJ)	1400	1700		0.00	12.00	F-BLD		.25				
12/10	Van	1600	1900		0.00		F-BL		.50	157.57	/		
12/11	Van - Vic (HJ)	0900	2000		0.00		F-D	33	.25				
	*PCARD												
	PCARD				20	0.7		-			40	01-1	
TOTALS	OF COLUMNS				36. \$ 0.00	37. \$ 12.00		38. \$ 76		89. \$ 157.57	\$ 0.00	Claim Total \$ 245.57	
18.	49.	5	0.		51.	52.			5.	Ψ 107.07	ψ 0.00	σ ψ 240.07	
Client Code Resp. Service L 034 55001 60410				1		Project 5500102		Supplier Code s.22		Amount \$ 245.57			
	034 034												
	034									_			
	avel Advance 034	1			1	ı		1					
	,						AMOUN	IT DUE	TO E	- MPLOYEE		54. \$ 245.57	
45. Emp	loyee Signature	(See Au	dit Trail)			Print	t Name			Date	Signed	-	
	ed this travel expe												
	ements made and												
	of travel on gover												
party.	ch I have not been	and will	not be rein	nbursed	i by any c	otner							
56. Spending Authority Signature (See Audit Trail)						Prin	Print Name Date Signed						
	ed correct pursual									Date	o.giiou		
	stration Act and re												
57. Payment Authority Signature (See Audit Trail)							t Name			Date	Signed		
	sition for payment stration Act.	pursuan	t to sectior	1 32 of t	he Finand	cial							

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