



Members Of The Legislative Assembly Travel Claim Form

Claim Number: 42423
MLA Name: Leonard, Ronna-Rae [REDACTED] **Claim Date:** December 10, 2018
Constituency: Courtenay - Comox
Type Of Trip: Accompanying Person Travel
Prepared By: [REDACTED]
Claimant Type: Accompanying Person (CA) **Claimant Name:** [REDACTED]
Travel From: Courtenay/Comox **Travel To:** Victoria
Trip Details:



V131997.

Date	Expenses	Amount
December 10, 2018	224(km)	\$120.96
December 11, 2018	224(km)	\$120.96
December 10, 2018	Accommodation Expenses	\$123.02 ✓
December 10, 2018	Breakfast & Dinner Only	\$48.50
December 10, 2018	Parking	\$18.90 ✓
December 11, 2018	Breakfast only	\$27.00
Total Payable		\$459.34

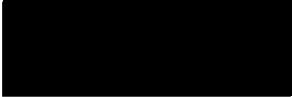
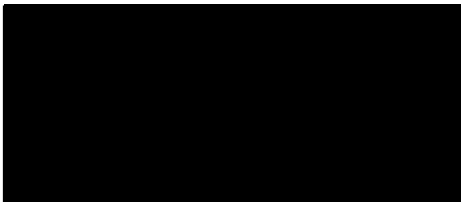
Date 11 Dec 2018 Signature [REDACTED]
 Leonard, Ronna-Rae VM150125 HWR
certified that the amount to be paid is correct, and is in accordance with appropriate statute or other authority for payment

Date 11 Dec 2018 Signature [REDACTED]
 Accompanying Person (CA) [REDACTED]
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


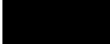
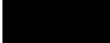

Organization Code [REDACTED]	Account Code [REDACTED]	STOB Code [REDACTED]	Amount [REDACTED]
--	-----------------------------------	--------------------------------	-----------------------------



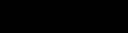
Date DEC 27 2018 Signature [REDACTED] Signature [REDACTED]



Canada

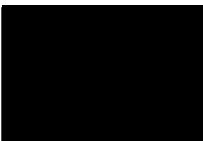
Legislative Assembly

Room : 
 Arrival Date : 12/10/18
 Invoice No. : 
 Folio No. : 
 Conf. No. : 
 Cashier No. : 11
 Billing Date : 12/11/18
 A/R Number

Date	Description		Debit	Credit
12/10/18	Room Charge		105.00	
12/10/18	Destination Marketing Fee		1.05	
12/10/18	Provincial Room Tax		11.67	
12/10/18	Room GST		5.30	
12/10/18	Parking Charges		18.00	
12/10/18	GST		0.90	
12/11/18	Mastercard	XXXXXXXXXXXX  XX/XX		141.92
Room H/GST Total - 5.30		Total	141.92	141.92
Other H/GST Total - 0.90				
H/GST # 	PST# 	Balance	0.00	

- 18.90 (parking)

 123.02 (hotel)





Members Of The Legislative Assembly Travel Claim Form

Claim Number: 42097
MLA Name: Leonard, Ronna-Rae VM150125 **Claim Date:** October 28, 2018
Constituency: Courtenay - Comox
Type Of Trip: MLA Travel
Prepared By: [REDACTED]
Claimant Type: Member of Legislative Assembly
Travel From: Constit **Travel To:** Victoria
Trip Details:



Date	Expenses	Amount
October 28, 2018	224(km)	\$120.96
November 01, 2018	224(km)	\$120.96
October 28, 2018	Dinner Only - Victoria	\$36.00
[REDACTED]	[REDACTED]	[REDACTED]
October 30, 2018	Dinner Only - Victoria	\$36.00
October 31, 2018	Breakfast and Dinner Only-Victoria	\$48.50
November 01, 2018	MLA Per Diem - Victoria	\$61.00

Total Payable [REDACTED]

423.42

Date 01 Nov 2018

Signature [REDACTED]

Leonard, Ronna-Rae VM150125
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 NOV 06 2018

Signature [REDACTED]
 Spending Authority Signature



Members Of The Legislative Assembly Travel Claim Form

Claim Number: 42179

MLA Name: Leonard, Ronna-Rae VM150125 **Claim Date:** November 04, 2018

Constituency: Courtenay - Comox

Type Of Trip: MLA Travel

Prepared By: [REDACTED]

Claimant Type: Member of Legislative Assembly

Travel From: Constit

Travel To: Victoria

Trip Details:



Date	Expenses	Amount
November 04, 2018	224(km)	\$120.96
November 08, 2018	224(km)	\$120.96
November 04, 2018	Dinner Only - Victoria	\$36.00
November 05, 2018	Dinner Only - Victoria	\$36.00 ✓
November 06, 2018	Breakfast & Lunch Only-Victoria	\$39.50
November 08, 2018	Lunch and Dinner Only-Victoria	\$48.50
Total Payable		\$401.92

Date 08 Nov 2018

Signature [REDACTED]

Leonard, Ronna-Rae VM150125
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 [REDACTED]	Account Code [REDACTED]	STOB Code [REDACTED]	Amount [REDACTED]
--	-----------------------------------	--------------------------------	-----------------------------

Date NOV 13 2018

Signature [REDACTED]

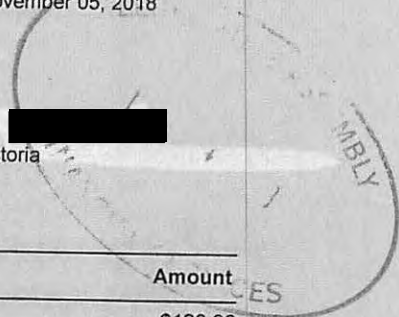
Special Authority Signature



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

Claim Number: 42204
MLA Name: Leonard, Ronna-Rae [REDACTED] **Claim Date:** November 05, 2018
Constituency: Courtenay - Comox
Type Of Trip: Accompanying Person Travel
Prepared By: [REDACTED]
Claimant Type: Accompanying Person (CA) **Claimant Name:** [REDACTED]
Travel From: Courtenay/Comox **Travel To:** Victoria
Trip Details:

V131997



Date	Expenses	Amount
November 05, 2018	224(km)	\$120.96
November 08, 2018	224(km)	\$120.96
November 05, 2018	Accommodation Expenses	\$520.05
November 05, 2018	Half Day meal Per Diem	\$30.50
November 06, 2018	Full Day Meals Per Diem Allow.	\$61.00
November 07, 2018	Full Day Meals Per Diem Allow.	\$61.00
November 08, 2018	Breakfast & Dinner Only	\$48.50

Total Payable \$962.97

Date 13 Nov 2018

Signature

[REDACTED]
 Leonard, Ronna-Rae VM150125
certified that the amount to be paid is correct, and is in accordance with appropriate statute or other authority for payment

Date 13 Nov 2018

Signature

[REDACTED]
 Accompanying Person (CA) -
certified that the amount to be paid is correct, and is in accordance with appropriate statute or other authority for payment

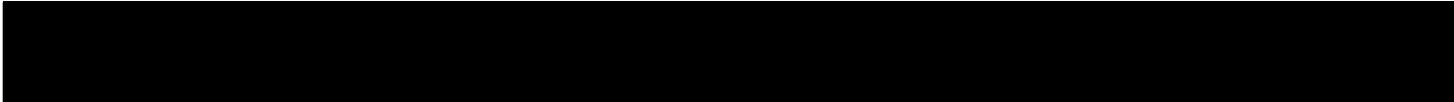
ACCOUNTS OFFICE USE ONLY

Organization Code	Account Code	STOB Code	Amount
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]


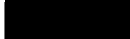
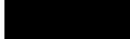

Date NOV 14 2018

Signature


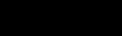
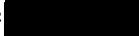
Special Authority Signature

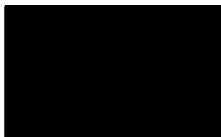


Canada

Room : 
 Arrival Date : 11/05/18
 Invoice No. : 
 Folio No. : 
 Conf. No. : 
 Cashier No. : 11
 Billing Date : 11/08/18
 A/R Number :

Association of BC Constituenc

Date	Description	Debit	Credit
11/05/18	Room	139.00	
11/05/18	Destination Marketing Fee	1.39	
11/05/18	Provincial Room Tax	15.44	
11/05/18	Room GST	7.02	
11/05/18	Parking Charges	10.00	
11/05/18	GST	0.50	
11/06/18	Room	139.00	
11/06/18	Destination Marketing Fee	1.39	
11/06/18	Provincial Room Tax	15.44	
11/06/18	Room GST	7.02	
11/06/18	Parking Charges	10.00	
11/06/18	GST	0.50	
11/07/18	Room	139.00	
11/07/18	Destination Marketing Fee	1.39	
11/07/18	Provincial Room Tax	15.44	
11/07/18	Room GST	7.02	
11/07/18	Parking Charges	10.00	
11/07/18	GST	0.50	
11/08/18	Mastercard	XXXXXXXXXXXX 	520.05
		XX/XX	
Room H/GST Total - 21.06		Total	520.05
Other H/GST Total - 1.50			520.05
H/GST # 	PST# 	Balance	0.00





Members Of The Legislative Assembly Travel Claim Form

Claim Number: 42269
MLA Name: Leonard, Ronna-Rae VM150125 HWR
Claim Date: November 18, 2018
Constituency: Courtenay - Comox
Type Of Trip: MLA Travel
Prepared By: [REDACTED]
Claimant Type: Member of Legislative Assembly
Travel From: Constit **Travel To:** Victoria
Trip Details:



Date	Expenses	Amount
November 18, 2018	224(km)	\$120.96
November 22, 2018	224(km)	\$120.96
November 18, 2018	Dinner Only - Victoria	\$36.00
November 20, 2018	Dinner Only - Victoria	\$36.00 ✓
November 21, 2018	Dinner Only - Victoria	\$36.00
November 22, 2018	Dinner Only - Victoria	\$36.00
Total Payable		\$385.92

Date 22 Nov 2018

Signature [REDACTED]

Leonard, Ronna-Rae VM150125 HWR
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 [REDACTED]	Account Code [REDACTED]	STOB Code [REDACTED]	Amount [REDACTED]
--	-----------------------------------	--------------------------------	-----------------------------

Date NOV 23 2018

Signature [REDACTED]

Special Authority Signature



Members Of The Legislative Assembly Travel Claim Form

Claim Number: 42334
MLA Name: Leonard, Ronna-Rae VM150125 HWR **Claim Date:** November 25, 2018
Constituency: Courtenay - Comox
Type Of Trip: MLA Travel
Prepared By: [REDACTED]
Claimant Type: Member of Legislative Assembly
Travel From: Constit **Travel To:** Victoria
Trip Details:

Date	Expenses	Amount
November 25, 2018	224(km)	\$120.96
November 27, 2018	224(km)	\$120.96
November 25, 2018	Dinner Only - Victoria	\$36.00
November 26, 2018	Breakfast and Dinner Only-Victoria	\$48.50
November 27, 2018	Dinner Only - Victoria	\$36.00
Total Payable		\$362.42

Date 27 Nov 2018

Signature [REDACTED]
 Leonard, Ronna-Rae VM150125 HWR
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 <u>NOV 29 2018</u>			
		Signature <u>[REDACTED]</u>	
		Spending Authority Signature	





Members Of The Legislative Assembly Travel Claim Form

Claim Number: 41806

MLA Name: Leonard, Ronna-Rae VM150125 **Claim Date:** September 30, 2018

Constituency: Courtenay - Comox

Type Of Trip: MLA Travel

Prepared By: [REDACTED]

Claimant Type: Member of Legislative Assembly

Travel From: Constit

Travel To: Victoria

Trip Details:



Date	Expenses	Amount
September 30, 2018	224(km)	\$120.96
October 05, 2018	224(km)	\$120.96
September 30, 2018	Dinner Only - Victoria	\$36.00
October 01, 2018	Breakfast & Lunch Only-Victoria	\$39.50
October 02, 2018	MLA Per Diem - Victoria	\$61.00 ✓
October 03, 2018	MLA Per Diem - Victoria	\$61.00
October 04, 2018	Breakfast and Dinner Only-Victoria	\$48.50
October 05, 2018	MLA Per Diem - Victoria	\$61.00
Total Payable		\$548.92

Date 05 Oct 2018

Signature

[REDACTED SIGNATURE]

Leonard, Ronna-Rae VM150125

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 ACCOUNTS OFFICE USE ONLY SECTION]

OCT 09 2018

Date _____

Signature _____

Spend _____ e

[REDACTED SIGNATURE]



Members Of The Legislative Assembly Travel Claim Form

Claim Number: 41839

MLA Name: Leonard, Ronna-Rae VM150125 **Claim Date:** September 09, 2018

Constituency: Courtenay - Comox

Type Of Trip: MLA Travel

Prepared By: [REDACTED]

Claimant Type: Member of Legislative Assembly

Travel From: Constit

Travel To: Whistler

Trip Details: UBCM



Date	Expenses	Amount
September 09, 2018	215(km)	\$116.10
September 14, 2018	215(km)	\$116.10
September 09, 2018	Ferry	\$74.95 ✓
September 09, 2018	Lunch & Dinner only	\$48.50
September 10, 2018	Dinner Only	\$36.00
September 11, 2018	Lunch only	\$27.00
September 13, 2018	Lunch & Dinner only	\$48.50
September 14, 2018	Ferry	\$74.95 ✓
September 14, 2018	Lunch & Dinner only	\$48.50
Total Payable		\$590.60

Date 05 Oct 2018

Signature _____

Leonard, Ronna-Rae VM150125
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 OCT 09 2018

Signature _____

Sp _____ ature

Horseshoe Bay
To
Nanaimo (Dep. Bay)



LANE 02

RECEIPT - PLEASE RETAIN

PURCHASE 2018/09/14

20'	Undersize Vehi	57.50
1	Adult	17.20
1	Port Fee Adul	0.25
Total		74.95
Master Card		
*****	██████████	74.95
AUTH 170715 66280689 0010014120 S		
01 APPROVED - THANK YOU 027		
CHANGE DUE		0.00

CARDHOLDER COPY
HSB 14 Sep 2018 ██████████

SEE REVERSE SIDE OF TICKET

To
Horseshoe Bay



LANE 15

RECEIPT - PLEASE RETAIN

PURCHASE 2018/09/09

20'	Undersize Vehi	57.50
1	Adult	17.20
1	Port Fee Adul	0.25
Total		74.95
Master Card		
*****	██████████	74.95
AUTH 132342 66274103 0010014580 S		
01 APPROVED - THANK YOU 027		
CHANGE DUE		0.00

CARDHOLDER COPY
NAN 09 Sep 2018 ██████████

SEE REVERSE SIDE OF TICKET



Members Of The Legislative Assembly Travel Claim Form

Claim Number: 41899
MLA Name: Leonard, Ronna-Rae VM150125 **Claim Date:** October 14, 2018
Constituency: Courtenay - Comox
Type Of Trip: MLA Travel
Prepared By: [REDACTED]
Claimant Type: Member of Legislative Assembly
Travel From: Constit **Travel To:** Victoria
Trip Details:



Date	Expenses	Amount
October 14, 2018	224(km)	\$120.96
October 18, 2018	224(km)	\$120.96
October 14, 2018	Dinner Only - Victoria	\$36.00
October 15, 2018	MLA Per Diem - Victoria	\$61.00
October 16, 2018	Breakfast and Dinner Only-Victoria	\$48.50
October 17, 2018	Breakfast and Dinner Only-Victoria	\$48.50 ✓
October 18, 2018	Breakfast and Dinner Only-Victoria	\$48.50

Total Payable **\$484.42**

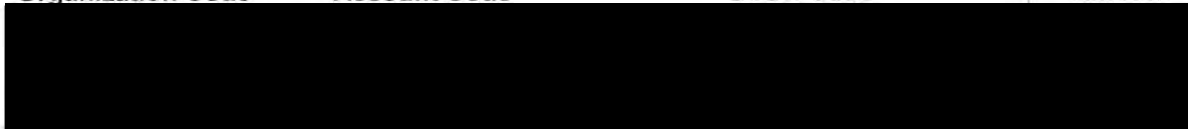
Date 18 Oct 2018

Signature

[REDACTED]
 Leonard, Ronna-Rae VM150125
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 OCT 19 2018

Signature

[REDACTED]
 Spending Authority Signature



Members Of The Legislative Assembly Travel Claim Form

Claim Number: 41989
MLA Name: Leonard, Ronna-Rae VM150125 **Claim Date:** October 21, 2018
Constituency: Courtenay - Comox
Type Of Trip: MLA Travel
Prepared By: [REDACTED]
Claimant Type: Member of Legislative Assembly
Travel From: Constit **Travel To:** Victoria
Trip Details:



Date	Expenses	Amount
October 21, 2018	224(km)	\$120.96
October 25, 2018	224(km)	\$120.96
October 21, 2018	Dinner Only - Victoria	\$36.00
October 22, 2018	MLA Per Diem - Victoria	\$61.00
October 23, 2018	MLA Per Diem - Victoria	\$61.00
October 25, 2018	Breakfast and Dinner Only-Victoria	\$48.50
Total Payable		\$448.42

Date 25 Oct 2018

Signature [REDACTED]
 Leonard, Ronna-Rae VM150125
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 OCT 26 2018

Signature [REDACTED]
 Spending Authority Signature