

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

PAYEE NAME <u>BOB DEWAR CONSULTING</u>					* SUPPLIER # <u>NR</u>		* SITE <u>001</u>			
CONTRACT/PO # <u>C20PREM1529</u>		INVOICE DATE <u>20-MAR-2019</u> <small>DD-MMM-YYYY</small>		INVOICE # <u>094</u>						
DATE INVOICE RECEIVED <u>19-MAR-2020</u> <small>DD-MMM-YYYY</small>		DATE GOODS/ SERVICES REC'D _____ <small>DD-MMM-YYYY</small>		RECEIPT # _____						
NAME &/OR ADDRESS OVERRIDE:				DESCRIPTION FOR CHEQUE STUB: Bob Dewar Consulting s.22						
DATE CHQ/EFT REQ'D (ONLY IF URGENT) _____ <small>DD-MMM-YYYY</small>		GL DATE (if applicable) _____ <small>DD-MMM-YYYY</small>			PAY ALONE? YES <input checked="" type="checkbox"/>					
OFA STOB & ASSET # (if applicable) : _____										
AMOUNT (INCLUDING TAX)	PRE-TAX AMOUNT (EXCLUDING TAX)	PST AMOUNT	GST AMOUNT	TAX CODE <small>PST & GST, GST, PST, GST Travel, Other</small>	CL	RESP	SERVICE LINE	STOB	PROJECT	NAME & SUPPLIER # if STOB 57
233.86			1.03		004	36A10	36200	6102	3600000	
233.86	TOTAL									
* EXPENSE AUTHORITY (EA) INFORMATION: * <u>VANESSA GEARY</u> EA PRINTED NAME * BRIEF PAYMENT DESCRIPTION FOR EA NOTIFICATION: Note: This is also the line description displayed on GL detail reports.					* QUALIFIED RECEIVER (QR) CERTIFICATION: * <u>ELIZABETH PARKINSON</u> QR PRINTED NAME The goods provided or services delivered have been inspected or reviewed; and the goods or services were properly received and documentation to support the account has been verified (i.e., goods: as ordered, correct quantity and suitable quality; services: as contracted, appropriate deliverables and/or performance criteria met; or other conditions, if any, have been met). * <u>EP</u> QR SIGNATURE					
ADDITIONAL INFORMATION OR INSTRUCTIONS: _____ _____										

Vanessa Geary, Office of the Premier
Suite 740-999 Canada Place
Vancouver, B.C V6C 3E1

Invoice Number: **0094**

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TRAVEL EXPENSE CLAIM FOR SERVICE CONTRACTORS

FORM USAGE

This form is for use by service contractors to claim travel expenses. The original claim form and applicable receipts must be attached as back up to the service contract invoice. Refer to the service contract *Appendix 1* for guidelines, allowable rates and receipt requirements.

DATE OF TRAVEL 20 20		PLACES TRAVELLED Ottawa, ON	PERSONAL VEHICLE USE DISTANCE x KM RATE	BUS/TAXI/ AIR/FERRY COSTS	B ✓	L ✓	D ✓	MEALS:	ACCOMMODATION COSTS	MISCELLANEOUS (CAR RENTAL, BUSINESS PHONE, ETC.) COST DESCRIPTION		TOTAL DAILY COSTS
M	D	FROM/TO (ENTER CITY NAMES)	KM	\$	\$			\$	\$	\$		\$
Example												
04	06	Victoria	100	50 00	71 00	✓	✓	35 50				156 50
		Vancouver										
03	12	Winnipeg, MB							232.83			232.83
		Ottawa, ON										
											CLAIM TOTAL	232.83

Embedded GST should not be claimed by service contractors. Please ensure GST is deducted from travel receipts.

Service Contractor's Signature

NR

Room/Chambre : NR
Folio # :
Invoice # :
Cashier/Cassier # : 4478
Page # : 1 of 1
Group Name/Groupe Government of British Columbia

Government of British Columbia
Mr Bob Dewar
Unknown

Arrival/Arrivée : 03-12-20
Departure/Départ : 03-14-20

Date	Description	Additional Information/Supplémentaire		Charges	Credits
03-12-20	Cancellation Fee			233.86	
03-12-20	American Express	XXXXXXXXXXNR	XX/XX		233.86
Total				233.86	233.86
Balance Due/Solde				0.00	
GST Summary / Sommaire		HST Summary / Sommaire			
Room/Chambre	0.00	Room/Chambre	0.00		
F&B/Restauration	0.00	F&B/Restauration	0.00		
Other/Autres	0.00	Other/Autres	0.00		
Total	0.00	Total	0.00		

NR

Estimate Cost ONLY

Estimated cost (subject to change)

		# OF ITEMS	PRICE PER ITEM	PER DAY	# days	TOTAL
GUEST ROOM						
NR		1	\$199.00	\$ 199.00	1	\$ 199.00
	0	0	\$0.00	\$ -	0	\$ -
	0	0	\$0.00	\$ -	0	\$ -
	0	0	\$0.00	\$ -	0	\$ -
	0	0	\$0.00	\$ -	0	\$ -
		0	\$0.00	\$ -		\$ -
		0	\$0.00	\$ -		\$ -
		0	\$0.00	\$ -		\$ -
		0	\$0.00	\$ -		\$ -
		0	\$0.00	\$ -		\$ -
Total before taxes						\$ 199.00
HST on Rooms	13%					\$ 25.87
Municipal Accommodation Tax	4%					\$ 7.96
HST on MAT	13%					\$ 1.03
Total for Guestroom						\$ 233.86
FOOD & BEVERAGE						
Breakfast		0	\$0.00	\$ -	1	\$ -
Breakfast		0	\$0.00	\$ -	0	\$ -
Break		0	\$0.00	\$ -	0	\$ -
Break		0	\$0.00	\$ -	0	\$ -
Lunch		0	\$0.00	\$ -	0	\$ -
Lunch		0	\$0.00	\$ -	0	\$ -
Dinner		0	\$0.00	\$ -	0	\$ -
Reception		0	\$0.00	\$ -	0	\$ -
Total Food before taxes						\$ -
Surcharge on Food	18%		0	0		\$ -
HST on Food	13%					\$ -
HST on Surcharge	13%					\$ -
Total Food including gratuity and taxes						\$ -
Beer		0	\$0.00	\$ -	0	\$ -
Wine		0	\$0.00	\$ -	0	\$ -
Liquor		0	\$0.00	\$ -	0	\$ -
Mineral		0	\$0.00	\$ -	0	\$ -
Total Beverage before taxes						\$ -
Surcharge on Beverage	18%					\$ -
HST on Beverage	13%					\$ -
HST on Surcharge	13%					\$ -
Total Beverage						\$ -
Total for Food & Beverage						\$ -
MEETING ROOM						
Meeting Room Rentals						\$ -
Internet Access:		# of Room	Price per item	# of Days		
Meeting Room		0	\$0.00	0	\$ -	
Guestroom		0	\$0.00	0	\$ -	
ADDITIONAL OFFICE FEES						
Labour					\$ -	
Removal of guestroom furniture fees					\$ -	
Total before taxes					\$ -	
HST for all above charges:	13%				\$0.00	
Luggage Handling Fee (including HST)		# of Items	Price per item		\$ -	
PSAV Estimate only including HST						
Total for Additional Charges					\$ -	
ESTIMATED COST FOR THE EVENT					\$ 233.86	



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PAYEE NAME <u>BOB DEWAR CONSULTING</u>		* SUPPLIER # <u>NR</u>		* SITE <u>001</u>						
CONTRACT/PO # <u>C20PREM1529</u>		INVOICE DATE <u>31-03-2020</u> <small>DD-MMM-YYYY</small>		INVOICE # <u>0095</u>						
DATE INVOICE RECEIVED <u>31-MAR-2020</u> <small>DD-MMM-YYYY</small>		DATE GOODS/ SERVICES REC'D <u>31-03-2020</u> <small>DD-MMM-YYYY</small>		RECEIPT # <u>6345</u>						
NAME &/OR ADDRESS OVERRIDE:			DESCRIPTION FOR CHEQUE STUB: Bob Dewar Consulting s.22							
DATE CHQ/EFT REQ'D (ONLY IF URGENT) _____ <small>DD-MMM-YYYY</small>		GL DATE (if applicable) _____ <small>DD-MMM-YYYY</small>		PAY ALONE? YES <input checked="" type="checkbox"/>						
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AMOUNT (INCLUDING TAX)	PRE-TAX AMOUNT (EXCLUDING TAX)	PST AMOUNT	GST AMOUNT	TAX CODE <small>PST & GST, GST, PST, GST Travel, Other</small>	CL	RESP	SERVICE LINE	STOB	PROJECT	NAME & SUPPLIER # if STOB 57
13,072.50	12,450.00		622.50		004	36A10	36200	6101	3600000	
13072.50	TOTAL									
* EXPENSE AUTHORITY (EA) INFORMATION: * <u>VANESSA GEARY</u> EA PRINTED NAME					* QUALIFIED RECEIVER (QR) CERTIFICATION: * <u>ELIZABETH PARKINSON</u> QR PRINTED NAME The goods provided or services delivered have been inspected or reviewed; and the goods or services were properly received and documentation to support the account has been verified (i.e., goods: as ordered, correct quantity and suitable quality; services: as contracted, appropriate deliverables and/or performance criteria met; or other conditions, if any, have been met). * <u>EP</u> QR SIGNATURE					
* BRIEF PAYMENT DESCRIPTION FOR EA NOTIFICATION: Note: This is also the line description displayed on GL detail reports.										
ADDITIONAL INFORMATION OR INSTRUCTIONS: 										

INVOICE

Vanessa Geary, Office of the Premier
Suite 740-999 Canada Place
Vancouver, B.C V6C 3E1

Date: **2020-03-31**

Invoice Number: **0095**

March 2 nd to 6 th 1 week @\$4,250 per week			\$4,250
March 13 th 1 day @\$1,000 per day			\$1,000
March 9 th 2 hours @\$150 per hour			\$300
March 10 th 2 hours @\$150 per hour			\$300
March 11 th 2 hours @\$150 per hour			\$300
March 12 th 5 hours @\$150 per hour			\$750
March 16 th 2 hours @\$150 per hour			\$300
March 17 th 2 hours @\$150 per hour			\$300
March 18 th 3 hours @\$150 per hour			\$450
March 19 th 3 hours @\$150 per hour			\$450
March 20 th 1 hour @\$150 per hour			\$150
March 21 st 2 hours @\$150 per hour			\$300
March 23 rd 2 hours @\$150 per hour			\$300
March 24 th 4 hours @\$150 per hour			\$600
March 25 th 3 hours @\$150 per hour			\$450
March 26 th 3 hours @\$150 per hour			\$450
March 27 th 3 hours @\$150 per hour			\$450
March 28 th 1 hour @\$150 per hour			\$150
March 29 th 2 hours @\$150 per hour			\$300
March 30 th 3 hours @\$150 per hour			\$450
March 31 st 3 hours @\$150 per hour			\$450
Subtotal			\$12,450
GST			5.00% \$622.50
Total			\$13,072.50

Detailed work:

March 2nd to 6th - Worked in Victoria East Annex on various files and conducted meetings with Ministers, Premier, political staff, Green Secretariat and Green Party caucus. 1 week

March 13th 1 day – First ministers conference call, various covid 19 teleconference calls

March 9th to 12th – conference calls with senior staff, planning and reviewing covid 19 plans 11 hours

March 16 to 21st - conference calls with senior staff, political staff, premier and various ministers, on planning materials for covid 19 13 hours

March 23rd to 31st - conference calls with senior staff, political staff, premier and various ministers, on planning materials for covid 19 24 hours

From: [Geary, Vanessa PREM:EX](#)
To: [Parkinson, Elizabeth PREM:EX](#)
Subject: RE: Bob Invoice coding sheet
Date: March 31, 2020 11:34:53 AM
Attachments: [image002.png](#)

Approved. See Geoff's approval below.
Thanks

From: Meggs, Geoff PREM:EX <Geoff.Meggs@gov.bc.ca>
Sent: March 31, 2020 11:32 AM
To: Geary, Vanessa PREM:EX <Vanessa.Geary@gov.bc.ca>
Cc: Elizabeth Parkinson <Elizabeth.Parkinson@leg.bc.ca>
Subject: Re: March invoice

This is approved

Geoff

Sent from my iPhone

On Mar 31, 2020, at 11:11 AM, Geary, Vanessa PREM:EX <Vanessa.Geary@gov.bc.ca> wrote:

Please review and approve as soon as convenient so Elizabeth can get into payment this fiscal.
Thx

Sent from my iPhone

Begin forwarded message:

From: Bob Dewar [s.22](#)
Date: March 31, 2020 at 9:57:29 AM PDT
To: "Parkinson, Elizabeth PREM:EX" <Elizabeth.Parkinson@gov.bc.ca>
Cc: "Geary, Vanessa PREM:EX" <Vanessa.Geary@gov.bc.ca>
Subject: March invoice

Hi Elizabeth,

Enclosed is my March invoice.

Thanks,
Bob
<Detailed work March 2020.docx>
<Executive Council - Invoice 95, March 2020 .docx>

From: Parkinson, Elizabeth PREM:EX <Elizabeth.Parkinson@gov.bc.ca>
Sent: March 31, 2020 10:47 AM
To: Geary, Vanessa PREM:EX <Vanessa.Geary@gov.bc.ca>
Subject: Bob Invoice coding sheet

Hi Vanessa,

Can you please approve and I will put into CAS?

Thanks,



Elizabeth Parkinson
Finance & Administration Officer
Office of the Premier | Government of British Columbia
501 Belleville St. Victoria, BC V8V 1X4 | 778-974-6082
E-mail: elizabeth.parkinson@gov.bc.ca

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