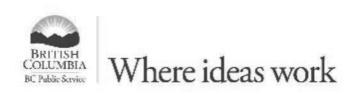
Phone Number



Travel Voucher (Restricted Use)

Employee ID

Control No.

E133381

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.

| | Sangha, Jasmeet NR Job Title | | | | | (250) 953-0910 Travel Group Code | | | | | | |
|---|--|---|---|--|------------------|--|------------------------|----------|-----------------------|--------------------|--------------------|---------------------------|
| Labour | | | | | - | Assistant | | | 3 | | | |
| | Completed | | 6. Fiscal Y | 'ear | 7. 8 | 7. Special Cheque Issue 8. Cheque Stub Information | | | | | on | |
| 2021/01 Type of | | | 2021 14. Reaso | n for Tra | vol. | | Headquarters | | | | | |
| In Provi | | | Delivering | | | | | | Surre | | | |
| | ng Addres | s for Che | | a, mare | 7110110 | | | | 00,110 | , | | |
| , | | | • | | | | | | | | | |
| 16. | 17. | | | | 18. | 55 kms | 19. | 20. & 21 | l. | 22. | 20. & 21. | |
| Travel | | Places 1 | ravelled | | | ersonal | Other | M∈ | eals | l | Misc | cellaneous |
| Dates | D 4! 4! | | 04==4 | Lend | | icle Use | Transport | Olai- | 04 | Lodging | 04 | December |
| 2021 01/07 | Destinati Sur-Rich | on -Van-Sur | Start 1000 | End 1300 | Km 78 | Cost 42.90 | Costs | Claim | 0.00 | Costs | Cost | Describe |
| | | | | | | | | | | | | |
| | OF COLU | MNS | | | | 36. \$ 42.90 | 37. \$ 0.00 | | 38. \$ 0.00 | 39. \$ 0.00 | 40. \$ 0.00 | Claim Total \$ 42.90 |
| 48. | | 49. | 50. | | 51 | | 2. | | 45. | | | |
| | t Code 127 127 127 127 | Resp. 51608 | | vice Line 52080 | • | 5702 | Projec 51559 | | S | upplier Co NR | ode | Amount \$ 42.90 |
| Less Tra | vel Advan | ice | | | | | | | _ | _ | | |
| | 127 | | | | | | | | | | | |
| | | | | | | | | | UE TO EN | MPLOYEE | | 54. \$ 42.90 |
| - Certifie disburse a result | ed this trave ements ma of travel or | el expense de and/or a n governme | e Audit Tra claim is a tallowances ent busines d will not be | rue stater to which I s as detai | am en led abo | titled as | Print Name | 1 | | Date S | oignea | |
| 56. Spending Authority Signature (See Audit Trail) - Certified correct pursuant to section 32 & 33 of the Financial Administration Act and related policies. | | | | ncial | Print Name | 9 | | Date | Signed | | | |
| - Requis | | yment pur | ature (See a | | | nancial | Print Name | • | | 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 18, 2021

Audit Trail for Travel Voucher (Restricted Use) E133381 for Sangha, Jasmeet 7 audit trail record(s) returned.

| Date/Time | Who | On Behalf Of | Action | Next To Act |
|---------------------|------------------------------|--------------------------|----------|--------------------------|
| 2021/01/12 09:21:06 | Hontiveros, Jenelyn | Sangha, Jasmeet | Saved | Sangha, Jasmeet |
| | (IDIR/NR) | Jasmeet.Sangha@gov.bc.ca | | Jasmeet.Sangha@gov.bc.ca |
| | Jenelyn.Hontiveros@gov.bc.ca | | | |
| 2021/01/13 09:42:37 | Hontiveros, Jenelyn | Sangha, Jasmeet | Saved | Sangha, Jasmeet |
| | (IDIR\NR) | Jasmeet.Sangha@gov.bc.ca | | Jasmeet.Sangha@gov.bc.ca |
| l | Jenelyn.Hontiveros@gov.bc.ca | | | |
| 2021/01/13 09:47:56 | Hontiveros, Jenelyn | Sangha, Jasmeet | Notified | Sangha, Jasmeet |
| | (IDIR\NR) | Jasmeet.Sangha@gov.bc.ca | | Jasmeet.Sangha@gov.bc.ca |
| l | Jenelyn.Hontiveros@gov.bc.ca | | | |
| 2021/01/13 09:51:37 | Hontiveros, Jenelyn | Sangha, Jasmeet | Saved | Sangha, Jasmeet |
| | (IDIR\.NR) | Jasmeet.Sangha@gov.bc.ca | | Jasmeet.Sangha@gov.bc.ca |
| | Jenelyn.Hontiveros@gov.bc.ca | | | |
| 2021/01/13 09:51:45 | Hontiveros, Jenelyn | Sangha, Jasmeet | Notified | Sangha, Jasmeet |
| | (IDIR/NR) | Jasmeet.Sangha@gov.bc.ca | | Jasmeet.Sangha@gov.bc.ca |
| | Jenelyn.Hontiveros@gov.bc.ca | | | |
| 2021/01/15 11:33:18 | Sangha, Jasmeet | | Approved | dRanjan, Ramesh |
| | (IDIR\NR) | | | Ramesh.Ranjan@gov.bc.ca |
| L | _asmeet.Sangha@gov.bc.ca | | _ | |
| 2021/01/15 13:50:30 | Ranjan, Ramesh | | Approved | dFSA MIN OFF, FIN |
| | (IDIR\nR) | | | FINFSAMINOFF@gov.bc.ca |
| I | Ramesh.Ranjan@gov.bc.ca | | | |
| I | | | | |

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Notes for Travel Voucher (Restricted Use) E133381 for Sangha, Jasmeet

0 note(s) returned.

| Created On | Author | Note |
|------------|--------|------|
| | | |

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Drove to drop off the QP binder parcel to Harbour Air on Thursday, January 7th. The return would be our CO so from Canada Place to 7327 137, Surrey BC.

MINISTRY OF FINANCE AND SUPPORTED ENTITIES REIMBURSEMENT CLAIM FOR NON-PAYROLL RELATED EXPENSES

| INVO | ICE# | 333 |
|------|------|-----|
| NR | | |

| TO | OB | V III | 211 | AC | æ |
|----|----|-------|-----|----|---|
| FO | K | 71 | UJ. | 10 | £ |

This form is to be used by individuals to claim reimbursement for government expenditures that have been paid for personally and cannot be claimed using another reimbursement method (e.g., items that cannot be claimed through petty cash or on a travel voucher). After completion, the individual should forward the original claim (with receipts attached) to the expense authority. The expense authority will complete and sign the Coding section and forward the claim to MFIN, Accounts for processing. A cheque will be forwarded to the Cheque Mailing Address below.

| CHEQUE INFORMATI | ON | | | |
|--------------------------------------|--|--|------------------------------|--------------|
| Payce Name: Januer St | anghu | | Vendor#: NR | Loc. Code: |
| Cheque Mailing Address: | s.22 | | | |
| DESCRIPTION OF PUL | CHASE(S) | | | |
| Date of Purchase | | Description | | Amount |
| 2021/01/06 | QP Binder from Vancouve | r to the Victoria | | 40.16 |
| 2020/12/18 | Box of Christmas card from | n Vancouver to Victoria for distribut | ion from MO | 15.16 |
| | Paid for the shipment only not the xmas cards themselves | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | 55.32 |
| Marin 6 | X | | Cheque Total | 33.32 |
| Signature of Individual | Receiving Reimbursement | 2021-01-07 Date | | |
| | | entitled and for which I have not been and w | ill not be reimbarsed by any | other party. |
| CODING | | | | |
| Client: 127 Resp. | 51608 Service Line: | 52080 STOB: 6 | 506 Project: | 5155555 |
| And 1 | 12 | 2 12 | | |
| 11/1/1/2 | | 2021-01-0 | 7 | |
| | crity Signature | Date | | |
| Centified that the standard to be pa | an accordance with appr | ropriate statue or other authority for payment | | |

FIN FSA 007 REV





| 2020/12/18 CC/CC100983 G 5% Regular Par Actual Weig Volumetric 33.000cm X To V9V479 NR | 16\$13.75 rcel ht 1.341kg | TR1946072 \$13.75 |
|--|--|------------------------------|
| Coverage decl G 5% Delivery Conf | 1@\$0.00 | \$0.00 |
| G 5% Fuel Surcharge | 1@\$0.69 | \$0.69 |
| 201000000 | and conditions consult to u.canadapost.ca or any Po | |
| AUGUSTON CO. | dards are subject t darantees are suspe | |
| Sender warrant do(es) not con | s that the shipped tain non-mailable | item(s) matter. |
| SUBTL GST TOTAL | | \$14.44 \$0.72 \$15.16 |

| DATE INVOICE RECE'D: 2021/01/07 | INVOICE NUMBER: | INVOICE DATE: |
|---------------------------------|--------------------------------|-----------------------|
| SUPPLIER NUMBER: | NR | 2019/18.20-2021/01/07 |
| DATE GOOD/SERVICE REC'D | GOODS/SERVICES REC'D SIGNATURE | SPENDING AUTHORITY |
| 2020/12/18 & Jan 7, 2021 | Deso C | My As |
| CODING: | | |
| AMOUNT: | TOTAL: \$55.32 | |

MINISTRY OF FINANCE AND SUPPORTED ENTITIES REIMBURSEMENT CLAIM FOR NON-PAYROLL RELATED EXPENSES INVOICE#

NR

| 3 | 2 | Th | 76 | M | USAGI | m. |
|-----|---|----|----|----|--------|----|
| E., | v | 17 | 13 | ß. | C12161 | C |

This form is to be used by individuals to claim reimbursement for government expenditures that have been paid for personally and cannot be claimed using another reimbursement method (e.g., items that cannot be claimed through petty cash or on a travel voucher). After

| complete and sign the Mailing Address below | Coding section and forward the claim to | with receipts attached) to the expense authori o MFIN, Accounts for processing. A cheque | ty. The expense authority will will be forwarded to the Cheque |
|--|---|---|---|
| CHEQUE INFORM | ATION | | |
| Payee Name: JASM | IEET SANGHA | Vendor#: NR | Loc. Code: |
| Cheque Mailing Addr | | , voido n. | 200. 6000. |
| | | | |
| DESCRIPTION OF Date of Purchase | PURCHASE(S) | | - |
| | - | Description | Amount |
| JANUARY 11, 2021 | TONER | | 120,95 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | • | |
| | | | |
| 1 110 | | Cheque T | otal \$120.95 |
| Signature of Individ | ual Receiving Reimbursement | Date | |
| CONTRACTOR OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLU | ent of disbursements made to which I am entitled a | and for which I have not been and will not be reimbursed | by any other party. |
| CODING | | | |
| Client: 127 Resp: | 51608 Service Line:5 | 2080 STOB: 6508 Project | at:5155555 |
| 1/1/1 | 1 | /Jan 15/2021 | |
| Expense Au | nthority Signature | Date | |
| Certified that the amount to be | paid is correct, in accordance with appropriate sta | atue or other authority for payment. | |
| FIN FSA 007 REV. 06/07 | | | |
| | DATE INVOICE RECE'D: Jan 11,21 | INVOICE NUMBER: | INVOICE DATE: Jen 11,21 |
| | SUPPLIER NUMBER: NR | | INVOICE DATE: CLCX 11, 2 |
| | DATE GOOD/SERVICE REC'D | GOODS/SERVICES REC'D SIGNATURE | SPENDING AUTHORITY |

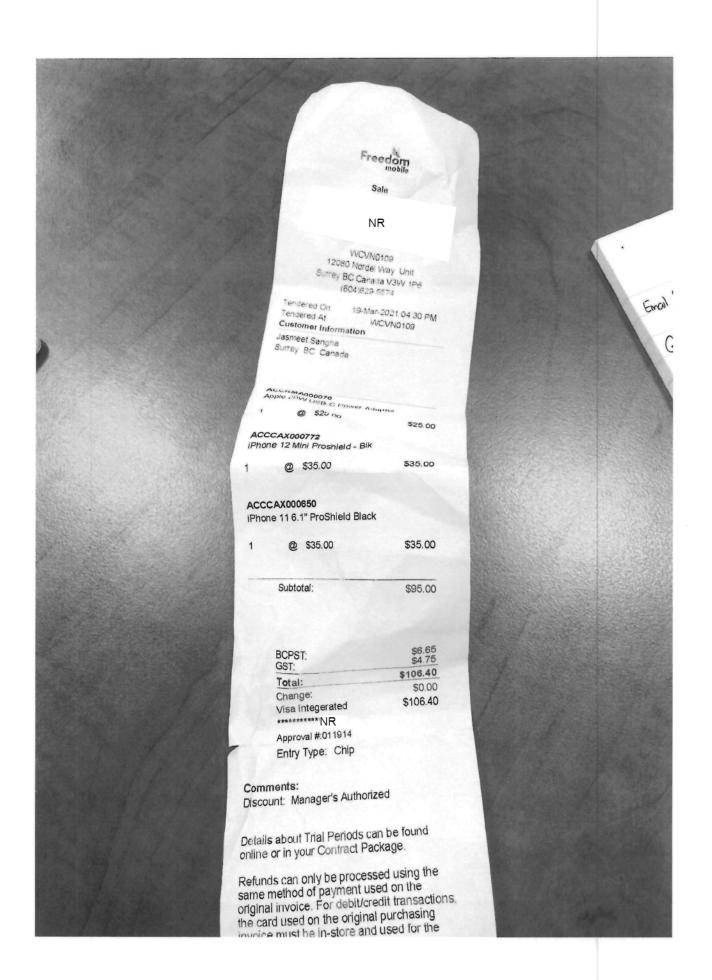
| INVOICE NUMBER: | INVOICE DATE: Jen 11,21 |
|--|--|
| The second secon | THE DRIE CLAY 11, 27 |
| GOODS/SERVICES REC'D SIGNATURE | SPENDING AUTHORITY |
| 1 4.1 | 1/// |
| 0 515555 | In les |
| | |
| | GOODS/SERVICES REC'D SIGNATURE O 5155555 TOTAL: \$\frac{120.95}{20.95}\$ |

MINISTRY OF FINANCE AND SUPPORTED ENTITIES REIMBURSEMENT CLAIM FOR NON-PAYROLL RELATED EXPENSES

| DOLL | 1 | ij. | | |
|------|---|-----|--|--|
| NR | | | | |

| FORM USAGE | | |
|---|---|------------------------|
| be claimed using another re- | ndividuals to claim reimbursement for government expenditures that have been paid for imbursement method (e.g., items that cannot be claimed through petty cash or on a travelould forward the original claim (with receipts attached) to the expense authority. The new section and forward the claim to MFIN. Accounts for processing. A cheque will be | expense authority will |
| CHEQUE INFORMATIO | N | |
| Payee Name: JASMEET | SANGHA Vendor #: NR | _ Loc. Code: |
| Cheque Mailing Address: | PO Box 9064 Stn Prov Govt | |
| DESCRIPTION OF PUR | CHASE(S) | |
| Date of Purchase | Description | Amount |
| MARCH 19, 2021 | CASE CHARGING PORT FOR NEW PHONE (Minister & EA) | 106.40 |
| | PRE TAX 95.00 PST 6.65 GST 4.75 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 11 | Cheque Total | 106.40 |
| Signature of Individual Certified this is a true statement of | Receiving Reimbursement 2021-03-22 This bursements made to which I am entitled and for which I have not been and will not be reimbursed by an | y other party |
| CODING | | |
| Client:127 Resp: | 51608 Service Line: 52080 STOB: 6325 Project: | 5155555 |
| Expense Autho | trity Signature 2021 -83-23 Date Its correct, in accordance with appropriate statue or other authority for payment | |

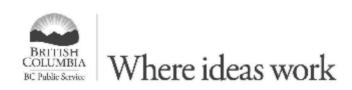
FIN ESA 907 REV 96/07



| | MINISTRY OF FINANCE AND SUPPORTED ENTITIES. REIMBERSEMENT OF AIM FOR NON-PAYROLL RELATED FAPENSIS. | CYOUT |
|--|--|--------------------------|
| FORMUSAGE | | |
| i' is form is to be used by be claimed using another of completion, the individual | individuals to claim reinflursement for government expenditures that have been paid to combine oment in the decay, items that cannot be claimed through peny cash or on a so- should forward the original claim twith recorpts attached to the expense authority. His ing section and forward the claim to MEN. Accounts for processing. A chaque will be | e expense authority will |
| CHEQUE INFORMATIO |)\ | |
| Payce Name: JASMF1 1 | SANGHA Vendor * NR | Los. Code |
| Cheque Mailing Address: | PO Box 9064 5tn Prov Govt | |
| DESCRIPTION OF PUR | The state of the s | |
| Date of Purchase | De-cription | Amount |
| MARCH 19, 2021 | CASE-CHARGING PORTFOR NEW PHONE (MINISTER # & A) | 106.49 |
| | | |
| . 42 | Cheque Lotal | 106.40 |
| | 2021-03-22 Receiving Reimbursement Date Idissurvements used to which Lart catalid and for which I have not been and will not be recoloused by any | orbot gans |
| ODING | | |
| | 51608 Service Line: 52080 STOB: 6325 Project | 5158585 |
| E pe - Author | | |
| NIN 80 10 V 100 | | |
| TE INVOICE RECE'D: | 3/19/2/ INVOICE NUMBER: NR INVOICE DA | TE: Harch 1920 |
| PPLIER NUMBER: .NR | | |
| arch 19.200 | | mult |
| | 08 52 080 5155555 | |
| ount of 106. | 40 TOTAL: \$106.40 | |

| orani FC Canada | |
|---------------------------------------|-------------|
| STAPLES Canada | |
| Store # 106 | |
| Delta, BC V4C6P5 | |
| (604) 501-7820 | 001 20070 |
| Sale 00076 10 | 001 20979 |
| | 1/21 09:07 |
| 1523686 | |
| 1 HP 201A BLACK | |
| 888793237946 | 107.998 |
| Subtotal | 107.99 |
| PST 7.00% | 7.56 |
| GST 5.00% | 5.40 |
| Total | \$120.95 |
| Visa | 120.95 |
| TRANSACTION RECORD | 120130 |
| NK******** | \$120.95 |
| | Purchase |
| | |
| Authorization Number | 016998 |
| 0010019830 20979 | 66278772 |
| 01/11/21 09:07:23 | |
| 01/027 APPROVED - THANK YOU | |
| | 00000031010 |
| 0080008000 F800 | |
| Thank you for shopping at SI | |
| ********** | ***** |
| Share your feedback for a cha | ince to |
| win a \$1,000 Staples Gift C | ard! |
| | |
| Text STAPLES106 to 2020 | 00 |
| OR | |
| Visit staples.ca/survey/1 | 06 |
| V1311 Stap 165: 647 541 7677 | 00 |
| Std msg & data rates may ap | nly |
| Std msg & data rates may at | ply. |
| | |
| For contest rules or contact | inro |
| go to help.staples.ca. | |
| ********* | ***** |
| | |
| | |
| GST No. 126152586 | |
| *** CARDHOLDER COPY *** | 4 |
| *********** | ****** |
| Any opened headphones, earphor | nes, and |
| earbuds cannot be returned at a | nv time. |
| ****************************** | ****** |
| ************************************* | |
| NR | |
| | |
| | |
| | |

MA21EXEPAL79



Travel Voucher (Restricted Use)

Control No.

E133492

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.

| Labour | ganization | - | NR Job T Minis | terial Advisor | | s. T | hone Number 17 ravel Group 0 4 | Code | | |
|--------------------------------------|---|---|---|------------------------------|--|-----------------------|---|-----------------------|----------------------------------|--|
| 5. Date C 2021/03/ | ompleted | 6. Fiscal Y 2021 | ear | 7. Special (| Cheque Issue | | 8. Cheque St | ub Informat | ion | |
| Type of T Out of Pr | ravel ovince | 14. Reason Moving to | n for Trave BC REL | I I OCATION EXPE | NSES | Headquarters Victoria | | | | |
| 16. Travel Dates | Travel Places Travelled | | V | Personal ehicle Use | 19. 20. & 21. Meals Transport | | 22. Lodging | | 21. Miscellaneous | |
| 2021 02/23 | Destination Victoria | | nd Km 700 | 0.00 | 7000.00 | Cost | Costs | Cost | Describe | |
| | OF COLUMNS | | | 36. \$ 0.00 | 37. \$ 7000.00 | 38. \$ 0.00 | | 40. \$ 0.00 | Claim Total \$ 7000.00 | |
| 1 1 | Code 49. Resp. 27 51608 27 27 27 | | ice Line 52080 | 51. STOB 5226 | 52. Project 515555 | | i. Supplier C NR | Code | Amount \$ 7000.00 | |
| | vel Advance 27 | i | | i i | | | | | | |
| | | | | | AMO | UNT DUE T | O EMPLOYEE | 1 - | 54. \$ 7000.00 | |
| - Certifie disburse a result d | oyee Signature (Se d this travel expense ments made and/or of travel on governm of have not been an | e claim is a ti allowances t ent business | rue stateme to which I ar s as detailed | m entitled as d above and | Print Name | | Dat | e Signed | | |
| 56. Spen - Certifie | ding Authority Sig d correct pursuant to ration Act and relate | section 32 | | | Print Name | • | Da | te Signed | | |
| - Requisi Administ | ent Authority Sign ition for payment pu ration Act. | rsuant to sec | tion 32 of th | ne Financial | Print Name | | | te 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 by PL Mar 11, 2021

Audit Trail for Travel Voucher (Restricted Use) E133492 for Moraes, Josh 10 audit trail record(s) returned.

| Date/Time | Who | On Behalf Of | Action | Next To Act |
|---------------------|-------------------------|-----------------------|----------|-------------------------|
| 2021/03/03 15:56:46 | Duncan, Kate | Moraes, Josh | Saved | Moraes, Josh |
| | (IDIR\NR) | Josh.Moraes@gov.bc.ca | | Josh.Moraes@gov.bc.ca |
| | Kate.Duncan@gov.bc.ca | | | |
| 2021/03/03 16:09:16 | Duncan, Kate | Moraes, Josh | Saved | Moraes, Josh |
| | (IDIR\NR) | Josh.Moraes@gov.bc.ca | | Josh.Moraes@gov.bc.ca |
| | Kate.Duncan@gov.bc.ca | | | |
| 2021/03/04 13:19:40 | Duncan, Kate | Moraes, Josh | Notified | Moraes, Josh |
| | (IDIR/NR | Josh.Moraes@gov.bc.ca | | Josh.Moraes@gov.bc.ca |
| | Kate.Duncan@gov.bc.ca | | | |
| 2021/03/11 08:47:34 | Moraes, Josh | | Approve | dSmith, Krystal |
| | (IDIR\NR) | | | Krystal.Smith@gov.bc.ca |
| | Josh.Moraes@gov.bc.ca | | | |
| 2021/03/11 09:27:14 | Smith, Krystal | | Not | Moraes, Josh |
| | (IDIR/NR) | | Approve | dJosh.Moraes@gov.bc.ca |
| | Krystal.Smith@gov.bc.ca | | | |
| 2021/03/11 09:44:54 | Duncan, Kate | Moraes, Josh | Saved | Moraes, Josh |
| | (IDIRNR) | Josh.Moraes@gov.bc.ca | | Josh.Moraes@gov.bc.ca |
| | Kate.Duncan@gov.bc.ca | | | |
| 2021/03/11 09:46:58 | Duncan, Kate | Moraes, Josh | Saved | Moraes, Josh |
| | (IDIRNR) | Josh.Moraes@gov.bc.ca | | Josh.Moraes@gov.bc.ca |
| | Kate.Duncan@gov.bc.ca | | | |
| 2021/03/11 09:47:06 | Duncan, Kate | Moraes, Josh | Notified | Moraes, Josh |
| | (IDIRWR) | Josh.Moraes@gov.bc.ca | | Josh.Moraes@gov.bc.ca |
| 0004/00/44 00 50 00 | Kate.Duncan@gov.bc.ca | | | 10 - 31 - 17 - 1 - 1 |
| 2021/03/11 09:50:03 | Moraes, Josh | | Approve | dSmith, Krystal |
| | (IDIR\NR) | | | Krystal.Smith@gov.bc.ca |
| 0004/00/44 00:50:40 | Josh.Moraes@gov.bc.ca | | | JEGA MINI GEE EINI |
| 2021/03/11 09:52:48 | Smith, Krystal | | Approve | dFSA MIN OFF, FIN |
| | (IDIR\NR) | | | FINFSAMINOFF@gov.bc.c |
| | Krystal.Smith@gov.bc.ca | | | |

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Notes for Travel Voucher (Restricted Use) E133492 for Moraes, Josh

2 note(s) returned.

| Created On | Author | Note |
|---------------------|---|---|
| 2021/03/03 16:09:16 | Duncan, Kate (IDIR∖NR) Kate.Duncan@gov.bc.ca | 02.23.21- MA flew from Toronto to Victoria to start job in labour office. Expense is for moving van that brought all of their possessions from Toronto to Victoria |
| 2021/03/11 09:46:58 | Duncan, Kate (IDIRNR) Kate.Duncan@gov.bc.ca | Travel was in conjunction with other new employees.22 s.22 Original receipt was for s.22 bu offer letter only covers 7000.00 that is why the expense is less then the receipt |

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PERSONAL AND CONFIDENTIAL

January 11, 2021

Josh Moraes By email to s.22

Dear Josh:

Subject to an Order in Council being signed by the Lieutenant Governor in Council, I am offering you an appointment to the role of Ministerial Advisor in the Office of the Minister of Labour, effective February & 2021 Your supervisor will be Senior Ministerial Advisor, Ramesh Ranjan.

Your salary will be \$86,000 per annum, to be paid in accordance with Salary Range Regulation, B.C. Reg 152/2017.

I am pleased to be able to offer you relocation expenses in accordance with Schedule 5 of the Terms and Conditions of Employment for Excluded Employees up to a maximum of \$7,000. This assistance is recoverable on a pro-rated basis should you resign prior to completing 24 months of service. Please ensure that you retain receipts for these expenses. Relocation is a taxable benefit and you will be taxed accordingly. You will need to sign the "New Appointees Relocation Assistance Application and Assignment of Wages Agreement." Located here: https://www2.gov.bc.ca/assets/gov/careers/all-employees/pay-and-benefits/work-related-expenses-

allowances/relocation assistance househunting expense report assignment of wages agree ment.pdf

The terms and conditions of your employment are equivalent to those established for category 'C' appointees in the "Terms and Conditions for Excluded Employees and Appointees" administered by the Public Service Agency. These are available at http://www2.gov.bc.ca/gov/content/careers-myhr/managers-supervisors/employee-labour-relations/conditions-agreements/excluded-employees-appointees Please take some time to familiarize yourself with them. If you have any questions, please contact your supervisor.

As the duties of this position meet the requirements of the Security Screening Policy, a check must be completed. Stacy Scriver will send you a criminal record check consent form. This offer of employment is subject to a satisfactory outcome of this search.

Please note that you are subject to the *Lobbyists Registration Act* which prohibits you from lobbying any public office holder for a period of two years after the date you cease to be a Ministerial Advisor.

Office of the Premier

Executive Branch

Mailing Address: Box 9401 Stn Prov Govt Victoria BC V8W 9E1 Telephone: 250 387-1715 Facsimile: 250 356-7258 Website: www.gov.be.ca



As an Order in Council appointee you must conduct yourself in a manner that maintains and enhances the public's trust and confidence in the government. Please ensure you are familiar with the Standards of Conduct, <a href="https://www2.gov.bc.ca/gov/content/careers-myhr/about-the-bc-public-service/ethics-standards-of-conduct/standards-of-condu

Lastly, I would like to extend my best wishes for your success in this role.

Yours truly.

Amber Hockin Deputy Chief of Staff Office of the Premier

pc: BC Public Service Agency

I have read and accept the terms and conditions of this appointment.

Page 15 of 18 FIN-2021-12177

Relocation Assistance and/or Househunting Expense Report and Assignment of Wages Agreement

| Employee Applicants: I acknowledge that I am moving and receiving relocation |
|--|
| expenses as a result of a staffing action. As such, I agree to the following conditions. |

OR

New Appointees: In consideration of the assistance / reimbursement of expenses of \$_7000.0000 as requested here to assist in the payment of my relocation and/or house hunting expenses in moving, I agree to the following conditions.

It is understood and agreed that should I resign from the service of the Government of British Columbia prior to completing 24 months of service following relocation, the amount of expenses / assistance granted to me will be repaid on the prorata basis of:

- One-twenty fourth of the total amount of relocation expenses / assistance and/or house hunting expenses received for each full and partial month, if any, that my employment falls short of 24 months full time (or equivalent service) following relocation.
- Where the employee / appointee is at work beyond the 15th day of the final partial month, that final partial month will be considered to be a completed month of service for purposes of calculating the amount to be repaid.

For the purpose of repayment, the Minister of Finance is hereby authorized to recover any outstanding portions of the relocation assistance through payroll deduction or other remuneration deduction without further notice.

Nothing contained herein shall prejudice the right of the Ministry to recover any outstanding advance or portion thereof after termination of employment.

I understand and agree to these terms and conditions.

| | Date: | Employee's / New Appointee's Signature and Printed Name: |
|--------|---------------------|--|
| Januar | NAS-12,2021 | Josh Morges |
| | Date: | Witness Signature and Printed Name: / |
| Januar | 1505,51 ZAV | Laura Casse man July und many |
| | Complete and sign i | in duplicate and return two copies to the issuing office. Retain |

Note: Canada Customs and Revenue Agency may deem this to be taxable allowance and should be contacted directly for further information.

| 17: | LIED | UNI | | | GOODS BIL | L OF LADING | NR | | |
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| CONSIGNOR s.22 STREET s.22 | | | CONSIGNEE | s.22 s.22 | | | | | |
| CITY Toronto POSTAL S.22 | PHONE CELL PHONE | PROV ON | | Victoria s.22 | РНС | - Se. 71 | ILCOOT | RATION NO. 04536 | SPOT PRICE N |
| REQUIRED PACK DATE | (S) | Feb 03/2021 Feb 04/2021 | REQUIRED | DELIVERY DA | ATE(S) Eab | 11/2021 To Mar 01/2021 | Option | Normal | |
| BOOKING AGENT ORIGIN AGENT | 242 Sheffield | Moving & Storage Inc | MOVING CO | NSULTANT | 959 Aidas | Batura | ٠ | AVLH20 | ela Basa |
| PHONE (416) 29 | | Moving & Storage Inc orough, ON | PHONE | (250) 383 | -9027 Vi | Cartage & Storage Ltd. ctoria, BC | ridding | Hauling Tal | DIE DASE |
| | | | DECL | ARATIC | N OF VA | LUE | | | |
| | \$10.00 per pou ent to be a value not e | vehicle \$ | NTS) | ound per artic | cle. | DATE CONSIGNOR'S SIGNAT | URE | | |
| Unless payment he the applicable cha The carrier's tariff r All charges will be The consignor rem All terms printed, s | as been otherwise a rges have been pai ates, rules, and reg audited and if nece ains jointly and sevi tamped, or typed or | T TO THE FOLLOWIN rranged, the carrier will not d in cash, money order, cer ulations in effect on the dat ssary, corrected by a refun rally liable for all charges r the front of this bill of ladir hich limit the liability of the | relinquish postified cheque of loading sld or additional egardless of ig, and the con | ssession of or bank dra hall govern I billing. invoicing in nditions of c | ft. this shipment. structions. carriage | I have read a | he front and | | d conditions bill of lading. |
| SPECIAL INSTRUCTION | AND THE PERSON OF THE CONTRACT OF THE | mich amit the liability of the | carner, snall g | jovern this s | snipment. | EST. WT. 75131944256 | SHIPME | NT WEIGHT | REWEIGH |
| Bkr 242 to per | form full pac | k by cwt Feb 3. D | irect | Distance | 2776 | Automobile Wt. | Gross | | Gross |
| | | 4. DA to perform | full | Overflow | 2776 | 70 - 776 | Tare - | | Tare |
| | | wing delivery (dr | iver to | Preflow | \vdash | Constructive Wt. 3900 | Net - | | Net |
| Call DA to adv | AGENT CODE | date and advise w AUTHORIZATION NO. | nen | | - | ERVICES PROVIDED | PERFORME | DBY RATE | |
| PACKING | Alternative State Section 1 | | JA11 | | MEIOUE | 建设设施设施 (1970年) | FERFORME | The second second | CHARGE |
| PICK-UP | | | | | FUEL SURCHA | MOVING AS 3900 | 1 | s.22 | |
| SET-OFF | | - | | | AUTO BY VAN | 1/18/17 | - | | |
| UNPACKING | | | | | AUTO HANDLIN | VG VI | | | |
| | | | | | AREA SERVICE | CHARGE - ORIGIN | | | |
| CONTROL CONTRO | | | | | | CHARGE DECTINATION | | | |
| WAIT TIME | | - | | | AREA SERVICE | CHARGE - DESTINATION | 4 | | |
| WAIT TIME REV. PICK-UP | | VAN RAIL UNLOADING AGENT | | _ | SURCHARGE | | | 3, | |
| WAIT TIME REV. PICK-UP VAN RAIL LOADING AGENT | | | | | SURCHARGE FERRY OR TOL | L CHARGE | | | |
| WAIT TIME REV. PICK-UP VAN RAIL LOADING AGENT HAULING MEMBERS | FROM | VAN RAIL UNLOADING AGENT | DISTAN | | SURCHARGE FERRY OR TOL REPLACEMEN | L CHARGE NT VALUE PROTECTION | | | |
| WAIT TIME REV. PICK-UP VAN RAIL LOADING AGENT | 4000000 | | DISTAN | ICE I | SURCHARGE FERRY OR TOL REPLACEMEN | L CHARGE | RIZED BY SH | THE RESIDENCE OF THE PARTY. | DENDUM UNIT V CWT |

3900 MOVING AS UNPACKING WT. 4000 BILLING INFORMATION (Gov't. / CAN) AUTO BY THIRD PARTY THIRD PARTY CHARGES - ORIGIN BY CASH, CERT CHEQUE OR CREDIT CARD (VISA OR MC ONLY AND PRE-AUTHORIZED AT ORIGIN) THIRD PARTY CHARGES - DESTINATION MISCELL ANEOUS POSTAL EXTRA PO NO PRE-PAYMENT RECEIVED DEST-PAYMENT RECEIVED STORAGE COD 2500 TNO.1 QU WAREHOUSING HANDEING S Charges Payable STORAGE CARTAGE Before Delivery AGT NO. (AGT NO. (TRANSIT DCN GOVERNMENT DDR NO. ORIG. DEST. DATE IN NAME OF AGENT Invoice - AGT AUTH. NO. Received on this date at the address and from the consignor mentioned above, shipment of goods in apparent good condition to be carried and delivered to the consignee at destination but subject to the declaration above, any inventory forms, and shortage and damage report and conditions on the back hereof. SUB - TOTAL s.22 GST / HST Signature of the consignee for receipt of goods shall not preclude future claim for loss and/or damages made within the time limit as prescribed by the QST / PST HAULER'S SIGNATURE \$0.00 Uniform Conditions of Carriage LESS DEPOSIT \$0.00 DATE LOADED DATE DELIVERED

PACKING WT.

DRIVER NO.

DRIVER NO.

UNIT PACKING CHARGES (Packing Slip Attached) CRATES AND/OR TV CARTONS (Packing Slip Attached)

3900 MOVING AS

In accordance with the Personal Information Protection and Electronic Documents Act, information collected on this form will be kept confidential; not released without your written permission and used only to x 639, Staion Main Edmonton, AB T5J2L3 Amount due: s.22

CONSIGNEE'S SIGNATURE

Allied Van Lines Canada a division of SIRVA Canada LP P.O. Box 639, Staion Main Edmonton, AB T5J2L3

TOTAL

Printed on Feb 09/2021 02:27 PM by Admin @ 242

LOAD DATE

LOAD DATE

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Copy 2 - Billing Copy / Customer @ Dest if COD

CONSIGNOR'S SIGNATURE

VAN FOREMAN

VAN FOREMAN

s.22

4000

SHEFFIELD MOVING AND STOR

Sheffield Moving and Storage Inc 4069 Gordon Baker Road Toronto ON M1W-2P3 T: 416-291-1200

TRANSACTION RECORD

TRANSACTION APPROVED - THANK YOU

Payment Details

Transaction Type: PURCHASE

Transaction Amount: 5.22

(CAD)

Order ID: 21-04536

Card Num: **** **** NR

Card Type: VISA

Resp Code - ISO Code: 027 - 01

Auth Code: 023101

Reference Num: 662636030018040050 M

Date/Time: Feb 23 2021 11:26AM



SIGNATURE

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement