


PAYMENT REQUEST

- Use this form to requisition a single payment.
- See **CPPM Chapter D** for additional instructions.

1. MINISTRY AND GROUP NO.

2. CLIENT 034	3. MINISTRY AND ORIGINATING OFFICE MOTI - TRANSIT BRANCH	4. TITLE OF ACCOUNT – ENTER ONLY IF NOT A NUMBERED VOTE	DOCUMENT CONTROL NO. 30nov20bct
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5. DATE REQ. ISSUED YYYY / MM / DD 2020/11/12	6. DATE INVOICE RECEIVED OR DATE GOODS/SERVICES RECEIVED (WHICHEVER IS LATER) YYYY / MM / DD 2020/11/30	7. FISCAL YEAR 21	8.  SPECIAL ISSUE INSTRUCTIONS – ENTER D (RETURN CHEQUE TO MINISTRY) OR LEAVE BLANK.
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9. ORDER IN COUNCIL NO., SPECIAL TIMING REQUIREMENTS, COMMENTS (OPTIONAL)	10. CODE – CHEQUE STUB PRINTOUT – <i>MAXIMUM 10 SINGLE-SPACED LINES, 38 CHARACTER LINES</i>
Payment needs to be received by BC Transit by Nov 30	00

11A. PAYEE NAME AND ADDRESS – MAXIMUM 5 SINGLE-SPACED LINES,
40 CHARACTERS PER LINE

BC TRANSIT
520 GORGE ROAD EAST
PO BOX 9861 STN PROV GOVT
VICTORIA BC

11B. POSTAL CODE

V8W9T5

12A. PAYEE SUPPLIER CODE

12B. LOC.
CODE

S.17

[illegible]

21. CERTIFIED CORRECT SIGNATURE

Corinna Laird

APPROVED

By CALAIRD at 3:37 pm, Nov 16, 2020

TELEPHONE NO. _____

(778) 698-5431

22. GOVERNMENT AGENT STAMP OR
MANUAL CHEQUE NO. AND CHEQUE DATE

23. EXPENSE AUTHORITY SIGNATURE

CERTIFIED THAT THE AMOUNT TO BE PAID IS CORRECT,
IS IN ACCORDANCE WITH APPROPRIATE STATUTE OR
OTHER AUTHORITY FOR PAYMENT AND/OR CONTRACT;
AND, WHERE APPLICABLE, THAT THE WORK HAS BEEN
PERFORMED, THE GOODS SUPPLIED, THE SERVICE
RENDERED AND/OR OTHER CONDITIONS MET.

PRINT NAME

Andrea Mercer

SIGNATURE

A. P. M.

*Please enter actual dollar amount.

ORIGINAL: MINISTRY FINANCIAL SERVICES BRANCH


COPY: ORIGINATING OFFICE

Clear Form

PAYMENT REQUEST

- Use this form to requisition a single payment.
- See **CPPM Chapter D** for additional instructions.

1. MINISTRY AND GROUP NO.

2. CLIENT 034		3. MINISTRY AND ORIGINATING OFFICE MOTI - TRANSIT BRANCH		4. TITLE OF ACCOUNT – ENTER ONLY IF NOT A NUMBERED VOTE		DOCUMENT CONTROL NO. 31dec20bct
5. DATE REQ. ISSUED YYYY / MM / DD 2020/12/09		6. DATE INVOICE RECEIVED OR DATE GOODS/SERVICES RECEIVED (WHICHEVER IS LATER) YYYY / MM / DD 2020/12/31		7. FISCAL YEAR 21		8.  SPECIAL ISSUE INSTRUCTIONS – ENTER D (RETURN CHEQUE TO MINISTRY) OR LEAVE BLANK.

9. ORDER IN COUNCIL NO., SPECIAL TIMING REQUIREMENTS, COMMENTS (OPTIONAL)	10. CODE – CHEQUE STUB PRINTOUT – <i>MAXIMUM 10 SINGLE-SPACED LINES, 38 CHARACTER LINES</i>
Payment needs to be received by BC Transit by Dec 31	00

11A. PAYEE NAME AND ADDRESS – MAXIMUM 5 SINGLE-SPACED LINES,
40 CHARACTERS PER LINE

BC TRANSIT
520 GORGE ROAD EAST
PO BOX 9861 STN PROV GOVT
VICTORIA BC

11B. POSTAL CODE
V8W9T5

12A. PAYEE SUPPLIER CODE	12B. LOC. CODE	
3.17		

[illegible]

21. CERTIFIED CORRECT SIGNATURE	APPROVED By CALAIRD at 3:58 pm, Dec 16, 2020	TELEPHONE NO. (778) 974-5269
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22. GOVERNMENT AGENT STAMP OR MANUAL CHEQUE NO. AND CHEQUE DATE	23. EXPENSE AUTHORITY SIGNATURE CERTIFIED THAT THE AMOUNT TO BE PAID IS CORRECT, IS IN ACCORDANCE WITH APPROPRIATE STATUTE OR OTHER AUTHORITY FOR PAYMENT AND/OR CONTRACT; AND, WHERE APPLICABLE, THAT THE WORK HAS BEEN PERFORMED, THE GOODS SUPPLIED, THE SERVICE RENDERED AND/OR OTHER CONDITIONS MET.	PRINT NAME Andrea Mercer
		SIGNATURE <div style="border: 1px solid black; padding: 5px;"> APPROVED <i>By Andrea Mercer at 2:27 pm, Dec 18, 20</i> </div>


*Please enter actual dollar amount.

Clear Form

PAYMENT REQUEST

- Use this form to requisition a single payment.
- See **CPPM Chapter D** for additional instructions.

1. MINISTRY AND GROUP NO.

2. CLIENT 034		3. MINISTRY AND ORIGINATING OFFICE MOTI - TRANSIT BRANCH		4. TITLE OF ACCOUNT – ENTER ONLY IF NOT A NUMBERED VOTE		DOCUMENT CONTROL NO. 31jan21bct
5. DATE REQ. ISSUED YYYY / MM / DD 2021/01/15		6. DATE INVOICE RECEIVED OR DATE GOODS/SERVICES RECEIVED (WHICHEVER IS LATER) YYYY / MM / DD 2021/01/31		7. FISCAL YEAR 21		8.  SPECIAL ISSUE INSTRUCTIONS – ENTER D (RETURN CHEQUE TO MINISTRY) OR LEAVE BLANK.

9. ORDER IN COUNCIL NO., SPECIAL TIMING REQUIREMENTS, COMMENTS (OPTIONAL)	10. CODE – CHEQUE STUB PRINTOUT – <i>MAXIMUM 10 SINGLE-SPACED LINES, 38 CHARACTER LINES</i>
Payment needs to be received by BC Transit by January 31	00

11A. PAYEE NAME AND ADDRESS – MAXIMUM 5 SINGLE-SPACED LINES,
40 CHARACTERS PER LINE

BC TRANSIT
520 GORGE ROAD EAST
PO BOX 9861 STN PROV GOVT
VICTORIA BC

11B. POSTAL CODE
V8W9T5

12A. PAYEE SUPPLIER CODE

12B. LOC.
CODE

S.17

[illegible]

21. CERTIFIED CORRECT SIGNATURE

Corinna Laird

APPROVED

By CALAIRD at 2:40 pm, Jan 15, 2021

TELEPHONE NO.

(778) 698-5431

22. GOVERNMENT AGENT STAMP OR
MANUAL CHEQUE NO. AND CHEQUE DATE

23. EXPENSE AUTHORITY SIGNATURE

CERTIFIED THAT THE AMOUNT TO BE PAID IS CORRECT,
IS IN ACCORDANCE WITH APPROPRIATE STATUTE OR
OTHER AUTHORITY FOR PAYMENT AND/OR CONTRACT;
AND, WHERE APPLICABLE, THAT THE WORK HAS BEEN
PERFORMED, THE GOODS SUPPLIED, THE SERVICE
RENDERED AND/OR OTHER CONDITIONS MET.

PRINT NAME

Andrea Mercer

SIGNATURE

APPROVED

By Andrea Mercer at 12:45 pm, Feb 01, 2021

*Please enter actual dollar amount.

ORIGINAL: MINISTRY FINANCIAL SERVICES BRANCH

COPY: ORIGINATING OFFICE


Clear Form

PAYMENT REQUEST

- Use this form to requisition a single payment.
- See **CPPM Chapter D** for additional instructions.

1. MINISTRY AND GROUP NO.

2. CLIENT 034	3. MINISTRY AND ORIGINATING OFFICE MOTI - TRANSIT BRANCH	4. TITLE OF ACCOUNT – ENTER ONLY IF NOT A NUMBERED VOTE	DOCUMENT CONTROL NO. 28feb21bct
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5. DATE REQ. ISSUED YYYY / MM / DD 2021/02/11	6. DATE INVOICE RECEIVED OR DATE GOODS/SERVICES RECEIVED (WHICHEVER IS LATER) YYYY / MM / DD 2021/02/28	7. FISCAL YEAR 21	8.  SPECIAL ISSUE INSTRUCTIONS – ENTER D (RETURN CHEQUE TO MINISTRY) OR LEAVE BLANK.
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9. ORDER IN COUNCIL NO., SPECIAL TIMING REQUIREMENTS, COMMENTS (OPTIONAL)	10. CODE – CHEQUE STUB PRINTOUT – <i>MAXIMUM 10 SINGLE-SPACED LINES, 38 CHARACTER LINES</i>
Payment needs to be received by BC Transit by February 28	00

11A. PAYEE NAME AND ADDRESS – <i>MAXIMUM 5 SINGLE-SPACED LINES, 40 CHARACTERS PER LINE</i>	
BC TRANSIT c/o Erinn Pinkerton - President and CEO 520 GORGE ROAD EAST PO BOX 9861 STN PROV GOVT VICTORIA BC	
11B. POSTAL CODE	V8W9T5

12A. PAYEE SUPPLIER CODE	12B. LOC. CODE	
17		

[illegible]

21. CERTIFIED CORRECT SIGNATURE	REVIEWED By CALAIRD at 2:57 pm, Feb 12, 2021	TELEPHONE NO. (778) 698-5431
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22. GOVERNMENT AGENT STAMP OR MANUAL CHEQUE NO. AND CHEQUE DATE	23. EXPENSE AUTHORITY SIGNATURE CERTIFIED THAT THE AMOUNT TO BE PAID IS CORRECT, IS IN ACCORDANCE WITH APPROPRIATE STATUTE OR OTHER AUTHORITY FOR PAYMENT AND/OR CONTRACT; AND, WHERE APPLICABLE, THAT THE WORK HAS BEEN PERFORMED, THE GOODS SUPPLIED, THE SERVICE RENDERED AND/OR OTHER CONDITIONS MET.	PRINT NAME Andrea Mercer	SIGNATURE <div style="border: 1px solid black; padding: 5px; text-align: center;"> APPROVED <i>By Andrea Mercer at 3:27 pm, Feb 12, 2021</i> </div>
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*Please enter actual dollar amount.

ORIGINAL: MINISTRY FINANCIAL SERVICES BRANCH


COPY: ORIGINATING OFFICE

Clear Form

PAYMENT REQUEST

- Use this form to requisition a single payment.
- See **CPPM Chapter D** for additional instructions.

1. MINISTRY AND GROUP NO.

2. CLIENT 034		3. MINISTRY AND ORIGINATING OFFICE MOTI - TRANSIT BRANCH		4. TITLE OF ACCOUNT – ENTER ONLY IF NOT A NUMBERED VOTE		DOCUMENT CONTROL NO. 31mar21bct
5. DATE REQ. ISSUED YYYY / MM / DD 2021/05/26		6. DATE INVOICE RECEIVED OR DATE GOODS/SERVICES RECEIVED (WHICHEVER IS LATER) YYYY / MM / DD 2021/05/26		7. FISCAL YEAR 22		8.  SPECIAL ISSUE INSTRUCTIONS – ENTER D (RETURN CHEQUE TO MINISTRY) OR LEAVE BLANK.

9. ORDER IN COUNCIL NO., SPECIAL TIMING REQUIREMENTS, COMMENTS (OPTIONAL)	10. CODE – CHEQUE STUB PRINTOUT – <i>MAXIMUM 10 SINGLE-SPACED LINES, 38 CHARACTER LINES</i> 00
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11A. PAYEE NAME AND ADDRESS – MAXIMUM 5 SINGLE-SPACED LINES,
40 CHARACTERS PER LINE

BC TRANSIT
c/o Erinn Pinkerton - President and CEO
520 GORGE ROAD EAST
PO BOX 9861 STN PROV GOVT
VICTORIA BC

11B. POSTAL CODE
V8W9T5

12A. PAYEE SUPPLIER CODE	12B. LOC. CODE	
S.17		

S.17

[illegible]

21. CERTIFIED CORRECT SIGNATURE **REVIEWED** TELEPHONE NO.
By Janey Park at 9:25 am, May 27, 2021 (250) 208-2163

22. GOVERNMENT AGENT STAMP OR MANUAL CHEQUE NO. AND CHEQUE DATE	23. EXPENSE AUTHORITY SIGNATURE CERTIFIED THAT THE AMOUNT TO BE PAID IS CORRECT, IS IN ACCORDANCE WITH APPROPRIATE STATUTE OR OTHER AUTHORITY FOR PAYMENT AND/OR CONTRACT; AND, WHERE APPLICABLE, THAT THE WORK HAS BEEN PERFORMED, THE GOODS SUPPLIED, THE SERVICE RENDERED AND/OR OTHER CONDITIONS MET.	PRINT NAME Jodi Dong	SIGNATURE <div style="border: 1px solid black; padding: 5px; text-align: center;"> APPROVED <i>By Jodi Dong at 7:30 pm, May 27, 2021</i> </div>
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*Please enter actual dollar amount.

ORIGINAL: MINISTRY FINANCIAL SERVICES BRANCH

COPY: ORIGINATING OFFICE

Clear Form

PAYMENT REQUEST


- Use this form to requisition a single payment.
- See **CPPM Chapter D** for additional instructions.

1. MINISTRY AND GROUP NO.									
2. CLIENT 034									
3. MINISTRY AND ORIGINATING OFFICE MOTI - TRANSIT BRANCH									
4. TITLE OF ACCOUNT - ENTER ONLY IF NOT A NUMBERED VOTE DOCUMENT CONTROL NO.									
5. DATE REQ. ISSUED YYYY / MM / DD 2021/04/20									
6. DATE INVOICE RECEIVED OR DATE GOODS/SERVICES RECEIVED (WHICHEVER IS LATER) YYYY / MM / DD 2021/04/30									
7. FISCAL YEAR 22									
8. SPECIAL ISSUE INSTRUCTIONS - ENTER D (RETURN CHEQUE TO MINISTRY) OR LEAVE BLANK.									
9. ORDER IN COUNCIL NO., SPECIAL TIMING REQUIREMENTS, COMMENTS (OPTIONAL) Payment needs to be received by BC Transit by April 30									
10. CODE - CHEQUE STUB PRINTOUT - MAXIMUM 10 SINGLE-SPACED LINES, 38 CHARACTER LINES 00 APRIL 2021 OPERATING GRANT PAYMENT (ADVANCEMENT) CONTRIBUTION AGREEMENT									
11A. PAYEE NAME AND ADDRESS - MAXIMUM 5 SINGLE-SPACED LINES, 40 CHARACTERS PER LINE BC TRANSIT c/o Erinn Pinkerton - President and CEO 520 GORGE ROAD EAST PO BOX 9861 STN PROV GOVT VICTORIA BC									
11B. POSTAL CODE V8W9T5									
12A. PAYEE SUPPLIER CODE									
12B. LOC. CODE									
13. CLIENT 034									
14. RESP CENTRE 55030									
15. SERVICE LINE 64550									
16. STOB 8051									
17. PROJECT 5503007									
18. DISTRIBUTION SUPPLIER CODE									
19. AMOUNT OF CHEQUE INCLUDING TAXES 10,450,500.00									
20. GST/HST AMOUNT									
21. CERTIFIED CORRECT SIGNATURE REVIEWED By Janey Park at 2:27 pm, Apr 20, 2021									
22. GOVERNMENT AGENT STAMP OR MANUAL CHEQUE NO. AND CHEQUE DATE									
23. EXPENSE AUTHORITY SIGNATURE CERTIFIED THAT THE AMOUNT TO BE PAID IS CORRECT, IS IN ACCORDANCE WITH APPROPRIATE STATUTE OR OTHER AUTHORITY FOR PAYMENT AND/OR CONTRACT: AND, WHERE APPLICABLE, THAT THE WORK HAS BEEN PERFORMED, THE GOODS SUPPLIED, THE SERVICE RENDERED AND/OR OTHER CONDITIONS MET.									
PRINT NAME Jodi Dong									
SIGNATURE APPROVED By Jodi Dong at 10:20 am, Apr 23, 2021									
*Please enter actual dollar amount.									
ORIGINAL: MINISTRY FINANCIAL SERVICES BRANCH									
COPY: ORIGINATING OFFICE									
Clear Form									

PAYMENT REQUEST

- Use this form to requisition a single payment.
- See **CPPM Chapter D** for additional instructions.

1. MINISTRY AND GROUP NO.

2. CLIENT 034		3. MINISTRY AND ORIGINATING OFFICE MOTI - TRANSIT BRANCH		4. TITLE OF ACCOUNT – ENTER ONLY IF NOT A NUMBERED VOTE		DOCUMENT CONTROL NO.	
5. DATE REQ. ISSUED YYYY / MM / DD 2021/05/25		6. DATE INVOICE RECEIVED OR DATE GOODS/SERVICES RECEIVED (WHICHEVER IS LATER) YYYY / MM / DD 2021/05/31		7. FISCAL YEAR 22		8.  SPECIAL ISSUE INSTRUCTIONS – ENTER D (RETURN CHEQUE TO MINISTRY) OR LEAVE BLANK.	

9. ORDER IN COUNCIL NO., SPECIAL TIMING REQUIREMENTS, COMMENTS (OPTIONAL)		10. CODE – CHEQUE STUB PRINTOUT – <i>MAXIMUM 10 SINGLE-SPACED LINES, 38 CHARACTER LINES</i>	
Payment needs to be received by BC Transit on May 31		00	

11A. PAYEE NAME AND ADDRESS – MAXIMUM 5 SINGLE-SPACED LINES,
40 CHARACTERS PER LINE

BC TRANSIT
c/o Erinn Pinkerton - President and CEO
520 GORGE ROAD EAST
PO BOX 9861 STN PROV GOVT
VICTORIA BC

11B. POSTAL CODE
V8W9T5

12A. PAYEE SUPPLIER CODE

12B. LOC.
CODE

S.17

[illegible]

21. CERTIFIED CORRECT SIGNATURE

REVIEWED

By Janey Park at 4:52 pm, May 25, 2021

TELEPHONE NO.

(250) 208-2163

22. GOVERNMENT AGENT STAMP OR
MANUAL CHEQUE NO. AND CHEQUE DATE

23. EXPENSE AUTHORITY SIGNATURE

CERTIFIED THAT THE AMOUNT TO BE PAID IS CORRECT,
IS IN ACCORDANCE WITH APPROPRIATE STATUTE OR
OTHER AUTHORITY FOR PAYMENT AND/OR CONTRACT;
AND, WHERE APPLICABLE, THAT THE WORK HAS BEEN
PERFORMED, THE GOODS SUPPLIED, THE SERVICE
RENDERED AND/OR OTHER CONDITIONS MET.

PRINT NAME

Jodi Dong

SIGNATURE

APPROVED

By Jodi Dong at 7:31 pm, May 27, 2021

*Please enter actual dollar amount.

ORIGINAL: MINISTRY FINANCIAL SERVICES BRANCH

COPY: ORIGINATING OFFICE

Clear Form

PAYMENT REQUEST

- Use this form to requisition a single payment.
- See **CPPM Chapter D** for additional instructions.

1. MINISTRY AND GROUP NO.

2. CLIENT 034	3. MINISTRY AND ORIGINATING OFFICE MOTI - TRANSIT BRANCH	4. TITLE OF ACCOUNT – <i>ENTER ONLY IF NOT A NUMBERED VOTE</i>	DOCUMENT CONTROL NO.
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5. DATE REQ. ISSUED YYYY / MM / DD 2021/07/12	6. DATE INVOICE RECEIVED OR DATE GOODS/SERVICES RECEIVED (WHICHEVER IS LATER) YYYY / MM / DD 2021/06/30	7. FISCAL YEAR 22	8.  SPECIAL ISSUE INSTRUCTIONS – ENTER D (RETURN CHEQUE TO MINISTRY) OR LEAVE BLANK.
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9. ORDER IN COUNCIL NO., SPECIAL TIMING REQUIREMENTS, COMMENTS (OPTIONAL)	10. CODE – CHEQUE STUB PRINTOUT – <i>MAXIMUM 10 SINGLE-SPACED LINES, 38 CHARACTER LINES</i>
Payment needs to be received by BC Transit as soon as	00

possible	June 2021 OPERATING GRANT PAYMENT (ADVANCEMENT)
11A. PAYEE NAME AND ADDRESS – <i>MAXIMUM 5 SINGLE-SPACED LINES, 40 CHARACTERS PER LINE</i>	CONTRIBUTION AGREEMENT

BC TRANSIT c/o Erinn Pinkerton - President and CEO 520 GORGE ROAD EAST PO BOX 9861 STN PROV GOVT VICTORIA BC	11B. POSTAL CODE V8W9T5
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12A. PAYEE SUPPLIER CODE	12B. LOC. CODE	
S.17		

[illegible]

21. CERTIFIED CORRECT SIGNATURE

REVIEWED
By Janey Park at 8:53 am, Jul 12, 2021

TELEPHONE NO.
(778) 698-3280

22. GOVERNMENT AGENT STAMP OR MANUAL CHEQUE NO. AND CHEQUE DATE	23. EXPENSE AUTHORITY SIGNATURE CERTIFIED THAT THE AMOUNT TO BE PAID IS CORRECT, IS IN ACCORDANCE WITH APPROPRIATE STATUTE OR OTHER AUTHORITY FOR PAYMENT AND/OR CONTRACT; AND, WHERE APPLICABLE, THAT THE WORK HAS BEEN PERFORMED, THE GOODS SUPPLIED, THE SERVICE RENDERED AND/OR OTHER CONDITIONS MET.	PRINT NAME Kate Mukasa	SIGNATURE
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*Please enter actual dollar amount.

ORIGINAL: MINISTRY FINANCIAL SERVICES BRANCH


COPY: ORIGINATING OFFICE

Clear Form

PAYMENT REQUEST

- Use this form to requisition a single payment.
- See **CPPM Chapter D** for additional instructions.

1. MINISTRY AND GROUP NO.

2. CLIENT 034		3. MINISTRY AND ORIGINATING OFFICE MOTI - TRANSIT BRANCH		4. TITLE OF ACCOUNT – ENTER ONLY IF NOT A NUMBERED VOTE		DOCUMENT CONTROL NO.	
5. DATE REQ. ISSUED YYYY / MM / DD 2021/07/21		6. DATE INVOICE RECEIVED OR DATE GOODS/SERVICES RECEIVED (WHICHEVER IS LATER) YYYY / MM / DD 2021/07/31		7. FISCAL YEAR 22		8.  SPECIAL ISSUE INSTRUCTIONS – ENTER D (RETURN CHEQUE TO MINISTRY) OR LEAVE BLANK.	

9. ORDER IN COUNCIL NO., SPECIAL TIMING REQUIREMENTS, COMMENTS (OPTIONAL)	10. CODE – CHEQUE STUB PRINTOUT – <i>MAXIMUM 10 SINGLE-SPACED LINES, 38 CHARACTER LINES</i>
Payment needs to be received by BC Transit on July 31	00

11A. PAYEE NAME AND ADDRESS – MAXIMUM 5 SINGLE-SPACED LINES,
40 CHARACTERS PER LINE

BC TRANSIT
c/o Erinn Pinkerton - President and CEO
520 GORGE ROAD EAST
PO BOX 9861 STN PROV GOVT
VICTORIA BC

11B. POSTAL CODE
V8W9T5

12A. PAYEE SUPPLIER CODE	12B. LOC. CODE	
.17		

[illegible]

21. CERTIFIED CORRECT SIGNATURE <div style="border: 1px solid black; padding: 5px; margin: 5px auto; width: fit-content;"> REVIEWED <i>By Janey Park at 2:06 pm, Jul 21, 2021</i> </div>	TELEPHONE NO. (778) 698-3280
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22. GOVERNMENT AGENT STAMP OR MANUAL CHEQUE NO. AND CHEQUE DATE	23. EXPENSE AUTHORITY SIGNATURE CERTIFIED THAT THE AMOUNT TO BE PAID IS CORRECT, IS IN ACCORDANCE WITH APPROPRIATE STATUTE OR OTHER AUTHORITY FOR PAYMENT AND/OR CONTRACT; AND, WHERE APPLICABLE, THAT THE WORK HAS BEEN PERFORMED, THE GOODS SUPPLIED, THE SERVICE RENDERED AND/OR OTHER CONDITIONS MET.	PRINT NAME Jodi Dong (Linda Harmon)	SIGNATURE <div style="border: 1px solid black; padding: 5px; text-align: center;"> APPROVED <i>By LHarmon at 2:16 pm, Jul 21, 2021</i> </div>
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*Please enter actual dollar amount.

ORIGINAL: MINISTRY FINANCIAL SERVICES BRANCH

COPY: ORIGINATING OFFICE

Clear Form



1. MINISTRY AND GROUP NO.

S.17

21. CERTIFIED CORRECT SIGNATURE

By Junko Preniqi at 8:52 am, Aug 24, 2021

TELEPHONE NO.

(778) 974-5286

22. GOVERNMENT AGENT STAMP OR
MANUAL CHEQUE NO. AND CHEQUE DATE23. **EXPENSE AUTHORITY SIGNATURE**

CERTIFIED THAT THE AMOUNT TO BE PAID IS CORRECT,
IS IN ACCORDANCE WITH APPROPRIATE STATUTE OR
OTHER AUTHORITY FOR PAYMENT AND/OR CONTRACT;
AND, WHERE APPLICABLE, THAT THE WORK HAS BEEN
PERFORMED, THE GOODS SUPPLIED, THE SERVICE
RENDERED AND/OR OTHER CONDITIONS MET.

PRINT NAME

Ellen Slanina Aug 24/21

SIGNATURE

El Slanina

*Please enter actual dollar amount.

ORIGINAL: MINISTRY FINANCIAL SERVICES BRANCH


COPY: ORIGINATING OFFICE

[Clear Form](#)

PAYMENT REQUEST

- Use this form to requisition a single payment.
- See **CPPM Chapter D** for additional instructions.

1. MINISTRY AND GROUP NO.

2. CLIENT 034		3. MINISTRY AND ORIGINATING OFFICE MOTI - TRANSIT BRANCH		4. TITLE OF ACCOUNT – ENTER ONLY IF NOT A NUMBERED VOTE		DOCUMENT CONTROL NO.	
5. DATE REQ. ISSUED YYYY / MM / DD 2021/09/29		6. DATE INVOICE RECEIVED OR DATE GOODS/SERVICES RECEIVED (WHICHEVER IS LATER) YYYY / MM / DD 2021/09/30		7. FISCAL YEAR 22		8.  SPECIAL ISSUE INSTRUCTIONS – ENTER D (RETURN CHEQUE TO MINISTRY) OR LEAVE BLANK.	

9. ORDER IN COUNCIL NO., SPECIAL TIMING REQUIREMENTS, COMMENTS (OPTIONAL)	10. CODE – CHEQUE STUB PRINTOUT – <i>MAXIMUM 10 SINGLE-SPACED LINES, 38 CHARACTER LINES</i> 00
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11A. PAYEE NAME AND ADDRESS – MAXIMUM 5 SINGLE-SPACED LINES,
40 CHARACTERS PER LINE

BC TRANSIT
c/o Erinn Pinkerton - President and CEO
520 GORGE ROAD EAST
PO BOX 9861 STN PROV GOVT
VICTORIA BC

11B. POSTAL CODE
V8W9T5

12A. PAYEE SUPPLIER CODE	12B. LOC. CODE	
S.17		

SEPTEMBER 2021 OPERATING GRANT PAYMENT
(ADVANCEMENT)
CONTRIBUTION AGREEMENT

[illegible]

21. CERTIFIED CORRECT SIGNATURE	TELEPHONE NO.
<i>C Patrick Oct 4, 21</i>	()

22. GOVERNMENT AGENT STAMP OR MANUAL CHEQUE NO. AND CHEQUE DATE	23. EXPENSE AUTHORITY SIGNATURE CERTIFIED THAT THE AMOUNT TO BE PAID IS CORRECT, IS IN ACCORDANCE WITH APPROPRIATE STATUTE OR OTHER AUTHORITY FOR PAYMENT AND/OR CONTRACT; AND, WHERE APPLICABLE, THAT THE WORK HAS BEEN PERFORMED, THE GOODS SUPPLIED, THE SERVICE RENDERED AND/OR OTHER CONDITIONS MET.	PRINT NAME Jodi Dong	SIGNATURE <div> APPROVED <i>By Jodi Dong at 9:50 am, Oct 04, 2021</i> </div>
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*Please enter actual dollar amount.

Clear Form

PAYMENT REQUEST

- Use this form to requisition a single payment.
- See **CPPM Chapter D** for additional instructions.

1. MINISTRY AND GROUP NO.

2. CLIENT

034

3. MINISTRY AND ORIGINATING OFFICE

MOTI - TRANSIT BRANCH

4. TITLE OF ACCOUNT – ENTER ONLY IF NOT A NUMBERED VOTE

DOCUMENT CONTROL NO.

5. DATE REQ. ISSUED

YYYY / MM / DD

2021/11/17

6. DATE INVOICE RECEIVED **OR**
DATE GOODS/SERVICES RECEIVED
(WHICHEVER IS LATER)
YYYY / MM / DD

2021/11/30

7. FISCAL
YEAR

22

8.

SPECIAL ISSUE INSTRUCTIONS – ENTER D (RETURN CHEQUE TO MINISTRY)
OR LEAVE BLANK.

9. ORDER IN COUNCIL NO., SPECIAL TIMING REQUIREMENTS, COMMENTS (OPTIONAL)

Payment needs to be received by BC Transit on November 30

10. CODE – CHEQUE STUB PRINTOUT – MAXIMUM 10 SINGLE-SPACED LINES, 38 CHARACTER LINES

00

NOVEMBER 2021 OPERATING GRANT PAYMENT
(ADVANCEMENT)
CONTRIBUTION AGREEMENT

11A. PAYEE NAME AND ADDRESS – MAXIMUM 5 SINGLE-SPACED LINES,
40 CHARACTERS PER LINE

BC TRANSIT
c/o Erinn Pinkerton - President and CEO
520 GORGE ROAD EAST
PO BOX 9861 STN PROV GOVT
VICTORIA BC

11B. POSTAL CODE

V8W9T5

12A. PAYEE SUPPLIER CODE

s.17

12B. LOC.
CODE

13. CLIENT

034

14. RESP CENTRE

55030

15. SERVICE LINE

64550

16. STOB

8051

17. PROJECT

5503007

18. DISTRIBUTION SUPPLIER CODE

19. AMOUNT OF CHEQUE
INCLUDING TAXES

10,430,778.00

20. GST/
HST
AMOUNT*

13A.

14A.

15A.

16A.

17A.

18A. ENTER MULTI DISTRIBUTION CODING

19A. FOR CREDIT ITEMS SHOW
'CR' AT RIGHT OR BRACKET

20A.

21. CERTIFIED CORRECT SIGNATURE

Chelsea PatrickCPatrick

TELEPHONE NO.

(778) 974-5063

22. GOVERNMENT AGENT STAMP OR
MANUAL CHEQUE NO. AND CHEQUE DATE

23. EXPENSE AUTHORITY SIGNATURE

CERTIFIED THAT THE AMOUNT TO BE PAID IS CORRECT,
IS IN ACCORDANCE WITH APPROPRIATE STATUTE OR
OTHER AUTHORITY FOR PAYMENT AND/OR CONTRACT;
AND, WHERE APPLICABLE, THAT THE WORK HAS BEEN
PERFORMED, THE GOODS SUPPLIED, THE SERVICE
RENDERED AND/OR OTHER CONDITIONS MET.

PRINT NAME

Jodi Dong

SIGNATURE

APPROVED
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