



Legislative Assembly of British Columbia
MLA Travel Expenses
Paid in the period April 1, 2014 to March 31, 2015

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 <http://www.openinfo.gov.bc.ca/ibc/index.page>. 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

Claim Number: 33255
MLA Name: McRae, Don VM150055 **Claim Date:** February 10, 2015
Constituency: Comox Valley
Type Of Trip: MLA Travel
Prepared By: [REDACTED]
Claimant Type: Member of Legislative Assembly
Travel From: Comox **Travel To:** Victoria
Trip Details: Session

| Date | Expenses | Amount |
|-------------------------------------|-------------------------|-----------------|
| February 10, 2015 Comox-Victoria | 225(km) | \$117.00 |
| February 12, 2015 Victoria-Comox | 225(km) | \$117.00 |
| February 10, 2015 | MLA Per Diem - Victoria | \$61.00 ✓ |
| February 11, 2015 | MLA Per Diem - Victoria | \$61.00 |
| February 12, 2015 | MLA Per Diem - Victoria | \$61.00 |
| Total Payable | | \$417.00 |

Date 16 Feb 2015

Signature

[REDACTED SIGNATURE]

*McRae, Don VM150055
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 ACCOUNTS OFFICE USE ONLY SECTION]

Date _____

Signature

[REDACTED SIGNATURE]

Spending Authority Signature





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

Claim Number: 33325
MLA Name: McRae, Don VM150055 **Claim Date:** February 16, 2015
Constituency: Comox Valley
Type Of Trip: MLA Travel
Prepared By: [REDACTED]
Claimant Type: Member of Legislative Assembly
Travel From: Comox **Travel To:** Victoria
Trip Details: Session

| Date | Expenses | Amount |
|------------------------------|-------------------------|-----------------|
| February 16, 2015 Session | 225(km) | \$117.00 |
| February 17, 2015 | 225(km) | \$117.00 |
| February 18, 2015 | 225(km) | \$117.00 |
| February 19, 2015 Session | 225(km) | \$117.00 |
| February 16, 2015 | MLA Per Diem - Victoria | \$61.00 |
| February 17, 2015 | MLA Per Diem - Victoria | \$61.00 |
| February 18, 2015 | MLA Per Diem - Victoria | \$61.00 |
| February 19, 2015 | MLA Per Diem - Victoria | \$61.00 |
| Total Payable | | \$712.00 |

Date 19 Feb 2015

Sig [REDACTED]

McRae, Don VM150055
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] | | | |




**MEMBERS OF THE LEGISLATIVE ASSEMBLY
TRAVEL CLAIM FORM**

| | | | |
|------------------------------------------------------------|--|-------------------------------------------|-------------------------------------------------|
| MLA NAME: <i>Don McRae</i> | | CONSTITUENCY: <i>Comox Valley</i> | |
| TRAVEL BY: (NAME IF OTHER THAN MLA; IF CA INCLUDE ADDRESS) | | SPOUSE/DEPENDENT <input type="checkbox"/> | CONSTIT.ASSISTANT <input type="checkbox"/> |
| TRAVEL FROM: <i>Vancouver</i> | | TO: <i>Prince George</i> | RETURN TRIP <input checked="" type="checkbox"/> |

TRAVEL EXPENSES FOR REIMBURSEMENT

| | | DATES | AMOUNT CLAIMED |
|----------------------------------------------------------------------------------------------|-----|-------------------|--------------------|
| MILEAGE (\$0.52/KM) | KMS | <i>Jan. 20-21</i> | \$ |
| MILEAGE (\$0.52/KM) | KMS | | \$ |
| AIRFARE/FERRY: <i>Air Canada: \$380.23 Westjet: \$236.38</i> | | | \$ <i>616.61</i> |
| OTHER EXPENSES: <i>Taxis, Skytrain</i> | | | \$ <i>61.20</i> ✓ |
| HOTEL:  | | | \$ <i>125.35</i> ✓ |
| PER DIEM: <i>Full day x 2</i> | | | \$ <i>122.00</i> ✓ |
| TOTAL AMOUNT CLAIMED | | | \$ <i>925.16</i> |

****PLEASE ATTACH ALL RECEIPTS****

| | | | |
|------------------------------------------------------------------------------------|----------------------|-----------------|----------------|
|  | <i>Feb 19 / 2015</i> | | |
| MEMBER'S SIGNATURE | DATE | CA'S SIGNATURE | DATE |
| | | <i>VM150055</i> | <i>Concurs</i> |

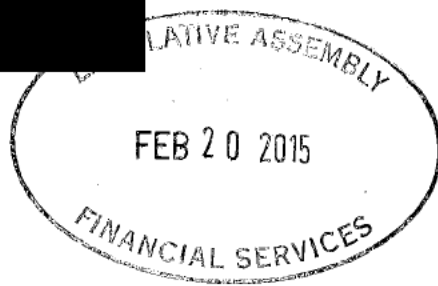
ACCOUNTS OFFICE USE ONLY

| | |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
|  |  |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|

authority for payment

SPENDING AUTHORITY SIGNATURE





Air Canada <confirmation@aircanada.ca>
Monday, January 19, 2015 9:35 AM

Subject:

Air Canada - 20-Jan: Vancouver - Prince George (booking ref: [REDACTED])

***** PLEASE DO NOT REPLY TO THIS E-MAIL *****

AIR CANADA 

Itinerary/Receipt

Your booking is confirmed. Please print/retain this page for your financial records (e.g. for taxation, expense claim or payment card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

Scan this barcode to check in at any Air Canada check in kiosk.



Access your personalized Air Canada travel information

[View your planner >](#)

Booking Information

Booking Reference: [REDACTED]

Customer Care
Air Canada

1-888-247-2262

Flight Arrivals and Departures

1-888-422-7533

Electronic Ticketing confirmed. This is your official itinerary/receipt.

Main Contact:

Mr Don Mcrae

Mobile: [REDACTED]

Online Services

Manage my booking online (view/change my booking; select seats*).

Select Seats

Maple Leaf Lounge | Meal Vouchers | On My Way

Alert me of flight status changes directly to my mobile phone or email.

Flight Arrivals & Departures - check online if my flight is on time.

Check-in online and print my boarding pass.

* Can my booking be changed online?

Flight Itinerary

| Flight | From | To | Stops | Duration | Aircraft | Fare | Meal |
|--------|------|----|-------|----------|----------|------|------|
|--------|------|----|-------|----------|----------|------|------|

| | | | | | Type |
|--|--------------------------------------------------------------------------|-----------------------------------------------|---|-------|-------------|
| | Vancouver, Vancouver Int'l (YVR) Tue 20-Jan 2015 Terminal M | Prince George (YXS) Tue 20-Jan 2015 | 0 | 1hr14 | DH4 Flex, U |

Operated by:
¹ Air Canada Express - Jazz

Passenger Information

| | | | |
|--------------------------------------------------------------------|---------------------|-------------------|------|
| 1: Mr Don Mcrae : Adult (16+), Ticket Number: 0142143783501 | | | |
| Frequent Flyer Prog : | None | Meal Preference : | None |
| Payment Card : | xxxx-xxxx-xxxx-████ | Special Needs : | None |
| Seat Selection : | None | | |

Purchase Summary

| Fare Summary | Adult |
|------------------------------------------------------|-----------------|
| Passenger Type | |
| Air Transportation Charges | |
| Departing Flight - Flex | 338.00 |
| Surcharges | 12.00 |
| Taxes, Fees and Charges | |
| Canada Airport Improvement Fee | 5.00 |
| Canada Goods and Services Tax (GST/HST # ██████████) | 18.11 |
| Air Travellers Security Charge (ATSC) | 7.12 |
| Total before options (per passenger) | 380.23 |
| Number of passengers | x 1 |
| Total with options | 380.23 |
| Travel Insurance (declined) | 0.00 |
| Grand Total - Canadian dollars | \$380.23 |

Payment Information

Credit/Debit Card xxxx-xxxx-xxxx-████ Amount paid: **\$380.23**
The following charges (tax inclusive) will appear on your credit or debit card statement:

Air Canada: \$380.23 (Airfare - per ticket)

Ticket number(s): 0142143783501

Fare Rules

Departing Flight Vancouver (YVR) To Prince George (YXS) - Flex

- **Changes:**
 - Prior to day of departure - **Change fee** per direction, per passenger, is \$50 CAD plus applicable taxes and any additional fare difference. **Changes** can be made up to 2 hours prior to departure.
 - **Same-day confirmed changes** at check-in or at the airport are permitted at a flat fee of \$75 CAD/USD per direction, per passenger (subject to availability). Same-day flights only.

noreply@itinerary.westjet.com on behalf of WestJet Airlines
<noreply@itinerary.westjet.com>
Tuesday, January 13, 2015 3:18 PM

Sent:
To:
Subject:

Reservation Confirmation



WestJet
22 Aerial Place N.E.
Calgary, Alberta,
Canada
Tel: 1-888-9378538

Thank you for choosing WestJet. Please read these important details carefully regarding your purchase and itinerary. Please keep this information for your records as WestJet cannot provide this information to you later than seven days after the completion of your last flight.

This is an automated message system. Please do not respond. If you have any concerns about this message or if you have received this message in error, please contact WestJet at 1-888-9378538 (1-888-WESTJET).

Booking Confirmation

Your reservation code is:

Main contact: Mr Don McRae
E-mail:
Phone Number:

For more information on flying with WestJet, including baggage fees, please visit [Travel Info](#). Please ensure that if your travel plans include a flight on a WestJet Encore turboprop aircraft that you review the [following details](#) as there are some differences in allowances and amenities from flights on our larger WestJet Boeing 737 aircraft. If you are flying to Dublin, there are also some specific regulations you should be aware of before you leave.

Guest

Mr. Don McRae Flight Prince George (YXS)-Vancouver (YVR)
Ticket Number TN8382104247624
Seat YXS-YVR: *

Air Itinerary Details

Operated by WESTJET Prince George, CA Vancouver, CA Fare type: Econo
ENCORE Wed 21 Jan, 2015 Wed 21 Jan, 2015 Non-stop

Fare breakdown

| Guest type | Base fare per guest | Air transportation charges per guest | Taxes, fees and charges per guest | Total fare per guest | Number of guests | Total fare |
|------------|---------------------|--------------------------------------|-----------------------------------|----------------------|------------------|---------------------------|
| adult | CAD 186.00 | CAD 12.00 | CAD 38.38 | CAD 236.38 | x 1 | CAD 236.38 |
| | | | | | | Total airfare: CAD 236.38 |

Tax details

| Rate code | Description | Amount |
|-----------|---------------------------------------|------------------------|
| XG | Goods and Services Tax (GST) | CAD 11.26 |
| CA | Air Travellers Security Charge (ATSC) | CAD 7.12 |
| SQ | Airport Improvement Fee (AIF) | CAD 20.00 |
| | | Total taxes: CAD 38.38 |

Fare family benefits

YXS-YVR: Econo Seat Sale Benefits

- First checked bag fee of \$25-29.50 CAD for flights within Canada or to/from the U.S.¹
- Second checked bag fee of \$25-29.50 CAD and excess checked baggage fee of \$75-88.50 CAD per eligible piece¹

¹ Not applicable on flights operated by our airline partners

Total

Charged to MASTERCARD XXXX XXXX XXXX [REDACTED]

CAD 236.3

WestJet offers

Get travel insurance

Don't forget to include travel insurance as part of your trip. WestJet has partnered with RBC Insurance® to provide you with the right coverage for your travel experience. [Get a quote](#)

Important Information

Thank you for choosing WestJet

QST # [REDACTED] GST # [REDACTED]

- Terms and conditions of carriage, baggage allowances, baggage fees and service fees may differ significantly if you are travelling on one of our [airlines partners](#) ; it is important to familiarize yourself with the terms and conditions of the airline operating the flight. To view the baggage allowances and fees of our code-share partners, visit our [code-share baggage](#) info page.
- [Positive identification](#) is required at check-in. Please ensure the name on the reservation matches the identification for the guest prior to check in.
- Please check in a minimum of 90 minutes prior to scheduled departure for flights within Canada, and 2 hours prior for international flights and flights to the United States.
- Guests are required to be through security and at their departure gate 30 minutes prior to the scheduled departure of their flight.
- Failure to show up for the first flight segment of a scheduled round trip or multi-segment reservation will result in the cancellation of the return segment or remaining segments. The fare paid for these segments will be forfeited and compensation will not be issued.
- For detailed information on your flight visit:
 - [Fares, taxes and fees](#) (For [change/cancel guidelines](#), [baggage fees](#), [service fees](#) and other [taxes and fees](#))
 - [Baggage allowances](#) (Carry-on, checked, sporting goods, restricted items)
 - [Seat selection](#) (How it works, changing your seat and more)
 - [Inflight services](#) ([Buy on board](#), [up! magazine](#) and more)
 - [Inflight entertainment](#) for information on our live seatback television.
- Carbonzero and WestJet have teamed up to provide you the opportunity to help reduce the effects of climate change and mitigate the greenhouse gas emissions associated with air travel through the [purchase of carbon offsets](#).
- We appreciate hearing about your experience with us. If you would like to provide us with feedback, please see our [contact us](#) page and select the give feedback tab. You may also send us a letter at: WestJet Campus, Attention Guest Relations, 22 Aerial Place N.E. Calgary, Alberta Canada T2E 3J1.

[Important Legal Notice](#)

[Terms and Conditions](#)

Contact Information

If you have questions about your reservation, call WestJet at 1-888-937-8538 (1-888-WESTJET) and have the itinerary number ready. Thank you for choosing WestJet.

Don McRae

Room No. : [REDACTED]
Arrival : 20-01-15
Departure : 21-01-15
Page No. : 1 of 1
Folio /Inv. No. : [REDACTED] /

Group Code : [REDACTED]
Company Name : Liberal Caucus AR No: [REDACTED]

| Date | Item Description | Charges | Credits |
|----------------|----------------------------------------|-----------------|---------------|
| 20-01-15 | Room Charge | 109.00 | |
| 20-01-15 | PST Room Tax 8 % | 8.72 | |
| 20-01-15 | Room Tax | 2.18 | |
| 20-01-15 | GST Room Tax 5% | 5.45 | |
| 21-01-15 | Master Card XXXXXXXXXXXX [REDACTED] | | 125.35 |
| Total | | 125.35 | 125.35 |
| Balance | | 0.00 CAD | |

Guest Signature: _____

I hereby agree that my liability is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

PRINCE GEORGE TAXI
331 1ST AVENUE
PRINCE GEORGE, BC
(250) 564-4444

DATE: 21-01-2015
TIME: [REDACTED]
MDT ID: 2
BADGE#: 903

JOB ID: 1024795
METER: 5269

PICKUP [REDACTED]
GEORGE [REDACTED]
DROPOFF AS DIRECTED,
START: [REDACTED]
END: [REDACTED]

FARE(\$): 28.40
TIP(\$): [REDACTED]

TOTAL (\$) [REDACTED]

MASTERCARD
***** [REDACTED]
/
AUTHORIZATION: 170320
SWIPE
CUSTOMER'S COPY

WE APPRECIATE YOUR BUSINESS

PRINCE GEORGE TAXI
331 1ST AVENUE
PRINCE GEORGE, BC
(250) 564-4444

DATE: 20-01-2015
TIME: [REDACTED]
MDT ID: 54
BADGE#: 54

JOB ID: 1022669
METER: 3258

PICKUP: 428
START: [REDACTED]

AUTH AMT 28.80

MASTERCARD
***** [REDACTED]
/
AUTHORIZATION: 163815
SWIPE
CUSTOMER'S COPY

WE APPRECIATE YOUR BUSINESS

TVM RECEIPT
NOT VALID FOR TRAVEL

TransLink [REDACTED]

IVM51004
Tue 20 Jan 15 [REDACTED]

Fare Type: 2 ZONE
Purchase: 1 Adult \$ 4.00

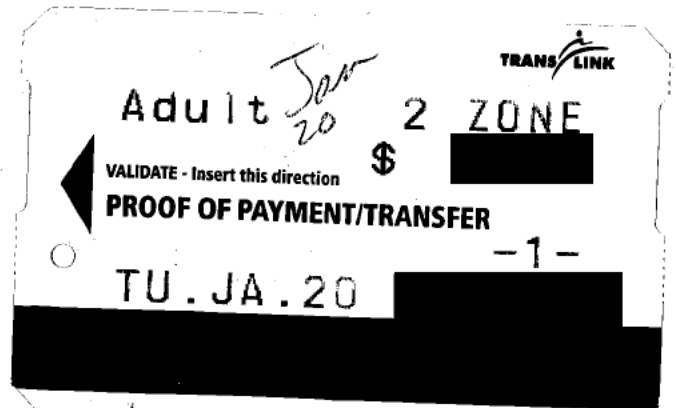
Purchased Amount: \$ 4.00

TRANSACTION RECORD

Account: MASTER CARD
Card Number: xx [REDACTED]
Card Entry: SWIPE
Trans Type: PURCHASE
Amount: \$ 4.00
Auth #: 133033
Sequence #: 422431
Terminal #: 00514
Ref #: VTC73CSF8EV3

TRANSACTION APPROVED

Transaction #: 0001431217





Members Of The Legislative Assembly Travel Claim Form

Claim Number: 33373
MLA Name: McRae, Don VM150055 **Claim Date:** February 23, 2015
Constituency: Comox Valley
Type Of Trip: MLA Travel
Prepared By:
Claimant Type: Member of Legislative Assembly
Travel From: Comox **Travel To:** Victoria
Trip Details: Session

| Date | Expenses | Amount |
|-------------------------------------|-------------------------|----------|
| February 23, 2015 Comox-Victoria | 225(km) | \$117.00 |
| February 26, 2015 Victoria-Comox | 225(km) | \$117.00 |
| February 23, 2015 | MLA Per Diem - Victoria | \$61.00 |
| February 24, 2015 | MLA Per Diem - Victoria | \$61.00 |
| February 25, 2015 | MLA Per Diem - Victoria | \$61.00 |
| February 26, 2015 | MLA Per Diem - Victoria | \$61.00 |

Total Payable \$478.00

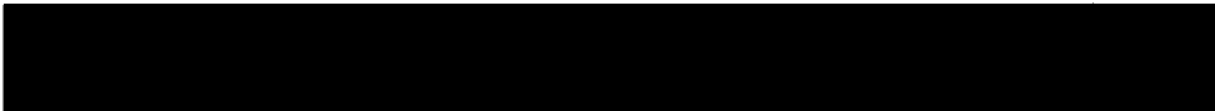
Date 05 Mar 2015

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

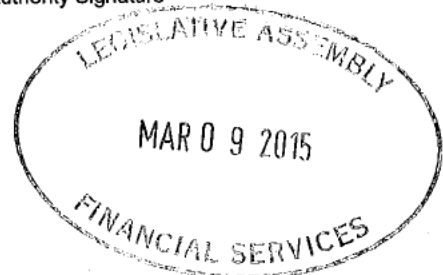
| Organization Code | Account Code | STOB Code | Amount |
|-------------------|--------------|-----------|--------|
|-------------------|--------------|-----------|--------|



Date _____

Signature _____

Spending Authority Signature





Members Of The Legislative Assembly Travel Claim Form

Claim Number: 33623
MLA Name: McRae, Don VM150055 **Claim Date:** March 02, 2015
Constituency: Comox Valley
Type Of Trip: Accompanying Person Travel
Prepared By: [REDACTED]
Claimant Type: Accompanying Person (CA) **Claimant Name:** [REDACTED]
Travel From: Comox **Travel To:** Victoria
Trip Details: Constituency Assistant Conference

V130169

| Date | Expenses | Amount |
|----------------------|----------------------------------------------|-----------------|
| March 02, 2015 | Accommodation Expenses [REDACTED] Mar 2-3 | \$104.54 ✓ |
| March 02, 2015 | Dinner Only | \$36.00 |
| Total Payable | | \$140.54 |

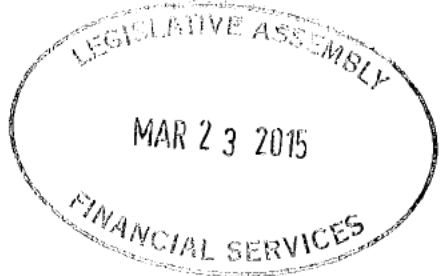
Date 18 Mar 2015 Signature [REDACTED]
McRae, Don VM150055
 certified that the amount to be paid is correct, and is in accordance with appropriate statute or other authority for payment

Date 18 Mar 2015 Signature [REDACTED]
Accompanying Person (CA) -
 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 _____ Signature [REDACTED]
 Spending Authority Signature



Room
Arrival Date : 03/02/15
Invoice No. :
Folio No. :
Conf. No. : 4091442
Cashier No. : 67
Billing Date : 03/03/15
A/R Number

BC Government Constituency

| Date | Description | Debit | Credit |
|--------------------------|-----------------------------|----------------|---------------|
| 03/02/15 | Room | 90.00 | |
| 03/02/15 | Destination Marketing Fee | 0.90 | |
| 03/02/15 | Provincial Room Tax | 9.09 | |
| 03/02/15 | Room GST | 4.55 | |
| 03/03/15 | Visa XXXXXXXXXXXXXXXX XX/XX | | 104.54 |
| Room H/GST Total - 4.55 | | Total | 104.54 |
| Other H/GST Total - 0.00 | | | |
| H/GST # PST# | | Balance | 104.54 |



Members Of The Legislative Assembly Travel Claim Form

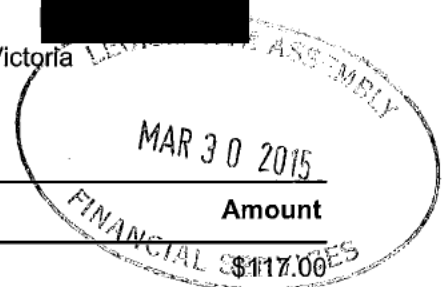
Claim Number: 33622
MLA Name: McRae, Don VM150055
Constituency: Comox Valley
Type Of Trip: Accompanying Person Travel
Prepared By: [REDACTED]
Claimant Type: Accompanying Person (CA)
Travel From: Comox
Trip Details: Constituency Assistant Conference

Claim Date: March 02, 2015

V119035

Claimant Name: [REDACTED]

Travel To: Victoria



| Date | Expenses | Amount |
|----------------|----------------------------------------------|------------|
| March 02, 2015 | 225(km) | \$117.00 |
| March 03, 2015 | 225(km) | \$117.00 |
| March 02, 2015 | Accommodation Expenses [REDACTED] Mar 2-3 | \$104.54 ✓ |
| March 02, 2015 | Dinner Only | \$36.00 |
| March 02, 2015 | Parking [REDACTED] | \$26.25 ✓ |

Total Payable \$400.79

Date 18 Mar 2015

Signature [REDACTED]

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

Date 18 Mar 2015

Signature [REDACTED]

Accompanying Person (CA) -
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 _____

Signature [REDACTED]

Spending Authority Signature

Room : [REDACTED]
 Arrival Date : 03/02/15
 Invoice No. : [REDACTED]
 Folio No. : [REDACTED]
 Conf. No. : 4091441
 Cashier No. : 11
 Billing Date : 03/03/15
 A/R Number

BC Government Constituency

| Date | Description | | Debit | Credit |
|--------------------------|---------------------------|-------------------------------|---------------|---------------|
| 03/02/15 | Room | | 90.00 | |
| 03/02/15 | Destination Marketing Fee | | 0.90 | |
| 03/02/15 | Provincial Room Tax | | 9.09 | |
| 03/02/15 | Room GST | | 4.55 | |
| 03/02/15 | Valet Parking | | 25.00 | |
| 03/02/15 | GST | | 1.25 | |
| 03/03/15 | Mastercard | XXXXXXXXXXXX [REDACTED] XX/XX | | 130.79 |
| Room H/GST Total - 4.55 | | Total | 130.79 | 130.79 |
| Other H/GST Total - 1.25 | | | | |
| H/GST # [REDACTED] | PST# [REDACTED] | Balance | 0.00 | |



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

Claim Number: 33486
MLA Name: McRae, Don VM150055 **Claim Date:** March 02, 2015
Constituency: Comox Valley
Type Of Trip: MLA Travel
Prepared By: [REDACTED]
Claimant Type: Member of Legislative Assembly
Travel From: Comox **Travel To:** Victoria
Trip Details: Session

| Date | Expenses | Amount |
|----------------------------------|------------------------------------|----------|
| March 02, 2015 Comox-Victoria | 225(km) | \$117.00 |
| March 04, 2015 Victoria-Comox | 225(km) | \$117.00 |
| March 05, 2015 Comox-Victoria | 225(km) | \$117.00 |
| March 05, 2015 Victoria-Comox | 225(km) | \$117.00 |
| March 02, 2015 | MLA Per Diem - Victoria | \$61.00 |
| March 03, 2015 | MLA Per Diem - Victoria | \$61.00 |
| March 04, 2015 | MLA Per Diem - Victoria | \$61.00 |
| March 05, 2015 | Breakfast and Dinner Only-Victoria | \$48.50 |

Total Payable \$699.50

Date 05 Mar 2015

Signature

[REDACTED SIGNATURE]

McRae, Don VM150055

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 ACCOUNTS OFFICE DATA]





Members Of The Legislative Assembly Travel Claim Form

Claim Number: 33570
MLA Name: McRae, Don VM150055 **Claim Date:** March 09, 2015
Constituency: Comox Valley
Type Of Trip: MLA Travel
Prepared By: [REDACTED]
Claimant Type: Member of Legislative Assembly
Travel From: Comox **Travel To:** Victoria
Trip Details: Session

| Date | Expenses | Amount |
|----------------------|-------------------------|-----------------|
| March 09, 2015 | 225(km) | \$117.00 |
| March 10, 2015 | 225(km) | \$117.00 |
| March 11, 2015 | 225(km) | \$117.00 |
| March 12, 2015 | 225(km) | \$117.00 |
| March 09, 2015 | MLA Per Diem - Victoria | \$61.00 |
| March 10, 2015 | MLA Per Diem - Victoria | \$61.00 |
| March 11, 2015 | MLA Per Diem - Victoria | \$61.00 |
| March 12, 2015 | MLA Per Diem - Victoria | \$61.00 |
| Total Payable | | \$712.00 |

Date 12 Mar 2015

Signature _____

[REDACTED]
 McRae, Don VM150055
*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] | |
|------------|------------|------------|--|

Date _____

Signature _____

Spending Authority Signature





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

Claim Number: 33695
MLA Name: McRae, Don VM150055 **Claim Date:** March 23, 2015
Constituency: Comox Valley
Type Of Trip: MLA Travel
Prepared By: [REDACTED]
Claimant Type: Member of Legislative Assembly
Travel From: Comox **Travel To:** Victoria
Trip Details: Session

| Date | Expenses | Amount |
|----------------|-------------------------|----------|
| March 23, 2015 | 225(km) | \$117.00 |
| March 26, 2015 | 225(km) | \$117.00 |
| March 23, 2015 | MLA Per Diem - Victoria | \$61.00 |
| March 24, 2015 | MLA Per Diem - Victoria | \$61.00 |
| March 25, 2015 | MLA Per Diem - Victoria | \$61.00 |
| March 26, 2015 | MLA Per Diem - Victoria | \$61.00 |

Total Payable \$478.00

Date 26 Mar 2015

Signature

McRae, Don VM150055

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 _____

Signature

Spending Authority Signature