



## Members Of The Legislative Assembly Travel Claim Form

**Claim Number:** 35017  
**MLA Name:** Routley, Bill VM150069      **Claim Date:** October 01, 2015  
**Constituency:** Cowichan Valley  
**Type Of Trip:** MLA Travel  
**Prepared By:** [REDACTED]  
**Claimant Type:** Member of Legislative Assembly  
**Travel From:** Victoria      **Travel To:** Riding  
**Trip Details:**

Date	Expenses	Amount
October 01, 2015	72(km)	\$37.44
October 01, 2015	MLA Per Diem - Victoria	\$61.00
<b>Total Payable</b>		<b>\$98.44</b>

Date 01 Oct 2015

Signature \_\_\_\_\_

[REDACTED]  
 Routley, Bill VM150069  
*certified that the amount to be paid is correct, and is in accordance with appropriate statute or other authority for payment*

### ACCOUNTS OFFICE USE ONLY

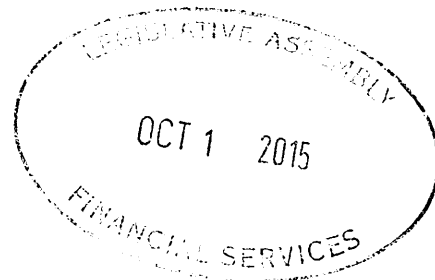
Organization Code	Account Code	STOB Code	Amount
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[REDACTED]

Date 10/1/15

Signature \_\_\_\_\_

[REDACTED]  
 Spending Authority Signature





**Members Of The Legislative Assembly  
Travel Claim Form**

**Claim Number:** 35059  
**MLA Name:** Routley, Bill - VM150069      **Claim Date:** October 04, 2015  
**Constituency:** Cowichan Valley  
**Type Of Trip:** MLA Travel  
**Prepared By:** [REDACTED]  
**Claimant Type:** Member of Legislative Assembly  
**Travel From:** Riding      **Travel To:** Victoria  
**Trip Details:**

Date	Expenses	Amount
October 04, 2015	72(km)	\$37.44
October 08, 2015	72(km)	\$37.44
October 05, 2015	MLA Per Diem - Victoria	\$61.00
October 06, 2015	MLA Per Diem - Victoria	\$61.00
October 07, 2015	MLA Per Diem - Victoria	\$61.00
October 08, 2015	MLA Per Diem - Victoria	\$61.00

**Total Payable      \$318.88**

Date 08 Oct 2015

Signature

[REDACTED SIGNATURE]

Routley, Bill - VM150069  
*certified that the amount to be paid is correct, and is in accordance with appropriate statute or other authority for payment*

**ACCOUNTS OFFICE USE ONLY**

Organization Code	Account Code	STOB Code	Amount
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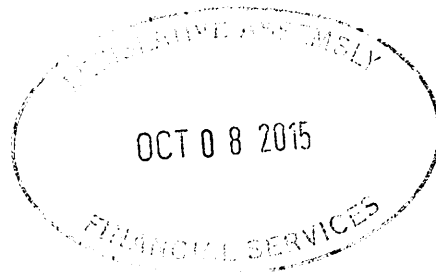
[REDACTED]

Date 10/8/15

Signature

[REDACTED SIGNATURE]

Spending Authority Signature





**Members Of The Legislative Assembly  
Travel Claim Form**

**Claim Number:** 35139  
**MLA Name:** Routley, Bill VM150069      **Claim Date:** October 19, 2015  
**Constituency:** Cowichan Valley  
**Type Of Trip:** MLA Travel  
**Prepared By:** [REDACTED]  
**Claimant Type:** Member of Legislative Assembly  
**Travel From:** Riding      **Travel To:** Victoria  
**Trip Details:**

Date	Expenses	Amount
October 19, 2015	72(km)	\$37.44
October 22, 2015	72(km)	\$37.44
October 19, 2015	Lunch and Dinner Only-Victoria	\$48.50
October 20, 2015	MLA Per Diem - Victoria	\$61.00
October 21, 2015	MLA Per Diem - Victoria	\$61.00
October 22, 2015	MLA Per Diem - Victoria	\$61.00

**Total Payable      \$306.38**

Date 22 Oct 2015

Signature

[REDACTED SIGNATURE]  
 Routley, Bill VM150069  
 certified that the amount to be paid is correct, and is in accordance  
 with appropriate statute or other authority for payment

**ACCOUNTS OFFICE USE ONLY**

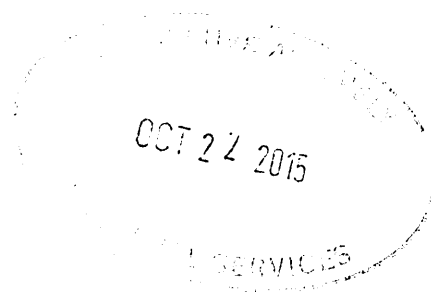
**Organization Code      Account Code      STOB Code      Amount**

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
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Date 10/22/15

Signature

[REDACTED SIGNATURE]  
 Spending Authority Signature





## Members Of The Legislative Assembly Travel Claim Form

**Claim Number:** 35220  
**MLA Name:** Routley, Bill VM150069      **Claim Date:** October 25, 2015  
**Constituency:** Cowichan Valley  
**Type Of Trip:** MLA Travel  
**Prepared By:** [REDACTED]  
**Claimant Type:** Member of Legislative Assembly  
**Travel From:** Riding      **Travel To:** Victoria  
**Trip Details:**

Date	Expenses	Amount
October 25, 2015	72(km)	\$37.44
October 29, 2015	72(km)	\$37.44
October 26, 2015	MLA Per Diem - Victoria	\$61.00
October 27, 2015	MLA Per Diem - Victoria	\$61.00
October 28, 2015	MLA Per Diem - Victoria	\$61.00
October 29, 2015	MLA Per Diem - Victoria	\$61.00

**Total Payable      \$318.88**

Date 29 Oct 2015

Signature \_\_\_\_\_

[REDACTED SIGNATURE]  
 Routley, Bill VM150069  
*certified that the amount to be paid is correct, and is in accordance with appropriate statute or other authority for payment*

### ACCOUNTS OFFICE USE ONLY

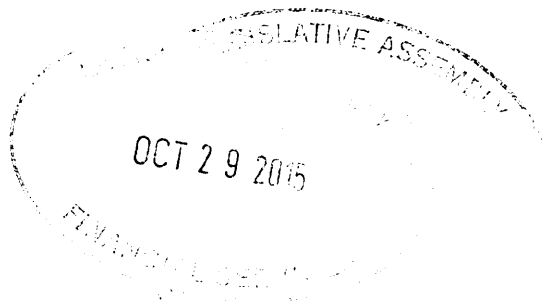
Organization Code	Account Code	STOB Code	Amount
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[REDACTED ACCOUNTS OFFICE USE ONLY SECTION]

Date 10/29/15

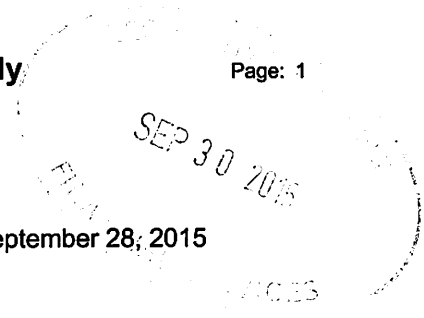
Signature \_\_\_\_\_

[REDACTED SIGNATURE]  
 Spending Authority Signature





**Members Of The Legislative Assembly  
Travel Claim Form**



**Claim Number:** 34994

**MLA Name:** Routley, Bill VM150069

**Claim Date:** September 28, 2015

**Constituency:** Cowichan Valley

**Type Of Trip:** MLA Travel

**Prepared By:** [Redacted]

**Claimant Type:** Member of Legislative Assembly

**Travel From:** Riding

**Travel To:** Victoria

**Trip Details:**

Date	Expenses	Amount
September 28, 2015	72(km)	\$37.44
September 28, 2015	MLA Per Diem - Victoria	\$61.00
September 29, 2015	MLA Per Diem - Victoria	\$61.00 ✓
September 30, 2015	MLA Per Diem - Victoria	\$61.00
<b>Total Payable</b>		<b>\$220.44</b>

Date 30 Sep 2015

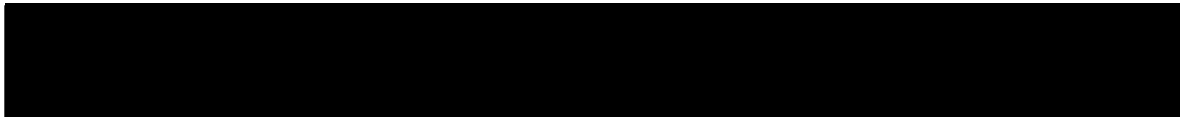
Signature



*certified that the amount to be paid is correct, and is in accordance with appropriate statute or other authority for payment*

**ACCOUNTS OFFICE USE ONLY**

**Organization Code      Account Code      STOB Code      Amount**



Date 9/30/15

Signature



Spending Authority Signature



## Members Of The Legislative Assembly Travel Claim Form

**Claim Number:** 35288  
**MLA Name:** Routley, Bill VM150069      **Claim Date:** November 01, 2015  
**Constituency:** Cowichan Valley  
**Type Of Trip:** MLA Travel  
**Prepared By:** [REDACTED]  
**Claimant Type:** Member of Legislative Assembly  
**Travel From:** Riding      **Travel To:** Victoria  
**Trip Details:**

Date	Expenses	Amount
November 01, 2015	72(km)	\$37.44
November 05, 2015	72(km)	\$37.44
November 02, 2015	MLA Per Diem - Victoria	\$61.00
November 03, 2015	Breakfast and Dinner Only-Victoria	\$48.50 ✓
November 04, 2015	MLA Per Diem - Victoria	\$61.00
November 05, 2015	MLA Per Diem - Victoria	\$61.00

**Total Payable      \$306.38**

Date 05 Nov 2015

Signature

[REDACTED]  
 Routley, Bill VM150069  
*certified that the amount to be paid is correct and is in accordance  
 with appropriate statute or other authority for such payment*

### ACCOUNTS OFFICE USE ONLY

Organization Code	Account Code	STOB Code	Amount
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[REDACTED]

Date 11/6/15

Signature

[REDACTED]  
 Spending Authority Signature

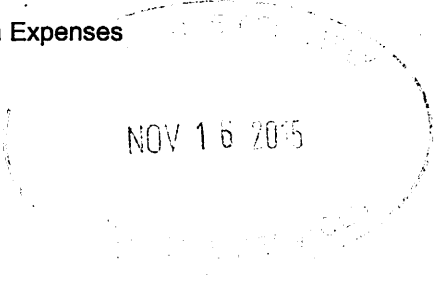
NOV 15 2015



**Members Of The Legislative Assembly  
Travel Claim Form**

**Claim Number:** 35370  
**MLA Name:** Routley, Bill VM150069      **Claim Date:** November 12, 2015  
**Constituency:** Cowichan Valley  
**Type Of Trip:** MLA Travel  
**Prepared By:** [REDACTED]  
**Claimant Type:** Member of Legislative Assembly  
**Travel From:** Riding      **Travel To:** Vancouver  
**Trip Details:**

Date	Expenses	Amount
November 12, 2015	75(km)	\$39.00
November 13, 2015	75(km)	\$39.00
November 12, 2015	Accommodation Expenses	\$149.04 ✓
November 12, 2015	Ferry	\$71.75 ✓
November 12, 2015	Lunch only	\$27.00
November 12, 2015	Taxi	\$12.00 ✓
November 12, 2015	Taxi	\$10.00 ✓
November 13, 2015	Breakfast only	\$27.00
November 13, 2015	Ferry	\$71.75 ✓



**Total Payable      \$446.54**

Date 16 Nov 2015

Signature [REDACTED]  
 Routley, Bill VM150069  
 certified that the amount to be paid is correct and is in accordance  
 with appropriate statute or other authority for payment

**ACCOUNTS OFFICE USE ONLY**

Organization Code	Account Code	STOB Code	Amount
[REDACTED]			

Date 11/17/15

Signature [REDACTED]  
 Spending Authority Signature

35370



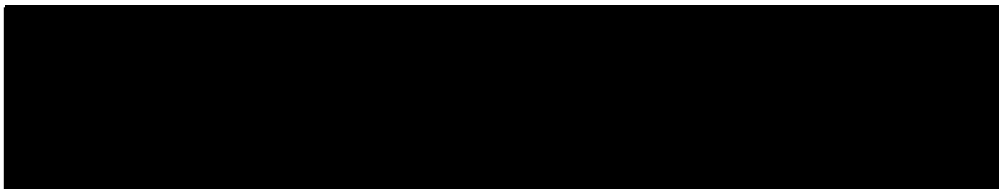
11-13-15

<b>Bill Routley</b>	Folio No. :	Room No. :
	A/R Number :	Arrival : <b>11-12-15</b>
	Group Code :	Departure : <b>11-13-15</b>
	Company : <b>Government British Columbia</b>	Conf. No. :
	Membership No. :	Rate Code : <b>IP2KO</b>
	Invoice No. :	Page No. : <b>1 of 1</b>

Date	Description	Charges	Credits
11-12-15	*Accommodation	109.00	
11-12-15	Destination Marketing Fee	1.41	
11-12-15	Room PST #	8.83	
11-12-15	Room GST-	5.52	
11-12-15	MRDT	3.31	
11-12-15	Parking	16.50	
11-12-15	Parking Tax (PRT)	3.47	
11-12-15	Sales GST-	1.00	
		<b>Total</b>	<b>149.04</b>
		<b>Balance</b>	<b>149.04</b>

**Guest Signature:** \_\_\_\_\_

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.





35370  
PURCHASE



2015/11/12  
Nanaimo (Dep. Bay)  
To  
Horseshoe Bay  
AUTH ONLY

20'	Undersize Vehi	55.40
1	Adult	16.90
	Fuel Rebate	0.80-
1	Port Fee Adul	0.25

Total	71.75
Visa	71.75
*****	
005/01-66223336	
0017670930	
Approved: 067914	
CHANGE DUE	0.00

35370  
PURCHASE



2015/11/13  
Horseshoe Bay  
To  
Nanaimo (Dep. Bay)  
AUTH ONLY

20'	Undersize Vehi	55.40
1	Adult	16.90
	Fuel Rebate	0.80-
1	Port Fee Adul	0.25

Total	71.75
Visa	71.75
*****	
005/01-66223336	
0017740620	
Approved: 080397	
CHANGE DUE	0.00

LANE 14

NAN 12 Nov 2015

SEE REVERSE SIDE OF TICKET

LANE 03

HSB 13 Nov 2015

SEE REVERSE SIDE OF TICKET



35370  
604 681-1111

RECEIVED FROM \_\_\_\_\_

DATE

12-11-15

\$ 10.00

FROM \_\_\_\_\_

TO \_\_\_\_\_

CAB NO. \_\_\_\_\_

DRIVER \_\_\_\_\_

AIRPORT SERVICE 24 Hour Courier

AT A PAYPHONE? CALL: 1-800-898-TAXI(8294) NO COINS NEEDED

TTY LINE (hearing impaired) 604 258-4747

GST # \_\_\_\_\_

Cash Receipt 35370

For prompt, safe and courteous service call...

Black Top  
& Checker Cabs

604-681-3201 or 604-731-1111

777 Pacific Street  
Vancouver, BC V6Z 2R7  
www.btccab.ca

Date

12-11-15

\$ 12.00

From.....

To.....

Driver.....

Cab No. \_\_\_\_\_

Thank You

GST / HST # \_\_\_\_\_



## Members Of The Legislative Assembly Travel Claim Form

**Claim Number:** 35378  
**MLA Name:** Routley, Bill VM150069      **Claim Date:** November 16, 2015  
**Constituency:** Cowichan Valley  
**Type Of Trip:** MLA Travel  
**Prepared By:** [REDACTED]  
**Claimant Type:** Member of Legislative Assembly  
**Travel From:** Riding      **Travel To:** Victoria  
**Trip Details:**

Date	Expenses	Amount
November 16, 2015	72(km)	\$37.44
November 17, 2015	72(km)	\$37.44
November 16, 2015	MLA Per Diem - Victoria	\$61.00
November 17, 2015	MLA Per Diem - Victoria	\$61.00

**Total Payable**      **\$196.88**

Date 17 Nov 2015

Signature [REDACTED]  
 Routley, Bill VM150069  
*certified that the amount to be paid is correct, and is in accordance with appropriate statute or other authority for payment*

### ACCOUNTS OFFICE USE ONLY

Organization Code	Account Code	STOB Code	Amount
[REDACTED]			

Date 11/17/15

Signature [REDACTED]  
 Spending Authority Signature

NOV 17 2015



**Members Of The Legislative Assembly  
Travel Claim Form**

**Claim Number:** 35590  
**MLA Name:** Routley, Bill VM150069      **Claim Date:** December 05, 2015  
**Constituency:** Cowichan Valley  
**Type Of Trip:** MLA Travel  
**Prepared By:** [REDACTED]  
**Claimant Type:** Member of Legislative Assembly  
**Travel From:** Rlding      **Travel To:** Vancouver  
**Trip Details:**

DEC 11 2015

Date	Expenses	Amount
December 05, 2015	76(km)	\$39.80
December 06, 2015	76(km)	\$39.80
December 05, 2015	Accommodation Expenses	\$149.04
December 05, 2015	Ferry	\$71.75
December 05, 2015	MLA Per Diem	\$61.00
December 05, 2015	Taxi Black top	\$10.00
December 05, 2015	Taxi yellow cab	\$12.00
December 06, 2015	Breakfast & Lunch only	\$39.50
December 06, 2015	Ferry	\$71.75
<b>Total Payable</b>		<b>\$494.64</b>

Date 10 Dec 2015

Signature [REDACTED]  
 Routley, Bill VM150069  
 certified that the amount to be paid is correct and is in accordance  
 with appropriate statute or other authority for payment

**ACCOUNTS OFFICE USE ONLY**

Organization Code	Account Code	STOB Code	Amount
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Date 12/16/15

Signature [REDACTED]  
 Spending Authority Signature



604 681-1111

DATE 5/12/15

RECEIVED FROM \_\_\_\_\_

\$ 12.00

FROM \_\_\_\_\_ TO \_\_\_\_\_

CAB NO. 880 DRIVE [REDACTED]

AIRPORT SERVICE • 24 Hour Courier • Serving you since 1921  
AT A PAYPHONE? CALL: 1-800-898-TAXI(8294) NO COINS NEEDED

TTY LINE (hearing impaired) 604 258-4747 GST # [REDACTED]

PURCHASE  
BC Ferries

2015/12/05  
Nanaimo (Dep. Bay)  
To  
Horseshoe Bay  
AUTH ONLY

20'	Undersize Vehi	55.40
1	Adult	16.90
	Fuel Rebate	0.80-
1	Port Fee Adul	0.25

Total 71.75  
 Visa 71.75  
 \*\*\*\*\* (S)  
 005/01-66223336  
 0017901370  
 Approved: 006674  
 CHANGE DUE 0.00

Cash Receipt

For prompt, safe and courteous service call...

Black Top  
& Checker Cabs

604-681-3201 or 604-731-1111

777 Pacific Street  
Vancouver, BC V6Z 2R7  
www.btccab.ca

Date Dec 10 2015

\$ 10.00

From.....

To.....

Driver..... Cab No.....

Thank You  
GST / HST # [REDACTED]

PURCHASE  
BC Ferries

2015/12/06  
Horseshoe Bay  
To  
Nanaimo (Dep. Bay)  
AUTH ONLY

20'	Undersize Vehi	55.40
1	Adult	16.90
	Fuel Rebate	0.80-
1	Port Fee Adul	0.25

Total 71.75  
 Visa 71.75  
 \*\*\*\*\* (S)  
 005/01-66222938  
 0017971270  
 Approved: 057256  
 CHANGE DUE 0.00

LANE 15

NAN 05 Dec 2015

SEE REVERSE SIDE OF TICKET

LANE 03

HSB 06 Dec 2015

SEE REVERSE SIDE OF TICKET  
90040

12-06-15

<b>Bill Routley</b>	Folio No. :	Room No. :	█
█	A/R Number :	Arrival :	12-05-15
	Group Code :	Departure :	12-06-15
	Company :	Conf. No. :	█
	Membership No. :	Rate Code :	█
	Invoice No. :	Page No. :	1 of 1

Date	Description	Charges	Credits
12-05-15	*Accommodation	109.00	
12-05-15	Destination Marketing Fee	1.41	
12-05-15	Room PST █	8.83	
12-05-15	Room GST █	5.52	
12-05-15	MRDT	3.31	
12-05-15	Parking	16.50	
12-05-15	Parking Tax (PRT)	3.47	
12-05-15	Sales GST █	1.00	
█		<b>Total</b>	<b>149.04</b>
			<b>0.00</b>

█ 149.04


**Guest Signature:** \_\_\_\_\_

I have received the goods and / or services in the amount shown hereon. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

█



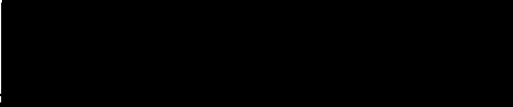
**Members Of The Legislative Assembly  
Travel Claim Form**

**Claim Number:** 35591  
**MLA Name:** Routley, Bill VM150069      **Claim Date:** December 08, 2015  
**Constituency:** Cowichan Valley  
**Type Of Trip:** MLA Travel  
**Prepared By:**   
**Claimant Type:** Member of Legislative Assembly  
**Travel From:** Riding      **Travel To:** Victoria  
**Trip Details:**

Date	Expenses	Amount
December 08, 2015	75(km)	\$39.00
December 09, 2015	75(km)	\$39.00
December 08, 2015	MLA Per Diem - Victoria	\$61.00 ✓
December 09, 2015	MLA Per Diem - Victoria	\$61.00

**Total Payable      \$200.00**

Date 10 Dec 2015

Signature   
 Routley, Bill VM150069  
*certified that the amount to be paid is correct, and is in accordance with appropriate statute or other authority for payment*

**ACCOUNTS OFFICE USE ONLY**

Organization Code	Account Code	STOB Code	Amount
			

Date 12/11/15

Signature   
 Spending Authority Signature

DEC 11 2015