

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

13 APR 2016

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.  
**55159-012**

**SECTION 1 - ORIGINATOR INFORMATION**

NAME OF ORIGINATOR OF EXPENSE <b>Anne Murphy</b>		TELEPHONE NO. <b>( 604 ) 660-8272</b>	DATE SUBMITTED <b>2016/03/21</b>
MINISTRY/DIVISION/BRANCH <b>Transportation &amp; Infrastructure/Inf. Dept./GMT Replacement Project</b>	LOCATION (CITY) OF EVENT <b>Vancouver</b>		START DATE OF EVENT <b>2016/03/21</b>
			END DATE OF EVENT <b>2016/03/21</b>

**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.

BCTFA/Major Projects Working Session  
2 government employees  
1 service contractor

**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.

Gary So, BCTFA  
Shameem Poonja, GMT  
Ed Sanders, SunCoast

VENDOR: **2112146**  
SITE: **HOME**  
INVOICE #: **55159-012**  
INVOICE DATE: **21 MAR 2016**  
CONTRACT #:   
BATCH #: **THGMT17005NPW**  
BATCH DATE: **13 APR 2016**

**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	45.00
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:		
<b>ESTIMATED TOTAL</b>		<b>\$ 45.00</b>

**SECTION 5 - EXPENSE AUTHORITY PRE-APPROVAL**

RESP. CENTRE <b>55159</b>	SERVICE LINE <b>623.46</b>	PROJECT NO. (IF APPLICABLE) OR ADDITIONAL CODING <b>5515900</b>
EXPENSE AUTHORITY SIGNATURE - Certified correct pursuant to sections 32 & 33 of the Financial Administration Act and related policies. <i>[Signature]</i>		
PRINT NAME OF EXPENSE AUTHORITY <b>MIKE OLIVER</b>		DATE SIGNED <b>2016/03/21</b>

**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.

**Shameem Poonja**  
**\$ 40.89** per attached receipt

QUALIFIED RECEIVER SIGNATURE - Certified goods/services received pursuant to CPPM 4.3.2. <b>X</b> <i>[Signature]</i>	<b>REIMBURSEMENT TOTAL</b> <b>\$ 40.89</b>
---	---

55159 012

140-925

Vancouver, BC  
604 620 0766  
GST # 80923 4925 RT0001

Tbf:0	Ref:11215
Ser:	Chk:11215
Country:	3/21/2016 12:07 pm
Sarah	9.99
3 Greens	8.97
Samsen	9.99
Luigi	9.99
SubTotal	38.94
GST	1.95
Total	40.89
s.22	40.89
Amount Paid	40.89

140-925  
St. @ The Cathedral Place  
Vancouver BC V6C 3L3

## 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.

55159-013

### SECTION 1 - ORIGINATOR INFORMATION

NAME OF ORIGINATOR OF EXPENSE

Michelle Co

TELEPHONE NO.

( 604 ) 660-8282

YYYY / MM / DD

DATE  
SUBMITTED

2016/04/27

MINISTRY/DIVISION/BRANCH

Transportation and Infrastructure, George  
Massey Tunnel Replacement Project

LOCATION (CITY) OF EVENT

Vancouver, BC

START DATE  
OF EVENT

YYYY / MM / DD

2016/04/27

END DATE  
OF EVENT

YYYY / MM / DD

2016/04/27

### 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.

TI Corp. / GMT Project Staff Workshop (10 people).

### 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.

As indicated above.

### SECTION 4 - BUSINESS EXPENSE REQUESTED

CATEGORY	STOB	AMOUNT
Meeting Room Rental	6531	
Equipment/Furniture Rental	6531	
Photocopying, Faxing, Telephone, etc.	6531	
Beverages for Meetings	6531	150.00
BREAKFAST <input checked="" type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/> JUICES <input checked="" type="checkbox"/> COFFEE/TEA/JUICE, ETC. <input type="checkbox"/>		
Meals in Restaurant	6531	
BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/>		
Trainers, Speakers, etc.		
Costs for Non-BC Participants		

### SECTION 5 - EXPENSE AUTHORITY PRE-APPROVAL

RESP. CENTRE

SERVICE LINE

PROJECT NO. (IF APPLICABLE) OR  
ADDITIONAL CODING

55059

62346

5515900

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

*[Signature]*

PRINT NAME OF EXPENSE AUTHORITY

DATE SIGNED

Mike Oliver

YYYY / MM / DD

2016/04/27

### 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

\$ 150.00

REIMBURSEMENT TOTAL

55159-013

**Smokehouse Sandwich Co.**  
140-925 West Georgia St. @ The Cathedral Place  
Vancouver, BC V6C 3L2  
604 620 0766  
GST # 80923 4925 RT0001

	Ref:13067
MICHELLE	Chk:13068
Shaun	4/27/2016 11:39 am
Platter Large	8 Sandwiches 75.00
Platter Medium	4 Sandwiches 38.99
SubTotal	114.98
GST	5.75
Total	120.73
MC s.17	120.73
Amount Paid	120.73

Smokehouse Sandwich Co.  
140-925 West Georgia St. @ The Cathedral Place  
Vancouver, BC V6C 3L2  
604.682.0700

TYPE: PURCHASE

ACCT: MC	\$ 120.73
TIP	\$ 0.00
	=====
TOTAL	\$ 120.73

RD NUMBER: s.17  
TE/TIME: 27 Apr 2016 11:40:51  
ERENCE#: 88253520 0010013500 C  
OR#: 144052

Card  
s.17

00  
BY PIN

NUMBER 30068

VED - THANK YOU 027

**SIGNATURE REQUIRED**

Use your records.

Ref:13067  
Chk:13068

4/27/2016 11:39 am

Platter Large	8 Sandwiches	75.00
Platter Medium	4 Sandwiches	38.99

SubTotal	114.98
GST	5.75

Total	120.73
-------	--------

MC s.17 120.73

Amount Paid	120.73
-------------	--------

12 beverages  
Pop + Juice

1970年1月

2000 年 12 月 29 日

Purchase

s.17

MASTERCARD

Entry Method: C

Total: \$ 19.35

2016-04-27 11:45:12

Seq #: 001-045006-0

Appr Code: 144514

Resp Code: 01/027

The following  
XXXXXXXXXXXX0100  
73 01 58 00 00 02 0C 0B  
00 00 00 00 00  
End ID  
6E 5A 0E 0E 01 0F 9F 0F

APPROVED

ik You

Verified By P110

$$H_{\text{eff}}(t) = H_0 + H_1(t) + H_2(t) + \dots$$

return this copy to [redacted]

# BUSINESS EXPENSE APPROVAL

## for Business Meetings/Protocol Events

BUSINESS EXPENSE APPROVAL NO.

55159-014

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.	DATE SUBMITTED
Stacey Knopf	( 604 ) 660-2135	2016/06/16
MINISTRY/DIVISION/BRANCH	LOCATION (CITY) OF EVENT	START DATE OF EVENT
Ministry of Transportation and Infrastructure	Vancouver, BC	2016/06/16
GMT		END DATE OF EVENT
		2016/06/16

### 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 - 2 government employees

### 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.

Grant Main and Patrick Livolsi

### SECTION 4 - BUSINESS EXPENSE REQUESTED

CATEGORY	STOB	AMOUNT
1. Meeting Room Rental	6531	0.00
2. Equipment/Furniture Rental	6531	0.00
3. Photocopying, Faxing, Telephone, etc.	6531	0.00
4. Food/Beverages for Meetings	6531	20.00
<input type="checkbox"/> BREAKFAST <input checked="" type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/> SNACKS <input type="checkbox"/> COFFEE/TEA/JUICE, ETC.		
5. Business Meals in Restaurant	6531	0.00
<input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER		
6. Event Planners, Speakers, etc.		0.00
7. Travel Costs for Non-BC Government Participants		0.00
8. Other:		0.00

### SECTION 5 - EXPENSE AUTHORITY PRE-APPROVAL

RESP. CENTRE	SERVICELINE	PROJECT NO. (IF APPLICABLE) OR ADDITIONAL CODING
55159	62346	5515900
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
David Chang		2016/06/16

### 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 \$ 20.00

REIMBURSEMENT TOTAL

Smokehouse Sandwich Co.  
140-925 West Georgia St. @ The Cathedral Place  
Vancouver, BC V6C 3L2  
604 620 0766  
GST # 80923 4925 RT0001

TAXID  
STACY

Ref:15858

Chk:15859

Station

6/16/2016 12:44 pm

Sarah	8.99
Cut Seasonal Fruits	3.99
Perrier	1.99

SubTotal	15.97
GST	0.80

Total	16.77
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MC <sup>s.17</sup>	16.77
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Amount Paid	16.77
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Smokehouse Sandwich Co.  
140-925 West Georgia St. @ The Cathedral Place  
Vancouver, BC V6C 3L2  
604 620 0766  
GST # 80923 4925 RT0001

## BUSINESS EXPENSE APPROVAL for Business Meetings/Protocol Events

BUSINESS EXPENSE APPROVAL NO.

55159-015

**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 <b>Maggie McInnes</b>	TELEPHONE NO. <b>( 604 ) 713-0483</b>	DATE SUBMITTED <b>2016/09/09</b>
MINISTRY/DIVISION/BRANCH <b>Ministry of Transportation &amp; Infrastructure George Massey Tunnel Replacement Project</b>	LOCATION (CITY) OF EVENT <b>Richmond, BC</b>	START DATE OF EVENT <b>2016/09/16</b>
		END DATE OF EVENT <b>2016/09/16</b>

### 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.

Environmental Assessment Application Working Group alignment tour

4 MoE [BC EAO]

7 Members of the Musqueam Indian Band

4 GMT service contractors

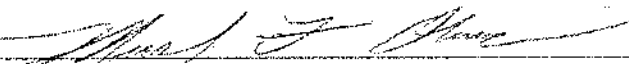
### SECTION 3 - INDIVIDUALS INCLUDED IN MEAL CLAIMS

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 type="checkbox"/> BREAKFAST <input 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: <u>Bus charter (one mini-bus)*</u>	7015	486.00
*Price includes all taxes		

### SECTION 5 - EXPENSE AUTHORITY PRE-APPROVAL

RESP. CENTRE <b>55159</b>	SERVICE LINE <b>62346</b>	PROJECT NO. (IF APPLICABLE) OR ADDITIONAL CODING <b>5515900</b>
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 <b>Mike Oliver</b>		DATE SIGNED YYYY / MM / DD <b>2016 / 09 / 12</b>

### 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 \$ 486.00**

**REIMBURSEMENT TOTAL**

# Vancouver Shuttle & Minibus

Sept 17<sup>th</sup>, 2016  
Invoice No. 1001MT

Ministry of Transportation & Infrastructure  
George Massey Tunnel Replacement  
# 2030-11662 Steveston Highway  
Richmond, BC V3B 0G1

Attention: Adrienne Gardner

E-mail: Adrienne.Gardiner@gov.bc.ca

Service booked for September 16<sup>th</sup>, 2016

Minibus Service – (5.5 hours)	\$600.88
Airport Fee	\$0.00
Tax –	\$30.04
Total	\$630.92
Other	<u>0.00</u>
Total Account in Canadian funds.	\$630.92

*Thank You for booking with Vancouver Shuttle & Minibus*

1-866-874-1311 604-874-4896  
[www.vancouverminibus.ca](http://www.vancouverminibus.ca) [vancouverminibus@shaw.ca](mailto:vancouverminibus@shaw.ca)

4849 Dumfries Street, Vancouver B.C. V5N 3T8,  
Tel. No. 604-874-4896, E-Mail: [Limorez@shaw.ca](mailto:Limorez@shaw.ca)  
AAA Absolute Class Limousine LTD G.S.T. No. 89933 8636 RM0001



## 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.  
**55159-016**

### SECTION 1 - ORIGINATOR INFORMATION

NAME OF ORIGINATOR OF EXPENSE <b>Maggie McInnes</b>	TELEPHONE NO. <b>( 604 ) 713-0483</b>	DATE SUBMITTED <b>2016/09/09</b>
MINISTRY/DIVISION/BRANCH <b>Ministry of Transportation &amp; Infrastructure</b>	LOCATION (CITY) OF EVENT <b>Richmond, BC</b>	START DATE OF EVENT <b>2016/09/19</b>
<b>George Massey Tunnel Replacement Project</b>		END DATE OF EVENT <b>2016/09/19</b>

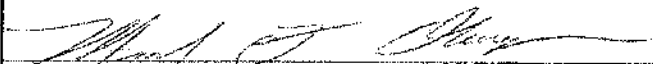
### SECTION 2 - NAME / NATURE OF EVENT

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.

Environmental Assessment Application Working Group alignment tour  
3 MoE [BC EAO]  
25 Members of the EA Working Group  
7 GMT service contractors

### 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			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		55159	62346	5515900
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 type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/> SNACKS <input type="checkbox"/> COFFEE/TEA/JUICE, ETC.	6531		PRINT NAME OF EXPENSE AUTHORITY <b>Mike Oliver</b>		DATE SIGNED YYYY / MM / DD <b>2016/09/12</b>
5. Business Meals in Restaurant <input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER	6531		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: <u>Bus charter (two mini-buses)*</u>	7015	972.00	QUALIFIED RECEIVER SIGNATURE – Certified goods/services received pursuant to CPPM 4.3.2.  <b>X</b>		
*Price includes all taxes					
<b>ESTIMATED TOTAL</b>		<b>\$ 972.00</b>	<b>REIMBURSEMENT TOTAL</b>		

# Vancouver Shuttle & Minibus

*called to CC  
for print*

Sept 19<sup>th</sup>, 2016  
Invoice No. 1002MT

**Ministry of Transportation & Infrastructure  
George Massey Tunnel Replacement  
# 2030-11662 Steveston Highway  
Richmond, BC V3B 0G1**

**Attention: Adrienne Gardner**

**E-mail: Adrienne.Gardiner@gov.bc.ca**

Service booked for September 19<sup>th</sup>, 2016

Minibus Service – 2 x minibuses at 3.5 hours each	\$764.75
Airport Fee	\$0.00
Tax –	\$38.24
Total	\$802.99
Other	<u>0.00</u>
Total Account in Canadian funds.	\$802.99

*Thank You for booking with Vancouver Shuttle & Minibus*

1-866-874-1311 604-874-4896  
[www.vancouverminibus.ca](http://www.vancouverminibus.ca) [vancouverminibus@shaw.ca](mailto:vancouverminibus@shaw.ca)

4849 Dumfries Street, Vancouver B.C. V5N 3T8,  
Tel. No. 604-874-4896, E-Mail: [Limorez@shaw.ca](mailto:Limorez@shaw.ca)  
AAA Absolute Class Limousine LTD G.S.T. No. 89933 8636 RM0001

# BUSINESS EXPENSE APPROVAL for Business Meetings/Protocol Events

BUSINESS EXPENSE APPROVAL NO.

55159-017

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.	DATE SUBMITTED	YYYY / MM / DD
Olivia Staples		( 604 ) 660-8282		2016/11/09
MINISTRY/DIVISION/BRANCH	LOCATION (CITY) OF EVENT		START DATE OF EVENT	YYYY / MM / DD
George Massey Tunnel Replacement Project	Vancouver			2016/11/09
			END DATE OF EVENT	YYYY / MM / DD
				2016/11/09

## 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.

JAG/GMT Working Session

## 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.

Mike Proudfoot - GMTR  
Nasir Kurji - GMTR  
Jon Buckle - GMTR  
Susan Mossing - JAG  
Nisha Bathe - JAG

## 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	6531	60.00
<input type="checkbox"/> BREAKFAST <input checked="" type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/> SNACKS <input type="checkbox"/> COFFEE/TEA/JUICE, ETC.		
5. Business Meals in Restaurant	6531	
<input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER		
6. Event Planners, Speakers, etc.		
7. Travel Costs for Non-BC Government Participants		
8. Other:		

## SECTION 5 - EXPENSE AUTHORITY PRE-APPROVAL

RESP. CENTRE	SERVICE LINE	PROJECT NO. (IF APPLICABLE) OR ADDITIONAL CODING
55159	62346	5515920
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

## 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 \$ 60.00

REIMBURSEMENT TOTAL

TYPE : PURCHASE

ACCT : MASTERCARD

AMOUNT : \$52.45

TOTAL : \$52.45

CARD NUMBER : s.17

DATE/TIME : 09 Nov 2016 11:53:33

REFERENCE # : 862596240010011610 C

AUTH # : 145394

MasterCard

s.17

01 APPROVED - THANK YOU 027

"Important - retain this copy for your records"

CUSTOMER COPY

Smokehouse Sandwich Co.  
140-925 West Georgia St. @ The Cathedral Place  
Vancouver, BC V6C 3L2  
604 620 0766  
GST # 80923 4825 RT0001

Tbl:0

OLIVIA

Ref:22837

Chk:22838

Elsa

11/9/2016 11:39 am

2 Samson	19.98
Sarah	9.99
Wilbur	9.99
Billie	9.99
5 Bottled Water	4.95
*Void(5)* Bottled Water	-4.95

SubTotal	49.95
GST	2.50

Total	52.45
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MC s.17	52.45
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Amount Paid	52.45
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Smokehouse Sandwich Co.  
140-925 West Georgia St. @ The Cathedral Place  
Vancouver, BC V6C 3L2  
604 620 0766  
GST # 80923 4825 RT0001

# BUSINESS EXPENSE APPROVAL for Business Meetings/Protocol Events

BUSINESS EXPENSE APPROVAL NO.

55159-018

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 Erin Sept	TELEPHONE NO. ( 604 ) 6608238	DATE SUBMITTED YYYY / MM / DD 2016/11/15
MINISTRY/DIVISION/BRANCH Transportation & Infrastructure George Massey Tunnel Replacement Project	LOCATION (CITY) OF EVENT LRB 6th Floor, 1066 West Hastings Street	START DATE OF EVENT YYYY / MM / DD 2016/11/17
		END DATE OF EVENT YYYY / MM / DD 2016/11/17

## 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.

RFP Workshop A 9:00 am - 4:00pm, 4 Government, 14 Service Contractors, 15 Proponent attendees

Procurement

## 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.

Please 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 checked="" type="checkbox"/> SNACKS <input checked="" type="checkbox"/> COFFEE/TEA/JUICE, ETC.	6531	5450.00
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:		

## SECTION 5 - EXPENSE AUTHORITY PRE-APPROVAL

RESP. CENTRE 55159	SERVICE LINE 62346	PROJECT NO. (IF APPLICABLE) OR ADDITIONAL CODING 5515920
EXPENSE AUTHORITY SIGNATURE - Certified correct pursuant to sections 32 & 33 of the Financial Administration Act and related policies.		
PRINT NAME OF EXPENSE AUTHORITY Mike Oliver, Sr. Mgr. Costed		DATE SIGNED YYYY / MM / DD 2016 / 11 / 15

## 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 \$ 5450.00

REIMBURSEMENT TOTAL

New Etc  
925 W. GEORGIA  
ST

11-16-16

8H54.00 1  
\*55.00 2  
\*2.7 11

\*56.00 12  
\*60.00 13  
\*5.5 14

\* 12-16  
000-3647

BUSINESS  
LICENCE #  
16-143652

**MANGEZ**  
FRESH FOOD FAST!  
**MANGEZ**

*Coffee*  
**Tim Hortons**

Restaurant #2467  
1355 West Georgia St - 118  
Vancouver, BC V6E 3P3

Sunlife Tower  
Corner of Thurlow & Melville  
#120-1100 Melville Street  
Vancouver, B.C.  
V6E 4A6

1 Canbro 35 Orig Blend \$45.00  
Subtotal: \$45.00  
GST: \$2.25 PST: \$0.00  
GrandTotal: \$47.25  
Master Card: \$47.25  
Change Due: \$0.00

INVOICE # B943

Take Out # 199 100 Cashier

GST # 8248471

Thanks for stopping by!  
Tell us how we did at  
www.telltimhortons.com 1-888-601-1616  
Thu Nov 17, 2016 09:42:24  
Receipt #: 7294951  
HST #: 898802061

WHO: Ministry  
604-660

WHERE: 550-925

WHEN: Thur/17

WHAT: ITEM  
Cookies  
Salad  
Sandwich

MASTER CARD s.17  
Card Entry: CHIP Sequence: 000110  
Trans Type: Purchase \$47.25  
Term #: 201  
Ref #: 00000110  
Application Label: MasterCard  
AID #: s.17  
TVR #: E800  
TSI #: APPROVED  
Auth #: 124237



By entering a verified PIN, cardholder agrees  
to pay issuer such total in accordance with issuers  
agreement with CardHolder.

Guest Copy

REPRINT RECEIPT

☐ PLEASE SAVE TRAYS FOR  
☐ THANK YOU VERY MUCH!

1100 MELVILLE ST.  
VANCOUVER, BC. V6E 4A6  
604-669-4142

**SALE**

REF#: 00000006

Batch #: 277  
11/17/16 10:19:26  
APPR CODE: 131926  
Trace: 6  
MASTERCARD Manual CP  
s.17

AMOUNT \$422.73  
TIP \$  
TOTAL \$

APPROVED

THANK YOU / MERCI  
CUSTOMER COPY

Y	PRICE	AMOUNT
	\$1.95	\$64.35
	\$4.25	\$140.25
	\$6.00	\$198.00
	Subtotal	\$402.60
	GST 5%	\$20.13
	TOTAL	\$422.73

NED TRAY  
CATERING NEEDS



Sunlife Tower  
Corner of Thurlow & Melville  
#120-1100 Melville Street  
Vancouver, B.C.  
V6E 4A6

**INVOICE #** B943

**GST #** 824847990 RT 0001

**WHO:** Ministry of Transportation  
604-660-2135 Stacy

**WHERE:** 550-925 Georgia St

**WHEN:** Thur/17/Nov/ 2016

WHAT:	ITEM	QUANTITY	PRICE	AMOUNT
	Cookies	33	\$1.95	\$64.35
	Salad	33	\$4.25	\$140.25
	Sandwiche	33	\$6.00	\$198.00
			<b>Subtotal</b>	<b>\$402.60</b>
			<b>GST 5%</b>	<b>\$20.13</b>
			<b>TOTAL</b>	<b>\$422.73</b>

**THANK YOU**

- ☐ PLEASE SAVE TRAYS FOR PICK UP. \$5.00 CHARGE FOR EACH UNRETURNED TRAY
- ☐ THANK YOU VERY MUCH FOR CHOOSING MANGEZ MANGEZ FOR YOUR CATERING NEEDS



## BUSINESS EXPENSE APPROVAL

### for Business Meetings/Protocol Events

BUSINESS EXPENSE APPROVAL NO.

55159-0179

**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

Olivia Staples

TELEPHONE NO.

( 604 ) 660-8282

DATE SUBMITTED

YYYY / MM / DD

2016/11/16

MINISTRY/DIVISION/BRANCH

George Massey Tunnel Replacement Project

LOCATION (CITY) OF EVENT

550-925 West Georgia Street  
Vancouver, BC V6C 3L2

START DATE OF EVENT

YYYY / MM / DD

2016/11/16

END DATE OF EVENT

YYYY / MM / DD

2016/11/16

#### 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.

GMTR/JAG Project Update Meeting

*Procurement*

#### 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.

Mike Proudfoot - GMTR

Nasir Kurji - GMTR

Jon Buckle - GMTR

Nisha Bathe - JAG

Susan Mossing - JAG

#### 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	65.00
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:		

#### SECTION 5 - EXPENSE AUTHORITY PRE-APPROVAL

RESP. CENTRE	SERVICE LINE	PROJECT NO. (IF APPLICABLE) OR ADDITIONAL CODING
55159	62346	5515920
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
DAVID CHANG		2016/11/16

#### 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 \$ 65.00**

**REIMBURSEMENT TOTAL**

(DUPLICATE COPY)

MY HONEY'S BUNS  
#110-925 WEST GEORGIA ST  
VANCOUVER BC CANADA

**Invoice#: 4457 START**

Date: 16-Nov-2016 12:22:50 PM

Server: LEAH

5 X Oatmeal Raisin Cookie	\$11.20
SUB-TOTAL:	\$11.20
GST(5%):	\$0.56
<b>TOTAL DUE:</b>	<b>\$11.76</b>

MASTERCARD: \$11.76

PAID: \$11.76

THANK YOU!

Smokehouse Sandwich Co.  
140-925 West Georgia St. @ The Cathedral Place  
Vancouver, BC V6C 3L2  
604 620 0766  
GST # 80923 4925 RT0001

Tbl:0

OLIVIA

Elsa

Ref:23154

Chk:23155

11/16/2016 12:00 pm

Samson	9.99
Billie	9.99
Sarah	9.99
Wilbur	9.99
Luigi	9.99

SubTotal	49.96
GST	2.50

Total 52.45

MC s.17 52.45

Amount Paid 52.45

Smokehouse Sandwich Co.  
140-925 West Georgia St. @ The Cathedral Place  
Vancouver, BC V6C 3L2  
604 620 0766  
GST # 80923 4925 RT0001

TYPE : PURCHASE

ACCT : MASTERCARD

AMOUNT : \$52.45

TOTAL : \$52.45

CARD NUMBER : s.17

DATE/TIME : 16 Nov 2016 12:20:53

REFERENCE # : 062596240010013850 C

AUTH # : 152054

MasterCard

s.17

01 APPROVED - THANK YOU 027

"Important - retain this copy for your records"

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