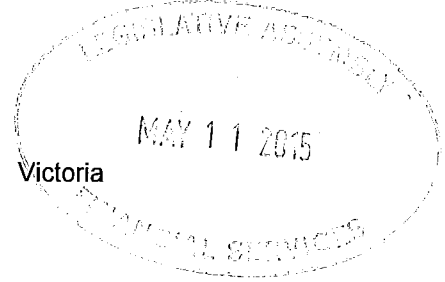


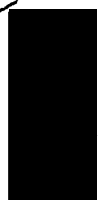


Members Of The Legislative Assembly Travel Claim Form

Claim Number: 34119
MLA Name: Darcy, Judy VM150086 **Claim Date:** April 01, 2015
Constituency: New Westminster
Type Of Trip: MLA Travel
Prepared By: [REDACTED]
Claimant Type: Member of Legislative Assembly
Travel From: Constituency **Travel To:** Victoria
Trip Details: Travel for session



Date	Expenses	Amount
April 11, 2015	26(km)	\$13.52
April 12, 2015	70(km)	\$36.40
April 16, 2015	70(km)	\$36.40
April 19, 2015	55(km)	\$28.60
April 23, 2015	70(km)	\$36.40
April 24, 2015	43(km)	\$22.36
April 26, 2015	70(km)	\$36.40
April 30, 2015	70(km)	\$36.40
April 11, 2015	Taxi	\$40.00 X
April 12, 2015	Dinner Only	\$36.00
April 12, 2015	Ferry Tsawwassen - Swartz Bay	\$71.50 X
April 13, 2015	MLA Per Diem - Victoria	\$61.00
April 14, 2015	MLA Per Diem - Victoria	\$61.00
April 15, 2015	MLA Per Diem - Victoria	\$61.00
April 16, 2015	Ferry Swartz Bay - Tsawwasswen	\$71.50 X
April 16, 2015	MLA Per Diem	\$61.00
April 19, 2015	Dinner Only	\$36.00
April 19, 2015	Ferry Left from Mayne for Leg on April 19th (one way ticket, purchased April 17th)	\$71.50 X
April 20, 2015	MLA Per Diem - Victoria	\$61.00
April 21, 2015	MLA Per Diem - Victoria	\$61.00
April 21, 2015	Taxi	\$8.00 X
April 22, 2015	MLA Per Diem - Victoria	\$61.00
April 23, 2015	Ferry	\$71.50 X





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

Claim Number: 34119

MLA Name: Darcy, Judy VM150086

Claim Date: April 01, 2015

Constituency: New Westminster

Type Of Trip: MLA Travel

Date	Expenses	Amount
Swartz Bay - Tsawwassen		
April 23, 2015	MLA Per Diem	\$61.00
April 24, 2015	Parking	\$22.50
April 26, 2015	Dinner Only	\$36.00
April 26, 2015	Ferry Tsawwassen - Swartz Bay	\$71.50
April 27, 2015	MLA Per Diem - Victoria	\$61.00
April 28, 2015	MLA Per Diem - Victoria	\$61.00
April 29, 2015	MLA Per Diem - Victoria	\$61.00
April 30, 2015	Ferry	\$71.50
April 30, 2015	MLA Per Diem	\$61.00

Total Payable \$1585.98

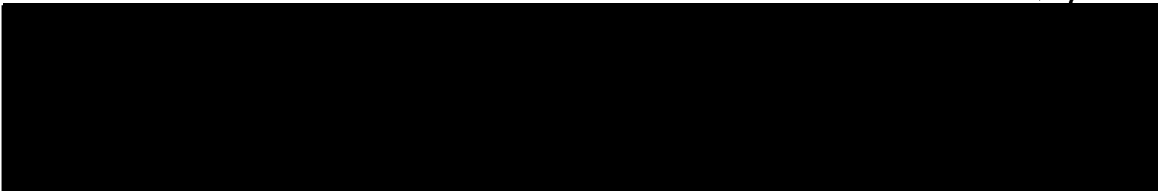
Date 07 May 2015

Signature



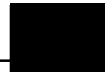
with appropriate statute or other authority for payment

ACCOUNTS OFFICE USE ONLY



Date 5/11/15

Signature



Spending Authority Signature

PURCHASE ✓



2015/04/12
Tsawwassen
To
Swartz Bay

AUTH ONLY

20'	Undersize Vehi	55.40
1	Adult	16.90
	Fuel Rebate	0.80-

Total	71.50
MasterCard	71.50

005/01-66223133	
0015594610	
Approved: 191539	
CHANGE DUE	0.00

LANE 40

TSA 12 Apr 2015

SEE REVERSE SIDE OF TICKET

PURCHASE ✓



2015/04/16
Swartz Bay
To
Tsawwassen

AUTH ONLY

20'	Undersize Vehi	55.40
1	Adult	16.90
	Fuel Rebate	0.80-

Total	71.50
MasterCard	71.50

005/01-66223091	
0015495750	
Approved: 212536	
CHANGE DUE	0.00

LANE 06

SWB 16 Apr 2015

SEE REVERSE SIDE OF TICKET

PURCHASE ✓



2015/04/17
Tsawwassen
To
Village Bay

RESERVATION-

CONF:		
RES:		
1	Adult	19.45
20'	Undersize Vehi	71.45
	Fuel Rebate	0.95-

Total	
Prepayment	
CHANGE DUE	0.00

\$ 71.50

LANE 16

TSA 17 Apr 2015

SEE REVERSE SIDE OF TICKET

PURCHASE ✓



2015/04/23

Swartz Bay

To

Tsawwassen

AUTH ONLY

20'	Undersize Vehi	55.40
1	Adult	16.90
	Fuel Rebate	0.80-

Total	71.50
MasterCard	71.50
***** [REDACTED])	
005/01-66223092	
0015706000	
Approved: 212214	
CHANGE DUE	0.00

LANE 06

SWB 23 Apr 2015

SEE REVERSE SIDE OF TICKET

PURCHASE ✓



2015/04/26

Tsawwassen

To

Swartz Bay

AUTH ONLY

20'	Undersize Vehi	55.40
1	Adult	16.90
	Fuel Rebate	0.80-

Total	71.50
MasterCard	71.50
***** [REDACTED])	
005/01-66223132	
0015653810	
Approved: 190205	
CHANGE DUE	0.00

LANE 39

TSA 26 Apr 2015

SEE REVERSE SIDE OF TICKET

PURCHASE



2015/04/30

Swartz Bay

To

Tsawwassen

AUTH ONLY

20'	Undersize Vehi	55.40
1	Adult	16.90
	Fuel Rebate	0.80-

Total	71.50
MasterCard	71.50
***** [REDACTED] S)	
005/01-66223091	
0015637360	
Approved: 213820	
CHANGE DUE	0.00

LANE 07

SWB 30 Apr 2015

SEE REVERSE SIDE OF TICKET

CASH RECEIPT

For prompt, safe and courteous service call...

ROYAL CITY TAXI LTD.

DISPATCH: **604-521-6666**

436 Rousseau St.,
New Westminster, B.C. V3L 3R3

Date April 11, 2015

\$ 40.00

FROM

TO

DRIVER louj CAB No. 47

Thank You For Riding

ROYAL CITY TAXI LTD.

Bluebird Cabs Ltd.

250-382-2222
DISPATCH

1-800-665-7055
SERVING
GREATER VICTORIA
SINCE 1946

250-382-3611
ACCOUNTS

Date April 21, 2015 Amount \$ 8.00

From _____ To _____

Driver _____ Car # _____

Fare includes G.S.T. G.S.T. # _____

Download our App to book and track your cab on your phone!

PLACE FACE UP ON DASH

Expiration Date/Time

APR 24, 2015

Purchase Date/Time: Apr 24, 2015
Total Due: \$22.50 Rate: \$22.50 -
Total Paid: \$22.50 Payment Type: Card
Ticket #: 00019616
Card #: 300011090110
Billing: MET
Merchant Name: _____

Card #**** MasterCard Auth #: 180353

Place Ticket Face Up
On Vehicle-Dash.

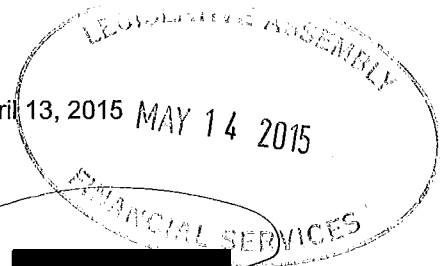


**Members Of The Legislative Assembly
Travel Claim Form**

Claim Number: 34198
MLA Name: Darcy, Judy VM150086
Constituency: New Westminster
Type Of Trip: Accompanying Person Travel
Prepared By: [REDACTED]
Claimant Type: Accompanying Person (CA)
Travel From: Constituency
Trip Details: Travel for Constituency Assistant Conference (April 13-16)

Claim Date: April 13, 2015 **MAY 14 2015**

Claimant Name: [REDACTED]
Travel To: Victoria



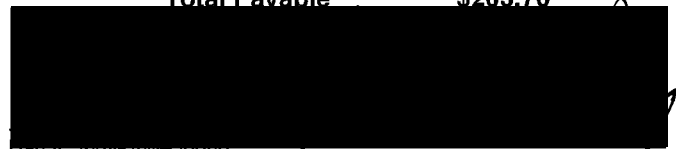
V1 308666

Date	Expenses	Amount
April 13, 2015	Dinner Only	\$36.00
April 13, 2015	Ferry	\$18.70 ✓
April 14, 2015	Full Day Meals Per Diem Allow.	\$61.00
April 15, 2015	Full Day Meals Per Diem Allow.	\$61.00
April 16, 2015	Breakfast only	\$27.00

Total Payable \$203.70

Date 11 May 2015

Signature



I, Judy Darcy, VM150086, certify that the amount to be paid is correct, and is in accordance with appropriate statute or other authority for payment

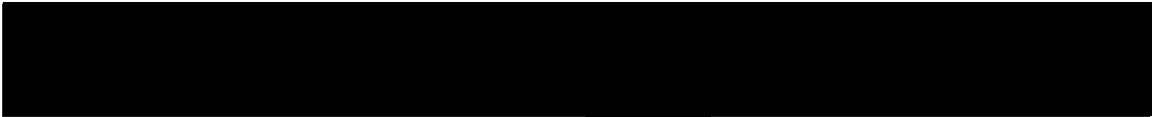
Date 11 May 2015

Signature



Accompanying Person (CA) [REDACTED]
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



Date 5/15/15

Signature



Accounting Authority Signature



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

Claim Number: 34198
MLA Name: Darcy, Judy VM150086 **Claim Date:** April 13, 2015
Constituency: New Westminster
Type Of Trip: Accompanying Person Travel
Prepared By: [REDACTED]
Claimant Type: Accompanying Person (CA) **Claimant Name:** [REDACTED]
Travel From: Constituency **Travel To:** Victoria
Trip Details: Travel for Constituency Assistant Conference (April 13-16)

Date	Expenses	Amount
April 13, 2015	Dinner Only	\$36.00
April 13, 2015	Ferry	\$18.70
April 14, 2015	Full Day Meals Per Diem Allow.	\$61.00
April 15, 2015	Full Day Meals Per Diem Allow.	\$61.00
April 16, 2015	Breakfast only	\$27.00

Total Payable \$203.70

Date 11 May 2015

Signature [REDACTED]

Darcy, Judy VM150086
certified that the amount to be paid is correct, and is in accordance with appropriate statute or other authority for payment

Date 11 May 2015

Signature [REDACTED]

Accompanying Person (CA) [REDACTED]
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

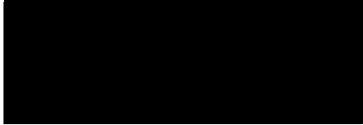
Organization Code	Account Code	STOB Code	Amount
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[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
------------	------------	------------	------------

Date _____

Signature _____

Spending Authority Signature



Ferry

PURCHASE



2015/04/13
Tsawwassen
To
Swartz Bay
PURCHASE

1	Adult	16.90
1	Bicycle	2.00
	Fuel Rebate	0.20-
	Total	18.70
	CDN Cash	20.00
	CHANGE DUE	1.30-

FOOT AREA 5S

TSA 13 Apr 2015



SEE REVERSE SIDE OF TICKET



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

Claim Number: 34199
MLA Name: Darcy, Judy VM150086 **Claim Date:** April 13, 2015
Constituency: New Westminster
Type Of Trip: Accompanying Person Travel
Prepared By: [REDACTED]
Claimant Type: Accompanying Person (CA) **Claimant Name:** [REDACTED]
Travel From: Constituency **Travel To:** Victoria
Trip Details: Travel for CA Conference (April 13-16)
 [REDACTED] paid for Judy's other CA's hotel [REDACTED]

V130483
 FINANCIAL SERVICES
 MAY 14 2015

Date	Expenses	Amount
April 13, 2015	Accommodation Expenses [REDACTED] (3 nights, 2 separate rooms for [REDACTED] & [REDACTED])	\$627.24 ✓
April 13, 2015	Dinner Only	\$36.00
April 13, 2015	Ferry	\$16.70 ✓
April 14, 2015	Full Day Meals Per Diem Allow.	\$61.00
April 15, 2015	Full Day Meals Per Diem Allow.	\$61.00
April 16, 2015	Breakfast only	\$27.00
April 16, 2015	Ferry	\$16.70 ✓

Total Payable \$845.64

Date 11 May 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 11 May 2015 Signature [REDACTED]
 Accompanying Person (CA) [REDACTED]
 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

[REDACTED]

Date 5/15/15 Signature [REDACTED]
 Spending Authority Signature



Members Of The Legislative Assembly Travel Claim Form

Claim Number: 34199
MLA Name: Darcy, Judy VM150086 **Claim Date:** April 13, 2015
Constituency: New Westminster
Type Of Trip: Accompanying Person Travel
Prepared By: [REDACTED]
Claimant Type: Accompanying Person (CA) **Claimant Name:** [REDACTED]
Travel From: Constituency **Travel To:** Victoria
Trip Details: Travel for CA Conference (April 13-16)
 [REDACTED] paid for Judy's other CA's hotel [REDACTED]

Date	Expenses	Amount
April 13, 2015	Accommodation Expenses [REDACTED] (3 nights, 2 separate rooms for [REDACTED] & [REDACTED])	\$627.24
April 13, 2015	Dinner Only	\$36.00
April 13, 2015	Ferry	\$16.70
April 14, 2015	Full Day Meals Per Diem Allow.	\$61.00
April 15, 2015	Full Day Meals Per Diem Allow.	\$61.00
April 16, 2015	Breakfast only	\$27.00
April 16, 2015	Ferry	\$16.70
Total Payable		\$845.64

Date 11 May 2015

Signature _____

Darcy, Judy VM150086
certified that the amount to be paid is correct, and is in accordance with appropriate statute or other authority for payment

Date 11 May 2015

Signature _____

Ac [REDACTED]
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

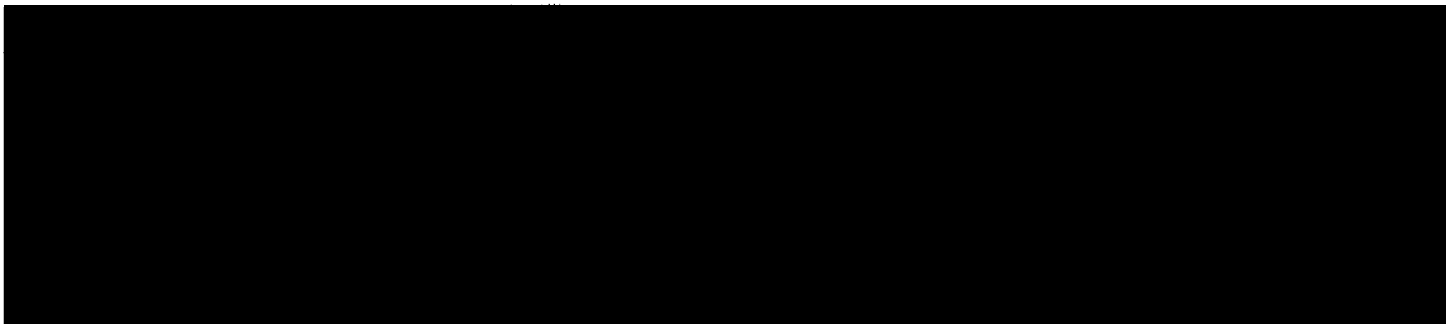
Organization Code	Account Code	STOB Code	Amount
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[REDACTED]

Date _____

Signature _____

Spending Authority Signature



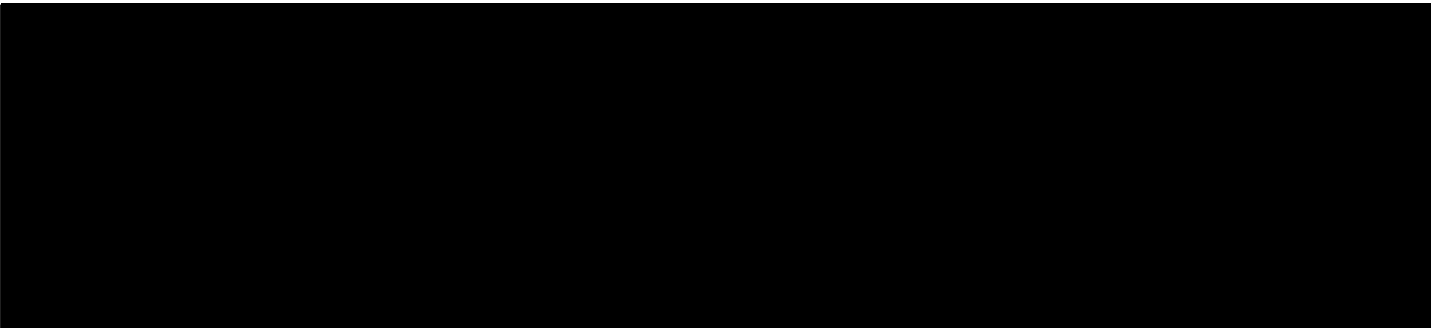
Canada

Room : [redacted]
 Arrival Date : 04/13/15
 Invoice No. : [redacted]
 Folio No. : [redacted]
 Conf. No. : 4099079
 Cashier No. : 79
 Billing Date : 04/16/15
 A/R Number

Association of BC Constituenc

Date	Description	Debit	Credit
04/13/15	Room - [redacted] ①	90.00	
04/13/15	Destination Marketing Fee	0.90	
04/13/15	Provincial Room Tax	9.09	
04/13/15	Room GST	4.55	
04/13/15	Room - [redacted] ① Routed From [redacted] Of Room	90.00	
04/13/15	Destination Marketing Fee Routed From [redacted] Of Room	0.90	
04/13/15	Provincial Room Tax Routed From [redacted] Of Room	9.09	
04/13/15	Room GST Routed From [redacted] Of Room	4.55	
04/14/15	Room - [redacted] ②	90.00	
04/14/15	Destination Marketing Fee	0.90	
04/14/15	Provincial Room Tax	9.09	
04/14/15	Room GST	4.55	
04/14/15	Room - [redacted] ② Routed From [redacted] Of Room	90.00	
04/14/15	Destination Marketing Fee Routed From [redacted] Of Room	0.90	
04/14/15	Provincial Room Tax Routed From [redacted] Of Room	9.09	
04/14/15	Room GST Routed From [redacted] Of Room	4.55	
04/15/15	Room - [redacted] ③	90.00	
04/15/15	Destination Marketing Fee	0.90	
04/15/15	Provincial Room Tax	9.09	
04/15/15	Room GST	4.55	
04/15/15	Room - [redacted] ③ Routed From [redacted] Of Room	90.00	
04/15/15	Destination Marketing Fee Routed From [redacted] Of Room	0.90	
04/15/15	Provincial Room Tax Routed From [redacted] Of Room	9.09	





[Redacted]

Canada

Association of BC Constituenc

Room : [Redacted]
 Arrival Date : 04/13/15
 Invoice No. : [Redacted]
 Folio No. : [Redacted]
 Conf. No. : 4099079
 Cashier No. : 79
 Billing Date : 04/16/15
 A/R Number

Date	Description		Debit	Credit
04/15/15	Room GST	[Redacted] Routed From [Redacted] Of Room	4.55	
04/16/15	Visa	[Redacted]		627.24
Room H/GST Total - 27.30		Total	627.24	627.24
Other H/GST Total - 0.00				
H/GST # [Redacted]	PST# [Redacted]	Balance	0.00	

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 association fails to pay for any part or the full amount of these charges. Guests have accepted delivery of The Globe and Mail on a complimentary basis. Guests are not responsible for payment of the newspaper if they decline.

[Redacted Signature Area]



ferry

PURCHASE



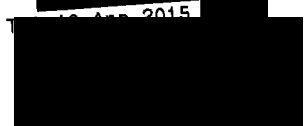
2015/04/13
Tsawwassen
To
Swartz Bay
AUTH ONLY

1 Adult 16.90
Fuel Rebate 0.20-

Total 16.70
Visa 16.70

005/01-66223133
0015602110
Approved: 043531 0.00
CHANGE DUE

LANE 45



SEE REVERSE SIDE OF TICKET

PURCHASE



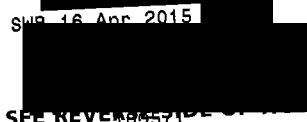
2015/04/16
Swartz Bay
To
Tsawwassen
AUTH ONLY

1 Adult 16.90
Fuel Rebate 0.20-

Total 16.70
Visa 16.70

005/01-66223093
0015632700
Approved: 079550 0.00
CHANGE DUE

LANE 07

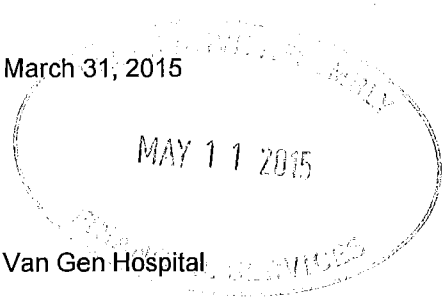


SEE REVERSE SIDE OF TICKET



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

Claim Number: 34117
MLA Name: Darcy, Judy VM150086 **Claim Date:** March 31, 2015
Constituency: New Westminster
Type Of Trip: MLA Travel
Prepared By: [REDACTED]
Claimant Type: Member of Legislative Assembly
Travel From: Constituency **Travel To:** Van Gen Hospital
Trip Details:



Date	Expenses	Amount
March 31, 2015	Parking	\$12.00

Total Payable \$12.00

Date 04 May 2015

Signature [REDACTED]
 Darcy, Judy VM150086
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 5/11/15

Signature [REDACTED]
 Spending Authority Signature

[REDACTED]

Transac. # 3486061
Entry Date/Time 31/03/2015 [REDACTED]
Exit Date/Time 31/03/2015 [REDACTED]
Ticket #. 22139BBDK

TOTAL PARKING FEE \$12.00
Payment Type: CASH
Duration: [REDACTED]

GST # [REDACTED]
Parking Fee inclusive of all taxes [REDACTED]
Duration: [REDACTED]