



Legislative Assembly of British Columbia
MLA Travel Expenses
Paid in the period April 1, 2016 to September 30, 2016

For Members of Cabinet (Ministers and Ministers of State), most travel expense claims are processed by the Ministry of Finance and this information is available on the Province of British Columbia [website](#). Occasionally, however, Members of Cabinet may need to submit travel expense claims (e.g. for Accompanying Person travel) to the Legislative Assembly of BC and in these cases redacted receipts will be included with the disclosure reports.

GST input tax credits are not included in the amounts of the travel expenses in this report and therefore, the amounts of the travel expenses in receipts do not agree to the amounts of the travel expenses in this report.

**MEMBERS OF THE LEGISLATIVE ASSEMBLY
TRAVEL CLAIM FORM**

MLA NAME: <u>Mary Polak</u>		CONSTITUENCY: <u>Langley</u>	
TRAVEL BY: (NAME IF OTHER THAN MLA; IF CA INCLUDE ADDRESS)		SPOUSE/DEPENDENT <input type="checkbox"/>	CONSTIT.ASSISTANT <input type="checkbox"/>
TRAVEL FROM: <u>Langley</u>		TO: <u>Quesnel</u>	RETURN TRIP <input type="checkbox"/>

TRAVEL EXPENSES FOR REIMBURSEMENT

		DATES	AMOUNT CLAIMED
MILEAGE (\$.53/KM)	<u>KMS</u>	<u>June 13-15</u>	\$
MILEAGE (\$.53/KM)	<u>KMS</u>		\$
AIRFARE/FERRY:			\$
OTHER EXPENSES:			\$
HOTEL: 136.72 (2 days)			\$ 273.44 <input checked="" type="checkbox"/>
PER DIEM:			
	<u>June 13 -</u>	<u>27.00</u>	
	<u>June 15 -</u>	<u>36.00</u>	
TOTAL AMOUNT CLAIMED			<u>63.00</u>
			<u>336.44.</u>

****PLEASE ATTACH ALL RECEIPTS****



July 7 2016

MEMBER'S SIGNATURE

DATE



CA'S SIGNATURE

July 18/16
DATE

ACCOUNTS OFFICE USE ONLY

VM 150023



authority for payment



SPENDING AUTHORITY SIGNATURE

7/22/16

C/O 06/15/2016 [REDACTED] CH

Registered To:

Polak, Mary, Minister ✓

MINISTER OF ENVIROMENT
MLA LANGLEY,
[REDACTED]

Room # [REDACTED]

Conf # [REDACTED]
Arrival
Departure
Group

06/13/16
06/15/16
BC Liberals

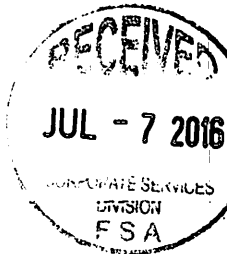
Room Type
Guests

00-2 QUEEN BEDS
270

Payment
Acct

Visa/Master

Posting Date	Oper	AcctCode	Description	From	Reference	Amount
06/13/16	CH	RC	ROOM CHRG REVENUE			\$120.99
06/13/16	CH	9GS	GST 5%			\$6.05
06/13/16	CH	91	ROOM TAX-8%			\$9.68
06/14/16	CH	RC	ROOM CHRG REVENUE			\$120.99
06/14/16	CH	9GS	GST 5%			\$6.05
06/14/16	CH	91	ROOM TAX-8%			\$9.68
06/15/16	CH	VS	PAYMENT VISA/MC			\$273.44
e Due						\$0.00



CARD ***** [REDACTED]
 CARD TYPE VISA
 DATE 2016/06/15
 TIME 8953 [REDACTED]
 RECEIPT NUMBER
 C84101839-001-610-008-0
 PRE-AUTH COMPLETION
 TOTAL
\$273.44

THE UNDERSIGNED GUEST AGREES TO PAY THE AMOUNT IN THE CHARGES ARE TO BE BILLED TO A THIRD PARTY, THE L PAYMENT OF THE CHARGES IN THE EVENT THAT THE INDICATED THIR FOR ANY PART OR THE FULL AMOUNT OF SUCH CHARGES.

VISA
A0000000031010

RTION OF THIS INVOICE. IF
NALLY LIABLE FOR
SSOCIATION FAILS TO PAY

APPROVED

AUTH# [REDACTED] 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

Signature _____