LEGISLATIVE ASSEMBLY OF ALBERTA Member EDR 2018-19

016 - Calgary-Hays - McIver, Ric For Expenses Processed July 1 - Sep 30 2018

	Budget	Used this Quarter	Used To-Date
Financial Reporting -\$ (Receipts attached)			
Transportation Fuel and Minor Maintenance - \$ MLA Parking Cap - \$ Other Travel - Parking - \$ Member Travel (overnight stay in constituency) - \$	\$900.00	\$1,024.30	\$2,823.38 \$25.72
Taxi, Bus Travel - \$ Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$ Member Travel (Meal Per Diems) - \$		\$118.71	\$976.09
Accommodation Edmonton Accommodation Allowance (\$23,160.00/yr max) Travel Accommodations Allowance Travel Accommodations Allowance (days; 10 max) - NF	\$23,160.00 10.0	\$5,790.00	\$11,580.00
Other Hosting - \$ Event Tickets Disclosable - \$			
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km) Constituency Travel MLA (KM) - NF Constituency Travel Staff (KM) - NF	35,000.0	3,622.0	5,501.0
Total Constituency Travel (KM) - NF	35,000.00	3,622.00	5,501.00
Special Trips (5 trips per year) - NF	5.0		
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	5.0	13.0
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

FLEET MANAGEMENT SERVICES DETAIL
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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY DIV-16-R MCIVER

CLIENT NO.

NO DU CLIENT

NVOICE DATE

DATE DE LA FACTURE

NVOICE NO.

NO DE LA FACTURE

08/01/18 0007161443

BFDF290001

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		REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS.	SUPPLER NAM SUPPLER LOCAT NOM DU FOURNISS POINT DE VENT	ION EEUR	CHARGE DESCRIPTION DESCRIPTION DES FRAIS	QTY QTE	UNIT COST	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DUE MONTANT TOTAL DU
	MCIVER			0096090	000504097242 07/12/18	PETRO CANADA CALGARY	АВ	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	63.0 1.0	1.35 11.99	80.97 11.99 92.96	4.05 .60 4.65 4.65	97.61 97.61
				0095570	000504097241 07/05/18		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	1.0	1.39 11.99	83.81 11.99 95.80	4.19 .60 4.79 4.79	100.59 100.59
				0095070	000504097240 07/02/18	PETRO CANADA CHESTERMERE	AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	57.5	1.26	68.95 68.95	3.45 3.45 3.45	72.40 72.40
				0094548	000504097244 06/29/18		AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	62.8	1.21	72.38 72.38	3.62 3.62 3.62	76.00 76.00
				0093428	000504097243 06/26/18		AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	65.2	1.31	81.29 81.29	4.06 4.06	85.35 85.35
						FEDERATED COOPERATIV CALGARYR NRKI	ES LIMITED AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	61.4	1.35	78.96 78.96	3.95 3.95 3.95	82.91 82.91
					000504236716 06/15/18		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	60.2	1.33	76.27 76.27 .60- 75.67	3.73 3.73 3.73	80.00 80.00 .60- 79.40
BLE871						FEDERATED COOPERATIV CALGARYGROVEI	ES LIMITED AB		1.0	10.99	10.99	.55 .55	TVH R104164223

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

BLE871

Element Fleet Management Celement

FLEET MANAGEMENT SERVICES DETAIL
DETA LS SERVICES DE GESTION DE PARC

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY DIV-16-R MCIVER

BFDF290001

CLIENT NO.

NO DU CLIENT

NVOICE DATE

DATE DE LA FACTURE

NVOICE NO.

NO DE LA FACTURE

08/01/18 0007161443

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 DATI NO. DE REFERENCE DATE DE LA TRANS.	SUPPLER NAME	CHARGE DESCRIPTION DESCRIPTION DES FRAIS	QTY QTE	UNIT COST	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DU MONTANT TOTAL D
	MCIVER						** REF NO TOT / TOT NO REF ** TOTAL / TOTAL			10.99	.55	11.54 11.54
						FEDERATED COOPERATIVES LIMITED CALGARYATTLEF AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH	58.2	1.24	68.70	3.44	
							MISCELLANEOUS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF **	1.0	12.99	12.99	.65 4.09	85.78
							TOTAL / TOTAL			81.69	4.09	85.78
UNIT TOTAL / TOT UNITE FUEL OTY / OTE CARB 491.7 TOT CHARGES / TOT FRAIS 659.29 TOT GST-HST / TOT TPS-TVH 32.6 UNIT TOTAL / TOT UNITE DISCOUNT / RABAIS TOTAL / TOTAL						32.89	692.18 .60- 691.58					
	KDN TOTALS / TOTAUX (1-16	CODIFICATION	UNITS / \	/EHIC	1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	491.7		659.29	32.89	
							BKDN TOTALS / TOTAUX COD FICAT DISCOUNT / RABAIS TOTAL / TOTAL	TION				692.18 .60- 691.58

Element Fleet Management Celement

FLEET MANAGEMENT SERVICES DETAIL
DETA LS SERVICES DE GESTION DE PARC

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CLIENT NO.

NO DU CLIENT

NVOICE DATE

DATE DE LA FACTURE

NVOICE NO.

NO DE LA FACTURE

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

09/01/18 0007184348

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.		TION SEUR	CHARGE DESCRIPTION DESCRIPTION DES FRAIS	QTY QTE	UNIT COST	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DUE MONTANT TOTAL DU
	MCIVER				000506636941 08/03/18		/ES LIMITED	D UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	57.4	1.30	71.10 71.10	3.56 3.56 3.56	74.66 74.66
				0097795	000507125790 07/30/18	PETRO CANADA EDMONTON	AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL		1.33	82.87 82.87	4.14 4.14 4.14	87.01 87.01
				0097655	000507325860 07/26/18	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	64.0	1.25	76.19 76.19	3.81 3.81 3.81	80.00 80.00
				0094623	000507125788 07/22/18	PETRO CANADA EDMONTON	AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	44.0	1.25	52.38 52.38	2.62 2.62 2.62	55.00 55.00
				0096441	000507125789 07/19/18	PETRO CANADA CALGARY	АВ	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		1.28 11.99	70.48 11.99 82.47	3.52 .60 4.12 4.12	86.59 86.59
			UNIT TOTAL	. / TOT UNI	TE			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	288.8		365.01	18.25	383.26
	KDN TOTALS / TOTAUX (1-16	CODIFICATION	UNITS / \	/EHIC	1			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	288.8		365.01	18.25	
								BKDN TOTALS / TOTAUX COD FICA	TION				383.26



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.

Member N	lame: McIver, Ric	Const	ituency:	Calg	gary-	Hays		
For the Month of: June		Year: 2018	E	mplo	yee i	#:		
Day of Month	Reason for Travel	Meal Purchase Location(s)	В	Mea L	D	Subtotal	G.S.T.	Total
1								
2								
3								
4	Travel to/from Capital	Edmonton			\boxtimes	39.57	1.98	41.55
5	Travel to/from Capital	Edmonton		\boxtimes	\boxtimes	30.81	1.54	32.35
6	Travel to/from Capital	Edmonton			\boxtimes	28.52	1.43	29.95
7	Travel to/from Capital	Edmonton		\boxtimes		19.81	0.99	20.80
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23						11 86-11		
24								25 636
25								
26								
27								
28								#30 x 20
29								47E 0 986
30								
31								
I certify tha	t I have met the requirements of s	ection 7 of the	Gran	d To	tal	\$118.71	\$5.94	\$124.65

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.

Aug 15/2018



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

Constituency: Calgary-Hays
Date: 4/13/2018
onton - Claimed Annually
ned Annually
s No
30.00 x 12 = \$ 0.00
support the annual amount identified above.
nthly Payments rize 12 monthly payments in the amount specified above for the fiscal year. This monthly amount is static for the entire fiscal year.
3

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

JULY 2018

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: McIver, Ric		Constitu	iency:	Calgary-Hays
Employee #:		Date:	4/13/	2018
Claim Type: Temporary Residence Accommodation A	llowance i	n Edmonton - Cla	aimed A	Annually
Temporary Residence Accommodation Allowance in B Maximum of \$23,160 per fiscal year.	Edmonton	- Claimed Annua	ally	
Fiscal Year: 2018-2019				
Have you provided documents evidencing your Temp Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please atta		✓ Yes		No .
Monthly Amount (maximum \$1,930 or less)	\$	\$1930.00		x 12 = \$ 0.00
Please Note: The Member is responsible for retaining a	all records	which support th	ne annu	ual amount identified above.
Claim Payment Authorization (please check)			onthly p	payments in the amount specified above for the nonthly 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.

AUGUST 2018

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: McIver, Ric	Constituency: Calgary-Hays
Employee #:	Date: 4/13/2018
Claim Type: Temporary Residence Accommodation	Allowance in Edmonton - Claimed Annually
Temporary Residence Accommodation Allowance in Maximum of \$23,160 per fiscal year.	Edmonton - Claimed Annually
Fiscal Year: 2018-2019	
Have you provided documents evidencing your Tem Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please att	
Monthly Amount (maximum \$1,930 or less)	\$ \$1930.00
	gall 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 woccurs.	riting of any changes to their permanent or temporary residence at the time it September 2018

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