



Legislative Assembly of British Columbia
MLA Travel Expenses
Paid in the period April 1, 2014 to March 31, 2015

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 at <http://www.openinfo.gov.bc.ca/ibc/index.page>. 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

Claim Number: 33144

MLA Name: Stilwell, Michelle VM150089

Claim Date: February 01, 2014

Constituency: Parksville - Qualicum

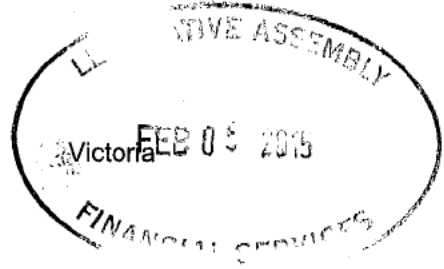
Type Of Trip: Accompanying Person Travel

Prepared By: [Redacted]

Claimant Type: Accompanying Person (Family Member)

Travel From: Victoria

Travel To: Victoria



Trip Details:

Parents, 2 Trips

Date	Expenses	Amount
February 01, 2014	Accommodation Expenses	\$439.04

Total Payable \$439.04

Date 03 Feb 2015

Signature [Redacted]

Stilwell, Michelle VM150089

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 _____

Signature [Redacted]

Spending Authority Signature

Room :
 Folio # :
 Cashier # : 97
 Page # : 1 of 1

Arrival : 02/01/15
 Departure : 02/03/15

Date	Description	Additional Information	Charges	Credits
02/03/15	Room Charge	Feb 1	189.00	
02/03/15	Destination Marketing Fee		1.89	
02/03/15	Hotel Room Tax		19.09	
02/03/15	Room GST		9.54	
02/03/15	Room Charge	Feb 2	189.00	
02/03/15	Destination Marketing Fee		1.89	
02/03/15	Hotel Room Tax		19.09	
02/03/15	Room GST		9.54	
02/03/15	Visa	XXXXXXXXXXXX [REDACTED] XX/XX		439.04
Total			439.04	439.04
Balance Due			0.00	

GST Summary

Room : 19.08
 F&B : 0.00
 Other : 0.00
Total : 19.08

HST Summary

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



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

Claim Number: 33165
MLA Name: Stilwell, Michelle VM150089 **Claim Date:** February 01, 2014
Constituency: Parksville - Qualicum
Type Of Trip: MLA Travel
Prepared By: [REDACTED]
Claimant Type: Member of Legislative Assembly
Travel From: Parksville **Travel To:** Victoria
Trip Details: MLA Activity

Date	Expenses	Amount
February 01, 2014	151(km) Parksville-Victoria	\$78.52
February 01, 2014	54(km) Apartment-YYJ-Apartment	\$28.08
February 01, 2014	Lunch and Dinner Only-Victoria	\$48.50
February 02, 2014	MLA Per Diem - Victoria	\$61.00

Sworn in 8:30 pm.

Total Payable **\$216.10**

Date 06 Feb 2015

Signature

Stilwell, Michelle VM150089

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

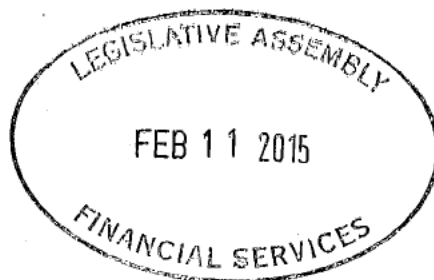
Organization Code Account Code STOB Code Amount

[REDACTED]

Date _____

Signature

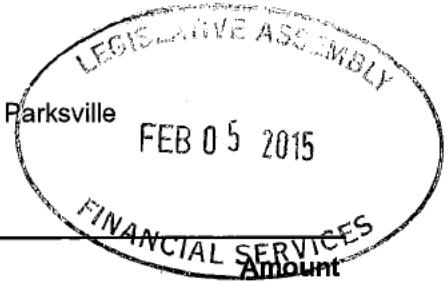
Spending Authority Signature





Members Of The Legislative Assembly Travel Claim Form

Claim Number: 33149
MLA Name: Stilwell, Michelle VM150089 **Claim Date:** January 28, 2014
Constituency: Parksville - Qualicum
Type Of Trip: MLA Travel
Prepared By: [REDACTED]
Claimant Type: Member of Legislative Assembly
Travel From: Vancouver **Travel To:** Parksville
Trip Details: Meetings at PVO



Date	Expenses	Amount
January 28, 2014	Accommodation Expenses [REDACTED]	\$220.80 ✓
January 28, 2014	MLA Per Diem	\$61.00
January 28, 2014	Public Transportation Skytrain	\$9.00 ✓
January 28, 2014	Public Transportation Skytrain	[REDACTED] 2.15
January 29, 2014	Airfare - oneway YVR-YCD	\$171.28 ✓
January 29, 2014	Breakfast & Lunch only	\$39.50
January 29, 2014	Taxi	\$55.00 ✓

Total Payable [REDACTED] 559.33

Date 04 Feb 2015

Signature [REDACTED]

Stilwell, Michelle VM150089
*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]			

The Island Chauffeur

Mailing address:
667 Temple St., Parksville, BC V9P 1A9

Phone: (250) 954-9694
Toll free: 1-877-954-9694
Fax: (250) 954-1609
e-mail: islandchauffeur@telus.net

INVOICE / STATEMENT

Invoice #: 01292015

Date: Jan. 29, 2015

TO:

Michelle Stilwell, MLA
[REDACTED]

Description:

Transport Michelle Stilwell from the Nanaimo Airport to her address in Parksville on Thursday, Jan. 29, 2015.

(\$15 discount was applied to the fare as we had another paying client traveling on the same trip).

Total before tax:	\$ 52.38
GST:	\$ 2.62
Amount due:	\$ 55.00
Amount paid by VISA (card ending xxx[REDACTED])	\$ 55.00
Amount owing:	\$ 0.00

GST # [REDACTED]

Room : [REDACTED]
Folio # : [REDACTED]
Invoice # : [REDACTED]
Cashier # : 3005
Page # : 1 of 1

Govt BC
Mrs Michelle Stilwell

Arrival : 01-28-15
Departure : 01-29-15

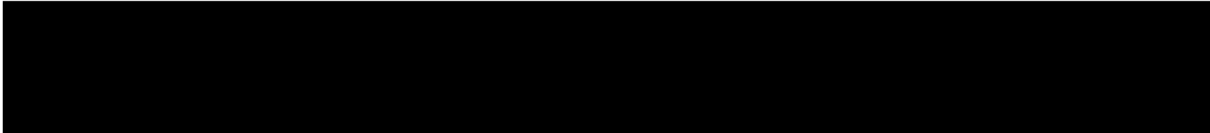
Date	Description	Additional Information	Charges	Credits
01-28-15	Room Charge		192.00	
01-28-15	Hotel Room Tax		19.20	
01-28-15	Room GST		9.60	
01-29-15	Visa	XXXXXXXXXXXX [REDACTED] XX/XX		220.80
Total			220.80	220.80
Balance Due			0.00	

GST Summary

Room : 9.60
F&B : 0.00
Other : 0.00
Total : 9.60

HST Summary

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



From: Air Canada <confirmation@aircanada.ca>
Sent: January-13-15 9:57 AM
To: [REDACTED]
Subject: Air Canada - 29-Jan: Vancouver - Nanaimo (booking ref: [REDACTED]) - seat selected
Categories: Expenses

***** PLEASE DO NOT REPLY TO THIS E-MAIL *****

AIR CANADA 

Itinerary/Receipt

Your booking is confirmed. Please print/retain this page for your financial records (e.g. for taxation, expense claim or payment card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

[Scan this barcode to check in at any Air Canada check in kiosk.](#)



Access your personalized Air Canada travel information

[View your planner >](#)

Booking Information

Booking Reference: [REDACTED]

Electronic Ticketing confirmed. This is your official itinerary/receipt.

Main Contact:
Mrs Michelle Stilwell

Mobile: [REDACTED]

Online Services

Manage my booking online (view/change my booking; select seats*).

Select Seats

Maple Leaf Lounge | Meal Vouchers | On My Way

Alert me of flight status changes directly to my mobile phone or email.

Flight Arrivals & Departures - check online if my flight is on time.

Check-in online and print my boarding pass.

Customer Care

Air Canada
1-888-247-2262
Flight Arrivals and Departures
1-888-422-7533

* [Can my booking be changed online?](#)

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
██████████	Vancouver, Vancouver Int'l (YVR) Thu 29-Jan 2015 ██████████ - Terminal M	Nanaimo, Nanaimo (YCD) Thu 29-Jan 2015 ██████████	0	0hr23	DH3	Flex, G	

Operated by:

¹ Air Canada Express - Jazz

Passenger Information

1: Mrs Michelle Stilwell : Adult (16+), Ticket Number: 0142143512721

Air Canada -
Aeroplan :

██████████

Meal Preference : **None**

Payment Card:

xxxx-xxxx-xxxx ██████████

Special Needs:

Wheelchair - Assistance within the plane - self reliant with an attendant

Seat Selection:

██████████

Purchase Summary

Fare Summary

Passenger Type	Adult
Air Transportation Charges	
Departing Flight - Flex	139.00
<u>Surcharges</u>	12.00
Taxes, Fees and Charges	
Canada Airport Improvement Fee	5.00
Canada Goods and Services Tax (GST/HST # ██████████)	8.16
Air Travellers Security Charge (ATSC)	7.12
Total before options (per passenger)	171.28
Number of passengers	x 1
Total with options	171.28
Travel Insurance (declined)	0.00
Grand Total - Canadian dollars	\$171.28

Payment Information

Credit/Debit Card xxxx-xxxx-xxxx ██████████ - Amount paid: \$171.28

The following charges (tax inclusive) will appear on your credit or debit card statement:

Air Canada: \$171.28 (Airfare - per ticket)

Ticket number(s): 0142143512721

Fare Rules

Departing Flight Vancouver (YVR) To Nanaimo (YCD) - Flex

ST

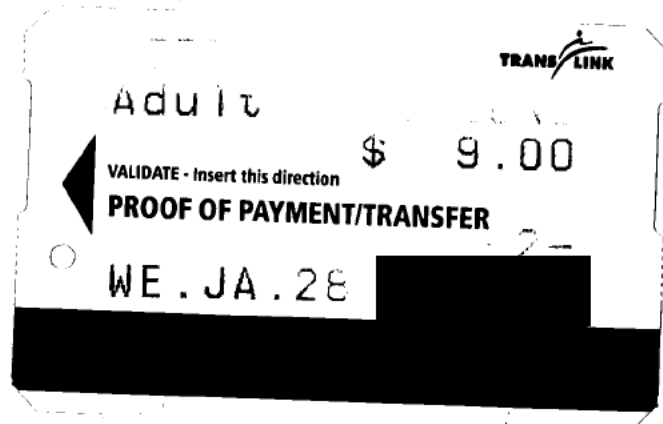
WE . JA . 28 [REDACTED] -1- 2 275 8

Date	Expires at	Zone issued	#of Zones	Value	Category
------	------------	-------------	-----------	-------	----------

CONDITIONS OF USE

1. Valid for travel for fare indicated until expiry date/time printed, on South Coast British Columbia Transportation Authority (TransLink) transportation service region buses, SeaBus and SkyTrain.
2. To travel additional zones during Regular Fare Periods, purchase an AddFare at time of travel.
3. Proof of Payment/Transfer must remain in the possession of the user at all times while on board transit vehicles and within Fare Paid Zones. It must be produced for inspection on request of the operator or other official of TransLink, its designated subsidiaries, or operating companies.
4. Use of this transfer is subject to the terms and conditions of the South Coast British Columbia Transportation Authority Transit Tariff. Contravention may result in confiscation of the transfer and/or prosecution.
5. Customer Information 604-953-3333, Lost Property 604-953-3334.

NOT FOR RESALE. NON TRANSFERABLE. VOID IF ALTERED.
EDM8598-3





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

Claim Number: 32809
MLA Name: Stilwell, Michelle VM150089 **Claim Date:** November 24, 2014
Constituency: Parksville - Qualicum
Type Of Trip: MLA Travel
Claimant Type: Member of Legislative Assembly
Travel From: Parksville **Travel To:** Victoria
Trip Details: Session

Date	Expenses	Amount
November 24, 2014 Session	Breakfast and Dinner Only-Victoria	\$48.50
November 25, 2014 Session	MLA Per Diem - Victoria	\$61.00
November 26, 2014 Session	MLA Per Diem - Victoria	\$61.00
November 27, 2014 Session	Breakfast and Dinner Only-Victoria	\$48.50

Total Payable **\$219.00**

Date 27 Nov 2014

Signature _____

Stilwell, Michelle VM150089
*certified that the amount to be paid is correct, and is in accordance
with appropriate statute or other authority for payment*

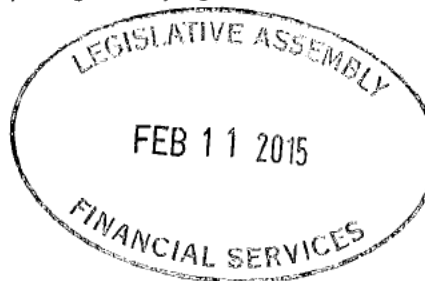
ACCOUNTS OFFICE USE ONLY

Organization Code	Account Code	STOB Code	Amount

Date _____

Signature _____

Spending Authority Signature



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

MLA NAME: Michelle Stilwell		CONSTITUENCY: Parksville-Qualicum	
TRAVEL BY: (NAME IF OTHER THAN MLA; IF CA INCLUDE ADDRESS)		SPOUSE/DEPENDENT <input type="checkbox"/>	CONSTIT.ASSISTANT <input checked="" type="checkbox"/>
[REDACTED]			
TRAVEL FROM: Nanaimo	TO: Victoria	RETURN TRIP <input checked="" type="checkbox"/>	

TRAVEL EXPENSES FOR REIMBURSEMENT

		DATES	AMOUNT CLAIMED
MILEAGE (\$.52/KM)	128KMS	March 1, 2015	\$66.56
MILEAGE (\$.52/KM)	128KMS	March 3, 2015	\$66.56
AIRFARE/FERRY:			\$
OTHER EXPENSES:			\$
HOTEL: [REDACTED]			\$209.08
PER DIEM: <i>full day</i>			<i>61.00</i>
TOTAL AMOUNT CLAIMED			<i>403.20</i>

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

[REDACTED]
MEMBER'S SIGNATURE

DATE

[REDACTED]
CA'S SIGNATURE

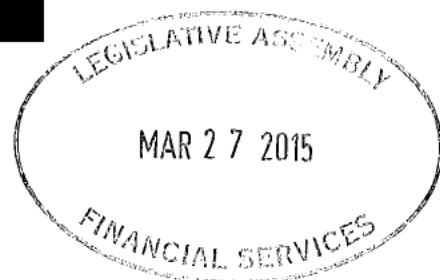
March 19, 2015
DATE

ACCOUNTS OFFICE USE ONLY

V130447

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

[REDACTED]
SPENDING AUTHORITY SIGNATURE



BC Government Constituency

Room : [REDACTED]
Arrival Date : 03/01/15
Invoice No. : [REDACTED]
Folio No. : [REDACTED]
Conf. No. : 4092874
Cashier No. : 67
Billing Date : 03/03/15
A/R Number

Date	Description	Debit	Credit
03/01/15	Room	90.00	
03/01/15	Destination Marketing Fee	0.90	
03/01/15	Provincial Room Tax	9.09	
03/01/15	Room GST	4.55	
[REDACTED]			
03/02/15	Room	90.00	
03/02/15	Destination Marketing Fee	0.90	
03/02/15	Provincial Room Tax	9.09	
03/02/15	Room GST	4.55	
03/03/15	Mastercard	XXXXXXXXXXXX [REDACTED] XX/XX	[REDACTED]
Room H/GST Total - [REDACTED]	Total	[REDACTED]	[REDACTED]
Other H/GST Total - [REDACTED]			
H/GST # [REDACTED] PST# [REDACTED]	Balance	0.00	

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

MLA NAME: Michelle Stilwell		CONSTITUENCY: Parksville-Qualicum	
TRAVEL BY: (NAME IF OTHER THAN MLA; IF CA INCLUDE ADDRESS)		SPOUSE/DEPENDENT <input type="checkbox"/>	CONSTIT.ASSISTANT <input checked="" type="checkbox"/>
TRAVEL FROM: Nanaimo		TO: Victoria	RETURN TRIP <input type="checkbox"/>

TRAVEL EXPENSES FOR REIMBURSEMENT

		DATES	AMOUNT CLAIMED
MILEAGE (\$52/KM)			
MILEAGE (\$52/KM)			
AIRFARE/FERRY:			\$
OTHER EXPENSES: Parking (carpooled with CA [REDACTED])			\$37.80 ✓
HOTEL: [REDACTED]			\$209.08 ✓
PER DIEM: March 1-3/15 DINNER			[REDACTED] 36.00
TOTAL AMOUNT CLAIMED			[REDACTED]

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

282.88

[REDACTED]
MEMBER'S SIGNATURE

DATE

[REDACTED]
CA'S SIGNATURE

DATE

Y130624

ACCOUNTS OFFICE USE ONLY

[REDACTED]

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

[REDACTED]
SPENDING AUTHORITY SIGNATURE

[REDACTED]



HOTEL GUEST PARKING PASS

831154

PLACE FACE UP ON DASH

CONDITIONS:

- a) Failure to display pass properly will result in vehicle being either ticketed or towed away at owner's expense.
- b) This pass is valid for corresponding **LICENSE NO.** and **DATE** only!
- c) This pass will become **INVALID** if the original dates or license no. are altered in any way - **Vehicle will be towed!** Obtain new pass at front desk if extension required or change in License No.
- d) Remove all valuables from vehicle.
- e) We assume no responsibility whatever for damage to car or contents however caused.

IMPORTANT:

Parking fee will be charged nightly until departure date. Pass must be returned to front desk promptly if no longer required.

OVERHEIGHT VEHICLE:

GUEST NAME

DATE IN	MONTH	DATE	DATE OUT	MONTH	DATE
	03	01		03	03

LICENSE #

Room :
 Arrival Date : 03/01/15
 Invoice No. :
 Folio No. :
 Conf. No. : 4092484
 Cashier No. : 67
 Billing Date : 03/03/15
 A/R Number

03/02/15 Destination Marketing Fee
 03/02/15 Provincial Room Tax
 03/02/15 Room GST
 03/02/15 Parking Charges
 03/02/15 GST
 03/03/15 Visa

Debit	Credit
90.00	
0.90	
9.09	
4.55	
18.00	
0.90	
90.00	
0.90	
9.09	
4.55	
18.00	
0.90	

XXXXXXXXXXXX XX/XX

Room H/GST Total -
 Other H/GST Total -
 H/GST # PST#

Total
Balance 0.00