0 - Email - March 22 2017 - RE_ Per Diem & Expenses.pdf

From: Patricia O"Malley
To: Tam, Nelson (TBS)
Subject: RE: Per Diem & Expenses
Date: March-22-17 2:44:33 PM

Nelson
It would be helpful if you could provide some of the information required by the forms in terms of expense categories and who we should include as the relevant contact person. BTW, the link to the instructions in the 2017 form is broken and there isn't one in the 2016 form.
Thanks
Tricia

From: Tam, Nelson (TBS) [mailto:Nelson.Tam@ontario.ca]
Sent: 22-Mar-17 13:36
To: Patricia O'Malley (plomalley@outlook.com) <plomalley@outlook.com>; Uros Karadzic (uros.karadzic@ca.ey.com) <uros.karadzic@ca.ey.com>; Murray Gold (mgold@kmlaw.ca) <mgold@kmlaw.ca>
Subject: Per Diem & Expenses

Patricia, Uros, Murray

The supplemental report was officially sent to the Minister and Deputy Minister on Tuesday. We are close to completing the work of the Panel.

The Province's year end is coming to a close next week.

Please provide me with your timesheet for the per diems and expense claims for November to March so we can accrue the Panel's cost and request your per diem payment and expense reimbursement.

Reimbursement expenses require the original receipt and associated proof of payment. If mileage is claimed, it must accompany a mapquest/google maps to verify reasonableness of the expense. Mileage is reimbursed at $0.40 per kilometre.

The expenses must be separated post 2017 and pre 2017. I re-attached the forms for your convenience.

If you can aim for next **Wednesday, March 29th** it would be greatly appreciated.

Uros, Murray

I can pick up the signed expense forms and associated supporting document from your offices if you wish. I can arrange a time to pick both up on the same day and time.

Thank you for your assistance.

Nelson
416-212-0514

1 - 17 01 Time Reporting to 31 December 16.xlsx

Name	Patricia O'Malley
Billing Address	210 Cambria Street, Stratford ON N5A 1J1

Date	Activitiy (Brief Description)	# of Hours
October 24, 2016	Admin -- security form completion and notarization	2.5
25-26-Oct-2016	Admin -- contact and provide references	2.5
November 8, 2016	Admin -- meeting with OPCD, message to Panel members re mtg dates , review plan and agenda	4.50
##########	review media release, select meeting dates, review OTPP plan documents	5.00
##########	Expert Panel Meeting at TBS Office	7.50
##########	Letter to AG and follow up	1.50
##########	reading background documents, begin draft outline	5.50
##########	reading documents, draft outline, review minutes	6.00
##########	reading documents, draft outline distributed	6.00
29-30-Nov-16	AG followup, AG report review, work plan time line	4.50
December 1, 2016	prep for meeting with AG and Panel meeting	2.50
December 5, 2016	Panel meeting at TBS Office	7.50
December 6, 2016	review agenda and minutes	1
##########	review Ldurocher outline	2
##########	Panel meeting at TBS Office	7.5
##########	Panel meeting at TBS Office	4
16-Dec-16	review 2nd draft outline, meeting with AG and follow up	5
20-Dec-16	review all member comments, note and call with LD	5
22-Dec-16	draft section on accounting concepts	5
23-Dec-16	review 3rd draft	2.5
	Total	87.50

0.5
0.5
1

1

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1 - 20170314135627912.pdf

Ontario

Expense (General/Travel) Claim for Non-OPS Employees

Note

Personal information on this form is collected under the authority of the *Ministry of Treasury and Economics Act*, R.S.O. 1990, c.M.37, s. 11 and will be used to assess, verify and monitor eligibility for payment. For information regarding the collection of this information, please contact the financial services unit in your organization where you submit this form.

Only one cost centre per form. Where a tip/gratuity is included in the expense item being claimed, the gratuity/tip must be itemized separately.
Example : Receipt #1 for Lunch: $8.85 plus tax (13%) $1.15 = $10.00 plus tip $1.00. Total receipt #1 = $11.00
Expense item line 1: Lunch. Total Amount = 10.00, Tax Rate = 13%. Tax Amount = 1.15 (calculated), Net Amount = 8.85 (calculated)
Expense item line 2: Tip. Total Amount = 1.00, Tax Rate = 0, Tax Amount = 0.00 (calculated), Net Amount = 1.00 (calculated)

1. Claimant Information

Name of Claimant (Last Name) *	(First Name) *	Middle Initial
O'Malley	Patricia	

Ministry/Agency *	Telephone Number
	416 570-1924 ext.

Address (Street Number and Name, Unit/Apt. Number) *	City/Town *	Province *	Postal Code *
210 Cambria Street	Stratford	ON	N5A 1J1

Purpose of Trip and Nature of Expenses *

Per Diem as Chair of the Pension Asset Expert Advisory Panel - November to December

2. Transaction Details

Date	Particulars	Account Code				Kilometres		Receipt Details				
(dd/mmm/yyyy)	Explain General Expense Items (Destination, time of departure, return and mode of travel)	Non-reportable Items $ (533910)	T4A Reportable Items $ (533915)	T4A Reportable Remuneration (547920)	T4 Reportable PTPDA $ (533950)	South Ontario Km's	North Ontario Km's	**Total Amount**	Tax Rate % (HST/ GST)	Tax Amount	**Net Amount**	Rec. No.
08/Nov/2016	Per Diem			2,000.00				2,000.00			2,000.00	
10/Nov/2016	Per Diem			2,000.00				2,000.00			2,000.00	
18/Nov/2016	Per Diem			2,000.00				2,000.00			2,000.00	
21/Nov/2016	Per Diem			2,000.00				2,000.00			2,000.00	
23/Nov/2016	Per Diem			2,000.00				2,000.00			2,000.00	
24/Nov/2016	Per Diem			2,000.00				2,000.00			2,000.00	
25/Nov/2016	Per Diem			2,000.00				2,000.00			2,000.00	
30/Nov/2016	Per Diem			2,000.00				2,000.00			2,000.00	
01/Dec/2016	Per Diem			1,000.00				1,000.00			1,000.00	
05/Dec/2016	Per Diem			2,000.00				2,000.00			2,000.00	
06/Dec/2016	Per Diem			1,000.00				1,000.00			1,000.00	
10/Dec/2016	Per Diem			1,000.00				1,000.00			1,000.00	
12/Dec/2016	Per Diem			2,000.00				2,000.00			2,000.00	
13/Dec/2016	Per Diem			2,000.00				2,000.00			2,000.00	

  Disponible en français

Name of Claimant (Last, First Name)	Name of Approving Official (Last, First Name) (Mandatory)
O'Malley, Patricia	

Ministry/Agency

(dd/mmm/yyyy)	Explain General Expense Items (Destination, time of departure, return and mode of travel)	Non-reportable Items $ (533910)	T4A Reportable Items $ (533915)	T4A Reportable Remuneration (547920)	T4 Reportable PTPDA $ (533950)	South Ontario Km's	North Ontario Km's	**Total Amount**	Tax Rate % (HST/ GST)	Tax Amount	**Net Amount**	Rec. No.
16/Dec/2016	Per Diem			2,000.00				2,000.00			2,000.00	
20/Dec/2016	Per Diem			2,000.00				2,000.00			2,000.00	
22/Dec/2016	Per Diem			2,000.00				2,000.00			2,000.00	
23/Dec/2016	Per Diem			1,000.00				1,000.00			1,000.00	
	Total ►			32,000.00				32,000.00			32,000.00	
							Total Claim Amount ►	**$32,000.00**				

3. IFIS Account Code – Claim Amount Summary

Claim No.	Claim Date (dd/mmm/yyyy)

Line No.	Ministry (3 digits)	Program (6 digits)	Business Unit (4 characters)	Cost Centre (6 characters)	Account (6 digits)	Initiative (4 digits)	Future Use (4 digits)	Future Use (4 digits)	**Total Amount**	Tax Rate % (HST/GST)	Tax Amount	Net Amount
1	034	340401	0000	985500	547920		0000	0000	$32,000.00	0.00		$32,000.00
								Total Claim Amount ►	**$32,000.00**			

4. Claimant Certification

This is to certify that the above expenses were incurred by me while on Government Business.

Signature of Claimant (Mandatory)	Date (dd/mmm/yyyy)
Patricia O'Malley	07/Mar/2017

Please visit www.ontario.ca/directpayment to download the application form to enrol for electronic payment.

5. Approval and Authorization

Name of Approving Official (Last, First Name) (Mandatory)	Title

Telephone Number	Total Claim Amount Approved	Signature (Mandatory)	Date Approved/Authorized (dd/mmm/yyyy)
ext.	$32,000.00	Cindy Vernot	13/Mar/2017

Ontario

Expense (General/Travel) Claim for Non-OPS Employees (Individuals without an 8 Series WIN Number)

Note

For guidance in completing this form refer to the Instructions sheet.

Only one cost centre per form. Where a tip/gratuity is included in the expense item being claimed, the gratuity/tip must be itemized separately.
Example : Receipt #1 for Taxi: $8.85 plus tax (13%) $1.15 = $10.00 plus tip $1.00. Total receipt #1 = $11.00
Expense item line 1: Taxi. Total Amount = 10.00, Tax Rate = 13%. Tax Amount = 1.15, Net Amount = 8.85
Expense item line 2: Tip. Total Amount = 1.00, Tax Rate = 0, Tax Amount = 0.00, Net Amount = 1.00

Fields marked with an asterisk (*) are mandatory.

Personal information on this form is collected under the authority of the *Financial Administration Act*, Section 1.0.25 and will be used to assess, verify and monitor eligibility for payment. For information regarding the collection of this information, please contact the financial services unit in your organization where you submit this form.

1. Payee Information

Name of Payee (Last Name) *	(First Name) *	Middle Initial
O'Malley	Patricia	

Ministry/Agency *

Ministry/Agency Contact (Last Name) *	(First Name) *	Telephone Number
		416 570-1924 ext.

Mailing Address (Street Number and Name, Unit/Apt. Number) *	City/Town *	Province *	Postal Code *
210 Cambria Street	Stratford	ON	N5A 1J1

Purpose of Trip and Nature of Expenses *

Per Diem as Chair of the Pension Asset Expert Advisory Panel - January to February

2. Transaction Details

Date	Particulars	Account Code				Kilometres		Meals	Receipt Details				
(dd/mmm/yyyy)	Explain General Expense Items (Destination, time of departure, return and mode of travel)	Non-reportable Items $ (533910)	T4A Reportable Items $ (533915)	T4A Reportable Remuneration (547920)	T4 Reportable PTPDA $ (533950)	South Ontario Km's	North Ontario Km's	Attendees (Number)	Total Amount	Tax Rate (HST/GST)	Tax Amount	Net Amount	Rec. No.
03/Jan/2017	Per Diem			2,000.00					2,000.00			2,000.00	
04/Jan/2017	Per Diem			2,000.00					2,000.00			2,000.00	
05/Jan/2017	Per Diem			2,000.00					2,000.00			2,000.00	
09/Jan/2017	Per Diem			2,000.00					2,000.00			2,000.00	
10/Jan/2017	Per Diem			2,000.00					2,000.00			2,000.00	
11/Jan/2017	Per Diem			2,000.00					2,000.00			2,000.00	
13/Jan/2017	Per Diem			2,000.00					2,000.00			2,000.00	
16/Jan/2017	Per Diem			2,000.00					2,000.00			2,000.00	
17/Jan/2017	Per Diem			2,000.00					2,000.00			2,000.00	
18/Jan/2017	Per Diem			1,000.00					1,000.00			1,000.00	
19/Jan/2017	Per Diem			2,000.00					2,000.00			2,000.00	
20/Jan/2017	Per Diem			2,000.00					2,000.00			2,000.00	

  Disponible en français

Name of Payee (Last Name, First Name)
O'Malley, Patricia

Name of Approving Official (Last, First Name) (Mandatory)

Ministry/Agency

(dd/mmm/yyyy)	Explain General Expense Items (Destination, time of departure, return and mode of travel)	Non-reportable Items $ (533910)	T4A Reportable Items $ (533915)	T4A Reportable Remuneration (547920)	T4 Reportable PTPDA $ (533950)	South Ontario Km's	North Ontario Km's	Attendees (Number)	**Total Amount**	Tax Rate (HST/GST)	Tax Amount	**Net Amount**	Rec. No.
26/Jan/2017	Per Diem			1,000.00					1,000.00			1,000.00	
03/Feb/2017	Per Diem			2,000.00					2,000.00			2,000.00	
07/Feb/2017	Per Diem			2,000.00					2,000.00			2,000.00	
09/Feb/2017	Per Diem			1,000.00					1,000.00			1,000.00	
10/Feb/2017	Per Diem			1,000.00					1,000.00			1,000.00	
13/Mar/2017	Per Diem			2,000.00					2,000.00			2,000.00	
15/Feb/2017	Per Diem			2,000.00					2,000.00			2,000.00	
17/Feb/2017	Per Diem			1,000.00					1,000.00			1,000.00	
20/Feb/2017	Per Diem			1,000.00					1,000.00			1,000.00	
28/Feb/2017	Per Diem			2,000.00					2,000.00			2,000.00	
	Total ►			38,000.00					38,000.00		0.00	38,000.00	
								Total Claim Amount ►	**$38,000.00**				

3. IFIS Account Code – Claim Amount Summary

Claim Number

Claim Date (dd/mmm/yyyy)

Line No.	Ministry (3 digits)	Program (6 digits)	Business Unit (4 characters)	Cost Centre (6 characters)	Account (6 digits)	Initiative (4 digits)	Future Use (4 digits)	Future Use (4 digits)	**Total Amount**	Tax Rate (HST/GST)	Tax Amount	**Net Amount**
1	034	340401	0000	985500	547920		0000	0000	$38,000.00	0.0%		$38,000.00
								Total ►	$38,000.00		$0.00	$38,000.00
								Total Claim Amount ►	**$38,000.00**			

4. Payee Certification

This is to certify that the above expenses were incurred by me while on Government Business.

Signature of Payee (Mandatory) Patricia O'Malley

Date (dd/mmm/yyyy) 7 MARCH 2017

Please visit www.ontario.ca/directpayment to download the application form to enrol for electronic payment.

5. Approval and Authorization

Name of Approving Official (Last, First Name) *

Title

Telephone Number	Total Claim Amount Approved	Signature *	Date Approved/Authorized (dd/mmm/yyyy)
ext.	$38,000.00	Cindy Veinot	13/MAR/2017

1 - Patricia - Travel Claim Form - Non-OPS_scan.pdf

Ontario

Expense (General/Travel) Claim for Non-OPS Employees

Note

Personal information on this form is collected under the authority of the *Ministry of Treasury and Economics Act*, R.S.O. 1990, c.M.37, s. 11 and will be used to assess, verify and monitor eligibility for payment. For information regarding the collection of this information, please contact the financial services unit in your organization where you submit this form.

Only one cost centre per form. Where a tip/gratuity is included in the expense item being claimed, the gratuity/tip must be itemized separately.
Example : Receipt #1 for Lunch: $8.85 plus tax (13%) $1.15 = $10.00 plus tip $1.00. Total receipt #1 = $11.00
Expense item line 1: Lunch. Total Amount = 10.00, Tax Rate = 13%. Tax Amount = 1.15 (calculated), Net Amount = 8.85 (calculated)
Expense item line 2: Tip. Total Amount = 1.00, Tax Rate = 0, Tax Amount = 0.00 (calculated), Net Amount = 1.00 (calculated)

1. Claimant Information

Name of Claimant (Last Name) *	(First Name) *	Middle Initial
O'Malley	Patricia	

Ministry/Agency *	Telephone Number
	416 570-1924 ext.

Address (Street Number and Name, Unit/Apt. Number) *	City/Town *	Province *	Postal Code *
210 Cambria Street	Stratford	ON	N5A 1J1

Purpose of Trip and Nature of Expenses *

Per Diem as Chair of the Pension Asset Expert Advisory Panel - November to December

2. Transaction Details

Date	Particulars	Account Code				Kilometres		Receipt Details				
(dd/mmm/yyyy)	Explain General Expense Items (Destination, time of departure, return and mode of travel)	Non-reportable Items $ (533910)	T4A Reportable Items $ (533915)	T4A Reportable Remuneration (547920)	T4 Reportable PTPDA $ (533950)	South Ontario Km's	North Ontario Km's	**Total Amount**	Tax Rate % (HST/ GST)	Tax Amount	**Net Amount**	Rec. No.
08/Nov/2016	Per Diem			2,000.00				2,000.00			2,000.00	
10/Nov/2016	Per Diem			2,000.00				2,000.00			2,000.00	
18/Nov/2016	Per Diem			2,000.00				2,000.00			2,000.00	
21/Nov/2016	Per Diem			2,000.00				2,000.00			2,000.00	
23/Nov/2016	Per Diem			2,000.00				2,000.00			2,000.00	
24/Nov/2016	Per Diem			2,000.00				2,000.00			2,000.00	
25/Nov/2016	Per Diem			2,000.00				2,000.00			2,000.00	
30/Nov/2016	Per Diem			2,000.00				2,000.00			2,000.00	
01/Dec/2016	Per Diem			1,000.00				1,000.00			1,000.00	
05/Dec/2016	Per Diem			2,000.00				2,000.00			2,000.00	
06/Dec/2016	Per Diem			1,000.00				1,000.00			1,000.00	
10/Dec/2016	Per Diem			1,000.00				1,000.00			1,000.00	
12/Dec/2016	Per Diem			2,000.00				2,000.00			2,000.00	
13/Dec/2016	Per Diem			2,000.00				2,000.00			2,000.00	

Name of Claimant (Last, First Name)	Name of Approving Official (Last, First Name) (Mandatory)
O'Malley, Patricia	

Ministry/Agency

(dd/mmm/yyyy)	Explain General Expense Items (Destination, time of departure, return and mode of travel)	Non-reportable Items $ (533910)	T4A Reportable Items $ (533915)	T4A Reportable Remuneration (547920)	T4 Reportable PTPDA $ (533950)	South Ontario Km's	North Ontario Km's	**Total Amount**	Tax Rate % (HST/ GST)	Tax Amount	**Net Amount**	Rec. No.
16/Dec/2016	Per Diem			2,000.00				2,000.00			2,000.00	
20/Dec/2016	Per Diem			2,000.00				2,000.00			2,000.00	
22/Dec/2016	Per Diem			2,000.00				2,000.00			2,000.00	
23/Dec/2016	Per Diem			1,000.00				1,000.00			1,000.00	
	Total ►			32,000.00				32,000.00			32,000.00	
							Total Claim Amount ►	**$32,000.00**				

3. IFIS Account Code – Claim Amount Summary

Claim No.	Claim Date (dd/mmm/yyyy)

Line No.	Ministry (3 digits)	Program (6 digits)	Business Unit (4 characters)	Cost Centre (6 characters)	Account (6 digits)	Initiative (4 digits)	Future Use (4 digits)	Future Use (4 digits)	**Total Amount**	Tax Rate % (HST/GST)	Tax Amount	Net Amount
1	034	340401	0000	985500	547920		0000	0000	$32,000.00	0.00		$32,000.00
								Total Claim Amount ►	**$32,000.00**			

4. Claimant Certification

This is to certify that the above expenses were incurred by me while on Government Business.

Signature of Claimant (Mandatory)	Date (dd/mmm/yyyy)
	07/Mar/2017

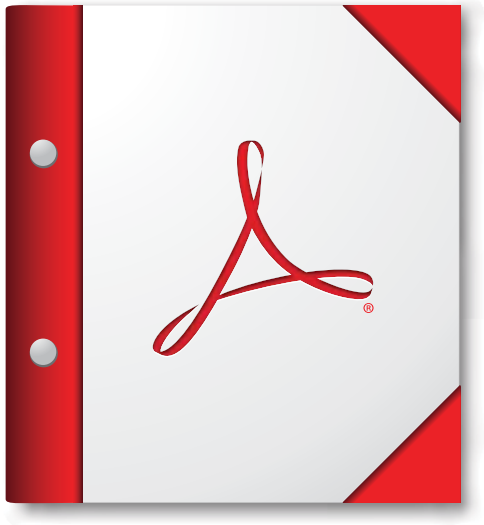
Please visit www.ontario.ca/directpayment to download the application form to enrol for electronic payment.

5. Approval and Authorization

Name of Approving Official (Last, First Name) (Mandatory)	Title

Telephone Number	Total Claim Amount Approved	Signature (Mandatory)	Date Approved/Authorized (dd/mmm/yyyy)
ext.	$32,000.00		

10 - Cheques.pdf



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Get Adobe Reader Now!

1 - Email - March 13 2017 - RE_ cheques.pdf

From: Cheung, Clara (TBS)
To: Tam, Nelson (TBS)
Cc: Bernard, Dena (TBS)
Subject: RE: cheques
Date: March-13-17 5:30:08 PM

Hi Nelson, I am checking with OSS AP now and waiting for the response – they may be able to make a rush payment in manual cheque for pickup.
In the meantime, do you have the approval yet?

The other option re: EFT - There is an option to setup the EFT, however, a form is required to be completed. Also, it will take another 5 business days for the EFT setup. Do you know if the Chair had ever received any payments (EFTs) from OPS before?

I will provide you an update once I hear from OSS AP.
Thanks,
Clara

From: Tam, Nelson (TBS)
Sent: March-13-17 2:48 PM
To: Cheung, Clara (TBS)
Cc: Bernard, Dena (TBS)
Subject: RE: cheques

Clara

Attached is the per diem expense claims (prior to 2017 and after 2017) as a sample. The Chair will be away in April and wants to ensure that the money does not sit in a mailbox and want an EFT option. Other members may want to use this method as well.

The expense is with our ADM for approval. Before we submit the claim for processing, and EFT is an option, please provide a form or instructions and we can send at the same time when we process the claims.

Thanks

Nelson
X20514

From: Bernard, Dena (TBS)
Sent: March-09-17 6:13 PM
To: Tam, Nelson (TBS)
Cc: Cheung, Clara (TBS)
Subject: FW: cheques

Hi Nelson, can you send Clara a scan of the Expense Claim. She will help us figure out the payment process.

Thanks

Dena

From: Cheung, Clara (TBS)
Sent: March 9, 2017 5:21 PM
To: Bernard, Dena (TBS)
Subject: RE: cheques

Did you have it setup as PO already?
Do you want to give me a call?

From: Bernard, Dena (TBS)
Sent: March-09-17 5:17 PM
To: Cheung, Clara (TBS)
Subject: FW: cheques

Hi Clara,

We will be paying our Expert Panel guys who are Public Appointments. Nelson has their Expense Claims ready for the ADMs approval.

Once approved what do I do? How can we set them up to be paid electronically? Should I have them fill out a Direct deposit form with a void cheque or set them up as a vendor?

Any advice you can give me would be much appreciated.

Dena

From: Tam, Nelson (TBS)
Sent: March 9, 2017 4:27 PM
To: Bernard, Dena (TBS)
Subject: FW: cheques

From: Patricia O'Malley [mailto:plomalley@outlook.com]
Sent: March-09-17 4:23 PM
To: Tam, Nelson (TBS)
Subject: cheques

Hi Nelson
Sorry to bother you. I know you said you were going to try to expedite the payment of the invoices we have just submitted. However, it just occurred to me that I am leaving the country on April 6 and will be away for a month. I would really like to get that money deposited before I leave –it won't do anyone any good sitting in my mailbox.

Do you have any idea how long it will take to get the cheques issued? Would it be possible to arrange to have the invoices paid by direct deposit?

Thanks for your help.
Tricia

1 - Patricia - 2017 Travel Expense Form - Non-OPS.stub.pdf

curity settings or invalid file format do not permit using 1 - Patricia - 2017 Travel Expense Form - Non-OPS.pdf (2453789 Byte

1 - Patricia - Travel Claim Form - Non-OPS.stub.pdf

Security settings or invalid file format do not permit using 1 - Patricia - Travel Claim Form - Non-OPS.pdf (2452327 Bytes).

2 - Email - March 23 2017 - RE_ cheques.pdf

From: Tam, Nelson (TBS)
To: Cheung, Clara (TBS)
Cc: Bernard, Dena (TBS)
Subject: RE: cheques
Date: March-23-17 11:13:00 AM

Clara

I sent it on Wednesday to OSS AP Sudbury Priority Payments (MGCS). Dena advised I should have sent it to Shelly as well. I just forwarded the email to her.

Thanks

Nelson
X20514

From: Cheung, Clara (TBS)
Sent: March-23-17 11:05 AM
To: Tam, Nelson (TBS)
Cc: Bernard, Dena (TBS)
Subject: RE: cheques

Hi Nelson

Just wondering how the EFT form is coming so that OSS can get the banking set up to process the two claims I am holding on to. OSS just notified me today to follow up.

Thanks,
Clara

From: Tam, Nelson (TBS)
Sent: March-17-17 3:38 PM
To: Cheung, Clara (TBS)
Cc: Bernard, Dena (TBS)
Subject: RE: cheques

Clara

Dena reminded that I need to respond to you.

EFT and void cheque will be delivered in person on Monday. There is a meeting with the Minister.

I will scan and sent to OSS AP as per your instructions below. There is no need for rush payment if we have the EFT. Her concern was having a cheque sitting in her mailbox while she is away on vacation.

Thanks

Nelson
X20514

From: Cheung, Clara (TBS)
Sent: March-14-17 9:44 AM
To: Tam, Nelson (TBS)
Cc: Bernard, Dena (TBS)
Subject: RE: cheques

Hi Nelson,

I just confirmed that we do not have Patricia O'Malley setup in IFIS as supplier. Because it is going to be rush and I think she may want to get paid by EFT. Attached the banking form required to be completed for EFT.

If the banking form could be completed by Patricia and she provide a void cheque or stamped bank letters, it could be scanned to OSS AP so that they can have her set up in IFIS with her banking details so her payments will be deposited into her bank account. The OSS contact is Shelley.Mathieu@ontario.ca.

In addition, once the manual expense claim form is completed and approved, please scanned the signed copy to me. I will request the invoices to be paid as soon as possible. The original signed manual expense claim form will need to be mailed to OSS AP :

Attention to: Shelley Mathieu
Financial Processing Operations Branch, OSS
200 First Avenue West, 3rd Floor, North Bay, ON P1B 3B9

Please let me know of any further questions. Thanks,
Clara

From: Tam, Nelson (TBS)
Sent: March-13-17 2:48 PM
To: Cheung, Clara (TBS)
Cc: Bernard, Dena (TBS)
Subject: RE: cheques

Clara

Attached is the per diem expense claims (prior to 2017 and after 2017) as a sample. The Chair will be away in April and wants to ensure that the money does not sit in a mailbox and want an EFT option. Other members may want to use this method as well.

The expense is with our ADM for approval. Before we submit the claim for processing, and EFT is an option, please provide a form or instructions and we can send at the same time when we process the claims.

Thanks

Nelson
X20514

From: Bernard, Dena (TBS)
Sent: March-09-17 6:13 PM
To: Tam, Nelson (TBS)
Cc: Cheung, Clara (TBS)
Subject: FW: cheques

Hi Nelson, can you send Clara a scan of the Expense Claim. She will help us figure out the payment process.

Thanks

Dena

From: Cheung, Clara (TBS)
Sent: March 9, 2017 5:21 PM
To: Bernard, Dena (TBS)
Subject: RE: cheques

Did you have it setup as PO already?
Do you want to give me a call?

From: Bernard, Dena (TBS)
Sent: March-09-17 5:17 PM
To: Cheung, Clara (TBS)
Subject: FW: cheques

Hi Clara,

We will be paying our Expert Panel guys who are Public Appointments. Nelson has their Expense Claims ready for the ADMs approval.

Once approved what do I do? How can we set them up to be paid electronically? Should I have them fill out a Direct deposit form with a void cheque or set them up as a vendor?

Any advice you can give me would be much appreciated.

Dena

From: Tam, Nelson (TBS)
Sent: March 9, 2017 4:27 PM
To: Bernard, Dena (TBS)
Subject: FW: cheques

From: Patricia O'Malley [mailto:plomalley@outlook.com]
Sent: March-09-17 4:23 PM
To: Tam, Nelson (TBS)
Subject: cheques

Hi Nelson
Sorry to bother you. I know you said you were going to try to expedite the payment of the invoices we have just submitted. However, it just occurred to me that I am leaving the country on April 6 and will be away for a month. I would really like to get that money deposited before I leave –it won't do anyone any good sitting in my mailbox.

Do you have any idea how long it will take to get the cheques issued? Would it be possible to arrange to have the invoices paid by direct deposit?

Thanks for your help.
Tricia

2 - ORAN 5098E-33_re.stub.pdf

Security settings or invalid file format do not permit using 2 - ORAN 5098E-33_re.pdf (1592638 Bytes).

3 - Email - March 14 2017 - RE_ cheques.pdf

From: Patricia O"Malley
To: Tam, Nelson (TBS)
Subject: RE: cheques
Date: March-14-17 12:58:40 PM

Thanks for processing. Will advise balance of time and expenses before month end.

Slides ready Friday at the very latest. Depends a bit on how far Lucy has gotten with drafting the background report.

From: Tam, Nelson (TBS) [mailto:Nelson.Tam@ontario.ca]
Sent: 14-Mar-17 12:11
To: Patricia O'Malley <plomalley@outlook.com>
Subject: RE: cheques

Patricia

Thanks. Cindy has approved.

Also, have you started on the couple of slides for Monday's briefing? Is it possible to have it by Friday by 2PM so we can send it to the Deputy and Minister for advance reading?

Thanks

Nelson
416-212-0514

From: Patricia O'Malley [mailto:plomalley@outlook.com]
Sent: March-14-17 11:29 AM
To: Tam, Nelson (TBS)
Subject: RE: cheques

Thanks for following up, Nelson. I will bring the completed form and the void cheque to you on Monday – just as fast as mailing from here and safer!
Tricia

From: Tam, Nelson (TBS) [mailto:Nelson.Tam@ontario.ca]
Sent: 14-Mar-17 10:16
To: Patricia O'Malley <plomalley@outlook.com>
Subject: RE: cheques

Patricia

Attached is a request to set up EFT with comments from our folks below.

If the banking form could be completed by Patricia and she provide a void cheque or stamped bank letters

Please send back to me with the completed form and the void cheque or stamped bank letters and I will send it to our AP to have you set up.

Thanks

Nelson
416-212-0514

From: Patricia O'Malley [mailto:plomalley@outlook.com]
Sent: March-09-17 4:23 PM
To: Tam, Nelson (TBS)
Subject: cheques

Hi Nelson
Sorry to bother you. I know you said you were going to try to expedite the payment of the invoices we have just submitted. However, it just occurred to me that I am leaving the country on April 6 and will be away for a month. I would really like to get that money deposited before I leave –it won't do anyone any good sitting in my mailbox.

Do you have any idea how long it will take to get the cheques issued? Would it be possible to arrange to have the invoices paid by direct deposit?

Thanks for your help.
Tricia

3 - ORAN 5098E-33_re.stub.pdf

Security settings or invalid file format do not permit using 3 - ORAN 5098E-33_re.pdf (1592638 Bytes).

2 - 17 02 time reporting Jan 1 to Feb 17 to’m.xlsx

Name	Patricia O'Malley
Billing Address	210 Cambria Street, Stratford ON N5A 1J1

Date	Activitiy (Brief Description)	# of Hours
Jan 3 2017	conference call, review slide deck, review draft report	5.00
Jan 4 2017	review draft report	5.00
Jan 5 2017	finish review and send messages, complete time reportin	4.00
Jan 9 2017	DM briefing, review slides and preparation	3.50
Jan 10 2017	draft Exec Summary, meet with writer	6.00
Jan 11 2017	Panel meeting	6.00
Jan 12/13 2017	Exec Summary, review HOOPP and CAAT, review minist	4.00
Jan 16 2017	review draft report	3.50
Jan 17 2017	Minister briefing and slides, edit Exec Summary check copyright issues, review report	7.00
Jan 18 2017	MMP briefing, other meetings	3.00
Jan 19 2017	review draft report, edit Exec Summary	3.50
Jan 20 2017	review final draft report and Exec Summary	3.50
Jan 23/25/26	transmit final report to Minister, letter to AG with report	1.50
Feb 3 2017	preparation calls, meeting with AG, summary to MG	3.50
Feb 6/7 2017	calls re Star article, slides for briefing, send report to LS	5.50
Feb 8/9 2017	admin on release of report, revise slides	3.00
Feb 10 2017	communications briefing and prep	2.00
Feb 13 2017	media briefing and follow up	4.00
Feb 15 2017	prep and meeting re CAATPP and HOOPP	6.00
Feb 16/17 2017	media follow up re costs, other messages	2.00
Feb 20 etc 2017	follow up planning re supplemental report	2.00
Feb 28/Mar1 2017	supplementary report messages and review	5.00
	Total	88.50

1
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1
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19

2 - Patricia - 2017 Travel Expense Form - Non-OPS_scan.pdf

Ontario

Expense (General/Travel) Claim for Non-OPS Employees (Individuals without an 8 Series WIN Number)

Note

For guidance in completing this form refer to the Instructions sheet.

Only one cost centre per form. Where a tip/gratuity is included in the expense item being claimed, the gratuity/tip must be itemized separately.
Example : Receipt #1 for Taxi: $8.85 plus tax (13%) $1.15 = $10.00 plus tip $1.00. Total receipt #1 = $11.00
Expense item line 1: Taxi. Total Amount = 10.00, Tax Rate = 13%. Tax Amount = 1.15, Net Amount = 8.85
Expense item line 2: Tip. Total Amount = 1.00, Tax Rate = 0, Tax Amount = 0.00, Net Amount = 1.00

Fields marked with an asterisk (*) are mandatory.

Personal information on this form is collected under the authority of the *Financial Administration Act*, Section 1.0.25 and will be used to assess, verify and monitor eligibility for payment. For information regarding the collection of this information, please contact the financial services unit in your organization where you submit this form.

1. Payee Information

Name of Payee (Last Name) *	(First Name) *	Middle Initial
O'Malley	Patricia	

Ministry/Agency *

Ministry/Agency Contact (Last Name) *	(First Name) *	Telephone Number
		416 570-1924 ext.

Mailing Address (Street Number and Name, Unit/Apt. Number) *	City/Town *	Province *	Postal Code *
210 Cambria Street	Stratford	ON	N5A 1J1

Purpose of Trip and Nature of Expenses *

Per Diem as Chair of the Pension Asset Expert Advisory Panel - January to February

2. Transaction Details

Date	Particulars	Account Code				Kilometres		Meals	Receipt Details				
(dd/mmm/yyyy)	Explain General Expense Items (Destination, time of departure, return and mode of travel)	Non-reportable Items $ (533910)	T4A Reportable Items $ (533915)	T4A Reportable Remuneration (547920)	T4 Reportable PTPDA $ (533950)	South Ontario Km's	North Ontario Km's	Attendees (Number)	Total Amount	Tax Rate (HST/GST)	Tax Amount	Net Amount	Rec. No.
03/Jan/2017	Per Diem			2,000.00					2,000.00			2,000.00	
04/Jan/2017	Per Diem			2,000.00					2,000.00			2,000.00	
05/Jan/2017	Per Diem			2,000.00					2,000.00			2,000.00	
09/Jan/2017	Per Diem			2,000.00					2,000.00			2,000.00	
10/Jan/2017	Per Diem			2,000.00					2,000.00			2,000.00	
11/Jan/2017	Per Diem			2,000.00					2,000.00			2,000.00	
13/Jan/2017	Per Diem			2,000.00					2,000.00			2,000.00	
16/Jan/2017	Per Diem			2,000.00					2,000.00			2,000.00	
17/Jan/2017	Per Diem			2,000.00					2,000.00			2,000.00	
18/Jan/2017	Per Diem			1,000.00					1,000.00			1,000.00	
19/Jan/2017	Per Diem			2,000.00					2,000.00			2,000.00	
20/Jan/2017	Per Diem			2,000.00					2,000.00			2,000.00	

  Disponible en français

Name of Payee (Last Name, First Name)
O'Malley, Patricia

Name of Approving Official (Last, First Name) (Mandatory)

Ministry/Agency

(dd/mmm/yyyy)	Explain General Expense Items (Destination, time of departure, return and mode of travel)	Non-reportable Items $ (533910)	T4A Reportable Items $ (533915)	T4A Reportable Remuneration (547920)	T4 Reportable PTPDA $ (533950)	South Ontario Km's	North Ontario Km's	Attendees (Number)	**Total Amount**	Tax Rate (HST/GST)	Tax Amount	**Net Amount**	Rec. No.
26/Jan/2017	Per Diem			1,000.00					1,000.00			1,000.00	
03/Feb/2017	Per Diem			2,000.00					2,000.00			2,000.00	
07/Feb/2017	Per Diem			2,000.00					2,000.00			2,000.00	
09/Feb/2017	Per Diem			1,000.00					1,000.00			1,000.00	
10/Feb/2017	Per Diem			1,000.00					1,000.00			1,000.00	
13/Mar/2017	Per Diem			2,000.00					2,000.00			2,000.00	
15/Feb/2017	Per Diem			2,000.00					2,000.00			2,000.00	
17/Feb/2017	Per Diem			1,000.00					1,000.00			1,000.00	
20/Feb/2017	Per Diem			1,000.00					1,000.00			1,000.00	
28/Feb/2017	Per Diem			2,000.00					2,000.00			2,000.00	
	Total ►			38,000.00					38,000.00		0.00	38,000.00	
								Total Claim Amount ►	**$38,000.00**				

3. IFIS Account Code – Claim Amount Summary

Claim Number

Claim Date (dd/mmm/yyyy)

Line No.	Ministry (3 digits)	Program (6 digits)	Business Unit (4 characters)	Cost Centre (6 characters)	Account (6 digits)	Initiative (4 digits)	Future Use (4 digits)	Future Use (4 digits)	**Total Amount**	Tax Rate (HST/GST)	Tax Amount	**Net Amount**
1	034	340401	0000	985500	547920		0000	0000	$38,000.00	0.0%		$38,000.00
								Total ►	$38,000.00		$0.00	$38,000.00
								Total Claim Amount ►	**$38,000.00**			

4. Payee Certification

This is to certify that the above expenses were incurred by me while on Government Business.

Signature of Payee (Mandatory)

Date (dd/mmm/yyyy)

Please visit www.ontario.ca/directpayment to download the application form to enrol for electronic payment.

5. Approval and Authorization

Name of Approving Official (Last, First Name) *

Title

Telephone Number	Total Claim Amount Approved	Signature *	Date Approved/Authorized (dd/mmm/yyyy)
ext.	$38,000.00		

2 - Patricial - Claim Forms - November - February.pdf

Ontario

Expense (General/Travel) Claim for Non-OPS Employees

Note

Personal information on this form is collected under the authority of the *Ministry of Treasury and Economics Act*, R.S.O. 1990, c.M.37, s. 11 and will be used to assess, verify and monitor eligibility for payment. For information regarding the collection of this information, please contact the financial services unit in your organization where you submit this form.

Only one cost centre per form. Where a tip/gratuity is included in the expense item being claimed, the gratuity/tip must be itemized separately.
Example : Receipt #1 for Lunch: $8.85 plus tax (13%) $1.15 = $10.00 plus tip $1.00. Total receipt #1 = $11.00
Expense item line 1: Lunch. Total Amount = 10.00, Tax Rate = 13%. Tax Amount = 1.15 (calculated), Net Amount = 8.85 (calculated)
Expense item line 2: Tip. Total Amount = 1.00, Tax Rate = 0, Tax Amount = 0.00 (calculated), Net Amount = 1.00 (calculated)

1. Claimant Information

Name of Claimant (Last Name) *	(First Name) *	Middle Initial
O'Malley	Patricia	

Ministry/Agency *	Telephone Number
	416 570-1924 ext.

Address (Street Number and Name, Unit/Apt. Number) *	City/Town *	Province *	Postal Code *
210 Cambria Street	Stratford	ON	N5A 1J1

Purpose of Trip and Nature of Expenses *

Per Diem as Chair of the Pension Asset Expert Advisory Panel - November to December

2. Transaction Details

Date	Particulars	Account Code				Kilometres		Receipt Details				
(dd/mmm/yyyy)	Explain General Expense Items (Destination, time of departure, return and mode of travel)	Non-reportable Items $ (533910)	T4A Reportable Items $ (533915)	T4A Reportable Remuneration (547920)	T4 Reportable PTPDA $ (533950)	South Ontario Km's	North Ontario Km's	**Total Amount**	Tax Rate % (HST/ GST)	Tax Amount	**Net Amount**	Rec. No.
08/Nov/2016	Per Diem			2,000.00				2,000.00			2,000.00	
10/Nov/2016	Per Diem			2,000.00				2,000.00			2,000.00	
18/Nov/2016	Per Diem			2,000.00				2,000.00			2,000.00	
21/Nov/2016	Per Diem			2,000.00				2,000.00			2,000.00	
23/Nov/2016	Per Diem			2,000.00				2,000.00			2,000.00	
24/Nov/2016	Per Diem			2,000.00				2,000.00			2,000.00	
25/Nov/2016	Per Diem			2,000.00				2,000.00			2,000.00	
30/Nov/2016	Per Diem			2,000.00				2,000.00			2,000.00	
01/Dec/2016	Per Diem			1,000.00				1,000.00			1,000.00	
05/Dec/2016	Per Diem			2,000.00				2,000.00			2,000.00	
06/Dec/2016	Per Diem			1,000.00				1,000.00			1,000.00	
10/Dec/2016	Per Diem			1,000.00				1,000.00			1,000.00	
12/Dec/2016	Per Diem			2,000.00				2,000.00			2,000.00	
13/Dec/2016	Per Diem			2,000.00				2,000.00			2,000.00	

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Name of Claimant (Last, First Name)	Name of Approving Official (Last, First Name) (Mandatory)
O'Malley, Patricia	

Ministry/Agency

(dd/mmm/yyyy)	Explain General Expense Items (Destination, time of departure, return and mode of travel)	Non-reportable Items $ (533910)	T4A Reportable Items $ (533915)	T4A Reportable Remuneration (547920)	T4 Reportable PTPDA $ (533950)	South Ontario Km's	North Ontario Km's	**Total Amount**	Tax Rate % (HST/ GST)	Tax Amount	**Net Amount**	Rec. No.
16/Dec/2016	Per Diem			2,000.00				2,000.00			2,000.00	
20/Dec/2016	Per Diem			2,000.00				2,000.00			2,000.00	
22/Dec/2016	Per Diem			2,000.00				2,000.00			2,000.00	
23/Dec/2016	Per Diem			1,000.00				1,000.00			1,000.00	
	Total ►			32,000.00				32,000.00			32,000.00	
							Total Claim Amount ►	**$32,000.00**				

3. IFIS Account Code – Claim Amount Summary

Claim No.	Claim Date (dd/mmm/yyyy)

Line No.	Ministry (3 digits)	Program (6 digits)	Business Unit (4 characters)	Cost Centre (6 characters)	Account (6 digits)	Initiative (4 digits)	Future Use (4 digits)	Future Use (4 digits)	**Total Amount**	Tax Rate % (HST/GST)	Tax Amount	Net Amount
1	034	340401	0000	985500	547920		0000	0000	$32,000.00	0.00		$32,000.00
								Total Claim Amount ►	**$32,000.00**			

4. Claimant Certification

This is to certify that the above expenses were incurred by me while on Government Business.

Signature of Claimant (Mandatory)	Date (dd/mmm/yyyy)
Patricia O'Malley	07/Mar/2017

Please visit www.ontario.ca/directpayment to download the application form to enrol for electronic payment.

5. Approval and Authorization

Name of Approving Official (Last, First Name) (Mandatory)	Title

Telephone Number	Total Claim Amount Approved	Signature (Mandatory)	Date Approved/Authorized (dd/mmm/yyyy)
ext.	$32,000.00	Cindy Vernot	13/Mar/2017

Ontario

Expense (General/Travel) Claim for Non-OPS Employees (Individuals without an 8 Series WIN Number)

Note

For guidance in completing this form refer to the Instructions sheet.

Only one cost centre per form. Where a tip/gratuity is included in the expense item being claimed, the gratuity/tip must be itemized separately.
Example : Receipt #1 for Taxi: $8.85 plus tax (13%) $1.15 = $10.00 plus tip $1.00. Total receipt #1 = $11.00
Expense item line 1: Taxi. Total Amount = 10.00, Tax Rate = 13%. Tax Amount = 1.15, Net Amount = 8.85
Expense item line 2: Tip. Total Amount = 1.00, Tax Rate = 0, Tax Amount = 0.00, Net Amount = 1.00

Fields marked with an asterisk (*) are mandatory.

Personal information on this form is collected under the authority of the *Financial Administration Act*, Section 1.0.25 and will be used to assess, verify and monitor eligibility for payment. For information regarding the collection of this information, please contact the financial services unit in your organization where you submit this form.

1. Payee Information

Name of Payee (Last Name) *	(First Name) *	Middle Initial
O'Malley	Patricia	

Ministry/Agency *

Ministry/Agency Contact (Last Name) *	(First Name) *	Telephone Number
		416 570-1924 ext.

Mailing Address (Street Number and Name, Unit/Apt. Number) *	City/Town *	Province *	Postal Code *
210 Cambria Street	Stratford	ON	N5A 1J1

Purpose of Trip and Nature of Expenses *

Per Diem as Chair of the Pension Asset Expert Advisory Panel - January to February

2. Transaction Details

Date	Particulars	Account Code				Kilometres		Meals	Receipt Details				
(dd/mmm/yyyy)	Explain General Expense Items (Destination, time of departure, return and mode of travel)	Non-reportable Items $ (533910)	T4A Reportable Items $ (533915)	T4A Reportable Remuneration (547920)	T4 Reportable PTPDA $ (533950)	South Ontario Km's	North Ontario Km's	Attendees (Number)	Total Amount	Tax Rate (HST/GST)	Tax Amount	Net Amount	Rec. No.
03/Jan/2017	Per Diem			2,000.00					2,000.00			2,000.00	
04/Jan/2017	Per Diem			2,000.00					2,000.00			2,000.00	
05/Jan/2017	Per Diem			2,000.00					2,000.00			2,000.00	
09/Jan/2017	Per Diem			2,000.00					2,000.00			2,000.00	
10/Jan/2017	Per Diem			2,000.00					2,000.00			2,000.00	
11/Jan/2017	Per Diem			2,000.00					2,000.00			2,000.00	
13/Jan/2017	Per Diem			2,000.00					2,000.00			2,000.00	
16/Jan/2017	Per Diem			2,000.00					2,000.00			2,000.00	
17/Jan/2017	Per Diem			2,000.00					2,000.00			2,000.00	
18/Jan/2017	Per Diem			1,000.00					1,000.00			1,000.00	
19/Jan/2017	Per Diem			2,000.00					2,000.00			2,000.00	
20/Jan/2017	Per Diem			2,000.00					2,000.00			2,000.00	

  Disponible en français

Name of Payee (Last Name, First Name)
O'Malley, Patricia

Name of Approving Official (Last, First Name) (Mandatory)

Ministry/Agency

(dd/mmm/yyyy)	Explain General Expense Items (Destination, time of departure, return and mode of travel)	Non-reportable Items $ (533910)	T4A Reportable Items $ (533915)	T4A Reportable Remuneration (547920)	T4 Reportable PTPDA $ (533950)	South Ontario Km's	North Ontario Km's	Attendees (Number)	**Total Amount**	Tax Rate (HST/GST)	Tax Amount	**Net Amount**	Rec. No.
26/Jan/2017	Per Diem			1,000.00					1,000.00			1,000.00	
03/Feb/2017	Per Diem			2,000.00					2,000.00			2,000.00	
07/Feb/2017	Per Diem			2,000.00					2,000.00			2,000.00	
09/Feb/2017	Per Diem			1,000.00					1,000.00			1,000.00	
10/Feb/2017	Per Diem			1,000.00					1,000.00			1,000.00	
13/Mar/2017	Per Diem			2,000.00					2,000.00			2,000.00	
15/Feb/2017	Per Diem			2,000.00					2,000.00			2,000.00	
17/Feb/2017	Per Diem			1,000.00					1,000.00			1,000.00	
20/Feb/2017	Per Diem			1,000.00					1,000.00			1,000.00	
28/Feb/2017	Per Diem			2,000.00					2,000.00			2,000.00	
	Total ►			38,000.00					38,000.00		0.00	38,000.00	
								Total Claim Amount ►	**$38,000.00**				

3. IFIS Account Code – Claim Amount Summary

Claim Number

Claim Date (dd/mmm/yyyy)

Line No.	Ministry (3 digits)	Program (6 digits)	Business Unit (4 characters)	Cost Centre (6 characters)	Account (6 digits)	Initiative (4 digits)	Future Use (4 digits)	Future Use (4 digits)	**Total Amount**	Tax Rate (HST/GST)	Tax Amount	**Net Amount**
1	034	340401	0000	985500	547920		0000	0000	$38,000.00	0.0%		$38,000.00
								Total ►	$38,000.00		$0.00	$38,000.00
								Total Claim Amount ►	**$38,000.00**			

4. Payee Certification

This is to certify that the above expenses were incurred by me while on Government Business.

Signature of Payee (Mandatory) Patricia O'Malley

Date (dd/mmm/yyyy) 7 MARCH 2017

Please visit www.ontario.ca/directpayment to download the application form to enrol for electronic payment.

5. Approval and Authorization

Name of Approving Official (Last, First Name) *

Title

Telephone Number	Total Claim Amount Approved	Signature *	Date Approved/Authorized (dd/mmm/yyyy)
ext.	$38,000.00	Cindy Veinot	13/MAR/2017

3 - Patricia - Travel Claim - November - December_scan.pdf

Ontario

Expense (General/Travel) Claim for Non-OPS Employees

Note

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Example : Receipt #1 for Lunch: $8.85 plus tax (13%) $1.15 = $10.00 plus tip $1.00. Total receipt #1 = $11.00
Expense item line 1: Lunch. Total Amount = 10.00, Tax Rate = 13%. Tax Amount = 1.15 (calculated), Net Amount = 8.85 (calculated)
Expense item line 2: Tip. Total Amount = 1.00, Tax Rate = 0, Tax Amount = 0.00 (calculated), Net Amount = 1.00 (calculated)

1. Claimant Information

Name of Claimant (Last Name) *	(First Name) *	Middle Initial
O'Malley	Patricia	

Ministry/Agency *	Telephone Number ext.

Address (Street Number and Name, Unit/Apt. Number) *	City/Town *	Province *	Postal Code *
210 Cambria Street	Stratford	ON	N5A 1J1

Purpose of Trip and Nature of Expenses *

To attend meetings of Pension Asset Expert Advisory Panel

2. Transaction Details

Date	Particulars	Account Code				Kilometres		Receipt Details				
(dd/mmm/yyyy)	Explain General Expense Items (Destination, time of departure, return and mode of travel)	Non-reportable Items $ (533910)	T4A Reportable Items $ (533915)	T4A Reportable Remuneration (547920)	T4 Reportable PTPDA $ (533950)	South Ontario Km's	North Ontario Km's	**Total Amount**	Tax Rate % (HST/GST)	Tax Amount	**Net Amount**	Rec. No.
18/Nov/2016	car Stratford to Toronto return	120.00				300		120.00			120.00	
05/Dec/2016	car Stratford to Toronto return	120.00				300		120.00			120.00	
12/Dec/2016	car Stratford to Toronto return	120.00				300		120.00			120.00	
	Total ►	360.00				900		360.00			360.00	
					Total Claim Amount ►			**$360.00**				

3. IFIS Account Code – Claim Amount Summary

Claim No. | Claim Date (dd/mmm/yyyy)

Line No.	Ministry (3 digits)	Program (6 digits)	Business Unit (4 characters)	Cost Centre (6 characters)	Account (6 digits)	Initiative (4 digits)	Future Use (4 digits)	Future Use (4 digits)	**Total Amount**	Tax Rate % (HST/GST)	Tax Amount	Net Amount
1	034	340401	0000	985500	533910		0000	0000	$360.00	0.00		$360.00
								Total Claim Amount ►	**$360.00**			

4. Claimant Certification

This is to certify that the above expenses were incurred by me while on Government Business.

Signature of Claimant (Mandatory) | Date (dd/mmm/yyyy): 27/Mar/2017

Please visit www.ontario.ca/directpayment to download the application form to enrol for electronic payment.

5. Approval and Authorization

Name of Approving Official (Last, First Name) (Mandatory): Cindy Veinot | Title: Assistant Deputy Minister, Provincial Controller

Telephone Number	Total Claim Amount Approved	Signature (Mandatory)	Date Approved/Authorized (dd/mmm/yyyy)
416 325-8017 ext.	$360.00		

4 - 2016 Travel Claim Form to’m_scan.pdf

Ontario

Expense (General/Travel) Claim for Non-OPS Employees

Note

Personal information on this form is collected under the authority of the *Ministry of Treasury and Economics Act*, R.S.O. 1990, c.M.37, s. 11 and will be used to assess, verify and monitor eligibility for payment. For information regarding the collection of this information, please contact the financial services unit in your organization where you submit this form.

Only one cost centre per form. Where a tip/gratuity is included in the expense item being claimed, the gratuity/tip must be itemized separately.
Example : Receipt #1 for Lunch: $8.85 plus tax (13%) $1.15 = $10.00 plus tip $1.00. Total receipt #1 = $11.00
Expense item line 1: Lunch. Total Amount = 10.00, Tax Rate = 13%. Tax Amount = 1.15 (calculated), Net Amount = 8.85 (calculated)
Expense item line 2: Tip. Total Amount = 1.00, Tax Rate = 0, Tax Amount = 0.00 (calculated), Net Amount = 1.00 (calculated)

1. Claimant Information

Name of Claimant (Last Name) *	(First Name) *	Middle Initial
O'Malley	Patricia	

Ministry/Agency *	Telephone Number
Treasury Board	ext.

Address (Street Number and Name, Unit/Apt. Number) *	City/Town *	Province *	Postal Code *
210 Cambria Street	Stratford	ON	N5A 1J1

Purpose of Trip and Nature of Expenses *

To attend meetings of Pension Asset Expert Advisory Panel

2. Transaction Details

Date	Particulars	Account Code				Kilometres		Receipt Details				
(dd/mmm/yyyy)	Explain General Expense Items (Destination, time of departure, return and mode of travel)	Non-reportable Items $ (533910)	T4A Reportable Items $ (533915)	T4A Reportable Remuneration (547920)	T4 Reportable PTPDA $ (533950)	South Ontario Km's	North Ontario Km's	**Total Amount**	Tax Rate % (HST/GST)	Tax Amount	**Net Amount**	Rec. No.
18/Nov/2016	car Stratford to Toronto return					300						
05/Dec/2016	car Stratford to Toronto return					300						
12/Dec/2016	car Stratford to Toronto return					300						
	Total ▶					900						
								Total Claim Amount ▶				

3. IFIS Account Code – Claim Amount Summary

Claim No.

Claim Date (dd/mmm/yyyy)

Line No.	Ministry (3 digits)	Program (6 digits)	Business Unit (4 characters)	Cost Centre (6 characters)	Account (6 digits)	Initiative (4 digits)	Future Use (4 digits)	Future Use (4 digits)	**Total Amount**	Tax Rate % (HST/GST)	Tax Amount	Net Amount
1							0000	0000				
								Total Claim Amount ▶				

4. Claimant Certification

This is to certify that the above expenses were incurred by me while on Government Business.

Signature of Claimant (Mandatory)

Date (dd/mmm/yyyy)
23/Mar/2017

Please visit www.ontario.ca/directpayment to download the application form to enrol for electronic payment.

5. Approval and Authorization

Name of Approving Official (Last, First Name) (Mandatory)

Title

Telephone Number	Total Claim Amount Approved	Signature (Mandatory)	Date Approved/Authorized (dd/mmm/yyyy)
ext.			

  Disponible en français

5 - 2017 Travel Expense Form to’m_scan.pdf

Ontario

Expense (General/Travel) Claim for Non-OPS Employees (Individuals without an 8 Series WIN Number)

Note

For guidance in completing this form refer to the Instructions sheet.

Only one cost centre per form. Where a tip/gratuity is included in the expense item being claimed, the gratuity/tip must be itemized separately.
Example : Receipt #1 for Taxi: $8.85 plus tax (13%) $1.15 = $10.00 plus tip $1.00. Total receipt #1 = $11.00
Expense item line 1: Taxi. Total Amount = 10.00, Tax Rate = 13%. Tax Amount = 1.15, Net Amount = 8.85
Expense item line 2: Tip. Total Amount = 1.00, Tax Rate = 0, Tax Amount = 0.00, Net Amount = 1.00

Fields marked with an asterisk (*) are mandatory.

Personal information on this form is collected under the authority of the *Financial Administration Act*, Section 1.0.25 and will be used to assess, verify and monitor eligibility for payment. For information regarding the collection of this information, please contact the financial services unit in your organization where you submit this form.

1. Payee Information

Name of Payee (Last Name) *	(First Name) *	Middle Initial
O'Malley	Patricia	

Ministry/Agency *
Treasury Board

Ministry/Agency Contact (Last Name) *	(First Name) *	Telephone Number ext.

Mailing Address (Street Number and Name, Unit/Apt. Number) *	City/Town *	Province *	Postal Code *
210 Cambria Street	Stratford	ON	N5A 1J1

Purpose of Trip and Nature of Expenses *

Travel to attend meetings and present briefings of Pension Asset Expert Advisory Panel

2. Transaction Details

Date	Particulars	Account Code				Kilometres		Meals	Receipt Details				
(dd/mmm/yyyy)	Explain General Expense Items (Destination, time of departure, return and mode of travel)	Non-reportable Items $ (533910)	T4A Reportable Items $ (533915)	T4A Reportable Remuneration (547920)	T4 Reportable PTPDA $ (533950)	South Ontario Km's	North Ontario Km's	Attendees (Number)	Total Amount	Tax Rate (HST/GST)	Tax Amount	Net Amount	Rec. No.
09/Jan/2017	train Stratford/Toronto return for DM briefing	97.10							97.10			97.10	
17/Jan/2017	car Stratford/Toronto return for MMP briefing					300							
03/Feb/2017	car Stratford/Toronto return for AG meeting					300							
10/Feb/2017	car Stratford/Toronto return for media briefing					300							
07/Mar/2017	car Stratford/Toronto return for Panel meeting					300							
20/Mar/2017	car Stratford/Toronto return - Minister briefing					300							
	Total ►	97.10				1,500			97.10		0.00	97.10	
								Total Claim Amount ►	$97.10				

3. IFIS Account Code – Claim Amount Summary

Claim Number

Claim Date (dd/mmm/yyyy)

Line No.	Ministry (3 digits)	Program (6 digits)	Business Unit (4 characters)	Cost Centre (6 characters)	Account (6 digits)	Initiative (4 digits)	Future Use (4 digits)	Future Use (4 digits)	Total Amount	Tax Rate (HST/GST)	Tax Amount	Net Amount
1					533910		0000	0000	$97.10	0.0%		$97.10
								Total ►	$97.10		$0.00	$97.10
								Total Claim Amount ►	$97.10			

6 - Copy of 17 02 time reporting March.xlsx

Name	Patricia O'Malley
Billing Address	210 Cambria Street, Stratford ON N5A 1J1

Date	Activitiy (Brief Description)	# of Hours
Mar 3 2017	respond to member comments	2.00
Mar 6 2017	respond to member comments and report v2	3.00
Mar 7 2017	Panel meeting and prepare summary	5.00
Mar 10 2017	report v3 and messages	2.50
Mar 13 2017	review report v4 and messages	3.00
Mar 14 2017	review report v5, staff memo and messages	2.00
Mar 15 2017	finalize report, edit staff memo, admin, briefing slides	5.00
Mar 16 2017	briefing slides and admin	2.00
Mar 20 2017	briefings	2.00
Mar22 2017	transmittal to Minister	1.00
Mar23 2017	finalize staff memo and transmit	2.00
	Total	29.50

0.5
0.5
1
0.5
0.5
0.5
1
0.5
0.5
0.5
0.5

6.5

6 - Email - VIA Rail Itinerary & Receipt _ Jan 09, 2017 - Booking Ref_ LCU401.pdf

From: VIA Rail Canada
To: plomalley@outlook.com
Subject: VIA Rail Itinerary & Receipt | Jan 09, 2017 - Booking Ref: LCU401
Date: January-06-17 10:35:41 AM

ITINERARY / RECEIPT - NOT VALID FOR TRAVEL

Thank you for choosing
VIA Rail Canada .

BOOKING CONFIRMATION: **LCU401**

PATRICIA O'MALLEY

IMPORTANT - AN E-BOARDING PASS HAS BEEN ISSUED FOR EACH SEGMENT OF THIS TRIP AND HAS BEEN SENT IN A SEPARATE E-MAIL. Please bring all e-boarding passes on your trip and review this confirmation carefully as it includes some important information about travelling with us.

Customers with special service requests
VIA suggests that all customers with special service requests arrive at VIA stations early for safe and timely access to the correct platform. Please validate VIA station hours as some stations open 30 minutes prior to scheduled train time.

ITINERARY # 1

TRAIN 84 | info

From: **STRATFORD Mon. Jan 9, 2017**
Departure: **08:40 AM**

To: **TORONTO UNION STATION Mon. Jan 9, 2017**
Arrival: **10:53 AM**

Class: **Economy - Escape fare**

You can be notified of the VIA train status, service disruption or delay regarding a specific train by email or SMS (text message). **Sign up now for the Train-Alert Service.**

Remarks: Operated by: VIA Rail Canada.

Your trip includes one or more station(s) without staff. Make your train travel easier by checking the services offered and opening hours of your stations. Click on the names of the stations to get all the information you need to make the most of your trip.

ITINERARY # 2

TRAIN 87 | info

From: **TORONTO UNION STATION** **Wed. Jan 11, 2017**

Departure: **17:40 PM**

To: **STRATFORD** **Wed. Jan 11, 2017**

Arrival: **19:53 PM**

Class: **Economy - Escape fare**

You can be notified of the VIA train status, service disruption or delay regarding a specific train by email or SMS (text message). **Sign up now for the Train-Alert Service.**

Remarks: Operated by: VIA Rail Canada.

Your trip includes one or more station(s) without staff. Make your train travel easier by checking the services offered and opening hours of your stations. Click on the names of the stations to get all the information you need to make the most of your trip.

RECEIPT

FARE INFORMATION

Patricia O'Malley (Adult) $97.18

FARE: $86.00 **G.S.T/H.S.T.:** $11.18 **P.S.T.:** $0.00 **TOTAL:** $97.18

TAX INFORMATION

Taxable fare: $86.00
G.S.T/H.S.T. number: 105521785RT001

PAYMENT 3733*******3005 - AUTHORIZATION # 261060

TRANSACTION DATE: 01/06/2017

ITINERARY	FARE PLAN	REFUND/EXCHANGE CONDITIONS
STRATFORD / TORONTO UNION STATION	ESCAPE	Before Departure : Non-refundable but exchangeable less a service charge of **$21.50** plus tax(es) and any applicable fare difference. After Departure : **Non-exchangeable and non-refundable.**
TORONTO UNION STATION / STRATFORD	ESCAPE	Before Departure : Non-refundable but exchangeable less a service charge of **$21.50** plus tax(es) and any applicable fare difference. After Departure : **Non-exchangeable and non-refundable.**

BAGGAGE ALLOWANCE*

Carry-on baggage

One (1) personal article of up to 11.5 kg (25 lb.) / 43 x 15 x 33 cm (17 x 6 x 13 in.)

AND

One (1) large article of up to 18 kg (40 lb.) / 158 linear cm (62 linear in.)
OR
Two (2) small articles of up to 11.5 kg (25 lb.) / 54.5 x 39.5 x 23 cm (21.5 x 15.5 x 9 in.) each.

OVERWEIGHT CARRY-ON BAGGAGE:

Additional fee of $20 tax incl. (per one-way trip) if baggage is 18.5-23 kg (41-50 lb.)

Carry-on baggage over 23 kg (50 lb.) is not permitted on board.

ADDITIONAL CARRY-ON ITEM(S) ALLOWED:

One (1) additional article of up to 23 kg (50 lb.) for a fee of $30 tax incl. (per one-way trip).

YOUTHS (12-25) : One (1) personal article (usual restrictions, see above), two (2) articles of 23 kg (50 lb) and 158 linear cm (62 linear in.). The 1st and 2nd additional article(s) at $30 each, per direction (tax inc.), up to 23kg (50 lb).

Checked baggage

No checked baggage.

*VIA Rail reserves the right to weigh, strictly enforce baggage allowances and collect excess baggage charges.

CONDITIONS OF CONTRACT

1. Your rail ticket is not transferable and is valid only for travel on the train(s) and date(s) shown.
2. For any modification or cancellation, please change or cancel your reservation online as soon as possible prior to the scheduled departure of your train (**subject to the conditions of your fare plan.**)
3. For operational reasons, VIA Rail reserves the right to restrict platform access five (5) minutes before your scheduled departure.
4. Times shown are not guaranteed. If necessary, VIA Rail may cancel a train or substitute alternate transportation without notice.
5. To ensure all passengers' safety, VIA Rail reserves the right to inspect all baggage.
6. You are responsible at all times for your carry-on baggage. VIA Rail assumes a limited liability for loss or damage to checked baggage. Ask VIA Rail personnel for more details.

NOTICE OF LIABILITY LIMITATION FOR DELAYS AND CANCELLED TRAINS

Although VIA Rail will use all reasonable efforts to carry the passenger and its property in accordance with the contract of carriage, timetables, schedules and other representations regarding trip time are approximate and provided for information purposes only. Times shown in timetables or elsewhere do not bind VIA Rail and form no part of the contract of carriage.Schedules are subject to change without notice. VIA Rail may cancel a train or substitute alternate transportation without notice.

VIA Rail specifically disclaims liability for any inconvenience, expense, or damages, lost profits, loss business or otherwise, resulting from errors in its timetables, schedules and other representations regarding timing or resulting from delayed or cancelled trains either caused by the fault of VIA Rail, third parties, passengers or by unforeseen circumstances. No responsibility for damages caused by delays, cancellations or alternate transportation substitution, such as damages resulting from passenger's purpose of travel or personal schedule at arrival, will be assumed by VIA Rail.

Other Useful Information (links)

- Seat Assignment in Economy Class
- VIA's baggage policy
- VIA Terms and Conditions

Customer Support

- For assistance or queries regarding your train booking, please contact VIA Rail for help at service@viarail.ca

How to modify a booking online?

- You can modify your booking online if you have not yet exchanged this booking confirmation for a paper ticket.
- Go to reservia.viarail.ca/changebooking/requestchange.aspx?l=en
- Follow the instructions
- Ticket Exchange Conditions

Risk Free Booking

- Fully refundable prior to paper ticket issuance if cancelled **online** within **24 hours** of **initial booking** and **before scheduled train departure**, whichever comes first.

How to cancel a booking online?

- You can cancel your booking online if you have not yet exchanged this booking confirmation for a paper ticket.
- Go to reservia.viarail.ca/cancellation/request.aspx?l=en
- Follow the instructions

How to get a refund if paper tickets have already been issued?

- Call 1 888 VIA-RAIL (842-7245) to cancel your booking
- Then go to a VIA station with your unused ticket (including the "Receipt" portion) and the credit card used to purchase your ticket, to obtain your refund.

6 - Patricia - 2017 Travel Expense - Jan - Mar_scan.pdf

Ontario

Expense (General/Travel) Claim for Non-OPS Employees (Individuals without an 8 Series WIN Number)

Note

For guidance in completing this form refer to the Instructions sheet.

Only one cost centre per form. Where a tip/gratuity is included in the expense item being claimed, the gratuity/tip must be itemized separately.
Example : Receipt #1 for Taxi: $8.85 plus tax (13%) $1.15 = $10.00 plus tip $1.00. Total receipt #1 = $11.00
Expense item line 1: Taxi. Total Amount = 10.00, Tax Rate = 13%. Tax Amount = 1.15, Net Amount = 8.85
Expense item line 2: Tip. Total Amount = 1.00, Tax Rate = 0, Tax Amount = 0.00, Net Amount = 1.00

Fields marked with an asterisk (*) are mandatory.

Personal information on this form is collected under the authority of the *Financial Administration Act*, Section 1.0.25 and will be used to assess, verify and monitor eligibility for payment. For information regarding the collection of this information, please contact the financial services unit in your organization where you submit this form.

1. Payee Information

Name of Payee (Last Name) *	(First Name) *	Middle Initial
O'Malley	Patricia	

Ministry/Agency *

Ministry/Agency Contact (Last Name) *	(First Name) *	Telephone Number ext.

Mailing Address (Street Number and Name, Unit/Apt. Number) *	City/Town *	Province *	Postal Code *
210 Cambria Street	Stratford	ON	N5A 1J1

Purpose of Trip and Nature of Expenses *

Per Diem and Travel to attend meetings and present briefings of Pension Asset Expert Advisory Panel

2. Transaction Details

Date	Particulars	Account Code				Kilometres		Meals	Receipt Details				
(dd/mmm/yyyy)	Explain General Expense Items (Destination, time of departure, return and mode of travel)	Non-reportable Items $ (533910)	T4A Reportable Items $ (533915)	T4A Reportable Remuneration (547920)	T4 Reportable PTPDA $ (533950)	South Ontario Km's	North Ontario Km's	Attendees (Number)	Total Amount	Tax Rate (HST/ GST)	Tax Amount	Net Amount	Rec. No.
09/Jan/2017	train Stratford/Toronto return for DM briefing	97.18							97.18	13.0%	11.18	86.00	
17/Jan/2017	car Stratford/Toronto return for MMP briefing	120.00				300			120.00			120.00	
03/Feb/2017	car Stratford/Toronto return for AG meeting	120.00				300			120.00			120.00	
10/Feb/2017	car Stratford/Toronto return for media briefing	120.00				300			120.00			120.00	
07/Mar/2017	car Stratford/Toronto return for Panel meeting	120.00				300			120.00			120.00	
20/Mar/2017	car Stratford/Toronto return - Minister briefing	120.00				300			120.00			120.00	
03/Mar/2017	Per Diem			1,000.00					1,000.00			1,000.00	
06/Mar/2017	Per Diem			1,000.00					1,000.00			1,000.00	
07/Mar/2017	Per Diem			2,000.00					2,000.00			2,000.00	
10/Mar/2017	Per Diem			1,000.00					1,000.00			1,000.00	
13/Mar/2017	Per Diem			1,000.00					1,000.00			1,000.00	
14/Mar/2017	Per Diem			1,000.00					1,000.00			1,000.00	

  Disponible en français

Name of Payee (Last Name, First Name)	Name of Approving Official (Last, First Name) (Mandatory)
O'Malley, Patricia	Cindy Veinot

Ministry/Agency

(dd/mmm/yyyy)	Explain General Expense Items (Destination, time of departure, return and mode of travel)	Non-reportable Items $ (533910)	T4A Reportable Items $ (533915)	T4A Reportable Remuneration (547920)	T4 Reportable PTPDA $ (533950)	South Ontario Km's	North Ontario Km's	Attendees (Number)	**Total Amount**	Tax Rate (HST/GST)	Tax Amount	**Net Amount**	Rec. No.
15/Mar/2017	Per Diem			2,000.00					2,000.00			2,000.00	
16/Mar/2017	Per Diem			1,000.00					1,000.00			1,000.00	
20/Mar/2017	Per Diem			1,000.00					1,000.00			1,000.00	
22/Mar/2017	Per Diem			1,000.00					1,000.00			1,000.00	
23/Mar/2017	Per Diem			1,000.00					1,000.00			1,000.00	
	Total ►	697.18		13,000.00		1,500			13,697.18		11.18	13,686.00	
								Total Claim Amount ►	**$13,697.18**				

3. IFIS Account Code – Claim Amount Summary

Claim Number	Claim Date (dd/mmm/yyyy)

Line No.	Ministry (3 digits)	Program (6 digits)	Business Unit (4 characters)	Cost Centre (6 characters)	Account (6 digits)	Initiative (4 digits)	Future Use (4 digits)	Future Use (4 digits)	**Total Amount**	Tax Rate (HST/GST)	Tax Amount	**Net Amount**
1	034	340401	0000	985500	533910		0000	0000	$97.18	13.0%	$11.18	$86.00
2	034	340401	0000	985500	533910		0000	0000	$600.00	0.0%		$600.00
3	034	340401	0000	985500	547920		0000	0000	$13,000.00	0.0%		$13,000.00
								Total ►	$13,697.18		$11.18	$13,686.00
								Total Claim Amount ►	**$13,697.18**			

4. Payee Certification

This is to certify that the above expenses were incurred by me while on Government Business.

Signature of Payee (Mandatory)	Date (dd/mmm/yyyy)
	27/Mar/2017

Please visit www.ontario.ca/directpayment to download the application form to enrol for electronic payment.

5. Approval and Authorization

Name of Approving Official (Last, First Name) *	Title
Cindy Veinot	Assistant Deputy Minister, Provincial Controller

Telephone Number	Total Claim Amount Approved	Signature *	Date Approved/Authorized (dd/mmm/yyyy)
416 325-8017 ext.	$13,697.18		

7 - Email - March 23 2017 - EFT Registration_Application Form and Void Check.pdf

From: Mathieu, Shelly (MGCS)
To: Tam, Nelson (TBS)
Subject: EFT Registration/Application Form and Void Check
Date: March-23-17 11:32:13 AM
Attachments: Patricia O"Malley - EFT Information.pdf

Thanks Nelson ☺

Shelly

From: Tam, Nelson (TBS)
Sent: March-23-17 11:12 AM
To: Mathieu, Shelly (MGCS)
Subject: FW: EFT Registration/Application Form and Void Check

Shelly

I was advised that I should have sent this to you directly as well.

Thanks

Nelson
416-212-0514

From: Tam, Nelson (TBS)
Sent: March-22-17 10:05 AM
To: OSS AP Sudbury Priority Payments (MGCS)
Subject: EFT Registration/Application Form and Void Check

Attached is the above subject documents to set up EFT for expense/per diem reimbursement for Patricia O'Malley. Please note that the expense form has already been submitted.

Please contact me if you have further questions.

Thank you for your assistance.

Nelson
416-212-0514

Nelson Tam, CPA, CA, CIA
Acting Manager, Accounting Policy
Treasury Board Secretariat, Office of Provincial Controller
Frost Building South
7 Queen's Park Crescent, Floor 2
Toronto, Ontario
M7A 1Y7

Telephone – 416-212-0514
Email – nelson.tam@ontario.ca

Patricia O’Malley - EFT Information.pdf

Ontario

Ministry of Government and Consumer Services

Complete this form electronically as some fields are interactive depending on the selected option.

Supplier Registration and Application for Direct Deposit/Electronic Funds Transfer

Collection of Information

The authority for the collection of this information as a lawfully authorized activity is the *Ministry of Government Services Act,* R.S.O. 1990, c. M.25 s.6. This form will be used solely for the purposes of supplier registration, depositing your payments into your bank account, providing payment notifications by email and contacting you for any payment related issues. For information about collection and/or use and disclosure practices, write to the Senior Manager, Expenditure Management Branch, Ontario Shared Services, Ministry of Government and Consumer Services, 77 Wellesley Street West, Box 700, Toronto ON M7A 1N3. For further assistance please call 416 212-2345 or toll free at 1 866 320-1756.

Consent to Disclose

By submitting this application, you acknowledge this information may be utilized by other Province of Ontario ministries and agencies in the context of procurement and payment recipient verification.

Important - Please read the instructions before completing this form.

A Type of Request

☑ New Supplier Registration
☐ Change of Information (specify details if known)

☐ Add Additional Location — Supplier No. | Site No.
☐ Changes to Current Supplier Information — Site Name

Supplier Type (check all that apply)
☑ Receive payments for goods and/or services
☐ Receive transfer payments from the Province of Ontario

Do you have a business number registered with Canada Revenue Agency?
☑ Yes (specify) ▶ Business No. 828823989
☐ No, my invoices do not contain tax

B Supplier Profile (As Registered with Canada Revenue Agency)

Current Information	New Information
Legal Name	Legal Name: Patricia L. O'Malley/Ronald Hikel
Operating Name ☐ Same as Legal Name	Operating Name ☐ Same as Legal Name: Patricia L. O'Malley FCPA, FCA
Suite/Floor No. / Street No. and Name	Suite/Floor No. / Street No. and Name: 210 Cambria Street
City/Town	City/Town: Stratford
Province/State / Postal/Zip Code / Country	Province/State: ON / Postal/Zip Code: N5A 1J1 / Country: Canada
Telephone No. ext. / Fax No.	Telephone No.: 416 570 1924 ext. / Fax No.
Email Address	Email Address (generic business email address): plomalley@outlook.com

C Banking Information

Attach an **original void cheque** displaying your legal name or an **original signed and/or bank stamped letter** from your financial institution.
Note: Bank counter cheques are not acceptable.

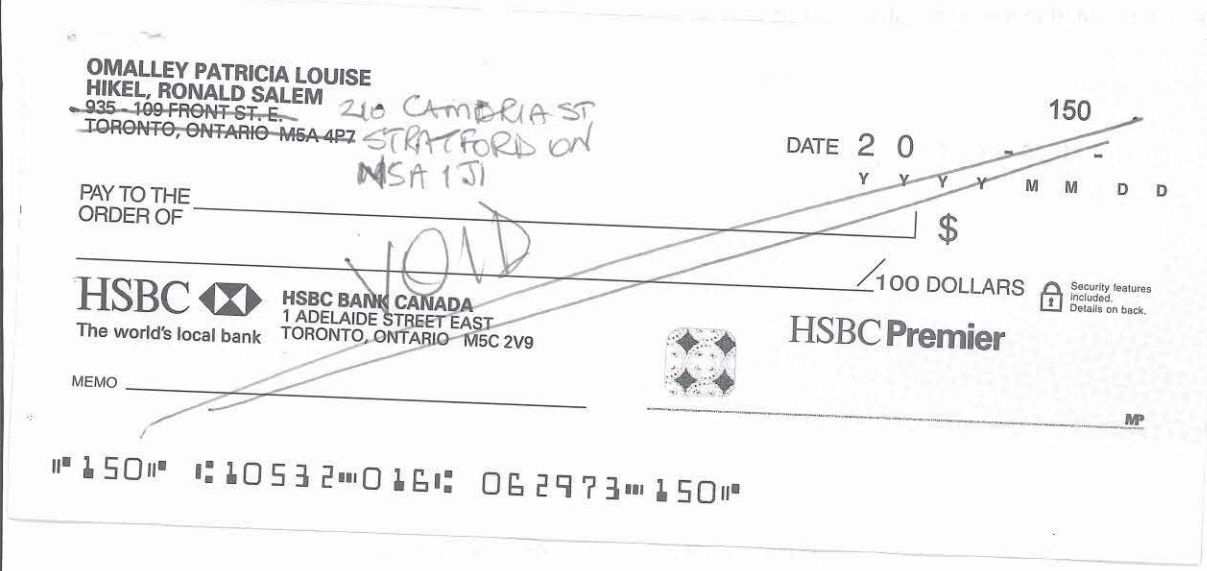
Current Information	New Information
Name of Canadian Financial Institution	Name of Canadian Financial Institution: HSBC Bank Canada
Branch No. / Institution No. / Account No.	Branch No.: 10532 / Institution No.: 016 / Account No.: 062973150

D Certification/Authorization

I certify I am authorized by the organization named above to submit this application for registration and certify that all the information contained herein is true and accurate statement of the facts.

Name (First Last): Patricia O'Malley
Title: Partner
Signature: Patricia O'Malley
Date (dd/mmm/yyyy): 20/Mar/2107

  Version française disponible



OMALLEY PATRICIA LOUISE
HIKEL, RONALD SALEM
~~935 - 109 FRONT ST. E.~~
~~TORONTO, ONTARIO M5A 4P7~~
210 CAMBRIA ST
STRATFORD ON
N5A 1J1

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⑈150⑈ ⑆10532⑈016⑆ 06297⑈150⑈

7 - Patricia O’Malley - EFT Information.pdf

Ontario

Ministry of Government and Consumer Services

Complete this form electronically as some fields are interactive depending on the selected option.

Supplier Registration and Application for Direct Deposit/Electronic Funds Transfer

Collection of Information

The authority for the collection of this information as a lawfully authorized activity is the *Ministry of Government Services Act,* R.S.O. 1990, c. M.25 s.6. This form will be used solely for the purposes of supplier registration, depositing your payments into your bank account, providing payment notifications by email and contacting you for any payment related issues. For information about collection and/or use and disclosure practices, write to the Senior Manager, Expenditure Management Branch, Ontario Shared Services, Ministry of Government and Consumer Services, 77 Wellesley Street West, Box 700, Toronto ON M7A 1N3. For further assistance please call 416 212-2345 or toll free at 1 866 320-1756.

Consent to Disclose

By submitting this application, you acknowledge this information may be utilized by other Province of Ontario ministries and agencies in the context of procurement and payment recipient verification.

Important - Please read the instructions before completing this form.

A Type of Request

☑ New Supplier Registration
☐ Change of Information (specify details if known)

☐ Add Additional Location — Supplier No. | Site No.
☐ Changes to Current Supplier Information — Site Name

Supplier Type (check all that apply)
☑ Receive payments for goods and/or services
☐ Receive transfer payments from the Province of Ontario

Do you have a business number registered with Canada Revenue Agency?
☑ Yes (specify) ▶ Business No. 828823989
☐ No, my invoices do not contain tax

B Supplier Profile (As Registered with Canada Revenue Agency)

Current Information	New Information
Legal Name	Legal Name: Patricia L. O'Malley/Ronald Hikel
Operating Name ☐ Same as Legal Name	Operating Name ☐ Same as Legal Name: Patricia L. O'Malley FCPA, FCA
Suite/Floor No. / Street No. and Name	Suite/Floor No. / Street No. and Name: 210 Cambria Street
City/Town	City/Town: Stratford
Province/State / Postal/Zip Code / Country	Province/State: ON / Postal/Zip Code: N5A 1J1 / Country: Canada
Telephone No. ext. / Fax No.	Telephone No.: 416 570 1924 ext. / Fax No.
Email Address	Email Address (generic business email address): plomalley@outlook.com

C Banking Information

Attach an **original void cheque** displaying your legal name or an **original signed and/or bank stamped letter** from your financial institution.
Note: Bank counter cheques are not acceptable.

Current Information	New Information
Name of Canadian Financial Institution	Name of Canadian Financial Institution: HSBC Bank Canada
Branch No. / Institution No. / Account No.	Branch No.: 10532 / Institution No.: 016 / Account No.: 062973150

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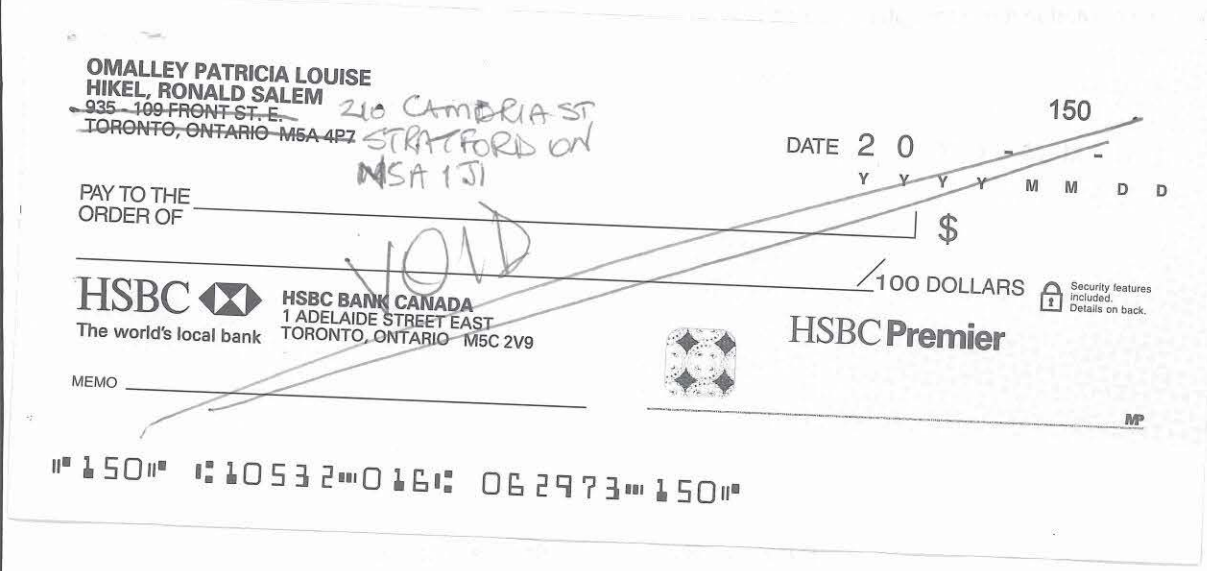
Name (First Last): Patricia O'Malley
Title: Partner
Signature: Patricia O'Malley
Date (dd/mmm/yyyy): 20/Mar/2107

  Version française disponible



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⑈150⑈ ⑆10532⑈016⑆ 06297⑈150⑈

7A - Email - March 23 2017 - FW_ EFT Registration_Application Form and Void Check.pdf

From: Cheung, Clara (TBS)
To: Tam, Nelson (TBS)
Subject: FW: EFT Registration/Application Form and Void Check
Date: March-23-17 12:01:44 PM
Attachments: Patricia O"Malley - EFT Information.pdf

Hi Nelson, yes –please send OSS Shelly the original form and void cheque.

Thanks,
Clara

From: Tam, Nelson (TBS)
Sent: March-23-17 11:35 AM
To: Cheung, Clara (TBS)
Subject: FW: EFT Registration/Application Form and Void Check

Clara

Dena suggested I forward the email to Shelly. Shelly responded so I am forwarding the response.

Does Shelly or you require the original form and void cheque?

Thanks

Nelson
X20514

From: Mathieu, Shelly (MGCS)
Sent: March-23-17 11:32 AM
To: Tam, Nelson (TBS)
Subject: EFT Registration/Application Form and Void Check

Thanks Nelson ☺

Shelly

From: Tam, Nelson (TBS)
Sent: March-23-17 11:12 AM
To: Mathieu, Shelly (MGCS)
Subject: FW: EFT Registration/Application Form and Void Check

Shelly

I was advised that I should have sent this to you directly as well.

Thanks

Nelson

416-212-0514

From: Tam, Nelson (TBS)
Sent: March-22-17 10:05 AM
To: OSS AP Sudbury Priority Payments (MGCS)
Subject: EFT Registration/Application Form and Void Check

Attached is the above subject documents to set up EFT for expense/per diem reimbursement for Patricia O'Malley. Please note that the expense form has already been submitted.

Please contact me if you have further questions.

Thank you for your assistance.

Nelson
416-212-0514

Nelson Tam, CPA, CA, CIA
Acting Manager, Accounting Policy
Treasury Board Secretariat, Office of Provincial Controller
Frost Building South
7 Queen's Park Crescent, Floor 2
Toronto, Ontario
M7A 1Y7

Telephone – 416-212-0514
Email – nelson.tam@ontario.ca

Patricia O’Malley - EFT Information_1.pdf

Ontario

Ministry of Government and Consumer Services

Complete this form electronically as some fields are interactive depending on the selected option.

Supplier Registration and Application for Direct Deposit/Electronic Funds Transfer

Collection of Information

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A Type of Request

☑ New Supplier Registration
☐ Change of Information (specify details if known)

☐ Add Additional Location — Supplier No. | Site No.
☐ Changes to Current Supplier Information — Site Name

Supplier Type (check all that apply)
☑ Receive payments for goods and/or services
☐ Receive transfer payments from the Province of Ontario

Do you have a business number registered with Canada Revenue Agency?
☑ Yes (specify) ▶ Business No. 828823989
☐ No, my invoices do not contain tax

B Supplier Profile (As Registered with Canada Revenue Agency)

Current Information	New Information
Legal Name	Legal Name: Patricia L. O'Malley/Ronald Hikel
Operating Name ☐ Same as Legal Name	Operating Name ☐ Same as Legal Name: Patricia L. O'Malley FCPA, FCA
Suite/Floor No. / Street No. and Name	Suite/Floor No. / Street No. and Name: 210 Cambria Street
City/Town	City/Town: Stratford
Province/State / Postal/Zip Code / Country	Province/State: ON / Postal/Zip Code: N5A 1J1 / Country: Canada
Telephone No. ext. / Fax No.	Telephone No.: 416 570 1924 ext. / Fax No.
Email Address	Email Address (generic business email address): plomalley@outlook.com

C Banking Information

Attach an **original void cheque** displaying your legal name or an **original signed and/or bank stamped letter** from your financial institution.
Note: Bank counter cheques are not acceptable.

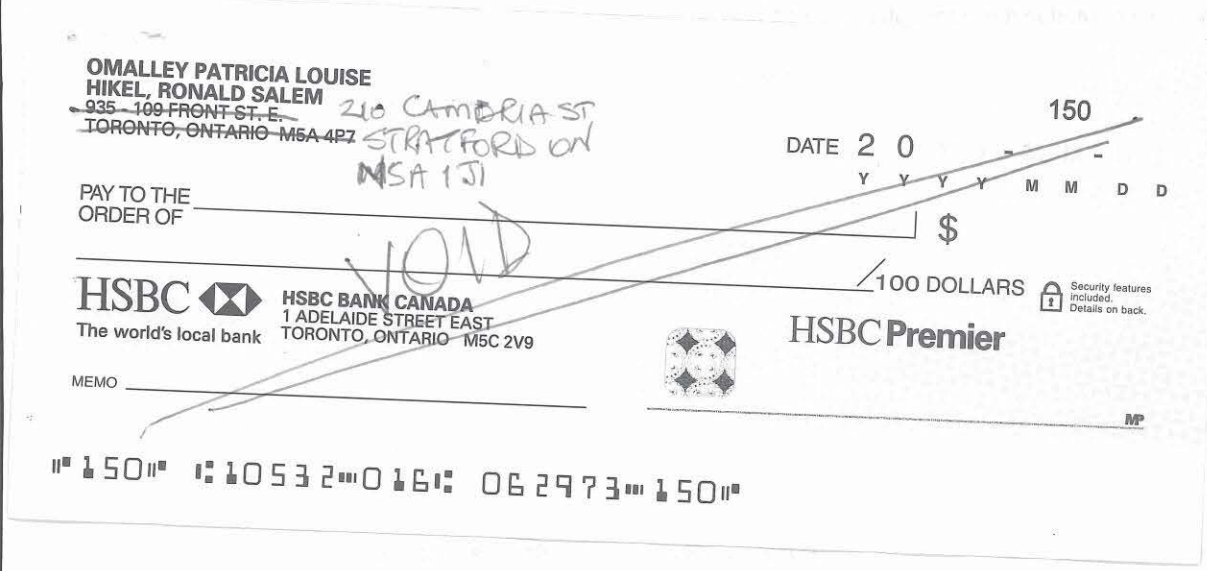
Current Information	New Information
Name of Canadian Financial Institution	Name of Canadian Financial Institution: HSBC Bank Canada
Branch No. / Institution No. / Account No.	Branch No.: 10532 / Institution No.: 016 / Account No.: 062973150

D Certification/Authorization

I certify I am authorized by the organization named above to submit this application for registration and certify that all the information contained herein is true and accurate statement of the facts.

Name (First Last): Patricia O'Malley
Title: Partner
Signature: Patricia O'Malley
Date (dd/mmm/yyyy): 20/Mar/2107

  Version française disponible



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HIKEL, RONALD SALEM
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7B - Email - March 24 2017 - FW_ EFT Registration_Application Form and Void Check.pdf

From: Vatanirad, Fatemeh (MGCS)
To: Tam, Nelson (TBS)
Cc: plomalley@outlook.com
Subject: FW: EFT Registration/Application Form and Void Check
Date: March-24-17 11:35:32 AM
Attachments: Patricia O"Malley - EFT Information.pdf

Hi Nelson,

Banking has been set up in IFIS and I checked the invoices as well, they have been processed.
Please ask AP to release the payments.

Thanks,

Fatemeh

From: Basanta, Rhesa (MGCS)
Sent: March-24-17 11:18 AM
To: Vatanirad, Fatemeh (MGCS)
Cc: Tam, Nelson (TBS)
Subject: FW: EFT Registration/Application Form and Void Check

Hi Fatemeh,

FYI

Rhesa

From: OSS AP Sudbury Priority Payments (MGCS)
Sent: March 24, 2017 11:14 AM
To: Basanta, Rhesa (MGCS)
Subject: FW: EFT Registration/Application Form and Void Check

Hi Rhesa,

I am forwarding this request as it was sent to our Priority Mailbox
In error.

Thanks
Paul

From: Tam, Nelson (TBS)
Sent: March 22, 2017 10:05 AM
To: OSS AP Sudbury Priority Payments (MGCS)
Subject: EFT Registration/Application Form and Void Check

Attached is the above subject documents to set up EFT for expense/per diem reimbursement for Patricia O'Malley. Please note that the expense form has already been submitted.

Please contact me if you have further questions.

Thank you for your assistance.

Nelson
416-212-0514

Nelson Tam, CPA, CA, CIA
Acting Manager, Accounting Policy
Treasury Board Secretariat, Office of Provincial Controller
Frost Building South
7 Queen's Park Crescent, Floor 2
Toronto, Ontario
M7A 1Y7

Telephone – 416-212-0514
Email – nelson.tam@ontario.ca

Patricia O’Malley - EFT Information_2.pdf

Ontario

Ministry of Government and Consumer Services

Complete this form electronically as some fields are interactive depending on the selected option.

Supplier Registration and Application for Direct Deposit/Electronic Funds Transfer

Collection of Information

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A Type of Request

☑ New Supplier Registration
☐ Change of Information (specify details if known)

☐ Add Additional Location — Supplier No. | Site No.
☐ Changes to Current Supplier Information — Site Name

Supplier Type (check all that apply)
☑ Receive payments for goods and/or services
☐ Receive transfer payments from the Province of Ontario

Do you have a business number registered with Canada Revenue Agency?
☑ Yes (specify) ▶ Business No. 828823989
☐ No, my invoices do not contain tax

B Supplier Profile (As Registered with Canada Revenue Agency)

Current Information	New Information
Legal Name	Legal Name: Patricia L. O'Malley/Ronald Hikel
Operating Name ☐ Same as Legal Name	Operating Name ☐ Same as Legal Name: Patricia L. O'Malley FCPA, FCA
Suite/Floor No. / Street No. and Name	Suite/Floor No. / Street No. and Name: 210 Cambria Street
City/Town	City/Town: Stratford
Province/State / Postal/Zip Code / Country	Province/State: ON / Postal/Zip Code: N5A 1J1 / Country: Canada
Telephone No. ext. / Fax No.	Telephone No.: 416 570 1924 ext. / Fax No.
Email Address	Email Address (generic business email address): plomalley@outlook.com

C Banking Information

Attach an **original void cheque** displaying your legal name or an **original signed and/or bank stamped letter** from your financial institution.
Note: Bank counter cheques are not acceptable.

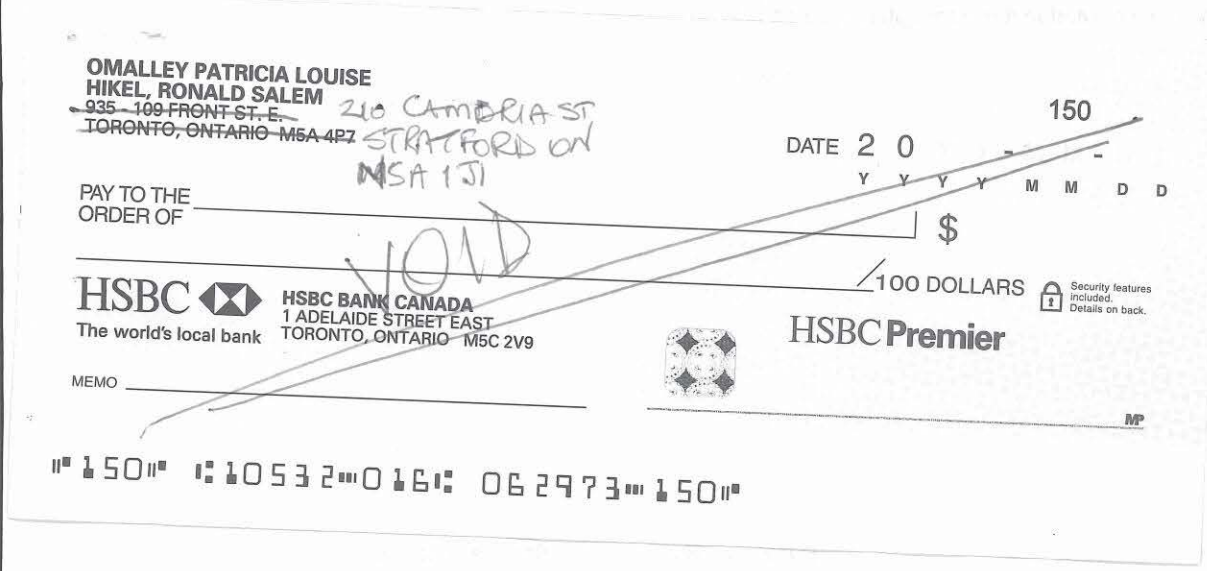
Current Information	New Information
Name of Canadian Financial Institution	Name of Canadian Financial Institution: HSBC Bank Canada
Branch No. / Institution No. / Account No.	Branch No.: 10532 / Institution No.: 016 / Account No.: 062973150

D Certification/Authorization

I certify I am authorized by the organization named above to submit this application for registration and certify that all the information contained herein is true and accurate statement of the facts.

Name (First Last): Patricia O'Malley
Title: Partner
Signature: Patricia O'Malley
Date (dd/mmm/yyyy): 20/Mar/2107

  Version française disponible



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⑈150⑈ ⑆10532⑈016⑆ 06297⑈150⑈

8 - Email - March 23 2017 - RE_ Non Ops - Patricia O’Malley.pdf

From: Tam, Nelson (TBS)
To: Cheung, Clara (TBS)
Subject: RE: Non Ops - Patricia O"Malley
Date: March-23-17 2:40:00 PM
Attachments: image001.png

Clara

No problem. We will send it over today or tomorrow. I attached Shelley and your email to the form and cheque so there is no confusion when they receive it.

Thanks for the help.

Nelson
X20514

From: Cheung, Clara (TBS)
Sent: March-23-17 2:35 PM
To: Tam, Nelson (TBS)
Subject: FW: Non Ops - Patricia O'Malley

Hi Nelson, Can you please see below?

Sorry for the confusion. Hope it is not too late… thanks

From: Mathieu, Shelly (MGCS)
Sent: March-23-17 12:46 PM
To: Cheung, Clara (TBS)
Subject: Non Ops - Patricia O'Malley

Hi Clara,

The Banking form and void cheque needs to be mailed to:

Submit your completed form by mail to:

Ministry of Government and Consumer Services
Ontario Shared Services
Central Control Unit
77 Wellesley St W, Box 700
Toronto ON M7A 1N3

Because Patricia was leaving the country and had asked about setting up the payment as direct deposit, that is why I asked for the scanned copy so that I could set her up in IFIS with her banking all in one shot.

Normal process would have been for AP to set her up as a cheque site and future payments would have paid out as cheque until her banking form was received at 77 Wellesley St where they would then set her up with direct deposit.

Because Patricia wasn't going to be around at the end of the month, I wanted to make sure it was done all at one time….not our normal process.

Thanks,

Shelly

image001.pdf

Submit your completed form by mail to:

Ministry of Government and Consumer Services
Ontario Shared Services
Central Control Unit
77 Wellesley St W, Box 700
Toronto ON M7A 1N3

9 - Email - March 28 2017 - Re_ time and expenses.pdf

From: Patricia O"Malley
To: Tam, Nelson (TBS)
Subject: Re: time and expenses
Date: March-28-17 9:22:05 AM

Hi

Should be there shortly after 10 if that is OK.

Tricia

Tricia O'Malley

Mobile +1(416) 570 1924

From: Tam, Nelson (TBS)
Sent: Monday, March 27, 2017 11:36
To: Patricia O'Malley
Subject: RE: time and expenses

Patricia

My apologies. I forgot to enter the dates for the per diems on the previous version. Please print and sign this version.

Thanks

Nelson

From: Patricia O'Malley [mailto:plomalley@outlook.com]
Sent: March-27-17 11:01 AM
To: Tam, Nelson (TBS)
Subject: [Possible SPAM] Re: time and expenses

Thanks. I already have the Google maps printed out twice, one for each report. I'll let you know when I'll be by.

Tricia O'Malley

Mobile +1(416) 570 1924

From: Tam, Nelson (TBS)
Sent: Monday, March 27, 2017 10:14
To: Patricia O'Malley
Subject: RE: time and expenses

Patricia

Attached is the updated travel claims for 2016 and 2017. The 2017 includes the March per diem.

To ensure the reasonableness of the 300km, provide your starting address (Stratford) and ending address so I can use Google maps to determine reasonableness of the km.

Let me know when you are planning to drop off the receipts and signed claims. You will need to call me or Dena (416) 326-9025 or Shyrose (416) 325-1448

Thanks

Nelson
416-212-0514

From: Patricia O'Malley [mailto:plomalley@outlook.com]
Sent: March-27-17 9:28 AM
To: Tam, Nelson (TBS)
Subject: RE: time and expenses

Nelson
Sorry, I was renaming files and got them mixed up.
Can I leave an envelope for you with the signed expense reports at the desk at Frost or do you or Dena need to come down and get it? I can drop it off tomorrow morning after 10.
Tricia

From: Tam, Nelson (TBS) [mailto:Nelson.Tam@ontario.ca]
Sent: 27-Mar-17 08:14
To: Patricia O'Malley (plomalley@outlook.com) <plomalley@outlook.com>
Subject: FW: time and expenses

Patricia

Is this the correct file? There is no time for March on worksheet.

Thanks

Nelson
X20514

From: Patricia O'Malley [mailto:plomalley@outlook.com]
Sent: March-23-17 3:48 PM
To: Tam, Nelson (TBS)
Subject: time and expenses

Hi Nelson

I have finished my time sheet for March. It is attached.

I am working on the expenses but the forms are not co-operating and the government website says they don't exist, so no instructions are available. I have entered the dates and train fare/kilometers for return trips to Toronto. It accepts the dollar amount for the train fare but not the per/km

amount for the distance, so no amounts show up. On the 2017 form it wants the name and phone number of the Ministry contact.

This is what I am going to do. I am attaching the two expense forms completed as far as I can get them to go. Maybe you will have more luck. I have printed both of them and will sign the hard copies and take them and the Google maps printouts to verify the kms with me to Toronto tomorrow or Monday. I can get them to you on Tuesday. I have also attached the itinerary and receipt for the train fare. I don't think you need any more background documentation.

To confirm, the total expenses for 2016 should be 900 kms @$.40/km = $360.
For 2017, they should be 1500 kms @ 4.40/km = $600 + $97.10 = $697.10.

Total $1057.10

Thanks for your help with this. It would be good if someone could get the link to the instructions working for future reference.

Tricia

9 - Patricia O’Malley - EFT Information.pdf

Ontario

Ministry of Government and Consumer Services

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Supplier Registration and Application for Direct Deposit/Electronic Funds Transfer

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☑ New Supplier Registration
☐ Change of Information (specify details if known)
☐ Add Additional Location — Supplier No. | Site No.
☐ Changes to Current Supplier Information — Site Name

Supplier Type (check all that apply)
☑ Receive payments for goods and/or services
☐ Receive transfer payments from the Province of Ontario

Do you have a business number registered with Canada Revenue Agency?
☑ Yes (specify) ▶ Business No. 828823989
☐ No, my invoices do not contain tax

B Supplier Profile (As Registered with Canada Revenue Agency)

Current Information	New Information
Legal Name	Legal Name: Patricia L. O'Malley/Ronald Hikel
Operating Name ☐ Same as Legal Name	Operating Name ☐ Same as Legal Name: Patricia L. O'Malley FCPA, FCA
Suite/Floor No. / Street No. and Name	Suite/Floor No. / Street No. and Name: 210 Cambria Street
City/Town	City/Town: Stratford
Province/State / Postal/Zip Code / Country	Province/State: ON / Postal/Zip Code: N5A 1J1 / Country: Canada
Telephone No. ext. / Fax No.	Telephone No.: 416 570 1924 ext. / Fax No.
Email Address	Email Address (generic business email address): plomalley@outlook.com

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Branch No. / Institution No. / Account No.	Branch No.: 10532 / Institution No.: 016 / Account No.: 062973150

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Name (First Last): Patricia O'Malley
Title: Partner
Signature: Patricia O'Malley
Date (dd/mmm/yyyy): 20/Mar/2107

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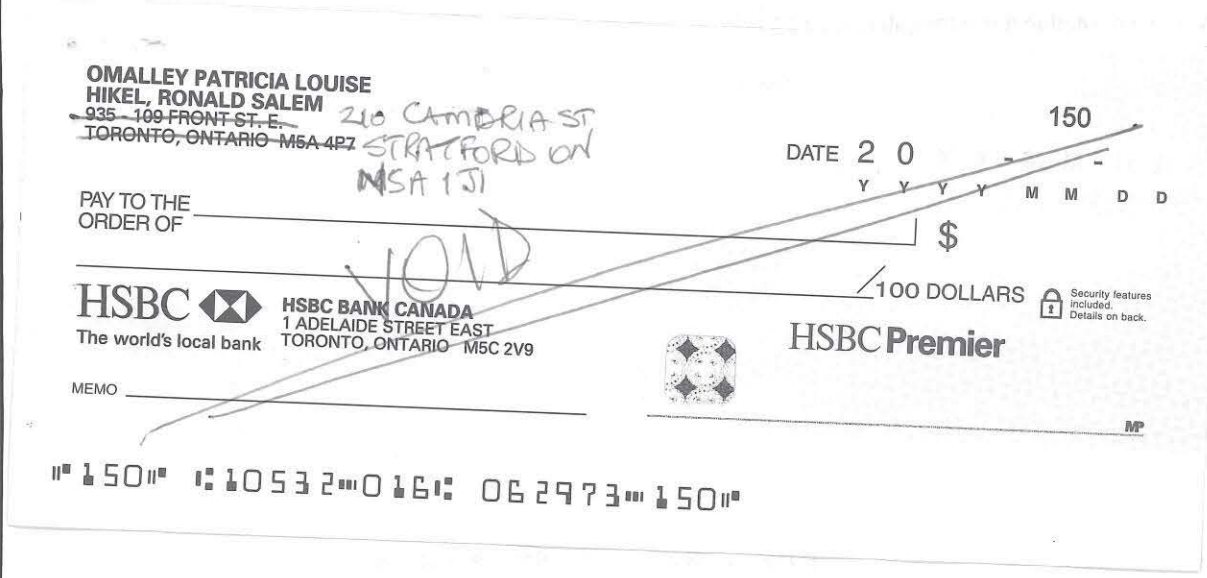

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