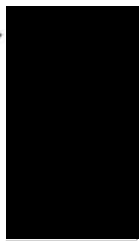




**Members Of The Legislative Assembly
Travel Claim Form**

Claim Number: 34590
MLA Name: Hammell, Sue VM150017 **Claim Date:** June 01, 2015
Constituency: Surrey - Green Timbers
Type Of Trip: MLA Travel
Prepared By: [REDACTED]
Claimant Type: Member of Legislative Assembly
Travel From: Constituency **Travel To:** Victoria
Trip Details: Travel to Legislature and throughout GVRD.

Date	Expenses	Amount
June 03, 2015	7(km)	\$3.64
June 06, 2015	42(km)	\$21.84
June 08, 2015	7(km)	\$3.64
June 09, 2015	12(km)	\$6.24
June 15, 2015	270(km)	\$140.40
June 16, 2015	72(km)	\$37.44
June 17, 2015	72(km)	\$37.44
June 18, 2015	72(km)	\$37.44
June 20, 2015	25(km)	\$13.00
June 23, 2015	16(km)	\$8.32
June 28, 2015	74(km)	\$38.48
June 29, 2015	72(km)	\$37.44
June 15, 2015	Breakfast & Dinner Only	\$48.50
June 15, 2015	Ferry	\$136.75
June 16, 2015	Lunch & Dinner only	\$48.50
June 16, 2015	Parking	\$23.00
June 17, 2015	MLA Per Diem	\$61.00
June 17, 2015	Parking	\$28.00
June 18, 2015	Breakfast & Lunch only	\$39.50
June 18, 2015	Parking	\$23.00
June 19, 2015	Lunch only	\$27.00
June 23, 2015	Lunch only	\$27.00
June 23, 2015	Parking	\$3.00
June 28, 2015	Lunch & Dinner only	\$48.50
June 28, 2015	Parking	\$3.00
June 29, 2015	Lunch only	\$27.00





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

Claim Number: 34590
 MLA Name: Hammell, Sue VM150017 Claim Date: June 01, 2015
 Constituency: Surrey - Green Timbers
 Type Of Trip: MLA Travel

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

Total Payable \$929.07

Date 09 Jul 2015

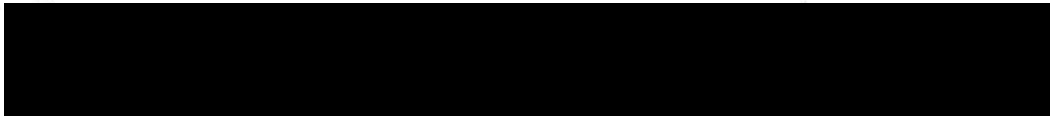
Signature



*Hammell, Sue VM150017
 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 7/20/15

Signature



Spending Authority Signature

Metro Parking

PLACE FACE UP ON DASH
Metro Parking Ltd

Metro Parking

Expiration Date/Time

Metro Parking

JUN 16, 2015

Metro Parking

Purchase Date/Time: Jun 16, 2015
Total Due: \$23.00 Rate: \$23.00 - Until
Total Paid: \$23.00 Payment Type: Card
Ticket #: 00020482
S/N #: 300011090110
Setting:
Mach Name: Meter-1

Metro Parking

Card #**** MasterCard Auth # 160617

Metro Parking

Place Ticket-Face Up
On Vehicle Dash.

PURCHASE



2015/06/15
Swartz Bay
To
Tsawwassen
AUTH ONLY

20'	Undersize Vehi	55.40
1	BC Senior	8.45
1	Priority Loadi	73.50
	Fuel Rebate	0.80-
	Fuel Correctn	0.20

Total 136.75
MasterCard 136.75
***** (S)
005/01-66223092
0016235270
Approved: 192445
CHANGE DUE 0.00

LANE 02

SWB 15 Jun 2015

SEE REVERSE SIDE OF TICKET

ING RECEIPT

PARKING RECEIPT

PARKING RECEIPT

PARKING RECEIPT

ING RECEIPT

PARKING RECEIPT

PARKING RECEIPT

PARKING RECEIPT

PARKING RECEIPT

RECEIPT

NO NEED TO DISPLAY TICKET
INSIDE VEHICLE
Receipt for your record

Stall #

Expiration Date/Time

JUN 17, 2015

Purchase Date/Time: Jun 17, 2015
Total Parking: \$22.04
Total Taxes: \$5.96
Total Due: \$28.00 Rate: All Day (Until
Total Paid: \$28.00 Payment Type: Card
Ticket # 50002130
S/N #: 300011280181
Setting:
Mach Name:

Card #**** MasterCard Auth #: 120410
NO IN & OUT PRIVILEGES

RECEIPT

City of Surrey

License Plate Number

Expiration Date/Time

JUN 23, 2015

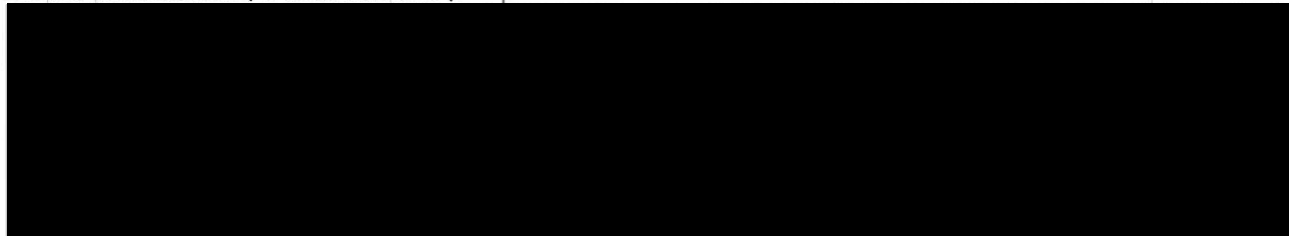
Purchase Date/Time: Jun 23, 2015
Total Due: \$3.00 Rate: \$3.00 Evening Rate
Total Paid: \$3.00 Payment Type: Card
Ticket #: 00006322
S/N #: 520014230466
Setting:
Mach Name:

#**** MasterCard
Thank You

TRANSACTIONS > SUMMARY LIST

INSTRUCTION: The "Search Results" page displays the records that match your criteria. To select a record, click the corresponding ID. To refine the search, click the search icon in the top right hand corner of the screen.

List of Transaction (1-6 shown of 6)



<input type="checkbox"/>	394098118	06/18/2015	06/19/2015		METRO PARKING [REDACTED]	HAMMELL SUE	115422		23.00CAD
--------------------------	-----------	------------	------------	--	-----------------------------	----------------	--------	--	----------



<input type="checkbox"/>	394984453	06/28/2015	06/29/2015		IMPARK [REDACTED]	HAMMELL SUE	154650		3.00CAD
--------------------------	-----------	------------	------------	--	-------------------	----------------	--------	--	---------



Members Of The Legislative Assembly

Travel Claim Form

Claim Number: 34852
 MLA Name: Hammell, Sue VM150017
 Constituency: Surrey - Green Timbers
 Type Of Trip: Accompanying Person Travel
 Prepared By: [Redacted]
 Claimant Type: Accompanying Person (Other)
 Travel From: Surrey Travel To: Legislature
 Trip Details: Traveled from Surrey to Legislature for tour with [Redacted]

Date	Expenses	Amount
August 06, 2015	Ferry [Redacted]	\$33.40
Total Payable		\$33.40

Date 01 Sep 2015

Signature

Hammell, Sue VM150017

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]			

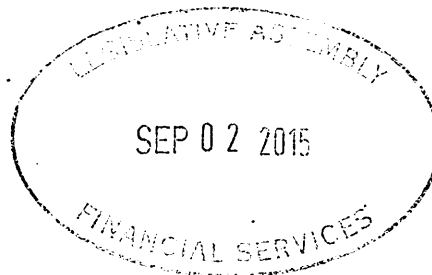
Date

9/2/15

Signature

Spending Authority Signature

A payment summary, in the amount of \$200.40, applies to the BC Ferry fares which appear on this claim and the below Travel Claim Forms numbered 34842, 34841, 34850, 34851, and 34844.





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

Claim Number: 34842
MLA Name: Hammell, Sue VM150017
Constituency: Surrey - Green Timbers
Type Of Trip: Accompanying Person Travel
Prepared By: [Redacted]
Claimant Type: Accompanying Person (CA) **Claimant Name:** [Redacted]
Travel From: Surrey **Travel To:** Legislature
Trip Details: Travel paid by Sue Hammell for CA to accompany tour

Date	Expenses	Amount
August 06, 2015	Ferry	\$33.40
Total Payable		\$33.40

Date 27 Aug 2015

Signature [Redacted]
 Hammell, Sue VM150017
certified that the amount paid is correct, and is in accordance with appropriate authority for payment

Date 27 Aug 2015

Signature [Redacted]
 Accompanying Person (CA) - [Redacted]
amount to be paid is correct, and is in accordance with appropriate authority for payment

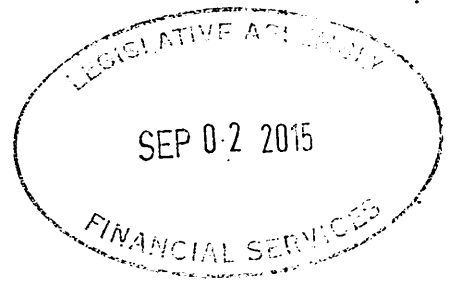
ACCOUNTS OFFICE USE ONLY

Organization Code Account Code STOB Code Amount

[Redacted]

Date 9/2/15

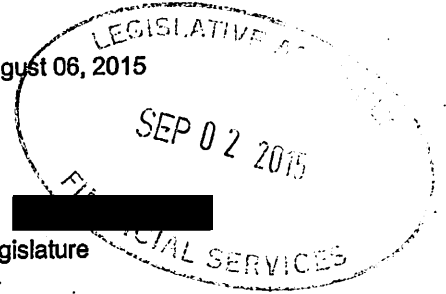
Signature [Redacted]
 Spending Authority Signature





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

Claim Number: 34841
MLA Name: Hammell, Sue VM150017
Constituency: Surrey - Green Timbers
Type Of Trip: Accompanying Person Travel
Prepared By: [REDACTED]
Claimant Type: Accompanying Person (CA) **Claimant Name:** [REDACTED]
Travel From: Surrey **Travel To:** Legislature
Trip Details: Travel paid by Sue Hammell for CA to accompany tour



Date	Expenses	Amount
August 06, 2015	65(km)	\$33.80
August 06, 2015	Ferry	\$33.40
Total Payable		\$67.20

Date 31 Aug 2015

Signature [REDACTED]
 Hammell, Sue VM150017
certified that the amount to be paid is correct, and is in accordance with appropriate statute or other authority for payment

Date 31 Aug 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]

Date 9/2/15

Signature [REDACTED]
 Spending Authority Signature



Travel Claim Form

Claim Number: 34850
 MLA Name: Hammell, Sue VM150017
 Constituency: Surrey - ~~Green Timbers~~
 Type Of Trip: Accompanying Person Travel
 Prepared By: [Redacted]
 Claimant Type: Accompanying Person (Other)
 Travel From: Surrey Travel To: Legislature
 Trip Details: Traveled from Surrey to Legislature for tour with [Redacted]

Date	Expenses	Amount
August 06, 2015	Ferry	\$33.40
	Guest 1 - [Redacted]	

Total Payable \$33.40

Date 01 Sep 2015

Signature

[Redacted Signature]
 Hammell, Sue VM150017
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

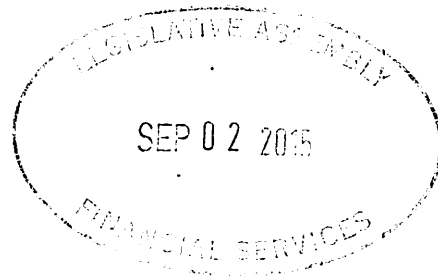
Organization Code Account Code STOB Code Amount

[Redacted Table Content]

Date 9/2/15

Signature

Spending Authority Signature





Members Of The Legislative Assembly

Travel Claim Form

Claim Number: 34851
 MLA Name: Hammell, Sue VM150017
 Constituency: Surrey - Green Timbers
 Type Of Trip: Accompanying Person Travel
 Prepared By: [Redacted]
 Claimant Type: Accompanying Person (Other)
 Travel From: Surrey
 Travel To: Legislature
 Trip Details: Traveled from Surrey to Legislature for four with [Redacted]

Date	Expenses	Amount
August 06, 2015	Ferry Guest 2 - [Redacted]	\$33.40
Total Payable		\$33.40

Date 01 Sep 2015

Signature

[Redacted Signature]

Hammell, Sue VM150017
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

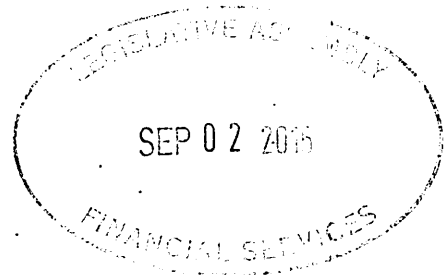
Organization Code	Account Code	STOB Code	Amount
[Redacted]			

Date 9/2/15

Signature

[Redacted Signature]

Spending Authority Signature





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

Claim Number: 34844
MLA Name: Hammell, Sue VM150017 **Claim Date:** August 06, 2015
Constituency: Surrey - Green Timbers
Type Of Trip: MLA Travel
Prepared By: [REDACTED]
Claimant Type: Member of Legislative Assembly
Travel From: Surrey **Travel To:** Legislature
Trip Details: Traveled from Surrey to Legislature for tour with [REDACTED]

Date	Expenses	Amount
August 06, 2015	Ferry	\$33.40
Total Payable		\$33.40

Date 27 Aug 2015

Signature

[REDACTED]
 Hammell, Sue VM150017
*certified that the amount to be paid is correct, and is in accordance
 with appropriate statute or other authority for payment*

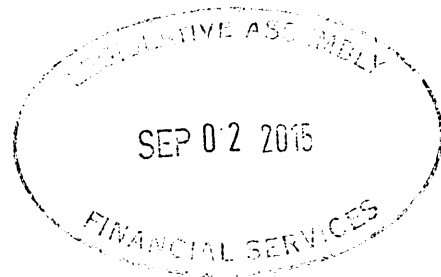
ACCOUNTS OFFICE USE ONLY

Organization Code	Account Code	STOB Code	Amount
[REDACTED]			

Date 9/2/15

Signature

[REDACTED]
 Spending Authority Signature.



Subject: FW: Group Travel - Sue Hammell Conf# [redacted] Res's [redacted]

From: Group.Travel, [mailto:group.travel@bcferries.com]

Sent: August-17-15 2:06 PM

To: [redacted]
Subject: RE: Group Travel - Sue Hammell Conf# [redacted] Res's [redacted]

Hi [redacted]

I think we're all sorted out now! Thanks again for your patience.

I didn't have to touch the [redacted] res's ([redacted]), the ones for the employee (# [redacted]) or for Bruce Ralston's group (res # [redacted]) as they were processed correctly at the time of travel. So that was a nice surprise for me :)

The credit cards below are the ones that had to be adjusted; some corrections were done at the terminal and I just did some others now myself so the various charges and refunds might be kind of scattered around the credit card statements, however, ultimately the totals should reflect the following:

Sue Hammell Payment (Member of the Legislative Assembly): Six Passengers only **\$200.40 to cc ending in [redacted] for all 6 pax on res # [redacted]**

Name: Sue Hammell

Payment method: BC MLA Travel [redacted] MasterCard Credit card number: [redacted]

Expiry: [redacted]

CVV: [redacted]

6 passengers x \$33.40 = \$200.40 (paid by BMO mastercard)

Round Trip Price:

\$33.40 round trip per person

\$109.60 roundtrip per vehicle

\$37.00 roundtrip res fee per vehicle

Please let me know if I can be of further assistance or if this doesn't make sense and we will go from there.

Sincerely,

[redacted]

Key Accounts/Group Travel Representative
British Columbia Ferry Services Inc.

T: [redacted] F: [redacted]

T: [redacted] (toll free Canada/USA)

T: [redacted] F: [redacted]

Key.Accounts@bcferries.com

Group.Travel@bcferries.com

bcferries.com

Notice:

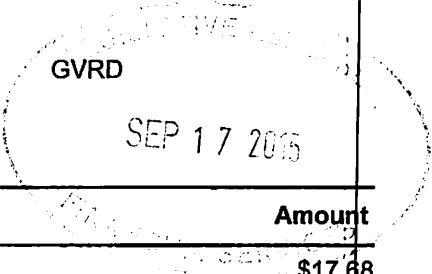
This message, including any attachments, is confidential and may contain information that is privileged or exempt from disclosure. It is intended only for the person to whom it is addressed unless expressly authorized otherwise by the sender. If you are not an authorized recipient, please notify the sender immediately and permanently destroy all copies of this message and any attachments.

\$200.40
This payment summary applies to the BC Ferry fares which appear on the above Travel Claim Forms numbered 34852, 34842, 34841, 34850, 34851, and 34844.



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

Claim Number: 34913
MLA Name: Hammell, Sue VM150017 **Claim Date:** July 01, 2015
Constituency: Surrey - Green Timbers
Type Of Trip: MLA Travel
Prepared By: [REDACTED]
Claimant Type: Member of Legislative Assembly
Travel From: Surrey **Travel To:** GVRD
Trip Details: GVRD travel



Date	Expenses	Amount
July 01, 2015	34(km)	\$17.68
July 03, 2015	56(km)	\$29.12
July 13, 2015	65(km)	\$33.80
July 15, 2015	65(km)	\$33.80
July 16, 2015	110(km)	\$57.20
July 17, 2015	12(km)	\$6.24
July 18, 2015	38(km)	\$19.76
July 19, 2015	65(km)	\$33.80
July 21, 2015	65(km)	\$33.80
July 25, 2015	48(km)	\$24.96
July 26, 2015	72(km)	\$37.44
August 04, 2015	5(km)	\$2.60
August 07, 2015	12(km)	\$6.24
August 08, 2015	47(km)	\$24.44
August 09, 2015	9(km)	\$4.68
August 16, 2015	7(km)	\$3.64
August 18, 2015	26(km)	\$13.52
August 19, 2015	10(km)	\$5.20
August 22, 2015	12(km)	\$6.24
August 23, 2015	32(km)	\$16.64
August 26, 2015	42(km)	\$21.84
September 06, 2015	32(km)	\$16.64
September 07, 2015	50(km)	\$26.00
September 09, 2015	38(km)	\$19.76
September 10, 2015	31(km)	\$16.12
September 11, 2015	76(km)	\$39.52
September 12, 2015	72(km)	\$37.44

Sept 16/15



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

Claim Number: 34913

MLA Name: Hammell, Sue VM150017

Claim Date: July 01, 2015

Constituency: Surrey - Green Timbers

Type Of Trip: MLA Travel

Date	Expenses	Amount
September 13, 2015	15(km)	\$7.80
September 14, 2015	74(km)	\$38.48
September 15, 2015	22(km)	\$11.44
September 16, 2015	27(km)	\$14.04
Total Payable		\$659.88

Date 16 Sep 2015

Signature

Hammell, Sue VM150017

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 9/18/15

Signature

Spending Authority Signature



Members Of The Legislative Assembly Travel Claim Form

Claim Number: 34914
MLA Name: Hammell, Sue VM150017 **Claim Date:** July 12, 2015
Constituency: Surrey - Green Timbers
Type Of Trip: MLA Travel
Prepared By: [REDACTED]
Claimant Type: Member of Legislative Assembly
Travel From: Constituency **Travel To:** Legislature
Trip Details:

RECEIVED
 SEP 17 2015

Date	Expenses	Amount
July 12, 2015	Parking	\$4.25 ✓
July 13, 2015	Dinner Only	\$36.00
July 13, 2015	Ferry	\$63.25 ✓
July 13, 2015	Parking	\$1.50 ✓
July 14, 2015	MLA Per Diem - Victoria	\$61.00
July 15, 2015	Ferry	\$63.25 ✓
July 15, 2015	MLA Per Diem - Victoria	\$61.00
July 19, 2015	Dinner Only	\$36.00
July 19, 2015	Ferry	\$145.00 ✓
July 20, 2015	MLA Per Diem - Victoria	\$61.00
July 21, 2015	Ferry	\$79.95 ✓
Traveled with MLA Spencer Chandra Herbert onto ferry (with him in her car). Paid \$16.90 for his fare (included in total).		
July 21, 2015	MLA Per Diem - Victoria	\$61.00
September 09, 2015	Accommodation Expenses	\$248.14 ✓
September 09, 2015	MLA Per Diem	\$61.00 ✓
September 09, 2015	Parking	\$23.00 ✓
September 10, 2015	MLA Per Diem	\$61.00
September 10, 2015	Parking	\$24.50 ✓
September 11, 2015	MLA Per Diem	\$61.00
September 11, 2015	Parking	\$23.00 ✓
September 14, 2015	Parking	\$11.00 ✓
Total Payable		\$1185.84

Date 16 Sep 2015

Signature

[REDACTED SIGNATURE]

Hammell, Sue VM150017
 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: 34914

MLA Name: Hammell, Sue VM150017

Claim Date: July 12, 2015

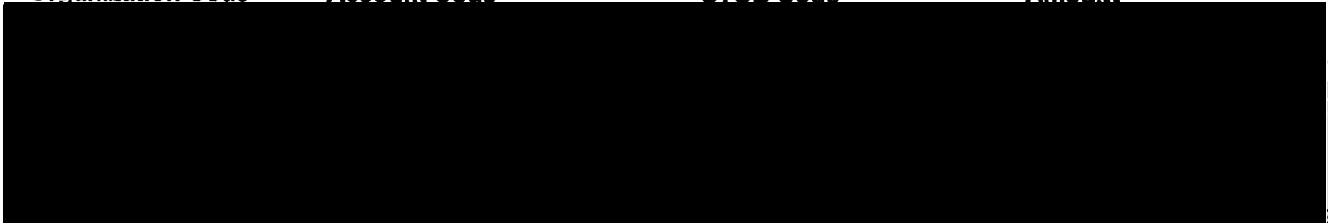
Constituency: Surrey - Green Timbers

Type Of Trip: MLA Travel

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

ACCOUNTS OFFICE USE ONLY

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



Date 9/18/15

Signature

Spending Authority Signature



RECEIPT
IMPARK

Stall #

Expiration Date/Time

JUL 12, 2015

Purchase Date/Time: Jul 12, 2015
Total Due: \$4.25 Rate: \$4.25 - For 1 Hour
Total Paid: \$4.25 Payment Type: Card
Ticket #: 00001144
S/N #: 300010390621
Setting: [Redacted]
Mach Name: Meter 9

Card #****- [Redacted] Visa

Auth #: 0259

Thank You!
Please come again
www.impark.com

RECEIPT

License Plate Number

Expiration Date/Time

JUL 13, 2015

Purchase Date/Time: Jul 13, 2015
Total Due: \$1.50 Rate: \$1.50 for 1 Hour
Total Paid: \$1.50 Payment Type: Card
Ticket #: 00010647
S/N #: 520014230464
Setting: [Redacted]
Mach Name: [Redacted]

****- [Redacted] Visa

Auth #: 027644

Thank You

PURCHASE



2015/07/13
Tsawwassen
To
Swartz Bay

AUTH ONLY

20' Undersize Vehi 55.40
1 BC Senior 8.45
Fuel Rebate 0.80-
Fuel Correctn 0.20

Total 63.25
MasterCard 63.25

***** [Redacted]
005/01-66223131
0016513870
Approved: 212645
CHANGE DUE 0.00

PURCHASE



2015/07/15
Swartz Bay
To
Tsawwassen

AUTH ONLY

20' Undersize Vehi 55.40
1 BC Senior 8.45
Fuel Rebate 0.80-
Fuel Correctn 0.20

Total 63.25
MasterCard 63.25

***** [Redacted]
005/01-66223094
0016532100
Approved: 233038
CHANGE DUE 0.00

PURCHASE



2015/07/19
Tsawwassen
To
Swartz Bay

AUTH ONLY

20' Undersize Vehi 55.40
1 Adult 16.90
1 Priority Loadi 73.50
Fuel Rebate 0.80-

Total 145.00
MasterCard 145.00

***** [Redacted]
005/01-66223131
0016576390
Approved: 212724
CHANGE DUE 0.00

PURCHASE



2015/07/21
Swartz Bay
To
Tsawwassen

AUTH ONLY

20' Undersize Vehi 55.40
1 Adult 16.90
1 BC Senior 8.45
Fuel Rebate 1.00-
Fuel Correctn 0.20

Total 79.95
MasterCard 79.95

***** [Redacted]
005/01-66223091
0016457800
Approved: 212735
CHANGE DUE 0.00

LANE 40

TSA 13 Jul 2015

SEE REVERSE SIDE OF TICKET

LANE 10

SWB 15 Jul 2015

SEE REVERSE SIDE OF TICKET

LANE 44

TSA 19 Jul 2015

SEE REVERSE SIDE OF TICKET


LANE 05

SWB 21 Jul 2015

SEE REVERSE SIDE OF TICKET

*S. Pencer
Chandra
Herbert*



Room : 
 Folio # :
 Invoice # :
 Cashier # : 10005
 Page # : 1 of 1

Ms Sue Hammell


Arrival : 09-09-15
 Departure : 09-10-15

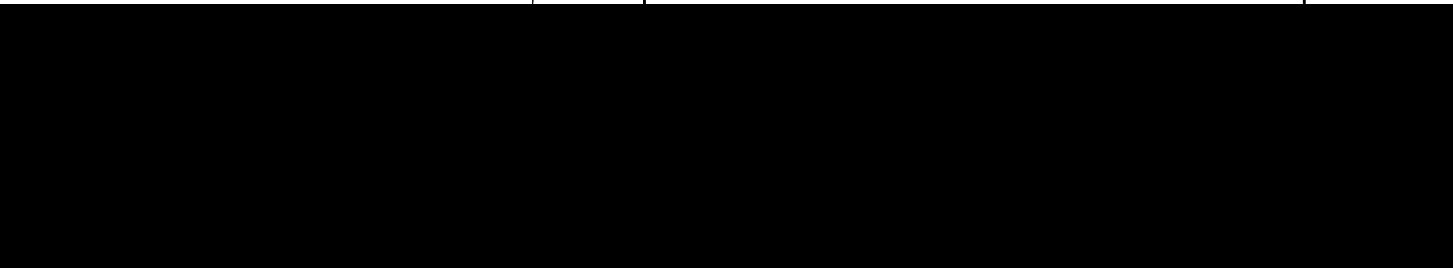
Date	Description	Additional Information	Charges	Credits
09-09-15	Room Charge - Provincial Govt		218.56	
09-09-15	Destination Marketing Fee		2.19	
09-09-15	Hotel Room Tax		18.83	
09-09-15	Room GST		8.56	
Total			248.14	0.00
Balance Due			248.14	

GST Summary

Room : 8.56
 F&B : 0.00
 Other : 0.00
 Total : 8.56

HST Summary

Room : 0.00
 F&B : 0.00
 Other : 0.00
 Total : 0.00



PLACE FACE UP ON DASH
Metro Parking Ltd

Expiration Date/Time

SEP 09, 2015

Purchase Date/Time: Sep 09, 2015
Total Due: \$23.00 Rate: \$23.00 - Until
Total Paid: \$23.00 Payment Type: Card
Ticket #: 00021827
S/N #: 30001090110
Setting: [Redacted]
Mach Name: Meter-1

Card # [Redacted] MasterCard

Auth #: 115037

Place Ticket Face Up
On Vehicle Dash.

PLACE FACE UP ON DASH
Metro Parking Ltd

Expiration Date/Time

SEP 11, 2015

Purchase Date/Time: Sep 11, 2015
Total Due: \$23.00 Rate: \$23.00 - Until
Total Paid: \$23.00 Payment Type: Card
Ticket #: 00021881
S/N #: 30001090110
Setting: [Redacted]
Mach Name: Meter-1

Card # [Redacted] MasterCard

Auth #: 115510

Place Ticket Face Up
On Vehicle Dash.

RECEIPT

Advanced Parking

Lot [Redacted]

ADVANCED PARKING

REG 09-14-2015 [Redacted]
CO1 MC#01 035398
CT 1

1 EARLYBIRD \$11.00
TL \$11.00
CASH \$11.00

✓ Stall # [Redacted]

Setting: ADV Lot [Redacted]
Mach Name: Meter [Redacted]

\$24.50
Card
MasterCard

EXPIRATION DATE/TIME

SEP 10, 2015

Exp [Redacted]
SEP 10, 2015

Ticket #: 00008988
FOLLOW INSTRUCTIONS ON SIGNS
\$24.50 Card # [Redacted]
MasterCard Auth #: 114708
\$24.50 - Until [Redacted]
Total Due \$24.50
Total Paid \$24.50

T#00008988
S/N#100008
500029

Purchased
SEP 10, 2015

Your Receipt,
Thank You For Parking
With Us.