

## Legislative Assembly of British Columbia MLA Travel Expenses Paid in the period April 1, 2014 to December 31, 2014

## r aid in the period April 1, 2014 to December 31, 2014

## Note 10) Receipts

For Members of Cabinet (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 website at <a href="http://www.openinfo.gov.bc.ca/ibc/index.page">http://www.openinfo.gov.bc.ca/ibc/index.page</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.

	MI			ATIVÉ ASSEMB	BLY		
	<u> Paramatan Kabupatèn Paramatan Peruna</u>	IRA	VEL CLAIM	IFORM	<u> </u>		
MLA NAME: Michael de Jong				CONSTITUENCY: Abbotsford West			
				Abbusioid West			
TRAVEL BY: (NAME IF OTHER THAN MLA; IF CA INCLUDE			SPC			CONSTIT.ASSISTANT	
ADDRESS)				N/A		N/A	
Vehicle				. /		<i>*</i>	
TO A VIEW TO DO	M.		TO:			RETURN TRIP	
TRAVEL FROM Abbotsford	V1:			PLERIDGE	, t - 4	KETCKI IKI W	
	•			,	, )		
	7	RAVEL EXPE	NSES FOR R	EIMBURSEMEN	T	7	
DATES						AMOUNT CLAIMED	
MILEAGE						\$ 20	
(\$.52/KM)	60	KMS SE	ptembe	= 10, 20	기५	3 2	
MILEAGE						\$	
(\$.52/KM)		KMS					
AIRFARE/FER	RRY:					\$	
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					·		
OTHER EXPE	NSES: PARKII	76				\$ 225	
HOTEL:						\$	
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PER DIEM:	<u> </u>			· · · · · · · · · · · · · · · · · · ·		\$	
TERCEIUI,	•						
				ال	p <sup>o</sup>		
TOTAL AMOUNT CLAIMED					(ED	\$ 3245	
•						35	
LEASE ATTACH ALL RECEIPTS**							
						RECEIPT	
MEMBER'S S	SIGNATURE \ -	DATE	CA	S SIGNATURE		RECEIPT Impark www.impark.com	
	,101,111					www.impark.com	
						Stall Control	
ACCOUNTS OFFI	CE USE ONLY						
					-	xpiration Date/Time	
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certified that the ar	mount to be paid is correct, and is	in accordance with	appropriate statu	te or other			
authority for paym					Purchase Date/Tin Total Due: \$2.25		
Total Paid: \$2.25						Payment Type: Card	
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FINANCIAL SERVICE						ease come again	
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