



Where ideas work

Business Expense Approval

Control No.

B017668

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 MacFarlane, Jo-Ann	Branch Healthlines Services BC	Phone Number (250) 952-6462
Client Organization Health Services	Division Emergency & Health Services Commission	Job Title Administrative Assistant

EVENT	Description	Start Date	End Date
Location (City) Langford	CHARD Dine & Learn	2012/01/12	2012/01/12

PARTICIPANTS			
Organization	Number of People	Organization	Number of People
HealthLink BC	2	General Practitioners & MOA's	30

INDIVIDUALS INCLUDED IN MEAL CLAIMS			
Name	Organization	Name	Organization

BUSINESS EXPENSE REQUESTED	STOB	Amount	Responsibility	Service Line	Project	Supplier
1. Meeting Room Rental	6531	320.00	66289	44616		
2. Equipment/Furniture Rental	6531					
3. Photocopying, Faxing, Telephone, etc.	6531					
4. Food/Beverages for Meetings	6531	900.00				
<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input checked="" type="checkbox"/> Dinner <input type="checkbox"/> Snacks <input type="checkbox"/> Coffee/Tea/Juice, etc.						
5. Business Meals in Restaurant						
<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner						
6. Event Planners, Speakers, etc.	6531					
7. Travel Costs for Non-BC Government Participants	6531					
Estimated Total		\$1220.00	Reimbursement Total			\$

SIGNATURES Refer to Treasury Board directives for approval authorities. (See Audit Trail)		
Employee	Print Name	Date Signed
Supervisor/Designated Authority	Print Name	Date Signed
Signing Authority	Print Name	Date Signed

De c/c

PLEASE LEAVE SIGNED COPY WITH SERVER

AMOUNT	300.00
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TIP \$

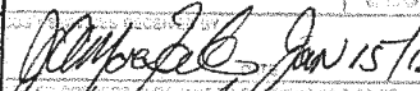
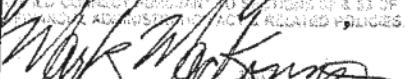
MANUAL ENTRY OF
CREDIT CARD NUMBER
REQUIRES A SEPARATE
TMDPRINT WITH

BC V9B6W6 250-391-5063 catering@fourpointsvictoriagateway.com

JO-ANN MACFARLANE

THURSDAY, JANUARY 12, 2012

[illegible]

MINISTRY OF HEALTH			
SUPPLIER #		SITE	
CDS COMMENT #		LINE #	
REQ#	SERVICE LINE	STOS	
66245	44616	6531	
PROJECT #		AMOUNT	
66E6039		300.00	
FOUO CONTRACT # / GRA #			CLIENT
			026
COPIES RECEIVED BY			
 RECD CONTRACT PURCHASING DIVISION OF S & S OF MINISTRY OF ADMINISTRATION & RELATED POLICIES  MINISTRY SPENDING / CONTRACTING DIVISION ATTACHED TO SUPPLY CHAIN			

DATE 12/07/11 TIME 11:23:01AM
ID 45584152318=WESTCO

WESTCOAST TAP
829 McCallum Road
Victoria, B.C.
V9B 6W6
250-474-4490

PLEASE LEAVE SIGNED COPY WITH SERVER

ASTER XXXXXXXXXXXXs.1 M
TH 143000 HEALTH CHECK 174648
E-AUTH 3.CATERING MNGR LEIGH

OUNT 300.00

SUBTOTAL \$ 300.00

TIP \$

TOTAL \$

CUSTOMER COPY

use/ Four Points By Sheraton Restaurant

:V986W6 250-391-5063 catering@fourpointsvictoriagateway.com

HEALTH LINK - CHARD

JO-ANN MACFARLANE

THURSDAY, JANUARY 12, 2012

Quantity:	Charge:		Total:
1	\$300.00	DISCOUNTED	300.00
1	\$20.00		20.00
			0.00
			840.00
30	\$28.00	\$840.00	
	\$0.00	\$0.00	
	\$0.00	\$0.00	
		\$840.00	
			\$1,160.00
			\$0.00

MINISTRY OF HEALTH			
SUPPLIER #		SITE	
EAC COMMITMENT #		LINE #	
ROOF	SERVICE LINE	STDB	
66245	44616	6531	
PROJECT #		AMOUNT	
66E6039		300.00	
FURT CONTRACT # / GR #			CURT
			026
RECEIVED BY: <i>[Signature]</i> DATE: <i>Jan 15/12</i>			
I HEREBY CERTIFY PURSUANT TO SECTIONS 32 & 33 OF THE FINANCIAL MANAGEMENT ACT & RELATED POLICIES.			
<i>Mark MacKinnon</i>			
MINISTRY SPENDING / CERTIFICATION AUTHORITY SIGNATURE			

[illegible]