



Members Of The Legislative Assembly

Travel Claim Form

Claim Number: 33825

April 05, 2015

MLA Name: Trevena, Claire VM150041

Claim Date:

Constituency: North Island

Type Of Trip: Accompanying Person Travel

Prepared By: [Redacted]

Claimant Type: Accompanying Person (Family Member)

Travel From: Constituency

Travel To: Golden/Return

Trip Details:

ITRIP

Date	Expenses	Amount
April 05, 2015	Ferry	\$16.75
April 11, 2015	Ferry	\$16.75

Total Payable \$33.50

Date 13 Apr 2015

Signature [Redacted]

Trevena, Claire VM150041 certified that the amount to be paid is correct, and is in accordance with appropriate statute or other authority for payment

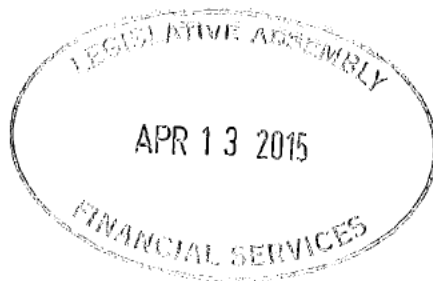
ACCOUNTS OFFICE USE ONLY

[Redacted]

Date 4/14/15

Signature [Redacted]

Spending Authority Signature



PURCHASE



2015/04/05
Nanaimo (Dep. Bay)
To
Horseshoe Bay
AUTH ONLY

20' Undersize Vehi 55.40
2 Adult 33.80
Fuel Rebate 1.00
2 Port Fee Adul 0.30

Total 88.50
Visa 88.50
***** (S)
005/01-66223337
0015522900
Approved: 004489
CHANGE DUE 0.00

LANE 15

NAN 05 Apr 2015

SEE REVERSE SIDE OF TICKET

Claim
71.75

April 5th 16.75
Accom. Person.

PURCHASE



2015/04/11
Horseshoe Bay
To
Nanaimo (Dep. Bay)
AUTH ONLY

20' Undersize Vehi 55.40
2 Adult 33.80
Fuel Rebate 1.00
2 Port Fee Adul 0.30

Total 88.50
Visa 88.50
***** (S)
005/01-66222939
0015521790
Approved: 035362
CHANGE DUE 0.00

LANE 03

HSB 11 Apr 2015

SEE REVERSE SIDE OF TICKET

Claim
71.75

April 11th 16.75
Accom. Person.



Members Of The Legislative Assembly

Travel Claim Form

Claim Number: 33807 Claim Date: April 05, 2015
MLA Name: Trevena, Claire VM150041
Constituency: North Island
Type Of Trip: MLA Travel
Prepared By: [Redacted]
Claimant Type: Member of Legislative Assembly
Travel From: Constituency Travel To: Golden/Return

Trip Details:

Table with 3 columns: Date, Expenses, Amount. Lists travel expenses from April 05, 2015 to April 11, 2015, including accommodation, ferry, lunch, and miscellaneous costs. Total Payable: \$2306.37





Travel Claim Form

Claim Number: 33807

MLA Name: Trevena, Claire VM150041

Claim Date: April 05, 2015

Constituency: North Island

Type Of Trip: MLA Travel

Date	Expenses	Amount
Date <u>13 Apr 2015</u>	Signature 	
<i>certified that the amount to be paid is correct, and is in accordance with appropriate statute or other authority for payment</i>		
ACCOUNTS OFFICE USE ONLY		
		
Date <u>4/14/15</u>	Signature 	
Spending Authority Signature		

PURCHASE



2015/04/05
Nanaimo (Dep. Bay)
to
Horseshoe Bay
AUTH ONLY

20' Undersize Vehi 55.40
2 Adult 33.80
Fuel Rebate 1.00
2 Port Fee Adul 0.30

Total 88.50
Visa 88.50
***** (S)
005/01-66223337
0015522900
Approved: 004489
CHANGE DUE 0.00

Claim
71.75

LANE 15

NAN 05 Apr 2015

SEE REVERSE SIDE OF TICKET

PURCHASE



2015/04/11
Horseshoe Bay
to
Nanaimo (Dep. Bay)
AUTH ONLY

20' Undersize Vehi 55.40
2 Adult 33.80
Fuel Rebate 1.00
2 Port Fee Adul 0.30

Total 88.50
Visa 88.50
***** (S)
005/01-66222939
0015521790
Approved: 035362
CHANGE DUE 0.00

Claim
71.75

LANE 03

HSB 11 Apr 2015

SEE REVERSE SIDE OF TICKET

April 5th 16.75
Accom. Person.

April 11th 16.75
Accom. Person.

[REDACTED]

From: [REDACTED]
Sent: Saturday, April 11, 2015 7:43 AM
To: [REDACTED]
Subject: Port mann receipt 2

From: TReO <donotreply@treo.ca>
Sent: Friday, April 10, 2015 20:15
To: [REDACTED]
Reply To: TReO
Subject: Payment Receipt

April 5th.

TReO Port Mann
2nd floor, 1500 Woolridge St
Coquitlam, BC, V3K 0B9
Visit: www.treo.ca
GST: [REDACTED]
[604-516-8736](tel:604-516-8736)

10-Apr-2015 [REDACTED]

ACCOUNT #:
LICENCE PLATE:
PAYMENT TYPE:
CARD TYPE:
CARD ID:

[REDACTED]
[REDACTED]
CARD
VISA
***** [REDACTED]

RECEIPT #:

127629744

AMOUNT PAID:

\$3.00

Thank you for your payment. Please keep this receipt for your records.

GUEST REGISTRATION REGARDLESS OF CHARGE INSTRUCTIONS, THE UNDERSIGNED GUEST ACKNOWLEDGES THE BELOW AS A PERSONAL INDEBTEDNESS

NAME SCHEURE TREVONA
PLEASE PRINT

EMAIL @ _____

CITY Campbell PROV. _____
or COUNTRY

TEL NO. 250 287 5100

CAR MAKE FORD LIC # _____

SIGNATURE _____

RATE	ROOM NO.	NO. OF PERSON
		2
DATE IN	DATE OUT	
Apr. 5/15	Apr 6/15	

NOTICE TO GUESTS

THIS PROPERTY IS PRIVATELY OWNED AND MANAGEMENT RESERVES THE RIGHT TO REFUSE SERVICE TO ANYONE AND WILL NOT BE RESPONSIBLE FOR ACCIDENTS OR INJURY TO GUESTS, OR LOSS OF JEWELLERY, MONEY OR VALUABLES OF ANY KIND. 11:00 A.M. IS CHECK-OUT TIME. GUESTS STAYING OVER, PLEASE NOTIFY THE OFFICE. THE MANAGEMENT RESERVES THE RIGHT TO ASSIGN AND RE-ASSIGN THE GUEST(S) TO SUCH ACCOMODATION AS IT SEES FIT. WE OPERATE UNDER THE HOTEL KEEPERS ACT. SMOKING IN ROOM PENALTY - \$300.⁰⁰

MEMO

[REDACTED]

- discount later

RATE	
G.S. TAX (5%)	
P.S. TAX (8%)	
AMOUNT	
# <u>1</u> NIGHTS	
TOTAL	

[REDACTED]

93.31 Claim

04/07/2015

Room #

Conf # 59078
Arrival 04/06/15
Departure 04/07/15

Registered To:

Trevena, Claire
Legistrative Bld Rm 201
Victoria, BC V8V 1X4

Room Type DELUX-DELX
Guests 2 / 0

Payment Visa/Master
Acct XXXX-XXXX-XXXX

() -

Posting	Oper	AcctCo	Description	From	Reference	Amount
04/06/15		RC	ROOM CHARGE			\$99.00
04/06/15		9	GST			\$4.95
04/06/15		91	Room Tax			\$7.92

Balance Due

111.87 Claim

*Pd
4 thanks!!*

C/O 04/08/2015

Room #

Conf #

20432

Arrival

04/07/15

Departure

04/08/15

Registered To:

Trevena, Claire
room 201 legislative buildings
Victoria, BC V8V 1X4

Room Type

TNN-Two Queen

Guests

2 / 0

Payment

Visa/Master

Acct

XXXX-XXXX-XXXX-

Posting Date	Oper	AcctCode	Description	From	Reference	Amount
04/07/15		01RC	ROOM CHRG REVENUE			\$120.00
04/07/15		9	GST			\$6.00
04/07/15		91	MUNICIPAL TAX			\$2.40
04/07/15		92	ROOM TAX PST			\$9.60
04/08/15		12VS	PAYMENT VISA			
Balance Due						\$0.00

Claim 138.⁰⁰

Apr 09, 2015

Claire Trevena

Folio #: [redacted]
Room Number: [redacted]
Rate: \$142.99
Pay Method: VA [redacted]

Arrival Date: Wednesday, April 08, 2015
Departure Date: Thursday, April 09, 2015

Member #:

Information:

Date	Department	Reference	Voucher	Room	Debit	Credit
4/8/2015	Room Charge	Auto Posted		[redacted]	\$142.99	
4/8/2015	Accomodation Tax	Auto Posted		[redacted]	\$2.86	
4/8/2015	PST Room	Auto Posted		[redacted]	\$11.44	
4/8/2015	GST Room	Auto Posted		[redacted]	\$7.15	

www.[redacted].com **HST/GST # [redacted] ** PST # [redacted]

Signature _____

Tax Summary	
Accomodatio	[redacted]
PST	[redacted]
GST	[redacted]
PST Room	[redacted]
GST Room	[redacted]
Balance:	[redacted]

Claim 164.44

4/8/2015 Room Charge Auto Posted \$142.99
 4/8/2015 Accomodation Tax Auto Posted \$2.86
 4/8/2015 PST Room Auto Posted \$11.44
 4/8/2015 GST Room Auto Posted \$7.15
 Total \$164.44

04/10/15



Folio#: [Redacted] CRS # [Redacted]
 Trevena, Clair
 Room 201 Legislative Buildings
 Victoria, BC V8V 1X4
 Company:

Room: [Redacted]
 Arrival: 4/9/2015
 Departure: 4/10/2015

Trans #	Date	Posting Description	Charges	Payments	Balance
451626	09/04/2015	Rm: [Redacted] Rm: [Redacted] User Override for 4/9/2015	[Redacted]	[Redacted]	[Redacted]
451653	10/04/2015	Visa	\$0.00	[Redacted]	\$0.00
				Balance:	\$0.00

Membership Tier: [Redacted]
 Membership#: [Redacted]
 Method of Pay: Credit Card

Signature:

[Redacted Signature Box]

Folio Summary

Previous Balance: \$0.00
 Room Charges: \$80.00
 Phone Charges: \$0.00
 Tax: [Redacted]
 Less Payments: [Redacted]
 Total Amount Due: \$0.00

THANK YOU FOR STAYING AT THE [Redacted]

We hope you will visit us again soon.

GST# [Redacted]

Claim \$93.00

Ms Claire Trevena
Parit Buildings
VICTORIA BC V8V1X4

Receipt

Invoice date 4/11/2015
Our reference [REDACTED]
GST Number [REDACTED]

Guest Claire Trevena Arrival 4/10/2015 Departure 4/11/2015 Room [REDACTED]

Date	Description	Quantity	Unit Price	Total (CAD)
4/10/2015	Room Charge	1	105.00	105.00
4/10/2015	GST Taxes	1	5.25	5.25
4/10/2015	Room Tax	1	8.40	8.40
4/10/2015	Municipal Room Tax	1	2.10	2.10

[REDACTED]

4/11/2015 VS **** [REDACTED] Auth: 070583

Total invoice	[REDACTED]
Total Paid	[REDACTED]
Total Due	0.00

Total GST 6.00

[REDACTED]

Claim 120.75

[REDACTED]

***NO NEED TO DISPLAY ON VEHICLE/DASH**

EXPIRATION DATE EXPIRATION TIME

10/04/15 [REDACTED]

AMOUNT PAID

\$ 2.00

LIC. PLATE ENTERED

[REDACTED]

GST #

0116269 NON-TRANSFERABLE



***NO NEED TO DISPLAY ON VEHICLE/DASH**

DATE ISSUED TIME ISSUED AMOUNT PAID

10/04/15 [REDACTED] \$ 2.00

CREDIT CARD NUMBER

PAYSTATION #

FACILITY/ZONE

[REDACTED] ONSTREET

0116269

RECEIPT



[REDACTED]
From: [REDACTED]
Sent: Saturday April 11, 2015 7:42 AM
To: [REDACTED]
Subject: Port mann receipt

From: TReO <donotreply@treo.ca>
Sent: Friday, April 10, 2015 20:10
To: [REDACTED]
Reply To: TReO
Subject: Payment Receipt

April 11th

TReO Port Mann
2nd floor, 1500 Woolridge St
Coquitlam, BC, V3K 0B9
Visit: www.treo.ca
GST: [REDACTED]
604-516-8736

10-Apr-2015 [REDACTED]

ACCOUNT #:
LICENCE PLATE:
PAYMENT TYPE:
CARD TYPE:
CARD ID:

[REDACTED]
[REDACTED]
CARD
VISA

***** [REDACTED]

RECEIPT #:

127629544

AMOUNT PAID:

\$3.00

Thank you for your payment. Please keep this receipt for your records.



Members Of The Legislative Assembly Travel Claim Form

Claim Number: 33884
MLA Name: Trevena, Claire VM150041 **Claim Date:** April 12, 2015
Constituency: North Island
Type Of Trip: MLA Travel
Prepared By: [REDACTED]
Claimant Type: Member of Legislative Assembly
Travel From: Constituency **Travel To:** Capital/Courtenay/Return
Trip Details:

Date	Expenses	Amount
April 12, 2015	290(km)	\$150.80
April 16, 2015	295(km)	\$153.40
April 12, 2015	Dinner Only - Victoria	\$36.00
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	Accommodation Expenses	\$109.25 ✓
April 16, 2015	MLA Per Diem - Victoria	\$61.00
April 17, 2015	Breakfast only	\$27.00



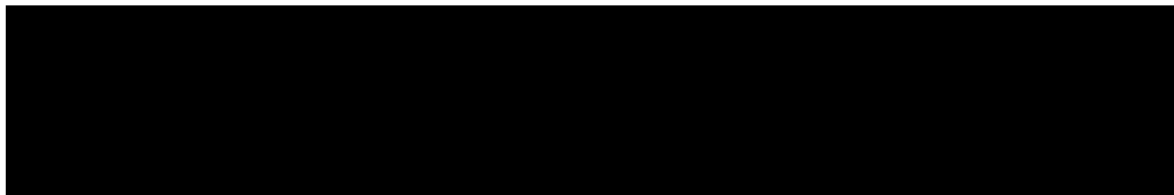
Total Payable **\$707.95**

Date 20 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

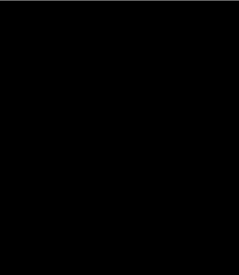
ACCOUNTS OFFICE USE ONLY



Date 4/21/15

Signature [REDACTED]

Spending Authority Signature



Claire Trevena
 Room 201 Apt Building
 Victoria BC V8V1X4
 Canada

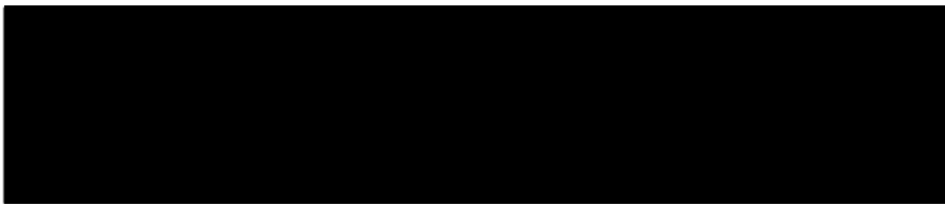
Room No. :
 Conf. No. : 1997852
 Arrival : 04-16-15
 Departure : 04-17-15
 Folio No. :
 Cashier No. : 175
 Page No. : 1 of 1

Company Name : Provincial Government

Date	Text	Charges	Credits
04-16-15	Room Revenue	95.00	
04-16-15	Provincial Room Tax	7.60	
04-16-15	Room GST	4.75	
04-16-15	Additional Hotel Room Tax	1.90	
04-17-15	Visa XXXXXXXXXXXX XX/XX		109.25
Total		109.25	109.25
Balance		0.00	

Transaction ID 2122828
 Approval Code 031132
 Approval Amount : 109.25

Credit Card # XXXXXXXXXXXX
 Credit Card Expiry : XX/XX
 Capture Method : Swiped
 Transaction Amount : 109.25



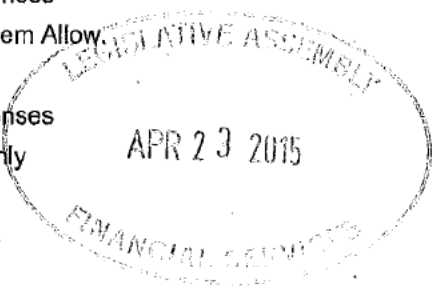


Members Of The Legislative Assembly Travel Claim Form

Claim Number: 33943
MLA Name: Trevena, Claire VM150041 **Claim Date:** April 13, 2015
Constituency: North Island
Type Of Trip: Accompanying Person Travel
Prepared By: [REDACTED]
Claimant Type: Accompanying Person (CA) **Claimant Name:** [REDACTED]
Travel From: Constituency **Travel To:** Capital/Return
Trip Details:

V900354

Date	Expenses	Amount
April 13, 2015	305(km)	\$158.60
April 16, 2015	304(km)	\$158.08
April 13, 2015	Accommodation Expenses	\$104.54 X
April 13, 2015	Dinner Only	\$36.00
April 13, 2015	Parking	\$18.90 X
April 14, 2015	Accommodation Expenses	\$104.54 X
April 14, 2015	Full Day Meals Per Diem Allow	\$61.00
April 14, 2015	Parking	\$18.90 X
April 15, 2015	Accommodation Expenses	\$104.54 X
April 15, 2015	Breakfast & Dinner Only	\$48.50
April 15, 2015	Parking	\$18.90 X
April 16, 2015	Breakfast only	\$27.00



Total Payable **\$859.50**

Date 20 Apr 2015

Signature [REDACTED]

Trevena, Claire VM150041
certified that the amount to be paid is correct, and is in accordance with appropriate statute or other authority for payment

Date 20 Apr 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
--------------------------	---------------------	------------------	---------------

[REDACTED]

4/23/15

[REDACTED]



Members Of The Legislative Assembly Travel Claim Form

Claim Number: 33943

MLA Name: Trevena, Claire VM150041

Claim Date: April 13, 2015

Constituency: North Island

Type Of Trip: Accompanying Person Travel

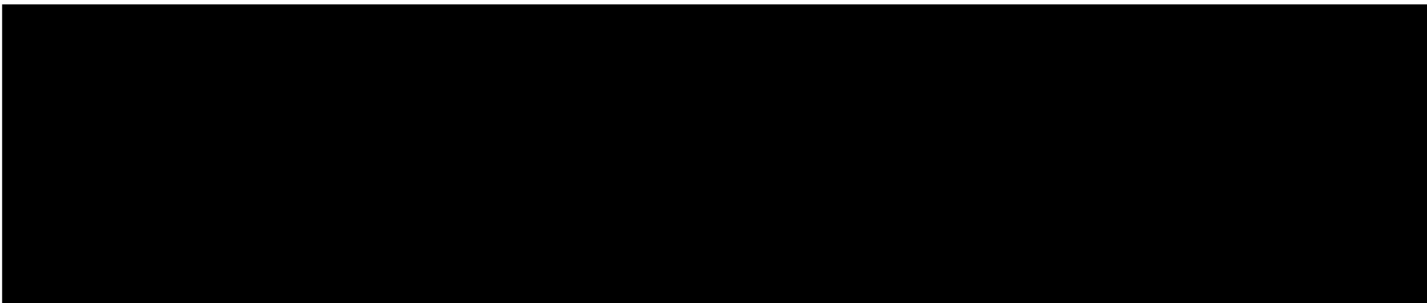
Date	Expenses	Amount
------	----------	--------



Date _____

Signature

Spending Authority Signature



Canada

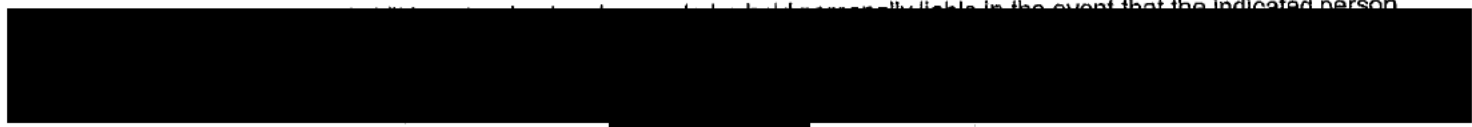
Association of BC Constituenc

Room : [REDACTED]
 Arrival Date : 04/13/15
 Invoice No. : 357168
 Follo No. : [REDACTED]
 Conf. No. : 4101691
 Cashier No. : 79
 Billing Date : 04/16/15
 A/R Number

Date	Description		Debit	Credit
04/13/15	Local Call	16:11 Line# [REDACTED] Dialed# [REDACTED] [00:01:00]	1.12	
04/13/15	Room		90.00) 104.54
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	Parking Charges		18.00) 18.90
04/13/15	GST		0.90	
04/14/15	Room		90.00) 104.54
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	Parking Charges		18.00) 18.90
04/14/15	GST		0.90	
04/15/15	Room		90.00) 104.54
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	Parking Charges		18.00) 18.90
04/15/15	GST		0.90	
04/16/15	Visa	[REDACTED]		[REDACTED]
Room H/GST Total - 13.65			Total	[REDACTED]
Other H/GST Total - 2.89				
H/GST # [REDACTED] PST# [REDACTED]			Balance	0.00

Claiming

s/b \$370.32
Total on cover
page is correct.



Email: reserve@[REDACTED]



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

Claim Number: 33944
MLA Name: Trevena, Claire VM150041 **Claim Date:** April 13, 2015
Constituency: North Island
Type Of Trip: Accompanying Person Travel
Prepared By: [REDACTED]
Claimant Type: Accompanying Person (CA) **Claimant Name:** [REDACTED]
Travel From: Constituency **Travel To:** Capital/Return
Trip Details:

V 500628

Date	Expenses	Amount
April 13, 2015	Accommodation Expenses	\$104.54 ✓
April 13, 2015	Dinner Only	\$36.00
April 14, 2015	Accommodation Expenses	\$104.54 ✓
April 14, 2015	Full Day Meals Per Diem Allow.	\$61.00
April 15, 2015	Accommodation Expenses	\$104.54 ✓
April 15, 2015	Breakfast & Dinner Only	\$48.50
April 16, 2015	Breakfast only	\$27.00
Total Payable		\$486.12

Date 20 Apr 2015

Signature [REDACTED]
 Trevena, Claire VM150041
 certified that the amount to be paid is correct, and is in accordance
 with appropriate statute or other authority for payment

Date 20 Apr 2015

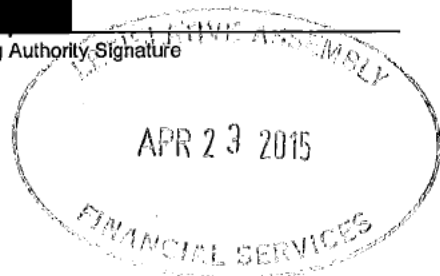
Signature [REDACTED]
 Accompanying Person (CA) -
 certified that the amount to be paid is correct, and is in accordance
 with appropriate statute or other authority for payment

ACCOUNTS OFFICE USE ONLY

Organization Code	Account Code	STOB Code	Amount
[REDACTED]			

Date 4/23/15

Signature [REDACTED]
 Spending Authority Signature



Canada

Association of BC Constituenc

Room : [REDACTED]
Arrival Date : 04/11/15
Invoice No. : [REDACTED]
Folio No. : [REDACTED]
Conf. No. : 4100895
Cashier No. : 11
Billing Date : 04/16/15
A/R Number

Date	Description	Debit	Credit
04/13/15	Room	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	
04/14/15	Room	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	
04/15/15	Room	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	
04/16/15	Mastercard		313.62
Room H/GST Total - 13.85		Total	313.62
Other H/GST Total - 0.00			313.62
H/GST # [REDACTED] PST# [REDACTED]	Balance	0.00	

104.54
104.54
104.54

Email: reserve@[REDACTED]



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

Claim Number: 33953

MLA Name: Trevena, Claire VM150041

Claim Date: April 14, 2015

Constituency: North Island

Type Of Trip: Accompanying Person Travel

Prepared By: [REDACTED]

Claimant Type: Accompanying Person (CA)

Claimant Name: [REDACTED]

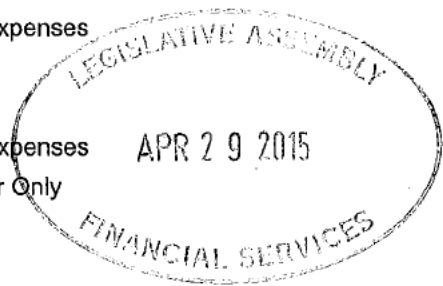
Travel From: Constituency

Travel To: Capital/Return

Trip Details:

V131050

Date	Expenses	Amount
April 14, 2015	496(km)	\$257.92
April 16, 2015	496(km)	\$257.92
April 14, 2015	Accommodation Expenses	\$104.54 ✓
April 14, 2015	Dinner Only	\$36.00
April 14, 2015	Parking	\$18.90 ✓
April 15, 2015	Accommodation Expenses	\$104.54 ✓
April 15, 2015	Breakfast & Dinner Only	\$48.50
April 15, 2015	Parking	\$18.90 ✓
April 16, 2015	Dinner Only	\$36.00



Total Payable \$883.22

Date 21 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

Date 21 Apr 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

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



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


Claim Number: 33953

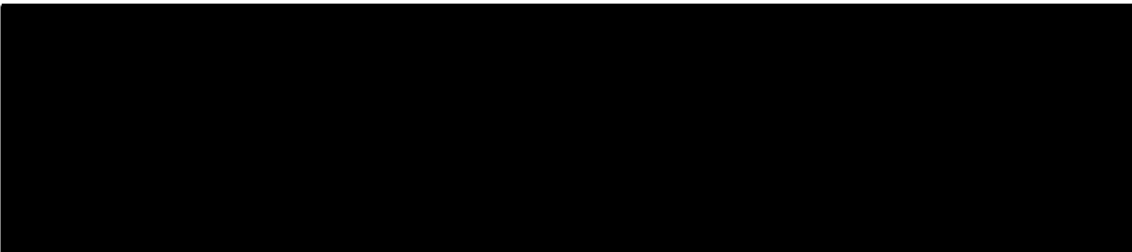
MLA Name: Trevena, Claire VM150041

Claim Date: April 14, 2015

Constituency: North Island

Type Of Trip: Accompanying Person Travel

Date	Expenses	Amount
Date <u>4/29/15</u>	Signature 	Spending Authority Signature

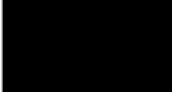
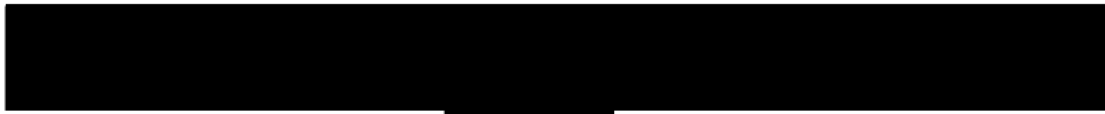


Canada

Association of BC Constituenc

Room :
 Arrival Date : 04/14/15
 Invoice No. :
 Folio No. :
 Conf. No. : 4101908
 Cashier No. : 79
 Billing Date : 04/16/15
 A/R Number

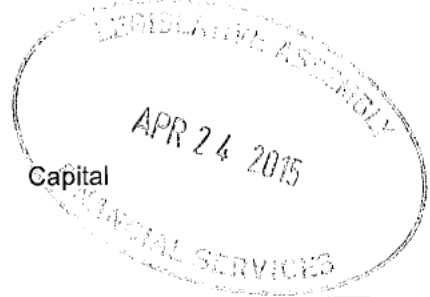
Date	Description	Debit	Credit
04/14/15	Room	90.00	
04/14/15	Destination Marketing Fee	0.90	
04/14/15	Provincial Room Tax	9.09	
04/14/15	Room GST	4.55	
04/14/15	Parking Charges	18.00	
04/14/15	GST	0.90	
04/15/15	Room	90.00	
04/15/15	Destination Marketing Fee	0.90	
04/15/15	Provincial Room Tax	9.09	
04/15/15	Room GST	4.55	
04/15/15	Parking Charges	18.00	
04/15/15	GST	0.90	
04/16/15	Visa		246.88
Room H/GST Total - 9.10		Total	246.88
Other H/GST Total - 1.80			246.88
H/GST #	PST#	Balance	0.00





Members Of The Legislative Assembly Travel Claim Form

Claim Number: 34012
MLA Name: Trevena, Claire VM150041 **Claim Date:** April 20, 2015
Constituency: North Island
Type Of Trip: MLA Travel
Prepared By: [REDACTED]
Claimant Type: Member of Legislative Assembly
Travel From: Constituency **Travel To:** Capital
Trip Details:



Date	Expenses	Amount
April 20, 2015	290(km)	\$150.80
April 20, 2015	MLA Per Diem - Victoria	\$61.00
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
April 24, 2015	Breakfast & Lunch Only-Victoria	\$39.50

Total Payable **\$434.30**

Date 24 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
-------------------	--------------	-----------	--------



Date 4/27/15

Signature [REDACTED]

Spending Authority Signature



Members Of The Legislative Assembly Travel Claim Form

Claim Number: 34086
MLA Name: Trevena, Claire VM150041 **Claim Date:** April 27, 2015
Constituency: North Island
Type Of Trip: MLA Travel
Prepared By: [REDACTED]
Claimant Type: Member of Legislative Assembly
Travel From: Victoria **Travel To:** Constituency
Trip Details:

Date	Expenses	Amount
April 30, 2015	290(km)	\$150.80
April 27, 2015	Lunch and Dinner Only-Victoria	\$48.50
April 28, 2015	MLA Per Diem - Victoria	\$61.00
April 29, 2015	MLA Per Diem - Victoria	\$61.00 ✓
April 30, 2015	MLA Per Diem - Victoria	\$61.00
Total Payable		\$382.30

Date 30 Apr 2015

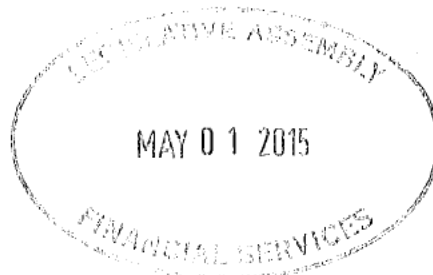
Signature [REDACTED]
 Trevena, Claire VM150041
certified that the amount to be paid is correct, and is in accordance with appropriate statute or other authority for payment

ACCOUNTS OFFICE USE ONLY

Organization Code	Account Code	STOB Code	Amount
[REDACTED]			

Date 5/1/15

Signature [REDACTED]
 Spending Authority Signature

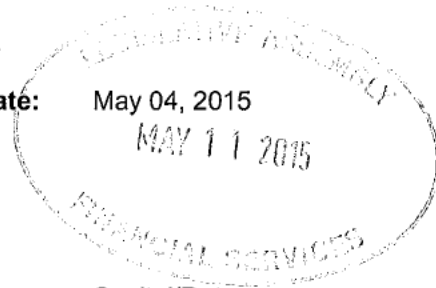




**Members Of The Legislative Assembly
Travel Claim Form**

Claim Number: 34167
MLA Name: Trevena, Claire VM150041
Constituency: North Island
Type Of Trip: MLA Travel
Prepared By: [REDACTED]
Claimant Type: Member of Legislative Assembly
Travel From: Constituency
Trip Details:

Claim Date: May 04, 2015



Travel To: Capital/Return

Date	Expenses	Amount
May 04, 2015	290(km)	\$150.80
May 05, 2015	290(km)	\$150.80
May 06, 2015	290(km)	\$150.80
May 07, 2015	290(km)	\$150.80
May 04, 2015 Top Up	Ferry	\$115.00 ✓
May 04, 2015	Lunch and Dinner Only-Victoria	\$48.50
May 05, 2015	MLA Per Diem - Victoria	\$61.00
May 06, 2015	Lunch and Dinner Only-Victoria	\$48.50
May 07, 2015	MLA Per Diem - Victoria	\$61.00

Total Payable \$937.20

[REDACTED SIGNATURE]

Date 07 May 2015

Signature

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

[REDACTED]

Date 5/11/15

Signature

Spending Authority Signature

PURCHASE



2015/04/30
Campbell River
To
Quadra Island
AUTH ONLY

1	Stored Value	115.00
	Total	115.00
	Visa	115.00
	***** (S)	
	005/01-66222906	
	0015711200	
	Approved: 018107	
	CHANGE DUE	0.00

Stored Value
Savings:VEH & PASS Savings

CAM 30 Apr 2015

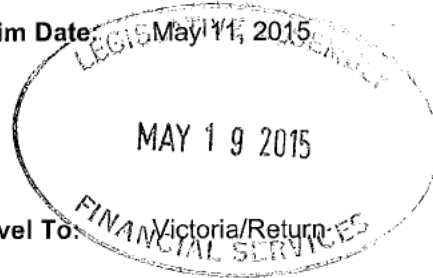
SEE REVERSE SIDE OF TICKET



Members Of The Legislative Assembly Travel Claim Form

Claim Number: 34261
MLA Name: Trevena, Claire VM150041
Constituency: North Island
Type Of Trip: MLA Travel
Prepared By: [REDACTED]
Claimant Type: Member of Legislative Assembly
Travel From: Constituency
Trip Details:

Claim Date: May 11, 2015



Travel To: Victoria/Return

Date	Expenses	Amount
May 15, 2015	290(km)	\$150.80
May 11, 2015	Car Rental	\$233.33
May 11, 2015	Fuel	\$20.02
May 11, 2015	Lunch and Dinner Only-Victoria	\$48.50
May 12, 2015	MLA Per Diem - Victoria	\$61.00
May 13, 2015	Lunch and Dinner Only-Victoria	\$48.50
May 14, 2015	MLA Per Diem - Victoria	\$61.00
May 15, 2015	Breakfast & Lunch Only-Victoria	\$39.50

Total Payable **\$662.65**

Date 15 May 2015

Signature

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
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Date 5/20/15

Signature

Spending Authority Signature



Car and Truck Rental

GST Reg No [REDACTED] www.bcbudget.com

Devon Transport Ltd. (An Independent Budget System Sub Licensee)

HEAD OFFICE & ADMINISTRATION
2501 Kenworth Road
Nanaimo, BC V9T 3M4
(250)729-2420 FAX (250)729-2410 EMAIL: custserv@bcbudget.com

Contract #: [REDACTED]

Reservation #: [REDACTED]

Renter: TREVENA, CLAIRE

BCD Number: [REDACTED]
Company: NDP CAUCUS
Credit Card: VISA XXXXXXXXXXXX [REDACTED]

Rental Rate Used: PRG-CAM-14 - A Vehicle Class: Intermediate
Km Charge: 0.10 per Km Drop Charge: 149.00

Table with columns: Period, From, To, Amount, Km Cap, Type. Rows for Day, Week, Hour.

Daily Rate is based on a 24 hour day minimum day charge.
Rates do not include fuel or refueling charge plus surcharge and applicable taxes (currently \$4.00 per litre).
Must be Provincial Govt employee or authorized representative

Location Fee: 6% subject to taxes
VLF/ERF: 3.56 (Per Day) subject to taxes and Location Fee
Contract close subject to final vehicle inspection
Rented In Campbell River
GST: 5% PST: 7% PVRT: 1.50 per Calendar Day

Maximum 5000 kilometers per rental. Excess mileage will be charged.

Rates are applicable within BC

Customer is responsible to advise Budget of all toll crossings. All unreported crossings will be subject to an administration fee of \$25.00

Accidents must be reported to Budget within 24 hours.

Contract close subject to final audit.

Remarks:
/Estimated Charges: \$228.53

Vehicle Rented: Owner: b/BRAC Victoria Unit #: 146915
Class: Intermediate
Time Out: 11 May 2015 [REDACTED] Licence: [REDACTED]
Time In: 11 May 2015 [REDACTED] Km Out: 7871
Location Out: Campbell River Shoppers Row Km In: 8138
Location In: Z-Victoria Airport Km Driven: 267

Renter is fully responsible for vehicle until vehicle is checked in and inspected by Budget staff.

Charges table with columns: Item, Unit, Qty, Charge, GST, PST, PVRT, Billed To. Rows for Drop Charge, Vehicle Rental, Location Fee, Kilometer Charge, Location Fee.

All the following Debit/Credit transactions are in Canadian Dollars (CAD\$) unless otherwise indicated.

Payments & Refunds Total: 233.33

Table with columns: Type, Date, Amount, Exchange, Amount, Location. Rows for VISA, BD002S01, BD002C01.

Amount Owing
Net Charges & Taxes: 233.33
Net Payment & Refunds: 233.33

3201 Douglas Street
Victoria BC U2V1A2

ESSO EXPRESS PAY

HAYFAIR ESSO
00302481
3201 DOUGLAS
VICTORIA, BC U8Z 3K
URN:R121461107
05/11/2015 871031698

PUMP# 4
REGLR 16.026L
PRICE/L 1.249
FUEL TOTAL \$ 20.02

GST in fuel \$ 0.95
CREDIT \$ 20.02

TYPE: PURCHASE
ACCOUNT: VISA \$20.02
AUTH: 049029-F INVOICE: UHN76046
CARD NUMBER: C **** *
VERIFIED BY PIN
A- VISA CREDIT
B- A000000031010

01 Approved - Thank You 027
AEROPLAN MILES THIS SALE:
DOUBLE MILES
AEROPLAN #
IMPORTANT - retain this copy for your records

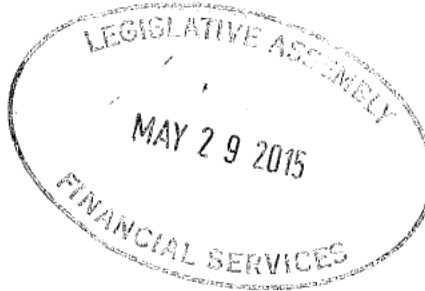
Car Wash Customer please Remove
BIKE RACKS prior to entering Car Wash



Members Of The Legislative Assembly Travel Claim Form

Claim Number: 34334
MLA Name: Trevena, Claire VM150041 **Claim Date:** May 25, 2015
Constituency: North Island
Type Of Trip: MLA Travel
Prepared By: [REDACTED]
Claimant Type: Member of Legislative Assembly
Travel From: Constituency **Travel To:** Capital
Trip Details:

Date	Expenses	Amount
May 24, 2015	290(km)	\$150.80
May 29, 2015	290(km)	\$150.80
May 24, 2015	Dinner Only	\$36.00
May 25, 2015	Breakfast & Lunch only	\$39.50
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
May 29, 2015	Miscellaneous Expense Phone calling card	\$22.40
May 29, 2015	MLA Per Diem - Victoria	\$61.00



Total Payable **\$643.50**

Date 29 May 2015

Signature [REDACTED]

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
[REDACTED]			

Date 6/2/15

Signature [REDACTED]

Spending Authority Signature

Mac's
265 Menzies Avenue
Victoria, BC V8V 2G6
250-382-0912

Date: 5/29/2015 Time: [REDACTED]

Register : 1 #59180
Cashier : 11, Cashier

B 1 INCOMM CALL N AMERICA \$20.00
Card: 8447

S-Total \$20.00

GST \$1.00

PST \$1.40

Total \$22.40

Cash \$23.00
Balance \$0.60

HST/GST [REDACTED]

THANK YOU FOR
SHOPPING AT MAC'S

Note: Member uses a calling card while in areas, within her constituency, which have limited cellular access. In addition, calling cards are more cost effective than the Member's cell phone when traveling out of constituency.

