

LEGISLATIVE ASSEMBLY OF ALBERTA - 28th and 29th LEG
Member EDR 2015-16
018 - Calgary-Lougheed - Rodney, Dave
For Expenses Processed July 1 - September 30, 2015

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$1,100.76	\$3,034.77
MLA Parking Cap - \$	\$900.00	\$35.90	\$77.67
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Member Travel (Extraordinary Accommodation) - \$			
Taxi, Bus Travel - \$			
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$615.76	\$723.43
Other			
Hosting - \$		\$493.97	\$596.23
Non-Financial Reporting			
Member Travel - Accommodation			
Edmonton Accommodation Allowance (days; 120 max)	120	30	57
Travel Accommodations Allowance (days; 10 max)	10		
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	35,000	3,270	4,420
Special Trips (5 trips per year) - NF	5		
Travel To and From the Capital			
Travel by Air, Bus or Train (Unlimited Trips) - NF			
Use of a Private Automobile (52 trips per year) - NF	52	7	10
Other Travel			
Vehicle Rental (5 Days maximum anywhere in Alberta) - NF	5		

\$ - Reported on CAD dollar amount of actual expense

NF - Reported based on number of trips, number of kilometres, or number of days

Budget reported is the maximum annual amount that may be claimed

GST is not included in the \$ amounts as the Legislative Assembly is GST/HST - exempt

Element Fleet Management



BFD290001

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

PAGE - 151 OF 255
DE

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION
SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY DIV-18-D RODNEY - - - - - - - -

CLIENT NO. NO DU CLIENT	
INVOICE DATE DATE DE LA FACTURE	08/01/15
INVOICE NO. NO DE LA FACTURE	0006283344

UNIT NO NO. D'UNITE	DRIVER NAME DRIVER ID. NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V.I.N. NO. DE SERIE	CARD NO. NO. DE CARTE	KM AUTHORIZE KM AUTORISE	REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION DESCRIPTION DES FRAIS	QTY QTE	UNIT COST COUT UNIT	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DUE MONTANT TOTAL DU
	D RODNEY				000418649050 07/20/15	SHELL CANADA INC CALGARY AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH MISCELLANEOUS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	67.5 1.0	1.32 5.50	84.77 5.50	4.24 4.52 .28 4.52	94.79 94.79
					000418416078 07/08/15	PETRO CANADA CALGARY AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	51.2	1.29	62.86	3.14 3.14	66.00 66.00
					000417640898 07/03/15	SHELL CANADA INC CALGARY AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH MISCELLANEOUS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	96.3 2.0	1.31 10.00	120.01 20.00	6.00 1.00 7.00	147.01 147.01
					000417945255 06/29/15	IMPERIAL OIL CALGARY AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	86.1	1.22	100.00	5.00 5.00	105.00 105.00
					000417221127 06/26/15	SHELL CANADA INC CALGARY AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	87.2	1.32	109.53	5.48 5.48	115.01 115.01
					000417945254 06/23/15	IMPERIAL OIL EDMONTON AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH CAR WASH GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	89.1 1.0	1.23 10.49	104.30 10.49	5.22 .52 5.74	120.53 120.53
					000417228265 06/18/15	FEDERATED COOPERATIVES L MITED CALGARY AB	MIDGRADE UNLEADED GASOLINE 1 GST-HST / TPS-TVH MISCELLANEOUS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	81.3 2.0	1.23 4.00	95.24 7.99	4.76 .40 5.16	108.39 108.39
					000417945253	IMPERIAL OIL	ETHANOL MEDIUM GRADE	81.1	1.26	97.18		

BLG871

GST-HST REG. NO / NO ENRG TPS-TVH R104164223
QST ID. NO / NO ID TVQ 1001439118

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

PAGE - 152 OF 255
DE

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
DIV-18-D RODNEY
- -
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CLIENT NO. [REDACTED]
NO DU CLIENT [REDACTED]
INVOICE DATE 08/01/15
DATE DE LA FACTURE
INVOICE NO. 0006283344
NO DE LA FACTURE

UNIT NO	DRIVER NAME DRIVER ID.	V.I.N.	CARD NO.	KM AUTHORIZE	REFERENCE NO ACTIVITY DATE	SUPPLIER NAME SUPPLIER LOCATION	CHARGE DESCRIPTION	QTY	UNIT COST	EXTENDED PRICE	GST-HST PST/QST	TOTAL DUE
NO. D'UNITE	NOM DU CONDUCTEUR NO. DU CONDUCTEUR	NO. DE SERIE	NO. DE CARTE	KM AUTORISE	NO. DE REFERENCE DATE DE LA TRANS.	NOM DU FOURNISSEUR POINT DE VENTE	DESCRIPTION DES FRAIS	QTE	COUT UNIT	TOTAL	TPS-TVH TVP/TVQ	MONTANT TOTAL DU
[REDACTED] D	RODNEY		[REDACTED]		06/15/15	RED DEER	AB					
							GST-HST / TPS-TVH			4.86		
							REF GST-HST / TPS-TVH REF			4.86		
							** REF NO TOT / TOT NO REF **					102.04
							TOTAL / TOTAL			97.18	4.86	102.04
							UNIT TOTAL / TOT UNITE					
							FUEL QTY / QTE CARB	639.8				
							TOT CHARGES / TOT FRAIS			817.87		
							TOT GST-HST / TOT TPS-TVH				40.90	
							UNIT TOTAL / TOT UNITE					858.77
							BKDN TOTALS / TOTAUX CODIFICATION					
							01-18					
							FUEL QTY / QTE CARB	639.8				
							TOT CHARGES / TOT FRAIS			817.87		
							GST-HST/TPS-TVH				40.90	
							BKDN TOTALS / TOTAUX CODIFICATION					858.77

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FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

PAGE - 157 OF 262
DE

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
DIV-18-D RODNEY
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CLIENT NO. [REDACTED]
NO DU CLIENT [REDACTED]
INVOICE DATE 09/01/15
DATE DE LA FACTURE
INVOICE NO. 0006296722
NO DE LA FACTURE

UNIT NO NO. D'UNITE	DRIVER NAME DRIVER ID. NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V.I.N. NO. DE SERIE	CARD NO. NO. DE CARTE	KM AUTHORISE KM AUTORISE	REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION DESCRIPTION DES FRAIS	QTY QTE	UNIT COST COUT UNIT	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DUE MONTANT TOTAL DU
[REDACTED] D	RODNEY		[REDACTED]		000420033963 07/10/15	IMPERIAL OIL CALGARY AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH CAR WASH GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	51.6 1.0	1.28 10.49	62.86 10.49	3.14 3.66 3.66	77.01 77.01
					000420033962 07/06/15	IMPERIAL OIL CALGARY AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	78.2	1.28	95.25	4.76 4.76	100.01 100.01
UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	129.8		168.60	8.42	177.02
BKDN TOTALS / TOTAUX CODIFICATION 01-18							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	129.8		168.60	8.42	
BKDN TOTALS / TOTAUX CODIFICATION												177.02

BLG871

GST-HST REG. NO / NO ENRG TPS-TVH R104164223
QST ID. NO / NO ID TVQ 1001439118

Element Fleet Management



BDF290001

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

PAGE - 164 OF 269
DE

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
DIV-16-D RODNEY
-
-
-
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CLIENT NO.
NO DU CLIENT
INVOICE DATE 10/01/15
DATE DE LA FACTURE
INVOICE NO. 0006310417
NO DE LA FACTURE

18

UNIT NO NO. D'UNITE	DRIVER NAME DRIVER ID. NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V. I. N. NO. DE SERIE	CARD NO. NO. DE CARTE	KM AUTHORIZE KM AUTORISE	REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION DESCRIPTION DES FRAIS	QTY QTE	UNIT COST COUT UNIT	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DUE MONTANT TOTAL DU
	D RODNEY				000421747836 08/30/15	IMPERIAL OIL CALGARY AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	98.4	1.22	114.29	5.71 5.71	120.00 120.00
UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	98.4		114.29	5.71	120.00
BKDN TOTALS / TOTAUX CODIFICATION 01-18							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	98.4		114.29	5.71	
BKDN TOTALS / TOTAUX CODIFICATION												120.00

BLG871

GST-HST REG. NO / NO ENRG TPS-TVH R104164223
QST ID. NO / NO ID TVQ 1001439118



The American Express® Corporate Card Statement of Account

www.americanexpress.ca
Amex Bank of Canada
Corporate Service Centre
PO Box 7000 Station B
Willowdale (Ontario) M2K 2R6

Prepared For
D RODNEY MLA
LEGIS ASSEMBLY OF AB

Membership Number

Date
July 16, 2015



Page 1 of 3

Previous Balance	Payments and Credits	New Charges including Delinquency Assessment, if any	New Balance \$
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Statement includes payments and charges received by July 16, 2015

Please see "About Your Statement" section for important information.

Please pay your balance in full upon receipt of statement. Thank you for your ongoing membership.

Credit Limit Summary On July 16, 2015

Total Credit Limit \$

Available Credit Limit \$

New Transactions for D RODNEY MLA

Amount \$

June 17	IMPARK00020004U	EDMONTON	15.00
	Goods or Services		
June 27	Calgary Zoo 10320940	CALGARY	8.00
	GOVERNMENT SERVICES		
July 3	IMPARK00030245U	CALGARY	14.70
	Goods or Services		
Total New Transactions for D RODNEY MLA			37.70

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µ Please detach here µ

AMERICAN EXPRESS®

Payment Options

PLEASE ALLOW 3 TO 5 BUSINESS DAYS FOR YOUR PAYMENT
TO BE PROCESSED BY YOUR FINANCIAL INSTITUTION AND
SENT TO US. See the About Your Payment Section.

- Phone and Internet banking arranged through your financial institution
- Your local bank branch
- Automatic banking machines

Do Not Enclose Cash



D RODNEY MLA
LEGIS ASSEMBLY OF AB
418 10800 97AVE
EDMONTON AB
T5K 2B6

000250

Membership Number

	Amount Due \$	Amount Paid \$
	37.70	

Amex Bank of Canada/
Banque Amex du Canada
PO BOX 2000
West Hill ON M1E 5H4



2493



Members' Travel Expenses Per-Diems Claim Form

Note to MLAs: Meal allowances may be claimed only for days when you were travelling in Alberta on Member business, located at least 60 kms by primary highway from your declared permanent residence, and you had incurred expenses. For the text of section 7 of the *Members' Allowances Order* and details on form completion, see reverse. Effective September 1, 2013.

B = Breakfast (\$9.20) | L = Lunch (\$11.60) | D = Dinner (\$20.75)

Member Name: Rodney, Dave

Constituency: Calgary-Lougheed

For the Month of: June

Year: 2015

Employee #: [REDACTED]

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
2	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
11	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
12	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
16	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
17	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
18	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20	On August 15, 2017 - June 18 Dinner was paid back.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
23	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
24	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
25	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$455.14	\$22.76	\$477.90

I certify that I have met the requirements of section 7 of the *Members' Allowances Order*, RMSC 1992, c. M-1, as amended, have incurred meal expenses on the dates selected, and have not previously claimed or been paid for these expenses.

Member Signature

Date

JULY 2015



Members' Travel Expenses Per-Diems Claim Form

Note to MLAs: Meal allowances may be claimed only for days when you were travelling in Alberta on Member business, located at least 60 kms by primary highway from your declared permanent residence, and you had incurred expenses. For the text of section 7 of the *Members' Allowances Order* and details on form completion, see reverse. Effective September 1, 2013.

B = Breakfast (\$9.20) | L = Lunch (\$11.60) | D = Dinner (\$20.75)

Member Name: Rodney, Dave

Constituency: Calgary-Lougheed

For the Month of: July

Year: 2015

Employee #: 6543441

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1	60 km from Perm. Res.	Calgary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4	60 km from Perm. Res.	Calgary	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
5	60 km from Perm. Res.	Calgary	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$140.81	\$7.04	\$147.85

I certify that I have met the requirements of section 7 of the *Members' Allowances Order*, RMSC 1992, c. M-1, as amended, have incurred meal expenses on the dates selected, and have not previously claimed or been paid for these expenses.

Member Signature:

Date:

August 5/15



Members' Travel Expenses Per-Diems Claim Form

Note to MLAs: Meal allowances may be claimed only for days when you were travelling in Alberta on Member business, located at least 60 kms by primary highway from your declared permanent residence, and you had incurred expenses. For the text of section 7 of the *Members' Allowances Order* and details on form completion, see reverse. Effective September 1, 2013.

B = Breakfast (\$9.20) | L = Lunch (\$11.60) | D = Dinner (\$20.75)

Member Name: Rodney, Dave

Constituency: Calgary-Lougheed

For the Month of: August

Year: 2015

Employee #: [REDACTED]

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31	60 km from Perm. Res.	Calgary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
Grand Total						\$19.81	\$0.99	\$20.80

I certify that I have met the requirements of section 7 of the *Members' Allowances Order*, RMSC 1992, c. M-1, as amended, have incurred meal expenses on the dates selected, and have not previously claimed or been paid for these expenses.

Member Signature

Date

Sept. 3rd 2015

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Dave Bodney
Claimant Name: Dave Bodney
Expense Category: Hosting

For hosting, select one:

- ☒ Individual Constituent(s)
☐ Individual Stakeholder(s)
☐ Group: _____

Purpose:

Constituent Issues

Constituent Hosting
SUMMIT CAFE QFF
2015 COUGAR CREEK DRIVE
Drew B. [REDACTED]
CARD TYPE VISA
DATE 2015/06/08
TIME 3894 13:16:53
RECEIPT NUMBER
C84021028-001-001-588-0
PURCHASE
AMOUNT \$29.10
TIP \$2.91
TOTAL
Personal CC
\$32.01

Visa Credit
A0000000031010
84ED22A375BB8D6C
0000008000-E800
ACE22969DCCE4DFA
0000008000-F800

APPROVED

AUTH# [REDACTED] 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

Summit Cafe

2015 COUGAR CREEK DRIVE Order 37

06/08/15 1:15 PM
Table Cust 1
Waiter 0 N/A

2 Coffee Large	4.70
1 Sandwich Special	11.50
1 Wrap Special	11.50

Taxable: 27.70

Sub-total: 27.70

GST: 1.39

Total Due: 29.09

Cash: 29.09
Amount Due: 0.00

Reference:
Thank you for visiting Summit Cafe

Personal Expense Claim Receipt Description

Member Name: Dave RodneyClaimant Name: Dave Rodney

Expense Category: _____

For hosting, select one:

☒ Individual Constituent(s)☐ Individual Stakeholder(s)☐ Group: _____

Purpose:

meeting with constituents
re: ceremony

Hosting Personal
Visit

BOSTON PIZZA # 122

2580 SOUTHLAND DRI T2V4J8

CALGARY AB

20046771

BW2004677131

PURCHASE

06-18-2015

19:16:51

Acct # *****

Exp Date **/** Card type VI

Name: DAVID RODNEY

A0000000031010 Visa Credit

Check # 101

Trace # 7160

Inv. # 7353

Operator 557

RRN 001387020

Purchase \$72.19

Tip \$10.83

Total \$83.02

(00) APPROVED-THANK YOU

Retain this copy for your
records

Customer copy



Boston Pizza

WE'LL MAKE YOU A FAN.™

BP OAKRIDGE #122

0101 Table 203 #Party 2

DEVON B SvrCk: 11 18:06 06/18/15

Separate checks: 1-of-2

BAR POP, pepsi 3.00

BAR POP, pepsi 3.00

JAMBA FETT 17.50

GRILL CHKN GREEN 11.00

M-HAWAIIAN, original 21.25

S-HAWAIIAN, original 13.00

Sub Total: 68.75

GST : 3.44

Guest 1 TOTAL: 72.19

Sub Total: 68.75

GST : 3.44

06/18 19:13 TOTAL: 72.19

GST # 869513804RT0001

PLS PAY YOUR SERVER

TELL US HOW WE DID!

WE VALUE YOUR FEEDBACK

COMPLETE A SHORT SURVEY AND RECEIVE A

WEEKLY CHANCE TO WIN AN AWESOME

\$50 BOSTON PIZZA GIFT CARD.

KEEP THIS RECEIPT AND GO TO

www.tellbostonpizza.com

BY CALLING 1-888-205-5778

FOR COMPLETE RULES AND ELIGIBILITY

PLEASE VISIT www.tellbostonpizza.com

18201-61000-82111

Personal Expense Claim Receipt Description

Member Name: Dave Bodney
 Claimant Name: Dave Bodney
 Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)☐ Individual Stakeholder(s)☐ Group: _____

Purpose:

Meeting

***** DUPLICATE *****

EARLS-10226-MILLOW PARK
 10640 McLeod Trail SE
 Calgary, AB
 T2J 0P8
 403-278-7860

** TRANSACTION RECORD **

Trans. #: 5032
 RUC: Patio
 Table #: 313
 Check #: 2474
 Group #: 1
 Employee #: 81
 Employee Name: NICOLE

Disk Credit

Pre-Auth Printout

nID: 80000000003110

Amount \$47.25

Tip \$9.00

TOTAL CAD\$56.25

00-001 017651
 EA26WS02/EA26W002
 063001001003
 2015/06/27 12:55:02

TUR: 0000008000
 TSI: F800

No signature required

Customer Copy

THANK YOU
 Come Again

EARLS RESTAURANTS

earls
 GREAT FOOD GREAT PEOPLE

81 NICOLE

Tbl 313/1 Chk 2474 Gst 5
 27Jun'15 12:13PM

1 VIRGINIA BENNY	13.00
1 MED LING/PRW	19.00
1 TENDER & FRIES	13.00
2 2 COMP MUFFINS	0.00

Subtotal 45.00

GST Tax 2.25

12:55PM Total 47.25

--PLEASE PAY YOUR SERVER--

GST# R893005637RT

Personal Advanced Conc.

Personal Expense Claim Receipt Description

Claimant Name:

Expense Category:

For hosting, select one:

☒ Individual Constituent(s)☐ Individual Stakeholder(s)

☐ Group:

Purpose:

Water, coffee, juice
Annual Constituent meeting
picnic in the Park.

VENDOR # 0007528

29-018-330-4481 \$ 35⁴³

VOUCHER # V0330177

Walmart 

**CHARGE
ACHAT CRÉDITÉ**

NUMBER:

5823656

NAME/IDM

ADDRESS/ADRESSE

PHONE/TÉLÉPHONE

DAT

SALESPERSON/PROPOSAL ON VENTE

ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS BILL
TOUTES LES RÉCLAMATIONS ET LA MARCHANDISE RETOURNÉE DOIVENT ÊTRE
ACCOMPAGNÉES DE CETTE FACTURE.

ALL AMOUNTS DUE AND PAYABLE WITHIN 30 DAYS
TOUS LES MONTANTS DUS DOIVENT ÊTRE PAYÉS
DANS LES 30 JOURS

<u>ITEM DESCRIPTION</u>	<u>DESCRIPTION</u>	<u>AMOUNT/MONTANT</u>
	ST# 3010 DP# 00005725 TE# 92 TR# 04360	
Coffee	SH COLUMBIAN 002550000204	\$5.98 D
	NESTLE12X330 004B27409633	\$2.27 D
Picnic In the water Park. Supplies	*AB BEV CRF 000030635228	\$0.24 H
	AB DEPOSIT 068113171083	\$1.20 H
	NESTLE12X330 004B27409633	\$2.27 D
	*AB BEV CRF 000030635228	\$0.24 H
	AB DEPOSIT 068113171083	\$1.20 H
	Gv 24X50OHL 060538887928	\$2.97 D
	AB BEV CRF 000030635235	\$0.48 H
	AB DEPOSIT 068113171083	\$2.40 H
Juice	Gv 24X50OHL 060538887928	\$2.97 D
	AB BEV CRF 000030635235	\$0.48 H
	AB DEPOSIT 068113171083	\$2.40 H
	Gv 24X50OHL 060538887928	\$2.97 D
	ALBERTA RLV GRPRT 00030635235	\$0.48 H
	DEPOSIT 068113171083	\$2.40 H
	GRACE 00030635235	\$1.00 H
	AB CRF 068113170993	\$0.10 H
	APPLE JUICE 005796100022	\$1.00 H
	AB DEP .10 068113170993	\$0.10 H
	AB CRF 068113170994	\$0.02 H
	A PLT JUICE 005796100022	\$1.00 H
	AB DEP .10 068113170993	\$0.10 H
	AB CRF 068113170994	\$0.02 H
	APPL JUICE 005796100022	\$1.00 H
	AB DEP .10 068113170993	\$0.10 H
	AB CRF 068113170994	\$0.02 H
	SUBTOTAL \$73.43	
	TOTAL \$75.43	
	CHRG TEND \$75.43	
	CHANGE DUE \$0.00	

CUSTOMER'S SIGNATURE
SIGNATURE DU CLIENT :

CUSTOMER COPY / EXEMPLAIRE DU CLIENT

WMA - 175B

CUSTOMER'S SIGNATURE
SIGNATURE DU CLIENT:

CUSTOMER COPY / EXEMPLAIRE DU CLIENT

WMA - 175B

Personal Expense Claim Receipt Description

Member Name:

Dawe Rodney

Claimant Name:

Purchase Order ALA 163717

Expense Category:

Hosting

For hosting, select one:

☒ Individual Constituent(s)☐ Individual Stakeholder(s)☐ Group:

Purpose:

Hosting Annual
Picnic In The Park.
(Fish Creek Park)

\$110.65 Hosting

Walmart

CHARGE
ACHAT CRÉDITÉ

NAME/NOM

Legislative Assemb
of Alta

NUMBER

5823517

ADDRESS/ADRESSE

PHONE/TELEPHONE

DATE

Aug. 28

SALSPERSON/PRÉPOSÉ À LA VENTE

Dine

ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS BILL
TOUTES LES RÉCLAMATIONS ET LA MARCHANDISE RETOURNÉE DOIVENT ÊTRE
ACCOMPAGNÉES DE CETTE FACTURE

ALL AMOUNTS DUE AND PAYABLE WITHIN 30 DAYS
TOUS LES MONTANTS DUS DOIVENT ÊTRE PAYÉS
DANS LES 30 JOURS

ITEM DESCRIPTION

DESCRIPTION

AMOUNT/MONTANT

Hosting Constituents
2015 Picnic In
The Park

GV 24x500ML
AB BEV CRF
AB DEPOSIT
GV 24x500ML
AB BEV CRF
AB DEPOSIT
GV 24x500ML
AB BEV CRF
AB DEPOSIT
GV 24x500ML
AB BEV CRF
AB DEPOSIT

2.97
.48
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CUSTOMER'S SIGNATURE
SIGNATURE DU CLIENT

Darlyn Linn for
Dave Rodney, MHA

CUSTOMER COPY / EXEMPLAIRE DU CLIENT

WMA - 175B

5823517/3325/3526

VENDOR # 0007528

29-018-330-4481 \$110.65

VOUCHER #

Walmart



CHARGE
ACHAT CRÉDITÉ

NAME/NO

Legislative of

NUMBER

5823525

ADDRESS/ADRESSE

BBT

PHONE/TÉLÉPHONE

DATE

Aug 28

SALESPERSON/PRÉPOSÉ À LA VENTE

DM

ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS BILL
TOUTES LES RÉCLAMATIONS ET LA MARCHANDISE RETOURNÉE DOIVENT ÊTRE
ACCOMPAGNÉES DE CETTE FACTURE

ALL AMOUNTS DUE AND PAYABLE WITHIN 30 DAYS
TOUS LES MONTANTS DUS DOIVENT ÊTRE PAYÉS
DANS LES 30 JOURS

ITEM DESCRIPTION	DESCRIPTION	AMOUNT/MONTANT
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Hosting Constituents
2015 Picnic In The
PARK.

NESTLE 12

AB 25V

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CUSTOMER'S SIGNATURE

SIGNATURE DU CLIENT :

Darlyn Leno

for Dave Rodney, MLA

CUSTOMER COPY / EXEMPLAIRE DU CLIENT

WMA - 175B

WMA - 175B

Personal Expense Claim Receipt Description

Member Name:

Dave Rodney

Claimant Name:

Purchase Order

Expense Category:

Hasting

For hosting, select one:

☐ Individual Constituent(s)☐ Individual Stakeholder(s)

☐ Group:

Purpose:

Constituent Hosting
Annual Picnic In the
Park

Walmart 

NAME/NOV

Legastie of Mrs

ADDRESS/ADRESSE

PHONE/TÉLÉPHONE

DATE _____

Sept. 11 SALESP
ALL A

SALESPERSON/PRÉPOSÉ À LA VENTE

ALL AMOUNTS DUE AND PAYABLE WITHIN 30 DAYS

TOUS LES MONTANTS DUS/DOIVENT ÊTRE PAYÉS

DANS LES 30 JOURS ☒

CHARGE
ACHAT CRÉDITÉ

NUMBER

5823649

ITEM DESCRIPTION	DESCRIPTION	AMOUNT/MONTANT
	QV 24X500ML	060538887928 \$2.97 D
	AB BEV CRF	000030635235 \$0.48 H
	AB DEPOSIT	068113171083 \$2.40 H
	QV 24X500ML	060538887928 \$2.97 D
	AB BEV CRF	000030635235 \$0.48 H
	AB DEPOSIT	068113171083 \$2.40 H
	NESTLE12X330	006827409633 \$2.27 D
	AB BEV CRF	000030635228 \$0.24 H
	AB DEPOSIT	068113171075 \$1.20 H
	NESTLE12X330	006827409633 \$2.27 D
	AB BEV CRF	000030635228 \$0.24 H
	AB DEPOSIT	068113171075 \$1.20 H
	SUBTOTAL	
	TOTAL	
	CHRG TEND	
	CHANGE DUE	
	GST/HST 137466199 RT 0001	
	QST 1016551356 TQ 0001	

	# TAX EXEMPT SALE #	

	REASON: MISCELLANEOUS (7)	
	CUST ID 0000000000000000000012	
	* ITEMS SOLD 14	
	TC# 0540 6201 4478 1365 4238	
	New Thursday flyer start date	
	Circulaire maintenant en vigueur Jeudi	
	09/04/15 11:52:20	

CUSTOMER'S SIGNATURE _____

SIGNATURE DU CLIENT :

E Darlyn Linn
for Dave Rodney

CUSTOMER COPY / EXEMPLAIRE DU CLIENT *MLA*

WMA - 175B

VENDOR

29.018:330.4481\$19.12

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Dave Rodney
Claimant Name: Dave Rodney
Expense Category: Hosting

For hosting, select one:

- ☒ Individual Constituent(s)
☐ Individual Stakeholder(s)
☐ Group: _____

Purpose:

mtg with constituents
on infrastructure issues

Const Host
BOSTON PIZZA # 122
2580 SOUTHLAND DRI T2V4J8
CALGARY AB
20046771
BW2004677133

Host
Boston Pizza®
WE'LL MAKE YOU A FAN.™
Personal

3P OAKRIDGE #122

19 Table 303 #Party 3
K SvrCk: 4 13:01 07/08/15

POP 3.00
POP 3.00
POP 3.00
BROTH SOUP 4.25
QUESADILLA, w/caesar 12.25
DIPPER, w/fries 15.25
3A FETT 17.50
Sub Total: 58.25
GST : 2.91
Guest 1 TOTAL: 61.16

Check # 19
Trace # 3511 Operator 675
Inv. # 3577

Purchase \$61.16
Tip 9.17
Total \$70.33

(00) APPROVED-THANK YOU

Sub Total: 58.25
GST : 2.91
/08 13:59 TOTAL: 61.16

GST # 869513804RT0001

LS PAY YOUR SERVER

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records
Customer copy

TELL US HOW WE DID!
WE VALUE YOUR FEEDBACK
COMPLETE A SHORT SURVEY AND RECEIVE A
WEEKLY CHANCE TO WIN AN AWESOME
\$50 BOSTON PIZZA GIFT CARD.
KEEP THIS RECEIPT AND GO TO
www.tellbostonpizza.com
BY CALLING 1-888-205-5778

FOR COMPLETE RULES AND ELIGIBILITY
PLEASE VISIT www.tellbostonpizza.com

93211-70000-82011

Personal Expense Claim Receipt Description

Member Name: Dave RodneyClaimant Name: Dave RodneyExpense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)☐ Individual Stakeholder(s)☐ Group: _____

Purpose:

meet with constituent
on community issues

Second Cup #9300

Signal Hill

5641 Signal Hill Centre SW

Calgary, AB, T3H 3P8

Tel: 403-242-8400

GST# 868668112RT0001

1922 Donna

CHK 259746

GST 2

1 Lg Frrozen Hot Chocolate	4.95
1 Sandwich - Baguette	7.25
Cash	\$20.00

Subtotal \$12.20

Alberta GST \$0.61

Rounding -\$0.01

Payment ~~\$12.80~~Change Due **\$7.20**

----- Check Closed -----
6 JUL '15 12:42 PM

Un-used product in the original
packaging may be returned or exchanged
within 30 days of purchase at the cafe
where purchased.

Full return policy details available at
SecondCup.com

New Rewards Program. Visit SecondCup.com

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Dave Rodney
Claimant Name: D
Expense Category: Hosting

For hosting, select one:

- ☒ Individual Constituent(s)
☐ Individual Stakeholder(s)
☐ Group: _____

Purpose:

discuss issues on Health Care

Const 76stg
Health Care

Glenmore
E187 1600-90th Ave SW
Calgary AB T2V 5A8
Store#: 7626 Tel#: 403-258-3311

McDonald's Restaurants of Canada Ltd.
Glenmore Landing
GST: 865349955

SALE #11ncv8f9c5

KS# 3

07/06/2015 10:18:16 AM

Order 01

QTY	ITEM	TOTAL
1	S Deluxe Hot Choc	2.19
1	2 Burritos	3.39
1	Big Breakfast w/ HB	3.99
1	Strawberry Jam	
1	Peanut Butter	0.00
1	Bacon Egg McMuffin	3.59
1	S Mango Smooth L	2.00
1	S StrwbBar Smooth L	2.00
Subtotal		17.16
GST		0.86
Eat-In Total		18.02
Rounding Adjustment		-0.02
Total Rounded		18.00
Cash Tendered		20.00
Change		2.00

Hiring Day June 26th
On the Spot Interviews
www.mcdonalds.ca/careers