

INVOICE #

This form is for use by non-BC government employees to claim travel expenses. Refer to the attached *Appendix 2* for guidelines and allowable rates. After completion, the individual should forward the original claim form (with letter of agreement and receipts attached) to their ministry financial contact. The qualified receiver will complete and sign the Coding section and forward the claim to Finance, Accounts for processing. A cheque will be forwarded to the *Cheque Mailing Address* shown below.

Payee Name: Tzeborah Berman Supplier # _____ Location Code: _____

Cheque Mailing Address: s.22

Reason for Travel: Climate Leadership Team Meetings in Victoria on November 3 and November 5, 2015

CODING

Client: 048 Resp: 29906 Svc Line: 30533 STOB: 6504 Proj: 291410

Alexis Chauhan
Qualified Receiver Printed Name

Qualified Receiver Signature

205-11-16
Date

Beverley Stainton
Expense Authority Printed Name

Traveller's Signature

November 10, 2015
Date

Certified this is a true statement of disbursements made to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.

From reservation@harbourair.com ☆

Subject Harbour Air Flight Itinerary. Thanks for booking!

To Tzeporah Berman ☆, Jennifer Nelson ☆

 Reply  Reply All  Forward  Archive  Junk  Delete  More

12:2

Cheers!
Harbour Air Team

Customer Information

Account	HAS #	s.22
	Name	Tzeporah Berman

Booking s.22

Tuesday, November 3, 2015

Flight #221
15:30 Vancouver Harbour
16:05 Victoria Harbour

35 minutes

KK-Confirmed

1 Passenger(s) - Regular Fare
· Tzeporah Berman

[Add to Calendar](#)

Invoice #4885967	
Sked 200 : Carbon Offset	\$0.50
Sked 200 : VHFC Terminal Fee	\$9.86
Sked 200 : Web Fare-	\$185.23
+ Goods and Services Tax	\$9.78
Billing	\$195.59
Taxes	\$9.78
Grand Total	\$205.37

From Helijet <services@blueskybooking.net> ☆

Reply

Reply All

Forward

Archive

Junk



Subject Thank you for choosing to take off with Helijet!

Reply to passengerservices@helijet.com ☆

To Tzporah Berman ☆, Jennifer Nelson ☆



Please review your reservation below.

If you have any questions or concerns regarding your reservation please call us at Helijet Reservations 1.800.665.4354.

We look forward to welcoming you aboard your flight soon!

Customer Information

Account

Customer #

s.22

Name

Tzporah Berman

Booking s.22

Tuesday, November 3, 2015

858

18:40 Victoria Harbour

19:15 Vancouver Harbour

35 minutes

Confirmed

Invoice #18693

FARE-YWH-Full_Winter

\$265.71

+ GST

\$13.29

Billing

\$265.71

Taxes

\$13.29

Grand Total

\$279.00

Customer Information

Account

Customer #

s.22

Name

Tzporah Berman

Booking s.22

Thursday, November 5, 2015

702

07:00 Victoria Harbour

07:35 Vancouver Harbour

35 minutes

Confirmed

1 Passengers - Full-Fare

· Tzporah Berman

[Add to Calendar](#)

Invoice #18899

FARE-YWH-Full_Winter

\$265.71

+ GST

\$13.29

Billing

\$265.71

Taxes

\$13.29

Grand Total

\$279.00

Subject: Harbour Air Flight Itinerary. Thanks for booking!
From: <reservation@harbourair.com>
Date: 11/2/15, 9:45 PM
To: s.22, s.22



[Check Flight Status](#) | [Manage Flight](#) | [Deals & Specials](#) | [High Flyer Rewards](#) | [My Account](#)

Thank you for choosing Harbour Air Seaplanes, We're excited to welcome you aboard! Please review your flight details below.

If you have any questions regarding your reservation or wish to make any changes, please log into your account at harbourair.com or call one of our friendly customer service staff at 604.274.1277 or toll-free 1.800.665.0212.

New luggage policies take effect March 1st, 2015, including the introduction of a small fee for luggage exceeding our 50lb limit and sporting equipment including skis, golf clubs and bikes. For more information, please see our website or [Click Here](#)

Would you prefer a guaranteed single window seat? Ask one of our customer service agents about Select Seating at check in - only \$10.00!

Cheers!
Harbour Air Team

Customer Information

Account	HAS #	s.22
	Name	Tzeporah Berman

Booking s.22

Thursday, November 5, 2015	Invoice #4886586
Flight #214	Sked 200 : Carbon Offset \$0.50
12:30 Victoria Harbour	Sked 200 : VHFC Terminal Fee \$9.86
13:05 Vancouver Harbour	Sked 200 : Web Fare- \$185.23
35 minutes	+ Goods and Services Tax \$9.78
KK-Confirmed	Billing \$195.59

1 Passenger(s) - Regular Fare	Taxes	\$9.78
. Tzporah Berman	Grand Total	\$205.37

[Add to Calendar](#)

To access the Terms and Conditions for the SuperSaver fares and Web fares, please [click here](#).

Please note: If you would like to take advantage of the Supersaver fares and Web fares, they are only available by booking online - reservations made or changed at the Terminals or through the Reservations Centre will be subject to regular fares.

Booking Restrictions

Vancouver to/from Victoria, Nanaimo, Comox, Sechelt, Pitt Meadows and the Gulf Islands: **25 pounds**

Nanaimo to/from Sechelt: **25 pounds**

South Vancouver to/from Victoria and Nanaimo: **50 pounds**

South Vancouver to/from Sechelt: **25 pounds** Whistler to/from Victoria, Vancouver: **25 pounds**

- . **Check in time is 25 minutes prior to flight time.**
- . A Government Issued Photo Identification for anyone over 16 years old is required.
- . Unclaimed seats can be sold 15 minutes prior to flight time.
- . A no show fee of 100% will be charged 15 minutes prior to flight departure on unclaimed seats; any return portion will be automatically cancelled.
- . On all scheduled service flights: for group bookings of 4 or more, partial or whole cancellations made within 24 hours prior to departure will be subject to a 50% cancellation fee.
- . On scheduled service flights to and from Comox, Sechelt and the Gulf Islands (Saltspring Island, Pender Island and Maple Bay): partial or whole cancellations made within 1 hour prior to departure will be subject to a \$20 cancellation fee.
- . Luggage up to 25lbs is happily accepted on all routes at no additional charge. Additional luggage will be subject to additional fee's and will be flown standby on your flight or the first available flight with room. Please note that the maximum luggage weight per piece is 50lbs.
- . Gulf Island (Saltspring Island, Pender Island, and Maple Bay) flights may have up to three stops; therefore, flight times are approximate.
- . For more accurate Gulf Islands departure times please contact our Reservations Department 30 minutes prior to your flight departure time at 1.800.665.0212.
- . Waitlisted flights and tours are confirmed when the contact person receives the call; voicemails do not guarantee the seat(s). Please contact our reservations department at your earliest convenience.
- . On all scenic and packaged tours: partial or whole cancellations made within 24 hours prior to departure will be subject to a 100% cancellation fee.
- . The aircraft type confirmed at the time of booking may change depending on operational needs with our flight loads and will be subject to availability.

Harbour Air Seaplanes is proud to offer complimentary shuttle service! Available from our South Vancouver location to the Main Terminal/YVR (drop-off only). In addition, shuttle service (drop-off only) is provided in downtown Victoria, Vancouver, and Whistler.

YELLOW CAB CO LTD
1441 CLARK DR V5L3K9
VANCOUVER BC
21158659

PURCHASE

11-03-2015 14:50:26
Acct # s.22
Exp Date Card Type VI
Name: TZEPORAH BERMAN
A0000000031010 VISA CREDIT

Trace # 400006
M21158659013
Inv. # 1
Auth # 007452 RRN 001621006

Purchase \$19.30
Tip s.22
Total

(00) APPROVED-THANK YOU

Retain this copy for your
records
Customer copy

YELLOW CAB CO LTD
1441 CLARK DR V5L3K9
VANCOUVER BC
21158659

PURCHASE

11-05-2015 06:20:18
Acct # s.22
Exp Date Card Type VI
Name: TZEPORAH BERMAN
A0000000031010 VISA CREDIT

Trace # 730002
M21158659156
Inv. # 1
Auth # 005402 RRN 001553002

Purchase \$16.80
Tip s.22
Total

(00) APPROVED-THANK YOU

Retain this copy for your
records
Customer copy

BLACKTOP & CHECKER
CABS#74
777 PACIFIC ST
VANCOUVER BC

CARD ***** s.22
CARD TYPE VISA
DATE 2015/11/05
TIME 1865 13:40:32
CLERK ID 1
RECEIPT NUMBER
C85012089-001-372-006-0

PURCHASE
AMOUNT \$16.20
TIP s.22
TOTAL

VISA CREDIT
A0000000031010
DD26D43CB8C7D64B
0080008000-E800
1F2D3303ADDF38B6
0080008000-F800

APPROVED

AUTH# 009989 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS



Hampton Inn & Suites
111 Robson Street • Vancouver, B.C., Canada V6B 2A8
Phone (604) 602-1008 • Fax (604) 602-1007

invoice



ORIGINAL

CAYOOSE CREEK INDIAN BAND
ATTN : MARY OLDRING
BOX 484

INVOICE# 37798
INVOICE DATE 6/6/2015
CURRENT DATE 6/6/2015
YOUR ACCOUNT # s.22
YOUR P/O #

LILLOOET BC VOK 1V0
CANADA

Page: 1

DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
6/1/2015	s.22	289423	s.22 [RTD FR EDWARDS, MICHELLE:RCPT A]	\$187.34

PAYMENT DUE UPON RECEIPT

\$187.34

QUESTIONS CONCERNING THIS INVOICE?
CALL: COLIN BLIGHT
778 945 1960

PLEASE RETURN ONE COPY OF INVOICE WITH PAYMENT

for reservations call 1.800.hampton or visit us online at hampton.com

thanks



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Phone (604) 602-1008 • Fax (604) 602-1007

invoice



IN CASE OF ERROR ON YOUR BILL

The Federal Truth in Lending Act requires prompt correction of billing mistakes.

1. If you think your bill is wrong or if you need more information about an item on your bill:

a) Do not write on the bill. On a separate sheet of paper write the following (you may telephone your inquiry, but **DOING SO WILL NOT PRESERVE YOUR RIGHTS UNDER THIS LAW**):

- Your name and account number
- A description of the error and why (to the extent you can) you believe it is an error.
- The dollar amount of the suspected error.
- Any other information (such as your address) which you think will help the company to identify you or the reason for your complaint or inquiry.

b) Send your billing error notice to the address shown on your billing statement. Mail it as soon as you can, but in any case, early enough to reach the Hotel within 60 days after the bill was mailed to you.

2. The Hotel must acknowledge all letters pointing out possible error within 30 days, unless the necessary correction can be made during those 30 days. Within 90 days after receiving your letter, the company must either correct the error or show why the bill was correct. Once the bill has been explained, the company has no further obligation except as provided in paragraph 5 below.

3. After notification, neither the Hotel nor an attorney nor a collection agency may send you letters or take other collection action concerning the disputed amount; but the disputed amount can be applied against your credit limit. You cannot be threatened with damage to your credit rating or sued for the amount in question, nor can the disputed amount be reported to a credit bureau or the other creditors as delinquent, until the inquiry has been answered. **HOWEVER, YOU REMAIN OBLIGATED TO PAY THE PARTS OF YOUR BILL NOT IN DISPUTE.**

4. If it is determined that the Hotel has made a mistake on your bill, you will not have to pay any finance charges on any disputed amount. If it turns out the Hotel has not made an error, you may have to pay finance charges on the amount in dispute, and you will have to make up any missed minimum or required payments on the disputed amount. The Hotel must send you a statement of what you owe, and you must be given the time to pay which you normally are given to pay undisputed amounts before any more finance charges or late payment charges can be charged to you.

5. If the Hotel's explanation does not satisfy you and you notify the Hotel **IN WRITING** that you still refuse to pay the disputed amount, the Hotel may report you to credit bureaus and other creditors and may pursue normal collection procedures. But any such report must indicate that the amount is disputed, and you must be advised as to who has received such reports. Once the matter has been settled between you and the Hotel, follow-up notices must be sent to those to whom you have been reported as delinquent.

6. Companies that do not follow these rules are not allowed to collect the first \$50 of a disputed amount, even if the bill turns out to be correct.

7. You may have the right to withhold payment of an amount you still owe for merchandise or services if you first try in good faith to return them or give the merchant a chance to correct the problem.

There are two limitations on this right:

- You must have made the purchase in your home state or within 100 miles of your home (whichever is farther), and
- The purchase price must have been more than \$50. However, these limitations do not apply if the merchant is owned or operated by the Hotel or if the Hotel mailed the advertisement for goods or services to you.

for reservations call 1.800.hampton or visit us online at hampton.com

thanks



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Hampton Inn & Suites
111 Robson Street • Vancouver, B.C., Canada V6B 2A8
Phone (604) 602-1008 • Fax (604) 602-1007

CAYOOSE CREEK INDIAN BAND
ATTN: MARY OLDRING
BOX 484

LILLOOET BC V0K 1V0
CANADA

name
address

room number: S.22
arrival date: 5/31/2015 8:47:00 PM
departure date: 6/1/2015 8:26:00 AM
adult/child: 2/0
room rate: 139.00

If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution.

Rate Plan: TSX
HH #
AL:
Car:

Confirmation Number: S.22
EDWARDS, MICHELLE
6/6/2015

Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. In the event of an emergency, I, or someone in my party require special evacuation assistance due to a physical disability. Please indicate yes by checking here: ☐

signature:

date	reference	description	amount
5/31/2015	2893695	PARKING	\$20.00
5/31/2015	2893695	PARKING TAX	\$4.20
5/31/2015	2893695	GST ON PARKING TAX	\$0.21
5/31/2015	2893695	GST #896063047RT0004	\$1.00
5/31/2015	2893777	GUEST ROOM	\$139.00
5/31/2015	2893777	DEST. MARKETING FEE	\$1.81
5/31/2015	2893777	HOTEL ROOM TAX	\$14.08
5/31/2015	2893777	GST#896063047RT0004	\$7.04
6/1/2015	2893962	Direct Bill - CAYOOSE CREEK INDIAN BAND	(\$187.34)
		BALANCE	\$0.00

for reservations call 1.800.hampton or visit us online at hampton.com

thanks.

account no.	date of charge	folio/check no.
		400679 A
card member name	authorization	initial
establishment no. and location	purchases & services	
I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THAT THE INDICATED PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF THESE CHARGES.	taxes	
	tips & misc.	
	signature of card member	total amount
X		



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INVT

This form is for use by members of agencies, boards, commissions and administrative tribunals to claim travel expenses. Refer to the attached Appendix 3 for guidelines and allowable rates. After completion, the member should forward the original claim form (with receipts attached) to their ministry financial contact. The qualified receiver will complete and sign the Coding section and forward the claim to Finance, Accounts for processing. A cheque will be forwarded to the Cheque Mailing Address shown below.

Member's Name: Michelle Edwards Supplier # _____ Location Code: _____

Cheque Mailing Address: Box 484 Lillooet B.C. V0K 1V0

Hearing Attended/Business Conducted: Two days June 23, 2016

CLAIM TOTAL	1015.52
-------------	---------

CONFIDENTIAL

Client: 048 Resp: 29906 Svc Line: 30533 STOB: 5515 Proj: 2914210

Alexis Chovan

Printed in India

Qualified Receiver Signature

2015-06-30

Expense Authority Printed Name

Beverly Station

Member's Signature _____ Date June 24, 1961

Certified this is a true statement of disbursements made to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.



SKWACHÂYS LODGE
ABORIGINAL HOTEL & GALLERY

31 West Pender
Vancouver, British Columbia
V6B1R3
Phone: 604-687-3589

Reservation Confirmation
s.22

Name: **Edwards, Michelle**
Address: PO Box 484
Lillooet, British Columbia
V0K 1V0, Canada
Phone: 250-256-4136
Email: corina-caycoose@hotmail.com

Arrival Date: **22 Jun 2015 (Mon)** Nights: 2 Adults: 1
Departure Date: **24 Jun 2015 (Wed)** Children: 0
Room Type: King Bed, Non-Smoking
Room Charges: \$482.24
Other Charges: \$36.00
Tax: \$84.50
Total Charges: **\$602.74**
Credit Card: VISA Deposit: **\$0.00**
Card Holder: Michelle Edwards **Balance Due: \$602.74**
Number: s.22

Loyalty Number:

Guest Services

Parking Fee-Indoors	\$36.00
---------------------	---------

Rate (daily)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	\$245.52	\$236.72				

Cancellation Policy and Confirmation Note:

Thank you for choosing Skwachâys Lodge. We are pleased to offer you a one of a kind Aboriginal art and culture experience. Check-In 3PM, Check -out 12PM.

Please contact us to arrange in advance for our limited parking at \$18.00 per night.
Special requests will always be noted but cannot always be guaranteed. We are a 100% Non Smoking hotel.
Arrivals after 11 PM may require additional information. Please contact us directly for late check-in details.

Cancellation: 24 hour notice prior to arrival is required to avoid a one night room and tax fee. We look forward to having you stay with us!

The Skwachâys Lodge Team reservations@skwachays.com
604-687-3589 888-998-0797

INVT 52

This form is for use by members of agencies, boards, commissions and administrative tribunals to claim travel expenses. Refer to the attached Appendix 3 for guidelines and allowable rates. After completion, the member should forward the original claim form (with receipts attached) to their ministry financial contact. The qualified receiver will complete and sign the Coding section and forward the claim to Finance, Accounts for processing. A cheque will be forwarded to the *Cheque Mailing Address* shown below.

Location Code:

Hearing Attended/Business Conducted: Public Engagement Release of Discussion Paper July 16/15

CLAIM TOTAL	587.68
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Certified this is a true statement of disbursements made to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.



Hampton Inn & Suites
111 Robson Street • Vancouver, B.C., Canada V6B 2A8
Phone (604) 602-1008 • Fax (604) 602-1007

invoice



ORIGINAL

CAYOOSE CREEK INDIAN BAND
ATTN : MARY OLDRING
BOX 484

INVOICE# 37858
INVOICE DATE 7/18/2015
CURRENT DATE 7/18/2015
YOUR ACCOUNT # s.22
YOUR P/O #

LILLOOET BC V0K 1V0
CANADA
Page: 1

DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
7/16/2015	s.22	291168	s.22 [RTD FR EDWARDS, MICHELLE:RCPT B]	\$187.34

PAYMENT DUE UPON RECEIPT

\$187.34

QUESTIONS CONCERNING THIS INVOICE?

CALL: COLIN BLIGHT
778 945 1960

PLEASE RETURN ONE COPY OF INVOICE WITH PAYMENT

for reservations call 1.800.hampton or visit us online at hampton.com

thanks





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Phone (604) 602-1008 • Fax (604) 602-1007

invoice



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for reservations call 1.800.hampton or visit us online at hampton.com

thanks.



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Hampton Inn & Suites
111 Robson Street • Vancouver, B.C., Canada V6B 2A8
Phone (604) 602-1008 • Fax (604) 602-1007

CAYOOSE CREEK INDIAN BAND
ATTN: MARY OLDRING
BOX 484

LILLOOET BC V0K 1V0
CANADA

name
address

room number: s.22
arrival date: 7/15/2015 4:32:00 PM
departure date: 7/16/2015 12:31:00 PM
adult/child: 1/0
room rate: 139.00

If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution.

Confirmation Number: S.22
EDWARDS, MICHELLE
7/16/2015

Rate Plan: T6X
HH #
AL:
Car:
YOUR P/O # s.22

Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. In the event of an emergency, I, or someone in my party require special evacuation assistance due to a physical disability. Please indicate yes by checking here: ☐

signature:

date	reference	description	amount
7/15/2015	2911120	PARKING 1 night	\$20.00
7/15/2015	2911120	PARKING TAX	\$4.20
7/15/2015	2911120	GST ON PARKING TAX	\$0.21
7/15/2015	2911120	GST #896063047RT0004	\$1.00
7/15/2015	2911261	GUEST ROOM	\$139.00
7/15/2015	2911261	DEST. MARKETING FEE	\$1.81
7/15/2015	2911261	HOTEL ROOM TAX	\$14.08
7/15/2015	2911261	GST#896063047RT0004	\$7.04
7/16/2015	2911424	Direct Bill - CAYOOSE CREEK INDIAN BAND	(\$187.34)
		BALANCE	\$0.00

for reservations call 1.800.hampton or visit us online at hampton.com

thanks.

account no.	date of charge	folio/check no. s.22
card member name	authorization	initial
establishment no. and location I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THAT THE INDICATED PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF THESE CHARGES.	purchases & services	
	taxes	
	tips & misc.	
signature of card member X	total amount	-187.34



CONRAD



1763 Comox Street,
Vancouver, BC V6G 1P6
Tel: (604) 688-7711 Fax: (604) 688-5934

GST Number 101035467RT0002

Cayoos Creek Indian Band
Attn: Accounts Payable
PO Box 484
Lillooet BC
V0K 1V0 CANADA

Statement on 7/27/2015

Vat number corina-cayoos@hotmail.com

Invoice:

Date	Due	Number	Folio #	Guest /group	Reference	Amount	Balance
7/24/2015	8/23/2015	3819791	s.22	Edwards		361.68	361.68
Total Due							361.68

Cayoose Creek Indian Band

 Attn: Accounts Payable
 PO Box 484
 Lillooet BC V0K 1V0
 CANADA

Invoice

 Invoice date 7/24/2015
 Invoice due before 8/23/2015
 Invoice number 3819791
 Our reference s.22
 Client Number s.22
 GST Number 101035467RT0002
 Vat number corina-cayoose@hotmail.com

Guest	Chief Michelle Edwards	Arrival	7/23/2015	Departure	7/24/2015	Room	s.22
Date	Description	Quantity	Unit Price	Total ()			
7/23/2015	Room Charge	1	289.00	289.00			
7/23/2015	GST Taxes	1	14.64	14.64			
7/23/2015	Room Tax 8%	1	23.42	23.42			
7/23/2015	DMF @1.30% Plus Taxes	1	3.76	3.76			
7/23/2015	Municipal Room Tax 2%	1	5.86	5.86			
7/23/2015	Parking	1	23.81	23.81			
7/23/2015	GST Taxes Parking	1	1.19	1.19			
				Total invoice	361.68		
				Total Paid	0.00		
				Total Due	361.68		

 Total GST 15.83
 Total PST (Room) 23.42
 Total PST (Other)

I agree that my liability for any charges incurred by me is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the full amount of these charges. Interest will be charged on any overdue balance.

Signature X

"Now offering Aeroplan Miles"
 "Check our website for special rates and promotions at CoastPlazaHotelAndSuites.com"

For reservations: www.coasthotels.com or 1-800-663-1144

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This form is for use by members of agencies, boards, commissions and administrative tribunals to claim travel expenses. Refer to the attached *Appendix 3* for guidelines and allowable rates. After completion, the member should forward the original claim form (with receipts attached) to their ministry financial contact. The qualified receiver will complete and sign the Coding section and forward the claim to Finance, Accounts for processing. A cheque will be forwarded to the *Cheque Mailing Address* shown below.

Member's Name: Michelle Edwards Supplier # _____ Location Code: _____

Cheque Mailing Address: Box 484 Lillooet B.C. V0K 1V0

Hearing Attended/Business Conducted: C.L.T Mtg August 27 + 28, 2015

DATE OF TRAVEL		PLACES TRAVELLED	PERSONAL VEHICLE USE		BUS/TAXI/AIR/FERRY COSTS	B	L	D	MEALS	ACCOMMODATION COSTS	MISCELLANEOUS (CAR RENTAL, PHONE, ATM FEES, ETC.)		TOTAL DAILY COSTS
20 15			DISTANCE x KM	RATE							COST	DESCRIPTION	
M	D	FROM/TO (ENTER CITY NAMES)	KM	\$	\$				\$	\$	\$		\$
08	26	Lillooet / Vancouver	321	166.92	—			✓	28.50	606.86	—	—	802.28
08	27			—			✓	✓	36.50	—	—	—	36.50
08	28	Vancouver / Lillooet	321	166.92	—	✓	✓		36.50	—	—	—	203.42
												CLAIM TOTAL	1042.20

Client: 048 Resp: 29906 Svc Line: 30533 STOB: 5515 Proj: 291410

Alexis CHOUAN

Qualified Receiver Printed Name

Qualified Receiver Signature

2015-08-31
Date

Member's Signature _____

August 31/15
Date

Certified this is a true statement of disbursements made to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.

1763 Comox Street,
Vancouver, BC V6G 1P6
Tel: (604) 688-7711 Fax: (604) 688-5934

GST Number 101035467RT0002

Cayoos Creek Indian Band
Attn: Accounts Payable
PO Box 484
Lillooet BC
V0K 1V0 CANADA

Statement on 8/28/2015

Vat number corina-cayoos@hotmail.com

Invoice:

Date	Due	Number	Folio #	Guest /group	Reference	Amount	Balance
8/28/2015	9/27/2015	3820388	s.22	Edwards		606.86	606.86
Total Due							606.86

Cayoos Creek Indian Band

Attn: Accounts Payable

PO Box 484

Lillooet BC V0K 1V0

CANADA

Invoice

Invoice date 8/28/2015
 Invoice due before 9/27/2015
 Invoice number 3820388
 Our reference s.22
 Client Number s.22
 GST Number 101035467RT0002
 Vat number corina-cayoos@hotma

Guest **Michelle Edwards** Arrival **8/26/2015** Departure **8/28/2015** Room **s.22**

Date	Description	Quantity	Unit Price	Total ()
8/26/2015	Room Charge	1	239.00	239.00
8/26/2015	GST Taxes	1	12.11	12.11
8/26/2015	Room Tax 8%	1	19.37	19.37
8/26/2015	DMF @1.30% Plus Taxes	1	3.11	3.11
8/26/2015	Municipal Room Tax 2%	1	4.84	4.84
8/26/2015	Parking	1	23.81	23.81
8/26/2015	GST Taxes Parking	1	1.19	1.19
8/27/2015	Room Charge	1	239.00	239.00
8/27/2015	GST Taxes	1	12.11	12.11
8/27/2015	Room Tax 8%	1	19.37	19.37
8/27/2015	DMF @1.30% Plus Taxes	1	3.11	3.11
8/27/2015	Municipal Room Tax 2%	1	4.84	4.84
8/27/2015	Parking	1	23.81	23.81
8/27/2015	GST Taxes Parking	1	1.19	1.19

Total Invoice 606.86

Subtotal 606.86

For reservations: www.coasthotels.com or 1-800-663-1144

Cayoos Creek Indian Band
Attn: Accounts Payable
PO Box 484
Lillooet BC V0K 1V0
CANADA

Invoice

Invoice date 8/28/2015
Invoice due before 9/27/2015
Invoice number 3820388
Our reference s.22
Client Number s.22
GST Number 101035467RT0002
Vat number corina-cayoos@hotmail.com

Date	Description	Quantity	Unit Price	Total ()
Total Paid				0.00
Total Due				606.86

Total GST 26.60
Total PST (Room)
Total PST (Other)

I agree that my liability for any charges incurred by me is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the full amount of these charges. Interest will be charged on any overdue balance.

Signature X _____

"Now offering Aeroplan Miles"

"Check our website for special rates and promotions at CoastPlazaHotelAndSuites.com"

For reservations: www.coasthotels.com or 1-800-663-1144

TRAVEL EXPENSE CLAIM
FOR MEMBERS OF AGENCIES, BOARDS, COMMISSIONS AND ADMINISTRATIVE TRIBUNALS

INVC # _____

FORM USAGE

This form is for use by members of agencies, boards, commissions and administrative tribunals to claim travel expenses. Refer to the attached Appendix 3 for guidelines and allowable rates. After completion, the member should forward the original claim form (with receipts attached) to their ministry financial contact. The qualified receiver will complete and sign the Coding section and forward the claim to Finance, Accounts for processing. A cheque will be forwarded to the Cheque Mailing Address shown below.

CHEQUE INFORMATION Make Cheque Payable to: Cayuse Creek Indian Band

Member's Name: Michelle Edwards Supplier # _____ Location Code: _____

Cheque Mailing Address: Box 484 Lillooet BC V0K 1W0

Hearing Attended/Business Conducted: Climate Leadership Team Mtg Sept. 17-19/15

DATE OF TRAVEL	PLACES TRAVELLED		PERSONAL VEHICLE USE DISTANCE x KM RATE	BUS/TAXI/ AIR/FERRY COSTS	B L D			MEALS:	ACCOMMODATION COSTS	MISCELLANEOUS (CAR RENTAL, PHONE, ATM FEES, ETC.) COST DESCRIPTION		TOTAL DAILY COSTS
	M	D	FROM/TO (ENTER CITY NAMES)	KM	\$							
09/17			Lillooet to Vancouver	321	1166.92	—		✓	28.50	517.66	ind. parking	713.08
09/18							✓	✓	36.50	—	—	36.50
09/19			Vancouver to Lillooet	321	1166.92	—	✓		22.00	—	—	188.92
											CLAIM TOTAL	938.50

CODING

Client: 048 Resp: 29906 Svc Line: 30533 STOB: 5515 Proj: 291410

Alexis Chovan

Qualified Receiver Printed Name

[Signature]

Qualified Receiver Signature

2015-10-01

Date

[Signature]

Expense Authority Printed Name

Beverly Stanton

Member's Signature

Sept. 28/15
Date

Certified this is a true statement of disbursements made to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.

Cayoos Creek Indian Band

 Attn: Accounts Payable
 PO Box 484
 Lillooet BC V0K 1V0
 CANADA

Invoice

 Invoice date 9/19/2015
 Invoice due before 10/19/2015
 Invoice number 3820813
 Our reference s.22
 Client Number s.22
 GST Number 101035467RT0002
 Vat number corina-cayoos & mar

 Guest **Ms Michelle Edwards** Arrival **9/17/2015** Departure **9/19/2015** Room s.22

Date	Description	Quantity	Unit Price	Total ()
9/17/2015	Room Charge	1	199.00	199.00
9/17/2015	GST Taxes	1	10.08	10.08
9/17/2015	Room Tax 8%	1	16.13	16.13
9/17/2015	DMF @1.293% Plus Taxes	1	2.57	2.57
9/17/2015	Municipal Room Tax 3%	1	6.05	6.05
9/17/2015	Parking	1	23.81	23.81
9/17/2015	GST Taxes Parking	1	1.19	1.19
9/18/2015	Room Charge	1	199.00	199.00
9/18/2015	GST Taxes	1	10.08	10.08
9/18/2015	Room Tax 8%	1	16.13	16.13
9/18/2015	DMF @1.293% Plus Taxes	1	2.57	2.57
9/18/2015	Municipal Room Tax 3%	1	6.05	6.05
9/18/2015	Parking	1	23.81	23.81
9/18/2015	GST Taxes Parking	1	1.19	1.19

Total Invoice 517.66
Subtotal 517.66

 For reservations: www.coasthotels.com or 1-800-663-1144

Cayoose Creek Indian Band

Attn: Accounts Payable

PO Box 484

Lillooet BC V0K 1V0

CANADA

Invoice

Invoice date 9/19/2015
Invoice due before 10/19/2015
Invoice number 3820813
Our reference s.22
Client Number s.22
GST Number 101035467RT0002
Vat number corina-cayoose & mar

Date	Description	Quantity	Unit Price	Total ()
			Total Paid	0.00
			Total Due	517.66

Total GST 22.54
Total PST (Room)
Total PST (Other)

I agree that my liability for any charges incurred by me is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the full amount of these charges. Interest will be charged on any overdue balance.

Signature X _____

"Now offering Aeroplan Miles"

"Check our website for special rates and promotions at CoastPlazaHotelAndSuites.com"

For reservations: www.coasthotels.com or 1-800-663-1144

1763 Comox Street,
Vancouver, BC V6G 1P6
Tel: (604) 688-7711 Fax: (604) 688-5934

GST Number 101035467RT0002

Cayoos Creek Indian Band
Attn: Accounts Payable
PO Box 484
Lillooet BC
V0K 1V0 CANADA

Statement on 9/21/2015

Vat number corina-cayoos & mar

Invoice:

Date	Due	Number	Folio #	Guest /group	Reference	Amount	Balance
9/19/2015	10/19/2015	3820813	s.22	Edwards		517.66	517.66
						Total Due	517.66

"Now offering Aeroplan Miles"
"Check our website for special rates and promotion"

INVC	#
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This form is for use by members of agencies, boards, commissions and administrative tribunals to claim travel expenses. Refer to the attached Appendix 3 for guidelines and allowable rates. After completion, the member should forward the original claim form (with receipts attached) to their ministry financial contact. The qualified receiver will complete and sign the Coding section and forward the claim to Finance, Accounts for processing. A cheque will be forwarded to the *Cheque Mailing Address* shown below.

Member's Name: Michelle Edwards Supplier # _____ Location Code: _____
Cheque Mailing Address: Box 484 Lillooet BC V0R 1V0
Hearing Attended/Business Conducted: CIT Meeting Oct. 15 + 16/15

CODING

Alexis Chovan
Qualified Receiver (Printed Name)

Qualified Receiver Signature

2015-10-26
Date

Expense Authority Printed Name

Member's Signature _____

Oct. 23/15
Date

Certified this is a true statement of disbursements made to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.

Cayoos Creek Indian Band

Attn: Accounts Payable

s.22

PO Box 484

Lillooet BC V0K 1V0

CANADA

Invoice

Invoice date 10/16/2015
 Invoice due before 11/15/2015
 Invoice number 3821160
 Our reference s.22
 Client Number s.22
 GST Number 101035467RT0002
 Vat number corina-cayoos & mar

Guest **Ms Michelle Edwards** Arrival **10/14/2015** Departure **10/16/2015** Room **s.22**

Date	Description	Quantity	Unit Price	Total ()
10/14/2015	Room Charge	1	129.00	129.00
10/14/2015	GST Taxes	1	6.53	6.53
10/14/2015	Room Tax 8%	1	10.45	10.45
10/14/2015	DMF @1.293% Plus Taxes	1	1.67	1.67
10/14/2015	Municipal Room Tax 3%	1	3.92	3.92
10/14/2015	Parking	1	23.81	23.81
10/14/2015	GST Taxes Parking	1	1.19	1.19
10/15/2015	Room Charge	1	129.00	129.00
10/15/2015	GST Taxes	1	6.53	6.53
10/15/2015	Room Tax 8%	1	10.45	10.45
10/15/2015	DMF @1.293% Plus Taxes	1	1.67	1.67
10/15/2015	Municipal Room Tax 3%	1	3.92	3.92
10/15/2015	Parking	1	23.81	23.81
10/15/2015	GST Taxes Parking	1	1.19	1.19

Total Invoice 353.14

Subtotal 353.14

For reservations: www.coasthotels.com or 1-800-663-1144

1763 Comox Street,
Vancouver, BC V6G 1P6
Tel: (604) 688-7711 Fax: (604) 688-5934

GST Number 101035467RT0002

Cayoos Creek Indian Band
Attn: Accounts Payable
PO Box 484
Lillooet BC
V0K 1V0 CANADA

Statement on 10/19/2015

Vat number corina-cayoos & mar

Invoice:

Date	Due	Number	Folio #	Guest /group	Reference	Amount	Balance
10/16/2015	11/15/2015	3821160	s.22	Edwards	s.22	353.14	353.14
Total Due							353.14

Cayoose Creek Indian Band
Attn: Accounts Payable
PO Box 484
Lillooet BC V0K 1V0
CANADA

Invoice

Invoice date 10/16/2015
Invoice due before 11/15/2015
Invoice number 3821160
Our reference s.22
Client Number s.22
GST Number 101035467RT0002
Vat number corina-cayoose & mar

Date	Description	Quantity	Unit Price	Total ()
Total Paid				0.00
Total Due				353.14

Total GST 15.44
Total PST (Room)
Total PST (Other)

I agree that my liability for any charges incurred by me is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the full amount of these charges. Interest will be charged on any overdue balance.

Signature X _____

"Now offering Aeroplan Miles"

"Check our website for special rates and promotions at CoastPlazaHotelAndSuites.com"

For reservations: www.coasthotels.com or 1-800-663-1144

Van Schalkwyk, Charlotte FIN:EX

From: Stainton, Beverley ENV:EX
Sent: Monday, June 29, 2015 3:25 PM
To: Chouan, Alexis ENV:EX
Cc: Ross, Diane CSNR:EX
Subject: RE: Non-Approved Hotel on Travel Expense Claim

Follow Up Flag: Follow up
Flag Status: Completed

Alexis/Diane, thank you.

Let's proceed with Option 1. Alexis, please send a policy reminder to the member.

Kind regards

Beverley

Beverley Stainton • Manager, Secretariat Operations • Climate Action Secretariat • Ministry of Environment • 250.387.6969

From: Chouan, Alexis ENV:EX
Sent: Monday, June 29, 2015 1:35 PM
To: Stainton, Beverley ENV:EX
Cc: Ross, Diane CSNR:EX
Subject: RE: Non-Approved Hotel on Travel Expense Claim

Hi Beverley,

Diane and I just had a call about this matter. As per our discussion here are the options Diane recommended:

- We can pay the amount in full this time with a reminder to Michelle Edwards about the procedure for choosing hotels and how in the future she **must** stay at an accommodation from the approved list.

Or

- We pay an average, based on the provincial government rates offered on that date, and explain this decision with a reminder of the procedure.

Please let me know how you would like to proceed.

Best,

Alexis Chouan
Administrative Assistant
Climate Action Secretariat
BC Ministry of Environment
E: alexis.chouan@gov.bc.ca | P: (250) 387-5521

From: Chouan, Alexis ENV:EX
Sent: Wednesday, June 24, 2015 4:38 PM

To: Ross, Diane CSNR:EX
Cc: Stainton, Beverley ENV:EX
Subject: Please Advise: Non-Approved Hotel on Travel Expense Claim

Dear Diane,

I am assisting Beverley Stainton at the Climate Action Secretariat in processing Travel Expense Claims submitted by members (non-governmental employees) of the Climate Leadership Team. Thank you for your previous help in guiding us through travel expense policies to set up this group.

One of our members has submitted a travel expense claim for our June 1st meeting (accommodation date: May 31st), with an invoice from the Hampton Inn and Suites. This hotel is not listed on the approved list of hotels with provincial government rates on May 31st. Could you please advise what is our policy in this situation? I've attached the expense claim in question for reference.

Thank you,

Alexis Chouan
Administrative Assistant
Climate Action Secretariat
BC Ministry of Environment
E: alexis.chouan@gov.bc.ca | P: (250) 387-5521

Van Schalkwyk, Charlotte FIN:EX

From: Climate Leadership Team ENV:EX
Sent: Wednesday, August 5, 2015 2:14 PM
To: 'Corina James'; Climate Leadership Team ENV:EX
Cc: Finance-Mary Oldring; Chief Michelle Edwards
Subject: RE: Travel Claim July 16 and 24, 2015

Dear Corina,

Thank you for these documents; we acknowledge receipt of the travel expense claims for Chief Michelle Edwards.

As the accommodations were not booked with government rates, we will need to seek further approvals before we can confirm the claims will be processed in full. Thank you for your understanding.

Should Chief Michelle Edwards require any other accommodations for future CLT meetings, please consult the list of hotels offering approved government rates for guestrooms, as per the Travel Expense Policy in the CLT Binder. You may consult this list at the following website: <http://csa.pss.gov.bc.ca/businesstravel/>

Please do not hesitate to contact us, should you have any questions or concerns. Thank you,

Alexis

Climate Action Secretariat

ministry of environment • 250.387.6969

From: Corina James [<mailto:corina-cayoose@hotmail.com>]
Sent: Wednesday, August 5, 2015 10:54 AM
To: Climate Leadership Team ENV:EX
Cc: Finance-Mary Oldring; Chief Michelle Edwards
Subject: Travel Claim July 16 and 24, 2015

Hello,

Please find attached an e-copy of the July 16, 2015 travel claim form for Chief Michelle Edwards to attend the Public Engagement Release of Discussion Paper.

Please note that Chief Michelle left early morning/afternoon and did not get the email of the postponement from July 16 to the July 17, 2015 until she was already on her travels. Due to other important prior commitments, she was unable to attend on July 17, 2015.

And also that due to the FIFA Women's World Cup Canada 2015 being hosted in Vancouver BC it was very difficult to find accommodations in Vancouver and the only room that we found available was at the Hampton Inn & Suites. (We know this is not on the government accommodation guide list but due to the lack of rooms available we hope you will approve this expense as it was out of our control).

Also please find attached an e-copy of the July 24, 2015 travel claim form for Chief Michelle Edwards to attend the Climate Leadership Team Meeting.

If you have any questions or concerns, please contact myself or Chief Michelle.

Respectfully,

Corina James
Executive Assistant to Chief & Council
Cayoose Creek Indian Band
PO Box 484
Lillooet, BC V0K 1V0
Telephone: 250-256-4136 Ext. 203
Fax: 250-256-4138
Email: corina-cayoose@hotmail.com

**TRAVEL EXPENSE CLAIM
FOR NON-BC GOVERNMENT EMPLOYEES**

INVOICE #

FORM USAGE

This form is for use by non-BC government employees to claim travel expenses. Refer to the attached *Appendix 2* for guidelines and allowable rates. After completion, the individual should forward the original claim form (with letter of agreement and receipts attached) to their ministry financial contact. The qualified receiver will complete and sign the Coding section and forward the claim to Finance, Accounts for processing. A cheque will be forwarded to the *Cheque Mailing Address* shown below.

CHEQUE INFORMATION

Payee Name: Matt Horne Supplier # _____ Location Code: _____
 Cheque Mailing Address: # 610 - 55 Water Street Vancouver BC V6B 1A1
 Reason for Travel: Climate Leadership Team Meeting

DATE OF TRAVEL 20__	PLACES TRAVELLED	PERSONAL VEHICLE USE DISTANCE x KM RATE	BUS/TAXI/ AIR/FERRY COSTS	B L D			MEALS	ACCOMMODATION COSTS	MISCELLANEOUS (CAR RENTAL, PHONE, ATM FEES, ETC.)		TOTAL DAILY COSTS
				✓	✓	✓			COST	DESCRIPTION	
M	D	FROM/TO (ENTER CITY NAMES)	KM	\$	\$		\$	\$	\$		\$
11	03	Vancouver Victoria			205 37						205 37
11	03	Victoria Vancouver			109 60						109 60
11	04	Vancouver Victoria			90 55						90 55
11	05	Victoria Vancouver			249 00						249 00
CLAIM TOTAL											684 52

CODING

Client: 048 Resp: 29906 Svc Line: 30533 STOB: 6504 Proj: 291410

Alexis CHOUAN

Qualified Receiver Printed Name

[Signature]

Qualified Receiver Signature

2015-10-30

Date

Beverley Stanton

Expense Authority Printed Name

[Signature]

Traveller's Signature

Nov 27/2015

Date

Certified this is a true statement of disbursements made to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.

YELLOW CAB
817 FISGARD STREET V8W1R9
VICTORIA BC
21852400
GH2185240090

**** PURCHASE ****

11-04-2015 21:15:53
Acct # *****s.2 C
Exp Date **/** Card Type VI
Name: MATTHEW HORNE
A0000000031010 VISA

Trace # 3523 Operator 190
Inv. # 23
Auth # 065572 RRN 001662904

Purchase \$66.85
Tip \$7.00
Total \$73.85

(00) APPROVED-THANK YOU

Retain this copy for your
records
Customer copy

www.yellowcabvictoria.com
250-381-2222

PURCHASE
BCFerries

2015/11/03
Swartz Bay
To
Tsawwassen
AUTH ONLY

1 Adult	16.90
Fuel Rebate	0.20-
Total	16.70
Visa	16.70
*****s.22 (S)	
005/01-66223105	
0017640430	
Approved: 021638	0.00
CHANGE DUE	

FOOT AREA OT

SWB 03 Nov 2015 20:03

1005141 558730

SEE REVERSE SIDE OF TICKET

PURCHASE
BCFerries

2015/11/04
Tsawwassen
To
Swartz Bay

PURCHASE

1 Adult	16.90
Fuel Rebate	0.20-
Total	16.70
Interac Chequing	
*****s.22	16.70
001/00 - 66223217	
0012900300	
Approved: 213952	

FOOT AREA 5S

TSA 04 Nov 2015 18:39

7007442 552466

SEE REVERSE SIDE OF TICKET

DELTA SUNSHINE TAXI #
123
12837 76 AVE SUITE 203
SURREY BC

CARD s.22 *****
CARD TYPE INTERAC
ACCOUNT TYPE CHEQUING
DATE 2015/11/03
TIME 8987 23:21:18
CLERK ID 123001
RECEIPT NUMBER
C85029117-001-139-002-0

PURCHASE

AMOUNT \$84.90
TIP \$8.00
TOTAL

\$92.90

Interac
A0000002771010
9CD9D406FB5FBF84
8000008000-6800
A6289E62ED92A55E
8000008000-7800

APPROVED

AUTH# 022120 00-001
THANK YOU

CARDHOLDER COPY

Nos < Jlc → Jan

Reply Reply All Forward

FW: Thank you for choosing to take off with Helijet!**Matt Horne****To:** Lynne Whenham

Tuesday, November 24, 2015 4:40 PM

Booking ^{s.22}**Thursday, November 5, 2015**

Invoice #19350

712

FARE-YWH-Full_Winter \$265.71

10:00 Victoria Harbour

+ GST \$13.29

10:35 Vancouver Harbour

Billing \$265.71

35 minutes

Taxes \$13.29

Grand Total \$279.00**Confirmed****1 Passengers - Full-Fare**. **Matt Horne****Add to Calendar****THIS ITINERARY IS YOUR OFFICIAL TRAVEL DOCUMENT, PLEASE READ FULLY**

Carriage is subject to applicable tariffs, conditions of carriage and related regulations which are available at the Helijet International administration offices. Carriage here under is subject to the rules and limitations relating to the liability established by the Warsaw Convention.

Itinerary Status Codes:

KK = Confirmed / WL = Waitlist / XL = Cancelled

Passenger Travel Information:For detailed Travel Information visit helijet.com or call Helijet Reservations 1.800.665.4354**Passenger Check-in:**

Passengers are required to check-in at least 20 minutes prior to scheduled flight departure

time unless otherwise stated in fare rules

Associate Director, British Columbia | Pembina Institute
t: 604-874-8558 x223 c: 778-235-1476
610, 55 Water Street, Vancouver, BC V6B 1A1
www.pembina.org

From: "reservation@harbourair.com" <reservation@harbourair.com>
Date: Sunday, 1 November, 2015 10:49 PM
To: Matt Horne <matth@pembina.org>
Subject: Harbour Air Flight Itinerary. Thanks for booking!



[Check Flight Status](#) | [Manage Flight](#) | [Deals & Specials](#) | [High Flyer Rewards](#) | [My Account](#)

Thank you for choosing Harbour Air Seaplanes, We're excited to welcome you aboard! Please review your flight details below.

If you have any questions regarding your reservation or wish to make any changes, please log into your account at harbourair.com or call one of our friendly customer service staff at 604.274.1277 or toll-free 1.800.665.0212.

New luggage policies take effect March 1st, 2015, including the introduction of a small fee for luggage exceeding our 50lb limit and sporting equipment including skis, golf clubs and bikes. For more information, please see our website or [Click Here](#)

Would you prefer a guaranteed single window seat? Ask one of our customer service agents about Select Seating at check in - only \$10.00!

Cheers!

Harbour Air Team

Customer Information

Account

HAS #

s.22

Name

Matthew Horne

Booking s.22

Tuesday, November 3, 2015

Invoice #4885258

Flight #221**15:30 Vancouver Harbour****16:05 Victoria Harbour****35 minutes****KK-Confirmed****1 Passenger(s) - Regular Fare**. **Matthew Horne****Add to Calendar**

Sked 200 : Carbon Offset	\$0.50
Sked 200 : VHFC Terminal Fee	\$9.86
Sked 200 : Web Fare-	\$185.23
+ Goods and Services Tax	\$9.78
Billing	\$195.59
Taxes	\$9.78
Grand Total	\$205.37

To access the Terms and Conditions for the SuperSaver fares and Web fares, please click [here](#).

Please note: If you would like to take advantage of the Supersaver fares and Web fares, they are only available by booking online - reservations made or changed at the Terminals or through the Reservations Centre will be subject to regular fares.

Booking Restrictions

Vancouver to/from Victoria, Nanaimo, Comox, Sechelt, Pitt Meadows and the Gulf Islands: **25 pounds**

Nanaimo to/from Sechelt: **25 pounds**

South Vancouver to/from Victoria and Nanaimo: **50 pounds**

South Vancouver to/from Sechelt: **25 pounds** Whistler to/from Victoria, Vancouver: **25 pounds**

- **Check in time is 25 minutes prior to flight time.**
- A Government Issued Photo Identification for anyone over 16 years old is required.
- Unclaimed seats can be sold 15 minutes prior to flight time.
- A no show fee of 100% will be charged 15 minutes prior to flight departure on unclaimed seats; any return portion will be automatically cancelled.
- On all scheduled service flights: for group bookings of 4 or more, partial or whole cancellations made within 24 hours prior to departure will be subject to a 50% cancellation fee.
- On scheduled service flights to and from Comox, Sechelt and the Gulf Islands (Saltspring Island, Pender Island and Maple Bay): partial or whole cancellations made within 1 hour prior to departure will be subject to a \$20 cancellation fee.
- Luggage up to 25lbs is happily accepted on all routes at no additional charge. Additional luggage will be subject to additional fee's and will be flown standby on your flight or the first available flight with room. Please note that the maximum luggage weight per piece is 50lbs.
- Gulf Island (Saltspring Island, Pender Island, and Maple Bay) flights may have up to three stops; therefore, flight times are approximate.

TRAVEL EXPENSE CLAIM
FOR MEMBERS OF AGENCIES, BOARDS, COMMISSIONS AND ADMINISTRATIVE TRIBUNALS

INVC #

FORM USAGE

This form is for use by members of agencies, boards, commissions and administrative tribunals to claim travel expenses. Refer to the attached Appendix 3 for guidelines and allowable rates. After completion, the member should forward the original claim form (with receipts attached) to their ministry financial contact. The qualified receiver will complete and sign the Coding section and forward the claim to Finance, Accounts for processing. A cheque will be forwarded to the Cheque Mailing Address shown below.

CHEQUE INFORMATION

Member's Name: PAUL JUS Supplier # _____ Location Code: _____
 Cheque Mailing Address: c/o TOWN OF COMOX, 1809 Beaufort Avenue, Comox, BC V9M 1R9
 Hearing Attended/Business Conducted: CLIMATE LEADERSHIP TEAM MEO JUN 1/2015

DATE OF TRAVEL		PLACES TRAVELLED FROM/TO (ENTER CITY NAMES)	PERSONAL VEHICLE USE DISTANCE x KM RATE	BUS/TAXI/ AIR/FERRY COSTS	B ✓	L ✓	D ✓	MEALS:	ACCOMMODATION COSTS	MISCELLANEOUS (CAR RENTAL, PHONE, ATM FEES, ETC.) COST DESCRIPTION		TOTAL DAILY COSTS
M	D											
06	01	COMOX VANCOUVER		TAXI \$15.00						\$13.00	CANADA LNS (to/from)	\$28.00
											CLAIM TOTAL	\$28.00

CODING

Client: 048 Resp: 29906 Svc Line: 30533 STOB: 5515 Proj: 2914210

Alexis Chovan
 Qualified Receiver Printed Name

[Signature]
 Qualified Receiver Signature

2015-06-24
 Date

[Signature]
 Expense Authority Printed Name

Beverly Stainton

[Signature]
 Member's Signature

JUN 2/15
 Date

Certified this is a true statement of disbursements made to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.

GARDEN CITY CABS OF
RICHMOND
2633 VIKING WAY SUITE
148
RICHMOND BC

CARD *****\$22
CARD TYPE VISA
DATE 2015/06/01
TIME 7472 18:09:42
CLERK ID 01
INVOICE # 380
RECEIPT NUMBER
CB5008464-001-266-002-0

PURCHASE
TOTAL

\$15.00

SCOTIABANK VISA
A0000000031010
379E0A0006A99569
0000008000-EB00
B5810FAE27B3D145
0000008000-FB00

APPROVED

AUTH# 468158 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

Adult

2 ZONE
\$ 4.00

VALIDATE - Insert this direction

PROOF OF PAYMENT/TRANSFER -1-

MO.JN.01 07:06P

AIRPORT

Adult

2 ZONE
\$ 9.00

VALIDATE - Insert this direction

PROOF OF PAYMENT/TRANSFER -2-

MO.JN.01 09:18A

Beverley Stainton
Climate Action Secretariat
2nd floor, 395 Waterfront Crescent
Victoria, BC, V8W 9W6

INVOICE #

This form is for use by members of agencies, boards, commissions and administrative tribunals to claim travel expenses. Refer to the attached *Appendix 3* for guidelines and allowable rates. After completion, the member should forward the original claim form (with receipts attached) to their ministry financial contact. The qualified receiver will complete and sign the Coding section and forward the claim to Finance, Accounts for processing. A cheque will be forwarded to the *Cheque Mailing Address* shown below.

Member's Name: PAUL IVES Supplier # Location Code:
Cheque Mailing Address: C/O TOWN OF COMOX, 1809 BEAUFORT AVENUE, COMOX, BC, V9M 1R9
Hearing Attended/Business Conducted: CLIMATE LEADERSHIP TEAM MEETING JUNE 23, 2015

DATE OF TRAVEL 20 15		PLACES TRAVELLED	PERSONAL VEHICLE USE DISTANCE x KM RATE _____	BUS/TAXI/ AIR/FERRY COSTS <i>TRANS LINK</i>	B ✓	L ✓	D ✓	MEALS:	ACCOMMODATION COSTS	MISCELLANEOUS (CAR RENTAL, PHONE, ATM FEES, ETC.) COST	DESCRIPTION	TOTAL DAILY COSTS
M	D	FROM/TO (ENTER CITY NAMES)	KM	\$	\$			\$	\$	\$		\$
<i>06</i>	<i>23</i>	<i>CORNOX VANCOUVER</i>			<i>7.75</i>							<i>7.75</i>
											CLAIM TOTAL	<i>7.75</i>

Client: 048 Resp: 24906 Svc Line: 30533 STOB: 5515 Proj: 2914210

Alexis Chovan
Qualified Receiver Printed Name

[Signature]
Qualified Receiver Signature

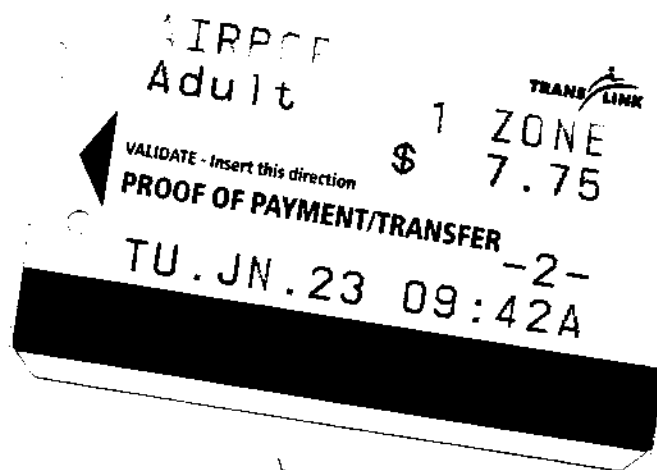
2015-06-29
Date

[Signature]
Expense Authority Printed Name

Barry Skinton

Date _____

Certified this is a true statement of disbursements made to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.



INVOICE #

This form is for use by members of agencies, boards, commissions and administrative tribunals to claim travel expenses. Refer to the attached Appendix 3 for guidelines and allowable rates. After completion, the member should forward the original claim form (with receipts attached) to their ministry financial contact. The qualified receiver will complete and sign the Coding section and forward the claim to Finance, Accounts for processing. A cheque will be forwarded to the Cheque Mailing Address shown below.

PAUL IVES

Cheque Mailing Address: C/O TOWN OF COMOX, 1809 BEAUFORT AVENUE, COMOX, BC, V9M 1R9

Hearing Attended/Business Conducted: CLIMATE LEADERSHIP TEAM MEETING AUG 27-28, 2015

DATE OF TRAVEL 20 15		PLACES TRAVELLED	PERSONAL VEHICLE USE DISTANCE x KM RATE	BUS/TAXI/ AIR/FERRY COSTS	B ✓	L ✓	D ✓	MEALS:	ACCOMMODATION COSTS	MISCELLANEOUS (CAR RENTAL, PHONE, ATM FEES, ETC.) COST DESCRIPTION		TOTAL DAILY COSTS	
M	D	FROM/TO (ENTER CITY NAMES)	KM	\$	\$			\$	\$	\$		\$	
08	27	COMOX TO VANCOUVER	N/A	22	-			-	196.88	4	-	TRANSLINK	222.88
08	28	VANCOUVER TO COMOX			15	-			-	4	-	TRANSLINK	19.-
											CLAIM TOTAL	241.88	

CODING

Client: 048 Resp: 29906 Svc Line: 30533 STOB: 5515 Proj: 291410

Alexis CHOUAN
Qualified Receiver Printed Name

Qualified Receiver Signature

2015-09-01
Date:

Expense Authority Printed Name

Member's Signature

Date _____

Certified this is a true statement of disbursements made to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.

THE Fairmont
HOTEL VANCOUVER

900 West Georgia Street
Vancouver, BC V6C 2W6
T 604 684 3131 F 604 662 1929
G.S.T. / H.S.T. Registration # 81684 8584

Room : s.22
Folio # :
Invoice # :
Cashier # : 554
Page # : 1 of 1

Myr Paul Ives
1809 Beaufort Avenue
Comox BC V9M 1R9
Canada

Arrival : 08-27-15
Departure : 08-28-15
Fairmont President's Club
s.22

Date	Description	Additional Information	Charges	Credits
08-27-15	Room Charge - Provincial Govt		169.00	
08-27-15	Destination Marketing Fee		2.20	
08-27-15	Hotel Room Tax		17.12	
08-27-15	Room GST		8.56	
08-28-15	Visa	s.22 XX/XX		196.88
Total			196.88	196.88
Balance Due			0.00	

GST Summary

Room : 8.56
F&B : 0.00
Other : 0.00
Total : 8.56

HST Summary

Room : 0.00
F&B : 0.00
Other : 0.00
Total : 0.00

Thank you for choosing Fairmont Hotels & Resorts.
To provide feedback about your stay, please contact Michael Pye, General Manager, at Michael.Pye@Fairmont.com.
We also invite you to share memories of your experience on our community forum - visit www.everyonesanoriginal.com.

For information or reservations, visit us at
www.fairmont.com or call Fairmont Hotels & Resorts from :
United States or Canada 1 800 441 1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum.)
I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$1.00 (Mon-Fri) and \$2.00 (Sat.) credit to my account. (At participating hotels.)

Thank you for choosing to stay with Fairmont Hotels & Resorts

RICHMOND TAXI #88
2440 SHELL RD V6X2P1
RICHMOND BC
20122580

**** PURCHASE ****

08-27-2015 08:03:10
Acct #s.22 C
Exp Date **/** Card Type VI
Name: MR PAUL IVES EXP
A0000000031010 SCOTIABANK VISA

Trace # 210003 Operator 001
FB2012258001

Inv. # 1088
Auth # 476167 RRN 001000003

Purchase \$20.00
Tip \$2.00

Total \$22.00

(00) APPROVED-THANK YOU

Retain this copy for your
records
Customer copy

GARDEN CITY CABS #89
2633 VIKING WAY UN V6V3B6
RICHMOND BC
23008565
GH2300856501

**** PURCHASE ****

08-28-2015 17:45:17
Acct #s.22 C
Exp Date **/** Card Type VI
Name: MR PAUL IVES EXP
A0000000031010 SCOTIABANK VISA

Trace # 235 Operator 2
Inv. # 263
Auth # 402876 RRN 001093001

Purchase \$13.70
Tip \$1.30

Total \$15.00

(00) APPROVED-THANK YOU

Retain this copy for your

TVM RECEIPT
NOT VALID FOR TRAVEL

TransLink
Bridgeport
TVM61001
Thu 27 Aug 15 08:06AM

Fare Type: 2 ZONE
Purchase:
1 Adult \$ 4.00

Purchased Amount:\$ 4.00

TRANSACTION RECORD

Account: VISA
Card Number: s.22
Card Entry: SWIPED
Trans Type: PURCHASE
Amount: \$ 4.00
Auth #: 478637
Sequence #: 219425
Terminal #: 00611
Ref #: VTEE49T8WYC6

TRANSACTION APPROVED

Transaction #:0000333145

TVM RECEIPT
NOT VALID FOR TRAVEL

TransLink
Yaletown
TVM52003
Fri 28 Aug 15 05:15PM

Fare Type: 2 ZONE
Purchase:
1 Adult \$ 4.00

Purchased Amount:\$ 4.00

TRANSACTION RECORD

Account: VISA
Card Number: s.22
Card Entry: SWIPED
Trans Type: PURCHASE
Amount: \$ 4.00
Auth #: 474074
Sequence #: 457805
Terminal #: 00523
Ref #: VT0B23T8N7VA

TRANSACTION APPROVED

Transaction #:0001294284

TRAVEL EXPENSE CLAIM
FOR MEMBERS OF AGENCIES, BOARDS, COMMISSIONS AND ADMINISTRATIVE TRIBUNALS

INVOICE #

FORM USAGE

This form is for use by members of agencies, boards, commissions and administrative tribunals to claim travel expenses. Refer to the attached Appendix 3 for guidelines and allowable rates. After completion, the member should forward the original claim form (with receipts attached) to their ministry financial contact. The qualified receiver will complete and sign the Coding section and forward the claim to Finance, Accounts for processing. A cheque will be forwarded to the *Cheque Mailing Address* shown below.

CHEQUE INFORMATION

Member's Name: PAUL IVES Supplier # _____ Location Code: _____
 Cheque Mailing Address: C/O TOWN OF COMOX, 1809 BEAUFORT AVENUE, COMOX, BC, V9M 1R9
 Hearing Attended/Business Conducted: CLIMATE LEADERSHIP TEAM MEETING 15,16,23 OCT 2015

DATE OF TRAVEL 20 15		PLACES TRAVELLED	PERSONAL VEHICLE USE DISTANCE x KM RATE		BUS/TAXI/ AIR/FERRY COSTS	B	L	D	MEALS:	ACCOMMODATION COSTS	MISCELLANEOUS (CAR RENTAL, PHONE, ATM FEES, ETC.) COST		TOTAL DAILY COSTS
M	D	FROM/TO (ENTER CITY NAMES)	KM	\$	\$				\$	\$	\$	DESCRIPTION	\$
10	15	COMOX TO VANCOUVER						✓	28.50	175.08	22.-	TAXI	225.58
											4.-	TRANSLINK	4.-
10	16	VANCOUVER COMOX											
10	23	COMOX - VANCOUVER											
		COMOX									22.-	TAXI	22.-
											275	TRANSLINK	675
											4.-	"	4.-
											4.-	"	4.-
												CLAIM TOTAL	262.33

CODING

Client: 048 Resp: 29906 Svc Line: 30533 STOB: 5515 Proj: 291410

Alexis Chovan

Qualified Receiver Printed Name

[Signature]

Qualified Receiver Signature

2015-10-28

Date

Beverley Stanton

Expense Authority Printed Name

Member's Signature

Date

27.10.2015

Certified this is a true statement of disbursements made to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.

THE Fairmont
HOTEL VANCOUVER

900 West Georgia Street
Vancouver, BC V6C 2W6
T 604 684 3131 F 604 662 1929
G.S.T. / H.S.T. Registration # 83253 2816

Room : s.22
Folio # : 1
Confirmation No. : s.22
Page # : 1 of 1

Paul Ives
1809 Beaufort Avenue
Comox BC V9M 1R9
Canada

Arrival : 10-15-15
Departure : 10-16-15
Fairmont President's Club
s.22

Date	Description	Additional Information	Charges	Credits
10-15-15	Room Charge - Provincial Govt		149.00	
10-15-15	Destination Marketing Fee		1.93	
10-15-15	Hotel Room Tax		16.60	
10-15-15	Room GST		7.55	
10-16-15	Visa	s.22 XX/XX		-175.08
Total			175.08	-175.08
Balance Due			0.00	

GST

ROOM: 7.55
Total: 7.55

Thank you for choosing Fairmont Hotels & Resorts.

To provide feedback about your stay, please contact Michael Pye, General Manager, at Michael.Pye@Fairmont.com.
We also invite you to share memories of your experience on our community forum - visit www.everyonesanoriginal.com.

 * RECEIPT *
 * NOT VALID FOR TRAVEL *

TransLink
 980-CANADA LINE
 Bridgeport Stn
 TVM61112
 Thu 15 Oct 15 08:07AM

Payment Type: VISA
 Purchase: 2 Zone Ticket
 Product Price: \$ 4.00

Compass Ticket #: 6171
 Credit Card #: s.22
 Auth #: 469567
 Ref #: TUEEB8TDPWDY
 Receipt #: 2637

Card Entry: Chip
 AID: A0000000031010
 TVR: 0000008000
 ISI: F800

Retain for your records.
 View TransLink Policies
 at www.translink.ca

Thank You!

RICHMOND TAXI #14
 2440 SHELL RD V6X2P1
 RICHMOND BC
 20123620

|||| PURCHASE ||||
 10-15-2015 08:04:16
 Acct # s.22 C
 Exp Date Card Type VI
 Name: MR PAUL IVES EXP
 A0000000031010 SCOTIABANK VISA
 Trace # 530001 Operator 114
 FB2012362001
 Inv. # 114
 Auth # 466560 RRN 001020001

Purchase \$20.00
 Tip \$2.00
 Total \$22.00

(00) APPROVED-THANK YOU

Retain this copy for your records
 Customer copy

RICHMOND TAXI #61
 2440 SHELL RD V6X2P1
 RICHMOND BC
 20122952

|||| PURCHASE ||||
 10-23-2015 08:04:56
 Acct # s.22 C
 Exp Date Card Type VI
 Name: MR PAUL IVES EXP
 A0000000031010 SCOTIABANK VISA
 Trace # 620001 Operator 161
 FB2012295201
 Inv. # 161
 Auth # 498985 RRN 001945001

Purchase \$20.00
 Tip \$2.00
 Total \$22.00

(00) APPROVED-THANK YOU

Retain this copy for your records
 Customer copy

604-272-1111
 Hope you have a nice ride
 Book online
 www.RichmondTaxi.ca
 Book your Taxi through

Smart Phone/Iphone/Android

Free App download

 * RECEIPT *
 * NOT VALID FOR TRAVEL *

TransLink
 980-CANADA LINE
 Bridgeport Stn
 TVM61111
 Fri 23 Oct 15 08:07AM

Payment Type: VISA
 Purchase: 2 Zone Ticket
 Product Price: \$ 4.00

Compass Ticket #: 9485
 Credit Card #: s.22
 Auth #: 401460
 Ref #: TUEEB7TEX6EE
 Receipt #: 3242

Card Entry: Chip
 AID: A0000000031010
 TVR: 0000008000
 ISI: F800

Retain for your records.
 View TransLink Policies
 at www.translink.ca

Thank You!

 * RECEIPT *
 * NOT VALID FOR TRAVEL *

TransLink
 980-CANADA LINE
 Vancouver City Centre St
 TVM51112
 Fri 23 Oct 15 05:14PM

Payment Type: VISA
 Purchase: 2 Zone Ticket
 Product Price: \$ 4.00

Compass Ticket #: 4807
 Credit Card #: s.22
 Auth #: 449075
 Ref #: TUC7A8TEMCRH
 Receipt #: 4346

Card Entry: Chip
 AID: A0000000031010
 TVR: 0000008000
 ISI: F800

Retain for your records.
 View TransLink Policies
 at www.translink.ca

Thank You!

TRAVEL EXPENSE CLAIM
FOR MEMBERS OF AGENCIES, BOARDS, COMMISSIONS AND ADMINISTRATIVE TRIBUNALS

INVOICE #

FORM USAGE

This form is for use by members of agencies, boards, commissions and administrative tribunals to claim travel expenses. Refer to the attached Appendix 3 for guidelines and allowable rates. After completion, the member should forward the original claim form (with receipts attached) to their ministry financial contact. The qualified receiver will complete and sign the Coding section and forward the claim to Finance, Accounts for processing. A cheque will be forwarded to the *Cheque Mailing Address* shown below.

CHEQUE INFORMATION

Member's Name: PAUL IVES Supplier # _____ Location Code: _____
 Cheque Mailing Address: C/O TOWN OF COMOX, 1809 BEAUFORT AVENUE, COMOX, BC, V9M 1R9
 Hearing Attended/Business Conducted: CLIMATE LEADERSHIP TEAM MEETING

DATE OF TRAVEL 20 <u>16</u>	PLACES TRAVELLED		PERSONAL VEHICLE USE DISTANCE x KM RATE <u>0.52</u>	BUS/TAXI/ AIR/FERRY COSTS	B	L	D	MEALS:	ACCOMMODATION COSTS	MISCELLANEOUS (CAR RENTAL, PHONE, ATM FEES, ETC.) COST DESCRIPTION		TOTAL DAILY COSTS
	M	D	FROM/TO (ENTER CITY NAMES) KM	\$	\$			\$	\$	\$		\$
	2	11	COMOX BC TO VICTORIA 228km One Way	456	237.12			XX	36.50			273.62
											CLAIM TOTAL	<u>273.62</u>

CODING

Client: 048 Resp: 29906 Svc Line: 30533 STOB: 6504 Proj: 291410
Alexis Chovan
 Qualified Receiver Printed Name
[Signature]
 Qualified Receiver Signature
2016-02-15
 Date
[Signature]
 Expense Authority Printed Name

Member's Signature

Date

Certified this is a true statement of disbursements made to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.

**TRAVEL EXPENSE CLAIM
FOR NON-BC GOVERNMENT EMPLOYEES**

INVOICE #

FORM USAGE

This form is for use by non-BC government employees to claim travel expenses. Refer to the attached *Appendix 2* for guidelines and allowable costs. After completion, the individual should forward the original claim form (with letter of agreement and receipts attached) to their ministry financial contact. The qualified receiver will complete and sign the Coding section and forward the claim to Finance, Accounts for processing. A cheque will be forwarded to the *Cheque Mailing Address* shown below.

CLAIM INFORMATION

Employee Name: MERRAN SMITH Supplier # _____ Location Code: _____

Cheque Mailing Address: _____

Reason for Travel: CLIMATE LEADERSHIP TEAM

DATE OF TRAVEL	PLACES TRAVELLED	PERSONAL VEHICLE USE DISTANCE x KM RATE _____	BUS/TAXI/AIR/FERRY COSTS	B L D ✓ ✓ ✓			MEALS COSTS	ACCOMMODATION COSTS	MISCELLANEOUS (CAR RENTAL, PHONE, ATM FEES, ETC.)		TOTAL DAILY COSTS
									COST	DESCRIPTION	
D	FROM/TO (ENTER CITY NAMES)	KM	\$				\$	\$	\$		\$
15	Vancouver to Kelowna, BC and return						Hotel 174.38 Dinner 28.25		15.36	Car 300 + 400	508.88
							Hotel 279.00				
							Taxi 8.15 Ferry 7.35				
15	Vancouver to Kelowna, BC and return						Hotel 279.00 Hotel 205.37		12.52	Car 300 + 400	543.89
							Taxi 13.30 Ferry 7.35				
										CLAIM TOTAL	1052.57

DING

Int: 048 Resp: 29906 Svc Line: 30533 STOB: 6504 Proj: 291410

Alexis Chavan
Qualified Receiver Printed Name

Beverley Stanton
Expense Authority Printed Name

[Signature]
Qualified Receiver Signature

2015-11-16
Date

Traveller's Signature

Date

Certified this is a true statement of disbursements made to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.

Harbour Air Seaplanes

Vancouver (604) 274-1277
Victoria (250) 384-2215
Nanaimo (250) 714-0004

Toll-free 1-800-665-0212
Website: www.harbourair.com
11/3/2015 3:08:32 PM
GST: 84295 5858 RT0001

CUSTOMER COPY

Booking Information:

Merran Smith
Tuesday, November 3, 2015
1 Passenger(s)

Flight #221
Departs 15:30 PM @ Vancouver Harbour
Arrives 16:05 PM @ Victoria Harbour

Invoice #: 4880859

1.00 Sked 200 : Carbon Offset \$0.50 CDN
1.00 Sked 200 : VHFC Terminal \$9.86 CDN
1.00 Sked 200 : Saver Web Far \$157.61 CDN

Goods and Services Tax \$8.40 GST

Grand Total \$176.37 CDN

Payment Information:

Visa \$176.37 CDN

Date/Time 11/3/2015 3:08:23 PM
Station HCXHC08
Terminal ID HCXHCC08
Action Purchase
Card Type VISA
Card Number s.22
Amount \$176.37
Authorization 046564
Trace Number 175001001033
Response 00-001/APPROVED 046564
Chip Application VISA CREDIT
Chip Label VISA CREDIT
Chip ID A0000000031010
TVR/TSI 0080008000/F800

CUSTOMER COPY

Free WIFI Password: haguest99

HELIJET INTERNATIONAL

Helijet International Inc
5911 Airport Rd S
Vancouver International Airport
BC V7B 1B5
Toll Free (800)665 4354
info@helijet.com
www.helijet.com

GST: R102320165

CUSTOMER COPY

Cancellation Required 5pm Day Prior
Check-in is 20 Minutes Prior to Departure
50lb Baggage Allowance
Full Rules available on Helijet.com

Carriage is subject to the applicable tariffs, conditions of carriage and related regulations available at Helijet. We (the "carrier") hereby invite the public at any time to request a copy of our tariffs for the domestic service we provide

Booking Information:

Merran Smith
Tuesday, November 3, 2015
1 Passengers

858
Departs 18:40 PM @ Victoria Harbour
Arrives 19:15 PM @ Vancouver Harbour

Invoice #: 18282

1.00 FARE-YWH-Full_Winter \$265.71 CAD

GST \$13.29 GST

Grand Total \$279.00 CAD

Payment Information:

Visa \$279.00 CAD

Date/Time 03/11/2015 5:42:29 PM
Station JYWHCS04
Terminal ID W66248402
Action Purchase/Telephone
Card Type VISA
Card Number s.22
Amount \$279.00
Authorization 068997
Trace Number 0010760450
Response 01-005/APPROVED 068997

CUSTOMER COPY

Thank you for flying with Helijet!

- Experience/ALT/Coast Card
- Logout
- Customer Profile
- Card Profile
- Card Summary
- Card Activity
- Add Another Card
- Purchase Assured Loading Tickets
- Load Card
- Exchange Expired ALTs
- Auto Load / Purchase
- Transfer Funds
- Shopping Cart
- Security Settings
- Travel History Report
- Transaction Report
- Card FAQ
- Assured Loading Tickets Terms and Conditions
- Experience Card Terms and Conditions

BC Ferries Experience™ Card, Assured Loading Card & Coast Card - Transaction Detail

Card Number: s.22

Transaction Type: BCFerries Coast/Experience Card Transaction at POS

Date: 2015-Nov-03

Location: Horseshoe Bay

Receipt #: 7003432287042

Authorization #: N/A

Credit Card: N/A

Amount: N/A

Comments:

[<<Back](#)

Value Redeemed in this Transaction

Product Loaded	Type After Transaction	Redeemed Value
Stored Value	Vehicle and/or Passenger Savings	\$7.25
Total Redeemed Value:		\$7.25

BLUEBIRD CABS LTD.
CAB 21
2612 DUNDAS ST. 2ND FLOOR
VICTORIA, BC V8T 4E4
250-382-2222

TERM ID: 48342463 BATCH: 310 SHIFT: 001

Sale
INVT: 000000003
VISA SEQ: 310001001003

Application Label: VISA CREDIT
ATD: 483424630031010
TAX: 00 00 00 80 00
TST: F8 00 2 9

Amount: \$ 7.15
Tip: \$ 1.00

Total: CAD\$ 8.15

APPROVED 007511
001/00 18:24:00

03-Nov-15

CUSTOMER COPY
VICTORIA'S FIRST CHOICE
THANK YOU

Subject: Thank you for choosing to take off with Helijet!

Date: Friday, November 13, 2015 at 12:53:11 PM Pacific Standard Time

From: Helijet <services@blueskybooking.net>

To: Deb Thomson <deb@cleanenergycanada.org>



Please review your reservation below.

If you have any questions or concerns regarding your reservation please call us at Helijet Reservations 1.800.665.4354.

We look forward to welcoming you aboard your flight soon!

Customer Information

Account	Customer #	s.22
	Name	Merran Smith

Booking s.22

Thursday, November 5, 2015

851

07:00 Vancouver Harbour

07:35 Victoria Harbour

35 minutes

Confirmed

1 Passengers - Full-Fare

Merran Smith

[Add to Calendar](#)

Invoice #18766

FARE-YWH-Full_Winter \$265.71

+ GST \$13.29

Billing \$265.71

Taxes \$13.29

Grand Total \$279.00

Visa \$279.00

Date / Time November 5, 2015 @ 6:27:35 AM

Summary s.22

Expiration s.22

Authorization 020112

THIS ITINERARY IS YOUR OFFICIAL TRAVEL DOCUMENT, PLEASE READ FULLY

Harbour Air Seaplanes

Vancouver (604) 274-1277
Victoria (250) 384-2215
Nanaimo (250) 714-0004

Toll-free 1-800-665-0212
Website: www.harbourair.com
05/11/2015 11:57:43 AM
GST: 84295 5858 RT0001

CUSTOMER COPY

Booking Information:

Merran Smith
Thursday, November 5, 2015
1 Passenger(s)

Flight #214
Departs 12:30 PM @ Victoria Harbour
Arrives 13:05 PM @ Vancouver Harbour

Invoice #: 4886245

1.00 Sked 200 : Carbon Offset \$0.50 CDN
1.00 Sked 200 : VHFC Terminal \$9.86 CDN
1.00 Sked 200 : Web Fare- \$185.23 CDN

Goods and Services Tax \$9.78 GST

Grand Total \$205.37 CDN

Payment Information:

Visa \$205.37 CDN

Date/Time 05/11/2015 11:57:41 AM
Station HYNHCS04
Terminal ID HYNHCC04
Action Purchase/Telephone
Card Type VISA
Card Number s.22
Amount \$205.37
Authorization 022392
Trace Number 154001001022
Response 00-001/APPROVED 022392

CUSTOMER COPY

Free WIFI Password: hague99

YELLOW CAB CO LTD
1441 CLARK DR V5L3K9
VANCOUVER BC
21158659

|||| PURCHASE ||||

11-05-2015 06:24:24
Acct # ' ' s.22 CN
Exp Date ' ' Card Type VI
Name: MERRAN SMITH
A0000000031010 VISA CREDIT

Trace # 130001
M21158659159
Inv. # 1
Auth # 027202 RRN 001589001

Purchase \$11.30
Tip \$2.00
Total \$13.30

(00) APPROVED-THANK YOU

Retain this copy for your
records
Customer copy

- Experience/ALT/Coast Card
- Logout
- Customer Profile
- Card Profile
- Card Summary
- Card Activity
- Add Another Card
- Purchase Assured Loading Tickets
- Load Card
- Exchange Expired ALTs
- Auto Load / Purchase
- Transfer Funds
- Shopping Cart
- Security Settings
- Travel History Report
- Transaction Report
- Card FAQ
- Assured Loading Tickets Terms and Conditions
- Experience Card Terms and Conditions

BC Ferries Experience™ Card, Assured Loading Card & Coast Card - Transaction Detail

Card Number: s.22

Transaction Type: BCFerries Coast/Experience Card Transaction at POS

Date: 2015-Nov-05

Location: Horseshoe Bay

Receipt #: 1003150932442

Authorization #: N/A

Credit Card: N/A

Amount: N/A

Comments:

[<<Back](#)

Value Redeemed in this Transaction

Product Loaded	Type After Transaction	Redeemed Value
Stored Value	Vehicle and/or Passenger Savings	\$7.25
Total Redeemed Value:		\$7.25



Trip details

160 Water St, EasyPark
parkade. Overflow on roof
7:34 PM - 2015-11-03

BC ferries longterm
underground lot spaces56
57 58
8:05 PM - 2015-11-03

31 min
Drive duration

All prices shown do not include
additional fees. For more information.

Trip Fare	\$12.71
Tax/VAT	\$1.53
Total	\$14.24



Debit or Credit

Driver Protection Fee
2015-11-03

Price	\$1.00
Tax/VAT	\$0.12
Total	\$1.12



Trip details

1095 Waterfront Rd,
UNDERGROUND LOT, 4
car2go
1:32 PM - 2015-11-05

BC ferries longterm
underground lot spaces56
57 58
1:59 PM - 2015-11-05

27 min
Drive duration

Trip Fare	\$11.07
Tax/VAT	\$1.33
Total	\$12.40



Debit or Credit

Driver Protection Fee
2015-11-05

Price	\$1.00
Tax/VAT	\$0.12
Total	\$1.12

TRAVEL EXPENSE CLAIM
FOR MEMBERS OF AGENCIES, BOARDS, COMMISSIONS AND ADMINISTRATIVE TRIBUNALS

INVC #

FORM USAGE

This form is for use by members of agencies, boards, commissions and administrative tribunals to claim travel expenses. Refer to the attached Appendix 3 for guidelines and allowable rates. After completion, the member should forward the original claim form (with receipts attached) to their ministry financial contact. The qualified receiver will complete and sign the Coding section and forward the claim to Finance, Accounts for processing. A cheque will be forwarded to the Cheque Mailing Address shown below.

CHEQUE INFORMATION

Member's Name: MERRAN SMITH Supplier # _____ Location Code: _____

Cheque Mailing Address: s.22

Hearing Attended/Business Conducted: CLIMATE LEADERSHIP TEAM MEETINGS

DATE OF TRAVEL	PLACES TRAVELLED	PERSONAL VEHICLE USE		BUS/TAXI/AIR/FERRY COSTS	MEALS:			ACCOMMODATION COSTS	MISCELLANEOUS (CAR RENTAL, PHONE, ATM FEES, ETC.)		TOTAL DAILY COSTS
		DISTANCE x KM	RATE		B	L	D		COST	DESCRIPTION	
M D	FROM/TO (ENTER CITY NAMES)	KM	\$	\$	✓	✓	✓	\$	\$		\$
06 01	BOWEN ISLAND, BC to VANCOUVER, BC			17.78							17.78
06 23	"	413	21.48	29.10					25.00 24.00	Parking (receipt A 1) Parking (receipt A 3)	78.10
CLAIM TOTAL											95.88

CODING

Client: 048 Resp: 29906 Svc Line: 30533 STOB: 5515 Proj: 2914210

Alexis Chavan [Signature] 2015-07-29
 Qualified Receiver Printed Name Qualified Receiver Signature Date

Forby Stanton [Signature]
 Expense Authority Printed Name

[Signature] _____
 Member's Signature Date

Certified this is a true statement of disbursements made to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.

To: Deb Thomson <debi@cleanenergycanada.org>

English Bay Launch
Bowen Island,
British Columbia, Canada
604-484-8497

s.22

English Bay Launch

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

English Bay Launch water taxi

Discount punch card

s.22 purchased with Merran Smith's credit card, May 12, 2015

Used for 9 trips total = \$17.78 per trip

(Regular one-way fare = \$20.00)

Clean Energy Canada used the card for 7 work-related trips:

Bill to:

12-May	Merran Smith - Climate Action Team announcement	Clean Energy Canada - SFU	17.78
12-May	James Glave - Climate Action Team announcement	Clean Energy Canada - SFU	17.78
20-May	Merran Smith - Vancouver Board of Trade speaker	Clean Energy Canada - SFU	17.78
22-May	Merran Smith - en route to airport for Edmonton meetings	Clean Energy Canada - SFU	17.78
01-Jun	Merran Smith - Climate Action Team meeting, Vancouver	Climate Action Team	17.78
08-Jun	Merran Smith - en route to airport, Toronto CEGN Conference	Clean Energy Canada - SFU	17.78
11-Jun	Merran Smith - return from CEGN Conference, Toronto	Clean Energy Canada - SFU	17.78
			124.46

Drag to reorder

655 Burrard St, Vancouver, BC V6C 2R7

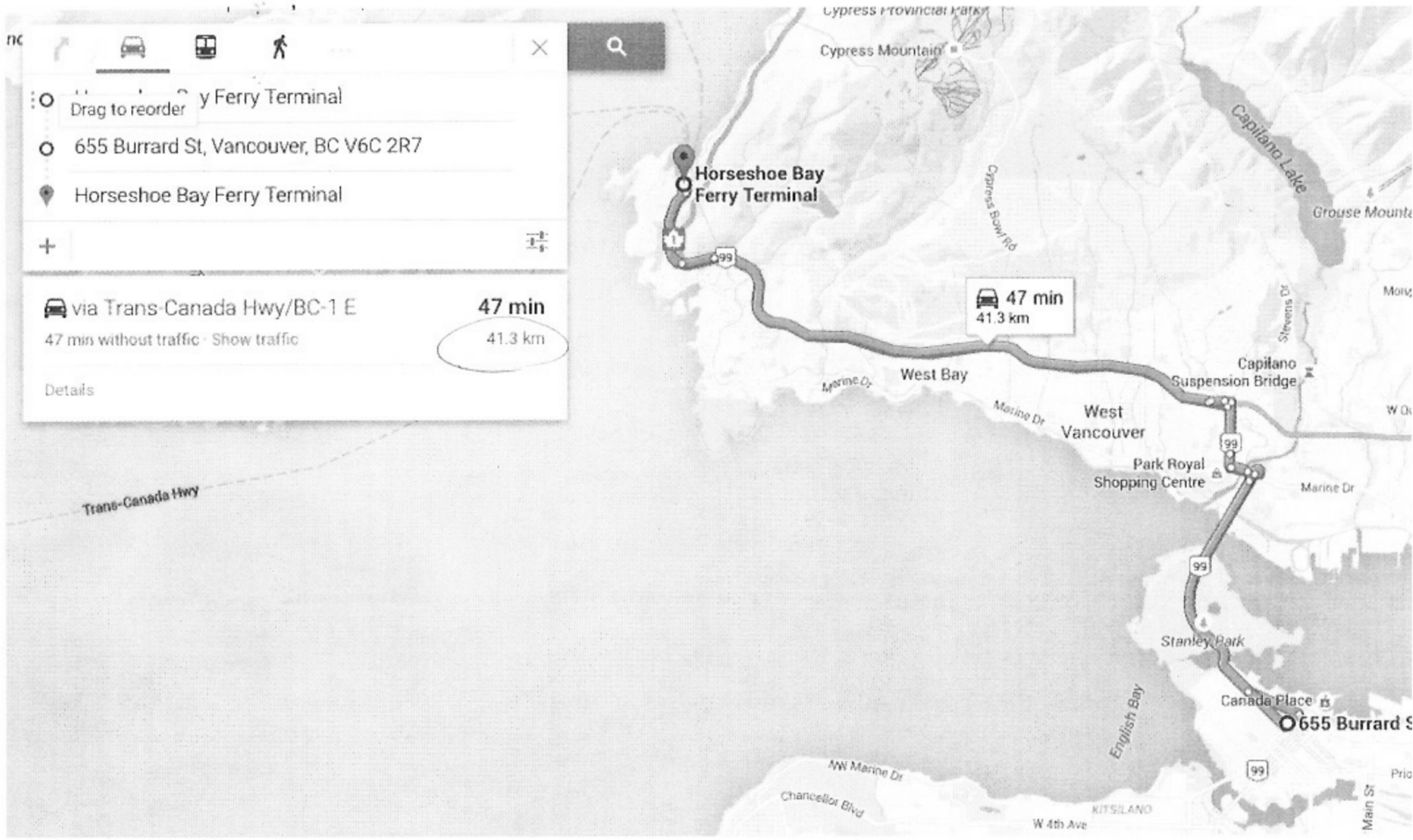
Horseshoe Bay Ferry Terminal

+

47 min

41.3 km

Details



PURCHASE



2015/06/23
Horseshoe Bay
Bowen Island
PURCHASE

20'	Undersize Vehi	34.20
1	Adult	12.10
2	Student Child	0.00
1	UH Savings	12.10
1	Adult Savings	4.75
	Fuel Rebate	0.55
	Fuel Correctn	0.20

Total	29.10
BCF Experience	29.10
*** **	0
CHANGE DUE	0.00
Today's Savings	16.65

Stored Value
Savings: VEH & PASS Savings
Balance: \$149.70

LANE 69

HSB 23 Jun 2015 21:16

1003042 607892
98201

SEE REVERSE SIDE OF TICKET



ROYAL CENTRE
VANCOUVER BC
RECEIPT A1
IN: 23/06/15 13:48
OUT: 23/06/15 17:19
PARK-DUR: 0:03:39
PAID: \$ 25.00
VISA
s.22

XXXXX
REF. 5
GST No. R100230770

Impark Parking Canada Corporation
impark



ROYAL CENTRE
VANCOUVER BC
RECEIPT A2
IN: 23/06/15 09:33
OUT: 23/06/15 12:11
PARK-DUR: 0:02:38
PAID: \$ 24.00
VISA
s.22

XXXXX
REF. 91
GST No. R100230770

Impark Parking Canada Corporation
impark

TRAVEL EXPENSE CLAIM

FOR MEMBERS OF AGENCIES, BOARDS, COMMISSIONS AND ADMINISTRATIVE TRIBUNALS

INVC # _____

FORM USAGE

This form is for use by members of agencies, boards, commissions and administrative tribunals to claim travel expenses. Refer to the attached Appendix 3 for guidelines and allowable rates. After completion, the member should forward the original claim form (with receipts attached) to their ministry financial contact. The qualified receiver will complete and sign the Coding section and forward the claim to Finance, Accounts for processing. A cheque will be forwarded to the Cheque Mailing Address shown below.

CHEQUE INFORMATION

Member's Name: MERRAN SMITH Supplier # _____ Location Code: _____

Cheque Mailing Address: _____ s.22

Hearing Attended/Business Conducted: CLIMATE LEADERSHIP TEAM

DATE OF TRAVEL	PLACES TRAVELLED	PERSONAL VEHICLE USE DISTANCE x KM RATE \$	BUS/TAXI/AIR/FERRY COSTS	B	L	D	MEALS	ACCOMMODATION COSTS	MISCELLANEOUS (CAR RENTAL, PHONE, ATR FEES, ETC.)		TOTAL DAILY COSTS
									COST	DESCRIPTION	
M	D	FROM/TO (ENTER CITY NAMES)	KM	\$	\$		\$	\$	\$		\$
07	24	BOULEVARD ISLAND to VANCOUVER + return			10.00						23.25
08	24	BOULEVARD ISLAND to VANCOUVER + return	415	25.22					31.45	Rooming	56.97
08	28	VANCOUVER to BOULEVARD ISLAND	400	25.22					24.75	Rooming	99.09
09	15	BOULEVARD ISLAND to VANCOUVER + return	413	21.45					25.00	Rooming	76.58
09	18	BOULEVARD ISLAND to VANCOUVER + return			10.00						32.00
10	15	BOULEVARD ISLAND to VANCOUVER + return			13.81						48.54
										CLAIM TOTAL	

CODING

See page 2.

Client: _____ Resp: _____ Svc Line: _____ ST00: 5515 Proj: _____

Qualified Receiver Printed Name

Qualified Receiver Signature

Date

Expense Authority Printed Name

Member's Signature

Date

Certified this is a true statement of disbursements made to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.

Chlorophyll a

INVE

This form is for use by members of agencies, boards, commissions and administrative tribunals to claim travel expenses. Refer to the attached *Appendix 3* for guidelines and allowable rates. After completion, the member should forward the original claim form (with receipts attached) to their ministry financial contact. The qualified receiver will complete and sign the Coding section and forward the claim to Finance, Accounts for processing. A cheque will be forwarded to the *Cheque Mailing Address* shown below.

Member's Name: MERRAN SMITH Supplier # _____ Location Code: _____
 Cheque Mailing Address: s.22
 Hearing Attended/Business Conducted: CLIMATE LEADERSHIP TEAM

CLAIM TOTAL

Client: 048 Resp: 29906 Svc Line: 30533 STOB: 5545 Proj: 291410

Qualified Receiver Printed Name

Qualified Receiver Signature

2015-10-29
Date

Expense Authority Printed Name _____

Member's Signature _____

Date:

Certified this is a true statement of disbursements made to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.

Merran Smith - Climate Leadership Team itemized expenses, July-October 2015

Description	Date	Amount
English Bay Launch, water taxi Bowen to Vancouver, 8:00 AM	July 24	16.00
BC Ferries, foot passenger		7.25
Personal car (Bowen to meeting to Pt Grey = 48.5 km)	Aug 27	25.22
Parking (Bentall)		31.75
Stayed in town w/family		0.00
Personal car (Pt Grey to meeting to Bowen = 48.5 km)	Aug 28	25.22
Parking (Advanced Parking)		24.75
BC Ferries, car & driver		29.10
Personal car (Bowen to meeting = 41.3 km)	Sept 15	21.48
Parking (Royal Ctr)		25.00
BC Ferries, car & driver		29.10
English Bay Launch, water taxi Bowen to Vancouver, 8:00 AM	Sept 18	16.00
English Bay Launch, water taxi Vancouver to Bowen, 4:30 PM		16.00
English Bay Launch, water taxi Bowen to Vancouver, 8:00 AM	Oct 15	12.31
Taxi to YVR (overnight trip to ^{s.22} instead of home)		36.23
Taxi from YVR to meeting	Oct 16	39.33
Taxi to HSB		15.00
English Bay Launch, water taxi Bowen to Vancouver, 8:00 AM	Oct 23	12.31
English Bay Launch, water taxi Vancouver to Bowen, 4:30 PM		12.31

394.36

PURCHASE



2015/07/24

Horseshoe Bay
To
Bowen Island

PURCHASE

1	Adult	12.10
1	Adult Savings	4.75-
	Fuel Rebate	0.10-
	Total	7.25
	Today's Savings:	4.75-
	BCF Experience	
	*****s.22	7.25

Stored Value
Savings: VEH & PASS Savings
Balance: 77.05

FOOT AREA B

HSB 24 Jul 2015 17:19
s.22

7003413 008277
KIOSK00341

SEE REVERSE SIDE OF TICKET

PURCHASE



to claim: 29-10

2015/08/28

Horseshoe Bay
To
Bowen Island

PURCHASE

2	Adult	24.20
	Child	0.00
	Vehi	34.20
		12.10-
		9.50-

0.65-
0.20

36.35
36.35

0.00

Savings 21.6

Stored Value
Savings: VEH & PASS Savings
Balance: \$166.55

LANE 69

HSB 28 Aug 2015 17:10

s.22

1003082 539818

SEE REVERSE SIDE OF TICKET

BENTALL CENTRE
PENDER PARKADE
1040 WEST PENDER

RECEIPT

H1

ENTRY DATE/TIME:

27/08/15 08:25:45

EXIT DATE/TIME:

27/08/15 18:27:12

PARK-DUR.: HRS:MIN

0:10:02

FEE DUE: \$ 31.75

REBATE: \$ 0.00

PAID: \$ 31.75

VISA

s.22

06/16 201

AUTH. CODE 026965

REF. 55

GST No. R122014491

THANK YOU

CLT

RECEIPT
Advanced Parking
Lot 9104

Stall # 205

Expiration Date/Time

07:30 PM

AUG 28, 2015

Purchase Date/Time: 07:16am Aug 28, 2015
Total Due: \$24.75 Rate: \$24.75/Until 7:30pm
Total Paid: \$24.75 Payment Type: Card
Ticket #: 00021125
S/N #: 500013311084
Setting: APS Lot 9104
Mach Name: Meter 2

s.22

Visa

Auth #: 025554

Your Receipt,
Thank You!
www.advancedparking.com

CLT

PURCHASE



2015/09/15

Horseshoe Bay

To
Bowen Island

PURCHASE

20'	Undersize Vehi	34.20
1	Adult	12.10
1	UH Savings	12.10-
1	Adult Savings	4.75-
	Fuel Rebate	0.35-

Total 29.10
BCF Experience 29.10

*** ** s.2
CHANGE DUE 0.00

Today's Savings 16.85

Stored Value
Savings: VEH & PASS Savings
Balance: \$102.65

LANE 69

PER 15 Sep 2015 17:33
s.22

1003082 672630

SEE REVERSE SIDE OF TICKET 68 of 113

INSERT
THIS END UP

ROYAL CENTRE
VANCOUVER BC

RECEIPT A1

IN: 15/09/15 09:24

OUT: 15/09/15 16:37

PARK-DUR: 0:07:13

PAID: \$ 25.00

VISA

s.22

XXXXX

REF. 96

GST No. R100230770

Imperial Parking Canada Corporation
impark

MACLURE'S CABS
1275 W. 75TH AVE
VANCOUVER, BC, V6P3G4
6048311111

SALE

Clerk #: 000002
MID: 87516730025
TID: 017
Batch #: 452
10/15/15
APPR CODE: 010606
VISA
s.22
REF#: 00000004
18:17:02
Chip
s.22

AMOUNT \$31.50
TIP \$4.73
TOTAL \$36.23

APPROVED

VISA CREDIT
AID: A0000000031010
TVR: 00 80 00 80 00
TS: F8 00

THANK YOU
PLEASE COME AGAIN
CAR#20

CUSTOMER COPY

MACLURE'S CABS
1275 W. 75TH AVE
VANCOUVER, BC, V6P3G4
6048311111

SALE

Clerk #: 000001
MID: 87516730025
TID: 011
Batch #: 237
10/16/15
APPR CODE: 000858
VISA
s.22
REF#: 00000009
14:43:35
Chip
s.22

AMOUNT \$34.20
TIP \$5.13
TOTAL \$39.33

APPROVED

VISA CREDIT
AID: A0000000031010
TVR: 00 80 00 80 00
TS: F8 00

THANK YOU
PLEASE COME AGAIN
CAR#14

CUSTOMER COPY

LACKTOP & CHECKER
CABS#152
777 PACIFIC ST
VANCOUVER BC

CARD *****s.22
CARD TYPE VISA
DATE 2015/10/16
TIME 0230 17:29:46
CLERK ID 2
RECEIPT NUMBER
CBS010942-001-162-002-0

PURCHASE
AMOUNT \$13.00
TIP \$2.00
TOTAL

\$15.00

VISA CREDIT
A0000000031010
903FCA11E22F741A
0080008000-E800
45CB8594AF573901
0080008000-F800

APPROVED

AUTH# 083612 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

ENGLISH BAY LAUNCH
1550 ADAMS ROAD
BOWEN ISLAND BC

s.22

CARD ***** s.22
CARD TYPE VISA
DATE 2015/05/12
TIME 5137 08:06:05
RECEIPT NUMBER
C85010856-001-001-477-0

PURCHASE
TOTAL

s.22

VISA CREDIT
A0000000031010
456E10CA068BC277
0080008000-E800
C980SCF4D3D25800
0080008000-F800

APPROVED

AUTH# 082061 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

s.22

ENGLISH BAY LAUNCH
1550 ADAMS ROAD
BOWEN ISLAND BC

CARD *****s.22
CARD TYPE VISA
DATE 2015/10/02
TIME 8042 17:26:18
RECEIPT NUMBER
085010858-001-001-838-0

PURCHASE
TOTAL s.22

VISA CREDIT
H0000000031010
9F488E6C527CF5B6
0080008000-E800
1EE454EECE5573031
0080008000-F800

APPROVED

AUTH# 085621 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

**TRAVEL EXPENSE CLAIM
FOR NON-BC GOVERNMENT EMPLOYEES**

INVOICE # _____

FORM USAGE

This form is for use by non-BC government employees to claim travel expenses. Refer to the attached *Appendix 2* for guidelines and allowable rates. After completion, the individual should forward the original claim form (with letter of agreement and receipts attached) to their ministry financial contact. The qualified receiver will complete and sign the Coding section and forward the claim to Finance, Accounts for processing. A cheque will be forwarded to the *Cheque Mailing Address* shown below.

CHEQUE INFORMATION

Payee Name: Nancy Olewiler Supplier # _____ Location Code: _____
 Cheque Mailing Address: _____
 Reason for Travel: _____

DATE OF TRAVEL	PLACES TRAVELLED		PERSONAL VEHICLE USE DISTANCE x KM RATE _____	BUS/TAXI/ AIR/FERRY COSTS	B L D			MEALS:	ACCOMMODATION COSTS	MISCELLANEOUS (CAR RENTAL, PHONE, ATM FEES, ETC.)		TOTAL DAILY COSTS
					B	L	D			COST	DESCRIPTION	
M	D	FROM/TO (ENTER CITY NAMES)	KM	\$	\$			\$	\$	\$		\$
11	05	Vancouver Victoria			174.43							174.43
11	05	Vancouver (home) Vancouver airport			75.00							75.00
11	05	Victoria Airport Victoria Legislature			68.00							68.00
11	05	Victoria Harbour Vancouver Harbour			205.37							205.37
CLAIM TOTAL												522.80

CODING

Client: 048 Resp: 29906 Svc Line: 30533 STOB: 6504 Proj: 291410

Alexis Chovan

Qualified Receiver Printed Name

[Signature]

Qualified Receiver Signature

2015-11-16

Date

Beverley Stainton

Expense Authority Printed Name

Nancy Olewiler

Traveller's Signature

10 Nov 2015

Date

Certified this is a true statement of disbursements made to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.

s.22

Mobile: s.22

Home: s.22

Work: s.22

Online Services

- **Manage** my booking online (view/change my booking; select seats*).
- **Select Seats**
- **Maple Leaf Lounge | Meal Vouchers | On My Way**
- **Alert me** of flight status changes directly to my mobile phone or email.
- **Flight Arrivals & Departures** - check online if my flight is on time.
- **Check-in online** and print my boarding pass.

* Can my booking be changed online?

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8055 ¹	Vancouver, Vancouver Int'l (YVR) Thu 05-Nov 2015 07:00 - Terminal M	Victoria, Victoria Int'l (YYJ) Thu 05-Nov 2015 07:27	0	0hr27	DH3	<u>Flex,</u> V	

Operated by:

¹ Air Canada Express - Jazz

Passenger Information

1: Ms Nancy Olewiler : Adult (16+), Ticket Number: 0142154984339

Air Canada - Aeroplan: s.22

Meal Preference : **None**

Payment Card: s.22

Special Needs: **None**

Seat Selection: **None**

Purchase Summary

Fare Summary

Passenger Type

Adult

Air Transportation Charges

Departing Flight - <u>Flex</u>	142.00
<u>Surcharges</u>	12.00
Taxes, Fees and Charges	
<u>Canada Airport Improvement Fee</u>	5.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	8.31
<u>Air Travellers Security Charge (ATSC)</u>	7.12
Total before options (per passenger)	174.43
Number of passengers	x 1
Total with options	174.43
Travel Insurance (declined)	0.00
Grand Total - Canadian dollars	\$174.43

Payment Information

Credit/Debit Card ^{s.22}

- Amount paid: **\$174.43**

The following amount (tax inclusive) will appear on your credit card or debit card statement:

- Air Canada: \$174.43 (Air Transp. Charges - per ticket)

Ticket number(s): 0142154984339

Fare Rules

Departing Flight Vancouver (YVR) To Victoria (YYJ) - **Flex**

• Changes:

- Prior to day of departure - **Change fee** per direction, per passenger, is \$50 CAD plus applicable taxes and any additional fare difference. **Changes** can be made up to 2 hours prior to departure.
- **Same-day confirmed changes** at check-in or at the airport are permitted at a flat fee of \$75 CAD/USD per direction, per passenger (subject to availability). Same-day flights only.
- **Same-day standby** is available: on flights between Toronto and Montreal or Ottawa, on flights between Calgary, Edmonton and Vancouver, as well as on flights between Toronto Pearson (YYZ) and LaGuardia (LGA), John F. Kennedy (JFK) or Newark (EWR) airports (connecting flights excluded).
- Flights can only be used in sequence from the place of departure specified on the itinerary.

• Cancellations:

- Tickets are **non-refundable** and **non-transferable**.
- **Cancellations** can be made up to 45 minutes prior to departure.
- Provided the original booking is cancelled prior to the original flight departure, the value of the unused ticket can be applied within a one year period from date of issue of the original tickets to the value of a new ticket subject to the change fee per direction, per passenger, plus applicable taxes and any additional fare difference, subject to

ZONE 1

OLEWILER NANCY

FLEX ECONOMY/ECONOMIQUE FLEX
ETKT0142154984339

Frequent Flyer/Voyageur assidu

Cabin/Cabine

Y

s.22

Flight/Vol

From/De

Destination

Flight/Vol

AC 8055 05NOV

VANCOUVER

VICTORIA

AC 8055
VICTORIA

Seat/Place

Boarding Time/Heure d'embarquement 06:30 Gate/Porte C34 Seat/Place 02D

02D AISLE/COULOIR

Remarks/Observations

ACMM

Departure Time/Heure de depart 07:00

s.22

Airline Use/A usage interne 0006 KYR335

Boarding Pass | Carte d'accès à bord

AIR CANADA

A STAR ALLIANCE MEMBER
MEMBRE DU RESEAU STAR ALLIANCE

Harbour Air Seaplanes

Vancouver (604) 274-1277
Victoria (250) 384-2215
Nanaimo (250) 714-0004

Toll-free 1-800-665-0212
Website: www.harbourair.com
05/11/2015 9:49:05 AM
GST: 84295 5858 RT0001

CUSTOMER COPY

Booking Information:

Nancy Olewiler
Thursday, November 5, 2015
1 Passenger(s)

Flight #210
Departs 10:30 AM @ Victoria Harbour
Arrives 11:05 AM @ Vancouver Harbour

Invoice #: 4888706

1.00	Sked 200	: Carbon Offset	\$0.50 CDN
1.00	Sked 200	: VHFC Terminal	\$9.86 CDN
1.00	Sked 200	: Web Fare	\$185.23 CDN

Goods and Services Tax \$9.78 GST

Grand Total \$205.37 CDN

Payment Information:

Visa \$205.37 CDN

Date/Time	05/11/2015 9:48:57 AM
Station	HYWHCS02
Terminal ID	HYWHCC02
Action	Purchase/Telephone
Card Type	VISA
Card Number	s.22
Amount	\$205.37
Authorization	057246
Trace Number	154001001023
Response	00-001/APPROVED 057246

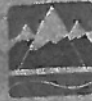
CUSTOMER COPY

Free WIFI Password: hague99

CASH RECEIPT

24-Hour Airport Service

GST #



NORTH SHORE TAXI AND Cadillac Cabs

Book Online at www.northshoretaxi.com

987-7171 • 922-2222 • 986-1111

Date 01-05 2015 \$ 75 GST INCLUDEDFROM 2122 CliffwoodTO Air PortCAB NO. 143 DRIVER BOASK FOR CADILLAC CABS, WHEELCHAIR VANS, STATION WAGONS,
TOURS, OR OUR 24 HOUR-EXPRESS COURIER SERVICE.Returning to North or West Vancouver call us (24 hour)
Thank You for Riding NORTH SHORE TAXI and Cadillac Cabs

THANK YOU FOR RIDING WITH
YELLOW CAB OF VICTORIA.
DATE: 05-11-2015
TIME: 08:07
MOT ID: 78
BADGE#: 78

JOB ID: 0
METER: 2148

PICKUP: 999
DROPOFF: 007
START: 07:33
END: 08:07

FARE (\$):
68.00

TOTAL (\$) 68.00

THANK YOU FOR YOUR PATRONAGE
(250-381-2222)

**TRAVEL EXPENSE CLAIM
FOR NON-BC GOVERNMENT EMPLOYEES**

INVOICE #

FORM USAGE

This form is for use by non-BC government employees to claim travel expenses. Refer to the attached *Appendix 2* for guidelines and allowable rates. After completion, the individual should forward the original claim form (with letter of agreement and receipts attached) to their ministry financial contact. The qualified receiver will complete and sign the Coding section and forward the claim to Finance, Accounts for processing. A cheque will be forwarded to the *Cheque Mailing Address* shown below.

CHEQUE INFORMATION

Payee Name: Tom Pedersen Supplier # _____ Location Code: _____

Cheque Mailing Address: PO Box 1700 STN CSC

Reason for Travel: Participation on Climate Leadership Team

DATE OF TRAVEL 20 ____		PLACES TRAVELLED	PERSONAL VEHICLE USE DISTANCE x KM RATE _____	BUS/TAXI/ AIR/FERRY COSTS	B L D ✓ ✓ ✓	MEALS:	ACCOMMODATION COSTS	MISCELLANEOUS (CAR RENTAL, PHONE, ATM FEES, ETC.) COST DESCRIPTION		TOTAL DAILY COSTS
M	D	FROM/TO (ENTER CITY NAMES)	KM \$	\$		\$	\$	\$		\$
08	27	Victoria								
		Vancouver				28.50	196.88	27.00	parking	252.38
08	28	Vancouver								
		Victoria								
CLAIM TOTAL										252.38

CODING

Client: 048 Resp: 29906 Svc Line: 30533 STOB: 6504 Proj: 291410

Alexis Chovan
Qualified Receiver Printed Name

[Signature]
Qualified Receiver Signature

2015-09-17
Date

[Signature]
Expense Authority Printed Name

Beverly Stanton

[Signature]
Traveller's Signature

Sept 1 / 15
Date

Certified this is a true statement of disbursements made to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.

THE Fairmont
HOTEL VANCOUVER

900 West Georgia Street
Vancouver, BC V6C 2W6
T 604 684 3131 F 604 662 1929
G.S.T. / H.S.T. Registration # 81684 8584

Room : s.22
Folio # : 915600
Invoice # :
Cashier # : 132
Page # : 1 of 1

Dr Thomas Pedersen
University of Victoria
Faculty of Science
P O Box 3500

Arrival : 08-27-15
Departure : 08-28-15

Date	Description	Additional Information	Charges	Credits
08-27-15	Room Charge - Provincial Govt		169.00	
08-27-15	Destination Marketing Fee		2.20	
08-27-15	Hotel Room Tax		17.12	
08-27-15	Room GST		8.56	
08-28-15	American Express	s.22 XX/XX		196.88
Total			196.88	196.88
Balance Due			0.00	

GST Summary

Room : 8.56
F&B : 0.00
Other : 0.00
Total : 8.56

HST Summary

Room : 0.00
F&B : 0.00
Other : 0.00
Total : 0.00

Thank you for choosing Fairmont Hotels & Resorts.

To provide feedback about your stay, please contact Michael Pye, General Manager, at Michael.Pye@Fairmont.com.
We also invite you to share memories of your experience on our community forum - visit www.everyonesanoriginal.com.

For information or reservations, visit us at
www.fairmont.com or call Fairmont Hotels & Resorts from :
United States or Canada 1 800 441 1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of or the full amount of those charges. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum.)
I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$1.00 (Mon-Fri) and \$2.00 (Sat.) credit to my account. (At participating hotels.)

Thank you for choosing to stay with Fairmont Hotels & Resorts

DISPLAY THIS SIDE UP
ON DASHBOARD

900 Lot Wharf # 2

▼ PARKING TIME EXPIRES AT ▼

29/08/
06:26am



ENJOY DOWNTOWN

2015 Ticket 0134073
AMOUNT CAD 027.00 CC
GST Paid: CAD 001.29
27/08/2015 6:26am

**TRAVEL EXPENSE CLAIM
FOR NON-BC GOVERNMENT EMPLOYEES**

INVOICE #

FORM USAGE

This form is for use by non-BC government employees to claim travel expenses. Refer to the attached *Appendix 2* for guidelines and allowable rates. After completion, the individual should forward the original claim form (with letter of agreement and receipts attached) to their ministry financial contact. The qualified receiver will complete and sign the Coding section and forward the claim to Finance, Accounts for processing. A cheque will be forwarded to the *Cheque Mailing Address* shown below.

CHEQUE INFORMATION

Payee Name: Tom Pedersen Supplier # _____ Location Code: _____
Cheque Mailing Address: Pacific Institute for Climate Solutions, University of Victoria, PO Box 1700 STN CSC, Victoria, BC,
V8W 2Y2
Reason for Travel: Travel to Vancouver to attend the Climate Leadership Team meetings, Oct 15-16 and Oct 23, 2015

DATE OF TRAVEL 20_15		PLACES TRAVELLED		PERSONAL VEHICLE USE DISTANCE x KM RATE _____		BUS/TAXI/ AIR/FERRY COSTS		B L D ✓ ✓ ✓			MEALS:		ACCOMMODATION COSTS		MISCELLANEOUS (CAR RENTAL, PHONE, ATM FEES, ETC.) COST DESCRIPTION		TOTAL DAILY COSTS	
M	D	FROM/TO (ENTER CITY NAMES)		KM	\$	\$							\$		\$			\$
10	16	Victoria, BC to Vancouver, BC												179.78				179.78
10	23	Victoria, BC to Vancouver, BC		24	12.48	9.50									15.00	YYJ Parking		36.98
																	CLAIM TOTAL	216.76

CODING

Client: 048 Resp: 29906 Svc Line: 30533 STOB: 6504 Proj: 291410
Alexis Chovan [Signature] 2015-10-29
Qualified Receiver Printed Name Qualified Receiver Signature Date
[Signature] Beverly Stanton
Expense Authority Printed Name

[Signature] 27 October 2015
Traveller's Signature Date
Certified this is a true statement of disbursements made to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.



DELTA
VANCOUVER SUITES
 550 West Hastings Street
 Vancouver, British Columbia, V6B 1L6
 Tel: 604-689-8188 Fax: 604-605-8881

CAUBO CDN ASSOC UNIVERSITY
 Mr Tom Pedersen
 Canada

Room: s.22
 Folio:
 Cashier: 142
 Arrival: 10-14-15
 Departure: 10-16-15
 Reference:

Date	Description	Additional Information	Charges	Credits
------	-------------	------------------------	---------	---------

s.22

10-15-15	Room Charge		153.00	
10-15-15	Room DMF		1.98	
10-15-15	Room GST		7.75	
10-15-15	Room PST		17.05	
10-15-15	American Express			s.22

s.22

s.22

15 Oct 2015 - Climate Leadership Team expense. (179.78)

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

HELIJET INTERNATIONAL

HELIJET
(800) 665-4354
GST: 803369719 RT0001

Station: Vancouver
Agent #: Nathalie G

MERCHANT COPY
Booking Information:

Thomas Pedersen
Wednesday, October 14, 2015
1 Passengers

716
Departs 12:25 PM @ Victoria Harbour
Arrives 13:00 PM @ Vancouver Harbour

Invoice #: 10094

1.00 FARE-YWH-Full_Winter \$265.71 CAD

GST \$13.29 GST

Grand Total \$279.00 CAD

Payment Information:

Mastercard \$279.00 CAD

Date/Time 14/10/2015 11:54:36 AM
Station JYWHCS05
Terminal ID W66248403
Action Pre-Auth Completion
Card Type M/C
Card Number **** * s.22 M
Amount \$279.00
Authorization 181401
Trace Number 0010560190
Response 01-005/APPROVED 181401

Passenger Signature

Thank you for choosing HeliJet

MERCHANT COPY

* RECEIPT *
* NOT VALID FOR TRAVEL *

TransLink
980-CANADA LINE
VVR-Airport Stn
TVN73113
Fri 23 Oct 15 07:40AM

Payment Type: VISA
Purchase: 1 Zone Ticket with VVR
Product Price: \$ 6.75

Compass Ticket #: **** * s.22

Credit Card #: **** * s.22

Auth #: 087516
Ref #: TVVD99TEX4WV
Receipt #: 594

Card Entry: Swiped

Retain for your records.
View TransLink Policies
at www.translink.ca

Thank You!

* RECEIPT *
* NOT VALID FOR TRAVEL *

TransLink
980-CANADA LINE
Waterfront Stn
TVN50113
Fri 23 Oct 15 05:21PM

Payment Type: Cash
Purchase: 2 Zone Ticket
Product Price: \$ 2.75

Compass Ticket #: **** * s.22

Receipt #: 511

Retain for your records.
View TransLink Policies
at www.translink.ca

Thank You!

ED-13-44 Compass No: 5 22

Compass Inquiries TransLink Customer Information 604.953.3333 www.translink.ca

NO REFUNDS OR REPLACEMENTS - NON TRANSFERABLE ONCE TAPED

You must tap in upon entering and tap out upon exiting.
Do not laminate, hole punch, or alter in any way.
Use of this Compass ticket is deemed acceptance of the terms and conditions of TransLink's Transit Tariff and the Compass Ticket Terms and Conditions of Use, as amended from time to time. Contamination may result in confiscation of this ticket, prosecution, and/or other consequences. To view the full Compass Ticket Terms and Conditions of Use, the Transit Tariff and the Privacy Policy, visit www.translink.ca.
When a Compass Product is purchased, it may only be used by children 5-13 years, Secondary Students 14-19 years possessing a valid GoCard, Seniors 65 years or over with proof of age, or as otherwise permitted under the Transit Tariff. Proof of Concession fare eligibility, as stated in the Transit Tariff, and this Compass ticket must remain in the possession of the user at all times, and must be produced for inspection on request of any Transit Employee.

ED-15-12 Compass No: 5 22

Compass Inquiries TransLink Customer Information 604.953.3333 www.translink.ca

NO REFUNDS OR REPLACEMENTS - NON TRANSFERABLE ONCE TAPED

You must tap in upon entering and tap out upon exiting.
Do not laminate, hole punch, or alter in any way.
Use of this Compass ticket is deemed acceptance of the terms and conditions of TransLink's Transit Tariff and the Compass Ticket Terms and Conditions of Use, as amended from time to time. Contamination may result in confiscation of this ticket, prosecution, and/or other consequences. To view the full Compass Ticket Terms and Conditions of Use, the Transit Tariff and the Privacy Policy, visit www.translink.ca.
When a Compass Product is purchased, it may only be used by children 5-13 years, Secondary Students 14-19 years possessing a valid GoCard, Seniors 65 years or over with proof of age, or as otherwise permitted under the Transit Tariff. Proof of Concession fare eligibility, as stated in the Transit Tariff, and this Compass ticket must remain in the possession of the user at all times, and must be produced for inspection on request of any Transit Employee.

 PEDERSEN THOMAS

FLEX ECONOMY/ECONOMIQUE FLEX
ETKT0142154361101

Frequent Flyer/Voyageur assidu
s.22

Flight/Vol Date From/De
AC 8054 23OCT VICTORIA

Destination
VANCOUVER

Boarding Time/Heure d'embarquement 06:30 Gate/Porte 6 Seat/Place 12D

Departure Time/Heure de depart 07:00 s.22

Airline Use/A usage interne 0045 YYJ723251

Boarding Pass | Carte d'accès à bord

ZONE 2

Cabin/Cabine
Y


Flight/Vol

AC 8054
VANCOUVER

Seat/Place

12D AISLE/COULOIR
Remarks/Observations

AIR CANADA 

A STAR ALLIANCE MEMBER
MEMBRE DU RESEAU STAR ALLIANCE 

 PEDERSEN THOMAS

FLEX ECONOMY/ECONOMIQUE FLEX
ETKT0142154361101

Frequent Flyer/Voyageur assidu

Flight/Vol Date From/De
AC 8079 23OCT VANCOUVER

Destination
VICTORIA

Boarding Time/Heure d'embarquement 18:30 Gate/Porte Seat/Place 11A

Departure Time/Heure de depart 19:00 s.22

Airline Use/A usage interne 0026 YYJ723251

Boarding Pass | Carte d'accès à bord

ZONE 3

Cabin/Cabine
Y


Flight/Vol

AC 8079
VICTORIA

Seat/Place

11A WINDOW/HUBLOT
Remarks/Observations

AIR CANADA 

A STAR ALLIANCE MEMBER
MEMBRE DU RESEAU STAR ALLIANCE 

ROBBINS PARKING
VICTORIA AIRPORT

Terminal#:1 Cashier#:16
23/10/2015 05:54
23/10/2015 19:49 - 13:55
293944717 / #006101
Rate 3 : \$ 15.00
SUBTOTAL : \$ 14.29
GST : \$ 0.71
TOTAL : \$ 15.00
CASH : \$ 20.00
CHANGE : \$ 5.00

- PARKING RECEIPT -
GST#104-567-276 RT001

TRAVEL EXPENSE CLAIM
FOR MEMBERS OF AGENCIES, BOARDS, COMMISSIONS AND ADMINISTRATIVE TRIBUNALS

INVOICE #

FORM USAGE

This form is for use by members of agencies, boards, commissions and administrative tribunals to claim travel expenses. Refer to the attached Appendix 3 for guidelines and allowable rates. After completion, the member should forward the original claim form (with receipts attached) to their ministry financial contact. The qualified receiver will complete and sign the Coding section and forward the claim to Finance, Accounts for processing. A cheque will be forwarded to the Cheque Mailing Address shown below.

CHEQUE INFORMATION

Member's Name: Luke Strimbold Supplier # _____ Location Code: _____
 Cheque Mailing Address: PO Box 15 Burns Lake BC V0J 1E0
 Hearing Attended/Business Conducted: Climate Leadership Team Meeting - Sept. 18/15

DATE OF TRAVEL 20 <u>15</u>	PLACES TRAVELLED		PERSONAL VEHICLE USE DISTANCE x KM	BUS/TAXI/ AIR/FERRY COSTS	B L D ✓ ✓ ✓	MEALS:	ACCOMMODATION COSTS	MISCELLANEOUS (CAR RENTAL, PHONE, ATM FEES, ETC.) COST	DESCRIPTION	TOTAL DAILY COSTS
	M	D	FROM/TO (ENTER CITY NAMES)	KM	\$	\$	\$	\$	\$	\$
09/18			Burns Lake Vancouver	468	\$243.36	\$9.00	28.25	205.63		\$486.24
CLAIM TOTAL										486.24

CODING

Client: 048 Resp: 29906 Svc Line: 30533 STOB: 6504 Proj: 291410

Alexis Charan [Signature] 2015-10-01
 Qualified Receiver Printed Name Qualified Receiver Signature Date
[Signature] Bonny Stanton
 Expense Authority Printed Name

[Signature] Sept. 30/15
 Member's Signature Date
 Certified this is a true statement of disbursements made to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.

Westin Grand Vancouver
433 Robson Street
Vancouver, BC v6b 6l9
Canada
Tel: 604-602-1999 Fax: 604-647-2502

WESTIN®

HOTELS & RESORTS

Luke Strimbold
PO BOX 50
BURNS LAKE, BC V0J 1E0

Email : s.22

Page Number : 1 Invoice Nbr : 6318924
Guest Number : s.22
Folio ID : EX-A
Arrive Date : 18-SEP-15 17:12
Depart Date : 20-SEP-15
No. Of Guest : 1
Room Number : s.22
Room Rate : 175.00
Club Account : s.22

Information Invoice

Tax ID : 871591350rt0001

Westin Grand Vancouv 20-SEP-15 03:04 ALBEBAD

Date	Reference	Description	Charges	Credits
18-SEP-15	RT2508	Room Chrg Governme	175.00	
18-SEP-15	RT2508	Hotel Room Tax	19.25	
18-SEP-15	RT2508	Room GST	8.75	
18-SEP-15	RT2508	Destination Market	2.63	

s.22

205.63 → Climate
Leadership
Team.

20-SEP-15	VI	Visa	s.22	
** Total			s.22	s.22
*** Balance			0.00	

For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a \$0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

Continued on the next page



AIRPORT
Adult

2 ZONE
\$ 9.00

VALIDATE - Insert this direction

PROOF OF PAYMENT/TRANSFER

-2-

FR. SE. 18 09:36A



TRAVEL EXPENSE CLAIM
FOR MEMBERS OF AGENCIES, BOARDS, COMMISSIONS AND ADMINISTRATIVE TRIBUNALS

INVOICE #

FORM USAGE

This form is for use by members of agencies, boards, commissions and administrative tribunals to claim travel expenses. Refer to the attached *Appendix 3* for guidelines and allowable rates. After completion, the member should forward the original claim form (with receipts attached) to their ministry financial contact. The qualified receiver will complete and sign the Coding section and forward the claim to Finance, Accounts for processing. A cheque will be forwarded to the *Cheque Mailing Address* shown below.

CHEQUE INFORMATION

Member's Name: Luke Strimbeld Supplier # _____ Location Code: _____
 Cheque Mailing Address: PO BOX 15 Burns Lake BC V0J 1E0
 Hearing Attended/Business Conducted: Climate Leadership Team - June 23, 2015 In Person Meeting

DATE OF TRAVEL	PLACES TRAVELED	PERSONAL VEHICLE USE DISTANCE x KM	BUS/TAXI/ AIR/FERRY COSTS	B L D ✓ ✓ ✓	MEALS:	ACCOMMODATION COSTS	MISCELLANEOUS (CAR RENTAL, PHONE, ATM FEES, ETC.) COST	DESCRIPTION	TOTAL DAILY COSTS
20 ____	FROM/TO (ENTER CITY NAMES)	RATE KM \$	\$		\$	\$	\$		\$
06 23/24	Burns Lake Vancouver	468 \$243.36	\$11.75	✓	\$28.25	\$161.93	\$16.00	P.G. Airport Parking	\$461.29
CLAIM TOTAL									\$461.29

CODING

Client: 048 Resp: 29906 Svc Line: 30533 STOB: 5515 Proj: 2914210

Alexis CHOUAN
 Qualified Receiver Printed Name
[Signature]
 Qualified Receiver Signature
2015-06-24
 Date
[Signature]
 Expense Authority Printed Name

[Signature]
 Member's Signature
June 24, 2015
 Date
 Certified this is a true statement of disbursements made to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.

Sandman Suites Vancouver-Davie

1160 Davie St.

Vancouver, BC V6E 1N1 CA

604.681.7263 Fax: 604.669.8284

www.sandmanhotels.com

**SANDMANHOTELGROUP**

Name: Luke Strimbold
Po Box 15
Burns Lake, BC V0J 1E0

Guest Name: Luke Strimbold
Company: Envioronment

Arrival
June 22, 2015

Departure
June 23, 2015

Group: Room s.22

Bill To: Strimbold, Luke

Attn:

Property Code: 1-53 Invoice # 448037 PO #

Res. # 297925

Date	Description	Voucher	Amount
22/6/15	Debit Card	rm/tx/dep	s.22
22/6/15	Room Revenue	dav-0507	139.00
22/6/15	Destination Marketing Fee	dav-0507	1.81
22/6/15	Provincial Room Tax	dav-0507	14.08
22/6/15	GST	dav-0507	7.04
23/6/15	Debit Card	s.22	

Balance: 0.00

GST/HST #: 12176 7065 RT 001

	Total Tax
Destination Marketing Fee	\$1.81
GST	\$7.04
Provincial Room Tax	\$14.08
Total	\$22.93

\$161.93

Climate Leadership Team
TG. Airport parking

WELCOME TO YXS
Thanks For Flying PG

PLEASE KEEP THIS TICKET

Entered/Arrivee:
2015/06/22 15:43

Ticket/Billet#: 48471825
Dur/Duree: 28:52:02
Paid On/Paye Le:
2015/06/23 20:35

Paid/Paye: \$ 16.00
Original Fee: \$ 16.00
GST: \$ 0.76

Change: \$ 0.00
VISA
SC: \$ 0.00

Thanks for flying YXS

*****s.22

VISA

Seq# 000013 003

Purchase 15/06/23 20:33:38

Auth# 035263

APPROVED

Climate Leadership Team
TVM RECEIPT Skytrain
NOT VALID FOR TRAVEL

TransLink
YVR - Airport
TVM73004
Mon 22 Jun 15 07:55PM
Fare Type: 2 ZONE
Purchase: 1 Adult \$ 7.75
Purchased Amount: \$ 7.75

TRANSACTION RECORD

Account: DEBIT
Account Type: CHEQUING
Card Number: s.22
Card Entry: SWIPED
Trans Type: PURCHASE
Amount: \$ 7.75
Auth #: 225527
Sequence #: 452359
Reference #: 00000277
Trace #: 00334175
Terminal #: 00734
Merchant #: 000010004147
Ref #: VIVVD2TVJ5KT

TRANSACTION APPROVED

Transaction #: 0000933614

Climate Leadership Team
TVM RECEIPT Skytrain
NOT VALID FOR TRAVEL

TransLink
Vancouver City
TVM51002
Tue 23 Jun 15 04:43PM
Fare Type: 2 ZONE
Purchase: 1 Adult \$ 4.00
Purchased Amount: \$ 4.00

TRANSACTION RECORD

Account: DEBIT
Account Type: CHEQUING
Card Number: s.22
Card Entry: SWIPED
Trans Type: PURCHASE
Amount: \$ 4.00
Auth #: 194332
Sequence #: 360598
Reference #: 00000130
Trace #: 00071085
Terminal #: 00512
Merchant #: 000010004147
Ref #: VTC73ATVXSR3

TRANSACTION APPROVED

Transaction #: 0001207103

Climate Leadership Team
- June 22/15 - Dinner

HMSHOST
WHITE SPOT 664
VANCOUVER INT'L AIRPORT

313401 Linda

220/1

GST 1

4269

JUN22'15 6:58PM

DINE IN

**** SEAT 1 ****

1 s.22 0.00
1 13.99
TAX 0.70 AMOUNT D 14.69

SUBTOTAL 13.99
GST 5% ADD20700 0.70
AMOUNT DUE \$14.69

WE WANT TO HEAR YOUR FEEDBACK!
PLEASE CONTACT 1-877-672-7467
OR CUSTOMERSERVICE@HMSHOST.COM
TO SHARE YOUR EXPERIENCE.

GST # 137512901

TRAVEL EXPENSE CLAIM
FOR MEMBERS OF AGENCIES, BOARDS, COMMISSIONS AND ADMINISTRATIVE TRIBUNALS

INVOICE #

FORM USAGE

This form is for use by members of agencies, boards, commissions and administrative tribunals to claim travel expenses. Refer to the attached Appendix 3 for guidelines and allowable rates. After completion, the member should forward the original claim form (with receipts attached) to their ministry financial contact. The qualified receiver will complete and sign the Coding section and forward the claim to Finance, Accounts for processing. A cheque will be forwarded to the *Cheque Mailing Address* shown below.

CHEQUE INFORMATION

Member's Name: Luke Strimbald Supplier # _____ Location Code: _____
 Cheque Mailing Address: PO Box 15 Burns Lake BC V0J 1E0
 Hearing Attended/Business Conducted: Climate Leadership Team Meeting - Vancouver Aug 27/28-15

DATE OF TRAVEL 20 ____	PLACES TRAVELLED		PERSONAL VEHICLE USE DISTANCE x KM RATE <u>30.52</u>	BUS/TAXI/ AIR/FERRY COSTS	B L D ✓ ✓ ✓	MEALS	ACCOMMODATION COSTS	MISCELLANEOUS (CAR RENTAL, PHONE, ATM FEES, ETC.)		TOTAL DAILY COSTS
								COST	DESCRIPTION	
M	D	FROM/TO (ENTER CITY NAMES)	KM	\$	\$	\$	\$	\$		\$
07	27	Burns Lake Vancouver	468	243.36	13.00	✓	28.50	196.88	74.50 Baggage Fees Parking-PG Airport	556.24
CLAIM TOTAL										556.24

CODING

Client: 048 Resp: 29906 Svc Line: 30533 STOB: 5515 Proj: 291410

Alexis CHOUAN
 Qualified Receiver Printed Name

[Signature]
 Qualified Receiver Signature

2015-09-02
 Date

[Signature]
 Expense Authority Printed Name

[Signature]
 Member's Signature

Sept. 1/15
 Date

Certified this is a true statement of disbursements made to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.

Skytrain



Adult 2 ZONE
\$ 4.00

VALIDATE - Insert this direction

PROOF OF PAYMENT/TRANSFER

-1-

FR.AU.28 05:54P

TVM RECEIPT
NOT VALID FOR TRAVEL

TransLink
YVR - Airport
TVM73005
Thu 27 Aug 15 07:45AM

Fare Type: 2 ZONE
Purchase:
1 Adult \$ 9.00
Purchased Amount: \$ 9.00

TRANSACTION RECORD

Account: VISA
Card Number: s.22
Card Entry: SWIPED
Trans Type: PURCHASE
Amount: \$ 9.00
Auth #: 062486
Sequence #: 407628
Terminal #: 00711
Ref #: VTVVD2T8WNVE

TRANSACTION APPROVED

Transaction #:0000837253

AIRPORT FEE RECEIPT
TICKET NO: 0142151523492

PNR RECLOC:
ISSUED BY :

MDILWI
YXSDB



NAME: STRIMBOLD/LUKEHR
DATE OF ISSUE: 27AUG2015

	AMOUNT	GST	HST	QST	TOTAL
FIRST BAGGAGE FEE	25.00	01.25	00.00	00.00	26.25

GRAND TOTAL	25.00	01.25	00.00	00.00	26.25
-------------	-------	-------	-------	-------	-------

FORM OF PAYMENT: IN CANADIAN DOLLARS VI*****s.22
GST/TPS HST/TVH NO. 100092287 RT000 QST/TVQ NO. 1000-043-172 RT000
FEES ARE NON-REFUNDABLE

AIR CANADA

BAGGAGE FEE RECEIPT/RECU POUR FRAIS DE BAGAGES
VANCOUVER YVR TO/A PRINCE GEORGE YXS

PAGE 1
2015-08-28

LUKE STRIMBOLD	
EXCESS BAGGAGE FEE/FRAIS D'EXCEDENT DE BAGAGE (1 piece/bagage)	25.00
HST/TPS	1.25
TOTAL CAD	26.25

TOTAL CAD	26.25

Payment/Paiement:

s.22

NON REFUNDABLE /NON REMBOURSABLE

GST/HST - TPS/TVH #100092287 RT0001

WELCOME TO YXS
Thanks For Flying PG
PLEASE KEEP THIS TICKET

Entered/Arrivee:
2015/08/27 04:35
Ticket/Billet#: 54134181
Dur/Duree: 39:47:46
Paid On/Paye Le:
2015/08/28 20:24
Paid/Paye: \$ 22.00
Original Fee: \$ 22.00
GST: \$ 1.05
Change: \$ 0.00
UISA
SC: \$ 0.00
Thanks for flying YXS

UISA
Seq# 000017 003
Purchase 15/08/28 20:24:04
Auth# 020292
APPROVED

THE Fairmont
HOTEL VANCOUVER

900 West Georgia Street
Vancouver, BC V6C 2W6
T 604 684 3131 F 604 662 1929
G.S.T. / H.S.T. Registration # 81684 8584

Room : s.22
Folio # :
Invoice # :
Cashier # : 10005
Page # : 1 of 1

Mr Luke Strimbold
Box 507
Burns Lake BC V0J1E0
Canada

Arrival : 08-27-15
Departure : 08-28-15
Fairmont President's Club
s.22

Date	Description	Additional Information	Charges	Credits
08-27-15	Room Charge - Provincial Govt		169.00	
08-27-15	Destination Marketing Fee		2.20	
08-27-15	Hotel Room Tax		17.12	
08-27-15	Room GST		8.56	
Total			196.88	0.00
Balance Due			196.88	

GST Summary

Room : 8.56
F&B : 0.00
Other : 0.00
Total : 8.56

HST Summary

Room : 0.00
F&B : 0.00
Other : 0.00
Total : 0.00

Thank you for choosing Fairmont Hotels & Resorts.

To provide feedback about your stay, please contact Michael Pye, General Manager, at Michael.Pye@Fairmont.com.
We also invite you to share memories of your experience on our community forum - visit www.everyonesanoriginal.com.

For information or reservations, visit us at
www.fairmont.com or call Fairmont Hotels & Resorts from :
United States or Canada 1 800 441 1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of or the full amount of those charges. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum.)
I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$1.00 (Mon-Fri) and \$2.00 (Sat.) credit to my account. (At participating hotels.)

Thank you for choosing to stay with Fairmont Hotels & Resorts

TRAVEL EXPENSE CLAIM
FOR MEMBERS OF AGENCIES, BOARDS, COMMISSIONS AND ADMINISTRATIVE TRIBUNALS

INVOICE #

FORM USAGE

This form is for use by members of agencies, boards, commissions and administrative tribunals to claim travel expenses. Refer to the attached Appendix 3 for guidelines and allowable rates. After completion, the member should forward the original claim form (with receipts attached) to their ministry financial contact. The qualified receiver will complete and sign the Coding section and forward the claim to Finance, Accounts for processing. A cheque will be forwarded to the *Cheque Mailing Address* shown below.

CHEQUE INFORMATION

Member's Name: Luke Strimbold Supplier # _____ Location Code: _____
 Cheque Mailing Address: PO Box 15 Burns Lake, BC, V0J 1E0
 Hearing Attended/Business Conducted: Climate Leadership Team Meetings Oct 15, 16, 23/15

DATE OF TRAVEL	PLACES TRAVELLED	PERSONAL VEHICLE USE DISTANCE x KM RATE	BUS/TAXI/ AIR/FERRY COSTS	B ✓	L ✓	D ✓	MEALS	ACCOMMODATION COSTS	MISCELLANEOUS (CAR RENTAL, PHONE, ATM FEES, ETC.) COST	DESCRIPTION	TOTAL DAILY COSTS
M D	FROM/TO (ENTER CITY NAMES)	KM \$	\$				\$	\$	\$		\$
10 15/16	Burns Lake Vancouver	468 243.36	11.75			✓	57.00	267.08	22.00	Parking - PG-airport	601.19
10 23	Burns Lake Vancouver	468 243.36	40.50			✓	28.50	139.83	11.00	Parking - PG-airport	463.19
CLAIM TOTAL											1,064.38

CODING

Client: 048 Resp: 29906 Svc Line: 30533 STOB: 5515 Proj: 291410

Alexis Chovan

Qualified Receiver Printed Name

[Signature]

Qualified Receiver Signature

2015-10-28

Date

Beverley Stanton

Expense Authority Printed Name

[Signature]

Member's Signature

Oct. 26/15

Date

Certified this is a true statement of disbursements made to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.

October
15/16 Meetings

Parking
Oct 15/16

Welcome to YXS
Thanks For Flying PG
PLEASE KEEP THIS TICKET

Entered/Arrivee:
2015/10/15 05:10

Ticket/Billet#:58369839
Dur/Duree:39:11:14
Paid On/Paye Le:
2015/10/16 20:21

Paid/Paye:\$ 22.00
Original Fee:\$ 22.00
GST:\$ 1.05

Change:\$ 0.00
VISA
SC:\$ 0.00

Thanks for Flying YXS

*****s.22

VISA

Seq# 000019 005

Purchase 15/10/16 20:21:33

Auth# 039673

APPROVED

IVM RECEIPT
NOT VALID FOR TRAVEL

TransLink
YVR - Airport
IVM73004
Thu 15 Oct 15 07:42AM

Fare Type: 2 ZONE
Purchase:
1 Adult \$ 9.00

Purchased Amount:\$ 9.00

TRANSACTION RECORD

Account: VISA
Card Number: s.22
Card Entry: SWIPED
Trans Type: PURCHASE
Amount: \$ 9.00
Auth #: 062556
Sequence #: 489168
Terminal #: 00734
Ref #: VTVVD2TDPGY9

TRANSACTION APPROVED

Transaction #:0001001059

* RECEIPT *
* NOT VALID FOR TRAVEL *

TransLink
980-CANADA LINE
Vancouver City Centre St
n
IVM51114
Fri 16 Oct 15 05:34PM

Payment Type: VISA
Purchase: 2 Zone Ticket

Product Price: \$ 2.75

Compass Ticket #: 2251
Credit Card #: s.22

Auth #: 028692
Ref #: TUC7AATEU28H
Receipt #: 2810

Card Entry: Chip
AID:A0000000031010
IVR:0000008000
TSI:F800

Retain for your records.
View TransLink Policies
at www.translink.ca

Thank You!

BON VOYAGE INN

4222 16 HWY WEST
Prince George, BC V2N 5N7

(250) 964-2333

frontdesk@bonvoyageinn.ca

www.bonvoyageinn.ca

Oct. 15/16 Meeting

10/14/2015 11:42 PM

Registered To:

Strimbold, Luke
E A Strimbold/Burns Lake
s.22

Room # s.22
Conf # 62025
Arrival 10/14/15
Departure 10/15/15
Room Type QBKN-1 QUEEN NOI
Guests 2 / 0
Payment Cash

Posting Date	Oper	AcctCoc	Description	From	Reference	Amount
10/14/15	DL	RC	ROOM CHRG REVENUE			\$80.00
10/14/15	DL	94	GST ROOM			\$4.00
10/14/15	DL	91	HOTEL TAX / AHRT			\$8.00
10/14/15	DL	CBF	Continental Breakfast			\$0.00
10/14/15	DL	VS	PAYMENT VISA			\$92.00-
Balance Due						\$0.00

GST# 897 442 836 RT

THANK YOU VERY MUCH FOR CHOOSING THE BON VOYAGE MOTOR INN FOR YOUR STAY.

WE APPRECIATE YOUR PATRONAGE VERY MUCH, AND WE ARE LOOKING FORWARD TO BEING AT YOUR SERVICE AGAIN IN THE FUTURE.

"BON VOYAGE" FOR ALL YOUR TRAVELS!

BON VOYAGE MOTOR INN
PRINCE GEORGE, BC *** HOST CITY OF THE 2015 CANADA WINTER GAMES

Signature

THE *Fairmont*
HOTEL VANCOUVER

900 West Georgia Street
Vancouver, BC V6C 2W6
T 604 684 3131 F 604 662 1929
G.S.T. / H.S.T. Registration # 81684 8584

Room : s.22
Folio # :
Invoice # :
Cashier # : 554
Page # : 1 of 1

Oct. 15/16
Meeting.

Govt BC
Mr Luke Strimbold
Box 507
Burns Lake BC V0J1E0
Canada

Arrival : 10-15-15
Departure : 10-16-15
Fairmont President's Club
s.22

Date	Description	Additional Information	Charges	Credits
10-15-15	Room Charge - Provincial Govt		149.00	
10-15-15	Destination Marketing Fee		1.93	
10-15-15	Hotel Room Tax		16.60	
10-15-15	Room GST		7.55	
Total			175.08	0.00
Balance Due			175.08	

GST Summary

Room : 7.55
F&B : 0.00
Other : 0.00
Total : 7.55

HST Summary

Room : 0.00
F&B : 0.00
Other : 0.00
Total : 0.00

Thank you for choosing Fairmont Hotels & Resorts.
To provide feedback about your stay, please contact Michael Pye, General Manager, at Michael.Pye@Fairmont.com.
We also invite you to share memories of your experience on our community forum - visit www.everyonesanoriginal.com.

For information or reservations, visit us at
www.fairmont.com or call Fairmont Hotels & Resorts from :
United States or Canada 1 800 441 1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum.)
I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$1.00 (Mon-Fri) and \$2.00 (Sat.) credit to my account. (At participating hotels.)

Thank you for choosing to stay with Fairmont Hotels & Resorts

October
23 Meeting

BLACKTOP & CHECKER
CABS#18
777 PACIFIC ST
VANCOUVER BC

CARD ***** s.22
CARD TYPE VISA
DATE 2015/10/23
TIME 2852 07:55:51
CLERK ID 1
RECEIPT NUMBER
C85020498-001-309-001-0

PURCHASE
TOTAL

\$7.50

VISA
A0000000031010
AB15D2546166C947
0000008000-E800
8ABF988FDF5F9733
0000008000-F800

APPROVED

AUTH# 065506 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

KIMBER CABS
2633 VIKING WAY V6V3B6
RICHMOND BC
22365981

10-22-2015 21:01:51
Acct # s.22 C
Exp Date 11/11 Card Type VI
Name: L STRIMBOLD
A0000000031010 VISA

Trace # 390005 Operator 131
FV2236598101
Auth # 045224 RRN 001017005

Total \$33.00
(00) APPROVED-THANK YOU

Retain this copy for your
records
Customer copy

Welcome to YXS
Thanks For Flying PG

PLEASE KEEP THIS TICKET

Entered/Arrivee:
2015/10/22 17:20

Ticket/Billet#:59018481
Dur/Duree:73:29:56
Paid On/Paye Le:
2015/10/25 18:50

Paid/Paye:\$ 35.00
Original Fee:\$ 35.00
GST:\$ 1.67

Change:\$ 0.00
VISA
SC:\$ 0.00

Thanks for flying YXS

1 Day = \$11

*****s.2 s

VISA

Seq# 000022 005

Purchase 15/10/25 18:50:57

Auth# 017269

APPROVED

Oct 23 meeting

Mr Luke Strimbold
 PO Box 15
 Burns Lake BC V0J 1E0
 CANADA

Pro Forma Invoice

Invoice date 10/22/2015
 Our reference s.22
 GST Number 101035467RT0002

Guest **Luke Strimbold** Arrival **10/22/2015** Departure **10/23/2015** Room **s.22**

Date	Description	Quantity	Unit Price	Total ()
10/22/2015	Room Charge	1	119.00	119.00
10/22/2015	GST Taxes	1	6.03	6.03
10/22/2015	Room Tax 8%	1	9.64	9.64
10/22/2015	DMF @1.293% Plus Taxes	1	1.54	1.54
10/22/2015	Municipal Room Tax 3%	1	3.62	3.62

Total invoice 139.83
Total Paid 0.00
Total Due 139.83

Total GST 6.03
 Total PST (Room) 9.64
 Total PST (Other)

I agree that my liability for any charges incurred by me is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the full amount of these charges. Interest will be charged on any overdue balance.

Signature X _____


"Now offering Aeroplan Miles"
 "Check our website for special rates and promotions at CoastPlazaHotelAndSuites.com"

For reservations: www.coasthotels.com or 1-800-663-1144

 **Confirmation**

Expense report number ER2740765 was previously submitted for approval.

Expense Report ER2740765

 **TIP** Hint: Print in landscape format to include all displayed information. Use your browser Back button to exit the printable page view.

Submission Instructions

The following are instructions on what to do with expense report envelopes and receipts:


- * the expense report envelope must include your receipts and other supporting documents. On the outside of the envelope print your name, employee number, date, and expense report number. The expense report envelope and its contents must be filed at the location designated by your senior financial officer.
- * your Expense Authority will be notified requesting approval for this expense report. After your Expense Authority approves this expense report, you will be notified. This expense report will be paid within 3 working days after it is approved by your Expense Authority.
- * the expense report envelope and its contents are subject to post payment audit. These must be forwarded upon request to the Corporate Compliance and Controls Monitoring Branch for verification. Your Expense Authority may be contacted for clarification or verification purposes regarding your expense report envelope.
- * at your option, print this page from your browser and insert into the expense report envelope.


General Information

Name	LAAKSONEN-CRAIG, SUSANNA (133040)	Report Submit Date	09-JUN-2015
Expense Dates	01-JUN-2015 - 01-JUN-2015	Attachments	View
Cost Center	29906	Is this claim for expenses while on Travel Status?	Yes
Purpose	Climate Leaders Team Meeting, Vancouver	Report Total	37.26 CAD
Approver	LORD, MICHAEL	Reimbursement Amount	37.26 CAD
Original Receipts Status	Not Required		

Expense Lines **Expense Allocations** **Weekly Summary** **Approval Notes [2]**

Cash Expenses

Date	Receipt Amount	Expense Type	Justification	Original Receipt Required	Receipt Missing	Reimbursable Amount (CAD)	Details
01-Jun-2015	6.76 CAD	Mileage	From Home to Helijet and return, Victoria			6.76	

01-Jun-2015	30.50 CAD	Meal/Per Diem	Dinner		30.50	
Total					37.26	

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 **Confirmation**

Expense report number ER2893246 was previously submitted for approval.

Expense Report ER2893246

TIP Hint: Print in landscape format to include all displayed information. Use your browser Back button to exit the printable page view.

Submission Instructions

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- * at your option, print this page from your browser and insert into the expense report envelope.



General Information

Name	LAAKSONEN-CRAIG, SUSANNA (133040)	Report Submit Date	27-JUL-2015
Expense Dates	23-JUN-2015 - 23-JUN-2015	Attachments	View
Cost Center	29906	Is this claim for expenses while on Travel Status?	Yes
Purpose	Climate Leadership Team Meeting, Vancouver	Report Total	46.78 CAD
Approver	CUMBERLAND, PAUL D	Reimbursement Amount	46.78 CAD
Original Receipts Status	Required		

Expense Lines **Expense Allocations** **Weekly Summary** **Approval Notes [3]**

Cash Expenses

Date	Receipt Expense Amount Type	Justification	Original Receipt Required	Receipt Missing	Reimbursable Amount (CAD)	Details
23-Jun-2015	3.64 CAD Mileage	Home to Helijet, Victoria			3.64	
23-Jun-2015	9.00 CAD Public Transp.	Cab from Harbour Air to Helijet	✓		9.00	


23-Jun-2015	3.64 CAD Mileage	Helijet to Home, Victoria			3.64	
23-Jun-2015	30.50 CAD Meal/Per Diem	Dinner			30.50	
Total					46.78	

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 Confirmation

Expense report number ER2993831 was previously submitted for approval.

Expense Report ER2993831

 **TIP** Hint: Print in landscape format to include all displayed information. Use your browser Back button to exit the printable page view.

Submission Instructions

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- * at your option, print this page from your browser and insert into the expense report envelope.

General Information

Name	LAAKSONEN-CRAIG, SUSANNA (133040)	Report Submit Date	28-AUG-2015
Expense Dates	24-JUL-2015 - 24-JUL-2015	Attachments	View
Cost Center	29906	Is this claim for expenses while on Travel Status?	Yes
Purpose	Climate Leadership Team Meeting, Vancouver	Report Total	51.28 CAD
Approver	CUMBERLAND, PAUL D	Reimbursement Amount	51.28 CAD
Original Receipts Status	Required		

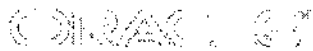
Expense Lines **Expense Allocations** **Weekly Summary** **Approval Notes [2]**


Cash Expenses

Date	Receipt Expense Amount Type	Justification	Original Receipt Required	Receipt Missing	Reimbursable Amount (CAD)	Details
24-Jul-2015	3.64 CAD Mileage	Home to Helijet, Victoria			3.64	
24-Jul-2015	13.50 CAD Miscellaneous	Parking at Helijet, Victoria - Full Day	✓		13.50	

24-Jul-2015	30.50 CAD	Meal/Per Diem	Dinner			30.50	
24-Jul-2015	3.64 CAD	Mileage	Helijet to Home, Victoria			3.64	
Total						51.28	

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 **Confirmation**

Expense report number ER3260598 was previously submitted for approval.

Expense Report ER3260598
[Return](#)
[Printable Page](#)
Submission Instructions

The following are instructions on what to do with expense report envelopes and receipts:






- * the expense report envelope must include your receipts and other supporting documents. On the outside of the envelope print your name, employee number, date, and expense report number. The expense report envelope and its contents must be filed at the location designated by your senior financial officer.
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- * at your option, print this page from your browser and insert into the expense report envelope.

General Information

Name	LAAKSONEN-CRAIG, SUSANNA (133040)	Report Submit Date	10-NOV-2015
Expense Dates	27-AUG-2015 - 28-AUG-2015	Attachments	View
Cost Center	29906	Is this claim for expenses while on Travel Status?	Yes Yes
Purpose	Climate Leadership Team Meeting, Vancouver	Report Total	275.66 CAD
Approver	CUMBERLAND, PAUL D	Reimbursement Amount	275.66 CAD
Original Receipts Status	Required		

[Expense Lines](#) | [Expense Allocations](#) | [Weekly Summary](#) | [Approval Notes \[2\]](#)
Cash Expenses

Receipt	Original Receipt	Receipt	Reimbursable
---------	------------------	---------	--------------

Date	Amount	Expense Type	Justification	Required	Missing	Amount (CAD)	Details
27-Aug-2015	3.64 CAD	Mileage	From Home to Helijet, Victoria			3.64	
27-Aug-2015	41.00 CAD	Meal/Per Diem	Breakfast & Dinner (Lunch provided)			41.00	
27-Aug-2015	196.88 CAD	Accommodation	Hyatt Regency, Vancouver	✓		196.88	
28-Aug-2015	30.50 CAD	Meal/Per Diem	Dinner (Breakfast & Lunch provided)			30.50	
28-Aug-2015	3.64 CAD	Mileage	From Helijet to Home, Victoria			3.64	
Total						275.66	

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 **Confirmation**

Expense report number ER3261423 was previously submitted for approval.

Expense Report ER3261423

✓ **TIP** Hint: Print in landscape format to include all displayed information. Use your browser Back button to exit the printable page view.

Submission Instructions

The following are instructions on what to do with expense report envelopes and receipts:

- * the expense report envelope must include your receipts and other supporting documents. On the outside of the envelope print your name, employee number, date, and expense report number. The expense report envelope and its contents must be filed at the location designated by your senior financial officer.
- * your Expense Authority will be notified requesting approval for this expense report. After your Expense Authority approves this expense report, you will be notified. This expense report will be paid within 3 working days after it is approved by your Expense Authority.
- * the expense report envelope and its contents are subject to post payment audit. These must be forwarded upon request to the Corporate Compliance and Controls Monitoring Branch for verification. Your Expense Authority may be contacted for clarification or verification purposes regarding your expense report envelope.
- * at your option, print this page from your browser and insert into the expense report envelope.





General Information

Name	LAAKSONEN-CRAIG, SUSANNA (133040)	Report Submit Date	12-NOV-2015
Expense Dates	17-SEP-2015 - 18-SEP-2015	Attachments	View
Cost Center	29906	Is this claim for expenses while on Travel Status?	Yes
Purpose	Climate Leadership Team Meeting, Vancouver	Report Total	275.09 CAD
Approver	LORD, MICHAEL	Reimbursement Amount	275.09 CAD
Original Receipts Status	Required		

Expense Lines **Expense Allocations** **Weekly Summary** **Approval Notes [2]**

Cash Expenses

Date	Receipt Amount	Expense Type	Justification	Original Receipt Required	Receipt Missing	Reimbursable Amount (CAD)	Details
17-Sep-2015	223.01 CAD	Accommodation	Fairmont Vancouver Airport(arrived after midnight Sept 18 - had to go directly to			223.01	

			downtown Vancouver first thing in morning (Sept 18) via skytrain for mtg)	✓		
18-Sep-2015	9.00 CAD	Public Transp.	Skytrain from Hotel @ YVR to Downtown Vancouver	✓	9.00	
18-Sep-2015	41.00 CAD	Meal/Per Diem	Breakfast & Dinner		41.00	
18-Sep-2015	2.08 CAD	Mileage	From Harbour Air to Home, Victoria		2.08	
Total					275.09	

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 **Confirmation**

Expense report number ER3778457 was previously submitted for approval.

Expense Report ER3778457

✓ **TIP** Hint: Print in landscape format to include all displayed information. Use your browser Back button to exit the printable page view.

Submission Instructions

The following are instructions on what to do with expense report envelopes and receipts:

- * the expense report envelope must include your receipts and other supporting documents. On the outside of the envelope print your name, employee number, date, and expense report number. The expense report envelope and its contents must be filed at the location designated by your senior financial officer.
- * your Expense Authority will be notified requesting approval for this expense report. After your Expense Authority approves this expense report, you will be notified. This expense report will be paid within 3 working days after it is approved by your Expense Authority.
- * the expense report envelope and its contents are subject to post payment audit. These must be forwarded upon request to the Corporate Compliance and Controls Monitoring Branch for verification. Your Expense Authority may be contacted for clarification or verification purposes regarding your expense report envelope.
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General Information

Name	LAAKSONEN-CRAIG, SUSANNA (133040)	Report Submit Date	19-NOV-2015
Expense Dates	15-OCT-2015 - 16-OCT-2015	Attachments	View
Cost Center	29906	Is this claim for expenses while on Travel Status?	Yes Yes
Purpose	Climate Leadership Team Meetings	Report Total	243.36 CAD
Approver	CUMBERLAND, PAUL D	Reimbursement Amount	243.36 CAD
Original Receipts Status	Required		

Expense Lines **Expense Allocations** **Weekly Summary** **Approval Notes [2]**

Cash Expenses

Date	Receipt Amount	Expense Type	Justification	Original Receipt Required	Receipt Missing	Reimbursable Amount (CAD)	Details
15-Oct-2015	3.64 CAD	Mileage	Home to Helijet			3.64	
15-Oct-2015	30.50 CAD	Meal/Per Diem	Dinner			30.50	
15-Oct-2015	175.08 CAD	Accommodation	Fairmont Hotel	✓		175.08	


		Vancouver			
16-Oct-2015	30.50 CAD Meal/Per Diem	Dinner		30.50	
16-Oct-2015	3.64 CAD Mileage	Helijet to Home, Victoria		3.64	
Total				243.36	

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 **Confirmation**

Expense report number ER3788458 was previously submitted for approval.

Expense Report ER3788458

 **TIP** Hint: Print in landscape format to include all displayed information. Use your browser Back button to exit the printable page view.

Submission Instructions

The following are instructions on what to do with expense report envelopes and receipts:



- * the expense report envelope must include your receipts and other supporting documents. On the outside of the envelope print your name, employee number, date, and expense report number. The expense report envelope and its contents must be filed at the location designated by your senior financial officer.
- * your Expense Authority will be notified requesting approval for this expense report. After your Expense Authority approves this expense report, you will be notified. This expense report will be paid within 3 working days after it is approved by your Expense Authority.
- * the expense report envelope and its contents are subject to post payment audit. These must be forwarded upon request to the Corporate Compliance and Controls Monitoring Branch for verification. Your Expense Authority may be contacted for clarification or verification purposes regarding your expense report envelope.
- * at your option, print this page from your browser and insert into the expense report envelope.


General Information

Name	LAAKSONEN-CRAIG, SUSANNA (133040)	Report Submit Date	19-NOV-2015
Expense Dates	23-OCT-2015 - 23-OCT-2015	Attachments	View
Cost Center	29906	Is this claim for expenses while on Travel Status?	Yes
Purpose	Climate Leadership Team Meeting, Vancouver	Report Total	37.78 CAD
Approver	CUMBERLAND, PAUL D	Reimbursement Amount	37.78 CAD
Original Receipts Status	Not Required		

Expense Lines **Expense Allocations** **Weekly Summary** **Approval Notes [4]**

Cash Expenses

Date	Receipt Expense Amount Type	Justification	Original Receipt Required	Receipt Missing	Reimbursable Amount (CAD)	Details
23-Oct-2015	3.64 CAD Mileage	Home to Helijet, Victoria			3.64	
23-Oct-2015	30.50 CAD Meal/Per	Dinner			30.50	

		Diem				
23-Oct-2015	3.64 CAD	Mileage	Helijet to Home, Victoria		3.64	
Total					37.78	

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