



**Legislative Assembly of British Columbia**  
**MLA Travel Expenses**  
**Paid in the period April 1, 2015 to December 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**

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

Caucus Trip

**TRAVEL EXPENSES FOR REIMBURSEMENT**

|                             |         | DATES      |  | AMOUNT CLAIMED |
|-----------------------------|---------|------------|--|----------------|
| MILEAGE (\$ .52/KM)         | 150 KMS | Nov. 27/15 |  | \$ 78          |
| MILEAGE (\$ .52/KM)         | 150 KMS | Nov. 28/15 |  | \$ 78          |
| <b>AIRFARE/FERRY:</b>       |         |            |  | \$             |
| <b>OTHER EXPENSES:</b>      |         |            |  | \$             |
| <b>HOTEL:</b>               |         |            |  | \$             |
| <b>PER DIEM:</b><br>Dinner  |         |            |  | \$ 36.00       |
| <b>TOTAL AMOUNT CLAIMED</b> |         |            |  | \$ 192.00      |

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

**MEMBER'S SIGNATURE**

**DATE**

**CA'S SIGNATURE**

**DATE**

**ACCOUNTS OFFICE USE ONLY**

VM150089

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

**SPENDING AUTHORITY SIGNATURE**

NOV 30 2015