## MINISTRY OF HEALTH SERVICES AUDIT AND INSPECTION COMMITTEE CLAIM FORM

	AUDIT AND MOPEC	TION COMMITTEE CLAIM FORM	
NAME: Mr	. Endre Dolhai	TELEPHONE #: (250) 658-1498	•
MEETING DATE:	Jan. 30, 2014	RECEIVED	
FEES: Ra	te: \$300.00 perday x 2 (incl. p.	FEB 0 7 2014	) <u>600.00</u> v
TRAVEL REIMBUR	SEMENT CLAIM: (vehicle travel rate effection	ve Mar 29/09) VEO 10 03940 BRAND INVESTIGATIONS BRAND	•
Vehicle Travel:	20 # of KM x \$ 0		\$ 10.40V
Ferry Costs: (At	tach Receipts)		\$
Air Travel: (At	tach Receipts)	• •	\$
Misc: (hig	phway toll charges, parking, taxi, car rental)	Itemize and attach receipts	s_6.00v
ACCOMODATION:		•	
4	•		
Hotel/Non-Commerci	ial Lodging nights X	\$ per night	\$
MEAL ALLOWANCE	E: (meal allowance rate effective Mar 29/09)	•	
Breakfast		X \$22.00	S
Lunch		X \$22.00	\$
Dinner		X \$28.50	\$
Breakfast & Lunch		X \$30.00	5
Breakfast & Dinner	<del>-</del>	X \$36.50	\$
Lunch & Dinner		X \$36.50	\$
Breakfast, Lunch & D	linner	X \$49.00	\$
if no meal is claimed,	you may claim \$14.00 for incidentals.	100	\$
.•		TOTAL CLAI	M \$ 616.40V
PLEASE MAKE CHE	QUE PAYABLE TO:	<i>:</i>	
NAME:	E. Dolhai	INVOICE (DIRECT (	OR MATCHED)
	s.22	Receipt # Supplier	
ADDRESS:	5.22	4(6709 s.22	001
CITY/PROVINCE/PC:	: , ,	66925JY091000	8 \$ (ol(o, 40)
		Invoice # Responsibil	
		FCRC32014 66928	
Signature:		55 6600	
RETURN CLAIM FOR	RM TO:	\$600.00 \$16.	Amount PO# or Cont#
Billing Integrity Progra 5-2 1515 Blanshard SI Victoria BC V8W 3C8 Felephone: (250) 952	<b>t</b>	QR Signature Certified that the work has been performed, goods received.	red or conditions met.
\$ COB 6501 \$ CO	\$16.40 stob 5515 \$ 16.40	Stephanie Monte	in
PLEASE PAY GST		MAMM	
O ACCOUNTS:	EB 1 7 2014	Mihelis may	Updated April 2006

W614/4.

Page 1 of 35 HTH-2019-97770

Expiration Date/Time

04:08 PM JAN 30, 2014

Purchase Date/Time: 01:08pm Jan 30, 2014
Total Due: \$6.00 Rate: Park 3 Hours \$6.00
Total Paid: \$6.00 Payment Type: Card
Ticket #: 00000445
S/N #: 100008120002
Setting: Lot 057 - 1
Mach Name: Lot 57 -1

Card s.22

## AUDIT AND INSPECTION COMMITTEE CLAIM FORM

NAME: Mr. Endre Dolhai TELEP	HONE #: (250) 658-1498		
MEETING DATE: MARCH 21, 201	4		
FEES: Rate: \$300.00 Per Day X Z (number of Days) =	cl. Prop.	•	Total Fees: \$ 600.00 (A)
TRAVEL REIMBURSEMENT CLAIM: (travel rates effective Apr 1/1	.0)		- JETAV AF
Vehicle Travel: 20 KM @ \$0.59	=\$ 10,00	_(a)	RECEIVED
Ferry Costs: (Attach Receipts less HST)	= \$	_(b)	
Air Travel: (Attach Receipts less HST)	= \$	_(c) \	MAR 7 6 2014 4
Misc: (highway toll charges, parking, taxi, car rental)	/ 20	1 TUDA	NO INVESTIGATIONS BRANCH
Itemize and attach receipts (less HST)	=\$ 6.00	_(d)	INVESTIGATIONS BRANCE
ACCOMODATION:			
Hotel/Non-Commercial Lodgingnights X \$	/night =\$	_(e)	
MEAL ALLOWANCE:			
Breakfast X \$22.0			
Lunch X \$22.0			
Dinner X \$28.5	0 = \$	(h)	
Breakfast & Lunch X \$30.0	0 = \$	(i)	
Breakfast & Dinner X \$36.5	0 =\$	_(i) .	
Lunch & Dinner X \$36.5			,
Breakfast, Lunch & Dinner X \$49.0			
If no meal is claimed, your may claim \$14.00 for incid			sum a thru m): \$ 16.40 (B
		Total Travel Expenses (s	
Claimant Signature:	haar-haan halin oo salka ay ah ah ha haada ah ha	Claim Tota	II (sum A+B+C):\$ 616.40
PLEASE MAKE CHEQUE PAYABLE TO:		ICE (DIRECT OR MATCH	
NAME: Mr.Endre Dolhai	Receipt#	Supplier # s.22	Location (Site) #
ADDŘESS: s.22	4-1444 PO Num		001 Total \$ Amount of Invoice
	66925LOE		\$616.40
RETURN CLAIM Billing Integrity Program	Invoice #	Responsibility #	Service Line
FORM TO: 5-2 1515 Blanshard St	MAR-26-2014 \$161640 STOB	66925 Project #	44225 Requisition#
Victoria BC V8W 3C8	55	6600000	5125
Telephone: \$.22	Line 1 Amount	Line 2 Amount	PO# or Cont #
	\$600.00	\$16.40	
5TOB 5501 \$600.00 5515 \$1640			
		Dottin a	phanie Moniteiro
ann fi 4 angl	QR(print and sign)	11 111	STATE OF A
To: Accounts: APR 0 1 2014	EA (print):	111 111 111	LINGG TT
	Lisean	18/11/2	2 × 1 / 1 / 1/2 14 12)

Expiration Date/Time

# 04:19 PM MAR 21, 2014

Purchase Date/Time: 01:19pm Mar 21, 2014
Total Due: \$6.00 Rate: Park 3 Hours \$6.00
Total Paid: \$6.00 Payment Type: Card
Ticket #: 00004977
S/N #: 100008120002
Setting: Lot 057 - 1
Mach Name: Lot 57 -1

 $_{\text{Card}}$ s.22

### MINISTRY OF HEALTH AUDIT AND INSPECTION COMMITTEE CLAIM FORM

NAME: Mr. Endre Dolhai TELEPI	HONE#: (250) 658-1498		3
MEETING DATE: May 21/14		f	
FEES: Rate: \$300.00 Per Day X $\frac{2}{\sqrt{2}}$ (number of Days) =	mcl. Prep.)		Total Fees: \$ 600. w (A)
TRAVEL REIMBURSEMENT CLAIM: (travel rates effective Apr 1/1			SUSTRY OF HE
Vehicle Travel: 20 KM @ \$0.50	=\$ 10.00	_(a) N	RECEIVED
Ferry Costs: (Attach Receipts less HST)	= \$	_(b)	\
Air Travel: (Attach Receipts less H5T)	=\$	_(c) \ .	MAY 2 7 2014
Misc: (highway toll charges, parking, taxi, car rental)		PUDIT	1010677 mis
Itemize and attach receipts (less H5T)	=\$ 9.50	(d)	1010677  AND INVESTIGATIONS BRANCH
ACCOMODATION:			
Hotel/Non-Commercial Lodgingnights X \$	/night =\$	(e)	
MEAL ALLOWANCE:			
Breakfast X \$22.0	0 = \$	(f)	
Lunch X \$22.00	0 =\$	(g)	
Dinner X \$28.50	0 = \$	_(h)	
Breakfast & Lunch X \$30.00	0 = \$	_(i)	
Breakfast & Dinner X \$36.5	0 = \$	_(i)	
Lunch & Dinner X \$36.50	0 = \$	_(k)	,
Breakfast, Lunch & Dinner X \$49.0	0 = \$	(I)	
If no meal is claimed, you may claim \$14.00 for incid			
	~ 4	Total Travel Expenses (s	sum a thru m): \$ 17.90 (B
`			HST = \$(C
Claimant Signature:		Claim Tota	I (sum A+B+C): \$ 617.90
PLEASE MAKE CHEQUE PAYABLE TO:		ICE (DIRECT OR MATCH	IED)
NAME: Mr.Endre Dolhai	Receipt #	Supplier#	Location (Site) #
ADDRESS: s.22	47866	s.22	001
	PO Num		Total \$ Amount of Invoice
	66925LOE Invoice #	11001 Responsibility #	\$617.50 Service Line
RETURN CLAIM Billing Integrity Program FORM TO: 5-2 1515 Blanshard St	27-MAY-2014 & 6 A.SD	66925	44225
Victoria BC V8W 3C8	sтов 55	Project # 6600000	Requisition# 5125
Telephone: \$.22	Line 1 Amount	Line 2 Amount	PO# or Cont #
	\$600.00	\$ F7.50	
STOB 5501 \$ (0\ldots .00) 5515 \$ [7,50]			· · · · · · · · · · · · · · · · · · ·
200 2001 3/1/200	Class	lalla laa	Otherna
HIAL OF BOAL	QR(print and sign): ChQl)	TELE UODES	LOT 1005
To: Accounts: JUN 0 5 2014	EA (print):	les de	4117.
	, –		

(Apr 11)

Expiration Date/Tim

# 04:16 PM MAY 21, 2014

Purchase Date/Time: 01:16pm May 21, 2014
Total Due: \$7.50
Total Paid: \$7.50
Ticket #: 00001054
S/N #: 100008120002
Setting: Lot 057 - 1
Mach Name: Lot 57 -1

Card s.22

#### Ministry of Health - AIC Member Claim Form

FEES, MEALS AND MILEAGE

			Meals				
Meeting Date ,	DISTANCE TRAVELLED	В	L	D	Number of Sessions	Session Rate	Fees Claimed
July 15/14	20				2 (pren)	300.00	670.00
V					100		,
	·						
Total Kms	20					Total	610.00

AMOUNT	DESCRIPTION NINISTRY OF HEALT	AIRFARE, PARKING, TAXI, OTHER TRA	DATE .
7.50	RECEIVED	Parking	7/15/14
m.40		WHEGGE JOKAS XV.5	/
	JUL ? 3 2014	The state of the s	
	1013933		
	1013933 RAND INVESTIGATIONS BRANCE		
7.50	Section Total	SE ONLY:	OFFICE U
	CONTRACTOR DETAILS	sions: @ = =	Total Sess
,	Purpose of travel: AIC MEETING DATE:	st : @ =	# Broakfa
	Claimant: Mr. Endre Dolhai		
		1	# Lunch
	Address: \$.22	: @ =	# Dinner
	Telephon	: <u>50 @ .50 = 10.40</u>	Total KM
	Email:	l Expenses: =	Additiona
		RECT OR MATCHED)	
	7	The state of the s	Receipt#
	Signature	001 \$100000 SIT, 90	6602EL0E11
	Return Claim Form (with original receipts)		PO#
	Direct Action B		
	Billing Integrity Program 5-2 1515 Blanshard St	4 (elrant 44aat 1	*
	Victoria BC V8W 3C8	[ωββ(Resp SL	mvoice #2
	(250) 952-2732 Fax (250)952-2605 Email: HLTH.BIP@gov.bc.ca	LEASE REMOVE HST TAX CODE	P
	Linan. RLI n. Bir @gov. bc.ca	Req#	Project#
	<i>f f</i> .	000 Req# 5125	Project#

JUL 28 2014

**QR Signature & Printed Name** 

Certified that the work has been performed, goods received or conditions met

1

(AICCF 5/11)

Expiration Date/Time

04:20 PM JUL 15, 2014

Purchase Date/Time: 01:20pm Jul 15, 2014
Total Due: \$7.50 Rate: Park 3 Hours \$7.5
Total Paid: \$7.50 Payment Type: Card
Ticket #: 00005529
S/N #: 100008120002
Setting: Lot 057 - 1
Hach Name: Lot 57 -1

Card S.22

## MINISTRY OF HEALTH AUDIT AND INSPECTION COMMITTEE CLAIM FORM

NAME: Mr. End	dre Dolhai 1	ELEPHONE #: (250) 658-1498	
	Oct. 8/14	<b>–</b>	
FEES: Rate: \$300.00 P	er Day X $\frac{\mathcal{L}}{2}$ (number of Days) =	(mit Prys.)	Total Fees: \$ 600, 70 (A)
TRAVEL REIMBURSEM	ENT CLAIM: (travel rates effective	Apr 1/10)	
Vehicle Travel:	20 KM @ \$0.50	=\$ 10.40 (a)	
Ferry Costs: (At	tach Receipts less HST)	= \$(b)	
Air Travel:	(Attach Receipts less HST)	= \$(c)	
Misc: (highway	toll charges, parking, taxi, car renta		
Itemize and	attach receipts (less HST)	=\$ 7.50 (d)	
ACCOMODAT	ION:		
Hotel/Non-Com	mercial Lodgingnights X \$ _	/night = \$(e)	
MEAL ALLOWA	NCE:		
Breakfast	x	\$22.00 = \$(f)	MINISTRY OF HEALTH
Lunch	X	\$22.00 = \$(g)	RECEIVED
Dinner	. Х	\$28.50 = \$(h)	
Breakfast & Lun	ch X	\$30.00 = \$(i)	OCT 1 6 2014
Breakfast & Dina	ner X	\$36.50 = \$(j)	TON AND INVESTIGATIONS BRANCH
Lunch & Dinner	x	\$36.50 = \$(k)	AND INVESTIGATIONS BE
Breakfast, Lunch	& Dinner X	\$49.00 = \$(1)	
if no meal is cl	aimed, you may claim \$14.00 fo	The state of the s	
	and the constitute of the state	Total Travel	Expenses (sum a thrum): \$ 17.90 (B)
	-	•	HST = \$(C)
Claimant Signature:	Contraction of the second	Sicrosia desprisas incluentados professiones de la compansión de la compan	Claim Total (sum A+B+C): \$ 617.90
PLEASE MAKE CHEC	QUE PAYABLE TO:	INVOICE (DIRECT	
NAME:	Mr.Endre Dolhai	Receipt # Supp	
ADDRESS:	s.22	48944 s.22	001 Total \$ Amount of Invoice
		66925LOE11001	\$617.90
RETURN CLAIM	Billing Integrity Program	Invoice # Respons	sibility # Service Line
FORM TO:	5-2 1515 Blanshard St Victoria BC V8W 3C8	16-00T-2014 \$ 617, 90 669 STOB Proje	
Telephone: \$.22	VICTORIA DE VISVA SES	55 6600	
relephone: 5.22		Line 1 Amount Line 2 A	Amount PO# or Cont #
		\$600.00 \$17.0	30 L
STOB SS01 \$ <u>(000).(</u>	DO 5515\$ (7.90	<u> </u>	OCT 1 6 2014
,	•	QR(print and sign) MONTOIC	Jones Parner
To: Accounts:	- Landerson - Control - Co	EA (print):	Highely not.
		Processed history	20/02/14. (Apr 11)
		incessed in stebut	nie Montairo

Expiration Date/Time

04:15 PM OCT 08, 2014

Purchase Date/Time: 01:15pm Oct 08, 2014

Total Due: \$7.50

Total Paid: \$7.50

Ticket #: 00013493

S/N #: 100008120002

Setting: Lot 057 - 1

Mach Name: Lot 57 -1

CardS.22

## COMM EE MEMBER CLAIM FORM Billing Integrity Program

Eller Danie		MINISTRY OF HEALTH
Name: ENDRE DOLHAI	_ '	" RECEIVED "
Description of Services:	,	JAN 2 6 2015 BRITISH COLUMBIA
Audit and Inspection Committee Meeting	\	TWO INVESTIGATIONS BRANCH
□ Other:	_	AND INVESTIGATIONS BRA
Rate of Pay: \$ 300	•	RETURN CLAIM FORM TO: CONTRACT ADMINISTRATION BILLING INTEGRITY PROGRAM MINISTRY OF HEALTH FINANCE AND CORPORATE SERVICES DIVISION
FEES		PO BOX 9647 STN PROV GOVT VICTORIA BC V8W 9P4
Date: Jan 22, 2015	\$	FAX NUMBER: 250-952-2605 PHONE NUMBER: 250-952-2732
Number of Sessions:x Rate	\$ 600.00	OFFICE USE ONLY
That Pres	<u> </u>	INVOICE NO.
TOTAL FEES:		26-UAN-2015\$ 6 FT.90 RECEIPT NO. SUPPLIER NO. SITE NO.
EXPENSES		
Include receipts for any of the categories claimed under Travel and Accommodation. Do not include GST in totals.		49829 S.22 OO REG, NO.
Trayer and Accommodation. Do not include 951 in totals.		66925 LOE11001 5125
Travel		RESP. NO. SERV. LINE STOB PROJECT NO.
To: Minishy OH, From: Home		66925 44225 6001/6002 6600000
Vehicle Travel: Zo kilometers x \$0.52	\$ 10.40V	6001 AMOUNT 6002 AMOUNT TOTAL AMOUNT
Ferry Costs:	\$	[\$600.00  \$17.90  \$617.90
Parking:	\$ 750V	Others &
Air Travel:	\$	X CXMOST
Miscellaneous:	\$	Quality Receiver Signature
Accommodation		Chantelle Jones
Hotel/Non-commercial Lodging	\$	Quality Receiver (Print Name)
Meal Allowance		Date of Signature SION 07/15
Breakfast Only (\$22.00/day)	\$	11/1/11/11/2
Lunch Only (\$22.00/day)	\$	The state of the s
Dinner Only (\$28.50/day)	\$	Expense Authority Signature
Breakfast and Lunch Only (\$30.00/day)	\$	MI THEWINEA.
Breakfast and Dinner Only (\$36.50/day)	\$	Expense Authority (Print Name)
Lunch and Dinner Only (\$36.50/day)	\$	Date of Signature: 21126//
Fuli Day (\$49.00 a day)	\$	
TOTAL EXPENSES:	s 17.90	Processed By: STEPNONE MMTEN
TOTAL FEES AND EXPENSES:	\$ 617.90	Date Sent to Accounts: JAN 2 9 2015
	l	I

Jan. 22, 2015

Expiration Date/Time

04:14 PM JAN 22, 2015

Purchase Date/Time: 01:14pm Jan 22, 2015
Total Due: \$7.50 Rate: Park 3 Hours \$7.5
Total Paid: \$7.50 Payment Type: Card
Ticket #: 00022580
S/N #: 100008120002
Setting: Lot 057 - 1
Mach Name: Lot 57 -1

Card s.22

## COMMITTEE MEMBER CLAIM FORM Billing Integrity Program

Name: Endre Dolhai		MAR 2 6 2015	
Description of Services:		1032245	BRITISH
Audit and Inspection Committee Meeting		,000,000,000	COLUMBIA
Other.	_		
Rate of Pay: \$ 300.00 Session (3.5 hours)		RETURN CLAIM FORM TO: CONTRACT ADMINISTRATION BILLING INTEGRITY PROGRAM MINISTRY OF HEALTH FINANCE AND CORPORATE SERVICE	S DIVISION
FEES		PO BOX 9647 STN PROV GOVT VICTORIA BC V8W 9P4	
Date: 19ar. 26/15	\$ 600. W	FAX NUMBER: 250-952-2605 PHONE NUMBER: 250-952-2732	
Number of Sessions: 2 x Rate	\$	OFFICE USE ONL'	γ
TOTAL FEES:		RECEIPT NO. SUPPLIER NO.	610.40
EXPENSES Include receipts for any of the categories claimed under Travel and Accommodation. Do not include GST in totals.		50062 s.22 PURCHASE UNDER NO.	REQ. NO.
Travel 1718 To: From: Home  Vehicle Travel: 2c kilometers x \$0.52  Ferry Costs:  Parking:	\$_/0.40_/ \$ \$	66925 OE 1001  RESP. NO. SERV. LINE STOB  66925 44225 5501/551  6001 AMOUNT 6002 AMOUNT  \$(000.00) \$(0.40) \$	5105 PROJECT NO. 5 6600000 TOTAL AMOUNT
Air Travel: Miscellaneous:	¢	Quality Receiver Signature	
Accommodation	<b>4</b>	Omotala long	20
Hotel/Non-commercial Lodging	\$	Quality Receiver (Print Name)	.3
Meal Allowance	\$	Quality Receiver (Print Name)  Date of Signature:	6/15
Breakfast Only (\$22.00/day)  Lunch Only (\$22.00/day)	\$ \$	William	
Dinner Only (\$28.50/day)	\$	Experise Authority Signalure	/
Breakfast and Lünch Only (\$30.00/day)	\$	M. Talensun	7
Breakfast and Dinner Only (\$36.50/day)	\$	Expense Authority (Print Name)	1
Lunch and Dinner Only (\$36.50/day)	\$	Date of Signature: Mac	15.
Full Day (\$49.00 a day)	\$		I make ' man
TOTAL EXPENSES:	\$ 10.40 V \$ 610,40 V	Processed By: Stephanie N	40ntein
TOTAL FEES AND EXPENSES:	\$ 610,40 V	Date Sent to Accounts:	

## COMMITTEE MEMBER CLAIM FORM Billing Integrity Program

Name: ENDRE DOLHAI	MINISTRY	OF HEAD
Name: _ L NJKL DULIHI	RECE	IVED
Description of Services:	/	BRITISH
☑ Audit and Inspection Committee Meeting	MAY 2	7 2015 COLUMBIA
□ Other:	RUDIT AND INVESTIG	5 0 3 O
	INVESTIG	RETURN CLAIM FORM TO:
Rate of Pay: \$ 300		CONTRACT ADMINISTRATION BILLING INTEGRITY PROGRAM MINISTRY OF HEALTH
FEES		FINANCE AND CORPORATE SERVICES DIVISION PO BOX 9647 STN PROV GOVT VICTORIA BC V8W 9P4
Number of Sessions: 2 x Rate (Prod. Prep.)	\$	FAX NUMBER: 250-952-2605 PHONE NUMBER: 250-952-2732
Number of Sessions:x Rate	\$ 600-WV	OFFICE USE ONLY
(Incl. Prep.) TOTAL FEES:		INVOICE NO.
TOTAL TELO		0P.FI 2 210G-YAM-FG
EXPENSES		RECEIPT NO. SUPPLIER NO. SITE NO. S.22
Include receipts for any of the categories claimed under		PURCHASE ORDER NO. REQ. NO.
Travel and Accommodation. Do not include GST in totals.		
Travel		RESP, NO.   SERV. LINE   STOB   PROJECT NO.
To: Meeting From: Home		66925 44225 5501/5515 6600000
To: Huting From: Home  Vehicle Travel: 20 kilometers x \$0.52	\$ 10.40 V	6001 AMOUNT 6002 AMOUNT TOTAL AMOUNT
Ferry Costs:	\$	\$600.00 \$ F.90 \$ 6F.90
Parking:	\$ 750 V	
Air Travel:	\$	x Conoo
Miscellaneous:	\$	Quality Receiver Signature
Accommodation		Chantelle, Jones
Hotel/Non-commercial Lodging	\$	Quality Receiver (Print Name)
Meal Allowance		11 1 100 . 20 20 =
Breakfast Only (\$22.00/day)	\$	Date of Signature: MOLO 015
Lunch Only (\$22,00/day)	\$	NUMBER OF THE PARTY OF THE PART
Dinner Only (\$28.50/day)	\$	Expense Adhority Signature
Breakfast and Lunch Only (\$30.00/day)	\$	MI Solling.
Breakfast and Dinner Only (\$36.50/day)	\$	Expense Authority (Print Name)
Lunch and Dinner Only (\$36.50/day)	\$	Tun 5/16
Full Day (\$49.00 a day)	\$	Date of Signature:
TOTAL EXPENSES:	\$ 17.90 V	Processed By: Stephanie Monteiro
TOTAL FEES AND EXPENSES:	\$ 617.901	Date Sent to Accounts: JUN 0 9 2015

Expiration Date/Time

04:14 PM

MAY 22, 2015

Purchase Date/Time: 01:14pm May 22, 2015
Total Due: \$7.50
Total Paid: \$7.50
Ticket #: 00032730

PARKING RECEIP

Park 3 Hours \$7.5
Payment Type: Card Total Due: \$7.50 Total Paid: \$7.50 Ticket #: 00032730 S/N #: 100008120002 Setting: Lot 057 - 1 Mach Name: Lot 57 -1

Card S.22

Name: ENDRE DOLHA!	_ (
Description of Services:	\
Audit and Inspection Committee Meeting	
□ Other:	_
Rate of Pay: \$ 300 \(\sigma\) Session (3.5 hours)	
FEES	
Date: July 31/15  Number of Sessions: 2 x Rate  In cl. Prep. TOTAL FEES:	\$ 600 P
EXPENSES Include receipts for any of the categories claimed under Travel and Accommodation. Do not include GST in totals.  Travel  To:	
	. 1040 J
Vehicle Travel: 20 kilometers x \$0.52	\$ 281
Ferry Costs:	\$ 400
Parking: Air Travel:	\$ 7,00
Miscellaneous:	Φ
Accommodation	Ψ
Hotel/Non-commercial Lodging	\$
Meal Allowance	Ψ
Breakfast Only (\$22.00/day)	\$
Lunch Only (\$22.00/day)	\$
Dinner Only (\$28.50/day)	\$
Breakfast and Lunch Only (\$30.00/day)	\$
Breakfast and Dinner Only (\$36.50/day)	\$
Lunch and Dinner Only (\$36.50/day)	\$
Full Day (\$49.00 a day)	\$
TOTAL EXPENSES:	\$ 4.00
TOTAL FEES AND EXPENSES:	\$ 614.40-2

AUG 0 6 2015

RECEIVED

AUG 0 6 2015

BRITISH COLUMBIA

RETURN CLAIM FORM TO:
CONTRACT ADMINISTRATION
BILLING INTEGRITY PROGRAM
MINISTRY OF HEALTH
FINANCE AND CORPORATE SERVICES DIVISION
PO BOX 9647 STN PROV GOVT
VICTORIA BC V8W 9P4

FAX NUMBER: 250-952-2605 PHONE NUMBER: 250-952-2732

	OFFICE USE ON	ILY
	INVOICE NO.	
OLO-AU RECEIPT NO.	G-2015 SUPPLIER NO	614.21 SITE NO.
51866 PURCH	S.22 ASE UKDEK NO.	REQ. NO.
66925 LOE RESP. NO.   SERV. I	1001	5135 PROJECT NO.
66925 442 6001 AMOUNT	25 5501/55 6002 AMOUNT	15 6600000 TOTAL AMOUNT
\$600.00	\$14.21	\$614.21
Quality Receiver Sig		
Quality Receiver (Pr		3
Date of Signature:	W/	1/15
Expense Authority S	Signature	A CONTRACTOR OF THE CONTRACTOR
	O PAINS	MORE
Expense Authority (	Print Name)	
Date of Signature: _	AUG 17	2015
Processed By:	aphanie	Monteiro
Date Sent to Accour	nts:	



City Of Victoria View St. Parkade THANK YOU

RECEIPT M1

ENTRY TIME: 31.07.15 13:12 EXIT TIME: 31.07.15 16:23 PARK-DUR.: HRS:MIN 0:03:11

AMOUNT:

\$ 4.00

KIND OF PAYMENT:

s.22

201 AUTH. CODE 039409 71

REF.

GST No. 12206394 GST INCLUDED \$0.19



#### **MEDICAL SERVICES COMMISSION**

#### MINUTE OF THE COMMISSION

Page 1 of 1

Appointment of Beneficiary Representative of the Audit and Inspection Committee

15-075

Effective September 5, 2015, Endre Dolhai is reappointed for a three-year term as a member of the Audit and Inspection Committee representing beneficiaries.

Tom Vincent

Chair

Medical Services Commission

Dated this 2/54 day of A.D. 20 15

	1	MECEIVED "Billing Integrity Program
Name: ENDLE DOLHA	1 ( . 1	NOV 2 5 2015
	_ \	
Description of Services:	AN	D INVESTIGATIONS BRIMEN COLUMBIA
Audit and Inspection Committee Meeting		And an account
□ Other:	_	
Rate of Pay: \$ 300.00 □ Session (3.5 hours)		RETURN CLAIM FORM TO: CONTRACT ADMINISTRATION BILLING INTEGRITY PROGRAM MINISTRY OF HEALTH FINANCE AND CORPORATE SERVICES DIVISION PO BOX 9647 STN PROV GOVT
		VICTORIA BC V8W 9P4
Date: NN. 19/15	\$	FAX NUMBER: 250-952-2605 PHONE NUMBER: 250-952-2732
Number of Sessions:x Rate	\$ 600. ro	OFFICE USE ONLY PLEASE PAY GST
Incl. Prep. TOTAL FEES:	600.101	INVOICE NO.
, TOTAL PEES.	600. PV	RECEIPT NO.   SUPPLIER NO.   SITE NO.
EXPENSES		53736 s.22
Include receipts for any of the categories claimed under Travel and Accommodation. Do not include GST in totals.		PURCHASE ORDER NO. REQ. NO.
Travel		66925 LOE 11001   5125
		RESP. NO. SERV. LINE STOB PROJECT NO.
To: Home From: Min. g. H.  Vehicle Travel: 20 kilometers x \$0.52	\$ 10.40 V	66925 44225 5501/5515 6600000 6001 AMOUNT FOTAL AMOUNT
Ferry Costs:	\$	\$600.00 \$13.90 \$613.90
Parking:	\$ 3.50V	$\bigcirc$
Air Travel:	\$	× (Trnot
Miscellaneous:	\$	Quality Receiver Signature
Accommodation		Chantelle Jones
Hotel/Non-commercial Lodging	\$	Quality Receiver (Print Name)
Meal Allowance		Date of Signature: DCC 3/15
Breakfast Only (\$22.00/day)	\$	Date of Gynations.
Lunch Only (\$22.00/day)	\$	XXIIIIII
Dinner Only (\$28.50/day)	\$	Expense Authority Signature
Breakfast and Lunch Only (\$30.00/day)	\$	Mithillange.
Breakfast and Dinner Only (\$36.50/day)	\$	Expense Authority (Print Name)
Lunch and Dinner Only (\$36.50/day)	\$	Date of Signature:
Full Day (\$49.00 a day)	\$	Date of Signature.
TOTAL EXPENSES:	\$ 13.90 V	Processed By: Standard Manager
TOTAL FEES AND EXPENSES:	\$ 6/3. 90V	Date Sent to Accounts: DEC 0 4 2015



City Of Victoria Bastion Parkade THANKYOU

RECEIPT MЗ

13:02

ENTRY TIME: 19.11.15 EXIT TIME: 19.11.15 19.11.15 15:58 PARK-DUR.: HRS:MIN

0:02:56

AMOUNT:

\$ 3.50

KIND OF PAYMENT:

s.22

201 AUTH. CODE 027842

REF. 13

GST No. 12206394 GST INCLUDED

Name: ENDLE DOLMAI	MINIST	RY OF HEALTH
Name: 2 10 072 00 277717	- RE	CEIVED "
Description of Services:		BRITISH
Audit and Inspection Committee Meeting	\	AY 3 ( 2016 ) COLUMBIA
□ Other:	- OIT AND IND	VESTIGATIONS BRANCH
Rate of Pay: \$ 300.00 $\square$ Session (3.5 hours)		RETURN CLAIM FORM TO: CONTRACT ADMINISTRATION BILLING INTEGRITY PROGRAM MINISTRY OF HEALTH FINANCE AND CORPORATE SERVICES DIVISION PO BOX 9647 STN PROV GOVT VICTORIA BC V8W 9P4
Date: May 26, 2016	\$	FAX NUMBER: 250-952-2605 PHONE NUMBER: 250-952-2732
Number of Sessions: 2 × Rate	\$ 600.00	. of the templation.
Number of Sessions: 2 x Rate	100.00	OFFICE USE ONLY
( MCE. 1769.) TOTAL FEES:	600.00	30-MAY-2016 \$010.60
EXPENSES		RECEIPT NO SUPPLIER NO. SITE NO.
Include receipts for any of the categories claimed under Travel and Accommodation.		541201
The district and According addition.		
Travel		RESP. NO.   SERV LINE   STOB   PROJECT NO.
To: Heeting From: Home	10 1	66925 44225 5501/5515 6600000
Vehicle Travel: 20 kilometers x \$0.53	\$ 10,60V	5501 AMOUNT 5515 AMOUNT TOTAL AMOUNT
Ferry Costs:	\$	\$600.00 \$10.60 \$610.60
Parking:	\$	PLEASE PAY GST
Air Travel:	\$	V Otomas
Miscellaneous:	\$	X CX JOT QOT
Accommodation		Quality Receiver Signature
Hotel/Non-commercial Lodging	\$	Chantelle Jones
Meal Allowance		Quality Receiver (Print Name)
Breakfast Only (\$22.00/day)	\$	Date/of s/gnature: MOU 30/16
Lunch Only (\$22.00/day)	\$	XIVITAGA
Dinner Only (\$28.50/day)	\$	MAMA
Breakfast and Lunch Only (\$30.00/day)	\$	Explense Alumorley Signature
Breakfast and Dinner Only (\$36.50/day)	\$/	Ill Hullis MA
Lunch and Dinner Only (\$36.50/day)	\$	Expense Authority (Print Name)
Full Day (\$49.00 a day)	\$	Date of Signature: 10030 116
TOTAL EXPENSES:	\$ 10.60 V	Processed By: Stephanie Mantein
TOTAL FEES AND EXPENSES:	\$ 610.60V	Date Sent to Accounts: JUN 01 2016

ha

COMMITTEE MEMBER CLAIM FORM
Billing Integrity Program

the state of the s	Billing Integrity Program
MINISTRY OF HE	ALTON ATTENDED
RECEIVED	""
AUG 1 8 2016	BRITISH COLUMBIA
MOTAND INVESTIGATION	BRANCH
RETURN CLAIM FORM TO	

RETURN CLAIM FORM TO:
CONTRACT ADMINISTRATION
BILLING INTEGRITY PROGRAM
MINISTRY OF HEALTH
FINANCE AND CORPORATE SERVICES DIVISION
PO BOX 9647 STN PROV GOVT
VICTORIA BC V8W 9P4

FAX NUMBER: 250-952-2605 PHONE NUMBER: 250-952-2732

PHONE NUMBER: 250-952-2732				
0	OFFICE USE ONLY			
18-ALX-6	X	INVOICE NO.		
154723	3.2	_		SITE NO.
1	The .	RDER NO.		REQ. NO.
66925/LOL	-	1001		10/85
RESP. NO. / SERV, LII	NE	STOB		PROJECT NO.
66925 4422	5	5501/55	15	6600000
5501 AMOUNT	-	515 AMOUNT	TO	TALAMOUNT
\$600		and the latest transfer and the	\$	613.60
4 CA (1985) # 1985 A F 1985	PL	EASE PAY GST		
amo	d	+		
Quality Receiver Sign	atu	ге		
Chantelle Jonos				
Quality Receiver (Print Name)				
Date of Signature: AUQ 18/16				
#Maelin	#Maelin			
Expense Authority Signature				
Evan Machin				
Expense Authority (Print Name)				
Date of Signature: 129 Avg 16				
Processed By: NONESSA KAYIEL				
Date Sent to Accounts:				

Name: ENDLE DOLHAI	<u> </u>	
Description of Services:		
Audit and Inspection Committee Meeting		
□ Other:	_	
Rate of Pay: \$ 300.00   Session (3.5 hours)		
FEES		
Date: Aug. 16/16  Number of Sessions: L x Rate  (Incl. 1rp.) TOTAL FEES:	\$ \$_600.00	
Include receipts for any of the categories claimed under Travel and Accommodation.		
Travel		
To: Meeting From: Home  Vehicle Travel: 20 kilometers x \$0.53	100	
Vehicle Travel: 20 kilometers x \$0.53	s_10.60	
Ferry Costs:	\$	
Parking:	\$ 3.00	
Air Travel:	\$	
Miscellaneous:	5	
Accommodation		
Hotel/Non-commercial Lodging	\$	
Meal Allowance		
Breakfast Only (\$22.00/day)	\$	
Lunch Only (\$22.00/day)	\$	
Dinner Only (\$28.50/day)	\$	
Breakfast and Lunch Only (\$30.00/day) \$		
Breakfast and Dinner Only (\$36.50/day)	\$	
Lunch and Dinner Only (\$36.50/day)	\$	
Full Day (\$49.00 a day)	\$	
TOTAL EXPENSES:	s 13.60	
TOTAL FEES AND EXPENSES:	\$ 613.60	
5 QX ≥ PHB+6	7 20 -	
MOUNT: \$ 3.00 MOUNT: \$ 3.00 IND OF PAYMENT: AST NO. 12206394 GST INCLUDED	City Of Victoria View St. Parkade THANK YOU RECEIPT M1	





#### Memorandum

Ministry of Health Billing Integrity Program

1069349

File: 925-20/AIC/DOLH

To: Marie Thelisma

Re: Increase to Audit and Inspection Committee Member Purchase Order -

**Endre Dolhai, Public Representative** 

#### **Background**

The Audit and Inspection Committee (AIC) members are appointed by the Medical Services Commission and are paid in accordance with other board/committee members that are appointed.

The amount paid for fees per meeting is calculated according to Treasury Board Directives. The expenses are based on Group Two employee amounts. The total annual payment of fees and expenses is determined by the program area, based on the number of meetings, etc.

The Purchased Order (PO) amount can be increased if additional funds are required to pay invoices.

#### For Decision

As of October 2016, the remaining PO commitment balance for Endre Dolhai is \$1,900.00 for fees, and \$1,571.68 for expenses.

The AIC members meet approximately every 1.5 - 2 months. Mr. Dolhai charges on average \$600.00 for fees, and \$20.00 for expenses.

Mr. Dolhai's appointment term ends on September 4, 2018. Accordingly, there are two years or approximately 17 AIC meetings prior to September 4, 2018.

To accommodate for the upcoming AIC meetings to occur prior to September 4, 2018, it is recommended that the PO commitment for Mr. Dolhai is increased by \$9,500.00 for fees.

Sincerely,

Vanessa Karrel Contract Administrator Billing Integrity Program

### COMMITTEE MEMBER CLAIM FORM Billing Integrity Program

		sum a medita Liofitan
Name: ENDLE DOLHAY -	Vice- dair	
Description of Services:		BRITISH
Audit and Inspection Committee Meeting OCK.  Meeting With Chair and Sr.	La/2016 Staff to disc	use staffing on Oct 4/16
Rate of Pay: \$ 300.00   Session (3.5 hours)	127.50	RETURN CLAIM FORM TO: CONTRACT ADMINISTRATION BILLING INTEGRITY PROGRAM MINISTRY OF HEALTH
FEES - other at 9100/hr. 1.5hr.	150,00	FINANCE AND CORPORATE SERVICES DIVISION PO BOX 9647 STN PROV GOVT VICTORIA BC V8W 9P4
Date: October 20/16		FAX NUMBER: 250-952-2605 PHONE NUMBER: 250-952-2732
Number of Sessions:x Rate	\$ 550.00	OFFICE USE ONLY
(Incl. Prep.) TOTAL FEES:	750,00	INVOICE NO. 1403
можников и н. н. нево и н. сунивуру и н. н. сунивуру уческу и н. н. н. сунивуру неводилась заменический уческу	7176	RECEIPT NO. SUPPLIER NO. SITE NO.
EXPENSES include receipts for any of the categories claimed under Travel and Accommodation.	1 a 1, D	SUPPLIER NO. STIE NO.
_		66925/LOEUDOU 5185
Travel To: <u>Heetine</u> From: Home		RESP. NO.   SERV. LINE   STOB   PROJECT NO.
Vehicle Travel: 70 kilometers x \$0.53	212	66925 44225 5501/5515 6600000
Ferry Costs:	\$ 11.20	5501 AMOUNT S515 AMOUNT TOTAL AMOUNT
Parking:	\$	\$ 190 \$ THE PAYOST
Air Travel:	\$	148.70
Miscellaneous:	\$	Vall offer
Accommodation	\$	Quality, Receiver Signature
Hotel/Non-commercial Lodging	•	Vanasa Kancol
Meal Allowance	Φ	Quality Receiver (Print Name)
Breakfast Only (\$22.00/day)	\$	0/120/16
Lunch Only (\$22.00/day)	\$	Date of Signature:
Dinner Only (\$28.50/day)	\$	Ettal:
Breakfast and Lunch Only (\$30.00/day)	\$	Expense Authority Signature
Breakfast and Dinner Only (\$36.50/day)	\$	Eran Haetrin
Lunch and Dinner Only (\$36.50/day)	\$	Expense Authority (Print Name)
Full Day (\$49.00 a day)	\$	Date of Signature: 20 024 16
TOTAL EXPENSES:	\$ 21.20	Processed By: VMSSQ Karrel
TOTAL FEES AND EXPENSES:	\$ 771.20	NOV 3 0 2016
		Date Sent to Accounts:
MINISTRY OF HEALTH	1	_
RECEIVED "		/
( OCT 2 0 2016 )		
TUDIT AND INVESTIGATIONS BRANCH		The state of the s

COMMITTEE MEMBER CLAIM FORM
OF HEALTH
Billing Integrity Program ENDRE DOLHAI Description of Services: OLUMBIA Audit and Inspection Committee Meeting ☐ Other. RETURN CLAIM FORM TO: Rate of Pay: \$ CONTRACT ADMINISTRATION ☐ Session (3.5 hours) BILLING INTEGRITY PROGRAM MINISTRY OF HEALTH FINANCE AND CORPORATE SERVICES DIVISION **FEES** PO BOX 9647 STN PROV GOVT VICTORIA BC V8W 9P4 FAX NUMBER: 250-952-2605 PHONE NUMBER: 250-952-2732 OFFICE USE ONLY SITE NO. **EXPENSES** 001 include receipts for any of the categories claimed under PURCHASE ORDER NO. Travel and Accommodation. 5125 66925 Trave! To: Meetin 5501/5515 66925 6600000 Ferry Costs: Parking: Air Travel: Miscellaneous: Accommodation Hotel/Non-commercial Lodging Meal Allowance Breakfast Only (\$22,00/day) Lunch Only (\$22.00/day) Dinner Only (\$28.50/day) Breakfast and Lunch Only (\$30.00/day) Breakfast and Dinner Only (\$36.50/day) Expense Authority (Print Name) Lunch and Dinner Only (\$36.50/day) Full Day (\$49.00 a day) Date of Signature TOTAL EXPENSES: Processed By: OTAL FEES AND EXPENSES: Date Sent to Accounts:

IS YOUR PARKING SPACE

1645 Douglas

PARKING TIME EXPIRES AT V

31/01/

S 02:47 pm

ENJOY DOWNTOWN
VICTORIA
2017 Ticket 0111241

RMOUNT CAD 004.50 CC
GST Paid: CAD 000.21
31/01/2017 1:17 pm

	COMMITTEE MEMBER CLAIM FORM
	RECEIVED Integrity Program
Name: ENDLE DOLHAI	
	MAR 2 2 2017
Description of Services:	BRITISH COLUMBIA
Audit and Inspection Committee Meeting	INVESTIGATIONS BIS
□ Other:	
Rate of Pay: \$ Session (3.5 hours)	RETURN CLAIM FORM TO: CONTRACT ADMINISTRATION BILLING INTEGRITY PROGRAM MINISTRY OF HEALTH
FEES	FINANCE AND CORPORATE SERVICES DIVISION PO BOX 9647 STN PROV GOVT VICTORIA BC V8W 9P4
Date: MARCH 21, 2017	FAX NUMBER: 250-952-2605 PHONE NUMBER: 250-952-2732
Number of Sessions: 2 x Rate \$ 600.00	OFFICE USE ONLY
(Incl. Prop.) TOTAL FEES:	INVOICE NO.
, ,	RECEIPT NO. STERNO.
EXPENSES Include receipts for any of the categories claimed under	50(R2) s.22
Travel and Accommodation.	PURCHASE ORDER NO. REQ. NO.
Travel	66925/LOE 11001 5125 RESP. NO/ SERV. LINE STOB PROJECT NO.
TO: Meeting From: Home	66925 44225 5501/5515 6600000
Vehicle Travel: 20 kilometers x \$0.53 \$ 10.60	5501 AMOUNT   5516 AMOUNT   TOTAL AMOUNT
Ferry Costs: \$	\$600.00 \$ 10.60 \$ 6/0.60
Parking: \$	PLEASE PAY GST
Air Travel:	1 MARROLL
Miscellaneous: \$	Quality Receiver Signature
Accommodation	Market Harris
Hotel/Non-commercial Lodging \$	Quality Receiver (Print Name)
Meal Allowance	Mane)
Breakfast Only (\$22.00/day) \$	Date of Signature: 11(M J2/1 /-
Lunch Only (\$22.00/day) \$	Fra deal
Dinner Only (\$28.50/day) \$	Expense Authority Signature
Breakfast and Lunch Only (\$30.00/day) \$	EVAN Machin
Breakfast and Dinner Only (\$36.50/day) \$	Expense Authority (Print Name)
Lunch and Dinner Only (\$36.50/day) \$	
Full Day (\$49.00 a day) \$	Date of Signature: 22 March 17
TOTAL EXPENSES: \$ 10.60	Processed By: Vakesa Karrel
TOTAL FEES AND EXPENSES: \$ 610.60	Date Sent to Accounts:
	•

	MINIS	TROOMINE MEMBER CLAIM FORM RECEIVED Billing Integrity Program
Name: ENDRE DOLHAI		AY 1 9 2017
Description of Services:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Audit and Inspection Committee Meeting	MAND	084800 BRITISH COLUMBIA
□ Other:		
Rate of Pay: \$ 300.00 $\square$ Session (3.5 hours)		RETURN CLAIM FORM TO: CONTRACT ADMINISTRATION BILLING INTEGRITY PROGRAM MINISTRY OF HEALTH FINANCE AND CORPORATE SERVICES DIVISION PO BOX 9647 STN PROV GOVT
Date: MAY 16, 2017	\$	VICTORIA BC V8W 9P4  FAX NUMBER: 250-952-2605
Number of Sessions: 2 x Rate  And Prop. TOTAL FEES:	\$ 600. PO	PHONE NUMBER: 250-952-2732  INVOICE NO.  INVOICE NO.  INVOICE NO.
EXPENSES Include receipts for any of the categories claimed under Travel and Accommodation.		RECEIPT NO.   SUPPLIER NO.   SITE NO.
Travel To: HEER'NG From: Home Vehicle Travel: 20 kilometers x \$0.53	s 10.60	66925/UC // STOB PROJECT NO.  66925 44225 5501/5515 6600000  5501 AMOUNT 5515 AMOUNT TOTAL AMOUNT
Ferry Costs:	s	\$ 600° \$ 14.60 \$614.60
Parking:	s 7.00 V	PLEASE PAY GSTOLL THE
Air Travel: Miscellaneous:	\$	VM SO TOKUA
Accommodation	3	Quality Receiver Signature
Hotel/Non-commercial Lodging	\$	VAMBSER Storker
Meal Allowance		Quality Receiver (Print Name)
Breakfast Only (\$22.00/day)	\$	Date of Signature: May 19/14
Lunch Only (\$22.00/day)	\$	
Dinner Only (\$28.50/day)	\$	Expense Authority Signature
Breakfast and Lunch Only (\$30.00/day)	\$	Expense Automy Engineers
Breakfast and Dinner Only (\$36.50/day)	\$	EVAN MACMACI
Lunch and Dinner Only (\$36.50/day).	\$	Expense Authority (Print Name)
Full Day (\$49.00 a day)	\$	Date of Signature: 18 May 17
TOTAL EXPENSES:	\$ 14.60	Processed By: Valles SA Starkey
TOTAL FEES AND EXPENSES:	\$ 617.60	MAY 1 9 2017 /
		*

Sent by email on May 18/17



City Of Victoria View St. Parkade THANK YOU

RECEIPT M1

ENTRY TIME: 16.05.17 EXIT\_TIME: 12:37

16.05.17 15:43 PARK-DUR .: HRS:MIN

0:03:05

AMOUNT:

\$ 4.00

KIND OF PAYMENT:

s.22

AUTH. CODE 091423

REF.

13

GST No. 12206394 GST INCLUDED

Billing Integrity Program ENDRE DOLHAI Description of Services: COLUMBIA Audit and Inspection Committee Meeting Sep. 13/17 RETURN CLAIM FORM TO: Rate of Pay: \$ 300 

Session (3.5 hours) CONTRACT ADMINISTRATION BILLING INTEGRITY PROGRAM MINISTRY OF HEALTH FINANCE AND CORPORATE SERVICES DIVISION **FEES** PO BOX 9647 STN PROV GOVT VICTORIA BC V8W 9P4 Date: Sep- 17/17 FAX NUMBER: 250-952-2605 PHONE NUMBER: 250-952-2732 OFFICE USE ONLY ( In chiting Prep. Include receipts for any of the categories claimed under Travel and Accommodation. 5501/5515 6600000 10.60 \$ /10, Ferry Costs: Parking: Air Travel: Miscellaneous: Accommodation Quality Receiver Signature Hotel/Non-commercial Lodging Meal Allowance Quality Receiver (Print Name) Breakfast Only (\$22.00/day) Lunch Only (\$22.00/day) Date of Signature: Dinner Only (\$28.50/day) Expense Authority Signature Breakfast and Lunch Only (\$30,00/day) Breakfast and Dinner Only (\$36.50/day) EVAN Machin Lunch and Dinner Only (\$36.50/day) Expense Authority (Print Name) Full Day (\$49.00 a day) 16.10 Date of Signature; 19 Sept 17 TOTAL EXPENSES: TOTAL FEES AND EXPENSES: Date Sent to Accounts:

T'EE MEMBER CLAIM FORM

		COMMITTEE MEMBER CLAIM FORM
4	. /	MINISTRY OF HEALTH Billing Integrity Program
Name: ENDLE DOLHAI		RECEIVED '7
Name:	/ -	DE VIA O COM
Description of Services:		DEU 1 3 2017 BRITISH
Audit and Inspection Committee Meeting	AUD	COLUMBIA COLUMBIA
□ Other:		TAND INVESTIGATIONS BRANCE COLUMBIA
	<del></del>	
Rate of Pay: \$ 300 \ D Session (3.5 hours)		RETURN CLAIM FORM TO: CONTRACT ADMINISTRATION
		BILLING INTEGRITY PROGRAM MINISTRY OF HEALTH
FEES		FINANCE AND CORPORATE SERVICES DIVISION PO BOX 9647 STN PROV GOVT
0 12 8017		VICTORIA BC V8W 9P4
Date: Dec. 12, 2017	\$	FAX NUMBER: 250-952-2605 PHONE NUMBER: 250-952-2732
Number of Sessions: 2 x Rate  On Cl. Prop.) TOTAL FEES:	\$ 600.00	
Buch. Pro. 1	* WO.00	OFFICE USE ONLY
TOTAL FEES:		13DEC 2012 \$ 6/0.100
EXPENSES		RECEIPT NO. S. 22 SITE NO.
Include receipts for any of the categories claimed under Travel and Accommodation.		[00]
Total and Accommodation.		66025 LOF 11001 5106
Travel		RESP. NO. SERV. LINE STOB PROJECT NO.
To: Meeting From: Home	10 0-1	66925 44225 5501/5515 6600000
Vehicle Travel: 20 kilometers x \$0.53	\$_10.60V	5501 AMOUNT 5515 AMOUNT TOTAL AMOUNT
Ferry Costs:	\$	\$(dD \$10.60) \$(d0.60)
Parking:	\$	PLEASE PAY GST
Air Travel:	\$	MIGGATALA
Miscellaneous: Accommodation	\$	Quality Receiver Signature
	_	Markey States
Hotel/Non-commercial Lodging Meal Allowance	\$	Quality Receiver (Print Name)
Breakfast Only (\$22.00/day)	e	Nan 12/157.
Lunch Only (\$22.00/day)	\$	Date of Signature: 100 1 7
Dinner Only (\$28.50/day)	\$	Evan Mark
Breakfast and Lunch Only (\$30.00/day)	s	Expense Authority Signature
Breakfast and Dinner Only (\$36,50/day)	\$	FUAN MACKIN
Lunch and Dinner Only (\$36.50/day)	\$	Expense Authority (Print Name)
Full Day (\$49.00 a day)	\$	Date of Signature: 13 Dec 17
TOTAL EXPENSES:	•	Date of Signature.
	666	Processed By: WIMESA STORKEY
TOTAL FEES AND EXPENSES:	\$ 610.60V	Date Sent to Accounts:
	)	
	` ` `	•
		,

		COMMITTEE MEMBER CLAIM FORM
		MINISTRY OF HEATINING Integrity Program
Name: Endre Dolhai		" RECEIVED
Description of Services:	_ (	FEB U 8 2018 BRITISH
Audit and Inspection Committee Meeting	· ·	TUDIT AND INVESTIGATIONS BRANCE COLUMBIA
□ Other:	<u> </u>	
Rate of Pay: \$ Session (3.5 hours)		RETURN CLAIM FORM TO: CONTRACT ADMINISTRATION BILLING INTEGRITY PROGRAM MINISTRY OF HEALTH FINANCE AND CORPORATE SERVICES DIVISION PO BOX 9647 STN PROV GOVT VICTORIA BC V8W 9P4
Date: F267/18	\$	FAX NUMBER: 250-952-2605 PHONE NUMBER: 250-952-2732
Number of Sessions: x Rate	\$ 6000	OFFICE USE ONLY
TOTAL FEES:		RECEIPT NO. SUPPLIER NO. SITE NO.
<b>EXPENSES</b> Include receipts for any of the categories claimed under Travel and Accommodation.		5813(0 s.22 001  PURCHASE UNDER NO. REG. NO. 6105
Travel To: From: Home Vehicle Travel: 60 kilometers x \$0.53	\$ 10.60 ×	66925 / C / O / D / D / D / D / D / D / D / D / D
Ferry Costs:	\$	\$ 600° \$ 13,60 \$ 43,60
Parking:	\$_3.00/	1/2
Air Travel: Miscellaneous:	\$ \$	NINOSA AORTUS
Accommodation		Quality Receiver Signature
Hotel/Non-commercial Lodging	\$	Vanessa Starkey
Meal Allowance		Quality Receiver (Print Name)
Breakfast Only (\$22.00/day)	\$	Date of Signature: FLO 811X
Lunch Only (\$22.00/day)	\$	F. Madi
Dinner Only (\$28.50/day)	\$	Expense Authority Signature
Breakfast and Lunch Only (\$30.00/day)	\$	The Mach
Breakfast and Dinner Only (\$36.50/day)	\$	Expense Authority (Print Name)
Lunch and Dinner Only (\$36,50/day)	\$	O T 1 10
Full Day (\$49.00 a day)	\$	Date of Signature: 8 +e P /8
TOTAL EXPENSES:	\$ 13.10D	Processed By: MAKE Starkey
TOTAL FEES AND EXPENSES:	\$ 1013.60/	Date Sent to Accounts: FEB 0 8 2018

#### City of Victoria Bastion Parkade

Receipt Number: H1031800123666 Ticket-Nr.: 30197379 02/07/2018 12:31 In: Out: 02/07/2018 15:09 Duration: 02:3R Transient Parker \$ 3.00 \$ 3.00 Total: \$ 0.00 Validations: \$ 3.00 Balance Due: Credit Card \$ 3,00 \$ 0.00 Change:

GST No.12206394 GST INCLUDED

Page 33 of 35 HTH-2019-97770

**Billing Integrity Program** ENDRE DOLHAI RECEIVED MAR 2 9 2018 Description of Services: BRITISH Columbia Audit and Inspection Committee Meeting Other: RETURN CLAIM FORM TO: ☐ Session (3.5 hours) CONTRACT ADMINISTRATION BILLING INTEGRITY PROGRAM MINISTRY OF HEALTH FINANCE AND CORPORATE SERVICES DIVISION **FEES** PO BOX 9647 STN PROV GOVT VICTORIA BC V8W 9P4 Date: March 28, 2018 FAX NUMBER: 250-952-2605 PHONE NUMBER: 250-952-2732 600,00 Number of Sessions: OFFICE USE ONLY EXPENSES include receipts for any of the categories claimed under Travel and Accommodation. Travel 44225 5501/5515 6600000 Vehicle Travel: 20 kilometers x \$0.53 10,60 Ferry Costs: Parking: Air Travel: Miscellaneous: Receiver Signature Accommodation Hotel/Non-commercial Lodging Meal Allowance Breakfast Only (\$22.00/day) Lunch Only (\$22.00/day) Dinner Only (\$28.50/day) Expense Authority Signature Breakfast and Lunch Only (\$30.00/day) Breakfast and Dinner Only (\$36.50/day) Expense Authority (Print Name Lunch and Dinner Only (\$36.50/day) Full Day (\$49.00 a day) Date of Signature TOTAL EXPENSES: 6/0,60 Date Sent to Accounts: MAR **TOTAL FEES AND EXPENSES:** 

COMMITTEE MEMBER CLAIM FORM

		COMMITTEE MEMBER CLAIM FORM
	MINIS	TRY OF HEALTH
Name: ENDRE DOLHA		ECEIVED "
Description of Services:	A .	JUL 0 3 2018 BRITISH
Audit and Inspection Committee Meeting	AUDIT	1731) NVESTIGATIONS BRANCE  COLUMBIA
Hother MSC Meeting	AND I	WESTIGATIONS BN
		\$ 1
Rate of Pay: \$ 300 X Session (3.5 hours)		RETURN CLAIM FORM TO: CONTRACT ADMINISTRATION BILLING INTEGRITY PROGRAM MINISTRY OF HEALTH FINANCE AND CORPORATE SERVICES DIVISION PO BOX 9647 STN PROV GOVT VICTORIA BC V6W 9P4
Date: Jane 27/2018	\$	FAX NUMBER: 250-952-2605 PHONE NUMBER: 250-952-2732
Number of Sessions:x Rate	\$ 900-00-	OFFICE USE ONLY
TOTAL FEES:	900.00	2TH 0 = 12 H 0 2/ 0C
		RECEIPT NO.   SUPPLIER NO.   SITE NO.
EXPENSES Include receipts for any of the categories claimed under		59050 s.22 001
Travel and Accommodation.		PURCHASE UNDER NO. REQ. NO.
Travel	,	66925/LOE//OO/   RESP, NO/   SERV. LINE   STOB   PROJECT NO.
To: Meeting From: Home		66925 44225 5501/5515 6600000
Vehicle Travel: 20_ kilometers x \$0.5\$	\$ 10.80 V	5501 AMOUNT
Ferry Costs:	\$	\$ 900°   \$d6.05   \$ 926.05
Parking:	\$ 15.25	PLEASE PAY OBT
Air Travel:	\$	
Miscellaneous: Accommodation	\$	Wall & Out to
Hotel/Non-commercial Lodging	•	Quality Receiver Signature
Meal Allowance	Ψ	
Breakfast Only (\$22.00/day)	\$	Quality Receiver (Print Name)
Lunch Only (\$22.00/day)	\$	Aul 2/17
Dinner Only (\$28.50/day)	\$	Date of Signature: (   UU 0   8
Breakfast and Lunch Only (\$30.00/day)	\$	FMach:
Breakfast and Dinner Only (\$36.50/day)	\$	Expense Authority Signature
Lunch and Dinner Only (\$36.50/day)	\$ \$	Tour Markin
Full Day (\$49.00 a day)	\$ 2/000	Expense Authority (Print Name)
TOTAL EXPENSES:	\$ 25.05 26.05	3 +11.19
TOTAL FEES AND EXPENSES:	001 06	Mursa Staden
	726,00/	Processed By: WAY A 2010
	V	Date Sent to Accounts: JUL 03 2018
, 2	*	