



Where ideas work

Ministry of Finance

INVOICE CODING SHEET

RETURN CHEQUE TO MINISTRY?
(if yes, enter "D")FOREIGN CURRENCY OR WIRE?
(if yes, enter "\$" for foreign and
"W" for Wire transfer)
[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>01-MAY-2020</u> <small>DD-MMM-YYYY</small>		INVOICE # <u>0097</u>						
DATE INVOICE RECEIVED <u>01-MAY-2020</u> <small>DD-MMM-YYYY</small>		DATE GOODS/ SERVICES REC'D <u>30-APR-2020</u> <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
16,170.00	15,400.00		770.00		004	36A10	36200	6101	3600000	
16170.00	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: _____										

* Note: Fields with an asterisk do not need to be completed for iProcurement invoices.

FIN FSA 017 REV. OCT/16

Detailed work: April 2020

April 1,2,5,6,7,8,9,13 - conference calls with senior staff, political staff, premier and various ministers, on planning materials for covid 19 - 21 hours

April 14,15,16,17,27,28,29,30 - conference calls with senior staff, political staff, premier and various ministers, on planning materials for covid 19 - 8 days

April 20th to April 24th - conference calls with senior staff, political staff, premier and various ministers, on planning materials for covid 19 - 1 week




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PAYEE NAME BOB DEWAR CONSULTING				* SUPPLIER # NR		* SITE 001				
CONTRACT/PO # C20PREM1529		INVOICE DATE 02-JUN-2020 <small>DD-MMM-YYYY</small>		INVOICE # 0098						
DATE INVOICE RECEIVED JUNE 3, 2020 <small>DD-MMM-YYYY</small>		DATE GOODS/ SERVICES REC'D 31-MAY-2020 <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
13,965.00	13,300.00		665.00		004	36A10	36200	6101	3600000	
13965.00	TOTAL									
* EXPENSE AUTHORITY (EA) INFORMATION: * VANESSA GEARY 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: * ELIZABETH PARKINSON 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). * Via E-mail QR SIGNATURE					
ADDITIONAL INFORMATION OR INSTRUCTIONS: 										

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 FIN FSA 017 REV. OCT/16

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

Invoice Number: **0098**Page 5 of 9 FIN-2020-04380

Detailed work: May 2020

May 1,4,7,8,14,15,19,20,25,26,27,28 - conference calls with senior staff, political staff, Premier and various ministers, on planning materials for covid 19 - 42 hours

May 5,6,11,12,13,21, 22 - conference calls with senior staff, political staff, Premier and various ministers, on planning materials for covid 19 - 7 days



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[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>01-JUL-2020</u> <small>DD-MMM-YYYY</small>		INVOICE # <u>0099</u>						
DATE INVOICE RECEIVED <u>06/07/2020</u> <small>DD-MMM-YYYY</small>		DATE GOODS/ SERVICES REC'D <u>JUNE 30, 2020</u> <small>DD-MMM-YYYY</small>		RECEIPT # <u>6353</u>						
NAME &/OR ADDRESS OVERRIDE:				DESCRIPTION FOR CHEQUE STUB: Bob Dewar Consulting s.22						
DATE CHQ/EFT REQ'D (ONLY IF URGENT) <u> </u> <small>DD-MMM-YYYY</small>		GL DATE (if applicable) <u> </u> <small>DD-MMM-YYYY</small>		PAY ALONE? YES <input checked="" type="checkbox"/>						
OFA STOB & ASSET # (if applicable) : <u> </u>										
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
14,490.00	13,800.00		690.00		004	36A10	36200	6101	3600000	
14490.00		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). QR SIGNATURE					
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 FIN FSA 017 REV. OCT/16

Bob Dewar CONSULTING

s.22

INVOICE

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

Date: 2020-07-01

Invoice Number: 0099

June 8 th – 26 th 3 weeks @\$4,250 per week	\$12,750
June 4 th 4 hours @ \$150 per hour	\$600
June 5 th 3 hours @\$150 per hour	\$450

Subtotal	\$13,800
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GST	5.00%	\$690
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Total	\$14,490
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Detailed work:

June 8th - 26th - Worked in Victoria East Annex on various files including covid 19 and conducted meetings with Ministers, Premier, political staff, Green Secretariat and Green Party caucus. 3 weeks

June 4th - conference calls with senior staff, political staff, Premier on planning materials for covid 19 4 hours

June 5th - conference calls with senior staff and political staff, premier and on planning materials for covid 19 3 hours