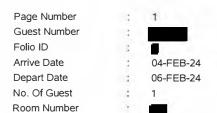
		THE LEGISLATIVE ASSEMBLY VEL CLAIM FORM			
MLA NAME: Katrine Conroy		CONSTITUENCY: Kootenay West	CONSTITUENCY:		
TRAVEL BY: (NAME IF OTHER THAN MLA; IF CA INCLUDE ADDRESS)			TIT.ASSISTANT		
TRIP DETAILS: Caucus	Retreat				
TRAVEL FROM: Castlegar		TO: Surrey	RETURN TRIP		
	TRAVEL EXPE	ENSES FOR REIMBURSEMENT			
	DAT	ES INCLUDING STARTING AND ENDING LOCATION	AMOUNT CLAIMED		
MILEAGE (\$.61/KM)	KMS		\$		
MILEAGE (\$.61/KM)	KMS		\$		
AIRFARE/FERRY:	KIVIS		\$		
OTHER EXPENSES:			\$		
HOTEL: Overnight at	Feb 4-6th	@ \$179.80/night	\$ 359.60		
PER DIEM: Feb 4, 20 Feb 5, 20	024 claimed Full day \$61 024 claimed Dinner \$36		\$ 97.00		
Prepared by: Lisa Si	lverio	TOTAL AMOUNT CLAIMED	\$ 456.60		
MEMBER'S S NATURE	**PLEASE A' Feb 13, 202	TTACH ALL RECEIPTS**			

VM150038 Caucus Mtg Feb 4,5, 2024





Tax Invoice

Tax ID :						
Date	Reference	Description			Charges (CAD)	Credits (CAD)
04-FEB-24		Room Chrg	- Grp - Government		155.00	
04-FEB-24		Room Tax			12.40	
04-FEB-24		Room GST			7.75	
04-FEB-24		MRDT 3%			4.65	
05-FEB-24		Room Chrg	- Grp - Government		155.00	
05-FEB-24		Room Tax	· '		12.40	
05-FEB-24		Room GST			7.75	
05-FEB-24		MRDT 3%			4.65	
06-FEB-24	AX	American Ex	rpress-		1.05	-359.60
		ization Purpose				-339.00
	XXXXX					
	Date	Time	Code	Authorized		
	04-FEB-24			418.50		
		**	Total		359.60	-359.60
		***************************************	Balance		-0.00	555165

МЕМВЕ		LEGISLATIVE ASSEMBLY CLAIM FORM		
MLA NAME: Katrine Conroy MLA TRAVEL BY: (NAME IF OTHER THAN MLA; IF CA INCLUDE ADDRESS)		CONSTITUENCY: Kootenay West		
		SPOUSE/DEPENDENT CONS		STIT.ASSISTANT
TRIP DETAILS: Meeting with New Denver City C	ouncil and May	or regarding Health concerns		
TRAVEL FROM:		то:		RETURN TRIP
TRAVE	EL EXPENSE	S FOR REIMBURSEMENT		
	DATES IN	CLUDING STARTING AND EN LOCATION	DING	AMOUNT CLAIMED
MILEAGE 00 KMS		2-1006 3 rd Street Castlegar BC to 115 New Denver, BC V0G 1S0	5	61.00
MILEAGE 100 KMS	January 5th	115 Slocan Ave, New Denver, BC	V0G	61.00
AIRFARE/FERRY:	Litzier	cy Travel.		\$
OTHER EXPENSES:	9an	cy Travel. 5/2024.		\$
HOTEL:	-{			\$
PER DIEM:				\$
	1	TOTAL AMOUNT CLAIMED		122.00
**PLE 30/0	ASE ATTA	CA'S SIGNATURE	3	0/01/24 DATE

VM150038

MEMBE		LEGISLATIVE ASSEMBLY CLAIM FORM		
MLA NAME: Katrine Conroy MLA		CONSTITUENCY: Kootenay West		
TRAVEL BY: (NAME IF OTHER THAN MLA; IF CA INCLUDE ADDRESS)		SPOUSE/DEPENDENT	CONSTIT.ASSISTANT	
TRIP DETAILS: LifeLabs (HEALTH) opening in	Гrail BC, Meet	ing with NextGen (MOTI)		
TRAVEL FROM:		TO:	RETURN TRIP	
TRAVE	EL EXPENSE	S FOR REIMBURSEMENT		
	DATES IN	NCLUDING STARTING AND EN LOCATION	DING AMOUNT CLAIMED	
MILEAGE 37 KMS MILEAGE 37 KMS	(LifeLabs) (January 12	th CO to Waneta Plaza, Waneta Pl to 8170 Old Waneta Rd (NextGen th 8170 Old Waneta Rd (NextGen 6 3 rd Street Castlegar)	office) 22.57	
AIRFARE/FERRY:			\$	
OTHER EXPENSES:	9	st. Trovel.	\$	
HOTEL:			\$	
PER DIEM:			\$	
		TOTAL AMOUNT CLAIMED	45.14	
PLE ##PLE ##PLE	ASE ATTA	ACH ALL RECEIPTS	30/01/24 DATE	

VM150038