



MLA Travel Expenses
Paid in the period April 1, 2018 to December 31, 2018

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 [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: <i>Lana Popham</i>		CONSTITUENCY: <i>Seamich South</i>	
TRAVEL BY: (NAME IF OTHER THAN MLA; IF CA INCLUDE ADDRESS) [REDACTED]		SPOUSE/DEPENDENT <input type="checkbox"/>	CONSTIT.ASSISTANT <input checked="" type="checkbox"/>
TRAVEL FROM: <i>260-4243 Glenford Ave. Victoria BC</i>		TO: [REDACTED] <i>Victoria BC</i>	RETURN TRIP <input checked="" type="checkbox"/>

TRAVEL EXPENSES FOR REIMBURSEMENT

		DATES	AMOUNT CLAIMED
MILEAGE (\$.54/KM)	KMS		\$
MILEAGE (\$.54/KM)	KMS		\$
AIRFARE/FERRY:			\$
OTHER EXPENSES:			\$
HOTEL:			\$
PER DIEM:	<i>lunch Nov. 7</i>	<i>\$27.00</i>	<i>\$27.00</i>
TOTAL AMOUNT CLAIMED			\$ 27.00

****PLEASE ATTACH ALL RECEIPTS**

MEMBER'S SIGNATURE

DATE

1/30/33



ACCOUNTS OFFICE USE ONLY

Lana Popham 2018/11/14

Org. acct. stop: \$

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

DEC 10 2018

SPENDING AUTHORITY SIGNATURE

rec'd
revised: 11/14/2018

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

MLA NAME: <i>Lana Popham</i>		CONSTITUENCY: <i>Saanich South.</i>	
TRAVEL BY: (NAME IF OTHER THAN MLA; IF CA INCLUDE ADDRESS) [REDACTED]		SPOUSE/DEPENDENT <input type="checkbox"/>	CONSTIT.ASSISTANT <input type="checkbox"/>
TRAVEL FROM: <i>260-4243 Glanford Ave.</i>		TO: [REDACTED]	RETURN TRIP <input type="checkbox"/>

TRAVEL EXPENSES FOR REIMBURSEMENT

		DATES	AMOUNT CLAIMED
MILEAGE (\$.54/KM)	KMS		\$
MILEAGE (\$.54/KM)	KMS		\$
AIRFARE/FERRY:			\$
OTHER EXPENSES: <i>Parking</i>			\$ <i>24.00.</i> ✓
HOTEL:			\$
PER DIEM: <i>lunch NOV 6 to Attend CA conference</i> <i>NOV 7</i>			\$ <i>54.00.</i> ✓
TOTAL AMOUNT CLAIMED			\$ <i>78.00.</i>

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

MEMBER'S SIGNATURE _____

DATE _____

CA'S SIGNATURE _____

DATE _____

2018/11/19.

ACCOUNTS OFFICE USE ONLY

V131125

[REDACTED]

[REDACTED]

[REDACTED]

Job: _____

\$ _____

in accordance with appropriate statute or other

DEC 10 2018

revised: 11/19/2018

Recd.

OU

WESTPARK - THANK YOU

WESTPARK - THANK YOU

WestPark [REDACTED]

THIS IS YOUR RECEIPT

Meter: [REDACTED]
Trans: 024707
Paid: \$24.00
Purchase Time:
NOV 06, 2018

License plate:
[REDACTED]

Card: *****
Auth: 092982

Expires:
NOV 06
[REDACTED]

PARKING RECEIPT

PARKING RECEIPT

Parking at
[REDACTED] for
conference.