

MLA Travel Expenses Paid in the period April 1, 2017 to December 31, 2017

For Members of Cabinet (the Premier, 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 <u>website</u>. 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.

| ACCOMPANYING TRAVEL FORM | | | | |
|---------------------------------------------------------------------------------------------------------|-------------------------------------|--|--|--|
| ACOMPANY ING TRAVEL MEMBERS OF THE LEGISLATIVE ASSEMBLY MINISTERIS TRAVEL CLAIMFORM DEFICE VSE THUY. | | | | |
| MLA NAME: Carole James | Victoria - Begcon Hill | | | |
| TRAVEL BY: (NAME IF OTHER THAN MLA; IF CA INCLUDE ADDRESS) | SPOUSE/DEPENDENT CONSTIT.ASSISTANT | | | |
| TRAVEL FROM: Victoria | TO: RETURN TRIP | | | |

TRAVEL EXPENSES FOR REIMBURSEMENT

| | | DATES | AMOUNT CLAIMED | |
|------------------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--|
| MILEAGE | | | \$ 6 | |
| (\$.53/KM) | KMS | | | |
| MILEAGE | WMC | | \$ 0 | |
| (\$.53/KM) AIRFARE/FEI | KMS KMS | | \$ | |
| AIRFARE/FERRI. | | | Φ | |
| | | for an and the second s | 0 | |
| | | No. Si | 0 | |
| OTHER EXPE | ENSES: | 1012020- | \$ | |
| | | Str. 2017 | 0 | |
| HOTEL: | | S. Star | \$ | |
| | | SERVICES | 6 | |
| | | | 0 | |
| PER DIEM: | | | \$ | |
| PER DIEM: OCL. 25 - lunch + dinner (\$48.50) Oct. 26 - breakfast + lunch (\$39.50) | | | 68.60 | |
| ort. 26 | - breakfast + lunch (9 | 39.50) | 00 | |
| 0000 20 | | TOTAL AMOUNT CLAIMED | \$ 99 60 | |
| | | 3 | \$ 88.00 | |
| | | | | |
| **PLEASE ATTACH ALL RECEIPTS** | | | | |
| 1/1/1 | | | | |
| NOV. 10/11/ > NOV. 6/17 | | | | |
| MEMBER'S SIGNATURE DATE CA'S SIGNATURE DATE | | | | |
| | | an and a second from a second second | | |
| | | | | |
| ACCOUNTS OFFI | CE USE ONLY | | | |
| | | | | |

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

NUV 2 0 2017

SPENDING AUTHORITY SIGNATURE