

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2017-18
025 - Calgary-South East - Fraser, Rick
For Expenses Processed Oct 1 - Dec 31, 2017

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$1,651.13	\$4,213.63
MLA Parking Cap - \$	\$900.00	\$78.20	\$322.31
Other Travel - Parking - \$			\$17.00
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$		\$233.26	\$999.18
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$1,048.67	\$2,748.20
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,790.00	\$17,370.00
Travel Accommodations Allowance		\$82.00	\$490.66
Travel Accommodations Allowance (days; 10 max) - NF	10.0	1.0	1.0
Other			
Hosting - \$		\$630.21	\$1,004.55
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	35,000.0	4,760.0	13,570.0
Special Trips (5 trips per year) - NF	5.0		4.0
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	52.0	13.0	33.5
Other Travel			
Vehicle Rental (5 Days maximum anywhere in Alberta) - NF	5.0		

\$ - 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



BDF290001

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION	
SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY DIV-25-R FRASER	
-	-
-	-
-	-
-	-

CLIENT NO.	
NO DU CLIENT	
INVOICE DATE	10/01/17
DATE DE LA FACTURE	
INVOICE NO.	0006922798
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 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
	FRASER				000474603989 09/09/17	FEDERATED COOPERATIVES LIMITED CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH MISCELLANEOUS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	106.3 1.0	1.06 12.99	107.28 12.99	5.36 6.01 .65 6.01	126.28 126.28
					000473043536 08/25/17	FEDERATED COOPERATIVES LIMITED CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH MISCELLANEOUS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	93.8 1.0	.96 12.99	85.70 12.99	4.29 .65 4.94	103.63 103.63
					000474433832 08/14/17	IMPERIAL OIL CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	53.5 1.02	1.02 51.97	51.97	2.60 2.60 2.60	54.57 54.57
					000474433831 08/09/17	IMPERIAL OIL CROSSFIELD AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	49.0 1.02	1.02 47.62	47.62	2.38 2.38 2.38	50.00 50.00
	UNIT TOTAL / TOT UNITE						FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	302.6		318.55	15.93	334.48
	BKDN TOTALS / TOTAUX CODIFICATION 01-25						FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	302.6		318.55	15.93	
							BKDN TOTALS / TOTAUX CODIFICATION					334.48

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DIV-25-R FRASER
- -
- -
- -
- -

CLIENT NO. [REDACTED]
NO DU CLIENT
INVOICE DATE 11/01/17
DATE DE LA FACTURE
INVOICE NO. 0006948261
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 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
	FRASER				000477969444 10/14/17	SHELL CANADA INC CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	135.2	.97	124.73	6.24 6.24	130.97 130.97
					000477629548 10/05/17	PETRO CANADA CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	99.1	1.01	95.24	4.76 4.76	100.00 100.00
					000477516244 10/02/17	HUSKY OIL CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT DISCOUNT / RABAIS TOTAL / TOTAL	99.1	1.01	95.37	4.63 4.63	100.00 100.00 95.37 .99- 94.38 99.01
					000475965401 09/27/17	FEDERATED COOPERATIVES LIMITED CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	134.4	1.06	135.64	6.78 6.78	142.42 142.42
					000477511781 09/17/17	HUSKY OIL LEDUC AB	ETHANOL BLEND GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT DISCOUNT / RABAIS TOTAL / TOTAL	107.1	.93	95.38	4.62 4.62	100.00 100.00 95.38 1.07- 94.31 98.93
					000477511647 09/16/17	HUSKY OIL CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT DISCOUNT / RABAIS TOTAL / TOTAL	39.8	1.01	38.26	1.86 1.86	40.12 40.12 38.26 .40- 37.86 39.72
					000477421119 09/05/17	CENTEX DOUGLASDALE CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH UNLEADED REGULAR GASOLINE REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	134.6	1.03	138.32	6.92 6.92	145.24 145.24
UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS	749.3		722.94		

BLE871

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



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CLIENT NO.
NO DU CLIENT
INVOICE DATE 11/01/17
DATE DE LA FACTURE
INVOICE NO. 0006948261
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 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
	FRASER						TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE DISCOUNT / RABAIS TOTAL / TOTAL			35.81		758.75 2.46- 756.29
BKDN TOTALS / TOTAUX CODIFICATION 01-25							FUEL QTY / QTE CARB 749.3 TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH			722.94	35.81	
							BKDN TOTALS / TOTAUX CODIFICATION DISCOUNT / RABAIS TOTAL / TOTAL					758.75 2.46- 756.29

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DIV-25-R FRASER
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CLIENT NO. [REDACTED]
NO DU CLIENT [REDACTED]
INVOICE DATE 12/01/17
DATE DE LA FACTURE
INVOICE NO. 0006971879
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 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
	FRASER				000480999860 11/14/17	SHELL CANADA INC EDMONTON AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	119.9	1.10	126.09	6.31 6.31	132.40 132.40
					000480407404 11/09/17	SHELL CANADA INC EDMONTON AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	124.5	1.13	133.89	6.70 6.70	140.59 140.59
					000479458236 11/02/17	SHELL CANADA INC EDMONTON AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	129.3	1.09	134.05	6.70 6.70	140.75 140.75
					000481189966 10/30/17	IMPERIAL OIL CROSSFIELD AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	114.6	.99	107.97	5.40 5.40	113.37 113.37
					000478749361 10/24/17	SHELL CANADA INC EDMONTON AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	113.1	1.00	107.64	5.38 5.38	113.02 113.02
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	601.4		609.64	30.49	640.13
	BKDN TOTALS / TOTAUX CODIFICATION 01-25				UNITS / VEHIC 1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	601.4		609.64	30.49	640.13
							BKDN TOTALS / TOTAUX CODIFICATION					640.13

BLE871

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



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Prepared For

R FRASER MLA
LEGIS ASSEMBLY OF AB

Membership Number

XXXX-XXXX-XXXX-XXXX

Date

October 16, 2017



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Statement includes payments and charges received by October 16, 2017.

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.

1012

Listing of Charges and Credits

Amount \$

New Transactions for R FRASER MLA

Amount \$

October 4	INDIGO - COWBOYS CALGARY Goods or Services	27.30
October 13	CalgParkAuth 2453904 CALGARY GOVERNMENT SERVICES	11.00

† Please detach here †

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- Your local bank branch
- Automatic banking machines

Do Not Enclose Cash

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T5K 1E7

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Prepared For
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LEGIS ASSEMBLY OF AB

Membership Number: XXXX-XXXX-XXXX-XXXX
Date: November 16, 2017

Page 1 of 2

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Listing of Charges and Credits

Amount \$

New Transactions for R FRASER MLA

Amount \$

October 18	INDIGO - COWBOYS CALGARY Goods or Services	22.05
October 26	CalgParkAuth 2465369 CALGARY GOVERNMENT SERVICES	7.50
November 10	CalgParkAuth 2478180 CALGARY GOVERNMENT SERVICES	5.00

† Please detach here †

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Membership Number
XXXX-XXXX-XXXX-XXXX
December 16, 2017

Date

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\$8.81 + gst

Statement includes payments and charges received by December 16, 2017

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1118

Listing of Charges and Credits

Amount \$

New Transactions for R FRASER MLA

Amount \$

November 21 CalgParkAuth 2486256 CALGARY
GOVERNMENT SERVICES

9.25

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1012

Listing of Charges and Credits

Amount \$

New Transactions for R FRASER MLA

Amount \$

September 17	CHECKER CABS LTD 432 CALGARY TAXICABS AND LIMOUSINES	11.40
September 20	CHECKER CABS LTD 432 CALGARY TAXICABS AND LIMOUSINES	11.60
September 20	CHECKER CABS LTD 432 CALGARY TAXICABS AND LIMOUSINES	11.80
September 21	CHECKER CABS LTD 432 CALGARY TAXICABS AND LIMOUSINES	10.60
September 24	CHECKER CABS LTD 432 CALGARY TAXICABS AND LIMOUSINES	34.20
September 24	ASSOCIATED CAB/ALLIE CALGARY TAXICABS AND LIMOUSINES	39.82

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Listing of Charges and Credits

Amount \$

New Transactions for R FRASER MLA

Amount \$

October 19 CHECKER CABS LTD 432 CALGARY
TAXICABS AND LIMOUSINES

20.70

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1118

Listing of Charges and Credits

Amount \$

New Transactions for R FRASER MLA

Amount \$

November 21	CHECKER CABS LTD CALGARY TAXICABS AND LIMOUSINES	11.40
November 21	CHECKER CABS LTD CALGARY TAXICABS AND LIMOUSINES	11.80
November 23	CHECKER CABS LTD CALGARY TAXICABS AND LIMOUSINES	11.40
November 23	CHECKER CABS LTD CALGARY TAXICABS AND LIMOUSINES	12.80
November 30	CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES	12.20
November 30	CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES	12.60
November 30	CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES	20.20
December 13	CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES	12.40

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\$99.80 + gst

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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: Fraser, Rick

Constituency: Calgary-South East

For the Month of: September

Year: 2017

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	60 km from Perm. Res.	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
6	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
7	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
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	60 km from Perm. Res.	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
13	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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	60 km from Perm. Res.	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
18	60 km from Perm. Res.	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			<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	60 km from Perm. Res.	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
28	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
29	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$285.67	\$14.28	\$299.95

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

04/10/2017



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: Fraser, Rick

Constituency: Calgary-South East

For the Month of: October

Year: 2017

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	60 km from Perm. Res.	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
3	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
4	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.76	0.44	9.20
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	60 km from Perm. Res.	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
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	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.76	0.44	9.20
13	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.76	0.44	9.20
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	60 km from Perm. Res.	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
24	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
25	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.76	0.44	9.20
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	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
31	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
Grand Total						\$325.33	\$16.27	\$341.60

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

01/11/2017



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: Fraser, Rick

Constituency: Calgary-South East

For the Month of: November

Year: 2017

Employee #: [REDACTED]

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.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
2	60 km from Perm. Res.	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	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
7	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
8	60 km from Perm. Res.	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
9	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
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	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
14	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
15	60 km from Perm. Res.	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
16	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
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	60 km from Perm. Res.	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
27	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
28	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
29	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
30	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$437.67	\$21.88	\$459.55

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

05/12/2017



Members' Temporary Accommodation Allowance Claim Form

Note to MLAs: Forms accessed online can be used to claim either the temporary residence accommodations allowance under sections 5 and 6 and meal expenses under section 7 of the *Members' Allowance Order*. Only claims supported by the required documentation will be processed. For the text of sections 5, 6, 7, and 8 of the *Members' Allowance Order*, see reverse. For information on form completion, go to OurHouse – Forms – Expense Claim Forms. Effective date: April 1, 2016

Member Name: Fraser, Rick

Constituency: Calgary-South East

Employee #: [REDACTED]

Date: 4/1/2017

Claim Type: Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Maximum of \$23,160 per fiscal year.

Fiscal Year: 2017-2018

Have you provided documents evidencing your Temporary Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please attach.

☒ Yes

☐ No

Monthly Amount (maximum \$1,930 or less)

\$ 1,930.00

x 12 = \$ 23,160.00

Please Note: The Member is responsible for retaining all records which support the annual amount identified above.

Claim Payment Authorization (please check)

☒ 12 Monthly Payments

I authorize 12 monthly payments in the amount specified above for the entire fiscal year. This monthly amount is static for the entire fiscal year.

Please Note: The Member must advise the Clerk in writing of any changes to their permanent or temporary residence at the time it occurs.

October 2017

I certify that I have met the eligibility criteria (see back of form) for the Temporary Residence Accommodation Allowance and am authorizing that the amount specified above be paid each month during the fiscal period noted above. I acknowledge and agree to immediately notify the Clerk, in writing, if there are any changes to either my Permanent or Temporary Residence that may affect my eligibility to claim this allowance. Furthermore, I agree to immediately reimburse any accommodation allowance payments made to me during a period within which I was ineligible to receive these payments.



Member Signature



Members' Temporary Accommodation Allowance Claim Form

Note to MLAs: Forms accessed online can be used to claim either the temporary residence accommodations allowance under sections 5 and 6 and meal expenses under section 7 of the *Members' Allowance Order*. Only claims supported by the required documentation will be processed. For the text of sections 5, 6, 7, and 8 of the *Members' Allowance Order*, see reverse. For information on form completion, go to OurHouse – Forms – Expense Claim Forms. Effective date: April 1, 2016

Member Name: Fraser, Rick

Constituency: Calgary-South East

Employee #: [REDACTED]

Date: 4/1/2017

Claim Type: Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Maximum of \$23,160 per fiscal year.

Fiscal Year: 2017-2018

Have you provided documents evidencing your Temporary Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please attach.

☒ Yes

☐ No

Monthly Amount (maximum \$1,930 or less)

\$ 1,930.00

x 12 = \$ 23,160.00

Please Note: The Member is responsible for retaining all records which support the annual amount identified above.

Claim Payment Authorization (please check)

☒ 12 Monthly Payments

I authorize 12 monthly payments in the amount specified above for the entire fiscal year. This monthly amount is static for the entire fiscal year.

Please Note: The Member must advise the Clerk in writing of any changes to their permanent or temporary residence at the time it occurs.

November 2017

I certify that I have met the eligibility criteria (see back of form) for the Temporary Residence Accommodation Allowance and am authorizing that the amount specified above be paid each month during the fiscal period noted above. I acknowledge and agree to immediately notify the Clerk, in writing, if there are any changes to either my Permanent or Temporary Residence that may affect my eligibility to claim this allowance. Furthermore, I agree to immediately reimburse any accommodation allowance payments made to me during a period within which I was ineligible to receive these payments.


Member Signature



Members' Temporary Accommodation Allowance Claim Form

Note to MLAs: Forms accessed online can be used to claim either the temporary residence accommodations allowance under sections 5 and 6 and meal expenses under section 7 of the *Members' Allowance Order*. Only claims supported by the required documentation will be processed. For the text of sections 5, 6, 7, and 8 of the *Members' Allowance Order*, see reverse. For information on form completion, go to OurHouse – Forms – Expense Claim Forms. Effective date: April 1, 2016

Member Name: Fraser, Rick

Constituency: Calgary-South East

Employee #: [REDACTED]

Date: 4/1/2017

Claim Type: Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Maximum of \$23,160 per fiscal year.

Fiscal Year: 2017-2018

Have you provided documents evidencing your Temporary Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please attach.

☒ Yes

☐ No

Monthly Amount (maximum \$1,930 or less)

\$ 1,930.00

x 12 = \$ 23,160.00

Please Note: The Member is responsible for retaining all records which support the annual amount identified above.

Claim Payment Authorization (please check)

☒ 12 Monthly Payments

I authorize 12 monthly payments in the amount specified above for the entire fiscal year. This monthly amount is static for the entire fiscal year.

Please Note: The Member must advise the Clerk in writing of any changes to their permanent or temporary residence at the time it occurs.

December 2017

I certify that I have met the eligibility criteria (see back of form) for the Temporary Residence Accommodation Allowance and am authorizing that the amount specified above be paid each month during the fiscal period noted above. I acknowledge and agree to immediately notify the Clerk, in writing, if there are any changes to either my Permanent or Temporary Residence that may affect my eligibility to claim this allowance. Furthermore, I agree to immediately reimburse any accommodation allowance payments made to me during a period within which I was ineligible to receive these payments.


Member Signature



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
R FRASER MLA
LEGIS ASSEMBLY OF AB

Membership Number
XXXX-XXXX-XXXX-XXXX
December 16, 2017

Page 1 of 2

Statement includes payments and charges received by December 16, 2017

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.

1118

Listing of Charges and Credits

Amount \$

New Transactions for R FRASER MLA

Amount \$

November 27 WESTERN BUDGET MOTEL RED DEER COUNTY \$82.00 + gst
Goods or Services

86.11

↑ Please detach here ↑

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

000292



R FRASER MLA
LEGIS ASSEMBLY OF AB
9820-107 ST NW FLR4
EDMONTON AB
T5K 1E7

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



LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Rick Fraser

Claimant Name: Rick Fraser

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Hosting supplies for office



WAL*MART
THANK YOU FOR SHOPPING MCKENZIE
(403) 726 - 0430
CALGARY, AB
ST# 03650 OP# 009050 TE# 50 TR# 06095
MC PD PR 006618800313 \$9.97 D
PF COOKIES 006598700013 \$2.97 D
DL 10 CREAM 006870010044 \$1.63 D
AB DEP MILK 000009066428 \$0.10 H
SUBTOTAL \$14.67
TOTAL \$14.67
PLASTIC BAG 000000001234K \$0.05 A
SUBTOTAL \$14.72
TOTAL \$14.72
DEBIT TEND \$14.72
CHANGE DUE \$0.00
GST/HST 137466199 RT 0001
QST 1016551356 TQ 0001

TRANSACTION RECORD PURCHASE

14.72

CHEQUING

RRN # 001001704

TERMINAL ID WATCJO18413

00 APPROVED-THANK YOU

Interac

AID A0000002771010

TC 22E41DA21F284D79

*PIN VERIFIED

04/24/17 09:05:28

ITEMS SOLD 5

TC# 0289 8987 8107 3603 7421



New Thursday flyer start date
Circulaire maintenant en vigueur Jeudi
04/24/17 09:05:34

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Rick Fraser

Claimant Name: Rick Fraser

Expense Category: Hosting

For hosting, select one:

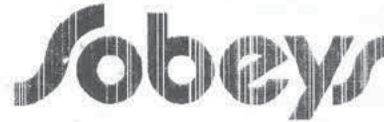
☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Hosting supplies for office



McKenzie Towne Sobeys
#20 McKenzie Towne Ave SE
403.257.4343
GST #89558788

Served by: Sherrile S

GROCERY

15 L Water Arrow# Hea	\$5.49	C
+EHC	\$0.12	GR
+Deposit	\$0.25	R

SUBTOTAL	\$5.86
5% GST	\$0.01

TOTAL	\$5.87
Debit	\$5.87
Cash	\$0.00
TENDER	
CHANGE	

NUMBER OF ITEMS 1

MERCHANT ID 040080022000 TAPPED
CLIENT ID 9803 RECEIPT# 8235000
TERMINAL ID 030 TRACE# 00885653

** PURCHASE ** \$ 5.87
DEBIT # *****
ACCOUNT Chequing RESP 000
DATE 06/30/2017 TIME 08:36:31
AUTH # REF # 00000010
APPL Interac
ATD A0000002771010
TVR 8000008000 TSI

APPROVED

I AGREE TO PAY THE ABOVE TOTAL AMOUNT
ACCORDING TO THE CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

Term	Tran	Store	Oper	06/30/17
30	8235	1141	109	08:36:33

Sobeys West Customer Care
1-800-723-3929

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Rick Fraser

Claimant Name: Rick Fraser

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Hosting supplies for office



Safeway South Trail Crossing
#100, 4915 -130 Avenue SE Calgary AB
Phone: 403.257.8510
GST# 817093735

Served by: SCO 23

Welcome to Safeway

GROCERY

McCafe Pods Prem Rst \$9.99 R

SUBTOTAL \$9.99

TOTAL TAX \$0.00

TOTAL \$9.99

Debit \$9.99

Cash TENDER CHANGE \$0.00

NUMBER OF ITEMS 1

MERCHANT 22264937 RF
TERM SB2226493723 RCPT 7650000

** Purchase ** 9.99

MERCHANT 22264937 RF

DEBIT #***** RESP 001

ACCOUNT DATE 09/01/2017 TIME 10:50:32

AUTH # REF# 001011021

APPL. Interac
AID A0000002771010

00 APPROVED - THANK YOU

I AGREE TO PAY THE ABOVE TOTAL AMOUNT
ACCORDING TO THE CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

Retain this copy for your record

Term Tran Store Oper 09/01/17
23 7650 8989 123 10:49:51

Thank you for shopping at Our Store
Come Again Soon

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Rick Fraser

Claimant Name: Rick Fraser

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Hosting supplies for office



Safeway South Trail Crossing
#100, 4915 -130 Avenue SE Calgary AB
Phone: 403.257.8510
GST# 817093735

Served by: SCO 20

Welcome to Safeway

GROCERY

Pods Premium Roast	\$19.99	R
Cream 10%	\$2.59	C
+Deposit	\$0.10	R

SUBTOTAL	\$22.68
TOTAL TAX	\$0.00

TOTAL \$22.68

Debit	TENDER	\$42.68
Cash	CHANGE	\$20.00

NUMBER OF ITEMS 2

MERCHANT 22264937 C
TERM SB2226493720 RCPT 8807000

** Purchase ** 42.68
MERCHANT 22264937 C

ACCOUNT Chequing RESP 001
DATE 09/11/2017 TIME 10:19:47
REF# 001021002

APPL Interac
AID A0000002771010
Merchandise \$ 22.68
Cash Back \$ 20.00
Total \$ 42.68

00 APPROVED - THANK YOU

BY ENTERING A VERIFIED PIN, CARDHOLDER
AGREES TO PAY ISSUER SUCH TOTAL IN
ACCORDANCE WITH ISSUER'S AGREEMENT WITH
CARDHOLDER

Retain this copy for your record

Term	Tran	Store	Oper	09/11/17
20	8807	8989	120	10:18:59

Thank you for shopping at Our Store
Come Again Soon

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Rick Fraser

Claimant Name: Rick Fraser

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Hosting supplies for office

Hosting = \$9.95

SAFeway

Safeway South Trail Crossing
#100, 4915 - 130 Avenue SE Calgary AB
Phone: 403.257.8510
GST# 817093735

Served by: Janet S

Welcome to Safeway

GROCERY

ArrowMill Water 15L	\$6.89	C
+EHC	\$0.12	R
+Deposit	\$0.25	R

Cream 10%	\$2.59	C
+Deposit	\$0.10	R

SUBTOTAL	
5% GST	

TOTAL	
Debit	
Cash	
TENDER	
CHANGE	

NUMBER OF ITEMS 3

*****YOUR SAVINGS*****
Discounts & Specials \$0.50
Your Total Savings \$0.50

MERCHANT 22264937 RF
TERM SB2226493709 RCPT 4731000

** Purchase ** 14.14
MERCHANT 22264937 RF
DEBIT #*****
ACCOUNT RESP 001
DATE 10/17/2017 TIME 09:02:14
AUTH # REF# 001049004
APPL Interac
AID A0000002771010

00 APPROVED - THANK YOU

I AGREE TO PAY THE ABOVE TOTAL AMOUNT
ACCORDING TO THE CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

Retain this copy for your record

Term	Tran	Store	Oper	
9	4731	8989	126	10/17/17 09:02:11

Thank you for shopping at Our Store
Come Again Soon

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Rick Fraser

Claimant Name: Kelly MacQuarrie

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: _____

Purpose:

Halloween candy for Cranston and Mahogany RA events

Table cloths for 2 events (Mahogany and Auburn Bay) this weekend.

Hosting = 60.96



Sobeys Cranston
3000, 356 Cranston Road S.E.
403.257.9700
GST# 835706995RT0001

Served by: Self Serve

Welcome to Sobeys

GROCERY

- Nestle Minis 100ct	\$16.99	GC
- Halloween 90 Count	\$14.99	GC
- Chocolate Assorted	\$14.49	GC
- Chocolate Assorted	\$14.49	GC

1 Reward for Every \$20

3 Miles

SUBTOTAL
5% GST

TOTAL

Debit
Cash

TENDER
CHANGE

NUMBER OF ITEMS 8

*****YOUR SAVINGS*****

Discounts & Specials \$1.78

Your Total Savings \$1.78

MERCHANT ID 040080040285 INSERTED
CLIENT ID 9803 RECEIPT# 520000
TERMINAL ID 023 TRACE# 00116684

** PURCHASE ** \$ 77.06

DEBIT # [REDACTED]
ACCOUNT Chequing RESP 000
DATE 10/25/2017 TIME 19:15:11
REF # 00000127

APPL. INTERAC
AID A0000002771010
TVR 8080008000 TSI 6800

APPROVED

BY ENTERING A VERIFIED PIN, CARDHOLDER
AGREES TO PAY ISSUER SUCH TOTAL IN
ACCORDANCE WITH ISSUER'S AGREEMENT WITH
CARDHOLDER

Term	Tran	Store	Oper	10/25/17
23	520	5074	123	19:15:15

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Rick Fraser

Claimant Name: Auburn Bay School

Expense Category: Hosting

For hosting, select one:

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

Purpose:

Hosting supplies for school BBQ



Calgary Board
of Education

Auburn Bay School

7 Auburn Bay Ave SE, Calgary, AB T3M 0K6 t | 403-817-3540

E | AuburnBay@cbe.ab.ca

Website: <http://school.cbe.ab.ca/school/auburnbay>

September 21, 2017

To: Rick Fraser attn.: Kelly MacQuarrie

Back to School BBQ.

Hot Dogs 130.00

Buns 70.00

Total Amount \$200.00

Thank you,

Auburn Bay Parent Council



Sept. 26/2017
Date

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Rick Fraser

Claimant Name: Copperfield School

Expense Category: Hosting

For hosting, select one:

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

Purpose:

Hosting supplies for school BBQ



54 Copperstone Road SE
Calgary, AB T2Z 0G7

TO: Calgary-South East Constituency Office of
MLA Rick Fraser
#202 5126 126 Avenue SE
Calgary, AB T2Z 0H2

Payment due upon receipt.

Thank you!

Sept. 13/2017



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une société d'Office DEPOT[®], Inc

COST CENTRE BILLING REPORT

REQUISITION REPORT

SOLD TO ACCOUNT NO.

959928
AB LEGISLATIVE ASSEMBLY (ML
FINANCIAL MGMT & ADMIN SERV
9820 107 ST NW
4TH FLR
EDMONTON, AB T5K 1E7

G.S.T.

R894032192

Q.S.T

1001640701TQ0009

PERIOD ENDING

09/30/2017

ACCT MGR NO.

INVOICE NO.
COST CENTRE

L446635

SHIP TO ACCOUNT NO.

ALTA LEGISLATIVE ASSEMBLY
CALGARY SOUTH EAST
5126 - 126 AVENUE SE
UNIT 202 ST
CALGARY, AB T2Z 0H2

QTY ORD	QTY SHIP	QTY B/O	U/M	PRODUCT NO.	DESCRIPTION	REGULAR	DISCOUNT	NET	AMOUNT	TX
REQ NO.	G313457	DATE	09/11/2017	ATTENTION	Calgary South East	P.O.#	MLA 207778	G&T ORDER NO	204546-00	

1	1	0	BX	18GT106	SUGAR CUBES 500 GR	2.02	CONTRACT	2.02	2.02	✓
1	1	0	BX	74-09572	STARBUCKS PIKE PLACE RST KCUP	15.74	CONTRACT	15.74	15.74	✓
1	1	0	BX	74-09577	STARBUCKS VERANDA KCUP	15.74	CONTRACT	15.74	15.74	✓
1	1	0	BX	86-26724	KCUP ADAGIO HOUSE BLEND	11.24	CONTRACT	11.24	11.24	✓
1	1	0	BX	77-20502	K-CUP FOLGERS CLASSIC ROAST	12.59	CONTRACT	12.59	12.59	✓
1	1	0	CT	12109163	COFFEEMATE SINGLE SERVE LIQUID	18.74	CONTRACT	18.74	18.74	✓

COST CENTRE DEPT.

\$76.07



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une société d'**Office DEPOT**, Inc

COST CENTRE BILLING REPORT



REQUISITION REPORT

SOLD TO ACCOUNT NO.

959928
AB LEGISLATIVE ASSEMBLY (ML
FINANCIAL MGMT & ADMIN SERV
9820 107 ST NW
4TH FLR
EDMONTON, AB T5K 1E7

G.S.T.

R894032192

Q.S.T

1001640701TQ0009

PERIOD ENDING

11/30/2017

ACCT MGR NO.

INVOICE NO.
COST CENTRE

L675050

SHIP TO ACCOUNT NO.

ALTA LEGISLATIVE ASSEMBLY
CALGARY SOUTH EAST
5126 - 126 AVENUE SE
UNIT 202 ST
CALGARY, AB T2Z 0H2

QTY ORD	QTY SHIP	QTY B/O	U/M	PRODUCT NO.	DESCRIPTION	REGULAR	DISCOUNT	NET	AMOUNT	TX
REQ NO.	G318431	DATE	11/16/2017	ATTENTION	Calgary South East	P.O.#	MLA207784	G&T ORDER NO	631147-00	
1	1	0	BX	74-09572	STARBUCKS PIKE PLACE KCUP 24BX	15.74	CONTRACT	15.74	15.74	



GRAND & TOY ®/TM

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une société d'**Office DEPOT**, Inc.

COST CENTRE BILLING REPORT

REQUISITION REPORT

SOLD TO ACCOUNT NO.

959928

AB LEGISLATIVE ASSEMBLY (ML
FINANCIAL MGMT & ADMIN SERV
9820 107 ST NW
4TH FLR
EDMONTON, AB T5K 1E7

G.S.T.

R894032192

Q.S.T.

1001640701TQ0009

PERIOD ENDING

11/30/2017

ACCT MGR NO.

42905

QTY ORD	QTY SHIP	QTY B/O	U/M	PRODUCT NO.	DESCRIPTION	REGULAR	DISCOUNT	NET	AMOUNT	TX
REQ NO.	G318431	DATE	11/16/2017	ATTENTION	Calgary South East	P.O.#	MLA207784	G&T ORDER NO	631147-01	
1	1	0	BX	77-21717	K-CUP LAURA SECORD HOT CHOCO Approved By: Diana de Ocampo	14.24	CONTRACT	14.24	14.24	

REQ TOTAL 14.24
HST TOTAL 0.00
PST TOTAL 0.00
SUB-TOTAL 14.24
GST TOTAL 0.00
TOTAL THIS ORDER 14.24

COST CENTRE DEPT.

Hasting = \$29.98