Minister's Quarterly Travel Expense Summary

Name: Honourable Katrina Chen **Quarter:** 2022 July to September

Portfolio: MOS for Child Care

Travel expense summary (amount paid this quarter):

In Province Flights:	$ -
Other Travel in Province:	$ 3,078.51
Out of Country Travel:	$ -
Out of Province Travel:	$ -
Total travel expenses paid this quarter:	$ 3,078.51
Travel expenses fiscal year-to-date:	$ 4,092.79

ED23EXECHJ10

BRITISH COLUMBIA Ministry of Finance

TRAVEL VOUCHER

PAGE ____ OF ____

(Note: FIN 10 uses are restricted per CPPM C.1.6.)

INSTRUCTIONS: Employee please complete field 3 to Employee Signature line plus columns 48 – 54. Attach appropriate receipts in order of claim.

1. MINISTRY AND BATCH NO.

2. CONTROL NO. W TRA-CHE20220427

3. CLIENT	4. MIN. ABBREV.	5. DATE COMPLETED YYYY MM DD	6. FISCAL YEAR	7. SPECIAL CHEQUE ISSUE	8. CHEQUE STUB INFORMATION – MAXIMUM 10 SINGLE-SPACED LINES, 38 CHARACTERS PER LINE. ATTACH EXTRA PAGES IF REQUIRED
062		2022/06/29	2023	None	04

9. EMPLOYEE I.D. Personal Information (22)

10. EMPLOYEE SUPPLIER NO.

11. EMPLOYEE SURNAME: Chen, Katrina

INITIALS

12. EMPLOYEE GROUP NO. (✓one only) ☐1 ☐2 ☐3 ☒4

13. MAILING ADDRESS FOR CHEQUE: 027-501 Belleville Street Victoria BC

14. POSTAL CODE: V8W 9E2

15. REASON FOR TRAVEL: Travel to Legislative

16. EMPLOYEE OCCUPATION: Minister

17. DATE OF TRAVEL M D	18. PLACES TRAVELLED TO / FROM (Depart / Arrive)	19. PERSONAL VEHICLE USE DISTANCE KM / RATE .55 KM	$	20. BUS/TAXI/AIR/FERRY COSTS $	21. B L D	22. MEALS ALLOWANCE/ PER DIEM AS APPLICABLE TO GROUP NO. $	23. ACCOMMODATION COSTS (TO POLICY LIMIT) $	MISCELLANEOUS (CAR RENTAL, PHONE, ATM FEES, ETC.) 24. COST $	25. DESCRIPTION	TOTAL DAILY COSTS $
26. BROUGHT FORWARD FROM PREVIOUS PAGE →		KM	$	$		$	$	$		27. 0.00
04/25	Van: Flight/Km/PD - VIC HJ* 8:00am – 11:59pm	22	12.10		✓✓✓	61.00				28. 73.10
04/26	Victoria 00:00-11:59pm				✓✓✓	61.00				29. 61.00
04/27	Vic: Flight/Km/PD - VAN HJ* 8:00am – 5:00pm	22	12.10		✓✓✓	39.50				30. Personal Information (22) 51.60
										31. 0.00
										32. 0.00
										33. 0.00
										34. 0.00
										35. 0.00
										36. 0.00
	*=pcard									37. 0.00
TOTALS OF COLUMNS		38. 44	24.20	39. 0.00		40. 161.50	41. 0.00	42. 0.00	THIS TOTAL MUST EQUAL TOTAL IN BOX Y 185.70	X CLAIM TOTALS Personal Information (22

43. PORTAL TO PORTAL DISANCE	44. TOTAL DISTANCE FROM PREVIOUS VOUCHER	→	45. TOTAL DISTANCE TO DATE

46. EMPLOYEE SIGNATURE — DECLARED THAT THIS EXPENSE CLAIM IS A TRUE STATEMENT OF DISBURSEMENTS MADE AND/OR ALLOWANCES 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. K at

HEADQUARTERS (CITY NAME): Burnaby - Lougheed

WORK PHONE NO.: 250 - 356-5781

NOTES	47. SUPPLIER CODE	48. CLIENT	49. RESP. CENTRE	50. SERVICE LINE	51. STOB	52. PROJECT	AMOUNT
	2919164	062	22YAB	06001	5750	MTVNC 22MTCCA	$24.20 Personal Information (22) 161.50

THIS TOTAL MUST EQUAL TOTAL IN BOX X

Y TOTAL Personal Information (22)

LESS TRAVEL ADVANCE 53.

LESS ADVANCE AMOUNT Z

IF ADVANCE WAS GREATER THAN (Y) ENTER (Y) AMOUNT IN (Z) AND REPAY THE BALANCE. ATTACH RECEIPTS AND PREVIOUS PAGES OF THIS VOUCHER IF ANY.

AMOUNT DUE TO EMPLOYEE → 54.

55. EXPENSE AUTHORITY SIGNATURE – CERTIFIED CORRECT PURSUANT TO SECTION 32 & 33 OF THE *FINANCIAL ADMINISTRATION ACT* AND RELATED POLICIES

PRINT NAME: Kathleen Johnson

DATE SIGNED YYYY MM DD: 2022/06/23

55. PROCESSING CLERK INITIAL

CERTIFIED EXTENSIONS AND ENTITLEMENTS CORRECT

AUDITED 28JUL22 CHJ

Clear Form | Save Form | Print Form

FIN 10 Rev. 2018 / 04 / 11 OPC 7530951008 (100/pk)

ORIGINAL: MINISTRY COPY: EMPLOYEE

ED23EXECHJ10

BRITISH COLUMBIA Ministry of Finance

TRAVEL VOUCHER

PAGE ____ OF ____

(Note: FIN 10 uses are restricted per CPPM C.1.6.)

INSTRUCTIONS: [illegible]

1. MINISTRY AND BATCH NO. 2. CONTROL NO. W TRA-CHE20220602

3. CLIENT	4. MIN. ABBREV.	5. DATE COMPLETED YYYY MM DD	6. FISCAL YEAR	7. SPECIAL CHEQUE ISSUE	8. CHEQUE STUB INFORMATION – MAXIMUM 10 SINGLE-SPACED LINES, 38 CHARACTERS PER LINE. ATTACH EXTRA PAGES IF REQUIRED
062		2022/06/29	2023	None	04

9. EMPLOYEE I.D.	10. EMPLOYEE SUPPLIER NO.	11. EMPLOYEE SURNAME	INITIALS	12. EMPLOYEE GROUP NO. (✓ one only)
Personal Information (22)		chen, katrina		1 ☐ 2 ☐ 3 ☐ 4 ☒

13. MAILING ADDRESS FOR CHEQUE: 027-501 Belleville Street BC

14. POSTAL CODE: V8W 9E2

15. REASON FOR TRAVEL: Travel to Legislative building

16. EMPLOYEE OCCUPATION: Minister

17. DATE OF TRAVEL M D	18. PLACES TRAVELLED TO / FROM	Depart / Arrive	19. PERSONAL VEHICLE USE DISTANCE KM / RATE .55 KM / $	20. BUS/TAXI/AIR/FERRY COSTS $	21. B L D ✓✓✓	22. MEALS: ALLOWANCES PER DIEM AS APPLICABLE TO GROUP NO. $	23. ACCOMMODATION COSTS (TO POLICY LIMIT) $	MISCELLANEOUS (CAR RENTAL, PHONE, ATM FEES, ETC.) 24. COST $	25. DESCRIPTION	TOTAL DAILY COSTS $
26. BROUGHT FORWARD FROM PREVIOUS PAGE →			KM $	$		$	$	$		27. 0.00
05/30	Van: Flight/Km/PD 00:00 – 11:59 pm	vic / HI*	22 12.10		VVV	61.00				28. 73.10
05/31	Victoria 00:00 – 11:59 pm			44.60	VVV	61.00		44.60	Taxi	29. 105.60
06/01	Victoria 00:00 – 11:59 pm				VVV	61.00				30. 61.00
06/02	Vic: Flight/Km/PD 00:00 – 1:30 pm	van	22 12.10	8.0	VV	39.50		8.00	Taxi	31. 59.60
										32. 0.00
										33. 0.00
										34. 0.00
										35. 0.00
	*=Pcard									36. 0.00
										37. 0.00
TOTALS OF COLUMNS			38. 44 24.20	39. 52.60		40. 222.30	41.	42. 52.60	THIS TOTAL MUST EQUAL TOTAL IN BOX Y	X CLAIM TOTALS 299.30

43. PORTAL TO PORTAL DISANCE

44. TOTAL DISTANCE FROM PREVIOUS VOUCHER

→ 45. TOTAL DISTANCE TO DATE

46. EMPLOYEE SIGNATURE
CERTIFIED THIS TRAVEL EXPENSE CLAIM IS A TRUE STATEMENT OF DISBURSEMENTS MADE AND OR ALLOWANCES 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.

[signature] at

HEADQUARTERS (CITY NAME): Burnaby - Lougheed

WORK PHONE NO.: 250-356-5781

NOTES	47 SUPPLIER CODE	48. CLIENT	49. RESP. CENTRE	50. SERVICE LINE	51. STOB	52. PROJECT	AMOUNT
Personal Information (22)		062	22YAB	06001	5750	22MTCCA	$222.50
		062	22YAB	06001	5701	2200000 MTVNC	76.80
						THIS TOTAL MUST EQUAL TOTAL IN BOX X	Y TOTAL 299.30
LESS TRAVEL ADVANCE	53.					LESS ADVANCE AMOUNT	Z CR

IF ADVANCE WAS GREATER THAN (Y) ENTER (Y) AMOUNT IN (Z) AND REPAY THE BALANCE. ATTACH RECEIPTS AND PREVIOUS PAGES OF THIS VOUCHER IF ANY.

AMOUNT DUE TO EMPLOYEE → 54. 299.30

55. EXPENSE AUTHORITY SIGNATURE – CERTIFIED CORRECT PURSUANT TO SECTION 32 & 33 OF THE *FINANCIAL ADMINISTRATION ACT* AND RELATED POLICIES

[signature]

PRINT NAME: Kathleen Johnson

DATE SIGNED YYYY MM DD: 2022/06/23

56. PROCESSING CLERK INITIAL
CERTIFIED EXTENSIONS AND ENTITLEMENTS CORRECT

Clear Form | Save Form | Print Form

IN 10 Rev. 2018/04/11 OPC 7530951008 (100/pk) ORIGINAL: MINISTRY COPY: EMPLOYEE

------ TRANSACTION RECORD ------

VICTORIA TAXI # 48

3045 DOUGLAS ST 101

VICTORIA BC

Purchase

Jun 02,2022 11:38:07

Government Financial Information (17)

MASTERCARD

Entry: Tap EMV (H)

Ref#: 808- 1D2153418879400

Auth#: 04249J Response: 01-027

Order: MG01654195086361

sername: terry

Amount **$ 8.00**

Personal Information (22)

Tip

Total

A0000000041010 MASTERCARD

TVR 0000008001

Approved

Signature Not Required

Important:Retain this copy for your record

VICTORIA TAXI # 5
#101, 3045 DOUGLAS ST.
VICTORIA BC

Government Financial Information (17)

CARD
CARD TYPE MASTERCARD
DATE 2022/05/31
TIME 5165 13:42:21
RECEIPT NUMBER
H85071113-001-001-682-0

PURCHASE
TOTAL

$24.00

MASTERCARD
A0000000041010
170ED3B3111B877B
0000008000-

APPROVED

AUTH# 06667J 01-027
THANK YOU

NO SIGNATURE REQUIRED

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

------ TRANSACTION RECORD ------
VICTORIA TAXI
3045 DOUGLAS ST
VICTORIA BC

vic8

Purchase

May 31,2022 13:17:37
MASTERCARD Government Financial Information (17)
Entry: Tap EMV (H)
Ref#: 273-1D215144257S519
Auth#: 02143J Response: 01-027
Order: MGO1o540264650025
Username: vic07

Amount $ 20.60
Personal Information (22)
Tip

Total

A0000000041010 MASTERCARD
TVR 0000008001

Approved
Signature Not Required

Important:Retain this copy

ED23EXEJKV01

BRITISH COLUMBIA Ministry of Finance

TRAVEL VOUCHER

PAGE ____ OF ____

(Note: FIN 10 uses are restricted per CPPM C.1.6.)

INSTRUCTIONS: Employee please complete field 3 to Employee Signature line plus columns 48 – 54. Attach appropriate receipts in order of claim.

1. MINISTRY AND BATCH NO.

2. CONTROL NO. Personal Informati on TRA-CHE20220411

3. CLIENT	4. MIN. AB-BREV.	5. DATE COMPLETED YYYY MM DD	6. FISCAL YEAR	7. SPECIAL CHEQUE ISSUE	8. CHEQUE STUB INFORMATION – MAXIMUM 10 SINGLE - SPACED LINES. 38 CHARACTERS PER LINE. ATTACH EXTRA PAGES IF REQUIRED
062		2022/06/28	2023	None	04

9. EMPLOYEE I.D.	10. EMPLOYEE SUPPLIER NO.	11. EMPLOYEE SURNAME	INITIALS	12. EMPLOYEE GROUP NO. (✓one only)
Personal Information		Chen, Katrina		1 ☐ 2 ☐ 3 ☐ 4 ☒

13. MAILING ADDRESS FOR CHEQUE: 027-501 Belleville Street Victoria BC

14. POSTAL CODE: V8W 9E2

15. REASON FOR TRAVEL: Travel - childcare tour in North Van

16. EMPLOYEE OCCUPATION: Minister

17. DATE OF TRAVEL M D	18. PLACES TRAVELLED TO / FROM	Depart / Arrive	19. PERSONAL VEHICLE USE KM	$	20. BUS/TAXI/ AIR/FERRY COSTS $	21. B L D	22. MEALS, ALLOWANCE/ PER DIEM AS APPLICABLE TO GROUP NO. $	23. ACCOMMODATION COSTS (TO POLICY LIMIT) $	MISCELLANEOUS (CAR RENTAL, PHONE, ATM FEES, ETC.) 24. COST $	25. DESCRIPTION	TOTAL DAILY COSTS $
26. BROUGHT FORWARD FROM PREVIOUS PAGE →			KM	$	$		$	$	$		27. 0.00
04/11	Burn/Vancouver	10:30am - 11:00am	22 km	12.10		✓	27.00				28. 39.10
04/11	Vancouver	11:00am - 4:00pm	26 km	14							29. 14.52
04/11	Vancouver/Burn	4:00pm - 4:20pm	20	11.00							30. 11.00
											31. 0.00
											32. 0.00
											33. 0.00
											34. 0.00
											35. 0.00
											36. 0.00
											37. 0.00
TOTALS OF COLUMNS			48 km	38. Personal Information	39. 0.00		40. 27.00	41. 0.00	42. 0.00	THIS TOTAL MUST EQUAL TOTAL IN BOX Y	X CLAIM TOTALS 64.40 Personal I f

37.62

43. PORTAL TO PORTAL DISANCE	44. TOTAL DISTANCE FROM PREVIOUS VOUCHER	→	45. TOTAL DISTANCE TO DATE

46. EMPLOYEE SIGNATURE — CERTIFIED THIS TRAVEL EXPENSE CLAIM IS A TRUE STATEMENT OF DISBURSEMENTS MADE AND/OR ALLOWANCES 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

HEADQUARTERS (CITY NAME): Burnaby - Lougheed

WORK PHONE NO. Personal Information

NOTES	47. SUPPLIER CODE	48. CLIENT	49. RESP. CENTRE	50. SERVICE LINE	51. STOB	52. PROJECT	AMOUNT
	Personal Information	062	22YAB	060001	5702	2200000	Personal Information 64.40

THIS TOTAL MUST EQUAL TOTAL IN BOX X

Y TOTAL Personal Information

LESS TRAVEL ADVANCE	53.	LESS ADVANCE AMOUNT	Z	CR

IF ADVANCE WAS GREATER THAN (Y) ENTER (Y) AMOUNT IN (Z) AND REPAY THE BALANCE. ATTACH RECEIPTS AND PREVIOUS PAGES OF THIS VOUCHER IF ANY.

AMOUNT DUE TO EMPLOYEE → 54. Personal Information 64.40

55. EXPENSE AUTHORITY SIGNATURE - CERTIFIED CORRECT PURSUANT TO SECTION 32 & 33 OF THE FINANCIAL ADMINISTRATION ACT AND RELATED POLICIES.

PRINT NAME: Kathleen Johnson

DATE SIGNED YYYY MM DD: 2022/06/23

56. PROCESSING CLERK INITIAL — CERTIFIED EXTENSIONS AND ENTITLEMENTS CORRECT

Clear Form | Save Form | Print Form

FIN 10 Rev. 2016 / 04 / 11 OPC 7530951008 (100/pk) ORIGINAL: MINISTRY COPY: EMPLOYEE

Audited July 28 jkv

ED23EXEJKV01

TRA-CHE20220412

BRITISH COLUMBIA Ministry of Finance

TRAVEL VOUCHER

PAGE ____ OF ____

(Note: FIN 10 uses are restricted per CPPM C.1.6.)

INSTRUCTIONS: Employee please complete field 3 to Employee Signature line plus columns 48 – 54. Attach appropriate receipts in order of claim

1. MINISTRY AND BATCH NO.	2. CONTROL NO.
	W

3. CLIENT	4. MIN. ABBREV.	5. DATE COMPLETED YYYY MM DD	6. FISCAL YEAR	7. SPECIAL CHEQUE ISSUE		8. CHEQUE STUB INFORMATION – MAXIMUM 10 SINGLE-SPACED LINES. 38 CHARACTERS PER LINE. ATTACH EXTRA PAGES IF REQUIRED
062		2022/06/28	2023	None	04	

9. EMPLOYEE I.D.	10. EMPLOYEE SUPPLIER NO.	11. EMPLOYEE SURNAME	INITIALS	12. EMPLOYEE GROUP NO. (✓ one only)
Personal Information		chen, katrina		☐1 ☐2 ☐3 ☒4

13. MAILING ADDRESS FOR CHEQUE: ~~2~~ 027–501 Belleville Street Victoria BC

14. POSTAL CODE: V8W 9E2

15. REASON FOR TRAVEL: Travel - childcare tour in chilliwack

16. EMPLOYEE OCCUPATION: Minister

17. DATE OF TRAVEL M D	18. PLACES TRAVELLED TO / FROM — Depart / Arrive	19. PERSONAL VEHICLE USE DISTANCE X KM RATE .55 — KM	$	20. BUS/TAXI/ AIR/FERRY COSTS $	21. B L D	22. MEALS: ALLOWANCE/ PER DIEM AS APPLICABLE TO GROUP NO. $	23. ACCOMMODATION COSTS (TO POLICY LIMIT) $	MISCELLANEOUS (CAR RENTAL, PHONE, ATM FEES, ETC.) 24. COST $	25. DESCRIPTION	TOTAL DAILY COSTS $
26. BROUGHT FORWARD FROM PREVIOUS PAGE →										27. 0.00
04/12	Bum/Chilliwack 9:00am – 10:20am	84	46.20		✓	27 00				28. 73.20
04/12	Chilliwack 10:30 – 4:00pm	16	8.80							29. 8.80
04/12	Chilliwack/Bum	94	51.70							30. 51.70
										31. 0.00
										32. 0.00
										33. 0.00
										34. 0.00
										35. 0.00
										36. 0.00
										37. 0.00
TOTALS OF COLUMNS		194	106.70	39. 0.00		40. 27 00	41. 0.00	42. 0.00	THIS TOTAL MUST EQUAL TOTAL IN BOX Y	X CLAIM TOTALS 133.70

43. PORTAL TO PORTAL DISANCE	44. TOTAL DISTANCE FROM PREVIOUS VOUCHER	→	45. TOTAL DISTANCE TO DATE

46. EMPLOYEE SIGNATURE — CERTIFIED THIS VOUCHER AS THE CLAIM IS A TRUE STATEMENT OF DISBURSEMENTS MADE AND/OR ALLOWANCES 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.

HEADQUARTERS (CITY NAME): Burnaby–Loughteed

WORK PHONE NO. Personal Information

NOTES	47. SUPPLIER CODE	48. CLIENT	49. RESP. CENTRE	50. SERVICE LINE	51. STOB	52. PROJECT	AMOUNT
	Personal Information	062	212YAB	016001	5702	2200000	133.70
						THIS TOTAL MUST EQUAL TOTAL IN BOX X	Y TOTAL 133.70
LESS TRAVEL ADVANCE	53.					LESS ADVANCE AMOUNT	Z CR

IF ADVANCE WAS GREATER THAN (Y) ENTER (Y) AMOUNT IN (Z) AND REPAY THE BALANCE. ATTACH RECEIPTS AND PREVIOUS PAGES OF THIS VOUCHER IF ANY.

AMOUNT DUE TO EMPLOYEE → 54. 133.70

55. EXPENSE AUTHORITY SIGNATURE – CERTIFIED CORRECT PURSUANT TO SECTION 32 & 33 OF THE *FINANCIAL ADMINISTRATION ACT* AND RELATED POLICIES.

PRINT NAME: Kathleen Johnson

DATE SIGNED YYYY MM DD: 2022/06/23

56. PROCESSING CLERK INITIAL — CERTIFIED EXTENSIONS AND ENTITLEMENTS CORRECT

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FIN 10 Rev. 2018 / 04 / 11 OPC 7530951008 (100/pk) ORIGINAL: MINISTRY COPY: EMPLOYEE

Audited July 28, jkv

BATCH# ED23EXEMSA01

BRITISH COLUMBIA Ministry of Finance

TRAVEL VOUCHER

PAGE ____ OF ____

(Note: FIN 10 uses are restricted per CPPM C.1.6.)

INSTRUCTIONS: Employee please complete field 3 to Employee Signature line plus columns 48 – 54. Attach appropriate receipts in order of claim.

1. MINISTRY AND BATCH NO.

2. CONTROL NO. W TRA-CHE20220505

3. CLIENT	4. MIN. ABBREV.	5. DATE COMPLETED YYYY MM DD	6. FISCAL YEAR	7. SPECIAL CHEQUE ISSUE	8. CHEQUE STUB INFORMATION – MAXIMUM 10 SINGLE-SPACED LINES, 38 CHARACTERS PER LINE. ATTACH EXTRA PAGES IF REQUIRED
062		2022/06/29	2023	None	04

9. EMPLOYEE I.D.	10. EMPLOYEE SUPPLIER NO.	11. EMPLOYEE SURNAME	INITIALS	12. EMPLOYEE GROUP NO. (✓one only)
Personal Information		Chen, Katrina		☐1 ☐2 ☐3 ☒4

13. 027-501 Belleville Street Victoria BC 14. POSTAL CODE V8W9E2

15. REASON FOR TRAVEL: Travel to langley for announcement / Van to Victoria

16. EMPLOYEE OCCUPATION: Minister

17. DATE OF TRAVEL M D	18. PLACES TRAVELLED TO / FROM (Depart / Arrive)	19. PERSONAL VEHICLE USE DISTANCE KM / RATE .55 KM	KM	$	20. BUS/TAXI/AIR/FERRY COSTS $	21. B L D	22. MEALS: ALLOWANCE/ PER DIEM AS APPLICABLE TO GROUP NO. $	23. ACCOMMODATION COSTS (TO POLICY LIMIT) $	MISCELLANEOUS (CAR RENTAL, PHONE, ATM FEES, ETC) 24. COST $	25. DESCRIPTION	TOTAL DAILY COSTS
26. BROUGHT FORWARD FROM PREVIOUS PAGE →											27. $ 0.00
05/02	Burn > langley *HJ VIC 9:30 -		39.	21.45		✓✓	61.00				28. 82.45
05/02	langley > Van 11:15am - 12:30pm		51	28.05							29. 28.05
05/02	Van > Flight/Km/PD 12:30 - 11:59pm										30.
05/03	Victoria 00:00 - 11:59p					✓✓	61.00				31. 61.00
05/04	Victoria -VAN *HJ 00:00 - 11:59pm					✓✓	48.50				32. 48.50
05/05	Vic > Flight/Km/PD 00:00 - 1:30pm		22	12.10	10	✓✓	39.50		10.00	Taxi	33. 61.60
											34. 0.00
											35. 0.00
	*=PCARD										36. 0.00
											37. 0.00
TOTALS OF COLUMNS			112	38. 61.60	39. 10		40. 210.00	41. 0.00	42. Personal Information	THIS TOTAL MUST EQUAL TOTAL IN BOX Y	X CLAIM TOTALS 281.60

43. PORTAL TO PORTAL DISANCE	44. TOTAL DISTANCE FROM PREVIOUS VOUCHER	→	45. TOTAL DISTANCE TO DATE

46. EMPLOYEE SIGNATURE — CERTIFIED THIS (MAY BE SUBMITTED) CLAIM IS A TRUE STATEMENT OF DISBURSEMENTS MADE AND/OR ALLOWANCES 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

HEADQUARTERS (CITY NAME): Burnaby-Lougheed

WORK PHONE NO. Personal Information

NOTES	47. SUPPLIER CODE	48. CLIENT	49. RESP CENTRE	50. SERVICE LINE	51. STOB	52. PROJECT	AMOUNT
	Personal Information	062	224AB	06001	5701 ~~5702~~	MTVNC 2200000	71.6 Personal Information
	Personal Information	062	224AB	06001	5750 ~~5701~~	MTCCA 2200000	210 Personal Information
						THIS TOTAL MUST EQUAL TOTAL IN BOX X	Y TOTAL

LESS TRAVEL ADVANCE	53.					LESS ADVANCE AMOUNT	Z	CR

IF ADVANCE WAS GREATER THAN (Y) ENTER (Y) AMOUNT IN (Z) AND REPAY THE BALANCE. ATTACH RECEIPTS AND PREVIOUS PAGES OF THIS VOUCHER IF ANY.

AMOUNT DUE TO EMPLOYEE → 54. 281.60

55. EXPENSE AUTHORITY SIGNATURE - CERTIFIED CORRECT PURSUANT TO SECTION 32 & 33 OF THE FINANCIAL ADMINISTRATION ACT AND RELATED POLICIES

PRINT NAME: Kathleen Johnson

DATE SIGNED YYYY MM DD: 2022/06/23

56. PROCESSING CLERK INITIAL — CERTIFIED EXTENSIONS AND ENTITLEMENTS CORRECT

AUDITED 2AUG2022 - MSA

Clear Form | Save Form | Print Form

VICTORIA TAXI #66
101-3045 DOUGLAS STV8T4N2
VICTORIA BC
23957654
TM2395765401

SALE

Batch #: 336 RRN: 0013360060
05/05/22 11:37:47
Invoice #: 6 REF#: 00000006
APPR CODE: 02438J
Government Financial Information
Proximity **/**

MASTERCARD
AID: A0000000041010

AMOUNT **$10.00**

00 APPROVED

Retain this copy for your records

#101 - 3045 DOUGLAS ST
VICTORIA, V8T 4N2
TEL# 250 383 7111

ED23EXEMSA01

BRITISH COLUMBIA Ministry of Finance

TRAVEL VOUCHER

(Note: FIN 10 uses are restricted per CPPM C.J.5.)

PAGE ____ OF ____

INSTRUCTIONS: Employee please complete field 9 to Employee Signature line plus columns 48 – 54. Attach appropriate receipts in order of claim.

1. MINISTRY AND BATCH NO.

2. CONTROL NO. W TRA-CHE20220506

3. CLIENT	4. MIN. ABBREV	5. DATE COMPLETED YYYY MM DD	6. FISCAL YEAR	7. SPECIAL CHEQUE ISSUE	8. CHEQUE STUB INFORMATION – MAXIMUM 10 SINGLE-SPACED LINES, 38 CHARACTERS PER LINE. ATTACH EXTRA PAGES IF REQUIRED
062		2022 / 06 / 29	2023	None	04

9. EMPLOYEE I.D. Personal Information

10. EMPLOYEE SUPPLIER NO.

11. EMPLOYEE SURNAME: chen, katrina

INITIALS

12. EMPLOYEE GROUP NO. (✓ one only): ☐ 1 ☐ 2 ☐ 3 ☒ 4

13. MAILING ADDRESS FOR CHEQUE: 027-501 Belleville Street BC

14. POSTAL CODE: V8W 1E2

15. REASON FOR TRAVEL: Travel to Tax in Pitt meadows

16. EMPLOYEE OCCUPATION: Minister

17. DATE OF TRAVEL M D	18. PLACES TRAVELLED TO / FROM (Depart / Arrive)	19. PERSONAL VEHICLE USE DISTANCE KM / RATE X 55 KM	KM	$	20. BUS/TAXI/AIR/FERRY COSTS $	21. B L D	22. MEALS: ALLOWANCE PER DIEM AS APPLICABLE TO GROUP NO $	23. ACCOMMODATION COSTS (TO POLICY LIMIT) $	24. MISCELLANEOUS (CAR RENTAL, PHONE, ATM FEES, ETC.) COST $	25. DESCRIPTION	TOTAL DAILY COSTS
26	BROUGHT FORWARD FROM PREVIOUS PAGE →										27. 0.00
05/06	Burn > Pitt meadows 9:30 - 10:00 am		24	13.20		W	39.50				28. 52.70
05/06	Pitt meadows > Burn 12:15 pm - 1:00 pm		28	15.40							29. 15.40
											30.
											31.
											32. 0.00
											33. 0.00
											34. 0.00
											35. 0.00
											36. 0.00
											37. 0.00
TOTALS OF COLUMNS			52	28.60	38.	39.	40. 39.50	41.	42.	THIS TOTAL MUST EQUAL TOTAL IN BOX Y	X CLAIM TOTALS 68.10

43. PORTAL TO PORTAL DISANCE

44. TOTAL DISTANCE FROM PREVIOUS VOUCHER

45. TOTAL DISTANCE TO DATE →

46. EMPLOYEE SIGNATURE — I CERTIFY THAT THIS TRAVEL EXPENSE CLAIM IS A TRUE STATEMENT OF DISBURSEMENTS MADE AND/OR ALLOWANCES 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.

HEADQUARTERS (CITY NAME): Burnaby - Lougheed

WORK PHONE NO. Personal Information

NOTES	47. SUPPLIER CODE	48. CLIENT	49. RESP CENTRE	50. SERVICE LINE	51. STOB	52. PROJECT	AMOUNT
	Personal Information	062	22YAB	060001	5702	2200900	68.10

THIS TOTAL MUST EQUAL TOTAL IN BOX X

Y TOTAL 68.10

LESS TRAVEL ADVANCE 53.

LESS ADVANCE AMOUNT Z CR

IF ADVANCE WAS GREATER THAN (Y) ENTER (Y) AMOUNT IN (Z) AND REPAY THE BALANCE. ATTACH RECEIPTS AND PREVIOUS PAGES OF THIS VOUCHER IF ANY.

AMOUNT DUE TO EMPLOYEE → 54. 68.10

55. EXPENSE AUTHORITY SIGNATURE — CERTIFIED CORRECT PURSUANT TO SECTION 32 & 33 OF THE *FINANCIAL ADMINISTRATION ACT* AND RELATED POLICIES.

PRINT NAME: Kathleen Johnson

DATE SIGNED YYYY MM DD: 2022 / 06 / 23

56. PROCESSING CLERK INITIAL — CERTIFIED EXTENSIONS AND ENTITLEMENTS CORRECT

AUDITED 02AUG2022 - MSA

Clear Form | Save Form | Print Form

FIN 10 Rev. 2018 / 04 / 11 OPC 7530951008 (100/pk)

ORIGINAL: MINISTRY COPY: EMPLOYEE

BRITISH COLUMBIA Ministry of Finance

TRAVEL VOUCHER

(Note: FIN 10 uses are restricted per CPPM C.1.6)

BATCH# ED23EXEMSA01

PAGE ____ OF ____

1. MINISTRY AND BATCH NO. 2. CONTROL NO.

TRA CHE20220511

3. CLIENT	4. MIN. ABBREV.	5. DATE COMPLETED YYYY MM DD	6. FISCAL YEAR	7. SPECIAL CHEQUE ISSUE		8. CHEQUE STUB INFORMATION
062			2023	None	04	

9. EMPLOYEE I.D. Personal Information | 10. EMPLOYEE SUPPLIER NO. | 11. EMPLOYEE SURNAME: Chen, Katrina | INITIALS | 12. EMPLOYEE GROUP NO. ☐1 ☐2 ☐3 ☒4

027-501 Belleville Street BC | 14. POSTAL CODE: V8W 9E6

15. REASON FOR TRAVEL | 16. EMPLOYEE OCCUPATION: Minister

17. DATE OF TRAVEL	18. PLACES TRAVELLED TO / FROM Depart Arrive	19. PERSONAL VEHICLE USE DISTANCE X KM RATE .55 KM	$	20. BUS/TAXI/AIR/FERRY COSTS	21. B L D	22. MEALS: ALLOWANCE PER DIEM AS APPLICABLE TO GROUP NO.	23. ACCOMMODATION COSTS (TO POLICY LIMIT)	24. COST	25. DESCRIPTION	TOTAL DAILY COSTS
26. BROUGHT FORWARD FROM PREVIOUS PAGE									[redacted]	27. 0.00
05/9	Van:Flight/Km/PD 00:00-11:59pm	22	12.10		✓✓	39.50				28. 51.60
05/10	Victoria 00:00-11:59pm				✓✓✓	61.00				29. 61.00
05/11	Vic:Flight/Km/PD 00:00-4:30pm	22	12.10	10	✓✓	39.50		~~10.00~~	Taxi	30. 61.60
										31.
										32. 0.00
										33. 0.00
										34. 0.00
										35. 0.00
										36. 0.00
	*=pcard									37. 0.00
TOTALS OF COLUMNS		38. 44	24.20	39. 10		40. 140.00	41.	42. Personal Information	THIS TOTAL MUST EQUAL TOTAL IN BOX Y	X CLAIM TOTALS 174.20

43. PORTAL TO PORTAL DISTANCE | 44. TOTAL DISTANCE FROM PREVIOUS VOUCHER | 45. TOTAL DISTANCE TO DATE | [redacted]

46. EMPLOYEE SIGNATURE — CERTIFIED THIS TRAVEL EXPENSE CLAIM IS A TRUE STATEMENT OF DISBURSEMENTS MADE AND OR ALLOWANCES TO WHICH I AM ENTITLED AS A RESULT OF TRAVEL ON GOVERNMENT BUSINESS AS DETAILED ABOVE AND FOR WHICH I HAVE NOT BEEN ANDWILL NOT BE OTHERWISE REIMBURSED

HEADQUARTERS (CITY NAME): Burnaby-Lougheed | WORK PHONE NO. Personal Information

NOTES	47. SUPPLIER CODE	48. CLIENT	49. RESP. CENTRE	50. SERVICE LINE	51. STOB	52. PROJECT	AMOUNT
	Personal Information	062	22YAB	06001	5701	22MTVNC 2200000	54.2 Personal Information
		062	22YAB	06001	5750	~~22MTVNC~~ 22MTCCA	140

[redacted]

THIS TOTAL MUST EQUAL TOTAL IN BOX X | Y TOTAL 174.20

LESS TRAVEL ADVANCE 53. | LESS ADVANCE AMOUNT | Z CR

IF ADVANCE WAS GREATER THAN (Y) ENTER (Y) AMOUNT IN (Z) AND REPAY THE BALANCE. ATTACH RECEIPTS AND PREVIOUS PAGES OF THIS VOUCHER IF ANY.

AMOUNT DUE TO EMPLOYEE 54. 174.20

55. EXPENSE AUTHORITY SIGNATURE — CERTIFIED CORRECT PURSUANT TO SECTION 32 & 33 OF THE FINANCIAL ADMINISTRATION ACT AND RELATED POLICIES.

PRINT NAME: Kathleen Johnson | DATE SIGNED YYYY MM DD: 2022/06/23

56. PROCESSING CLERK INITIAL — CERTIFIED EXTENSIONS AND ENTITLEMENTS CORRECT

Clear Form | Save Form | Print Form

AUDITED 28JUL22 MSA

Booking Statement

Booking #
Personal Information

Date
Monday, May 9, 2022

Departure
08:50
Vancouver Harbour

Arrival
09:25
Victoria Harbour

Duration
35 minutes

1 Passengers » Full-Fare
Chen, Katrina

Status:
Confirmed

Invoice Personal Information

FARE-YWH-FULL	1 @	$357.14
+ GST		$17.86
Canadian Dollars		**$375.00**

Government Financial Information $375.00

Helijet fares are fully Changeable / Refundable up to 5pm the day prior to departure.

After 5pm all next-day travel is non-refundable and only changeable for same-day travel. Any cancellations will result in a non-refundable cancellation fee equal to the value of the one-way travel.

Failure to change or check-in 20 minutes prior to departure will also result in the cancellation of any onward and/or return reservations (additional cancellation fees may apply)

BAGGAGE:

Helijet Fares include 2 pieces of baggage per person totalling 50 lbs / 22.6 kgs, no cabin baggage is allowed. Excess baggage will be accepted on a space available basis only and may not accompany you on the same flight.
Check confirmation email or ask a Helijet agent for per piece size and weight restrictions.

COVID-19:

For travel from June 20, 2022, in accordance with updated Transport Canada guidelines Helijet will no longer ask for proof of vaccination before boarding.

Other COVID-19 Safety Protocols including mandatory masks and health checks remain in place.
Please read your confirmation for more information on COVID-19 protocols.

ACCESSIBILITY:

As accessible seating is limited, passengers with limited mobility and/or special needs are asked to make their seat request with a Helijet Reservations Agent by phone at +1.800.665.4354 - online

Booking Statement

Booking #
Personal Information

Invoice # Personal Information

Date
Wednesday, May 11, 2022

FARE-YWH-FULL	1 @	$357.14
+ GST		$17.86
Canadian Dollars		**$375.00**

Government Financial Information $375.00

Departure
16:00
Victoria Harbour

Arrival
16:35
Vancouver Harbour

Duration
35 minutes

1 Passengers » Full-Fare
Chen, Katrina

Status:
Confirmed

Helijet fares are fully Changeable / Refundable up to 5pm the day prior to departure.

After 5pm all next-day travel is non-refundable and only changeable for same-day travel. Any cancellations will result in a non-refundable cancellation fee equal to the value of the one-way travel.

Failure to change or check-in 20 minutes prior to departure will also result in the cancellation of any onward and/or return reservations (additional cancellation fees may apply)

BAGGAGE:

Helijet Fares include 2 pieces of baggage per person totalling 50 lbs / 22.6 kgs, no cabin baggage is allowed. Excess baggage will be accepted on a space available basis only and may not accompany you on the same flight.
Check confirmation email or ask a Helijet agent for per piece size and weight restrictions.

COVID-19:

For travel from June 20, 2022, in accordance with updated Transport Canada guidelines Helijet will no longer ask for proof of vaccination before boarding.

Other COVID-19 Safety Protocols including mandatory masks and health checks remain in place.
Please read your confirmation for more information on COVID-19 protocols.

ACCESSIBILITY:

As accessible seating is limited, passengers with limited mobility and/or special needs are asked to make their seat request with a Helijet Reservations Agent by phone at +1.800.665.4354 - online

VICTORIA TAXI # 30
836 PINTAIL PLACE V9E6W3
VICTORIA BC
21417659
GH2141765901

**** PURCHASE ****

05-11-2022 15:36:46
Acct # Government Financial RF
Card Type MC
Government Financial Information

Trace # Persona
Inv. # Informat
Auth # 09385J RRN 0C1688013

Purchase	$10.00
Tip	$0.00
Total	**$10.00**

(001) APPROVED-THANK YOU

Retain this copy for your records
Customer copy

BATCH# ED23EXEMSA01

BRITISH COLUMBIA Ministry of Finance

TRAVEL VOUCHER

PAGE OF

(Note: FIN 10 uses are restricted per CPPM C.1.6.

INSTRUCTIONS: [illegible]

1. MINISTRY AND BATCH NO.	2. CONTROL NO.
W	TRA-CHE20220519

3. CLIENT	4. MIN. ABBREV.	5. DATE COMPLETED YYYY MM DD	6. FISCAL YEAR	7. SPECIAL CHEQUE ISSUE	8. CHEQUE STUB INFORMATION – MAXIMUM 10 SINGLE-SPACED LINES, 38 CHARACTERS PER LINE. ATTACH EXTRA PAGES IF REQUIRED
062		2022/06/29	2023	None	04

9. EMPLOYEE I.D.	10. EMPLOYEE SUPPLIER NO.	11. EMPLOYEE SURNAME	INITIALS	12. EMPLOYEE GROUP NO. (✓ one only)
Personal Information		chen, katrina		1 2 3 4 X

13. REASON FOR TRAVEL: 027-501 Belleville Street BC

14. POSTAL CODE: V8W 9E2

16. EMPLOYEE OCCUPATION: Minister

17. DATE OF TRAVEL M D	18. PLACES TRAVELLED TO / FROM (Depart / Arrive)	19. PERSONAL VEHICLE USE KM $ (DISTANCE X KM RATE = 55)	20. BUS/TAXI/AIR/FERRY COSTS $	21. B L D ✓✓✓	22. MEALS: ALLOWANCE PER DIEMS APPLICABLE TO GR OUP NO $	23. ACCOMMODATION COSTS (TO POLICY LIMIT) $	MISCELLANEOUS (CAR RENTAL, PHONE, ATM FEES, ETC.) 24. COST $	25. DESCRIPTION	TOTAL DAILY COSTS
26. BROUGHT FORWARD FROM PREVIOUS PAGE →		KM $	$		$	$	$		27. $ 0.00
05/18	Van: Flight/km/PD 6:30am – 11:59pm -VIC *HJ	22 12 10		✓✓✓	61.00				28. 78.10
05/19	Vic: Flight/km/PD 00:00 – 1:30pm -VAN *HJ	22 12 10	10	✓✓	39.50		10.00	Taxi	29. 61.60
									30.
									31.
									32. 0.00
									33. 0.00
									34. 0.00
									35. 0.00
	*PCARD								36. 0.00
									37. 0.00
TOTALS OF COLUMNS		38. 44 24.20	39. 10 Personal Information		40. 100.50	41.	42. Personal Information	THIS TOTAL MUST EQUAL TOTAL IN BOX Y	X CLAIM TOTALS 134.70

43. PORTAL TO PORTAL DISANCE	44. TOTAL DISTANCE FROM PREVIOUS VOUCHER	45. TOTAL DISTANCE TO DATE →

46. EMPLOYEE SIGNATURE (SIGNED THIS WARRANT IS A STATEMENT OF DISBURSEMENTS AND ALLOWANCES 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.): Kat

HEADQUARTERS (CITY NAME): Burnaby - Lougheed

WORK PHONE NO. Personal Information

NOTES

47. ISSUES CODE	48. CLIENT	49. RESP. CENTRE	50. SERVICE LINE	51. STOB	52. PROJECT	AMOUNT
Personal Information		062 062	22YAB 22YAB	06001 06001	5701 5750	MTVNC 22MTVNC 22MTCCA	34.20 Personal Information 100.50

LESS TRAVEL ADVANCE 53.	THIS TOTAL MUST EQUAL TOTAL IN BOX X	Y TOTAL
	LESS ADVANCE AMOUNT	Z CR

IF ADVANCE WAS GREATER THAN (Y) ENTER (Y) AMOUNT IN (Z) AND REPAY THE BALANCE. ATTACH RECEIPTS AND PREVIOUS PAGES OF THIS VOUCHER IF ANY.

AMOUNT DUE TO EMPLOYEE → 54. 134.70

55. EXPENSE AUTHORITY SIGNATURE – CERTIFIED CORRECT PURSUANT TO SECTION 32 & 33 OF THE FINANCIAL ADMINISTRATION ACT AND RELATED POLICIES.

PRINT NAME: Kathleen Johnson

DATE SIGNED: YYYY 2022 MM 06 DD 23

56. PROCESSING CLERK INITIAL – CERTIFIED EXTENSIONS AND ENTITLEMENTS CORRECT

AUDITED 02AUG2022 - MSA

Clear Form | Save Form | Print Form

IN 1C Rev. 2016/04/11 OPC 7530951008 (100/pk)

ORIGINAL: MINISTRY COPY: EMPLOYEE

2925 DOUGLAS ST
VICTORIA BC

CARD ********** Government Financial
CARD TYPE MASTERCARD
DATE 2022/05/19
TIME 1300 11:47:17
RECEIPT NUMBER
Personal Information

PURCHASE
TOTAL

$10.00

MASTERCARD
A0000000041010
19FD46FEC9666A61
0000008000-

APPROVED
AUTH# 01531J 01-027
THANK YOU

NO SIGNATURE REQUIRED

CARDHOLDER COPY

IMPORTANT - RETAIN THIS

BRITISH COLUMBIA Ministry of Finance

TRAVEL VOUCHER

PAGE ____ OF ____

(Note: FIN 10 uses are restricted per CPPM C.1.6.)

1. MINISTRY AND BATCH NO. 2. CONTROL NO. W TRA-CHE20220602

3. CLIENT	4. MIN. AB-BREV.	5. DATE COMPLETED YYYY MM DD	6. FISCAL YEAR	7. SPECIAL CHEQUE ISSUE	8. CHEQUE STUB INFORMATION – MAXIMUM 10 SINGLE - SPACED LINES. 38 CHARACTERS PER LINE. ATTACH EXTRA PAGES IF REQUIRED
062		2022/06/29	2023	None	04

9. EMPLOYEE I.D. Personal Information | 10. EMPLOYEE SUPPLIER NO. | 11. EMPLOYEE SURNAME: chen, katrina | INITIALS | 12. EMPLOYEE GROUP NO. (✓ one only) 1 2 3 X 4

13. MAILING ADDRESS FOR CHEQUE: 027-501 Belleville Street BC | 14. POSTAL CODE: V8W 9E2

15. REASON FOR TRAVEL: Travel to Legislative building | 16. EMPLOYEE OCCUPATION: Minister

17. DATE OF TRAVEL M D	18. PLACES TRAVELLED TO / FROM (Depart / Arrive)	19. PERSONAL VEHICLE USE DISTANCE X KM RATE .55 KM	$	20. BUS/TAXI/AIR/FERRY COSTS $	21. B L D ✓✓✓	22. MEALS: ALLOWANCES PER DIEM AS APPLICABLE TO GROUP NO. $	23. ACCOMMODATION COSTS (TO POLICY LIMIT) $	MISCELLANEOUS (CAR RENTAL, PHONE, ATM FEES, ETC.) 24. COST $	25. DESCRIPTION	TOTAL DAILY COSTS
26. BROUGHT FORWARD FROM PREVIOUS PAGE →		KM	$	$		$	$	$		27. $ 0.00
05/30	Van: Flight/Km/PD 00:00 – 11:59 pm	vic 22 12 .10 HP			VVV	61.00				28. 73.10
05/31	Victoria 00:00 – 11:59 pm			44.60	VVV	61.00		44.60	Taxi	29. 105.60
06/01	Victoria 00:00 – 11:59 pm				VVV	61.00				30. 61.00
06/02	Vic: Flight/Km/PD 00:00 – 1:30 pm	van 22 12 .10		8.0	VV	39.50		8.00	Taxi	31. 59.60
										32. 0.00
										33. 0.00
										34. 0.00
										35. 0.00
	*=Pcard									36. 0.00
										37. 0.00
TOTALS OF COLUMNS		38. 44 24 .20		39. 52.60		40. 222.50	41.	42. Personal Information	THIS TOTAL MUST EQUAL TOTAL IN BOX Y	X CLAIM TOTALS 299.30

43. PORTAL TO PORTAL DISANCE | 44. TOTAL DISTANCE FROM PREVIOUS VOUCHER | → 45. TOTAL DISTANCE TO DATE

46. EMPLOYEE SIGNATURE
CERTIFIED THIS TRAVEL EXPENSE CLAIM IS A TRUE STATEMENT OF DISBURSEMENTS MADE AND OR ALLOWANCE 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.

HEADQUARTERS (CITY NAME): Burnaby - Lougheed | WORK PHONE NO. Personal Information

NOTES	47. SUPPLIER CODE	48. CLIENT	49. RESP. CENTRE	50. SERVICE LINE	51. STOB	52. PROJECT	AMOUNT
	Personal Information	062	22YAB	06001	5750	MTVNC 2200000	76.80 Personal Information
		062	22YAB	06001	5750	22MTCCA	$222.50

THIS TOTAL MUST EQUAL TOTAL IN BOX X | Y TOTAL

LESS TRAVEL ADVANCE | 53. | LESS ADVANCE AMOUNT | Z | CR

IF ADVANCE WAS GREATER THAN (Y) ENTER (Y) AMOUNT IN (Z) AND REPAY THE BALANCE. ATTACH RECEIPTS AND PREVIOUS PAGES OF THIS VOUCHER IF ANY.

AMOUNT DUE TO EMPLOYEE → 54. 299.30

55. EXPENSE AUTHORITY SIGNATURE – CERTIFIED CORRECT PURSUANT TO SECTION 32 & 33 OF THE *FINANCIAL ADMINISTRATION ACT* AND RELATED POLICIES | PRINT NAME: Kathleen Johnson | DATE SIGNED YYYY MM DD: 2022/06/23

55. PROCESSING CLERK INITIAL
CERTIFIED EXTENSIONS AND ENTITLEMENTS CORRECT

Clear Form | Save Form | Print Form

IN 10 Rev. 2016 / 04 / 11 OPC 7530951008 (100/pk) ORIGINAL: MINISTRY COPY: EMPLOYEE

------ TRANSACTION RECORD ------

VICTORIA TAXI # 48

3045 DOUGLAS ST 101

VICTORIA BC

Purchase

Jun 02,2022 11:38:07

Government Financial Information

MASTERCARD

Entry: Tap EMV (H)

Ref#: 808- 1D2153418879400

Auth#: 04249J Response: 01-027

Order: MG01654195086361

sername: terry

Amount **$ 8.00**

Personal Information

Personal Information

A0000000041010 MASTERCARD

TVR 0000008001

Approved

Signature Not Required

Important:Retain this copy for your record

VICTORIA TAXI # 5
#101, 3045 DOUGLAS ST.
VICTORIA BC

Government Financial Information

CARD
CARD TYPE MASTERCARD
DATE 2022/05/31
TIME 5165 13:42:21
RECEIPT NUMBER
H85071113-001-001-682-0

PURCHASE
TOTAL

$24.00

MASTERCARD
A0000000041010
170ED3B3111B877B
0000008000-

APPROVED
AUTH# 06667J 01-027
THANK YOU

NO SIGNATURE REQUIRED

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

------ TRANSACTION RECORD ------
VICTORIA TAXI
3045 DOUGLAS ST
VICTORIA BC

vic8

Purchase
May 31,2022 13:17:37
MASTERCARD
Government Financial Information
Entry: Tap EMV (H)
Ref#: 273 1D215146257851?
Auth#: 02143J Response: 01-027
Order: MGO1o540246650025
Username: vic07

Amount $ 20.60
Personal Information

A0000000041010 MASTERCARD
TVR 0000008001

Approved
Signature Not Required

Important:Retain this

ED23EXEJKV01

BRITISH COLUMBIA Ministry of Finance

TRAVEL VOUCHER

PAGE ____ OF ____

(Note: FIN 10 uses are restricted per CPPM C.1.5.)

1. MINISTRY AND BATCH NO. 2. CONTROL NO. W TRA-CHE20220607

3. CLIENT	4. MIN. ABBRV.	5. DATE COMPLETED YYYY MM DD	6. FISCAL YEAR	7. SPECIAL CHEQUE ISSUE	8. CHEQUE STUB INFORMATION – MAXIMUM 10 SINGLE-SPACED LINES, 38 CHARACTERS PER LINE. ATTACH EXTRA PAGES IF REQUIRED
062			2023	None	04

9. EMPLOYEE I.D. Personal Information | 10. EMPLOYEE SUPPLIER NO. | 11. EMPLOYEE SURNAME: chen, katrina | INITIALS | 12. EMPLOYEE GROUP NO. (✓ one only): 1 ☐ 2 ☐ 3 ☐ 4 ☒

13. MAILING ADDRESS FOR CHEQUE: 027-501 Belleville Street BC

14. POSTAL CODE: V8W 1E2

15. REASON FOR TRAVEL: Travel to Cabinet in Vancouver

16. EMPLOYEE OCCUPATION: Minister

17. DATE OF TRAVEL M D	18. PLACES TRAVELLED TO / FROM	Depart / Arrive	19. PERSONAL VEHICLE USE KM	$ (RATE .55)	20. BUS/TAXI/ AIR/FERRY COSTS $	21. B L D	22. MEALS: ALLOWANCE PER DIEM AS APPLICABLE TO GROUP NO. $	23. ACCOMMODATION COSTS (TO POLICY LIMIT) $	MISCELLANEOUS (CAR RENTAL, PHONE, ATM FEES, ETC.) 24. COST $	25. DESCRIPTION	TOTAL DAILY COSTS
26. BROUGHT FORWARD FROM PREVIOUS PAGE →			KM	$	$		$	$	$		27. $ 0.00
06/07	Burn > Van					✓✓					28. 61.60
	8:30 - 9:00am		22	12.10			39.50				
	Van > Burn										29. 35.10
06/07	12:00pm - 12:30pm		22	12.10					23 00	Parking	
											30.
											31.
											32. 0.00
											33. 0.00
											34. 0.00
											35. 0.00
											36. 0.00
											37. 0.00
TOTALS OF COLUMNS			44	24.20	39.		40. 39.50	41.	42.	THIS TOTAL MUST EQUAL TOTAL IN BOX Y	X CLAIM TOTALS 86.70

43. PORTAL TO PORTAL DISANCE | 44. TOTAL DISTANCE FROM PREVIOUS VOUCHER | → 45. TOTAL DISTANCE TO DATE

46. EMPLOYEE SIGNATURE
CERTIFIED THIS TRAVEL EXPENSE CLAIM IS A TRUE STATEMENT OF DISBURSEMENTS MADE AND OR ALLOWANCE 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.

Kat

HEADQUARTERS (CITY NAME): Burnaby - Lougheed

WORK PHONE NO. Personal Information

NOTES	47. SUPPLIER CODE Personal Information	48. CLIENT	49. RESP. CENTRE	50. SERVICE LINE	51. STOB	52. PROJECT	AMOUNT
		062	22YAB	06001	5702	2200000	86.70
						THIS TOTAL MUST EQUAL TOTAL IN BOX X	Y TOTAL
LESS TRAVEL ADVANCE	53.					LESS ADVANCE AMOUNT	Z CR

IF ADVANCE WAS GREATER THAN (Y) ENTER (Y) AMOUNT IN (Z) AND REPAY THE BALANCE. ATTACH RECEIPTS AND PREVIOUS PAGES OF THIS VOUCHER IF ANY.

AMOUNT DUE TO EMPLOYEE → 54. 86.70

55. EXPENSE AUTHORITY SIGNATURE – CERTIFIED CORRECT PURSUANT TO SECTION 32 & 33 OF THE *FINANCIAL ADMINISTRATION ACT* AND RELATED POLICIES

PRINT NAME: Kathleen Johnson

DATE SIGNED YYYY MM DD: 2022/06/23

56. PROCESSING CLERK INITIAL
CERTIFIED EXTENSIONS AND ENTITLEMENTS CORRECT

Clear Form | Save Form | Print Form

FIN 10 Rev. 2016 / 04 / 11 OPC 7530951008 (100/pk) ORIGINAL: MINISTRY COPY: EMPLOYEE

Audited July 28, jkv

Canada Place Parkade

999 Canada Place
Vancouver BC, V6C 3C1

Pay Station Number:	3
Entered:	06/07/2022 09:19
Exited:	06/07/2022 12:07
Ticket Number:	[illegible]
Transaction Number:	[illegible]
Rate:	A
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]

Government Financial Information

ED23EXEMSA05

BRITISH COLUMBIA Ministry of Finance

TRAVEL VOUCHER

PAGE ____ OF ____

(Note: FIN 10 uses are restricted per CPPM C.1.6.)

INSTRUCTIONS: Employee please complete Item 1 to Employee Signature line plus following 46. 14. Attach appropriate receipts in order of claim

1. MINISTRY AND BATCH NO. 2. CONTROL NO. W TRA-CHE220613

3. CLIENT	4. MIN. ABBREV.	5. DATE COMPLETED YYYY MM DD	6. FISCAL YEAR	7. SPECIAL CHEQUE ISSUE	8. CHEQUE STUB INFORMATION – MAXIMUM 10 SINGLE-SPACED LINES, 38 CHARACTERS PER LINE. ATTACH EXTRA PAGES IF REQUIRED
0162		2022/08/04	2023	None	04

9. EMPLOYEE I.D.	10. EMPLOYEE SUPPLIER NO.	11. EMPLOYEE SURNAME	INITIALS	12. EMPLOYEE GROUP NO. (✓ one only)
Personal Information		chen, katrina ✓		☐1 ☐2 ☐3 ☒4

13. MAILING ADDRESS FOR CHEQUE: 027-501 Belleville Street BC

14. POSTAL CODE: V8W 9E2

15. REASON FOR TRAVEL: ChildCare tour in Richmond

16. EMPLOYEE OCCUPATION: Minister

17. DATE OF TRAVEL M D	18. PLACES TRAVELLED TO / FROM (Depart / Arrive)	19. PERSONAL VEHICLE USE KM	$ (RATE .55)	20. BUS/TAXI/AIR/FERRY COSTS $	21. B L D	22. MEALS: ALLOWANCE/ PER DIEM AS APPLICABLE TO GROUP NO. $	23. ACCOMMODATION COSTS (TO POLICY LIMIT) $	MISCELLANEOUS (CAR RENTAL, PHONE, ATM FEES, ETC.) 24. COST $	25. DESCRIPTION	TOTAL DAILY COSTS 27. $
26. BROUGHT FORWARD FROM PREVIOUS PAGE →		KM	$	$		$	$	$		0.00
06/13	Burn 2 Richmond 09:30 - 10:05AM	26	14.30 ✓		W	39 50 ✓				28. 53 80 ✓
06/13	Richmond CC - Richmond CC	5	2 75 ✓							29. 2.75 ✓
06/13	Richmond CC - Lunch in Rich	9	4.95 ✓							30. 4.95 ✓
06/13	Rich Lunch - Richmond Roundtable	7	3.85 ✓							31. 3.85 ✓
06/13	Richmond Roundtable - Burnaby 16:00 - 16:30pm	21	11.55 ✓							32. 11.55 ✓
										33. 0.00
										34. 0.00
										35. 0.00
										36. 0.00
										37. 0.00
TOTALS OF COLUMNS		68	38. 37.40	39. ✓		40. 39.50	41. ✓	42.	THIS TOTAL MUST EQUAL TOTAL IN BOX Y	X CLAIM TOTALS Personal Information 76.90

43. PORTAL TO PORTAL DISANCE	44. TOTAL DISTANCE FROM PREVIOUS VOUCHER	→ 45. TOTAL DISTANCE TO DATE

46. EMPLOYEE SIGNATURE
I CERTIFIED THIS TRAVEL EXPENSE CLAIM IS A TRUE STATEMENT OF DISBURSEMENTS MADE AND OR ALLOWANCES 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.

K at

HEADQUARTERS (CITY NAME): Burnaby - Lougheed

WORK PHONE NO. Personal Information

NOTES

47. SUPPLIER CODE Personal Information	48. CLIENT	49. RESP. CENTRE	50. SERVICE LINE	51. STOB	52. PROJECT	AMOUNT
	0162	22MAB	060001	5702	2209000	Personal Information 76.90
					THIS TOTAL MUST EQUAL TOTAL IN BOX X	Y TOTAL
LESS TRAVEL ADVANCE	53.				LESS ADVANCE AMOUNT	Z CR

IF ADVANCE WAS GREATER THAN (Y) ENTER (Y) AMOUNT IN (Z) AND REPAY THE BALANCE. ATTACH RECEIPTS AND PREVIOUS PAGES OF THIS VOUCHER IF ANY.

AMOUNT DUE TO EMPLOYEE → 54. Personal Information 76.90

55. EXPENSE AUTHORITY SIGNATURE - CERTIFIED CORRECT PURSUANT TO SECTION 32 & 33 OF THE *FINANCIAL ADMINISTRATION ACT* AND RELATED POLICIES.

PRINT NAME

DATE SIGNED YYYY MM DD

56. PROCESSING CLERK INITIAL
CERTIFIED EXTENSIONS AND ENTITLEMENTS CORRECT

Clear Form | Save Form | Print Form

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BRITISH COLUMBIA Ministry of Finance

TRAVEL VOUCHER

PAGE ____ OF ____

(Note: FIN 10 uses are restricted per CPPM C.1.5.)

INSTRUCTIONS: Employee please complete field 2 to Employee Signature line plus coupling #6 – 34. Attach appropriate receipts in order of claim.

1. MINISTRY AND BATCH NO. 2. CONTROL NO. W TRA-CHE220615

3. CLIENT	4. MIN. ABBREV.	5. DATE COMPLETED YYYY MM DD	6. FISCAL YEAR	7. SPECIAL CHEQUE ISSUE	8. CHEQUE STUB INFORMATION – MAXIMUM 10 SINGLE-SPACED LINES, 36 CHARACTERS PER LINE. ATTACH EXTRA PAGES IF REQUIRED
062		2022/07/28	2023	None	04

9. EMPLOYEE I.D. Personal Information

10. EMPLOYEE SUPPLIER NO.

11. EMPLOYEE SURNAME: chen, katrina √ INITIALS

12. EMPLOYEE GROUP NO. (✓ one only): ☐ 1 ☐ 2 ☐ 3 ☒ 4

13. MAILING ADDRESS FOR CHEQUE: 027-501 Belleville Street BC

14. POSTAL CODE: V8W 9E2

15. REASON FOR TRAVEL: Travel to VCO for Committee/Cabinet

16. EMPLOYEE OCCUPATION: Minister

17. DATE OF TRAVEL M D	18. PLACES TRAVELLED TO / FROM	Depart / Arrive	19. PERSONAL VEHICLE USE KM $ (DISTANCE X KM, RATE .55)	20. BUS/TAXI/AIR/FERRY COSTS $	21. B L D	22. MEALS: ALLOWANCE PER DIEM AS APPLICABLE TO GROUP NO. $	23. ACCOMMODATION COSTS (TO POLICY LIMIT) $	MISCELLANEOUS (CAR RENTAL, PHONE, ATM FEES, ETC.) 24. COST $	25. DESCRIPTION	TOTAL DAILY COSTS 27. $
26. BROUGHT FORWARD FROM PREVIOUS PAGE →			KM $	$		$	$	$		0.00
06/14	Born > Van									28.
	13:00 - 13:21		22 12.10 √	√	√	12.50 √				24.60
06/14	Van > Burn									29.
	16:18 - 17:00		22 12.10 √	√				23.00	Parking √	35.10
06/15	Burn > Van									30.
	8:20 - 8:55		22 12.10 √	√						12.10
06/15	Van > Burn									31.
	12:18 - 13:00		22 12.10 √	√	√	48.50 √				60.60
										32. 0.00
										33. 0.00
										34. 0.00
										35. 0.00
										36. 0.00
										37. 0.00
TOTALS OF COLUMNS			38. 88 48.40 √	39. √		40. 61.00 √	41. √	42. 23.00 √	THIS TOTAL MUST EQUAL TOTAL IN BOX Y	X CLAIM TOTALS 132.40 √

43. PORTAL TO PORTAL DISANCE

44. TOTAL DISTANCE FROM PREVIOUS VOUCHER

45. TOTAL DISTANCE TO DATE →

46. EMPLOYEE SIGNATURE
CERTIFIED THIS TRAVEL EXPENSE CLAIM IS A TRUE STATEMENT OF DISBURSEMENTS MADE AND OR ALLOWANCES 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.

HEADQUARTERS (CITY NAME): Burnaby - Lougheed

WORK PHONE NO. Personal Information

NOTES	47. SUPPLIER CODE	48. CLIENT	49. RESP. CENTRE	50. SERVICE LINE	51. STOB	52. PROJECT	AMOUNT
	2713189 Personal Information	062	22YAB	060001	5702	2200000	132.40 √

THIS TOTAL MUST EQUAL TOTAL IN BOX X

Y TOTAL 132.40 √

LESS TRAVEL ADVANCE 53.

LESS ADVANCE AMOUNT Z CR

IF ADVANCE WAS GREATER THAN (Y) ENTER (Y) AMOUNT IN (Z) AND REPAY THE BALANCE. ATTACH RECEIPTS AND PREVIOUS PAGES OF THIS VOUCHER IF ANY.

AMOUNT DUE TO EMPLOYEE → 54.

55. EXPENSE AUTHORITY SIGNATURE – CERTIFIED CORRECT PURSUANT TO SECTION 32 & 33 OF THE *FINANCIAL ADMINISTRATION ACT* AND RELATED POLICIES

PRINT NAME

DATE SIGNED YYYY MM DD

56. PROCESSING CLERK INITIAL
CERTIFIED EXTENSIONS AND ENTITLEMENTS CORRECT

Clear Form Save Form Print Form

FIN 10 Rev. 2016 / 04 / 11 OPC 7530951008 (100/pk) ORIGINAL: MINISTRY COPY: EMPLOYEE

AUDITED ON SEPT 22, 2022 - MSA

Canada Place Parkade

999 Canada Place
Vancouver BC, V6C 3C1

Pay Station Number:	3
Entered:	06/14/2022 13:21
Exited:	06/14/2022 16:18
Ticket Number:	57694
Transaction Number:	27533
Rate:	A
Parking Fee:	$23.00

Total Fee:	$23.00
Fee Paid:	$23.00
Master	

Government Financial Information

Approval Number: 09370J

Thank you for visiting
Canada Place
Includes GST & TransLink Tax
GST# 120996096RT0005

ED23EXEMSA05

BRITISH COLUMBIA Ministry of Finance

TRAVEL VOUCHER

PAGE ____ OF ____

(Note: FIN 10 users are restricted per CPPM C.1.8.)

INSTRUCTIONS: Employee please complete block 2 to 8 inclusive. Signature line plus sections 46 - 54. Attach appropriate receipts in order of claim.

1. MINISTRY AND BATCH NO. 2. CONTROL NO. W TRA-CHE220620

3. CLIENT	4. MIN. ABBREV.	5. DATE COMPLETED YYYY MM DD	6. FISCAL YEAR	7. SPECIAL CHEQUE ISSUE	8. CHEQUE STUB INFORMATION – MAXIMUM 10 SINGLE - SPACED LINES. 38 CHARACTERS PER LINE. ATTACH EXTRA PAGES IF REQUIRED
062		2022/07/28	2023	None	04

9. EMPLOYEE I.D.	10. EMPLOYEE SUPPLIER NO.	11. EMPLOYEE SURNAME	INITIALS	12. EMPLOYEE GROUP NO. (✓ one only)
Personal Information		chen, katrina		1 ☐ 2 ☐ 3 ☐ 4 ☒

13. MAILING ADDRESS FOR CHEQUE: 027-5011 Belleville Street BC — 14. POSTAL CODE: V8W 1E2

15. REASON FOR TRAVEL: Child care tour in Surrey — 16. EMPLOYEE OCCUPATION: Minister

17. DATE OF TRAVEL M D	18. PLACES TRAVELLED TO / FROM	Depart / Arrive	19. PERSONAL VEHICLE USE DISTANCE X KM RATE .55 KM	$	20. BUS/TAXI/ AIR/FERRY COSTS $	21. B L D ✓✓✓	22. MEALS: ALLOWANCE/ PER DIEM AS APPLICABLE TO GROUP NO. $	23. ACCOMMODATION COSTS (TO POLICY LIMIT) $	MISCELLANEOUS (CAR RENTAL, PHONE, ATM FEES, ETC.) 24. COST $	25. DESCRIPTION	TOTAL DAILY COSTS 27. $
26. BROUGHT FORWARD FROM PREVIOUS PAGE →			KM	$	$		$	$	$		0.00
06/20	Burn 2 Surrey 8:25-8:55		33	18.15	√	W	61.00	√			79.15
06/20	Surrey CC - Surrey CC 10:30-1080		14	7.70	√						7.70
06/20	Surrey CC - Surrey CC 11:15-11:25		6	3.30	√						3.30
06/20	Surrey CC - Lunch 12:30-12:50pm		14	7.70	√						7.70
06/20	Lunch - Surrey City hall 14:00-15:00		9	4.95	√						4.95
06/20	Surrey 5 Burn 18:00-18:33		28	15.40	√						15.40
											0.00
											0.00
											0.00
											0.00
TOTALS OF COLUMNS			104	57.20	√		61.00	√		THIS TOTAL MUST EQUAL TOTAL IN BOX Y	X CLAIM TOTALS 118.20 √

43. PORTAL TO PORTAL DISANCE | 44. TOTAL DISTANCE FROM PREVIOUS VOUCHER | → 45. TOTAL DISTANCE TO DATE

46. EMPLOYEE SIGNATURE — CERTIFIED THIS TRAVEL EXPENSE CLAIM IS A TRUE STATEMENT OF DISBURSEMENTS MADE AND OR ALLOWANCES 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. [signature]

HEADQUARTERS (CITY NAME): Burnaby - Lougheed — WORK PHONE NO. Personal Information

NOTES	47. SUPPLIER CODE	48. CLIENT	49. RESP. CENTRE	50. SERVICE LINE	51. STOB	52. PROJECT	AMOUNT
	2713189 Personal Information	062	22YAB	060001	5702	2209000	118 20 √

THIS TOTAL MUST EQUAL TOTAL IN BOX X — Y TOTAL 118 20 √

LESS TRAVEL ADVANCE 53. — LESS ADVANCE AMOUNT — Z CR

IF ADVANCE WAS GREATER THAN (Y) ENTER (Y) AMOUNT IN (Z) AND REPAY THE BALANCE. ATTACH RECEIPTS AND PREVIOUS PAGES OF THIS VOUCHER IF ANY.

AMOUNT DUE TO EMPLOYEE → 54.

55. EXPENSE AUTHORITY SIGNATURE - CERTIFIED CORRECT PURSUANT TO SECTION 32 & 33 OF THE *FINANCIAL ADMINISTRATION ACT* AND RELATED POLICIES. — PRINT NAME — DATE SIGNED YYYY MM DD

56. PROCESSING CLERK INITIAL — CERTIFIED EXTENSIONS AND ENTITLEMENTS CORRECT

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BRITISH COLUMBIA Ministry of Finance

TRAVEL VOUCHER

(Note: PIN 10 uses are restricted per CPPM C.1.8.)

PAGE ____ OF ____

1. MINISTRY AND BATCH NO. 2. CONTROL NO. W TRA-CHE220621

3. CLIENT	4. MIN. ABBREV.	5. DATE COMPLETED YYYY MM DD	6. FISCAL YEAR	7. SPECIAL CHEQUE ISSUE	8. CHEQUE STUB INFORMATION – MAXIMUM 10 SINGLE-SPACED LINES, 38 CHARACTERS PER LINE. ATTACH EXTRA PAGES IF REQUIRED
062		2022/07/28	2023	None	04

9. EMPLOYEE I.D.	10. EMPLOYEE SUPPLIER NO.	11. EMPLOYEE SURNAME	INITIALS	12. EMPLOYEE GROUP NO. (✓ one only) 1 2 3 4
Personal Information		chen, katrina		X

13. MAILING ADDRESS FOR CHEQUE: 027-501 Belleville Street BC — 14. POSTAL CODE: V8W 9E2

15. REASON FOR TRAVEL: Child care tour is Chilliwack

16. EMPLOYEE OCCUPATION: Minister

17. DATE OF TRAVEL M D	18. PLACES TRAVELLED TO / FROM	Depart / Arrive	19. PERSONAL VEHICLE USE DISTANCE X KM RATE .55 KM	$	20. BUS/TAXI/AIR/FERRY COSTS $	21. B L D	22. MEALS: ALLOWANCE PER DIEM AS APPLICABLE TO GROUP NO. $	23. ACCOMMODATION COSTS (TO POLICY LIMIT) $	MISCELLANEOUS (CAR RENTAL, PHONE, ATM FEES, ETC.) 24. COST $	25. DESCRIPTION	TOTAL DAILY COSTS
26. BROUGHT FORWARD FROM PREVIOUS PAGE →			KM	$	$		$	$	$		27. $ 0.00
06/21	Burn > Chilliwack 10:00 - 10:55 pm		85	46.25	√	√√√	61.00	√			28. 107.75
	Chilliwack CC - Lunch 12:15 - 12:30		6	3.30	√						29. 3.30
	Lunch - YMCA 14:15 - 14:30		9	4.95	√						30. 4.95
	YMCA - Roundtable 15:30 - 15:40		5	2.75	√						31. 2.75
	Chilliwack > Burn 18:00 - 18:53		86	47.30	√						32. 47.30
											33. 0.00
											34. 0.00
											35. 0.00
											36. 0.00
											37. 0.00
TOTALS OF COLUMNS			38. 191	105.05	39.		40. 61.00	41.	42.	THIS TOTAL MUST EQUAL TOTAL IN BOX Y	X CLAIM TOTALS 166.05 √

43. PORTAL TO PORTAL DISANCE	44. TOTAL DISTANCE FROM PREVIOUS VOUCHER	45. TOTAL DISTANCE TO DATE →

46. EMPLOYEE SIGNATURE — CERTIFIED THIS TRAVEL EXPENSE CLAIM IS A TRUE STATEMENT OF DISBURSEMENTS MADE AND OR ALLOWANCES 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.

HEADQUARTERS (CITY NAME): Burnaby - Lougheed

WORK PHONE NO. Personal Information

NOTES	47. SUPPLIER CODE	48. CLIENT	49. RESP. CENTRE	50. SERVICE LINE	51. STOB	52. PROJECT	AMOUNT
	2713189 Personal Information	062	22YAB	06001	5702	2200000	166 05 √

THIS TOTAL MUST EQUAL TOTAL IN BOX X — Y TOTAL 166 05 √

LESS TRAVEL ADVANCE 53. — LESS ADVANCE AMOUNT — Z CR

IF ADVANCE WAS GREATER THAN (Y) ENTER (Y) AMOUNT IN (Z) AND REPAY THE BALANCE. ATTACH RECEIPTS AND PREVIOUS PAGES OF THIS VOUCHER IF ANY.

AMOUNT DUE TO EMPLOYEE → 54.

55. EXPENSE AUTHORITY SIGNATURE – CERTIFIED CORRECT PURSUANT TO SECTION 32 & 33 OF THE *FINANCIAL ADMINISTRATION ACT* AND RELATED POLICIES — PRINT NAME — DATE SIGNED YYYY MM DD

56. PROCESSING CLERK INITIAL — CERTIFIED EXTENSIONS AND ENTITLEMENTS CORRECT

Clear Form | Save Form | Print Form

IN 10 Rev. 2015 / 04 / 11 OPC 7530951008 (100/pk) ORIGINAL: MINISTRY COPY: EMPLOYEE

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BRITISH COLUMBIA — Ministry of Finance

TRAVEL VOUCHER

PAGE ____ OF ____

(Note: FIN 10 uses are restricted per CPPM C.1.5.)

INSTRUCTIONS: [illegible]

1. MINISTRY AND BATCH NO.

2. CONTROL NO. W TRA-CHE220622

3. CLIENT	4. MIN. ABBREV.	5. DATE COMPLETED (YYYY MM DD)	6. FISCAL YEAR	7. SPECIAL CHEQUE ISSUE	
062		2022/07/28	2023	None	04

8. CHEQUE STUB INFORMATION – MAXIMUM 10 SINGLE-SPACED LINES, 38 CHARACTERS PER LINE. ATTACH EXTRA PAGES IF REQUIRED

9. EMPLOYEE I.D.	10. EMPLOYEE SUPPLIER NO.	11. EMPLOYEE SURNAME	INITIALS	12. EMPLOYEE GROUP NO. (✓ one only) 1 2 3 4
Personal Information	Personal Information	Chen, Katrina		X (4)

13. MAILING ADDRESS FOR CHEQUE: 027-501 Belleville Street BC

14. POSTAL CODE: V8W9E2

15. REASON FOR TRAVEL: Travel to VCO for Cabinet

16. EMPLOYEE OCCUPATION: Minister

17. DATE OF TRAVEL	18. PLACES TRAVELLED TO / FROM (Depart / Arrive)	19. PERSONAL VEHICLE USE (DISTANCE X KM, RATE .55) KM	$	20. BUS/TAXI/AIR/FERRY COSTS $	21. B L D ✓✓✓	22. MEALS ALLOWANCE/PER DIEM AS APPLICABLE TO GROUP NO. $	23. ACCOMMODATION COSTS (TO POLICY LIMIT) $	24. COST $	25. DESCRIPTION (MISCELLANEOUS: CAR RENTAL, PHONE, ATM FEES, ETC.)	TOTAL DAILY COSTS $
	26. BROUGHT FORWARD FROM PREVIOUS PAGE ➔									27. 0.00
06/22	Bum>Van	22	12.10	√	W	39 50	√			28. 51.60
	Van>Bum	22	12.10	√		Personal Information				29. 12.10
										30.
										31.
										32. 0.00
										33. 0.00
										34. 0.00
										35. 0.00
										36. 0.00
										37. 0.00
	TOTALS OF COLUMNS	38. 44	24.20	39.		40. 39 50	41.	42.	THIS TOTAL MUST EQUAL TOTAL IN BOX Y	X CLAIM TOTALS 63.70 √

43. PORTAL TO PORTAL DISTANCE | 44. TOTAL DISTANCE FROM PREVIOUS VOUCHER ➔ | 45. TOTAL DISTANCE TO DATE

46. EMPLOYEE SIGNATURE — CERTIFIED THIS TRAVEL EXPENSE CLAIM IS A TRUE STATEMENT OF DISBURSEMENTS MADE AND OR ALLOWANCES 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. [signature] Kat

HEADQUARTERS (CITY NAME): Burnaby-Lougheed

WORK PHONE NO.: Personal Information

NOTES	47. SUPPLIER CODE	48. CLIENT	49. RESP. CENTRE	50. SERVICE LINE	51. STOB	52. PROJECT	AMOUNT
	2713189 Personal Information	062	22YAB	06001	5702	2200000	63.70 √
						THIS TOTAL MUST EQUAL TOTAL IN BOX X	Y TOTAL
LESS TRAVEL ADVANCE	53.					LESS ADVANCE AMOUNT	Z CR

IF ADVANCE WAS GREATER THAN (Y) ENTER (Y) AMOUNT IN (Z) AND REPAY THE BALANCE. ATTACH RECEIPTS AND PREVIOUS PAGES OF THIS VOUCHER IF ANY.

AMOUNT DUE TO EMPLOYEE ➔ 54.

55. EXPENSE AUTHORITY SIGNATURE - CERTIFIED CORRECT PURSUANT TO SECTION 32 & 33 OF THE *FINANCIAL ADMINISTRATION ACT* AND RELATED POLICIES. | PRINT NAME | DATE SIGNED YYYY MM DD

56. PROCESSING CLERK INITIAL — CERTIFIED EXTENSIONS AND ENTITLEMENTS CORRECT

Clear Form | Save Form | Print Form

ED23EXEMSA05

BRITISH COLUMBIA Ministry of Finance

TRAVEL VOUCHER

PAGE ____ OF ____

(Note: PIN 10 uses are restricted per CPPM C.1.6.)

INSTRUCTIONS: Employee please complete boxes 3 to Employee Signature box plus columns 46 – 54. Attach appropriate receipts or proof of claim.

1. MINISTRY AND BATCH NO. | 2. CONTROL NO. W TRA-CHE220628

3. CLIENT	4. MIN. AB-BREV.	5. DATE COMPLETED YYYY MM DD	6. FISCAL YEAR	7. SPECIAL CHEQUE ISSUE	8. CHEQUE STUB INFORMATION – MAXIMUM 10 SINGLE-SPACED LINES, 38 CHARACTERS PER LINE. ATTACH EXTRA PAGES IF REQUIRED
062		2022/07/28	2023	None	04

9. EMPLOYEE I.D. Personal Information | 10. EMPLOYEE SUPPLIER NO. | 11. EMPLOYEE SURNAME: chen, katrina | INITIALS | 12. EMPLOYEE GROUP NO. (✓ one only): 1 ☐ 2 ☐ 3 ☐ 4 ☒

13. MAILING ADDRESS FOR CHEQUE: 027-501 Belleville Street BC

14. POSTAL CODE: V8W 9E2

15. REASON FOR TRAVEL: Cabinet Retreat

16. EMPLOYEE OCCUPATION: Minister

17. DATE OF TRAVEL M D	18. PLACES TRAVELLED TO / FROM	Depart / Arrive	19. PERSONAL VEHICLE USE KM	$	20. BUS/TAXI/ AIR/FERRY COSTS $	21. B L D	22. MEALS: ALLOWANCE/ PER DIEM AS APPLICABLE TO GROUP NO. $	23. ACCOMMODATION COSTS (TO POLICY LIMIT) $	MISCELLANEOUS (CAR RENTAL, PHONE, ATM FEES, ETC.) 24. COST $	25. DESCRIPTION	TOTAL DAILY COSTS 27. $
26. BROUGHT FORWARD FROM PREVIOUS PAGE →			KM	$	$		$	$	$		0.00
06/27	Burn > Van	8:20 - 8:50	22 12.10		√						28. 12.10 √
06/28	Van > Burn	15:00 - 15:30	22 12.10		√			292.58 Personal Information	37.76	HOTEL PARK NG	29. 342.44 √
											30.
											31.
											32. 0.00
											33. 0.00
											34. 0.00
											35. 0.00
											36. 0.00
											37. 0.00
TOTALS OF COLUMNS			38. 44 24.20		39.		40.	41. 330.34	42.	THIS TOTAL MUST EQUAL TOTAL IN BOX Y	X CLAIM TOTALS 354.54 √

43. PORTAL TO PORTAL DISANCE | 44. TOTAL DISTANCE FROM PREVIOUS VOUCHER | 45. TOTAL DISTANCE TO DATE →

46. EMPLOYEE SIGNATURE
CERTIFIED THIS TRAVEL EXPENSE CLAIM IS A TRUE STATEMENT OF DISBURSEMENTS MADE AND/OR ALLOWANCES 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.

HEADQUARTERS (CITY NAME): Burnaby - Lougheed

WORK PHONE NO. Personal Information

NOTES	47. SUPPLIER CODE	48. CLIENT	49. RESP. CENTRE	50. SERVICE LINE	51. STOB	52. PROJECT	AMOUNT
	2713189 Personal Information	062	22YAB	06001	5702	2200000	354.54 √
						THIS TOTAL MUST EQUAL TOTAL IN BOX X	Y TOTAL 354.54 √
LESS TRAVEL ADVANCE	53.					LESS ADVANCE AMOUNT	Z CR

IF ADVANCE WAS GREATER THAN (Y) ENTER (Y) AMOUNT IN (Z) AND REPAY THE BALANCE. ATTACH RECEIPTS AND PREVIOUS PAGES OF THIS VOUCHER IF ANY.

AMOUNT DUE TO EMPLOYEE → 54.

55. EXPENSE AUTHORITY SIGNATURE – CERTIFIED CORRECT PURSUANT TO SECTION 32 & 33 OF THE *FINANCIAL ADMINISTRATION ACT* AND RELATED POLICIES. PRINT NAME | DATE SIGNED YYYY MM DD

56. PROCESSING CLERK INITIAL
CERTIFIED EXTENSIONS AND ENTITLEMENTS CORRECT

Clear Form | Save Form | Print Form

TN 10 Rev. 2016 / 04 / 11 OPC 7530951008 (100/pk) ORIGINAL: MINISTRY COPY: EMPLOYEE

AUDITED ON SEPT 23, 2022 - MSA

Katrina Chen
027-501 Belleville Street
Victoria, BC V8W9E2
Canada

Room Number: Security Concern
Arrival Date: 06-27-22
Departure Date: 06-28-22
Page No: 1 of 1
Folio No: Personal Information
Conf. No:
AR No:
Invoice No.:

INFORMATION INVOICE

Company Name: Office of the Premier
Group Name: Office of the Premier

08-04-22

Date	Description		Charges	Credits
06-27-22	Room Charge		249.00	
06-27-22	DMF		3.22	
06-27-22	PST		20.18	
06-27-22	GST		12.61	292.58
06-27-22	AHRT		7.57	
06-27-22	Self Parking		29.00	
06-27-22	Parking Tax		6.96	37.75
06-27-22	GST - Parking		1.80	
06-28-22	Mastercard	Government Financial Information XX/XX		330.34
	Total		**330.34**	**330.34**
	Balance		**0.00**	

ED23EXEMSA06

BRITISH COLUMBIA Ministry of Finance

TRAVEL VOUCHER

PAGE ____ OF ____

(Note: FIN 15 uses are restricted per CPPM C.1.8.)

INSTRUCTIONS

1. MINISTRY AND BATCH NO. | 2. CONTROL NO. W TRA-CHE220704

3. CLIENT	4. MIN. ABBREV.	5. DATE COMPLETED YYYY MM DD	6. FISCAL YEAR	7. SPECIAL CHEQUE ISSUE	8. CHEQUE STUB INFORMATION – MAXIMUM 10 SINGLE-SPACED LINES, 38 CHARACTERS PER LINE. ATTACH EXTRA PAGES IF REQUIRED
062		2022/07/28	2023	None	04

9. EMPLOYEE I.D. Personal Information | 10. EMPLOYEE SUPPLIER NO. | 11. EMPLOYEE SURNAME chen, katrina | INITIALS | 12. EMPLOYEE GROUP NO. (✓ one only) 1 2 3 X 4

13. MAILING ADDRESS FOR CHEQUE: 027-501 Belleville Street BC | 14. POSTAL CODE: V8W 9E2

15. REASON FOR TRAVEL: Child Care fair in Langley | 16. EMPLOYEE OCCUPATION: Minister

17. DATE OF TRAVEL M D	18. PLACES TRAVELLED TO / FROM	Depart / Arrive	19. PERSONAL VEHICLE USE DISTANCE X KM RATE .55 KM	$	20. BUS/TAXI/AIR/FERRY COSTS $	21. B L D ✓✓✓	22. MEALS: ALLOWANCE/ PER DIEM AS APPLICABLE TO GROUP NO. $	23. ACCOMMODATION COSTS (TO POLICY LIMIT) $	MISCELLANEOUS (CAR RENTAL, PHONE, ATM FEES, ETC.) 24. COST $	25. DESCRIPTION	TOTAL DAILY COSTS 27. $
26. BROUGHT FORWARD FROM PREVIOUS PAGE →			KM								0.00
07/04	Burn 2 langley 9:15-9:45		31	17.05	√	W	39.50	√			28. 56.55
	Langley cc to langley cc 10:30-10:51		21	11.55	√						29. 11.55
	Langley cc - lunch 11:30-11:50		21	11.55	√						30. 11.55
	Lunch - Roundtable 12:45-1:15		3	1.65	√						31. 1.65
	Langley 2 Burn 14:30-14:55		23	12.65	√						32. 12.65
											33. 0.00
											34. 0.00
											35. 0.00
											36. 0.00
											37. 0.00
TOTALS OF COLUMNS			38. 99	54.45	39.		40.	41.	42.	THIS TOTAL MUST EQUAL TOTAL IN BOX Y	X CLAIM TOTALS 93.95 √

43. PORTAL TO PORTAL DISANCE | 44. TOTAL DISTANCE FROM PREVIOUS VOUCHER | → 45. TOTAL DISTANCE TO DATE

46. EMPLOYEE SIGNATURE
CERTIFIED THIS TRAVEL EXPENSE CLAIM IS A TRUE STATEMENT OF DISBURSEMENTS MADE AND/OR ALLOWANCES 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.

HEADQUARTERS (CITY NAME): Burnaby - Lougheed | WORK PHONE NO. Personal Information

NOTES	47. SUPPLIER CODE	48. CLIENT	49. RESP. CENTRE	50. SERVICE LINE	51. STOB	52. PROJECT	AMOUNT
	2713189 Personal Information	062	22MAB	060001	5702	2200000	93 95 √

THIS TOTAL MUST EQUAL TOTAL IN BOX X | Y TOTAL 93.95 √

LESS TRAVEL ADVANCE 53. | LESS ADVANCE AMOUNT | Z CR

IF ADVANCE WAS GREATER THAN (Y) ENTER (Y) AMOUNT IN (Z) AND REPAY THE BALANCE. ATTACH RECEIPTS AND PREVIOUS PAGES OF THIS VOUCHER IF ANY.

AMOUNT DUE TO EMPLOYEE → 54.

55. EXPENSE AUTHORITY SIGNATURE – CERTIFIED CORRECT PURSUANT TO SECTION 32 & 33 OF THE *FINANCIAL ADMINISTRATION ACT* AND RELATED POLICIES | PRINT NAME | DATE SIGNED YYYY MM DD

56. PROCESSING CLERK INITIAL
CERTIFIED EXTENSIONS AND ENTITLEMENTS CORRECT

Clear Form | Save Form | Print Form

FIN 10 Rev. 2018 / 04 / 11 OPC 7530951008 (100/pk) ORIGINAL: MINISTRY COPY: EMPLOYEE

AUDITED ON SEPT 23, 2022 - MSA

BRITISH COLUMBIA Ministry of Finance

TRAVEL VOUCHER

PAGE ____ OF ____

(Note: FIN 10 uses are restricted per CPPM C.1.6.)

INSTRUCTIONS

1. MINISTRY AND BATCH NO.

2. CONTROL NO. W TRA-CHE220710

3. CLIENT	4. MIN. AB-BREV.	5. DATE COMPLETED YYYY MM DD	6. FISCAL YEAR	7. SPECIAL CHEQUE ISSUE		8. CHEQUE STUB INFORMATION – MAXIMUM 10 SINGLE-SPACED LINES. 38 CHARACTERS PER LINE. ATTACH EXTRA PAGES IF REQUIRED
062		2022/07/28	2023	None	0 4	

9. EMPLOYEE I.D.	10. EMPLOYEE SUPPLIER NO.	11. EMPLOYEE SURNAME	INITIALS	12. EMPLOYEE GROUP NO. (✓ one only)
Personal Information		Chen, Katrina		1 2 3 4 ☒ (4)

13. MAILING ADDRESS FOR CHEQUE: 027-501 Belleville Street BC

14. POSTAL CODE: V8W 9E2

15. REASON FOR TRAVEL: Travel to Legislature for meetings

16. EMPLOYEE OCCUPATION: Minister

17. DATE OF TRAVEL	18. PLACES TRAVELLED TO / FROM, Depart / Arrive	19. PERSONAL VEHICLE USE, DISTANCE X KM RATE .55 — KM	$	20. BUS/TAXI/AIR/FERRY COSTS	21. B L D ✓✓✓	22. MEALS: ALLOWANCE/PER DIEMS AS APPLICABLE TO GROUP NO.	23. ACCOMMODATION COSTS (TO POLICY LIMIT)	24. COST	25. DESCRIPTION (MISCELLANEOUS: CAR RENTAL, PHONE, ATM FEES, ETC.)	TOTAL DAILY COSTS
26. BROUGHT FORWARD FROM PREVIOUS PAGE ➔										27. 0.00
07/05	Van > Vic 9:30-23:59	67	~~64.55~~ 36.85	89.85	✓✓✓	61 00	√			28. Personal Information 187.70
07/06	Victoria 00:00-23:59				✓✓✓	61 00	√			29. 61 00
07/07	Victoria 00:00-23:59	5	2.75		✓✓✓	61 00	√			30. 63.75
07/08	Victoria 00:00-12:00				✓✓	48.50	√			31. Personal Information 48.50
07/10	Nan > Van 00:00-18:00	67	~~64.55~~ 36.85	82.25	√					32. Personal Information 119.10
										33. 0.00
										34. 0.00
										35. 0.00
										36. 0.00
										37. 0.00
TOTALS OF COLUMNS		139	38. ~~131.85~~ 76.45	39. 172.10		40. 231.50	41.	42.	THIS TOTAL MUST EQUAL TOTAL IN BOX Y	X CLAIM TOTALS Personal Information 480.05

43. PORTAL TO PORTAL DISANCE | 44. TOTAL DISTANCE FROM PREVIOUS VOUCHER ➔ | 45. TOTAL DISTANCE TO DATE

46. EMPLOYEE SIGNATURE — CERTIFIED THIS TRAVEL EXPENSE CLAIM IS A TRUE STATEMENT OF DISBURSEMENTS MADE AND OR ALLOWANCES 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. [signature]

HEADQUARTERS (CITY NAME): Burnaby-Lougheed

WORK PHONE NO.: 250-356-5781

NOTES	47. SUPPLIER CODE	48. CLIENT	49. RESP. CENTRE	50. SERVICE LINE	51. STOB	52. PROJECT	AMOUNT
	2713189 Personal Information	062 / 062	22YAB / 22YAB	06001 / 06001	5750 / 5701 (+2)	22MTCCA / ~~2200000~~ MTVNC	231 50 / Personal Information 119.10
		062	22YAB	06001	5701	22MTVNC	129.45
						THIS TOTAL MUST EQUAL TOTAL IN BOX X	Y TOTAL Personal Information 480.05
LESS TRAVEL ADVANCE	53.					LESS ADVANCE AMOUNT	Z CR

IF ADVANCE WAS GREATER THAN (Y) ENTER (Y) AMOUNT IN (Z) AND REPAY THE BALANCE. ATTACH RECEIPTS AND PREVIOUS PAGES OF THIS VOUCHER IF ANY.

AMOUNT DUE TO EMPLOYEE ➤ 54.

55. EXPENSE AUTHORITY SIGNATURE - CERTIFIED CORRECT PURSUANT TO SECTION 32 & 33 OF THE *FINANCIAL ADMINISTRATION ACT* AND RELATED POLICIES. | PRINT NAME | DATE SIGNED YYYY MM DD

56. PROCESSING CLERK INITIAL — CERTIFIED EXTENSIONS AND ENTITLEMENTS CORRECT

Clear Form | Save Form | Print Form

AUDITED SEPT 23, 2022

Tsawwassen
To
Swartz Bay

BCFerries
Suite 500 - 1321 Blanshard Street
Victoria BC Canada V8W 0B7

LANE 44

RECEIPT - PLEASE RETAIN

PURCHASE 2022/07/05
BOOKING-R1100

Personal Information

Prepaid

20'	Undersize Vehi	69.50
1	Adult	18.00
Personal Information		
	Fuel Surcharg	2.35
	Total Prepaid	89.85 √

CHANGE DUE 0.00

CUSTOMER COPY
TSA 05 Jul 2022 10:18:57

Personal Information

Nanaimo (Dep.Bay)
To
Horseshoe Bay

BCFerries
Victoria BC Canada V8W 0B7

LANE 07

RECEIPT - PLEASE RETAIN

PURCHASE 2022/07/10

20'	Undersize Vehi	62.00
1	Adult	18.00
	Fuel Surcharg	2.00
1	Port Fee Adul	0.25
	Total	82.25 √

Master Card
Government Financial Information 82.25 √

AUTH 06271J 66338156 0810810510 H
MASTERCARD
A0000000041010 / 0000000001 /
NO SIGNATURE TRANSACTION
01 APPROVED - THANK YOU 027

CHANGE DUE 0.00

CARDHOLDER COPY
NAN 10 Jul 2022 15:42:08

Personal Information

ED23EXEMSA06

BRITISH COLUMBIA Ministry of Finance

TRAVEL VOUCHER

PAGE ____ OF ____

(Note: FIN 10 uses are restricted per CPPM C.1.6)

INSTRUCTIONS: [illegible]

1. MINISTRY AND BATCH NO. 2. CONTROL NO. W TRA-CHE220713

3. CLIENT	4. MIN. ABBREV.	5. DATE COMPLETED YYYY MM DD	6. FISCAL YEAR	7. SPECIAL CHEQUE ISSUE	8. CHEQUE STUB INFORMATION – MAXIMUM 10 SINGLE-SPACED LINES, 38 CHARACTERS PER LINE. ATTACH EXTRA PAGES IF REQUIRED
062		2022/07/28	2023	None	04

9. EMPLOYEE I.D.	10. EMPLOYEE SUPPLIER NO.	11. EMPLOYEE SURNAME	INITIALS	12. EMPLOYEE GROUP NO. (✓ one only)
Personal Information		chen, katrina		1 ☐ 2 ☐ 3 ☐ 4 ☒

13. MAILING ADDRESS FOR CHEQUE: 027-501 Belleville Street BC

14. POSTAL CODE: V8W 9E2

15. REASON FOR TRAVEL: Travel to a Event/F/P/T and Cabinet

16. EMPLOYEE OCCUPATION: Minister

17. DATE OF TRAVEL M D	18. PLACES TRAVELLED TO / FROM (Depart / Arrive)	19. PERSONAL VEHICLE USE DISTANCE KM / RATE .55 KM	20. BUS/TAXI/AIR/FERRY COSTS $	21. B L D	22. MEALS: ALLOWANCE PER DIEM AS APPLICABLE TO GROUP NO. $	23. ACCOMMODATION COSTS (TO POLICY LIMIT) $	MISCELLANEOUS (CAR RENTAL, PHONE, ATM FEES, ETC.) 24. COST $	25. DESCRIPTION	TOTAL DAILY COSTS $
26. BROUGHT FORWARD FROM PREVIOUS PAGE →		KM $	$		$	$	$		27. 0.00
07/11	Burn > Van 9:30 - 10:00	23 12.65	√						28. 12.65
07/11	Van > Burn 10:30 - 11:00	23 12.65	√						29. 12.65
07/12	Burnaby 8:30 - 9:00	11 6.05	√						30. 6.05
07/12	Burnaby 17:00 - 17:30	11 6.05	√						31. 6.05
07/13	Burn - Van 8:10 - 8:50	22 12.10	√						32. 12.10
07/13	Van > Burn 12:05 > 12:45	22 12.10	√						33. 12.10
									34. 0.00
									35. 0.00
									36. 0.00
									37. 0.00
TOTALS OF COLUMNS		112 / 61.60	38. 39.		40.	41.	42.	THIS TOTAL MUST EQUAL TOTAL IN BOX Y	X CLAIM TOTALS 61.60 √

43. PORTAL TO PORTAL DISANCE	44. TOTAL DISTANCE FROM PREVIOUS VOUCHER	→ 45. TOTAL DISTANCE TO DATE

46. EMPLOYEE SIGNATURE: I CERTIFY THIS TRAVEL EXPENSE CLAIM IS A TRUE STATEMENT OF DISBURSEMENTS MADE AND OR ALLOWANCE 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. K at

HEADQUARTERS (CITY NAME): Burnaby - Lougheed

WORK PHONE NO. Personal Information

NOTES	47. SUPPLIER CODE	48. CLIENT	49. RESP. CENTRE	50. SERVICE LINE	51. STOB	52. PROJECT	AMOUNT
	2713189 Personal Information	062	22YAB	0600015702		2209900	61 60 √

THIS TOTAL MUST EQUAL TOTAL IN BOX X

Y TOTAL 61 60

LESS TRAVEL ADVANCE 53.

LESS ADVANCE AMOUNT Z CR

IF ADVANCE WAS GREATER THAN (Y) ENTER (Y) AMOUNT IN (Z) AND REPAY THE BALANCE. ATTACH RECEIPTS AND PREVIOUS PAGES OF THIS VOUCHER IF ANY.

AMOUNT DUE TO EMPLOYEE → 54.

55. EXPENSE AUTHORITY SIGNATURE – CERTIFIED CORRECT PURSUANT TO SECTION 32 & 33 OF THE *FINANCIAL ADMINISTRATION ACT* AND RELATED POLICIES

PRINT NAME

DATE SIGNED YYYY MM DD

56. PROCESSING CLERK INITIAL

CERTIFIED EXTENSIONS AND ENTITLEMENTS CORRECT

Clear Form Save Form Print Form

IN 10 Rev. 2018 / 04 / 11 OPC 7530951008 (100/pk)

ORIGINAL: MINISTRY COPY: EMPLOYEE

AUDITED ON SEPT 23, 2022 - MSA

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BRITISH COLUMBIA Ministry of Finance

TRAVEL VOUCHER

PAGE ____ OF ____

(Note: FIN 10 uses are restricted per CPPM C.1.6.)

INSTRUCTIONS: Employee please complete Part 1 to Employee Signature line (plus reference #9 - #4). Attach appropriate receipts in order of claim.

1. MINISTRY AND BATCH NO.	2. CONTROL NO.
	W TRA-CHE220722

3. CLIENT	4. MIN. ABBREV.	5. DATE COMPLETED YYYY MM DD	6. FISCAL YEAR	7. SPECIAL CHEQUE ISSUE	8. CHEQUE STUB INFORMATION – MAXIMUM 10 SINGLE-SPACED LINES, 38 CHARACTERS PER LINE. ATTACH EXTRA PAGES IF REQUIRED
062		2022/07/28	2023	None	04

9. EMPLOYEE I.D.	10. EMPLOYEE SUPPLIER NO.	11. EMPLOYEE SURNAME	INITIALS	12. EMPLOYEE GROUP NO. (✓ one only)
Personal Information		chen, katrina		☐1 ☐2 ☐3 ☒4

13. MAILING ADDRESS FOR CHEQUE: 027-501 Belleville Street BC

14. POSTAL CODE: V8W 9E2

15. REASON FOR TRAVEL: Child care Tax in Comox

16. EMPLOYEE OCCUPATION: Minister

17. DATE OF TRAVEL M D	18. PLACES TRAVELLED TO / FROM	Depart / Arrive	19. PERSONAL VEHICLE USE DISTANCE X KM RATE .55 KM	$	20. BUS/TAXI/AIR/FERRY COSTS $	21. B L D	22. MEALS: ALLOWANCE PER DIEM AS APPLICABLE TO GROUP NO. $	23. ACCOMMODATION COSTS (TO POLICY LIMIT) $	MISCELLANEOUS (CAR RENTAL, PHONE, ATM FEES, ETC.) 24. COST $	25. DESCRIPTION	TOTAL DAILY COSTS
26. BROUGHT FORWARD FROM PREVIOUS PAGE →			KM	$	$		$	$	$		27. $ 0.00
07/21	Burnz Van		22	12.10 √		VV	61 00	174.80	50 00	Parking	29. 297.90
	00:00-7:30										
	Comox Tour*										29.
07/21	8:30-23:59										
	Comox Tour					V	48.50 √				30. 48.50
07/22	00:00-11:30										
	Nanz Van*										31.
07/22											
	Van > Burn		22	12.10 √							32. 12.10
07/22	15:30-16:00										
											33. 0.00
	*=PCARD										34. 0.00
											35. 0.00
											36. 0.00
											37. 0.00
TOTALS OF COLUMNS			44	24.20 √			109.50	174.80 √	50	THIS TOTAL MUST EQUAL TOTAL IN BOX Y	X CLAIM TOTALS 358.50 √

43. PORTAL TO PORTAL DISANCE	44. TOTAL DISTANCE FROM PREVIOUS VOUCHER	→	45. TOTAL DISTANCE TO DATE

46. EMPLOYEE SIGNATURE — CERTIFIED THIS TRAVEL EXPENSE CLAIM IS A TRUE STATEMENT OF DISBURSEMENTS MADE AND OR ALLOWANCES 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.

HEADQUARTERS (CITY NAME): Burnaby - Lougheed

WORK PHONE NO. Personal Information

NOTES	47. SUPPLIER CODE	48. CLIENT	49. RESP CENTRE	50. SERVICE LINE	51. STOB	52. PROJECT	AMOUNT
Personal Information		062	22MAB	060001	5702	2200000	358.50 √

THIS TOTAL MUST EQUAL TOTAL IN BOX X — Y TOTAL 358.50 √

LESS TRAVEL ADVANCE 53. — LESS ADVANCE AMOUNT — Z CR

IF ADVANCE WAS GREATER THAN (Y) ENTER (Y) AMOUNT IN (Z) AND REPAY THE BALANCE. ATTACH RECEIPTS AND PREVIOUS PAGES OF THIS VOUCHER IF ANY.

AMOUNT DUE TO EMPLOYEE → 54.

55. EXPENSE AUTHORITY SIGNATURE - CERTIFIED CORRECT PURSUANT TO SECTION 32 & 33 OF THE *FINANCIAL ADMINISTRATION ACT* AND RELATED POLICIES. PRINT NAME — DATE SIGNED YYYY MM DD

56. PROCESSING CLERK INITIAL — CERTIFIED EXTENSIONS AND ENTITLEMENTS CORRECT

Clear Form | Save Form | Print Form

IN 10 Rev. 2018/04/11 OPC 7530951008 (100/pk) ORIGINAL: MINISTRY COPY: EMPLOYEE

AUDITED SEPT 23, 2022 - MSA

Security Concern

Security Concern

COURTENAY, BC Security Concern

07/22/2022 08:46 AM

Guest Folio

Room # Security Concern

Conf # Personal Information

Arrival 07/21/22

Departure 07/22/22

Room Type WQ DGZ-Accessible Q

Guests 1 / 1

Payment Visa/Master

Acct Government Financial Information

Registered To:

Chen, Katrina
Personal Information

Personal Information

Posting Date	Oper	AcctCode	Description	From	Reference	Amount
07/21/22	SKAUR	1000	ROOM REVENUE			$152.00
07/21/22	SKAUR	9	ROOM GST TAX 5%			$7.60
07/21/22	SKAUR	91	ROOM PST TAX 8%			$12.16
07/21/22	SKAUR	92	MRDT TAX 2%			$3.04
07/22/22	CNGUYEN	MC	PAYMENT MASTERCARD		Government Financial Information	$174.80-
		TC: 89EE5D75B052BDBF		TVR: 0000008000	AID: A0000000041010	

Balance Due	$0.00

The undersigned guest agrees to pay the amount indicated on the balance due portion of the invoice. If the charges are to be billed to a third party, the undersigned agrees to be personally liable for payment of the charges in the event that the indicated third party, person, company or association fails to pay for any part or the full amount of such charges.
Security Concern

_____ Security Concern

Signature

RECEIPT

Impark Lot - 1940
Vancouver Convention
Centre West
www.impark.com

Licence Plate Number

Personal Information

Expiration Date/Time

07:27 AM
JUL 23, 2022

Purchase Date/Time: 07:27am Jul 21, 2022

Total Due: $50.00 Rate: $50.00 For 2 Day
Total Paid: $50.00 Pmt Type: CC (Swipe
Ticket #: 00014239
S/N #: 520120420744
Setting 1940 Ethernet New
Mach Name: Meter - 7

PARKING RECEIPT REÇU DE STATIONNEMENT PARKING RECEIPT REC

ED23EXEMSA06

BRITISH COLUMBIA Ministry of Finance

TRAVEL VOUCHER

(Note: FIN 10 uses are restricted per CPPM C.1.6.)

PAGE ____ OF ____

1. MINISTRY AND BATCH NO. | 2. CONTROL NO. W TRA-CHE220727

3. CLIENT	4. MIN. ABBREV.	5. DATE COMPLETED YYYY MM DD	6. FISCAL YEAR	7. SPECIAL CHEQUE ISSUE	8. CHEQUE STUB INFORMATION – MAXIMUM 10 SINGLE-SPACED LINES, 38 CHARACTERS PER LINE. ATTACH EXTRA PAGES IF REQUIRED
062		2022/07/28	2023	None	04

9. EMPLOYEE I.D. Personal Information | 10. EMPLOYEE SUPPLIER NO. | 11. EMPLOYEE SURNAME chen, katrina | INITIALS | 12. EMPLOYEE GROUP NO. (✓ one only) ☐1 ☐2 ☐3 ☒4

13. MAILING ADDRESS FOR CHEQUE 027-501 Belleville Street BC | 14. POSTAL CODE V8W 9E2

15. REASON FOR TRAVEL Child Care tour in Vernon and Kelowna | 16. EMPLOYEE OCCUPATION Minister

17. DATE OF TRAVEL M D	18. PLACES TRAVELLED TO / FROM	Depart / Arrive	19. PERSONAL VEHICLE USE DISTANCE KM	RATE .55 KM	20. BUS/TAXI/ AIR/FERRY COSTS $	21. B L D ✓✓✓	22. MEALS: ALLOWANCE/ PER DIEM AS APPLICABLE TO GROUP NO. $	23. ACCOMMODATION COSTS (TO POLICY LIMIT) $	MISCELLANEOUS (CAR RENTAL, PHONE, ATM FEES, ETC.) 24. COST $	25. DESCRIPTION	TOTAL DAILY COSTS
26. BROUGHT FORWARD FROM PREVIOUS PAGE →			KM	$	$		$	$	$		27. 0.00
07/25	Van > Kelowna *AC 11:00-23:59 Tour in Vernon					✓✓	48 50	207.76	33 35 ~~36.35~~	Uber cab	28. 289 61 Personal Information
07/25											29.
07/26	Kelowna tour 00:00-23:59					✓✓✓	61 00				30. 61.00
07/27	Kelowna - Van *AC 00:00-19:00					✓✓✓	61.00	239.63	279.66	Budget/cab	31. 580.29
											32. 0.00
	*AC=PCARD										33. 0.00
											34. 0.00
											35. 0.00
											36. 0.00
											37. 0.00
TOTALS OF COLUMNS			38.	39.			40. 170.50	41. 447.39	42. 313 01 ~~316.01~~	THIS TOTAL MUST EQUAL TOTAL IN BOX Y	X CLAIM TOTALS Personal Information 930.90

43. PORTAL TO PORTAL DISANCE | 44. TOTAL DISTANCE FROM PREVIOUS VOUCHER | → 45. TOTAL DISTANCE TO DATE

46. EMPLOYEE SIGNATURE
CERTIFIED THIS TRAVEL EXPENSE CLAIM IS A TRUE STATEMENT OF DISBURSEMENTS MADE AND OR ALLOWANCES 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.

HEADQUARTERS (CITY NAME) Burnaby - Lougheed | WORK PHONE NO. Personal Information

NOTES	47. SUPPLIER CODE	48. CLIENT	49. RESP. CENTRE	50. SERVICE LINE	51. STOB	52. PROJECT	AMOUNT
	Personal Information	062	22YAB	060001	5702	2209000	Personal Information 930.90

THIS TOTAL MUST EQUAL TOTAL IN BOX X | Y TOTAL Personal Information 930.90

LESS TRAVEL ADVANCE 53. | LESS ADVANCE AMOUNT | Z | CR

IF ADVANCE WAS GREATER THAN (Y) ENTER (Y) AMOUNT IN (Z) AND REPAY THE BALANCE. ATTACH RECEIPTS AND PREVIOUS PAGES OF THIS VOUCHER IF ANY.

AMOUNT DUE TO EMPLOYEE → 54.

55. EXPENSE AUTHORITY SIGNATURE – CERTIFIED CORRECT PURSUANT TO SECTION 32 & 33 OF THE *FINANCIAL ADMINISTRATION ACT* AND RELATED POLICIES. | PRINT NAME | DATE SIGNED YYYY MM DD

56. PROCESSING CLERK INITIAL
CERTIFIED EXTENSIONS AND ENTITLEMENTS CORRECT

Clear Form | Save Form | Print Form

FIN 10 Rev. 2018 / 04 / 11 OPC 7530951008 (100/pk) ORIGINAL: MINISTRY COPY: EMPLOYEE

AUDITED ON SEPT 23, 2022 - MSA

Wilson, Cherie ECC:EX

From: Chen, Katrina ECC:EX
Sent: July 28, 2022 2:46 PM
To: Wilson, Cherie ECC:EX
Subject: Uber to airport Fwd: Your Monday morning trip with Uber

Uber to airport because I couldn't get taxi on time. Thanks!

Get Outlook for iOS

[redacted]

---------- Forwarded message ---------
From: **Uber Receipts** <noreply@uber.com>
Date: Mon, Jul 25, 2022 at 11:32 AM
Subject: Your Monday morning trip with Uber
Personal Information

Uber

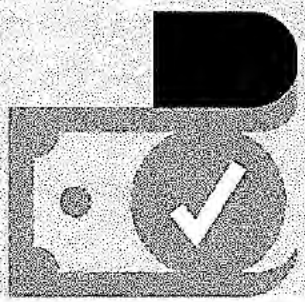
Personal Information

Personal Information

July 25, 2022

Yoann

Here's your updated Monday morning ride receipt.



Total

Personal Information

33.35

Personal Information

Trip fare	CA$28.67
Subtotal	CA$28.67
Booking Fee	CA$2.00
Temporary Fuel Surcharge	CA$0.50
Municipal License Recovery Surcharge	CA$0.10
BC License Recovery Surcharge	CA$0.30
Premium Location Surcharge	CA$4.00
Promotion	-CA$4.00

Personal Information

GST	CA$1.78

Payments

Government Financial Information

7/25/22 11:32 AM — CA$33.35

Mastercard Government Financial Information

7/25/22 11:32 AM — Personal Information

Security Concern

Security Concern

Vernon, BC Security Concern

C/O 07/26/2022 12:47 PM Shenalyn

Room # Security Concern

Conf # Personal Information

Registered To:

Arrival 07/25/22

Departure 07/26/22

CHEN, KATRINA
Personal Information

Room Type QNQN -2 Queen Beds Bath Tub

Guests 1 / 0

Payment Visa/Master

Personal Information

Acct Government Financial Information

Posting Date	Oper	AcctCode	Description	From	Reference	Amount
07/25/22	Jarman	RC	ROOM CHRG REVENUE			$179.10
07/25/22	Jarman	9	GST TAX			$8.96
07/25/22	Jarman	91	PROVINCIAL SALES TAX			$14.33
07/25/22	Jarman	92	MRDT TAX			$5.37
07/26/22	Jarman	VS	PAYMENT VISA/MC		Government Financial Information	$207.76-
		TC: EFB0DEDAE4039B66		TVR: 0000008000	AID: A0000000041010	

Balance Due	$0.00

THE UNDERSIGNED GUEST AGREES TO PAY THE AMOUNT INDICATED ON THE BALANCE DUE PORTION OF THIS INVOICE. IF THE CHARGES ARE TO BE BILLED TO A THIRD PARTY, THE UNDERSIGNED AGREES TO BE PERSONALLY LIABLE FOR PAYMENT OF THE CHARGES IN THE EVENT THAT THE INDICATED THIRD PARTY, PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF SUCH CHARGES.

X_____
GUEST SIGNATURE

_____ Security Concern
Signature

Security Concern

Security Concern

Kelowna, BC Security Concern
Canada

07/27/2022 08:57 AM

Room # Security Concern

Conf # Personal Information

Registered To:

Arrival 07/26/22

Chen, Katrina

Departure 07/27/22

Room Type QQ -2 Queen Beds

Guests Personal Information

Payment Visa/Master

Personal Information

Acct Government Financial Information

Posting Date	Oper	AcctCode	Description	From	Reference	Amount
07/26/22	BobbieK	RC	ROOM CHRG REVENUE			$193.00
07/26/22	BobbieK	90	GST			$9.65
07/26/22	BobbieK	91	PST			$15.44
07/26/22	BobbieK	92	MUNICIPAL TAX			$5.79
07/26/22	BobbieK	PARK	Parking Fee			$15.75
07/27/22	DenissaW	MC	Mastercard			$239.63-
					Balance Due	**$0.00**

Signature

Budget

We are proud to feature a 100% smoke-free fleet!

RENTAL AGREEMENT NUMBER: Government Financial

RECEIPT

Your Information

Customer Name: KATRINA CHEN
Budget Customer Discount: BC PROVINCIAL GOVERNMENT
Method of Payment: MASTER ;Government
AUTH: 02715J Financial

Your Vehicle Information

Vehicle Number: 35561201
Vehicle Group Rented: C
Vehicle Group Charged: C
Vehicle Description: WHI TOYOTA COROLLA IM
License Plate Number: BCMD520M
Odometer Out: 22930
Odometer In: 23238
Total Driven: 308
Fuel Reading: Out 8/8| In 3/8

Your Rental

Pickup Date/Time: JUL 25,2022@2:13PM
Pickup Location: 14-5533 KELOWNA INTL APT
KELOWNA AIRPORT
KELOWNA,BC,V1V 1S1,CA
250-491-7368

Return Date/Time: JUL 27,2022@5:30AM
Return Location: 14-5533 KELOWNA INTL APT
KELOWNA AIRPORT
KELOWNA,BC,V1V 1S1,CA
250-491-7368

Additional fees may apply if changes are made to your return date, time and/or location.

Your Vehicle Charges (MIN 1 DAY)

Rate Chart:		Free Kilometres:	Time and Kilometres:	
Kilometres:		Hourly:	100 Your Discount:	
Hourly:	29.07	Daily:	200 2 Ad'l Day @ 38.75 =	77.50
Daily:	38.75	Weekly:	1400	
Ad'l day:	0.00			
Weekly:	230.56		**Time and Kilometres:**	77.50
Monthly:	.00			

Your Optional Products/Services

1 ADR 10.00/DY 70.00/WK MX 300.00

Optional Services Total: 20.00

Your Taxable Fees

Optional Services Total Taxable:	20.00
Sub-total-Charges:	97.50
PST 7.000%	6.83

Your Non-Taxable Products/Services

Fue Service	99.33
GST TAX 5.00 %	9.84
PASSENGER VEHICLE RENTAL TAX	3.16

Your Total Charges:	**216.66**
Prepayment	**0.00**
Net Charges:	**CAD 216.66**
Your Total Due:	**0.00**

Thank you for renting with Budget.
For all other inquiries, please contact us at 1-800-352-7900. or www.budget.com.

BEL AIR TAXI
2121 HARTLEY AVENUE
COQUITLAM BC V3K 6Z3
6045241111

SALE

Server #: 006260

REF#: 00000004

Batch #: 177 SEQ: 177001001004

07/27/22 20:32:39

APPR CODE: 07195J

MASTERCARD

********** Government Financial Information **/**

AMOUNT $63.00

00 - APPROVED - 001

MASTERCARD
AID: A0000000041010
TVR: 00 00 00 80 00

Thank You
Please Come Again