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Claim Number: 35886 Trevena, Claire VM150041 Claim Date: February 08, 2016 MLA Name: Constituency: North Island Type Of Trip: **MLA Travel** Prepared By: Claimant Type: Member of Legislative Assembly Travel To: Capital/Return **Travel From:** Constituency **Trip Details: Amount** Date **Expenses** \$153.40 February 08, 2016 295(km) \$153.40 February 11, 2016 295(km) \$61.00 February 08, 2016 MLA Per Diem \$61.00 / MLA Per Diem - Victoria February 09, 2016 \$61.00 MLA Per Diem - Victoria February 10, 2016 \$61.00 MLA Per Diem - Victoria February 11, 2016 **L**otal Payable \$550.80 Signe Date ____11 Feb 2016 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** Amount **STOB Code Organization Code Account Code**



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MLA Name: Constituency: Type Of Trip: Prepared By: Claimant Type: Travel From: Trip Details:	Not ML Mer	vena, Claire VM150041 th Island A Travel her of Legislative Assembly histituency	Claim Date:	February 23, 20 Capital/Return	16
Date		Expenses			Amount
February 23, 201	6	290(km)			\$150.80
February 25, 2016		290(km)			\$150.80
February 23, 201	16	Lunch and Dinner Only-	-Victoria		\$48.50
February 24, 201	16	MLA Per Diem - Victoria	a		\$61.00
February 25, 201	16	Breakfast & Lunch Only	-Victoria	l l	\$39.50
Date <u>25 Feb</u>	2016	Signatur	Trevena, Claire vivo	otal Payable 1150041 unt to be paid is correct, ute or other authority for	
ACCOUNTS (OFF	ICE USE ONLY		•	
Organization Co	ode	Account Code	STOB	Code	Amount
Date <u>2/6</u>	26/	Signature		hority Signature	



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Claim Number: 36102 **MLA Name:** Trevena, Claire VM150041 February 28, 2016 Claim Date: North Island Constituency: MIA Travel Type Of Trip: Prepared By: Claimant Type: Member of Legislative Assembly **Travel From:** Cdhstit Capital/Return Travel To: **Trip Details: Amount Date Expenses** \$150.80 February 28, 2016 290(km) \$150.80 March 03, 2016 290(km) \$36.00 Dinner Only - Victoria February 28, 2016 \$61.00 February 29, 2016 MLA Per Diem - Victoria March 01, 2016 MLA Per Diem - Victoria \$61.00 March 02, 2016 \$61.00 MLA Per Diem - Victoria March 03, 2016 Breakfast & Lunch Only-Victoria \$39.50 **Total Payable** \$560.10 Date 03 Mar 2016 with appropriate statute or other authority for payment ACCOUNTS OFFICE USE ONLY **Amount Organization Code Account Code STOB Code**

Signature

Spending Authority Signature



Claim Number: 36180

Members Of The Legislative Assembly Travel Claim Form

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MLA Name:	Trevena, Claire VM15004	1 / Claim Date:	March 07, 2016	
Constituency:	North Island		1	
Type Of Trip:	MLA Travel			
Prepared By: Claimant Type:	Member of Legislative Ass	embly ·	İ	
Travel From:	Constituency	Travel To:	Capital/Return	
Trip Details:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
·			4	
Date	Expenses			Amount
March 07, 2016	290(km)			\$150.80
March 10, 2016	290(km)			\$150.80
March 07, 2016	Lunch and Dinner	Only-Victoria		\$48.50
March 08, 2016	Breakfast and Dir		t .	\$48.50
March 09, 2016	MLA Per Diem - \	/ictoria		\$61.00
March 10, 2016	Breakfast & Luncl	n Only-Victoria	:	\$39.50
			:	1
		T	otal Payable	\$499.10
			·	
Date 10 Mar	2016 Sig	gna		
		certified that the amo	ount to be paid is correct, an	d is in accordance
		with appropriate stat	tute or other authority for pa	yment
				
ACCOUNTS C	OFFICE USE ONLY		:	
Organization Co	de Account Code	STOB	Code	Amount
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Date $3/19$	5//6 Sig	gnature		
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Claim Number: 36265

MLA Name:

Trevena, Claire VM150041

Claim Date:

March 13, 2016

Constituency:

North Island

Type Of Trip:

MLA Travel

Prepared By:

Claimant Type: Member of Legislative Assembly

Travel From:

Constituency

Travel To:

Capital/Return

Trip Details:

Date	Expenses	Amount
March 13, 2016 [√]	290(km)	\$150.80
March 17, 2016	290(km)	\$150.80
March 13, 2016	Dinner Only - Victoria	\$36.00
March 14, 2016	MLA Per Diem - Victoria	\$61.00
March 14, 2016 Phone Card	Telecommunication Expenses	\$11.25 /
March 15, 2016	MLA Per Diem - Victoria	\$61.00
March 16, 2016	MLA Per Diem - Victoria	\$61.00
March 17, 2016	Breakfast & Lunch Only-Victoria	\$39.50

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Date 17 Mar 2016 Signa

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



Claire's Phone Card.



Date: 3/14/2016 Time:

Register: 1 Cashier: Cashier

B 1 INCOMM CALL N AMERICA \$10.00

S-Total \$10.00

GST \$0.50

PST \$0.70

Total \$11.20

#12380

Cash \$11.25 Balance \$0.05

HST/GST:

THANK YOU FOR SHOPPING AT MAC'S