

## **MLA Travel Expenses**

## Paid in the period April 1, 2023 to December 31, 2023

For Members of Cabinet (the Premier, Ministers and Ministers of State), most travel expense claims are processed by the Ministry of Finance and this information is available on the Province of British Columbia <a href="website">website</a>. Occasionally, however, Members of Cabinet may need to submit travel expense claims (e.g. for Accompanying Person travel) to the Legislative Assembly of BC and in these cases redacted receipts will be included with the disclosure reports.

GST input tax credits are not included in the amounts of the travel expenses in this report and therefore, the amounts of the travel expenses in receipts do not agree to the amounts of the travel expenses in this report.

MEMBERS OF THE LEGISLATIVE ASSEMBLY  TRAVEL CLAIM FORM									
MLA NAME: Bowinn Ma		CONSTITUENCY: North Vancouver Lonsdale							
TRAVEL BY: (NAME IF OTHER THAN MLA; IF CA INCLUDE ADDRESS)		SPOUSE/DEPENDENT CONS		STIT.ASSISTANT NA					
NA									
TRIP DETAILS: Travel to Langley for Caucus Retreat									
Sept 13 – Claiming mileage from VCO to Langley Sept 14 – BLD Sept 15 - 2 nights hotel accommodation and Lunch and mileage Langley to North Vancouver									
TRAVEL FROM: Vancouver		TO: Langley		RETURN TRJP Yes□					
TRAVEL EXPENSES FOR REIMBURSEMENT									
	DATES INCL	UDING STARTING AND EN LOCATION	DING	AMOUNT CLAIMED					
MILEAGE 45 (\$ M) , 6 (		oinet Office to Langley		27.45					
M E GE (\$ KM) , \( \beta \) 55 Al ARE/FERRY:	Langley to North Vancouver			33.55					
NA NA		,							
OTHER EXPENSES: NA		\$							
HOTEL:		\$693.68							
PER DIEM:		\$88.00							
61 Sept 14 / lune									
	1/2 1/2 1/2	842.68							
**PLEASE ATTACH ALL RECEIPTS**									
MEMBER'S SIGNATURE	DATE	CA'S SIGNATURE		DATE					
Cancus Dept 14/15, 2023									

VICTORIA BC CANADA  TAX #: Confirmation Number:	name address	departure adult/child room rate:  Ca  Rates subject to your room. A sa to be held person amount of thes will be applied to	date:  applicable sales, occupal analy liable in the event of e charges. I have accepte	ble for you in the lobby hat the indicated person and delivery of The Glot of an emergency, I,	is attached to a bank or will be placed on the acc dollar amount to be ow estimated hiddentals, thro and such funds will not b	of value unattended is of to anot waived and agre y for any part or the fu n) & \$2.00 (Sat) cred
	de cale	signature				G
date reference	descript	tion		amount		63
9/14/2023 1495956 9/14/2023 1495956 9/14/2023 1495956 9/14/2023 1495956 9/15/2023 1496022 9/15/2023 1496023 9/15/2023 1496023 9/15/2023 1496023 9/15/2023 1496023 EXPENSE REPORT SUM ROOM AND TAX DAILY TOTAL  Total Invoice Amount	9/14/2023 9/15/2023 \$346.84 \$346.84	STAY IOTAL \$693.68 \$693.68		\$299.	.95 .92 .97 .68) ** .00 \$14.95 \$23.92	S.
9.0						thanks.
	-	-	date of charge	folio/check r	no.	enants.
vs *			9/15/2023			
card member name		authoriza	tion	initial		
MA, BOWINN  establishment no. and location  establishment agrees to transmit tocard holder for payment		purchases & services				
establishment no. and location		8 6	taxes			
			tips & misc.			
signature of card memb	nor .					
X	JGT		total amount			