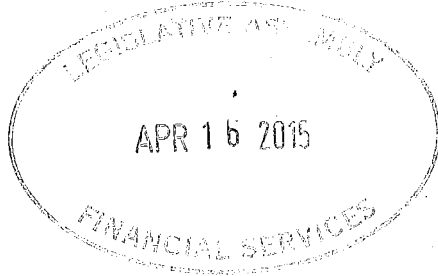




Members Of The Legislative Assembly Travel Claim Form

Claim Number: 33864
MLA Name: McRae, Don VM150055 **Claim Date:** April 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: MLA Activity/Session

Date	Expenses	Amount
April 09, 2015 Comox-Victoria	225(km)	\$117.00
April 11, 2015 Victoria-Comox	225(km)	\$117.00
April 13, 2015 Comox-Victoria	225(km)	\$117.00
April 16, 2015 Victoria-Comox	225(km)	\$117.00
April 09, 2015	MLA Per Diem - Victoria	\$61.00
April 10, 2015	MLA Per Diem - Victoria	\$61.00
April 13, 2015	Breakfast and Dinner Only-Victoria	\$48.50
April 14, 2015	MLA Per Diem - Victoria	\$61.00
April 15, 2015	MLA Per Diem - Victoria	\$61.00
April 16, 2015	MLA Per Diem - Victoria	\$61.00



Total Payable **\$821.50**

Date 16 Apr 2015

Sig [REDACTED]

I certify 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



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

Claim Number: 33864

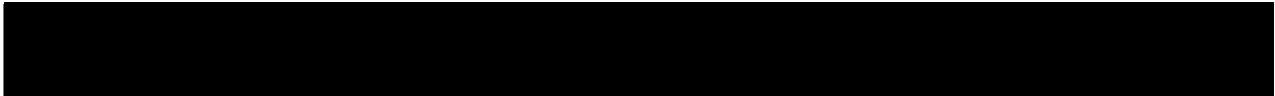
MLA Name: McRae, Don VM150055

Claim Date: April 09, 2015

Constituency: Comox Valley

Type Of Trip: MLA Travel

Date	Expenses	Amount
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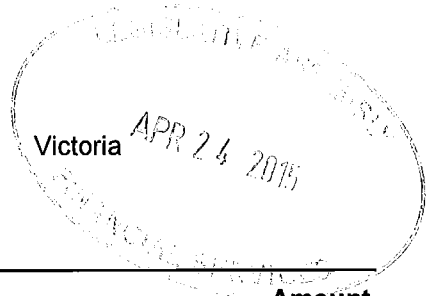


Date 4/20/15

Signature 
Spending Authority Signature

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

Claim Number: 33988
MLA Name: McRae, Don VM150055 **Claim Date:** April 20, 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
April 20, 2015	225(km)	\$117.00
April 23, 2015	225(km)	\$117.00
April 20, 2015	Breakfast and Dinner Only-Victoria	\$48.50 ✓
April 21, 2015	MLA Per Diem - Victoria	\$61.00
April 22, 2015	MLA Per Diem - Victoria	\$61.00
April 23, 2015	MLA Per Diem - Victoria	\$61.00

Total Payable \$465.50

Date 23 Apr 2015

Signature [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]
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Date 4/29/15

Signature [REDACTED]

Spending Authority Signature

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

Claim Number: 34072
MLA Name: McRae, Don VM150055 **Claim Date:** April 27, 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
April 27, 2015	225(km)	\$117.00
April 30, 2015	225(km)	\$117.00
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	Breakfast and Dinner Only-Victoria	\$48.50

Total Payable \$465.50

Date 30 Apr 2015

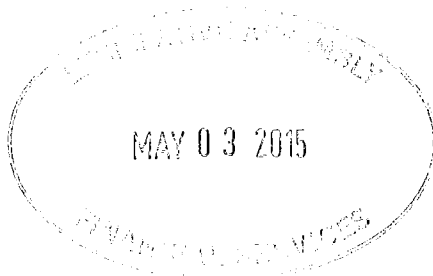
Signature [REDACTED]
 McRae, Don VM150055
certified that the amount to be paid is correct, and is in accordance with appropriate statute or other authority for payment

ACCOUNTS OFFICE USE ONLY

Organization Code	Account Code	STOB Code	Amount
[REDACTED]			

Date 5/11/15

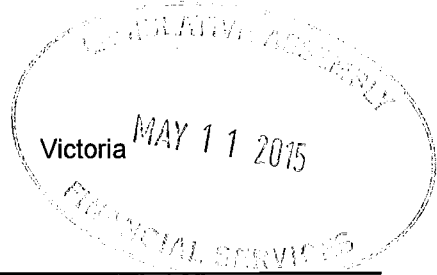
Signature [REDACTED]
 Spending Authority Signature





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

Claim Number: 34170
MLA Name: McRae, Don VM150055 **Claim Date:** May 04, 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
May 04, 2015	225(km)	\$117.00
May 05, 2015	225(km)	\$117.00
May 06, 2015	225(km)	\$117.00
May 07, 2015	225(km)	\$117.00
May 04, 2015	MLA Per Diem - Victoria	\$61.00
May 05, 2015	MLA Per Diem - Victoria	\$61.00
May 06, 2015	MLA Per Diem - Victoria	\$61.00
May 07, 2015	MLA Per Diem - Victoria	\$61.00
Total Payable		\$712.00

Date 07 May 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]			

Date 5/11/15

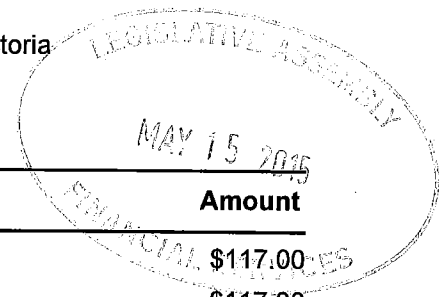
Signature [REDACTED]

Spending Authority Signature



Members Of The Legislative Assembly Travel Claim Form

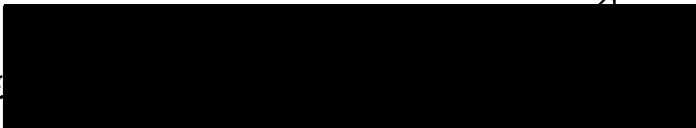
Claim Number: 34232
MLA Name: McRae, Don VM150055 **Claim Date:** May 11, 2015
Constituency: Comox Valley
Type Of Trip: MLA Travel
Prepared By: [REDACTED]
Claimant Type: Member of Legislative Assembly
Travel From: Comox **Travel To:** Victoria
Trip Details: Session



Date	Expenses	Amount
May 11, 2015	225(km)	\$117.00
May 14, 2015	225(km)	\$117.00
May 11, 2015	MLA Per Diem - Victoria	\$61.00
May 12, 2015	MLA Per Diem - Victoria	\$61.00
May 13, 2015	MLA Per Diem - Victoria	\$61.00
May 14, 2015	Breakfast and Dinner Only-Victoria	\$48.50
Total Payable		\$465.50

Date 14 May 2015

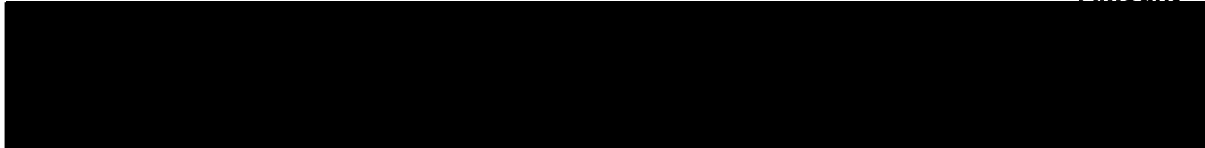
Signature _____



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
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Date 5/15/15

Signature _____

[REDACTED]
Spending Authority Signature



Members Of The Legislative Assembly Travel Claim Form

Claim Number: 34319
MLA Name: McRae, Don VM150055 **Claim Date:** May 25, 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
May 25, 2015	225(km)	\$117.00
May 28, 2015	225(km)	\$117.00
May 25, 2015	MLA Per Diem - Victoria	\$61.00
May 26, 2015	MLA Per Diem - Victoria	\$61.00
May 27, 2015	MLA Per Diem - Victoria	\$61.00
May 28, 2015	MLA Per Diem - Victoria	\$61.00

Total Payable **\$478.00**

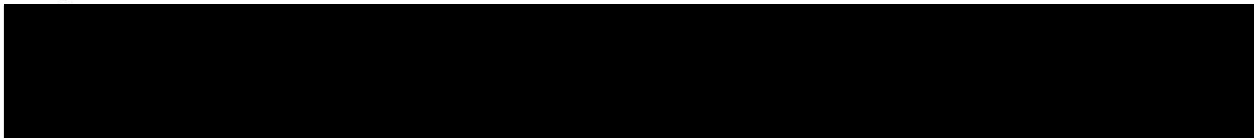
Date 28 May 2015

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
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Date 6/25/15

Signature

[REDACTED]
 Spending Authority Signature