

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

MLA NAME: BOWINN MA		CONSTITUENCY: NORTH VANCOUVER-LONSDALE	
TRAVEL BY: (NAME IF OTHER THAN MLA; IF CA INCLUDE ADDRESS) [REDACTED]		SPOUSE/DEPENDENT ACCOMPANYING PERSON TRAVEL-FATHER <input type="checkbox"/>	C.A. <input type="checkbox"/>
TRIP DETAILS: CAR AND FERRY			
TRAVEL FROM: VANCOUVER		TO: VICTORIA	RETURN TRIP YES <input type="checkbox"/>

TRAVEL EXPENSES FOR REIMBURSEMENT

\$.61/km to Mar 31/2024 \$.63/km as of April 1/2024	DATES INCLUDING STARTING AND ENDING LOCATION	AMOUNT CLAIMED
MILEAGE (\$0.63/KM) 105 KMS	NOV 12	\$ 66.15
MILEAGE (\$0.63/KM) 105 KMS	NOV 13	\$ 66.15
AIRFARE/FERRY: VANCOUVER-VICTORIA-RETURN PAID ON [REDACTED] OFFICE PURCHASING CARD		\$ NA
OTHER EXPENSES:		\$ NA
HOTEL:		\$227.31
PER DIEM: NOT PERMITTED		\$
TOTAL AMOUNT CLAIMED		\$ 359.61

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

MEMBER'S SIGNATURE _____

DATE _____

CA'S SIGNATURE _____

DATE _____

Ms Bowinn Ma

Room :
Arrival Date : 11/12/24
Invoice No. :
Folio No. :
Conf. No. :
Cashier No. : 93
Billing Date : 11/13/24
A/R Number :

Date	Description	Debit	Credit
11/12/24	Nightly Room Rate	175.20	
11/12/24	Destination Marketing Fee	1.75	
11/12/24	Provincial Room Tax	19.46	
11/12/24	Room GST	8.85	
11/12/24	Parking Charges	21.00	
11/12/24	GST	1.05	
11/13/24	Mastercard XXXXXXXXXXXXX XX/XX		227.31
Room	H/GST Total -8.85	Total	227.31
Other	H/GST Total -1.05		227.31
	Balance	0.00	

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MLA NAME: Bowian Ma		CONSTITUENCY: North Vancouver-Lonsdale	
TRAVEL BY: (NAME IF OTHER THAN MLA; IF CA INCLUDE ADDRESS) [REDACTED]		SPOUSE/DEPENDENT <input type="checkbox"/> ACCOMPANYING PERSON TRAVEL - MOTHER IN LAW	C.A. <input type="checkbox"/>
TRIP DETAILS: ROUND TRIP FROM BARRIERE, BC VIA CAR AND FERRY			
TRAVEL FROM:	BARRIERE BC	TO: VICTORIA BC	RETURN TRIP YES <input type="checkbox"/>

TRAVEL EXPENSES FOR REIMBURSEMENT

\$.61/km to Mar 31/2024 \$.63/km as of April 1/2024		DATES INCLUDING STARTING AND ENDING LOCATION	AMOUNT CLAIMED
MILEAGE (\$.63/KM)	480 KMS CLAIMING MILEAGE IN BC ONLY	NOV 17	\$ 302.40
MILEAGE (\$.63/KM)	480 KMS CLAIMING MILEAGE IN BC ONLY	NOV 19	\$ 302.40
AIRFARE/FERRY: FERRY ONE WAY VICTORIA TO VANCOUVER			\$ 86.50
OTHER EXPENSES:			\$
HOTEL: TWO NIGHTS ACCOMADATION - [REDACTED]			\$454.62
PER DIEM: NOT PERMITTED			\$
TOTAL AMOUNT CLAIMED			\$1,145.92

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

MEMBER'S SIGNATURE	DATE	CA'S SIGNATURE	DATE
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LANE 08

RECEIPT - PLEASE RETAIN

PURCHASE 2024/11/19

20' Undersize Vehi 67.40
1 Adult 19.10

Total 86.50

Master Card [REDACTED] 86.50
AUTH 046946 66336651 6810017970 N

Mastercard
A0000000041010 / 0000000001 /
NO SIGNATURE TRANSACTION
01 APPROVED - THANK YOU 027

CHANGE DUE 0.00

CARDHOLDER COPY
SWB 19 Nov 2024 [REDACTED]



SEE REVERSE SIDE OF TICKET
103764

Room :
 Arrival Date : 11/17/24
 Invoice No. :
 Folio No. :
 Conf. No. :
 Cashier No. : 67
 Billing Date : 11/19/24
 A/R Number :

Date	Description	Debit	Credit
11/17/24	Nightly Room Rate	175.20	
11/17/24	Destination Marketing Fee	1.75	
11/17/24	Provincial Room Tax	19.46	
11/17/24	Room GST	8.85	
11/17/24	Parking Charges	21.00	
11/17/24	GST	1.05	
11/18/24	Nightly Room Rate	175.20	
11/18/24	Destination Marketing Fee	1.75	
11/18/24	Provincial Room Tax	19.46	
11/18/24	Room GST	8.85	
11/18/24	Parking Charges	21.00	
11/18/24	GST	1.05	
11/19/24	Mastercard	XXXXXXXXXXXX	XX/XX 454.62
Room H/GST Total - 17.70		Total	454.62
Other H/GST Total - 2.10			454.62
		Balance	0.00

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MLA NAME: BOWINN MA		CONSTITUENCY: NORTH VANCOUVER-LONSDALE	
TRAVEL BY: (NAME IF OTHER THAN MLA; IF CA INCLUDE ADDRESS) [REDACTED]		SPOUSE/DEPENDENT	C.A. <input type="checkbox"/>
		ACCOMPANYING PERSON TRAVEL <input type="checkbox"/>	
TRIP DETAILS: CAR AND FERRY			
TRAVEL FROM: VANCOUVER		TO: VICTORIA	RETURN TRIP <input type="checkbox"/> YES

TRAVEL EXPENSES FOR REIMBURSEMENT

\$.61/km to Mar 31/2024 \$.63/km as of April 1/2024	DATES INCLUDING STARTING AND ENDING LOCATION	AMOUNT CLAIMED
MILEAGE (\$.63/KM) 105 KMS	NOV 17	\$66.16
MILEAGE (\$.63/KM) 105 KMS	NOV 20	\$66.15
AIRFARE/FERRY: PAID ON [REDACTED] P CARD		\$ NA
OTHER EXPENSES:		\$ NA
HOTEL: THREE NIGHTS AT HOTEL [REDACTED]		\$681.93
PER DIEM: NOT PERMITTED		\$ NA
TOTAL AMOUNT CLAIMED		\$ 814.23

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

MEMBER'S SIGNATURE

DATE

CA'S SIGNATURE

DATE

SPENDING AUTHORITY SIGNATURE

Ms Bowinn Ma → Booked
 BC → Paid by [redacted]
 Canada

Room : [redacted]
 Arrival Date : 11/17/24
 Invoice No. : [redacted]
 Folio No. : [redacted]
 Conf. No. : [redacted]
 Cashier No. : 93
 Billing Date : 11/20/24
 A/R Number :

Date	Description	Debit	Credit
11/17/24	Nightly Room Rate	175.20	
11/17/24	Destination Marketing Fee	1.75	
11/17/24	Provincial Room Tax	19.46	
11/17/24	Room GST	8.85	
11/17/24	Parking Charges	21.00	
11/17/24	GST	1.05	
11/18/24	Nightly Room Rate	175.20	
11/18/24	Destination Marketing Fee	1.75	
11/18/24	Provincial Room Tax	19.46	
11/18/24	Room GST	8.85	
11/18/24	Parking Charges	21.00	
11/18/24	GST	1.05	
11/19/24	Nightly Room Rate	175.20	
11/19/24	Destination Marketing Fee	1.75	
11/19/24	Provincial Room Tax	19.46	
11/19/24	Room GST	8.85	
11/19/24	Parking Charges	21.00	
11/19/24	GST	1.05	
11/20/24	Mastercard XXXXXXXXXXXX [redacted] XX/XX		681.93
Room H/GST Total - 26.55		Total	681.93
Other H/GST Total - 3.15			681.93
[redacted]		Balance	0.00