

Expense Reports

Expense Report	EXP-5397
Business Purpose	Accompanying Person Travel
Memo	ACC CA Nov 12-16/25

Status	Approved
Payment Status	Paid
Total Amount	763.45

Item	Line Memo	Acctg	Line Amt	Tax Amt	Spend Category
Accommodation Expenses - Accompanying Person	Constituency Advisor Conference	Dec 1, 2025	543.51	20.90	8254 - Accompanying Person Travel
Breakfast & Dinner Only - Accompanying Person	Constituency Advisor Conference	Dec 1, 2025	48.50	1.87	8254 - Accompanying Person Travel
Dinner Only - Accompanying Person	Constituency Advisor Conference	Dec 1, 2025	36.00	1.38	8254 - Accompanying Person Travel
Lunch & Dinner Only - Accompanying Person	Constituency Advisor Conference	Dec 1, 2025	48.50	1.87	8254 - Accompanying Person Travel
Mileage - Accompanying Person	Constituency Advisor Conference	Dec 1, 2025	22.68	0.87	8254 - Accompanying Person Travel
Mileage - Accompanying Person	Constituency Advisor Conference	Dec 1, 2025	20.79	0.80	8254 - Accompanying Person Travel
Mileage - Accompanying Person	Constituency Advisor Conference	Dec 1, 2025	20.79	0.80	8254 - Accompanying Person Travel
Mileage - Accompanying Person	Constituency Advisor Conference	Dec 1, 2025	22.68	0.87	8254 - Accompanying Person Travel

Arrival Date : 11/12/25

Cashier No. [REDACTED]

Billing Date : 11/14/25

A/R Number

Date	Description		Debit	Credit
11/12/25	Nightly Room Rate		202.85	
11/12/25	Destination Marketing Fee		2.03	
11/12/25	Provincial Room Tax		22.54	
11/12/25	Room GST		10.24	
11/12/25	Parking Charges		23.00	
11/12/25	GST		1.15	
11/13/25	Nightly Room Rate		219.83	
11/13/25	Destination Marketing Fee		2.20	
11/13/25	Provincial Room Tax		24.42	
11/13/25	Room GST		11.10	
11/13/25	Parking Charges		23.00	
11/13/25	GST		1.15	
11/14/25	American Express	XXXXXXXXXXXX		543.51
	Room H/GST Total - 21.34		Total	543.51
	Other H/GST Total - 2.30			543.51
			Balance	0.00

MLA Travel Claim

General Info

Receipts

Attach a copy of all related receipts as separate documents
d0f6415c-8303-450c-afcf-1347bee8c14a

Payee *

Enter the name of the payee to be reimbursed

Sofia Ngieng

Trip Details

Travel Type *

Accompanying Person Travel

MLA *

Select the MLA that this expense relates to
Eby, David (0030)

Accompanying Person Type *

Constituency Office Staff

Purpose *

Enter a brief description of the purpose of the travel
Constituency Advisor Conference

Trip Start Date *

11/12/25

Trip End Date *

11/14/25

Traveler Information

Travelers *

Single Traveler

Expenses Details

MLA Travel Claim

Expense Types *

Select all that apply

- Add Per Diems
 - Add Mileage
 - Add Accommodation
-

Per Diems - Line 1

Date *

11/12/25

Per Diem Type *

Dinner Only

- Add Per Diem Line

Per Diems - Line 2

Date *

11/13/25

Per Diem Type *

Breakfast & Dinner

- Add Per Diem Line

Per Diems - Line 3

Date *

11/14/25

Per Diem Type *

Lunch & Dinner

Mileage - Line 1

Date *

11/12/25

Start Location *

2909 West Broadway, BC,
Canada

End Location *

Tsawwassen Ferry Terminal

Distance (KM) *

36

- Add Mileage Line

Mileage - Line 2

Date *

MLA Travel Claim

11/12/25

Start Location *	End Location *	Distance (KM) *
Swartz Bay Ferry Terminal	436 Belleville St, Victoria, BC	33

Add Mileage Line

Mileage - Line 3

Date *

11/16/25

Start Location *	End Location *	Distance (KM) *
436 Belleville St, Victoria, BC	Swartz Bay Ferry Terminal	33

Add Mileage Line

Mileage - Line 4

Date *

11/16/25

Start Location *	End Location *	Distance (KM) *
Tsawwassen Ferry Terminal	2909 West Broadway, BC, Canada	36

Accommodation - Line 1

Start Date *	End Date *
11/12/25	11/14/25
Accommodation Type *	Amount
Hotel	Enter for hotel expenses only 543.51

Additional Information

MLA Travel Claim

Enter any other relevant information here