



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

Claim Number: 37552

MLA Name: Reid, Linda VM089019

Claim Date: September 26, 2016

Constituency: Richmond East

Type Of Trip: MLA Travel

Prepared By: [Redacted]

Claimant Type: Member of Legislative Assembly

Travel From: Richmond

Travel To: Victoria

Trip Details:

Date	Expenses	Amount
September 26, 2016	Breakfast and Dinner Only-Victoria	\$48.50
September 26, 2016	Quick tickets Ticket # [Redacted]	\$0.00
September 26, 2016	Taxi Richmond Taxi Invoiced \$20	\$0.00
September 27, 2016	MLA Per Diem - Victoria	\$61.00
September 28, 2016	MLA Per Diem	\$61.00
September 29, 2016	Breakfast & Lunch Only-Victoria	\$39.50
September 30, 2016	Breakfast Only - Victoria	\$27.00
Total Payable		\$237.00

Date 30 Sep 2016

Signature

Reid, Linda VM089019

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

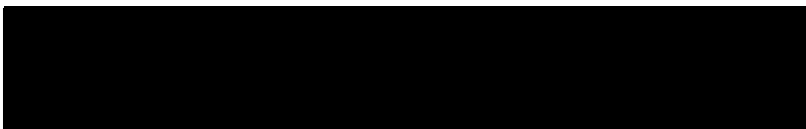
--	--	--	--

Date 10/3/16

Signature

Spending Authority Signature

Prepared





Members Of The Legislative Assembly Travel Claim Form

Claim Number: 37558
MLA Name: Reid, Linda VM089019 **Claim Date:** October 03, 2016
Constituency: Richmond East
Type Of Trip: MLA Travel
Prepared By: [REDACTED]
Claimant Type: Member of Legislative Assembly
Travel From: Richmond **Travel To:** Victoria
Trip Details:

Date	Expenses	Amount
September 26, 2016	Taxi	\$15.00
September 28, 2016	Parking	\$16.00
September 30, 2016	Taxi	\$10.00
September 30, 2016	Taxi	\$58.00
October 03, 2016	Breakfast and Dinner Only-Victoria	\$48.50
October 03, 2016	Quick tickets	\$0.00
[REDACTED]		
October 03, 2016	Taxi	\$70.00
Total Payable		\$217.50

Date 03 Oct 2016

Signature [REDACTED]
 Reid, Linda VM089019
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 10/10/16

Signature [REDACTED]
 Spending Authority Signature

BLUEBIRD CABS LTD.
CAB 30
2612 QUADRA ST 2ND FLOOR
VICTORIA BC V8T 4E4
250-382-2222
CAB 30

REPRINT

BF342463

BATCH#: 1
SHIFT#: 1

Sale

ENV# 000000005

SEQ#: 042001001

Application Label: MasterCard

A0000000041010

00 00 00 00

00 00

Total: CAD\$ 15.00

APPROVED 213216

001/00

NO SIGNATURE REQUIRED

Sep -16

MERCHANT COPY

VICTORIA'S FIRST CHOICE

BLUEBIRD CABS LTD.
CAB 44
2612 QUADRA ST. 2ND FLOOR
VICTORIA, BC V8T 4E4
250-382-2222

ID: AU342463

BATCH#: 154
SHIFT#: 001

Sale

ENV#: 000000002

ENV#

SEQ#: 154001001002

Application Label: MasterCard

A0000000041010

00 00 00 00

00 00

Total: CAD\$ 10.00

APPROVED 193305
001/00

Sep -16

CUSTOMER COPY
VICTORIA'S FIRST CHOICE
THANK YOU!

VANCOUVER TAXI
790 CLARK DR
VANCOUVER BC

TYPE MASTERCARD

DATE 2016/09/30

TIME 0230

TK ID 4244

REIPT NUMBER

002544-001-925-003

PURCHASE

AMOUNT \$50.00

TIP \$8.00

TOTAL

\$58.00

MasterCard

A0000000041010

11E0E4E27F2C5BAD

000008000-E800

2103CAEEF7A3F19CE

APPROVED

AUTH# 211619 01

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS COPY FOR YOUR RECORDS

YELLOW CAB
817 FISGARD STREET V8W1R9
VICTORIA BC
21852400
GH2185240015

**** PURCHASE ****

10-03-2016

Acct # *****

Exp Date **/** Card Type MC

Name: LINDA REID

A0000000041010 MasterCard

Trace # 2997 Operator 15

Inv. # 15

Auth # 114942 RRN 001010007

Purchase \$62.00

Tip \$8.00

Total \$70.00

(00) APPROVED-THANK YOU

Retain this copy for your records
Customer copy

www.yellowcabvictoria.com
250-381-2222

RCPL# 60175

09/28/16 LH 1 AH 2 Txn#238590

09/28/16 In 09/28/16 Out

Tkt#

Fee1 \$ 16.00

Total Fee \$ 16.00

Master Card \$ 16.00-

XXXXXXXXXX

Approval No.:180438

Reference No.:00000041

Change Due \$ 0.00

THANK YOU



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

Claim Number: 37559
 MLA Name: Reid, Linda VM089019 Claim Date: October 03, 2016
 Constituency: Richmond East
 Type Of Trip: Accompanying Person Travel
 Prepared By: [Redacted]
 Claimant Type: Accompanying Person (Family Member)
 Travel From: Richmond Travel To: Victoria
 Trip Details:

Date	Expenses	Amount
<u>October 03, 2016</u>	<u>Quick tickets</u>	<u>\$0.00</u>
Total Payable		\$0.00

Date 03 Oct 2016 Signature [Redacted]
 Reid, Linda VM089019
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 10/6/16 Signature [Redacted]
 Spending Authority Signature

Prepaid

[Redacted]



Members Of The Legislative Assembly Travel Claim Form

Claim Number: **37660**

MLA Name: **Reid, Linda VM089019**

Claim Date: **October 19, 2016**

Constituency: **Richmond East**

Type Of Trip: **MLA Travel**

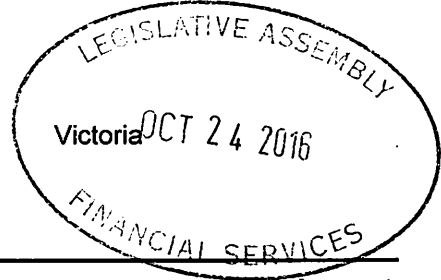
Prepared By: **[REDACTED]**

Claimant Type: **Member of Legislative Assembly**

Travel From: **Richmond**

Travel To: **Victoria**

Trip Details:



Date	Expenses	Amount
October 14, 2016	42(km) Vanc Convention Centre	\$22.26
October 03, 2016	Taxi	\$10.00 ✓
October 04, 2016	Parking	\$8.00 ✓
October 05, 2016	Taxi	\$47.15 ✓
October 05, 2016	Taxi Richmond Taxi invoice Oct 5/15 (\$50 \$23)	\$0.00
October 14, 2016	Parking	\$24.00 ✓
October 15, 2016	Taxi	\$21.90 ✓
October 19, 2016	Breakfast only	\$27.00
October 19, 2016	Quick tickets	\$0.00
	[REDACTED]	
October 19, 2016	Taxi	\$9.50 ✓
October 19, 2016	Taxi	\$49.00 ✓
Total Payable		\$218.81

Date 20 Oct 2016

Signature **[REDACTED]**

Reid, Linda VM089019
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
-------------------	--------------	-----------	--------





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

Claim Number: 37660

MLA Name: Reid, Linda VM089019

Claim Date: October 19, 2016

Constituency: Richmond East

Type Of Trip: MLA Travel

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

[Redacted Table Content]

Date 10/25/16

Signature _____
Spending Authority Signature

[Redacted Signature Area]

BLUEBIRD CABS LTD.

CAB 89
2612 QUADRA ST, 2ND FLOOR
VICTORIA, BC V8T 4E4
250-382-2222

TERM ID: H4342463

BATCH#: 603
SHIFT#: 003

Sale

INVT#: 000000023

Chip
CARD: SEQ#: 603001001023

Application Label: MasterCard

AID: A000000041010

TVR: 00 00 00 00 00

TSI: E8 00

Total: CAD\$ 10.00

APPROVED 204711

001/00

18-Oct-16

RECEIPT

www.impark.com

License Plate Number

Expiration Date/Time

OCT 04, 2016

Purchase Date/Time: Oct 04, 2016
Total Due: \$8.00 Rate: \$8.00 For 2 Hours
Total Paid: \$8.00 Payment Type: Card
Ticket #: 00001533
S/N #: 50001210001
Setting: Meter
Mach Name: Meter

RICHMOND TAXI # 62
2440 SHELL RD V6X2P1
RICHMOND BC
20123992

PURCHASE

10-05-2016
Acct # C
Exp Date **/** Card Type MC
Name: LINDA REID
A0000000041010 MasterCard

Trace # 450007
FB2012399201
Inv. # 162
Auth # 170944 RRN 001395006

Purchase \$41.00
Tip \$6.15
Total \$47.15

RECEIPT

www.impark.com

Stall #

Expiration Date/Time

OCT 14, 2016

Purchase Date/Time: Oct 14, 2016
Total Due: \$24.00 Rate: \$24.00 - Until 6P
Total Paid: \$24.00 Payment Type: Card
Ticket #: 00013474
S/N #: 100009060114
Setting: plus mileage
Mach Name: 1.331 Seven +

Vm. Trade Conversion
MasterCard
Auth #: 11320

GARDEN CITY CABS #77
2633 VIKING WAY UN V6V3B6
RICHMOND BC
23008441
GH2300844101

PURCHASE

10-15-2016
Acct # C
Exp Date **/** Card Type MC
Name: LINDA REID
A0000000041010 MasterCard
Trace # 1907 Operator 2
Inv. # 382
Auth # 023919 RRN 001590004

Purchase \$17.90
Tip \$4.00
Total \$21.90

(00) APPROVED-THANK YOU

Retain this copy for your records
Customer copy

BLUEBIRD CABS LTD.

CAB 70
2612 QUADRA ST, 2ND FLOOR
VICTORIA, BC V8T 4E4
250-382-2222

TERM ID: BN342463

BATCH#: 423
SHIFT#: 003

Sale

INVT#: 000000010

Chip
CARD: SEQ#: 423001001010

Application Label: MasterCard

AID: A000000041010

TVR: 00 00 00 00 00

TSI: E8 00

Amount: \$ 7.50
Tip: \$ 2.00

Total: CAD\$ 9.50

APPROVED 191802

001/00

19-Oct-16

CUSTOMER COPY
VICTORIA'S FIRST CHOICE
THANK YOU*

VANCOUVER TAXI
790 CLARK DR
VANCOUVER BC

CARD *****
CARD TYPE MASTERCARD
DATE 2016/10/19
TIME 7474
CLERK ID 333
RECEIPT NUMBER
C85011404-001-214-001-0

PURCHASE
AMOUNT \$44.00
TIP \$5.00
TOTAL

\$49.00

MasterCard
A0000000041010
A99611E553651699
0000008000-E800
1509B16DF58F603E

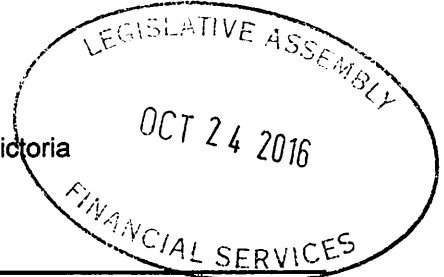
APPROVED

AUTH# 211947 0.027
THANK YOU



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

Claim Number: 37669
MLA Name: Reid, Linda VM089019 **Claim Date:** October 04, 2016
Constituency: Richmond East
Type Of Trip: MLA Travel
Prepared By: [REDACTED]
Claimant Type: Member of Legislative Assembly
Travel From: Richmond **Travel To:** Victoria
Trip Details:



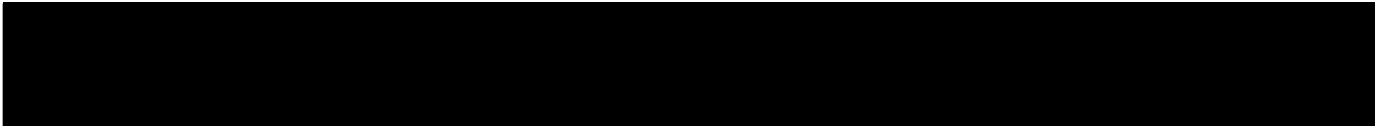
Date	Expenses	Amount
October 04, 2016	Quick tickets Purchase of 10 quick tickets [REDACTED]	\$2310.00
Total Payable		\$2310.00

Date 20 Oct 2016

Signature [REDACTED]
 Reid, Linda VM089019
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 10/25/16

Signature [REDACTED]
 Spending Authority Signature

HELIJET INTERNATIONAL

Helijet International Inc
5911 Airport Rd S
Vancouver International Airport
BC V7B 1B5
Toll Free (800)665 4354
info@helijet.com
www.helijet.com

GST: [REDACTED]

Invoice #: 103997

10.00 Qtkt Book - 220 X 10	\$2,200.00 CAD
> Quick Ticket Prepaid	\$220.00 CAD
[REDACTED]	
> Quick Ticket Prepaid	\$220.00 CAD
[REDACTED]	
> Quick Ticket Prepaid	\$220.00 CAD
[REDACTED]	
> Quick Ticket Prepaid	\$220.00 CAD
[REDACTED]	
> Quick Ticket Prepaid	\$220.00 CAD
[REDACTED]	
> Quick Ticket Prepaid	\$220.00 CAD
[REDACTED]	
> Quick Ticket Prepaid	\$220.00 CAD
[REDACTED]	
> Quick Ticket Prepaid	\$220.00 CAD
[REDACTED]	

GST \$110.00 GST

Grand Total \$2,310.00 CAD

Payment Information:

Mastercard \$2,310.00 CAD

Date/Time	4/10/2016	[REDACTED]
Station	JYVRC002	
Terminal ID	W66248349	
Action	Purchase/Telephone	
Card Type	M/C	
Card Number	**** * [REDACTED]	
Amount	\$2,310.00	
Authorization	155256	
Trace Number	0014120030	
Response	01-005/APPROVED 155256	



Members Of The Legislative Assembly Travel Claim Form

Claim Number: ~~37673~~

MLA Name: ~~Reid, Linda VM089019~~

Claim Date: October 20, 2016

Constituency: Richmond East

Type Of Trip: MLA Travel

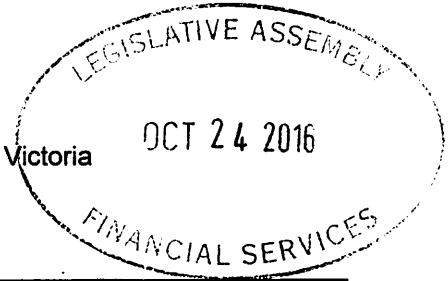
Prepared By: [Redacted]

Claimant Type: Member of Legislative Assembly

Travel From: Richmond

Travel To: Victoria

Trip Details:



Date	Expenses	Amount
October 20, 2016	Lunch Only - Victoria	\$27.00
October 20, 2016	Quick tickets	\$0.00
[Redacted]		
October 21, 2016	Breakfast Only - Victoria	\$27.00
October 21, 2016	Quick tickets	\$0.00
[Redacted]		
Total Payable		\$54.00

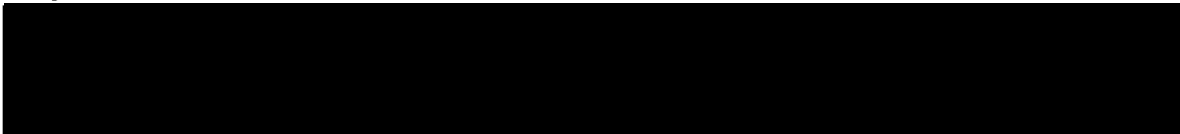
Date 21 Oct 2016

Signature [Redacted]

Reid, Linda VM089019
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

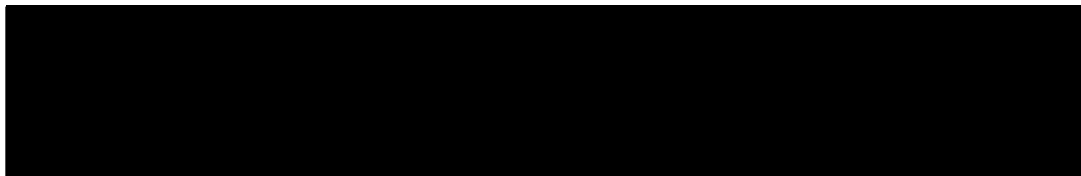
Organization Code	Account Code	STOB Code	Amount
-------------------	--------------	-----------	--------



Date 10/25/16

Signature [Redacted]

Spending Authority Signature



INVOICE

Charge To: Office of the Speaker
Room 207, Parliament Buildings
Victoria BC V8V 1X4

Invoice No. ~~INV00000000006928~~
Invoice Date 09/15/16
Print Date 09/19/16
Account No. ~~██████████~~
GST Reg. ██████████

Attention: ██████████

For services provided from: 01/09/2016
To: 09/15/16


Terms: Due and payable within 10 days of the invoice date.
A service charge of 2.00% per month will be charged on overdue accounts.

Document	Description	Passenger Name	Fare	GST	Total								
██████████	YVR/YWH Sep 13 2016 FLT: ██████ BSBINV: 96331	LINDA REID	\$151.42	\$7.58	\$159.00								
<p><i>000239</i></p> <p>LEGISLATIVE ASSEMBLY OCT 12 2016 FINANCIAL SERVICES</p> <p><i>VAN-VIC SEP 13/16</i></p> <p>CERTIFIED TO PAY SIGNATURE: ██████████</p> <table border="1"><thead><tr><th>ORG</th><th>ACCOUNT</th><th>OBJECT</th><th>AMOUNT</th></tr></thead><tbody><tr><td>██████████</td><td>██████████</td><td>██████████</td><td>██████████</td></tr></tbody></table>						ORG	ACCOUNT	OBJECT	AMOUNT	██████████	██████████	██████████	██████████
ORG	ACCOUNT	OBJECT	AMOUNT										
██████████	██████████	██████████	██████████										
Page Total			\$151.42	\$7.58	\$159.00								

QUICK TICKET

SUBJECT TO TERMS AND CONDITIONS ON REVERSE

PASSENGER TO COMPLETE AREA WITHIN BORDER ONLY

PRINT PASSENGER NAME <i>L. RETIS</i>		DATE <i>Sept 13/16</i>	
FROM <i>Van.</i>	FLIGHT NO.	CLASS Y	TIME
TO <i>Victor</i>	ACCOUNT NO.		
SIGNATURE 	RESERVATION REFERENCE NO.		

VALID FOR REGULAR ECONOMY FARES ONLY

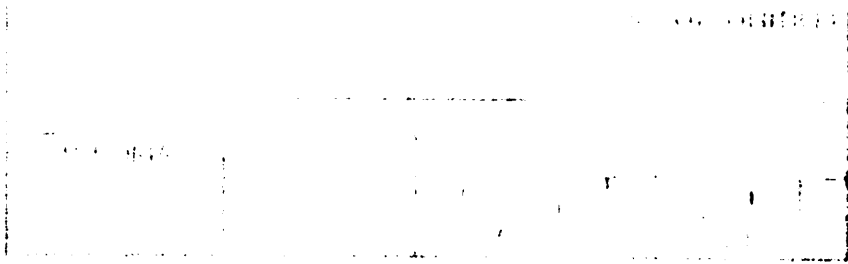
RESERVATIONS
1.800.665.4354

PLEASE CHECK-IN 20 MINUTES PRIOR TO DEPARTURE

ISSUED BY

Helijet

GST # 



From: Passenger Services
Sent: Wednesday, October 12, 2016 7:16 AM
To: [REDACTED]
Subject: Thank you for choosing to take off with Helijet!



Please review your reservation below.

If you have any questions or concerns regarding your reservation please call us at Helijet Reservations 1.800.665.4354.

We look forward to welcoming you aboard your flight soon!

Customer Information	
Account	Customer # [REDACTED]
	Name Linda Reid

Booking	
Tuesday, September 13, 2016	Invoice #96334
[REDACTED]	FARE-YWH-OffPeak_Summer16 \$151.43
[REDACTED] Victoria Harbour	+ GST \$7.57
[REDACTED] Vancouver Harbour	Billing \$151.43
35 minutes	Taxes \$7.57
	Grand Total \$159.00
Confirmed	Quick Ticket (Postpaid) \$159.00
1 Passengers - Full-Fare	Date / Time September 14, 2016 @ [REDACTED]
. Linda Reid, Female	Summary [REDACTED]
Add to Calendar	Service Quick Ticket Postpaid
	Ticket [REDACTED]
	Quick Ticket (Postpaid) (\$159.00)
	Date / Time September 27, 2016 @ [REDACTED]
	Summary [REDACTED]
	Service Quick Ticket Postpaid
	Ticket [REDACTED]

Quick Ticket (Postpaid)		\$159.00
Date / Time	September 27, 2016 @	[REDACTED]
Summary	[REDACTED]	
Service	Quick Ticket Postpaid	
Ticket	[REDACTED]	

THIS ITINERARY IS YOUR OFFICIAL TRAVEL DOCUMENT, PLEASE READ FULLY

Carriage is subject to applicable tariffs, conditions of carriage and related regulations which are available at the Helijet International administration offices. Carriage here under is subject to the rules and limitations relating to the liability established by the Warsaw Convention.

GST#: [REDACTED]

Passenger Travel Information:

For detailed Travel Information visit helijet.com or call Helijet Reservations 1.800.665.4354

Passenger Check-in:

Passengers are required to check-in at least 20 minutes prior to scheduled flight departure time unless otherwise stated in fare rules.

Terminals:

Helijet scheduled flights operate from four terminals, please ensure you are aware of your flight departure/arrival locations;

Vancouver Harbour Heliport: 455 West Waterfront Road, Vancouver BC (*note: pedestrian access via Waterfront Station requires Compass Card or Fare Payment)

Vancouver International Airport: 5911 Airport Road South, Richmond BC

Victoria Harbour Heliport: 79 Dallas Road, Victoria BC

Nanaimo Harbor Heliport at Nanaimo Cruise Ship Welcome Centre: 100 Port Drive, Nanaimo BC

Parking:

Free Parking is available for passengers on Helijet Scheduled Flights. Space may be limited, please observe signage in designated parking areas.

Aircraft Type:

Scheduled flights are operated by 12 passenger Sikorsky S-76 helicopters

Travel Documentation:

Government issued Photo ID must be presented at check-in of all flights for all passengers appearing 18 years or over.

Children and Youth travelling unaccompanied must present Government issued ID; birth certificate, passport, driver's license or provincial ID card.

Proof of age must be presented for children who appear to be over 12 years of age and is recommended for youth (13-17 years) travelling with an adult.

Changes/Cancellations & No Show Penalty:

Unless otherwise stated, all fares may be cancelled, changed and refunded up to 5pm the day prior to departure. All same-day bookings are non-refundable.

After 5pm all next-day travel is non-refundable and only changeable for same-day travel; fare upgrade may be required. On the day of travel, changes must be made at least 1 hour prior to departure or cancellation fee will apply. Failure to check in 20 minutes prior to departure will also result in any onward and/or return reservations being cancelled with any additional applicable cancellation fees applied.

Baggage Allowance:

Baggage is limited to 2 pieces per person (including hand baggage) weighing no more than 50lbs total. Excess baggage will be accepted on a space available basis. No carry-on cabin baggage is allowed.

Please visit <http://www.catsa-acsta.gc.ca/> for information on how to "Pack Smart" and avoid delays

Richmond Cabs Ltd.

2440 SHELL ROAD
RICHMOND, BC
V6X 2P1
GST: [REDACTED]

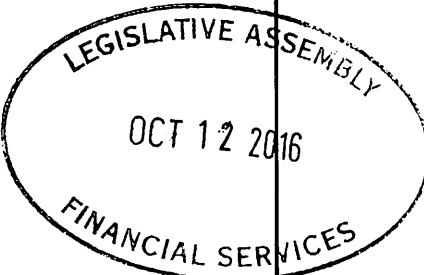
Invoice

Date	Invoice #
8/31/2016	2016-08-108

Invoice To
Min /Child Care. (L.Reid Office) #130 - 8040 GARDEN CITY RICHMOND BC V6Y 2N9

V100669

Terms	Account #
Net 30	208060

Description	HST	Amount							
AUGUST 2016 GST On Sales		33.33 1.67							
									
<i>RES-HELJET AUG 23/16</i>									
CERTIFIED [REDACTED] SIGNATURE [REDACTED]		<i>NOT PAID CHEQUE VOIDED</i> <i>pd Sept 21</i> <i>chq # 001047</i>							
<table border="1"> <thead> <tr> <th>DATE</th> <th>ACCOUNT</th> <th>OBJECT</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> </tr> </tbody> </table>	DATE		ACCOUNT	OBJECT	AMOUNT	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
DATE	ACCOUNT	OBJECT	AMOUNT						
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]						

-Please remember to include your account and invoice number on your cheque when mailing.

Total \$35.00

Balance Due \$35.00

Phone #	Fax #	E-mail	Web Site
604-276-2722	604-276-9444	[REDACTED]@yahoo.com	www.richmondtaxi.ca



Members Of The Legislative Assembly Travel Claim Form

Claim Number: 37811

MLA Name: Reid, Linda VM089019

Claim Date: October 26, 2016

Constituency: Richmond East

Type Of Trip: MLA Travel

Prepared By: [REDACTED]

Claimant Type: Member of Legislative Assembly

Travel From: Richmond

Travel To: Kelowna

Trip Details:

Date	Expenses	Amount
October 26, 2016 Kelowna	792(km)	\$419.76
November 01, 2016 [REDACTED]	46(km)	\$24.38
November 03, 2016 [REDACTED] x 2	92(km)	\$48.76
October 21, 2016	Parking	\$8.00 +
October 21, 2016	Taxi	\$7.10 +
October 22, 2016	Taxi	\$24.84 +
October 22, 2016 Richmond Taxi [REDACTED]	Taxi	\$0.00
October 26, 2016	MLA Per Diem	\$61.00
October 26, 2016	Relative/Friend Accom. Allow.	\$30.00
November 01, 2016	Parking	\$30.00 +
November 03, 2016 Lunch event - [REDACTED]	Parking	\$30.00 +
November 03, 2016 Kids Up Front - [REDACTED]	Parking	\$30.00 +

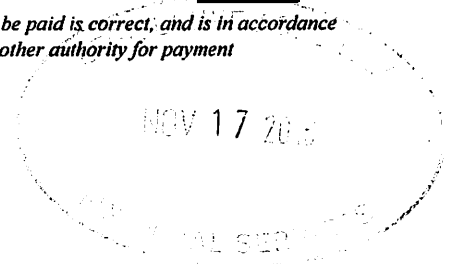
Total Payable \$713.84

Date 10 Nov 2016

Signature [REDACTED]

Reid, Linda VM089019

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





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

Claim Number: 37811

MLA Name: Reid, Linda VM089019

Claim Date: October 26, 2016

Constituency: Richmond East

Type Of Trip: MLA Travel

Date	Expenses	Amount
------	----------	--------

ACCOUNTS OFFICE USE ONLY

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

[REDACTED]			
------------	--	--	--

Date 11/18/16

Signature [REDACTED]
Spending Authority Signature

RECEIPT

BLUEBIRD CABS LTD.

CAB 09
2612 QUADRA ST. 2ND FLOOR
VICTORIA, BC V8T 4E4
250-382-2222

[REDACTED]
www.impark.com

RICHMOND TAXI #1
2440 SHELL RD V6X2P4
RICHMOND BC
20121269

TERM ID: R4342463

BATCH#: 296
SHIFT#: 035

Stall # [REDACTED]

|||| PURCHASE ||||

Sale

INVT#: 000000004

MCARD: [REDACTED] CHIP
SE0#: 29801001004

Application Label: MasterCard

AID: A0000000041010

TVR: 00 00 00 00

TSI: E8 00

ACAT: [REDACTED]

Setting: [REDACTED]
Mach Name: Meter - [REDACTED]

\$8.00
Card
MasterCard

EXPIRATION DATE/TIME

[REDACTED]
OCT 21, 2016

Exp [REDACTED]
OCT 21, 2016

10-22-2016
Acct # [REDACTED]
Exp Date 11/11 Card Type MC
Name: LINDA REID
A0000000041010 MasterCard

Trace # 910002 Operator 201
FB2012126901

Inv. # 201
Auth # 202059 RRN 00100700Z

Purchase \$21.60
Tip \$3.24

Total \$24.84

Total: CAD\$ 7.10

APPROVED 123837
001/00

21-Oct -16

CUSTOMER COPY
VICTORIA'S FIRST CHOICE
THANK YOU!

Ticket #: 00005712
FOLLOW INSTRUCTIONS ON SIGNS
\$8.00 Card #xxxx-[REDACTED]
MasterCard Auth #: 160125
\$8.00 - For 2 Hours
Total Due \$8.00
Total Paid \$8.00

T#00005712
S/N#100005
051173

Purchased
OCT21, 2016

PARKING VALIDATED AT
OUR RESTAURANTS
SEE INDIVIDUAL HOTELS
FOR DETAILS

(00) APPROVED-THANK YOU

Retain this copy for your
records
Customer copy

604-272-1111

Hope you have a nice ride

Book online

WWW.Richmondtaxi.ca

Book your Taxi through

Smart Phone/Iphone/Android

Free App download

available

*Mileage to Kelowna
and one day of
personal accomodation*

30-
cash
add
memo
[Redacted]
11/27
2016

TEMPORARY CLAIM CHECK

Please Note: Vehicle may be valet parked without notice at the discretion of the attendant.

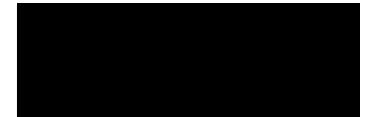
- Hotel does not take attended custody of vehicle.
- No responsibility is accepted by the hotel for loss or damage to vehicle or its contents.
- It is mandatory that guest remove all valuables from vehicle.
- Customer's claim of loss or damage must be reported before the car is taken from door attendant.

• NOT A VALET CLAIM CHECK •

41845

ROOM NO. / NO. CHAMBRE DATE AMOUNT / MONTANT

Success luncheon
add mileage



Valet

DEPARTMENT / DÉPARTEMENT

Nov. DATE 3, 2016

DO NOT WRITE IN ABOVE SPACE / NE PAS ÉCRIRE DANS L'ESPACE CI-DESSUS

ROOM OR ACCT. NO. / NO. CHAMBRE OU COMPTE

DATE SYMBOL / SYMBOLE AMOUNT / MONTANT

DO NOT WRITE IN THIS SPACE / NE PAS ÉCRIRE DANS CET ESPACE

EXPLANATION / EXPLICATION

parking



20 -

MISCELLANEOUS CHARGE / FRAIS DIVERS

SIGNATURE

ROOM NO. / NO. CHAMBRE DATE AMOUNT / MONTANT

Kids up front pm
event
add mileage



Valet Parking

DEPARTMENT / DÉPARTEMENT

DATE 11/03/16

DO NOT WRITE IN ABOVE SPACE / NE PAS ÉCRIRE DANS L'ESPACE CI-DESSUS

ROOM OR ACCT. NO. / NO. CHAMBRE OU COMPTE

DATE SYMBOL / SYMBOLE AMOUNT / MONTANT

DO NOT WRITE IN THIS SPACE / NE PAS ÉCRIRE DANS CET ESPACE

EXPLANATION / EXPLICATION

30.00

MISCELLANEOUS CHARGE / FRAIS DIVERS





Members Of The Legislative Assembly Travel Claim Form

Claim Number: 37813

MLA Name: Reid, Linda VM089019

Claim Date: November 06, 2016

Constituency: Richmond East

Type Of Trip: MLA Travel

Prepared By: [REDACTED]

Claimant Type: Member of Legislative Assembly

Travel From: Richmond

Travel To: Victoria

Trip Details: Commonwealth Youth Parliament

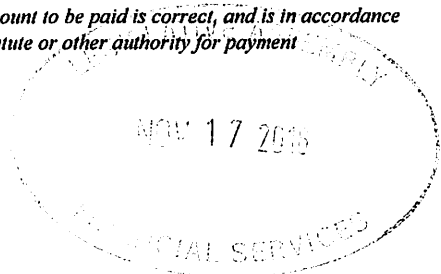
Date	Expenses	Amount
November 06, 2016	Lunch Only - Victoria	\$27.00
November 06, 2016	Quick tickets	\$0.00
	Ticket [REDACTED]	
November 06, 2016	Taxi	\$9.00
November 06, 2016	Taxi	\$0.00
	Richmond taxi invoiced \$53	
November 08, 2016	Quick tickets	\$0.00
	Ticket [REDACTED]	
November 08, 2016	Taxi	\$10.30
November 08, 2016	Taxi	\$50.00
November 09, 2016	Quick tickets	\$0.00
	Ticket [REDACTED]	
November 09, 2016	Taxi	\$17.70
November 09, 2016	Taxi	\$0.00
	Richmond Taxi [REDACTED]	
November 10, 2016	Quick tickets	\$0.00
	Ticket [REDACTED]	
Total Payable		\$114.00

Date 10 Nov 2016

Signature [REDACTED]

Reid, Linda VM089019

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





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

Claim Number: 37813

MLA Name: Reid, Linda VM089019

Claim Date: November 06, 2016

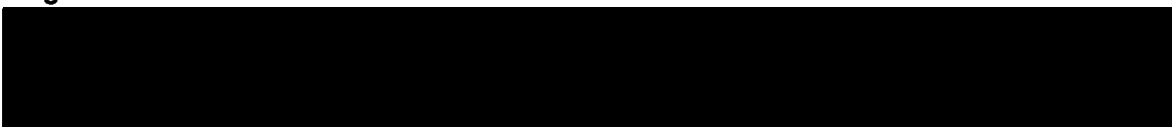
Constituency: Richmond East

Type Of Trip: MLA Travel

Date	Expenses	Amount
------	----------	--------

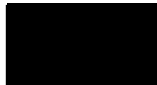
ACCOUNTS OFFICE USE ONLY

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

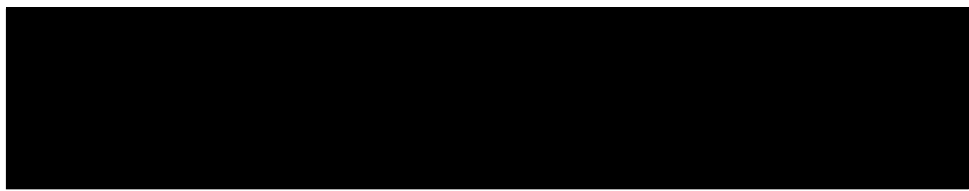


Date 11/18/16

Signature



Spending Authority Signature



YELLOW CAB
817 FISGARD STREET V8W1R9
VICTORIA BC
21852400
GH2185240031

BLUEBIRD CABS LTD.
2612 QUADRA ST. 2ND FLOOR
VICTORIA, BC V8T 4E4
(250) 382-2222
CAB 101

FORM ID: DK342463 BATCH#: 396
SHIFT#: 004

**** PURCHASE ****

11-06-2016
Acct # ***** C
Exp Date **/** Card Type MC
Name: LINDA REID
A0000000041010 MasterCard
Trace # 11161 Operator 31
Inv. # 031
Auth # 154303 RRN 001360007

Total \$9.00

(00) APPROVED-THANK YOU

Retain this copy for your records
Customer copy

www.yellowcabvictoria.com
250-381-2222

Sale
INV#: 000000011
MCARD Chip
SEQ#: 396001001011
Application Label: MasterCard
AID: A0000000041010
TVR: 00 00 00 00 00
FST: E8 00

Amount: \$ 7.30
Tip: \$ 3.00

Total: CAD\$ 10.30

APPROVED 162401
001/00

08-Nov -16

CUSTOMER COPY
VICTORIA'S FIRST
THANK YOU!

YELLOW CAB
817 FISGARD STREET V8W1R9
VICTORIA BC
21852400
GH2185240008

**** PURCHASE ****

11-09-2016
Acct # ***** C
Exp Date **/** Card Type MC
Name: LINDA REID
A0000000041010 MasterCard

Trace # 9117 Operator 108
Inv. # 108
Auth # 205207 RRN 001273002

Purchase \$14.70
Tip \$3.00

Total \$17.70

(00) APPROVED-THANK YOU

Retain this copy for your records
Customer copy

www.yellowcabvictoria.com
250-381-2222

YELLOW CAB CO LTD
1441 CLARK DR V5L3K9
VANCOUVER BC
21158659

**** PURCHASE ****

11-03-2016
Acct # ***** CN
Exp Date **/** Card Type MC
Name: LINDA REID
A0000000041010 MasterCard
Trace # 050001
M21158659215
Inv. # 5
Auth # 203825 RRN 001257001

Total \$50.00

(00) APPROVED-THANK YOU

Retain this copy for your records
Customer copy



Members Of The Legislative Assembly Travel Claim Form

Claim Number: 37847

MLA Name: Reid, Linda VM089019

Claim Date: October 22, 2016

Constituency: Richmond East

Type Of Trip: MLA Travel

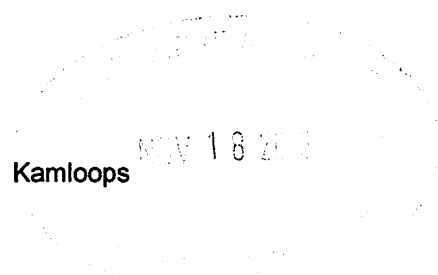
Prepared By: [REDACTED]

Claimant Type: Member of Legislative Assembly

Travel From: Richmond

Travel To: Kamloops

Trip Details: Honour House Ranch Opening



Date	Expenses	Amount
October 22, 2016	Airfare	\$355.06
October 22, 2016	Lunch only	\$27.00

Total Payable **\$382.06**

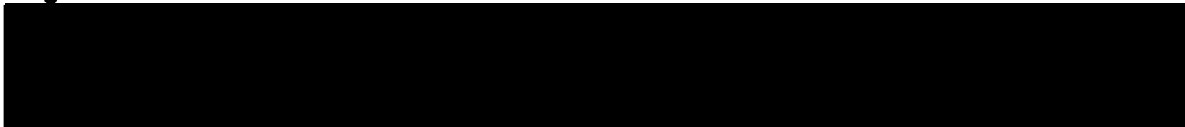
Date 17 Nov 2016

Signature _____ [REDACTED]

Reid, Linda VM089019
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 11/18/16

Signature _____ [REDACTED]

Spending Authority Signature

From: Reid.MLA, Linda
Sent: October 4, 2016 12:13 PM
To: [REDACTED]
Subject: FW: Expedia CruiseShipCenters Invoice

FYI

From: Expedia CruiseShipCenters [mailto:mytravelagent@cruiseshipcenters.com]
Sent: October 4, 2016 11:51 AM
To: Reid.MLA, Linda <Linda.Reid.MLA@leg.bc.ca>
Cc: [REDACTED]@cruiseshipcenters.com
Subject: Expedia CruiseShipCenters Invoice

Dear Linda Reid,
 Here is the invoice for Kamloops trip Oct 22.



Expedia CruiseShipCenters, South Delta
 152 - 4857 Elliott Street
 Delta BC V4K 2X7
 604-946-7444
 Reg. No: [REDACTED]
 GST Reg No: [REDACTED]
southdelta@cruiseshipcenters.com

Invoice # 101027-2016-00924

Printed Oct 04, 2016

	CAD
Invoice Amount	355.06
Payments to Date	(355.06)
Balance Due	0.00

Linda [REDACTED] Reid
 [REDACTED]
 Canada

Contact Tel. (604) 271-0449

Final Payment(s) Schedule
 AIR - Oct 04, 2016

Consultant: [REDACTED] [REDACTED]@cruiseshipcenters.com)
 604-946-7444, Fax: 604-946-7704

AIR:		Air Canada (Intair)							
# Airline	Operated by	Flight Number	Departure		Arrival				
1 Air Canada	Air Canada Jazz	[REDACTED]	Vancouver	Oct 22, 2016 at [REDACTED]	Kamloops	Oct 22, 2016 at [REDACTED]			
2 Air Canada	Air Canada Jazz	[REDACTED]	Kamloops	Oct 22, 2016 at [REDACTED]	Vancouver	Oct 22, 2016 at [REDACTED]			
Guest			Seating		Air Fare	Deviation	Tax		Summary
Mrs Linda [REDACTED] Reid					274.00	0.00	44.31		318.31 CAD
Total:					274.00	0.00	44.31		318.31 CAD
							Booking Fee:		35.00 CAD
							Other Tax:		1.75 CAD
									355.06 CAD
Booking Date:	Oct 04, 2016	Booking Number :	[REDACTED]						AC ref # [REDACTED]
Notes:									

Customer Payment History

Date	Merchant Name	Type	Method	Name	CAD
Oct 04, 2016	Intiar Air	Final	Master Card	Linda Reid	355.06
				Payment(s) Total	355.06

Documentation Requirements:



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

Claim Number: 37848

MLA Name: Reid, Linda VM089019

Claim Date: November 16, 2016

Constituency: Richmond East

Type Of Trip: MLA Travel

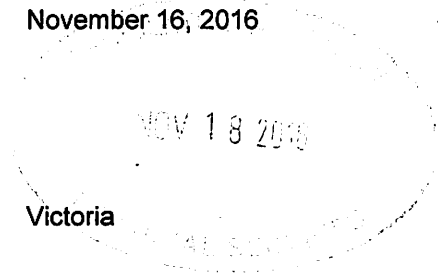
Prepared By:

Claimant Type: Member of Legislative Assembly

Travel From: Richmond

Travel To: Victoria

Trip Details:



Date	Expenses	Amount
November 10, 2016	Taxi	\$57.80
November 16, 2016	Breakfast & Lunch Only-Victoria	\$39.50
November 16, 2016	Quick tickets Tickets [REDACTED]	\$0.00
November 16, 2016	Taxi	\$12.70
November 17, 2016	Taxi Richmond Taxi [REDACTED]	\$0.00

Total Payable \$110.00

Date 17 Nov 2016

Signature [REDACTED]

Reid, Linda VM089019

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

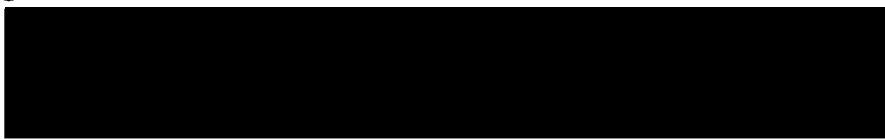
Organization Code	Account Code	STOB Code	Amount
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Date 11/18/16

Signature [REDACTED]

Spending Authority Signature

Prepared



VANCOUVER TAXI
790 CLARK DR
VANCOUVER BC

CARD *****
CARD TYPE MASTERCARD
DATE 2016/11/10
TIME 5059
CLERK ID 53614
RECEIPT NUMBER
C85008610-001-979-001-0

PURCHASE
AMOUNT \$52.80
TIP \$5.00
TOTAL

\$57.80

MasterCard
A0000000041010
EF7D368128552D6B
0000008000-E800
0553CFD332C62F4B

APPROVED

AUTH# 192205 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

BLUEBIRD CABS LTD.
CAB 50
2612 QUADRA ST. 2ND FLOOR
VICTORIA, BC V8T 4E4
250-382-2222

TERM ID: A2342463 BATCH#: 014
SHIFT#: 0:1

Sale

INV#: 000000138
MCARD SEQ#: 014001001134
Application Label: MasterCard
AID: A0000000041010
TVR:00 00 00 00 00
ISI:E8 00

Amount: \$ 9.70
Tip: \$ 3.00

Total:CAD\$ **12.70**

APPROVED 172125
001/00

10-Nov -16

CUSTOMER COPY
VICTORIA'S FIRST CHOICE
THANK YOU!



Members Of The Legislative Assembly Travel Claim Form

Claim Number: 37939

MLA Name: Reid, Linda VM089019

Claim Date: December 01, 2016

Constituency: Richmond East

Type Of Trip: MLA Travel

Prepared By: [REDACTED]

Claimant Type: Member of Legislative Assembly

Travel From: Richmond

Travel To: Victoria

Trip Details:

Date	Expenses	Amount
December 01, 2016	Breakfast and Dinner Only-Victoria	\$48.50
December 01, 2016	Quick tickets [REDACTED]	\$0.00
December 01, 2016	Taxi	\$10.00
December 01, 2016	Taxi Richmond Taxi Invoiced \$20	\$0.00

Total Payable **\$58.50**

Date 05 Dec 2016

Signature

[REDACTED]
Reid, Linda VM089019

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 12/8/16

Signature

[REDACTED]
Spending Authority Signature

Repaid

BLUEBIRD CABS LTD.
CAB 42
2612 QUADRA ST, 2ND FLOOR
VICTORIA, BC V8T 4E4
250-382-2222

TERM ID: AS342463

BATCH#: 001
SHIFT#: 001

Sale

INV#: 000000002

MCARD

SEQ#: 037001001002

Application Label: MasterCard

AID: A0000000041010

TVR:00 00 00 00 00

TSI:E8 00

Total:CAD\$ 10.00

APPROVED 211828
001/00

29-Nov-16

CUSTOMER COPY
VICTORIA'S FIRST CHOICE
THANK YOU!



Members Of The Legislative Assembly Travel Claim Form

Claim Number: 37956
MLA Name: Reid, Linda VM089019 **Claim Date:** November 28, 2016
Constituency: Richmond East
Type Of Trip: MLA Travel
Prepared By:
Claimant Type: Member of Legislative Assembly
Travel From: Richmond **Travel To:** Victoria
Trip Details: Purchasing 10 Quick Tickets

Date	Expenses	Amount
November 28, 2016 [REDACTED]	Quick tickets	\$2310.00
Total Payable		\$2310.00

Date 05 Dec 2016

Signature [REDACTED]

Reid, Linda VM089019
*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 12/8/16

Signature [REDACTED]

Spending Authority Signature

HELIJET INTERNATIONAL

Helijet International Inc
5911 Airport Rd S
Vancouver International Airport
BC V7B 1B5
Toll Free (800)665 4354
info@helijet.com
www.helijet.com

28/11/2016 [REDACTED]

GST: [REDACTED]

CUSTOMER COPY

Cancellation Required 5pm Day Prior
Check-in is 20 Minutes Prior to Departure
50lb Baggage Allowance
Full Rules available on Helijet.com

Carriage is subject to the applicable tariffs, conditions of carriage and related regulations available at Helijet We(the "carrier") hereby invite the public at any time to request a copy of our tariffs for the domestic service we provide

Invoice #: 124762

10.00 Qtkt Book - 220 X 10	\$2,200.00 CAD
> Quick Ticket Prepaid [REDACTED]	\$220.00 CAD
> Quick Ticket Prepaid [REDACTED]	\$220.00 CAD
> Quick Ticket Prepaid [REDACTED]	\$220.00 CAD
> Quick Ticket Prepaid [REDACTED]	\$220.00 CAD
> Quick Ticket Prepaid [REDACTED]	\$220.00 CAD
> Quick Ticket Prepaid [REDACTED]	\$220.00 CAD
> Quick Ticket Prepaid [REDACTED]	\$220.00 CAD
> Quick Ticket Prepaid [REDACTED]	\$220.00 CAD
> Quick Ticket Prepaid [REDACTED]	\$220.00 CAD
> Quick Ticket Prepaid [REDACTED]	\$220.00 CAD

Date/Time
Station
Terminal ID
Action
Card Type
Card Number
Amount
Authorization
Trace Number
Response

28/11/2016 [REDACTED]
JYVRC002
W66248349
Purchase/Telephone
M/C
**** * [REDACTED]
\$2,310.00
104228
0014670010 •
01-005/APPROVED 104228

CUSTOMER COPY

Thank you for flying with Helijet!

GST \$110.00 GST

Grand Total \$2,310.00 CAD

Payment Information:

Mastercard \$2,310.00 CAD



Members Of The Legislative Assembly Travel Claim Form

Claim Number: 37974

MLA Name: Reid, Linda VM089019

Claim Date: December 06, 2016

Constituency: Richmond East

Type Of Trip: MLA Travel

Prepared By: [REDACTED]

Claimant Type: Member of Legislative Assembly

Travel From: Richmond

Travel To: Victoria

Trip Details:

Date	Expenses	Amount
December 01, 2016	Taxi	\$10.00
December 06, 2016	Breakfast and Dinner Only-Victoria	\$48.50
December 06, 2016	Quick tickets [REDACTED]	\$0.00
December 06, 2016	Taxi Richmond Taxi invoiced \$20	\$0.00
Total Payable		\$58.50

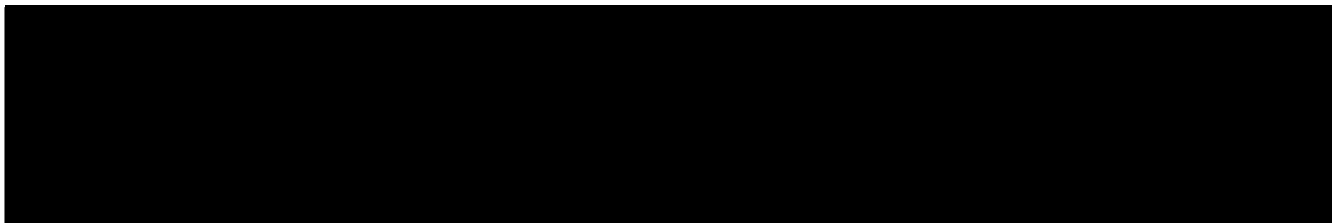
Date 06 Dec 2016

Signature [REDACTED]

Reid, Linda VM089019
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
--------------------------	---------------------	------------------	---------------



Spending Authority Signature

BLUEBIRD CABS LTD.
CAB #1
2612 QUADRA ST. 2ND FLOOR
VICTORIA, BC V8T 4E4
250-382-2222

TERM ID: B0342463

BATCH#: 502
SHIFT#: 002

Sale

INV#: 000000005

MCARD

Chip

SE01: 502001001005

Application Label: MasterCard

AID: A0000000041010

TVR: 00 00 00 00 00

TSI: E8 00

XXXXXXXXXX [REDACTED]

Total: CAD\$ 10.00

APPROVED 212359
001/00

01-Dec -16 [REDACTED]

CUSTOMER COPY
VICTORIA'S FIRST CHOICE
THANK YOU!



Members Of The Legislative Assembly Travel Claim Form

Claim Number: 37906

MLA Name: Reid, Linda VM089019

Claim Date: November 28, 2016

Constituency: Richmond East

Type Of Trip: MLA Travel

Prepared By: [REDACTED]

Claimant Type: Member of Legislative Assembly

Travel From: Richmond

Travel To: Victoria

Trip Details:

Date	Expenses	Amount
November 17, 2016	Taxi	\$7.30
November 17, 2016	Taxi	\$38.90
November 21, 2016	Parking	\$14.00
November 25, 2016	Taxi	\$47.70
November 25, 2016	Taxi	\$30.00
November 25, 2016	Taxi	\$0.00
	Richmond Taxi invoiced \$20	
November 28, 2016	Conference Fees Expenses Cdn Mental Health Conference	\$593.25
November 28, 2016	Quick tickets [REDACTED]	\$0.00
November 29, 2016	Breakfast and Dinner Only-Victoria	\$48.50
November 29, 2016	Parking	\$9.00
Total Payable		\$788.65

Date 29 Nov 2016

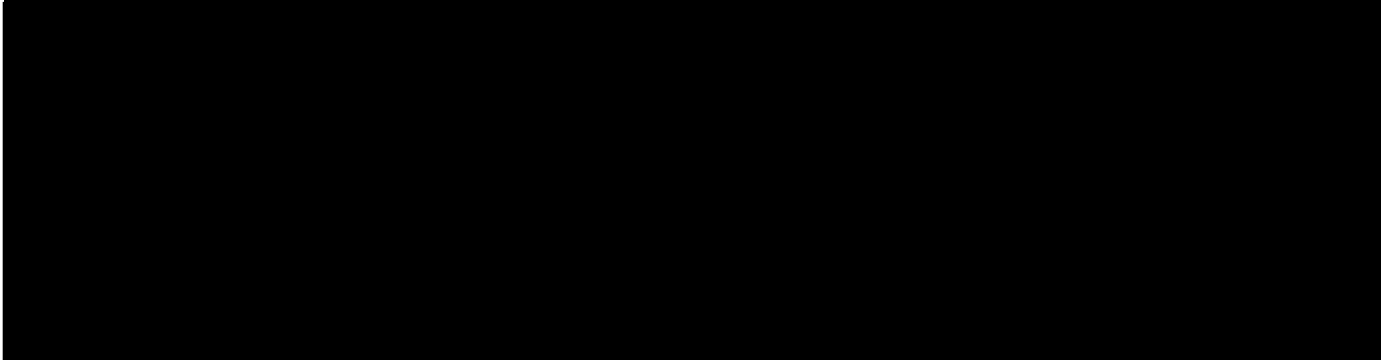
Signature [REDACTED]

Reid, Linda VM089019

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
-------------------	--------------	-----------	--------





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

Claim Number: 37906

MLA Name: Reid, Linda VM089019

Claim Date: November 28, 2016

Constituency: Richmond East

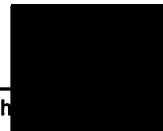
Type Of Trip: MLA Travel

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



Date 12/2/16

Signature _____
Spending Auth _____



Canadian Mental Health Association - BC Division, 905-1130 West Pender Street, Vancouver, British Columbia V6E 4A4, Canada

Invoice To:

Linda Reid
130-8040 Garden City Rd
Richmond, BC V6Y 2N9
Canada

Invoice From:

Canadian Mental Health Association - BC
Division
905-1130 West Pender Street
Vancouver, British Columbia V6E 4A4
Canada

GST/HST: [REDACTED]

Ticketing by

Eventbrite

155 5th St, 7th Floor
San Francisco, CA 94103
USA

GST/HST Invoice

Invoice Number: 570400788

Please quote invoice number for payment and correspondence.

Invoice Date: 10 Nov 2016

Event: [REDACTED]

Dear Linda Reid,

Thank you for your order.

Item Description	Unit Price (net)	Quantity	Sub-Total (net)	GST/HST	Sub-Total (gross)
Regular Rate	\$565.00	1	\$565.00	5 %	\$593.25

Charged to: MasterCard - XXXX-XXXXXX [REDACTED]	Total (net):	\$565.00
Date of Purchase: 10 Nov 2016 [REDACTED]	Plus GST/HST 5 %:	\$28.25
Time of Supply: 28 Nov 2016 [REDACTED]	Invoice Amount:	\$593.25

Eventbrite, Inc., on behalf of the organizer, charged \$593.25 for "b4stage4: Changing the way we think about mental health and addiction" (Monday, 28 November 2016 - Wednesday, 30 November 2016) to your credit/debit card. The invoice amount will appear on your credit/debit card as "EB *b4stage4 Changing " in the next few days.

Thank you,
Canadian Mental Health Association - BC Division

Eventbrite is not the seller of the goods or services that this invoice relates to and acts only as a limited commercial agent on behalf of CANADIAN MENTAL HEALTH ASSOCIATION - BC DIVISION. Your payment of the amounts set forth on this invoice that are processed by Eventbrite pays the debt you owe to CANADIAN MENTAL HEALTH ASSOCIATION - BC DIVISION for the amounts concerned. CANADIAN MENTAL HEALTH ASSOCIATION - BC DIVISION is obliged to provide the goods or services purchased whether or not they have yet received the funds from Eventbrite. However, in carrying out its duties as limited commercial agent of CANADIAN MENTAL HEALTH ASSOCIATION - BC DIVISION, Eventbrite assumes no liability for any acts or omissions or otherwise in respect of CANADIAN MENTAL HEALTH ASSOCIATION - BC DIVISION.

RECEIPT

IMPARK

Lot - [REDACTED]
www.impark.com

BONNY'S TAXI B 106
5759 SIDLEY STREET
BURNABY BC

BLUEBIRD CABS LTD.
CAB 43
2612 QUADRA ST. 2ND FLOOR
VICTORIA, BC V8T 4E9
250-382-2222

Stall # [REDACTED]

Setting: [REDACTED]
Mach Name: Meter - [REDACTED]

\$14.00
Card
MasterCard

EXPIRATION DATE/TIME

[REDACTED]
NOV 21, 2016

Exp [REDACTED]
NOV 21, 2016

CARD ***** [REDACTED]
CARD TYPE MASTERCARD
DATE 2016/11/25
TIME 7320 [REDACTED]
CLERK ID 01
RECEIPT NUMBER
CBS003347-001-265-016-0

PURCHASE
TOTAL

\$30.00

T#00006690
S/N#100005
051173

Purchased
NOV 21, 2016

MasterCard
A0000000041010
C3176F5C5C5046AE
0000008000-E800
298889FD78C67243

TERM ID: AT342463

BATCH# 017
SHIFT# 001

Sale

INV#: 000000006
MCARD

SEOH: 617001001000
Application Label: MasterCard
AID: A0000000041010
TVR: 00 00 00 00 00
TSI: E8 00
XXXXXXXXXX [REDACTED]

Total: CAD\$ 7.30

APPROVED 182439
001/00

17-Nov -16

CUSTOMER COPY
VICTORIA'S FIRST CHOICE
THANK YOU!

BLACKTOP & CHECKER
CABS #38
777 PACIFIC ST
VANCOUVER BC

Ticket #: 00006690
FOLLOW INSTRUCTIONS ON SIGNS
\$14.00 Card #xxxx- [REDACTED]
MasterCard Auth #: 112452
\$14.00 [REDACTED]
Total Due \$14.00
Total Paid \$14.00
PARKING VALIDATED AT
OUR RESTAURANTS
SEE INDIVIDUAL HOTELS
FOR DETAILS

YELLOW CAB CO LTD
1441 CLARK DR V5L3K3
VANCOUVER BC
21158659

iiii PURCHASE iiiii
11-25-2016
Acct # 558700 [REDACTED] CN
Exp Date 02/20 Card Type MC
Name: LINDA REID
A0000000041010 MasterCard

Trace # 870018
N21158659149
Inv. # 1
Auth # 174049 RRN 001065001
TVR 0000008000 TSI E000
IC 1A7EC3368C56806D

Purchase \$41.70
Tip \$6.00
Total \$47.70

(00) APPROVED-THANK YOU
(PIN VERIFIED)

Retain this copy for your records
Merchant copy

APPROVED

AUTH# 190613 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

ROBBINS PARKING
VICTORIA CONFERENCE CENTRE
Rcpt# 65397
11/29/16 [REDACTED] LH 1 AH 1 Txn#254241
11/29/16 [REDACTED] 11/29/16 [REDACTED]
Tkt# 758627
Fee1 \$ 9.00
Total Fee \$ 9.00
Master Card \$ 9.00-
XXXXXXXXXXXX [REDACTED]
Approval No.:132555
Reference No.:00000009
Change Due \$ 0.00
THANK YOU

CARD ***** [REDACTED]
CARD TYPE MASTERCARD
DATE 2016/11/17
TIME 0930 [REDACTED]
CLERK ID 2
RECEIPT NUMBER
CBS010945-001-737-002-0

PURCHASE
AMOUNT \$33.50
TIP \$5.00
TOTAL
\$38.90

MasterCard
A0000000041010
DC6FCD077DD16AD3
0000008000-E800
OAEF428954987695

APPROVED

AUTH# 195825 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS