

Page: 1

Claim Number:

36535

MLA Name:

Trevena Claire VM150041

Claim Date:

April 11, 2016

Constituency:

North Island

Type Of Trip:

Accompanying Person Travel

Prepared By:

Claimant Type: Accompanying Person (CA)

Travel To:

Claimant Name:

Capital/Return

Travel From:

Constituency

Trip Details:

Date Expenses Amount April 11, 2016 \$122.43 231(km) April 14, 2016 / \$122.43 231(km) -\$104.54 April 11, 2016 Accommodation Expenses April 11, 2016 Lunch & Dinner only \$48.50 \$10.50+ April 11, 2016 Parking \$104.54 April 12, 2016 Accommodation Expenses April 12, 2016 Full Day Meals Per Diem Allow. \$61.00 \$10.50 - : April 12, 2016 Parking Accommodation Expenses \$104.54 April 13, 2016 Breakfast & Lunch only \$39.50 April 13, 2016 April 13, 2016 \$10.50X Parking

> **Total Payable** \$765.98

Date 15 Apr 2016

April 14, 2016

Sig

Date

15 Apr 2016

Signat

md is in accordance

\$27.00

ACCOUNTS OFFICE USE ONLY

Organization Code

Account Code

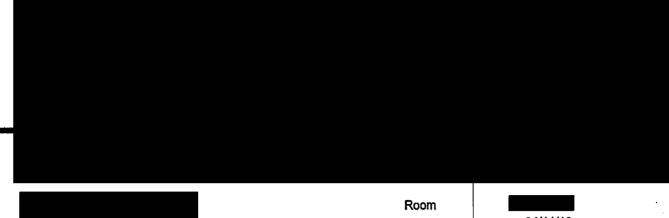
Breakfast only

STOB Code

Amount

4/19/16





Canada

Room
Arrival Date
Invoice No.

Folio No. Conf. No. Cashier No.

Billing Date A/R Number : 04/11/16 : 399001

399001

: 04/14/16

Association of BC Constituenc

Date	Description		Debit	Credit
04/11/16	Room		90.00	
04/11/16	Destination Marketing Fee	. •	0.90	
04/11/16	Provincial Room Tax	•	9.09	
04/11/16	Room GST		4.55	
04/11/16	Parking Charges		10.00	
04/11/16	GST		0.50	
04/12/16	Room		90.00	
04/12/16	Destination Marketing Fee		0.90	
04/12/16	Provincial Room Tax		9.09	
04/12/16	Room GST		4.55	
04/12/16	Parking Charges		10.00	
04/12/16	GST		0.50	
04/13/16	Room	•	90.00	
04/13/16	Destination Marketing Fee		0.90	
04/13/16	Provincial Room Tax		9.09	
04/13/16	Room GST	•	4.55	
04/13/16	Parking Charges		10.00	
04/13/16	GST		0.50	
04/14/16	Visa			345.12
	ST Total - 13.65	Total	345.12	345.12
Other H/GS H/GST #	ST Total - 1.50 PST#	Balance	0.00	



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Claim Number: 36536

MLA Name:

Trevena, Claire VM150041

North Island

Constituency: Type Of Trip:

Accompanying Person Travel

Prepared By:

- Claimant Type: Accompanying Person (CA)

Travel From:

Constituency

Claimant Name:

Travel To:

Claim Date:

Capital/Return

Trip Details:

1500628

	New years and the second secon	
Date	Expenses	Amount
April 11, 2016	Accommodation Expenses	\$104.54
April 11, 2016	Lunch & Dinner only	\$48.50
April 12, 2016	Accommodation Expenses	\$104.54.
April 12, 2016	Full Day Meals Per Diem Allow.	\$61.00
April 13, 2016	Accommodation Expenses	* \$104.5 4
April 13, 2016,	Breakfast & Lunch only	\$39.50
April 14, 2016	Breakfast only	\$27.00

\$489.62 certified that the amount to be paid is correct, and is in accordance

Date 15 Apr 2016

15 Apr 2016

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

Signature

Spending A

Canada

Room

: 04/11/16 : 398988

Invoice No. Folio No.

Arrival Date

:

Conf. No. : 86

Billing Date

04/14/16

A/R Number

Association of BC Constituenc

Date	Description		•	Debit	Credit
04/11/16	Room			90.00	
04/11/16	Destination Marketing Fee			0.90	
04/11/16	Provincial Room Tax			9.09	
04/11/16	Room GST			4.55	
04/12/16	Room			90.00	
04/12/16	Destination Marketing Fee			0.90	
04/12/16	Provincial Room Tax			9.09	
04/12/16	Room GST			4.55	
04/13/16	Room		•	90.00	
04/13/16	Destination Marketing Fee			0.90	
04/13/16	Provincial Room Tax	•		9.09	
04/13/16	Room GST			4.55	
04/14/16	Mastercard		06/18		313.62
Room H/G	ST Total - 13.65	Total		313.62	313.62
Other H/GS .H/GST #	ST Total - 0.00 PST# ************************************	Balance		0.00	



MLA Name:

Claim Number: 36395

Members Of The Legislative Assembly Travel Claim Form

Trevena, Claire VM150041

Claim Date:

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March 23, 2016

LEGISLATIVE ASSEMBLE

APROS 2016 North Island Constituency: Type Of Trip: **MLA Travel** Prepared By: Deman Island/ReturnSERVICES Claimant Type: Member of Legislative Assembly **Travel From:** Constituency **Travel To: Trip Details:** Amount Date **Expenses** \$91.52 March 23, 2016 176(km) \$200.00 March 23, 2016 Ferry Top Up \$27.00 March 23, 2016 Lunch only \$318.52 **Total Payable** Date 05 Apr 2016 Sign certifiea that the amount to be path is correct, and is in accordance with appropriate statute or other authority for payment **ACCOUNTS OFFICE USE ONLY** Amount **STOB Code Account Code Organization Code** Spending Authority Signature

Claire

PURCHASE

≈BCFerries

2016/03/23 Campbell River Ouadra Island AUTH ONLY

Stored Value

200.00

200.00

Total Visa 005/01-66222906 0018990850 Approved: 080113 CHANGE DUE

0.00

Stored Value Savings:VEH & PASS Savings Balance





Page: 1

Claim Number: 36419

MLA Name: Trev

Trevena, Claire VM150041

Claim Date:

April 03, 2016

Constituency: Type Of Trip:

North Island MLA Travel

Prepared By:

Claimant Type: Member of Legislative Assembly

Travel From:

Constituency

Travel To:

Capital/Return

Trip Details:

Date	Expenses	Amount	
April 03, 2016	290(km)	\$153.70	
April 07, 2016	290(km)	\$153.70	
April 03, 2016	Dinner Only - Victoria	\$36.00	
April 04, 2016	MLA Per Diem - Victoria	\$61.00	
April 05, 2016	Breakfast and Dinner Only-Victoria	\$48.50	
April 06, 2016	MLA Per Diem - Victoria	\$61.00	
April 07, 2016	Breakfast & Lunch Only-Victoria	\$39.50	

Total Beyable

\$553.40

Date 07 Apr 2016

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 4/1/16

Signature

Spending Authority Signature

APR 0 7 2016

ANANCIAL SERVICES



Page: 1

Amount

Claim Number: 36490

MLA Name:

Trevena, Claire VM150041

Claim Date:

April 10, 2016

Constituency: Type Of Trip:

North Island MLA Travel

Prepared By:

Claimant Type: Member of Legislative Assembly

Travel From:

Constituency

Travel To:

Capital

Trip Details:

Date	Expenses	Amount
April 10, 2016	290(km)	\$153.70
April 12, 2016	290(km)	\$153.70
April 13, 2016	290(km) LEGISLATIVE ASSES	\$153.70
April 14, 2016	290(km) 290(km)	\$153.70
April 10, 2016	Dinner Only - Victoria	\$36.00
April 11, 2016	MLA Per Diem - Victoria APR 1 5 2016	\$61.00
April 12, 2016	Breakfast & Lunch Only-Victoria	\$39.50
April 13, 2016	Lunch and Dinner Only-Victoria	\$48.50
April 14, 2016	Breakfast & Lunch Only-Victoria	\$39.50
	Total Payable	\$839.30
Date <u>14 Apr 2016</u>	Signatus certifica that the amount to be paid is with appropriate statute or other auth	

Date 4/18/16

Organization Code

ACCOUNTS OFFICE USE ONLY

Account Code

Signature

-

STOB Code



Claim Number:

MLA Name:

36632

Trevena, Claire VM150041

Members Of The Legislative Assembly Travel Claim Form

Claim Date:

Page: 1

April 25, 2016

North Island Constituency: **MLA Travel** Type Of Trip: Prepared By: Claimant Type: Member of Legislative Assembly **Travel From:** Constituency Travel Tò; **Trip Details: Amount Date Expenses** \$153.70 April 25, 2016 290(km) \$153.70 April 28, 2016 290(km) \$48.50 April 25, 2016 Lunch and Dinner Only-Victoria \$61.00 April 26, 2016 MLA Per Diem - Victoria \$61.00 April 27, 2016 MLA Per Diem - Victoria \$61.00 April 28, 2016 MLA Per Diem - Victoria Total Payable \$538.90 Sign Date 28 Apr 2016 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 Amount STOB Code Organization Code Account Code** Date 4/28/16 **Spending Authority Signature**



Page: 1

Claim Number: 36711 MLA Name: Trevena, Claire VM150041 Claim Date: May 01, 2016 Constituency: North Island Type Of Trip: **MLA Travel** Prepared By: Claimant Type: Member of Legislative Assembly **Travel From:** Constituency Travel To: Captial **Trip Details:** Date **Expenses** Amount May 01, 2016 \$153.70 290(km) May 01, 2016 Dinner Only - Victoria \$36.00 May 02, 2016 \$61.00 MLA Per Diem - Victoria May 03, 2016 MLA Per Diem - Victoria \$61.00 May 04, 2016 MLA Per Diem - Victoria \$61.00 May 05, 2016 \$39.50 Breakfast & Lunch Only-Victoria Total Payable \$412.20 Date 05 May 2016 Signatu Trevena, Claire VM150041 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 516/16 Signature Spending Authority Signature



Page: 1

Claim Number: 36757

MLA Name: Trevena, Cl

Trevena, Claire VM150041

Claim Date:

May 09, 2016

Constituency: Type Of Trip:

North Island MLA Travel

Prepared By:

IVILA Travel

Claimant Tune

Claimant Type: Member of Legislative Assembly

Travel From:

victoria

Travel To:

Constituency

Trip Details:

Date	Expenses	Amount
May 11, 2016	290(km)	\$153.70
May 09, 2016	MLA Per Diem - Victoria	\$61.00
May 10, 2016	MLA Per Diem - Victoria	\$61.00
May 11, 2016	Breakfast & Lunch Only-Victoria	\$39.50

Total Payable \$315.20

Date 11 May 2016

Signati

TIEVETIA, CIAITE MIVITOURT

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 57/2/16

Signature

Spending Authority Signature





Claim Number: 36871

Members Of The Legislative Assembly Travel Claim Form

Page: 1

WILA Name:	New Johnston	Claim Date: May 16, 2	2016
Constituency: Type Of Trip:	North Island MLA Travel		MAY 30 2016
Prepared By:	MLA Havei	\(\)	11141 00 7610
Claimant Type:	Member of Legislative Assem	nblv	G
Travel From:	Constituency	Travel To: Capital/R	etum/AL SERVI
Trip Details:	,	1	The state of the second
		:	
Date	Expenses		Amount
May 15, 2016	290(km)		\$153.70
May 19, 2016	290(km)		\$153.70
May 15, 2016	Dinner Only - Victori	a	\$36.00
May 16, 2016	MLA Per Diem - Vict	toria	\$61.00
May 17, 2016	MLA Per Diem - Vict	toria	\$61.00
May 18, 2016	MLA Per Diem - Vict	toria	\$61.00
May 19, 2016	Breakfast & Lunch C	Only-Victoria	\$39.50
		Total Payable	\$565.90
Dete	9:	A.	
Date 19 May	y 2016 Signa	Trevena, Claire VM150041	
		certified that the amount to be paid is	
		with appropriate statute or other auth	ority jor paymeni
ACCOUNTS (OFFICE USE ONLY		
Organization Co	ode Account Code	STOB Code	Amount
- 4	~ 14		
Date 5/	30/6 Signa	ture	
	, t	Spending Authority Signature	e
	!		
		į l	



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Claim Number: MLA Name: Constituency: Type Of Trip: Prepared By: Claimant Type: Travel From: Trip Details:	Trevena, Claire VM150041 North Island MLA Travel	Claim I	de la companya de la	toria/Return	
Date	Expenses				Amount
June 28, 2016 June 28, 2016	580(km) Lunch & Dinner only				\$307.40 \$48.50
Date <u>28 Jun</u>	2016 Signature	certified the			
ACCOUNTS (Organization Co	OFFICE USE ONLY ode Account Code		STOB Code	e	Amount
Date 6/8	<u> </u>		nding Authority S	Signature	