


[Link to Invoice Coding Sheet completion instructions.](#)

PAYEE NAME <u>LEGISLATIVE DINING ROOM</u>				* SUPPLIER # <u>026864</u>		* SITE <u>001</u>	
CONTRACT/PO # _____		INVOICE DATE <u>01-MAY-2018</u> <small>DD-MMM-YYYY</small>		INVOICE # <u>184-APRIL-2018</u>			
DATE INVOICE RECEIVED <u>02-MAY-2018</u> <small>DD-MMM-YYYY</small>		DATE GOODS/ SERVICES REC'D _____ <small>DD-MMM-YYYY</small>		RECEIPT # _____			
NAME &/OR ADDRESS OVERRIDE:				DESCRIPTION FOR CHEQUE STUB: CHECK #482161/483432/483423/483422/483424/483600/483604			
DATE CHQ/EFT REQ'D (ONLY IF URGENT) _____ <small>DD-MMM-YYYY</small>		GL DATE (if applicable) _____ <small>DD-MMM-YYYY</small>		PAY ALONE? YES <input type="checkbox"/>			
OFA STOB & ASSET # (If applicable) : _____							

AMOUNT (INCLUDING TAX)	PRE-TAX AMOUNT (EXCLUDING TAX)	PST AMOUNT	GST AMOUNT	TAX CODE <small>PST & GST, GST, PST, GST Travel, Other</small>	CL	RESP	SERVICE LINE	STOB	PROJECT	NAME & SUPPLIER # if STOB 57
64.53				0	004	36356	18850	6531	3601204	
3,569.04				0	004	36356	18850	6531	3601130	
3,633.57	TOTAL									

<p>* EXPENSE AUTHORITY (EA) INFORMATION:</p> <p>* <u>GENEVIEVE ELLIOTT</u> EA PRINTED NAME</p> <p>* BRIEF PAYMENT DESCRIPTION FOR EA NOTIFICATION: Note: This is also the line description displayed on GL detail reports.</p> <p>1 VISIT OF CG OF MALYSIA / LG INSTALLATION CATERING</p>	<p>* QUALIFIED RECEIVER (QR) CERTIFICATION:</p> <p>* <u>SANDRA DAWES</u> QR PRINTED NAME</p> <p><small>The goods provided or services delivered have been inspected or reviewed; and the goods or services were properly received and documentation to support the account has been verified (i.e., goods: as ordered, correct quantity and suitable quality; services: as contracted, appropriate deliverables and/or performance criteria met; or other conditions, if any, have been met).</small></p> <p>*  QR SIGNATURE</p>
---	---

BRANCH BUSINESS CONTACT NAME AND PHONE NUMBER:

SANDRA DAWES 250-387-0783

ACCOUNTS DATE STAMP

* Note: Fields with an asterisk do not need to be completed for iProcurement invoices.
FIN FSA 017 REV. SEP/13

CHECK # 482161 DATE 4/12/18
TABLE # 7 TIME 1:03PM
=====

-- LEGISLATIVE : TAMARA --

ITEMS ORDERED	AMOUNT
1 ALBACORE TUNA SALAD	10.95
1 LAMB BURGER	12.95
1 SEAFOOD CHOPPED SALAD	14.95
1 SPECIAL ONE	12.95
3 TEA	6.75

SUBTOTAL 58.55

TOTAL DUE 58.55

Visit of Malaysian CG
TOTAL TAX INCLUDED IN BILL
GST IN 2.80 55.75
NAME: Protocol 8.78
GRATUITY 15% @ \$8.78 64.53
s.17

MINISTRY/ACCOUNT#

GST # 112233445566778899

Present this receipt to the gift shop

& enjoy a 10% discount

Selected Items

CHECK # 483432 DATE 4/23/18
TABLE # 1 TIME 4:01PM
=====

-- LEGCATERING : AMANDA --

SEAT#	ITEMS ORDERED	AMOUNT
1	ASSORTED COOKIES, 10.00	17.60
	COFFEE SERVICE, 6.00	12.84
	JUICE, 11.00	23.54
	SUBTOTAL	53.98

53.98

TOTAL 53.98

SUBTOTAL 53.98

TOTAL DUE 53.98

Hemlock LeKwungen
Lg Dancers
NAME: Protocol

GRATUITY

s.17

MINISTRY/ACCOUNT#

GST # 112233445566778899

Present this receipt to the gift shop

& enjoy a 10% discount

Selected Items

CHECK # 483422 DATE 4/23/18
TABLE # 1 TIME 3:20PM
=====

-- LEGCATERING : AMANDA --

SEAT#	ITEMS ORDERED	AMOUNT
1	COFFEE SERVICE, 12.00	25.68
	ASSORTED COOKIES, 12.00	21.12
	SUBTOTAL	46.80
		46.80
	TOTAL	46.80

SUBTOTAL 46.80

TOTAL DUE 46.80

Room 245 2 services
Lg of 6 ppl
NAME: Protocol

GRATUITY

s.17

MINISTRY/ACCOUNT#

GST # 112233445566778899

Present this receipt to the gift shop

& enjoy a 10% discount

Selected Items

CHECK # 483423 DATE 4/23/18
TABLE # 1 TIME 3:22PM

-- LEGCATERING : AMANDA --

SEAT#	ITEMS ORDERED	AMOUNT
1	DESSERT TRAY, 20.00	61.80
	COFFEE SERVICE, 20.00	42.80
	SUBTOTAL	104.60

		104.60
	TOTAL	104.60

SUBTOTAL 104.60

TOTAL DUE 104.60

Raittenburg Holding Room
La for Honorable
NAME: Protocol Guests

GRATUITY _____
s.17

MINISTRY/ACCOUNT# _____

GST # 112233445566778899
Present this receipt to the gift shop
& enjoy a 10% discount
Selected Items

CHECK # 483424 DATE 4/23/18
TABLE # 1 TIME 3:28PM

***** DUPLICATE CHECK *****

-- LEGCATERING : AMANDA --

SEAT#	ITEMS ORDERED	AMOUNT
1	SANDWICH TRAY, 75.00	407.25
	VEGGY TRAY, 40.00	118.00
	DELUXE CHSE TRAY, 50.00	214.50
	FRESH FRUIT TRAY, 40.00	146.80
	CHARCUTERIE	171.43
	STUFFED EGGS	100.00
	CANDIED SALMON	157.14
	COFFEE SERVICE, 60.00	128.40
	MINI CHEESE CAKES	242.86

SUBTOTAL 1686.38

1686.38

TOTAL 1686.38

SUBTOTAL 1686.38

TOTAL DUE 1686.38

outgoing LF Gov
Luncheon

NAME: Protocol

GRATUITY 15% 252.95

s.17

MINISTRY/ACCOUNT# _____

GST # 112233445566778899
Present this receipt to the gift shop
& enjoy a 10% discount
Selected Items

Total \$1939.33

CHECK # 483600 DATE 4/25/18
TABLE # 1 TIME 8:01AM

-- LEGCATERING : AMANDA --

SEAT#	ITEMS ORDERED	AMOUNT
1	COFFEE SERVICE, 20.00	42.80
	JUICE, 12.00	25.68
	SUBTOTAL	68.48

		68.48
	TOTAL	68.48

SUBTOTAL 68.48

TOTAL DUE 68.48

Cedar - Annette
Lg s.22

NAME: Protocol

GRATUITY _____

s.17

MINISTRY/ACCOUNT# _____

GST # 112233445566778899

Present this receipt to the gift shop
& enjoy a 10% discount

Selected Items

CHECK # 483604 DATE 4/25/18
TABLE # 1 TIME 8:08AM

***** DUPLICATE CHECK *****

-- LEGCATERING : AMANDA --

SEAT#	ITEMS ORDERED	AMOUNT
1	ASSORTED SWEETS/PASTRIES	
	200.00	858.00
	COFFEE SERVICE, 150.00	321.00
	SUBTOTAL	1179.00

		1179.00
	TOTAL	1179.00

SUBTOTAL 1179.00

TOTAL DUE 1179.00

LT. Gov Reception

NAME: Protocol

GRATUITY 15% 176.85

s.17

MINISTRY/ACCOUNT# _____

GST # 112233445566778899

Present this receipt to the gift shop
& enjoy a 10% discount

Selected Items

\$
Total 1355.85

**BUSINESS EXPENSE APPROVAL**
for Business Meetings/Protocol Events

BUSINESS EXPENSE APPROVAL NO.

Visits 2018/19

Attach original invoices/receipts that have been coded and approved by an expense authority. Please see page 2 for further instructions.

SECTION 1 – ORIGINATOR INFORMATION

NAME OF ORIGINATOR OF EXPENSE

Office of Protocol

TELEPHONE NO.

(250) 356-5004

YYYY / MM / DD

DATE
SUBMITTED

2018/04/01

MINISTRY/DIVISION/BRANCH

Intergovernmental Relations Secretariat /
Office of Protocol

LOCATION (CITY) OF EVENT

Victoria

START DATE
OF EVENT

YYYY / MM / DD

END DATE
OF EVENT

YYYY / MM / DD

SECTION 2 – NAME / NATURE OF EVENT

In general terms, describe the event, the number of people attending and their affiliation. For example: Annual Regional Meeting – 20 government employees, 2 service contractors.

Various Official Visits

SECTION 3 – INDIVIDUALS INCLUDED IN MEAL CLAIMS

Complete this section only if the Business Expense Approval includes a meal. Identify the individual's name and either the ministry or company they are affiliated with. Attach a separate list if necessary.

SECTION 4 – BUSINESS EXPENSE REQUESTED

CATEGORY	STOB	AMOUNT
1. Meeting Room Rental	6531	
2. Equipment/Furniture Rental	6531	
3. Photocopying, Faxing, Telephone, etc.	6531	
4. Food/Beverages for Meetings <input checked="" type="checkbox"/> BREAKFAST <input checked="" type="checkbox"/> LUNCH <input checked="" type="checkbox"/> DINNER <input checked="" type="checkbox"/> SNACKS <input checked="" type="checkbox"/> COFFEE/TEA/JUICE, ETC.	6531	\$ 3,000.00
5. Business Meals in Restaurant <input checked="" type="checkbox"/> BREAKFAST <input checked="" type="checkbox"/> LUNCH <input checked="" type="checkbox"/> DINNER	6531	
6. Event Planners, Speakers, etc.		
7. Travel Costs for Non-BC Government Participants		
8. Other: _____ _____		
ESTIMATED TOTAL		\$ \$ 3,000.00

SECTION 5 – EXPENSE AUTHORITY PRE-APPROVAL

RESP. CENTRE	SERVICE LINE	PROJECT NO. (IF APPLICABLE) OR ADDITIONAL CODING
36356	18850	3601204
EXPENSE AUTHORITY SIGNATURE – Certified correct pursuant to sections 32 & 33 of the <i>Financial Administration Act</i> and related policies. 		
PRINT NAME OF EXPENSE AUTHORITY		DATE SIGNED YYYY / MM / DD
Lucy Lobmeier		2018/04/01

SECTION 6 – EMPLOYEE REIMBURSEMENT INFORMATION

Complete this section only if reimbursing an employee for expenses they have paid personally. Enter payee name, cheque mailing address, and reimbursement total.

QUALIFIED RECEIVER SIGNATURE – Certified goods/services received pursuant to CPPM 4.3.2.

X

REIMBURSEMENT TOTAL

BUSINESS EXPENSE APPROVAL for Business Meetings/Protocol Events

BUSINESS EXPENSE APPROVAL NO.

LG2018

Attach original invoices/receipts that have been coded and approved by an expense authority. Please see page 2 for further instructions.

SECTION 1 – ORIGINATOR INFORMATION

NAME OF ORIGINATOR OF EXPENSE

TELEPHONE NO.

YYYY / MM / DD

KAREN FELKER AND ANNETTE JORDAN

(250) 3561139

DATE
SUBMITTED

2018/04/09

MINISTRY/DIVISION/BRANCH
OP/IGRS/PROTOCOL

LOCATION (CITY) OF EVENT
VICTORIA

START DATE
OF EVENT

2018/04/23

END DATE
OF EVENT

2018/04/23

SECTION 2 – NAME / NATURE OF EVENT

In general terms, describe the event, the number of people attending and their affiliation. For example: Annual Regional Meeting – 20 government employees, 2 service contractors.

FAREWELL CEREMONY FOR THE 29TH LIEUTENANT GOVERNOR OF BRITISH COLUMBIA - THE HONOURABLE JUDITH GUICHON AND INSTALLATION CEREMONY OF JANET AUSTIN AS THE 30TH LIEUTENANT GOVERNOR -

SECTION 3 – INDIVIDUALS INCLUDED IN MEAL CLAIMS

Complete this section only if the Business Expense Approval includes a meal. Identify the individual's name and either the ministry or company they are affiliated with. Attach a separate list if necessary.

SEE ATTACHED GUEST LIST

SECTION 4 – BUSINESS EXPENSE REQUESTED

CATEGORY	STOB	AMOUNT
1. Meeting Room Rental	6531	
2. Equipment/Furniture Rental	6531	
3. Photocopying, Faxing, Telephone, etc.	6531	
4. Food/Beverages for Meetings <input type="checkbox"/> BREAKFAST <input checked="" type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/> SNACKS <input type="checkbox"/> COFFEE/TEA/JUICE, ETC.	6531	
5. Business Meals in Restaurant <input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER	6531	
6. Event Planners, Speakers, etc.		
7. Travel Costs for Non-BC Government Participants		
8. Other: SEE ATTACHED BUDGET- FAREWELL INSTALLATION		6,100.00 9,625.00

SECTION 5 – EXPENSE AUTHORITY PRE-APPROVAL

RESP. CENTRE	SERVICE LINE	PROJECT NO. (IF APPLICABLE) OR ADDITIONAL CODING
36356	18850	3601130
EXPENSE AUTHORITY SIGNATURE – Certified correct pursuant to sections 32 & 33 of the <i>Financial Administration Act</i> and related policies. 		
PRINT NAME OF EXPENSE AUTHORITY LUCY LOBMEIER		DATE SIGNED YYYY / MM / DD 2018-04-18

SECTION 6 – EMPLOYEE REIMBURSEMENT INFORMATION

Complete this section only if reimbursing an employee for expenses they have paid personally. Enter payee name, cheque mailing address, and reimbursement total.

QUALIFIED RECEIVER SIGNATURE – Certified goods/services received pursuant to CPPM 4.3.2.

X

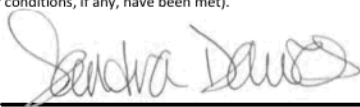
ESTIMATED TOTAL \$ 15,725.00

REIMBURSEMENT TOTAL

[Link to Invoice Coding Sheet completion instructions.](#)

PAYEE NAME <u>LEGISLATIVE DINING ROOM</u>					* SUPPLIER # <u>026864</u>		* SITE <u>001</u>	
CONTRACT/PO # _____		INVOICE DATE <u>31-MAY-2018</u> <small>DD-MMM-YYYY</small>		INVOICE # <u>184-MAY-2018</u>				
DATE INVOICE RECEIVED <u>06-JUN-2018</u> <small>DD-MMM-YYYY</small>		DATE GOODS/ SERVICES REC'D _____ <small>DD-MMM-YYYY</small>		RECEIPT # _____				
NAME &/OR ADDRESS OVERRIDE:				DESCRIPTION FOR CHEQUE STUB: Check #485850/484680/484836				
DATE CHQ/EFT REQ'D (ONLY IF URGENT) _____ <small>DD-MMM-YYYY</small>		GL DATE (if applicable) _____ <small>DD-MMM-YYYY</small>		PAY ALONE? YES <input type="checkbox"/>				
OFA STOB & ASSET # (If applicable) : _____								

AMOUNT (INCLUDING TAX)	PRE-TAX AMOUNT (EXCLUDING TAX)	PST AMOUNT	GST AMOUNT	TAX CODE <small>PST & GST, GST, PST, GST Travel, Other</small>	CL	RESP	SERVICE LINE	STOB	PROJECT	NAME & SUPPLIER # if STOB 57
133.61				0	004	36356	18850	6531	3601204	
133.61	TOTAL									

<p>* EXPENSE AUTHORITY (EA) INFORMATION:</p> <p>* <u>GENEVIEVE ELLIOTT</u> EA PRINTED NAME</p> <p>* BRIEF PAYMENT DESCRIPTION FOR EA NOTIFICATION: Note: This is also the line description displayed on GL detail reports.</p> <p>Chinese Deputy CG/Indonesia CG/Australian HC</p>	<p>* QUALIFIED RECEIVER (QR) CERTIFICATION:</p> <p>* <u>SANDRA DAWES</u> QR PRINTED NAME</p> <p><small>The goods provided or services delivered have been inspected or reviewed; and the goods or services were properly received and documentation to support the account has been verified (i.e., goods: as ordered, correct quantity and suitable quality; services: as contracted, appropriate deliverables and/or performance criteria met; or other conditions, if any, have been met).</small></p> <p style="text-align: center;">  _____ QR SIGNATURE </p>
--	---

BRANCH BUSINESS CONTACT NAME AND PHONE NUMBER:

SANDRA DAWES 250-387-0783

ACCOUNTS DATE STAMP

* Note: Fields with an asterisk do not need to be completed for iProcurement invoices.
FIN FSA 017 REV. SEP/13

INVOICE

Legislative Assembly of British Columbia
 614 Government Street
 Victoria, BC V8V 1X4
 Phone: 250 356 7515 Fax: 250 356 7517

Date:	05/31/2018
Account:	s.17
Page:	1

Amount Paid:	
--------------	--

PROTOCOL AND EVENTS

PO BOX 9422 STN PROV GOVT
 ATTN: SANDRA DAWES
 VICTORIA BC V8W 9V1

Credit Limit: Unlimited

Payment Terms:

Finance Charge Currency Amount \$0.00

RECEIVED
 JUN 04 2018
 OFFICE OF PROTOCOL

^Please return this portion with your payment^

Document No.	Date	Code	Description	Invoice	Payment	Balance
331349	05/24/2018	SLS	CHECK 485850	\$12.39		\$12.39
331350	05/24/2018	SLS	CHECK 484680	\$60.19		\$72.58
331351	05/24/2018	SLS	CHECK 484836	\$61.03		\$133.61

Make cheque payable to the Legislative
 Dining Room
 Thank you Kathryn Reine 250-356-7515

Amount Due:	\$133.61
Minimum Payment:	\$0.00

Current	0-30 Days	31 - 60 Days	61 and Over			
\$133.61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Codes: SLS = Sales / Invoices
 SCP = Scheduled Payments
 DR = Debit Notes

FIN = Finance Charges
 SVC = Service / Repairs
 WRN = Warranties

CR = Credit Notes
 RTN = Returns
 PMT = Payments

Chinese Deputy CG

CHECK # 485850 DATE 5/16/18
TABLE # 22 TIME 2:59PM

-- LEGISLATIVE : KIRSTEN --

ITEMS ORDERED	AMOUNT
4 TEA	9.00
1 COFFEE	2.25

SUBTOTAL 11.25

TOTAL DUE 11.25

TOTAL TAX INCLUDED IN BILL 10.70
GST IN 0.55
NAME: Office of protocol 1.69
GRATUITY 15.00 1.69
MINISTRY/ACCOUNT# Frances Gormak 12.39

GST # 112233445566778899

Present this receipt to the gift shop
& enjoy a 10% discount
Selected Items

184

CHECK # 484680 DATE 5/07/18
TABLE # 10 TIME 12:53PM

-- LEGISLATIVE : MICHELLE --

ITEMS ORDERED	AMOUNT
1 Add Chicken	3.25
1 SALMON PAPARDELLE	13.95
1 VEGGY QUESADILLA	7.25
2 TANDOORI COD	27.90
1 TEA	2.25

SUBTOTAL 54.60

TOTAL DUE 54.60

Visit of Mexican CG

TOTAL TAX INCLUDED IN BILL 2.60
GST IN 52.00

NAME: L. L. R. 8.19

GRATUITY 15.17

MINISTRY/ACCOUNT# 60.19

GST # 112233445566778899

Present this receipt to the gift shop
& enjoy a 10% discount
Selected Items

Australian High Commissioner

CHECK # 484836 DATE 5/08/18
TABLE # 22 TIME 12:42PM

-- LEGISLATIVE : KIRSTEN --

ITEMS ORDERED	AMOUNT
1 Add Wild Salmon	5.95
1 Add Chicken	3.25
1 Add Shrimp	3.25
1 THAI NOODLE SALAD	8.25
1 LG GREEN SALAD	7.50
1 LG CAESAR	9.80
1 VEGGY QUESADILLA	7.25
1 SPECIAL TWO	11.50

SUBTOTAL 56.75

TOTAL DUE 56.75

TOTAL TAX INCLUDED IN BILL 2.00
GST IN 54.03

NAME: Aneta Protan

GRATUITY 7.00

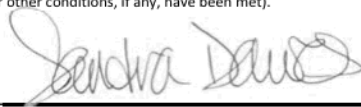
MINISTRY/ACCOUNT# s.17

GST # 112233445566778899
Present this receipt to the gift shop
& enjoy a 10% discount
Selected Items

[Link to Invoice Coding Sheet completion instructions.](#)

PAYEE NAME <u>LEGISLATIVE DINING ROOM</u>					* SUPPLIER # <u>026864</u>		* SITE <u>001</u>	
CONTRACT/PO # _____		INVOICE DATE <u>31-AUG-2018</u> <small>DD-MMM-YYYY</small>		INVOICE # <u>184-AUGUST-2018</u>				
DATE INVOICE RECEIVED <u>05-SEP-2018</u> <small>DD-MMM-YYYY</small>		DATE GOODS/ SERVICES REC'D _____ <small>DD-MMM-YYYY</small>		RECEIPT # _____				
NAME &/OR ADDRESS OVERRIDE:				DESCRIPTION FOR CHEQUE STUB: CHECK #493709 CG OF PHILIPPINES				
DATE CHQ/EFT REQ'D (ONLY IF URGENT) _____ <small>DD-MMM-YYYY</small>		GL DATE (if applicable) _____ <small>DD-MMM-YYYY</small>		PAY ALONE? YES <input type="checkbox"/>				
OFA STOB & ASSET # (If applicable) : _____								

AMOUNT (INCLUDING TAX)	PRE-TAX AMOUNT (EXCLUDING TAX)	PST AMOUNT	GST AMOUNT	TAX CODE <small>PST & GST, GST, PST, GST Travel, Other</small>	CL	RESP	SERVICE LINE	STOB	PROJECT	NAME & SUPPLIER # if STOB 57
32.82				0	004	36356	18850	6531	3601204	
32.82	TOTAL									

<p>* EXPENSE AUTHORITY (EA) INFORMATION:</p> <p>* <u>GENEVIEVE ELLIOTT</u> EA PRINTED NAME</p> <p>* BRIEF PAYMENT DESCRIPTION FOR EA NOTIFICATION: Note: This is also the line description displayed on GL detail reports.</p> <p>MK: VISIT WITH CG PHILIPPINES AUG 28/2018</p>	<p>* QUALIFIED RECEIVER (QR) CERTIFICATION:</p> <p>* <u>SANDRA DAWES</u> QR PRINTED NAME</p> <p><small>The goods provided or services delivered have been inspected or reviewed; and the goods or services were properly received and documentation to support the account has been verified (i.e., goods: as ordered, correct quantity and suitable quality; services: as contracted, appropriate deliverables and/or performance criteria met; or other conditions, if any, have been met).</small></p> <p style="text-align: center;"></p> <p>* _____ QR SIGNATURE</p>
---	--

BRANCH BUSINESS CONTACT NAME AND PHONE NUMBER:

SANDRA DAWES 250-387-0783

ACCOUNTS DATE STAMP

* Note: Fields with an asterisk do not need to be completed for iProcurement invoices.
FIN FSA 017 REV. SEP/13

INVOICE

Legislative Assembly of British Columbia
614 Government Street
Victoria, BC V8V 1X4
Phone: 250 356 7515 Fax: 250 356 7517

Date:	08/31/2018
Account:	s.17
Page:	1
Amount Paid:	

PROTOCOL AND EVENTS

PO BOX 9422 STN PROV GOVT
ATTN: SANDRA DAWES
VICTORIA BC V8W 9V1

Credit Limit: Unlimited
Payment Terms:
Finance Charge Currency Amount \$0.00

^Please return this portion with your payment^

Document No.	Date	Code	Description	Invoice	Payment	Balance
331546	08/29/2018	SLS	CHECK 493709	\$32.82		\$32.82

***** CHECK # 493709 TABLE # 1 DATE 8/28/18 TIME 2:10PM *****	-- LEGCATERING : AMANDA	AMOUNT	14.28	32.82		
	SEAT# ITEMS ORDERED		18.54	32.82		
	1 COFFEE SERVICE, 6.00			32.82		
	DESSERT TRAY, 6.00			32.82		
	SUBTOTAL			32.82		
	TOTAL			32.82		
	SUBTOTAL			32.82		
	TOTAL DUE			32.82		

Claire Dones 778-648-1837

NAME: Protocol

GRATUITY CA Philippines s.17

MINISTRY/ACCOUNT#

GST # 112233445566778899

Present this receipt to the gift shop & enjoy a 10% discount *Selected Items*

Amount Due:	\$32.82
Minimum Payment:	\$0.00

Make cheque payable to the Legislative Dining Room
Thank you Kathryn Reine 250-356-7515

Current	0-30 Days	31 - 60 Days	61 and Over			
\$32.82	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Codes: SLS = Sales / Invoices
SCP = Scheduled Payments
DR = Debit Notes

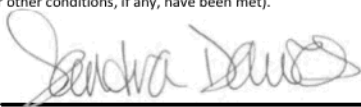
FIN = Finance Charges
SVC = Service / Repairs
WRN = Warranties

CR = Credit Notes
RTN = Returns
PMT = Payments

[Link to Invoice Coding Sheet completion instructions.](#)

PAYEE NAME <u>LEGISLATIVE DINING ROOM</u>					* SUPPLIER # <u>026864</u>		* SITE <u>001</u>	
CONTRACT/PO # _____		INVOICE DATE <u>31-OCT-2018</u> <small>DD-MMM-YYYY</small>		INVOICE # <u>184-OCTOBER-2018</u>				
DATE INVOICE RECEIVED <u>01-NOV-2018</u> <small>DD-MMM-YYYY</small>		DATE GOODS/ SERVICES REC'D _____ <small>DD-MMM-YYYY</small>		RECEIPT # _____				
NAME &/OR ADDRESS OVERRIDE:				DESCRIPTION FOR CHEQUE STUB: CHECK #496880/497093/497148/498292/499063				
DATE CHQ/EFT REQ'D (ONLY IF URGENT) _____ <small>DD-MMM-YYYY</small>		GL DATE (if applicable) _____ <small>DD-MMM-YYYY</small>		PAY ALONE? YES <input type="checkbox"/>				
OFA STOB & ASSET # (If applicable) : _____								

AMOUNT (INCLUDING TAX)	PRE-TAX AMOUNT (EXCLUDING TAX)	PST AMOUNT	GST AMOUNT	TAX CODE <small>PST & GST, GST, PST, GST Travel, Other</small>	CL	RESP	SERVICE LINE	STOB	PROJECT	NAME & SUPPLIER # if STOB 57
800.12				0	004	36356	18850	6531	3601204	
800.12	TOTAL									

<p>* EXPENSE AUTHORITY (EA) INFORMATION:</p> <p>* <u>GENEVIEVE ELLIOTT</u> EA PRINTED NAME</p> <p>* BRIEF PAYMENT DESCRIPTION FOR EA NOTIFICATION: Note: This is also the line description displayed on GL detail reports.</p> <p>CHECK #496880/497093/497148/498292/499063 (VISITS)</p>	<p>* QUALIFIED RECEIVER (QR) CERTIFICATION:</p> <p>* <u>SANDRA DAWES</u> QR PRINTED NAME</p> <p><small>The goods provided or services delivered have been inspected or reviewed; and the goods or services were properly received and documentation to support the account has been verified (i.e., goods: as ordered, correct quantity and suitable quality; services: as contracted, appropriate deliverables and/or performance criteria met; or other conditions, if any, have been met).</small></p> <p style="text-align: center;"></p> <p>* _____ QR SIGNATURE</p>
--	--

BRANCH BUSINESS CONTACT NAME AND PHONE NUMBER:

SANDRA DAWES 250-387-0783

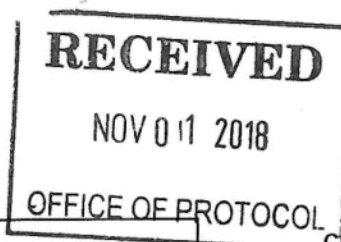
ACCOUNTS DATE STAMP

* Note: Fields with an asterisk do not need to be completed for iProcurement invoices.
FIN FSA 017 REV. SEP/13

INVOICE

Legislative Assembly of British Columbia
614 Government Street
Victoria, BC V8V 1X4
Phone: 250 356 7515 Fax: 250 356 7517

Date:	10/31/2018
Account:	s.17
Page:	1



Amount Paid:	
--------------	--

PROTOCOL AND EVENTS

PO BOX 9422 STN PROV GOVT
ATTN: SANDRA DAWES
VICTORIA BC V8W 9V1

Credit Limit: Unlimited
Payment Terms:
Finance Charge Currency Amount \$0.00

^Please return this portion with your payment^

Document No.	Date	Code	Description	Invoice	Payment	Balance
331624	10/11/2018	SLS	CHECK 496880	\$286.55		\$286.55
331625	10/11/2018	SLS	CHECK 497093	\$208.98		\$495.53
331626	10/11/2018	SLS	CHECK 497148	\$117.44		\$612.97
331652	10/22/2018	SLS	CHECK 498292	\$102.57		\$715.54
331709	10/25/2018	SLS	CHECK 499063	\$84.58		\$800.12

Amount Due:	\$800.12
Minimum Payment:	\$0.00

Make cheque payable to the Legislative
Dining Room
Thank you Kathryn Reine 250-356-7515

Current	0-30 Days	31 - 60 Days	61 and Over			
\$800.12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Codes: SLS = Sales / Invoices
SCP = Scheduled Payments
DR = Debit Notes

FIN = Finance Charges
SVC = Service / Repairs
WRN = Warranties

CR = Credit Notes
RTN = Returns
PMT = Payments

CHECK # 496880 DATE 10/03/18
TABLE # 2 TIME 3:20PM
=====

-- LEGCATERING : AMANDA --
SEAT# ITEMS ORDERED AMOUNT
1 SANDWICH TRAY, 21.00 119.91
 FRESH FRUIT TRAY, 20.00 76.20
 COFFEE SERVICE, 21.00 49.98
 JUICE, 17.00 40.46
 SUBTOTAL 286.55

 286.55
 TOTAL 286.55

SUBTOTAL 286.55

TOTAL DUE 286.55

Protocol
NAME: Seoul Metropolitan Council
GRATUITY Visits 3601204
 s.17
MINISTRY/ACCOUNT# _____

GST # 112233445566778899
Present this receipt to the gift shop
& enjoy a 10% discount
Selected Items

CHECK # 497093 DATE 10/04/18
TABLE # 1 TIME 3:36PM
=====

-- LEGCATERING : AMANDA --
SEAT# ITEMS ORDERED AMOUNT
1 COFFEE SERVICE, 23.00 54.74
 JUICE, 13.00 30.94
 FRESH FRUIT TRAY, 20.00 76.20
 PASTRIES, 30.00 47.10
 SUBTOTAL 208.98

 208.98
 TOTAL 208.98

SUBTOTAL 208.98

TOTAL DUE 208.98

Protocol Visits 3601204
NAME: Lower Saxony State
GRATUITY Germany
 s.17
MINISTRY/ACCOUNT# _____

GST # 112233445566778899
Present this receipt to the gift shop
& enjoy a 10% discount
Selected Items

CHECK # 499063 DATE 10/24/18
TABLE # 22 TIME 1:25PM
***** DUPLICATE CHECK *****

-- LEGISLATIVE : KIRSTEN --

ITEMS ORDERED	AMOUNT
3 THAI CURRY BOWL	36.99
1 SPECIAL TWO	10.95
1 ASSORTED TORTES	7.57
1 CHEESE CAKE	8.52
3 TEA	7.14
1 COFFEE	2.38

SUBTOTAL 73.55

TOTAL DUE 73.55

L. J. Lohm 84.50

NAME: *Lucy Wbmeier*

GRATUITY *15% 11.03*

s.17

MINISTRY/ACCOUNT#

GST # 112233445566778899

Present this receipt to the gift shop
& enjoy a 10% discount

Selected Items

Visit of Amb. K. J. Lohm

CHECK # 497148 DATE 10/05/18
TABLE # 1 TIME 11:40AM

-- LEGCATERING : AMANDA --

SEAT#	ITEMS ORDERED	AMOUNT
1	COFFEE SERVICE, 12.00	28.56
	MINI MUFFINS/SCONES, 20.00	29.60
	MUFFINS, 3.00	7.86
	GLUTEN FREE, 3.00	5.70
	FRESH FRUIT TRAY, 12.00	45.72
	SUBTOTAL	117.44

		117.44
	TOTAL	117.44

SUBTOTAL 117.44

TOTAL DUE 117.44

Jenny 356 7416

visit

NAME: Protocol 3606204

GRATUITY _____ s.17

MINISTRY/ACCOUNT# _____

GST # 112233445566778899

Present this receipt to the gift shop
& enjoy a 10% discount
Selected Items

CHECK # 498292 DATE 10/18/18
TABLE # 7 TIME 1:42PM

DUPLICATE CHECK *****

-- LEGISLATIVE : TAMARA --

ITEMS ORDERED	AMOUNT
1 CUP VEGETABLE CHOWDER	3.81
2 FIVE SPICED SALMON	26.58
1 TENDERLOIN MEDALLIONS	14.24
1 SPECIAL ONE	12.33
1 LEMON PIE	5.67
2 CHEESE CAKE	17.04
2 COFFEE	4.76
2 HERBAL TEA	4.76

SUBTOTAL 89.19

TOTAL DUE 89.19

GST IN

NAME:

GRATUITY

s.17

MINISTRY/ACCOUNT#

GST # 112233445566778899

Present this receipt to the gift shop
& enjoy a 10% discount
Selected Items

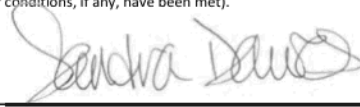
Protocol visits 3606204

102.57

[Link to Invoice Coding Sheet completion instructions.](#)

PAYEE NAME <u>LEGISLATIVE DINING ROOM</u>					* SUPPLIER # <u>026864</u>		* SITE <u>001</u>	
CONTRACT/PO # _____		INVOICE DATE <u>09-MAY-2018</u> <small>DD-MMM-YYYY</small>		INVOICE # <u>184-MAY-9-2018</u>				
DATE INVOICE RECEIVED <u>09-MAY-2018</u> <small>DD-MMM-YYYY</small>		DATE GOODS/ SERVICES REC'D <u>09-MAY-2018</u> <small>DD-MMM-YYYY</small>		RECEIPT # _____				
NAME &/OR ADDRESS OVERRIDE:				DESCRIPTION FOR CHEQUE STUB: CHECK #485008				
DATE CHQ/EFT REQ'D (ONLY IF URGENT) _____ <small>DD-MMM-YYYY</small>		GL DATE (if applicable) _____ <small>DD-MMM-YYYY</small>		PAY ALONE? YES <input type="checkbox"/>				
OFA STOB & ASSET # (If applicable) : _____								

AMOUNT (INCLUDING TAX)	PRE-TAX AMOUNT (EXCLUDING TAX)	PST AMOUNT	GST AMOUNT	TAX CODE <small>PST & GST, GST, PST, GST Travel, Other</small>	CL	RESP	SERVICE LINE	STOB	PROJECT	NAME & SUPPLIER # if STOB 57
611.94				0	004	36356	18850	6531	3601204	
611.94	TOTAL									

<p>* EXPENSE AUTHORITY (EA) INFORMATION:</p> <p>* <u>GENEVIEVE ELLIOTT</u> EA PRINTED NAME</p> <p>* BRIEF PAYMENT DESCRIPTION FOR EA NOTIFICATION: Note: This is also the line description displayed on GL detail reports.</p> <p>VISITS/FG: EUROPEAN UNION LUNCHEON MAY 9, 2018</p>	<p>* QUALIFIED RECEIVER (QR) CERTIFICATION:</p> <p>* <u>SANDRA DAWES</u> QR PRINTED NAME</p> <p><small>The goods provided or services delivered have been inspected or reviewed; and the goods or services were properly received and documentation to support the account has been verified (i.e., goods: as ordered, correct quantity and suitable quality; services: as contracted, appropriate deliverables and/or performance criteria met; or other conditions, if any, have been met).</small></p> <p style="text-align: center;"></p> <p>* _____ QR SIGNATURE</p>
--	--

BRANCH BUSINESS CONTACT NAME AND PHONE NUMBER:

SANDRA DAWES 250-387-0783

ACCOUNTS DATE STAMP

* Note: Fields with an asterisk do not need to be completed for iProcurement invoices.
FIN FSA 017 REV. SEP/13

 CHECK # 485008 DATE 5/09/18
 TABLE # 15 TIME 1:54PM
 ***** DUPLICATE CHECK *****
 =====

-- LEGISLATIVE : DELAINA --

ITEMS ORDERED	AMOUNT
1 Add Wild Salmon	5.67
2 DINNER ROLL	2.38
1 Add Chicken	3.09
1 CURRY SPIN SALAD	10.95
4 CUP TOMATO BISQUE	13.32
1 BOWL TOMATO BISQUE	4.29
3 CUP DAILY SOUP	9.99
2 BOWL DAILY SOUP	8.58
1 LG CAESAR	9.33
1 LG SPINACH SALAD	9.52
2 PESTO CHICKEN PASTA	24.66
2 VEGETARIAN MELT	17.04
2 SPECIAL THREE	24.66
1 PORK TENDERLOIN	12.33
1 TURKEY CRANBERRY SALAD	11.38
1 TUNA CLUBHOUSE	10.71
11 SPECIAL ONE	149.27
7 ASSORTED PIE	39.69
3 A LA MODE	5.58
6 ASSORTED TORTES	45.42
5 CHEESE CAKE	42.60
2 TEA	4.28
17 COFFEE	36.38
6 POP	12.84
1 GLS QUAILS BLANC	7.83
1 ANALOGUE 78 - KOLSCH	5.17
1 PHILLIPS PILSNER	5.17

SUBTOTAL 532.13

 TOTAL DUE 532.13

Eu Luncheon
 Protocol - Frances

NAME: _____

GRATUITY 15% 79.81

s.17

MINISTRY/ACCOUNT# _____

GST # 112233445566778899
 Present this receipt to the gift shop
 & enjoy a 10% discount
 Selected Items

Total \$611.94

BUSINESS EXPENSE APPROVAL for Business Meetings/Protocol Events

Attach original invoices/receipts that have been coded and approved by an expense authority. Please see page 2 for further instructions.

BUSINESS EXPENSE APPROVAL NO.

SECTION 1 – ORIGINATOR INFORMATION

NAME OF ORIGINATOR OF EXPENSE Frances Gorman	TELEPHONE NO. (250) 387-0744	DATE SUBMITTED 2018/05/10
MINISTRY/DIVISION/BRANCH Office of the Premier/IGRS/Office of Protocol	LOCATION (CITY) OF EVENT Victoria	START DATE OF EVENT 2017/05/09
		END DATE OF EVENT 2017/09/11

SECTION 2 – NAME / NATURE OF EVENT

In general terms, describe the event, the number of people attending and their affiliation. For example: Annual Regional Meeting – 20 government employees, 2 service contractors.

Lunch meeting hosted by the Minister of Jobs, Trade and Technology in the Legislative Dining Room:


Visit of European Parliament Delegation for Relations with Canada

Attendees including: 8 members of parliament from EU countries; Delegation of the European Union to Canada staff; EU political staff and interpreters. Also attended by three IGRS staff.
24 people at the lunch.

SECTION 3 – INDIVIDUALS INCLUDED IN MEAL CLAIMS

Complete this section only if the Business Expense Approval includes a meal. Identify the individual's name and either the ministry or company they are affiliated with. Attach a separate list if necessary.

See attached.

SECTION 4 – BUSINESS EXPENSE REQUESTED			SECTION 5 – EXPENSE AUTHORITY PRE-APPROVAL		
CATEGORY	STOB	AMOUNT	RESP. CENTRE	SERVICE LINE	PROJECT NO. (IF APPLICABLE) OR ADDITIONAL CODING
1. Meeting Room Rental	6531		36356	18850	3601204
2. Equipment/Furniture Rental	6531		EXPENSE AUTHORITY SIGNATURE – Certified correct pursuant to sections 32 & 33 of the <i>Financial Administration Act</i> and related policies. 		
3. Photocopying, Faxing, Telephone, etc.	6531				
4. Food/Beverages for Meetings <input type="checkbox"/> BREAKFAST <input checked="" type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/> SNACKS <input checked="" type="checkbox"/> COFFEE/TEA/JUICE, ETC.	6531		PRINT NAME OF EXPENSE AUTHORITY Lucy Lobmeier		DATE SIGNED YYYY / MM / DD 2018/05/09
5. Business Meals in Restaurant <input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER	6531	611.94	SECTION 6 – EMPLOYEE REIMBURSEMENT INFORMATION Complete this section only if reimbursing an employee for expenses they have paid personally. Enter payee name, cheque mailing address, and reimbursement total.		
6. Event Planners, Speakers, etc.					
7. Travel Costs for Non-BC Government Participants					
8. Other: _____		0.00	QUALIFIED RECEIVER SIGNATURE – Certified goods/services received pursuant to CPPM 4.3.2. X		
ESTIMATED TOTAL		\$ 611.94	REIMBURSEMENT TOTAL		

Official Party - Members of Parliament:

Mr. Bernd KÖLMEL, MEP, Chair (Germany)
Mr. Paul BRANNEN, S&D, 2nd Vice-Chair (United Kingdom)
Mr. Geoffroy DIDIER, EPP (France)
Mr. Jérôme LAVRILLEUX, EPP (France)
Mr. Răzvan POPA, S&D (Romania)
Mr. Ricardo SERRÃO SANTOS, S&D (Portugal)
Ms. Kathleen VAN BREMPT, S&D (Belgium)
Mr. Davor ŠKRLEC, Green/EFA (Croatia)

Political group staff

Marek Hannibal, EPP
Ralph Kuhne, S&D
Jan Hendrik Stange, ECR

Secretariat

Mr. Adam Isaacs, Head of Unit Trans-Atlantic Unit
Mr. Leon Peijnenburg, Administrator responsible for Canada
Mr. Gabriel Turlui, Assistant

Delegation of the European Union to Canada

Amela TRHULJ, First Secretary, Coordination of Trade Affairs

Interpreters

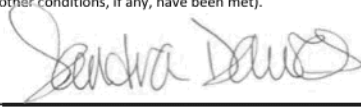
Mr. Felix Frank
Ms. Lucie Langevin
Ms. Qjinti Oblitas – Team Leader

Miniser Ralston
Minister's assistant
Pierrette Maranda, IGRS
Frances Gorman, IGRS
Anika Starling, IGRS

[Link to Invoice Coding Sheet completion instructions.](#)

PAYEE NAME <u>LEGISLATIVE DINING ROOM</u>					* SUPPLIER # <u>026864</u>		* SITE <u>001</u>	
CONTRACT/PO # _____		INVOICE DATE <u>31-MAY-2018</u> <small>DD-MMM-YYYY</small>		INVOICE # <u>187-SAUDER-2018</u>				
DATE INVOICE RECEIVED <u>06-JUN-2018</u> <small>DD-MMM-YYYY</small>		DATE GOODS/ SERVICES REC'D _____ <small>DD-MMM-YYYY</small>		RECEIPT # _____				
NAME &/OR ADDRESS OVERRIDE:				DESCRIPTION FOR CHEQUE STUB: CHECK #485077				
DATE CHQ/EFT REQ'D (ONLY IF URGENT) _____ <small>DD-MMM-YYYY</small>		GL DATE (if applicable) _____ <small>DD-MMM-YYYY</small>		PAY ALONE? YES <input type="checkbox"/>				
OFA STOB & ASSET # (If applicable) : _____								

AMOUNT (INCLUDING TAX)	PRE-TAX AMOUNT (EXCLUDING TAX)	PST AMOUNT	GST AMOUNT	TAX CODE <small>PST & GST, GST, PST, GST Travel, Other</small>	CL	RESP	SERVICE LINE	STOB	PROJECT	NAME & SUPPLIER # if STOB 57
92.18				0	004	36356	18850	6531	3600000	
92.18	TOTAL									

<p>* EXPENSE AUTHORITY (EA) INFORMATION:</p> <p>* <u>GENEVIEVE ELLIOTT</u> EA PRINTED NAME</p> <p>* BRIEF PAYMENT DESCRIPTION FOR EA NOTIFICATION: Note: This is also the line description displayed on GL detail reports.</p> <p>UVIC SAUDER KOREAN STUDENTS LUNCHEON</p>	<p>* QUALIFIED RECEIVER (QR) CERTIFICATION:</p> <p>* <u>SANDRA DAWES</u> QR PRINTED NAME</p> <p><small>The goods provided or services delivered have been inspected or reviewed; and the goods or services were properly received and documentation to support the account has been verified (i.e., goods: as ordered, correct quantity and suitable quality; services: as contracted, appropriate deliverables and/or performance criteria met; or other conditions, if any, have been met).</small></p> <p style="text-align: center;"></p> <p>* _____ QR SIGNATURE</p>
--	--

BRANCH BUSINESS CONTACT NAME AND PHONE NUMBER:

SANDRA DAWES 250-387-0783

ACCOUNTS DATE STAMP

* Note: Fields with an asterisk do not need to be completed for iProcurement invoices.
FIN FSA 017 REV. SEP/13

Legislative Assembly of British Columbia
614 Government Street
Victoria, BC V8V 1X4
Phone: 250 356 7515 Fax: 250 356 7517

Date:	05/31/2018
Account:	s.17
Page:	1
Amount Paid:	

2ND FLOOR-620 SUPERIOR STREET
ATTN: SANDRA DAWES
VICTORIA BC V8V 1V2

Credit Limit: Unlimited
Payment Terms:
Finance Charge Currency Amount \$0.00

RECEIVED
JUN 04 2013
OFFICE OF PROTOCOL

^Please return this portion with your payment^

Document No.	Date	Code	Description	Invoice	Payment	Balance
331339	05/24/2018	SLS	CHECK 485077	\$92.18		\$92.18

CHECK # 485077

DATE 5/09/18

TABLE # 1

TIME 2:10PM

=====

-- LEGCATERING : AMANDA

SEAT# ITEMS ORDERED AMOUNT

1 SANDWICH TRAY, 9.00 48.87

SM GREEN SALAD, 5.00 24.05

COFFEE SERVICE, 9.00 19.26

SUBTOTAL 92.18

92.18

TOTAL 92.18

SUBTOTAL 92.18

TOTAL DUE 92.18

Kelly @ 387-0752

NAME: LARS

GRATUITY _____

MINISTRY/ACCOUNT# _____

GST # 112233445566778899

Present this receipt to the gift shop & enjoy a 10% discount

Selected Items VBC Sander School Kean Luncheon

Make cheque payable to the Legislative Dining Room
Thank you Kathryn Reine 250-356-7515

Amount Due:	\$92.18
Minimum Payment:	\$0.00

<u>Current</u>	<u>0-30 Days</u>	<u>31 - 60 Days</u>	<u>61 and Over</u>			
\$92.18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Codes: SLS = Sales / Invoices
SCP = Scheduled Payments
DR = Debit Notes

FIN = Finance Charges
SVC = Service / Repairs
WRN = Warranties

CR = Credit Notes
RTN = Returns
PMT = Payments

**BUSINESS EXPENSE APPROVAL**
for Business Meetings/Protocol Events

BUSINESS EXPENSE APPROVAL NO.

Attach original invoices/receipts that have been coded and approved by an expense authority. Please see page 2 for further instructions.

SECTION 1 – ORIGINATOR INFORMATION

NAME OF ORIGINATOR OF EXPENSE

TELEPHONE NO.

YYYY / MM / DD

Sukumar Periwal

(250) 387-0761

DATE
SUBMITTED

2018/06/18

MINISTRY/DIVISION/BRANCH

LOCATION (CITY) OF EVENT

YYYY / MM / DD

Intergovernmental Relations Secretariat

Victoria

START DATE
OF EVENT

2018/05/09

END DATE
OF EVENT

2018/05/09

SECTION 2 – NAME / NATURE OF EVENT

In general terms, describe the event, the number of people attending and their affiliation. For example: Annual Regional Meeting – 20 government employees, 2 service contractors.

UVIC Sauder School of Business luncheon with Korean students.

SECTION 3 – INDIVIDUALS INCLUDED IN MEAL CLAIMS

Complete this section only if the Business Expense Approval includes a meal. Identify the individual's name and either the ministry or company they are affiliated with. Attach a separate list if necessary.

see attached list.

SECTION 4 – BUSINESS EXPENSE REQUESTED

CATEGORY	STOB	AMOUNT
1. Meeting Room Rental	6531	
2. Equipment/Furniture Rental	6531	
3. Photocopying, Faxing, Telephone, etc.	6531	
4. Food/Beverages for Meetings <input type="checkbox"/> BREAKFAST <input checked="" type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/> SNACKS <input type="checkbox"/> COFFEE/TEA/JUICE, ETC.	6531	\$ 92.18
5. Business Meals in Restaurant <input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER	6531	
6. Event Planners, Speakers, etc.		
7. Travel Costs for Non-BC Government Participants		
8. Other: _____ _____		

ESTIMATED TOTAL

\$ 92.18

SECTION 5 – EXPENSE AUTHORITY PRE-APPROVAL

RESP. CENTRE

SERVICE LINE

PROJECT NO. (IF APPLICABLE) OR
ADDITIONAL CODING

36356

18850

3600000

EXPENSE AUTHORITY SIGNATURE – Certified correct pursuant to sections 32 & 33 of the *Financial Administration Act* and related policies.

PRINT NAME OF EXPENSE AUTHORITY

DATE SIGNED

YYYY / MM / DD

Kelly Brubacher

2018/06/07

SECTION 6 – EMPLOYEE REIMBURSEMENT INFORMATION

Complete this section only if reimbursing an employee for expenses they have paid personally. Enter payee name, cheque mailing address, and reimbursement total.

QUALIFIED RECEIVER SIGNATURE – Certified goods/services received pursuant to CPPM 4.3.2.

X

REIMBURSEMENT TOTAL

PARTICIPANTS

Sauder School of Business Students:

Mr. PARK Myoungkum	Senior Deputy Director, Ministry of Government Legislation
Mr. OH Young Rok	Senior Deputy Director, Ministry of Oceans and Fisheries
Mr. KU Bon Jun	Senior Deputy Director, Ministry of Science, ICT and Future Planning
Mr. LEE Han Sang	Tax Auditor, National Tax Service

UBC Sauder School of Business:

Ms. Sunny Lee	Program Coordinator, Executive Education
---------------	--

Government of British Columbia:

Mr. Sukumar Periwai	Executive Director, Strategic Policy and Planning, Intergovernmental Relations Secretariat (IGRS)
Mr. Grant Smith	Executive Director, Federalism & Canadian Intergovernmental Policy, IGRS
Ms. Sarah Langdon	Intergovernmental Relations Advisor, IGRS