

LEGISLATIVE ASSEMBLY OF ALBERTA
Member Expense Disclosure Report
Cypress-Medicine Hat - Mr. Drew Barnes
For Expenses Processed January 1 - March 31, 2014

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$2,958.46	\$9,560.72
Member Parking - \$	\$900.00	\$87.09	\$188.03
Member Travel (overnight stay in constituency) - \$			
Member Travel (Extraordinary Accommodation) - \$		\$160.67	\$1,016.12
Taxi, Bus Travel - \$		\$508.10	\$1,022.53
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$692.47	\$1,783.04
Other			
Hosting - \$		\$422.58	\$1,395.78
Non-Financial Reporting			
Temporary Residence Allowance (\$193 per day)			
Effective April 1 - August 31, 2013			
Sessional (Days) - NF			23
Non-sessional (Days) - NF			9
Extraordinary (Days) - NF	10		
Member Travel - Accommodation			
Effective September 1, 2013 - March 31, 2014			
Capital Accommodation Allowance (\$193 per day) Pro rated	70	21	45
Extraordinary Accommodation Allowance (Days)		1	7
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	80,000	11,457	35,502
Special Trips (5 trips per year) - NF	5.0		
Travel To and From the Capital			
Travel by Air, Bus or Train (Unlimited Trips) - NF		3.5	7.5
Use of a Private Automobile (52 trips per year) - NF	52.0	5.0	14.0
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

PHH Arval

PHH

BFDF290001

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARCPAGE - 220 OF 275
DE

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
DIV-55-D. BARNES- -
- -
- -
- -INVOICE DATE 02/01/14
DATE DE LA FACTURE
INVOICE NO. 0006076867
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
	D. BARNES				000387491413 01/22/14	SHELL CANADA INC MEDICINE HAT AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	55.6	1.08	57.14	2.86 2.86	60.00 60.00
					000387335529 01/20/14	SHELL CANADA INC MEDICINE HAT AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	73.2	1.08	75.24	3.76 3.76	79.00 79.00
					000387261891 01/17/14	SHELL CANADA INC MEDICINE HAT AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	44.5	1.08	45.71	2.29 2.29	48.00 48.00
					000387138161 01/15/14	SHELL CANADA INC STRATHMORE AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	85.0	1.08	87.31	4.37 4.37	91.68 91.68
					000386781653 01/09/14	SHELL CANADA INC MEDICINE HAT AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	88.0	1.08	90.48	4.52 4.52	95.00 95.00
					000386408622 01/03/14	SHELL CANADA INC MEDICINE HAT AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	81.6	1.08	83.81	4.19 4.19	88.00 88.00
					000386167570 12/28/13	SHELL CANADA INC MEDICINE HAT AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	37.1	1.08	38.09	1.91 1.91	40.00 40.00
					000386746839 12/14/13	IMPERIAL OIL MEDICINE HAT AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	92.9	1.11	98.16	4.91 4.91	103.07 103.07
					000386536150 12/05/13	FASGAS CLUNY AB	MIDGRADE UNLEADED GASOLINE 1 GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF	10.5	1.23	12.26	.61 .61	

BLG871

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

PHH Arval

PHH

BFD290001

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-55-D, BARNES

INVOICE DATE 02/01/14
DATE DE LA FACTURE
INVOICE NO. 0006076867
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
	D BARNES						** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT DISCOUNT / RABAIS TOTAL / TOTAL			12.26 12 12.14	.51 - -	12.87 12.87 12.75
					000386746838 12/06/13	IMPERIAL OIL BASSANO AB	ETHANOL MEDIUM GRADE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	82.0	1.22	95.24 4.76 4.76 95.24	- 4.76 4.76 -	100.00 100.00
					000386620370 12/02/13	FASGAS CAMROSE 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	86.0	1.06	86.69 4.33 4.33 86.69 87 85.82	- 4.33 4.33 - - -	91.02 91.02 87 90.15
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE DISCOUNT / RABAIS TOTAL / TOTAL	736.4		770.13 38.51 808.64 99 807.65		
	BKDN TOTALS / TOTAUX CODIFICATION 01-55				UNITS / VEHIC 1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	736.4		770.13 38.51		808.64 99 807.65
							BKDN TOTALS / TOTAUX CODIFICATION DISCOUNT / RABAIS TOTAL / TOTAL					808.64 99 807.65

BLG871

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

PHH Arval

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BFDF290001

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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-55-D. BARNES
- -
- -
- -
- -

CLIENT NO.
NO DU CLIENT
INVOICE DATE 03/01/14
DATE DE LA FACTURE
INVOICE NO. 0006086623
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
D	BARNES				000388819810 02/13/14	SHELL CANADA INC MEDICINE HAT AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	67.7	1.08	69.52	3.48 3.48	73.00 73.00
					000388357255 02/08/14	SHELL CANADA INC MEDICINE HAT AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	88.8	1.08	91.22	4.56 4.56	95.78 95.78
					000388608099 02/08/14	PETRO CANADA BROOKS AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	89.8	1.11	94.83	4.74 4.74	99.57 99.57
					000388608098 02/01/14	PETRO CANADA BROOKS AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	91.7	1.11	96.88	4.84 4.84	101.72 101.72
					000388608100 01/31/14	PETRO CANADA MEDICINE HAT AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	84.8	1.08	87.10	4.36 4.36	91.46 91.46
					000388775050 01/31/14	IMPERIAL OIL SHERWOOD PARK AB	ETHANOL REGULAR GRADE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	87.0	1.09	90.24	4.51 4.51	94.75 94.75
					000387984660 01/27/14	FEDERATED COOPERATIVES LIMITED MEDICINE HAT AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH MISCELLANEOUS REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	47.3 2.0	1.08 3.75	48.69 7.49	2.43 2.43	58.61 58.61
					000387622779 01/25/14	SHELL CANADA INC MEDICINE HAT AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	87.2	1.08	89.63	4.48 4.48	94.11 94.11
					000387553758 01/23/14	SHELL CANADA INC SHERWOOD PARK AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH	88.9	1.08	91.34	4.57	

BLG871

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

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SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
DIV-55-D. BARNES

CLIENT NO. [REDACTED]
NO DU CLIENT
 INVOICE DATE 03/01/14
DATE DE LA FACTURE
 INVOICE NO. 0006086623
NO DE LA FACTURE

BLG871	GST-HST REG. NO / NO ENRG TPS-TVH R104164223
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PHH Arval

PHH

BDFD290001

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-55-D. BARNES	
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CLIENT NO.	
NO DU CLIENT	
INVOICE DATE	04/01/14
DATE DE LA FACTURE	
INVOICE NO.	0006096706
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
	D BARNES				000390532734 03/16/14	SHELL CANADA INC FORT MACLEOD AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	76.8	1.21	88.38	4.42 4.42	92.80 92.80
					000390459986 03/14/14	SHELL CANADA INC MEDICINE HAT AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	93.4	1.15	102.19	5.11 5.11	107.30 107.30
					000390476594 03/08/14	PETRO CANADA MEDICINE HAT AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	87.5	1.15	95.79	4.79 4.79	100.58 100.58
					000390449305 03/06/14	HUSKY OIL CAMROSE 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	44.3	1.13	47.68	2.32 2.32	50.00 50.00 .44- 49.56
					000390337372 03/03/14	IMPERIAL OIL RED DEER AB	ETHANOL REGULAR GRADE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	81.7	1.16	90.17	4.51 4.51	94.68 94.68
					000389627371 03/02/14	SHELL CANADA INC MEDICINE HAT AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	88.3	1.15	96.66	4.83 4.83	101.49 101.49
					000389537768 02/27/14	SHELL CANADA INC RED DEER AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	93.6	1.24	110.49	5.53 5.53	116.02 116.02
					000389472919 02/26/14	SHELL CANADA INC VALLEYVIEW AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	82.0	1.22	95.24	4.76 4.76	100.00 100.00
					000389417303	SHELL CANADA INC	UNLEADED MIDGRADE GASOLINE	80.0	1.16	88.35		

BLG871

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

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BDFD290001

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-55-D. BARNES

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CLIENT NO.
NO DU CLIENT
INVOICE DATE 04/01/14
DATE DE LA FACTURE
INVOICE NO. 0006096706
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
D	BARNES				02/25/14	MEDICINE HAT AB	GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL			4.42 4.42 92.77 88.35 4.42 92.77		
					000390476595 02/25/14	PETRO CANADA RED DEER AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	78.2	1.16	86.34 4.32 4.32 86.34 4.32 90.66 90.66		
					000390439534 02/19/14	HUSKY OIL MEDICINE HAT 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	90.6	1.08	93.18 4.54 4.54 97.72 93.18 4.54 97.72 .91- .91- 92.27 96.81		
					000390476593 02/14/14	PETRO CANADA BROOKS AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	53.7	1.19	60.78 3.04 3.04 63.82 60.78 3.04 63.82		
UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE DISCOUNT / RABAIS TOTAL / TOTAL	950.1		1,055.25 52.59 1,107.84 1.35- 1,106.49		
BKDN TOTALS / TOTAUX CODIFICATION 01-55							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	950.1		1,055.25 52.59		
							BKDN TOTALS / TOTAUX CODIFICATION DISCOUNT / RABAIS TOTAL / TOTAL					1,107.84 1.35- 1,106.49

BLG871

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

Personal Expense Claim Receipt Description

Member Name: Drew Barnes, MLA

Claimant Name: Drew Barnes

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

Oil change

59957



INVOICE

1750 Gershaw Dr. Medicine Hat, AB T1A 5E1
 Across from the Airport
 Ph: (403) 526-9500 Fax: (403) 526-9562
 Toll Free: 1-800-403-1891
 www.suncountrynissan.com

DREW BARNES

PAGE 1

SERVICE ADVISOR: 129 ERNIE TAYLOR

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A	MAINTENANCE 1						
	MA1T 4WD MAINTENANCE 1						
	124	C		0.75		26.47	26.47 oil
	5 5W30B MS1000 5W30				10.00	3.66	18.30 oil
	5 EFBO ENVIRONMENTAL FEE BULK OIL				0.05	0.05	0.25 oil
	1 15208-9E01A FILTER, OIL				16.07	9.99	9.99 oil
	1 EF ENVIRONMENTAL FEE				0.50	0.50	0.50 oil
	1 11026-JA00A WASHER				1.31	1.15	1.15 oil

16252 Performed vehicle maintenance inspection 1. checked windshield washer system, lights and fluids. tire pressures at 35psi all around. tire tread depths at 8/32 front and 10/32 rear. replaced engine oil and filter. everything else looks good at this point.

SHOP MATERIALS/ENVIRONMENTAL CHARGES

5.46 oil

IMPORTANT-PLEASE HAVE YOUR WHEELS

RETORQUED after 150kms

62.12

3.11

65.23

CUST PAY GST FOR REPAIRS (#: R127611846)

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

STATEMENT OF DISCLAIMER

The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

DESCRIPTION

LABOR AMOUNT

PARTS AMOUNT

GAS, OIL, LUBE

SUBLET AMOUNT

MISC. CHARGES

TOTAL CHARGES

LESS INSURANCE

SALES TAX

PLEASE PAY THIS AMOUNT

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

CUSTOMER SIGNATURE

Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Drew Barnes

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

oil change

CUSTOMER #: 109170

60832



INVOICE

1750 Gershaw Dr. Medicine Hat, AB T1A 5E1
 Across from the Airport
 Ph: (403) 526-9500 Fax: (403) 526-9562
 Toll Free: 1-800-403-1891
 www.suncountrynissan.com

DREW BARNES

PAGE 1

SERVICE ADVISOR: 42 ORION WEMYSS

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A MAINTENANCE 1 - CUSTOMER HAS ASKED FOR THE OIL CHANGE REMINDER LIGHT TO BE SET TO 40,000 KM							
MA1 MAINTENANCE 1							
3 SKANDERUP, MERLIN LIC#: 000000							
			C	0.50		21.47	21.47
7	5W30B	MS1000	5W30		3.74	3.74	26.18
7	EFBO	ENVIRONMENTAL FEE	BULK OIL		0.05	0.05	0.35
1	15208-9E01A	FILTER,	OIL		11.05	9.99	9.99
1	EF	ENVIRONMENTAL FEE			0.50	0.50	0.50
1	11026-JA00A	WASHER			1.43	1.43	1.43
29646 ml Performed vehicle maintenance inspection customer wants to set maintenance minder to 40000km intervals							

SHOP MATERIALS/ENVIRONMENTAL CHARGES 4.87

IMPORTANT-PLEASE HAVE YOUR WHEELS

RETORQUED after 150kms

64.79 eligible

3.24 GST

68.03 Total

CUST PAY GST FOR REPAIRS (#: R127611846)

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

STATEMENT OF DISCLAIMER

The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

DESCRIPTION
LABOR AMOUNT
PARTS AMOUNT
GAS, OIL, LUBE
SUBLET AMOUNT
MISC. CHARGES
TOTAL CHARGES
LESS INSURANCE
SALES TAX

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

CUSTOMER SIGNATURE

PLEASE PAY THIS AMOUNT

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Drew Barnes, MLA

Claimant Name: Drew Barnes

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

CFA Society Dinner
Calgary

537-7000

CALGARY PARKING AUTHORITY (403)

Terminal: 852

Zone: Lot 60 : 9060

Valid through:

THURSDAY 16 JAN 14
6:00 AM

AMOUNT PAID: \$4.00 (GST incl.)
START TIME: 1/15/2014 4:39 PM

RECEIPT NO: 31193

03) 537-7006

FREE Battery Boosting & Tire Inflation Services (4

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Drew Barnes, MLA

Claimant Name: Drew Barnes

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

CFA in Edmonton
Society Dinner

PLACE FACE UP ON DASH

Impark Lot 1

Expiration Date/Time

EXP 11:00PM

JAN 22, 2014

Purchase Date/Time: 05:43pm Jan 22, 2014

Total Parking: \$11.42

Total gst: \$0.58

Total Due: \$12.00

Total Paid: \$12.00

Rate: \$12 - until 11pm

Payment Type: Card

S/N #: 100008460018

Setting: Lot 1

Mach Name: Meter 2

GST #887316638RT0001

RECEIPT

Impark Lot 1

Expiration Date/Time: 11:00pm Jan 22, 2014

Purchase Date/Time: 05:43pm Jan 22, 2014

Total Parking: \$11.42

Total gst: \$0.58

Total Due: \$12.00

Total Paid: \$12.00

Visa

Ticket #: 45058041

Setting: Lot 1

Mach Name: Meter 2

Rate: \$12 - until 11pm

Payment Type: Card

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Drew Barnes

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☒ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Senior Meeting

*Senior
mtg.
date*

RECEIPT

License Plate Number



Expiration Date/Time

06:00 PM
FEB 14, 2014

Purchase Date/Time: 10:33am Feb 14, 2014

Total Parking: \$48.00

Total Federal: \$2.40

Total Due: \$50.40

Total Paid: \$50.40

Ticket #: 00019423

S/N #: 500012260459

Setting: Lot 31

Mach Name: Lot 31-1

Rate: DAILY MAX
Payment Type: Card



GST REG #102466000

PARKING RECEIPT

PARKING RECEIPT

PARKING RECEIPT

PARKING RECEIPT

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Drew Barnes

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: ATA

Purpose:

UP ON DASH

THIS SIDE UP ON DASH

THIS SIDE UP ON DASH

THIS SIDE UP ON DASH

THIS

DASH

51

Medicine Hat
College

Machine #: 5
Transaction: 15780005
Date : FEB/20/14
Time : 07:20 AM
Paid : \$3.00
Ticket Expires:
FEB/20/14
11:59 PM

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Drew Barnes

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☒ Individual Stakeholder(s)

☐ Group: _____

Purpose:

DISPLAY TICKET ON DASH

Expiration Date/Time

06:00 PM

FEB 25, 2014

Category parking

Purchase Date/Time: 10:22am Feb 25, 2014

Total Parking: \$21.00

Total Federal: \$1.05

Total Due: \$22.05

Rate: DAILY MAX

Payment Type: Card

Ticket #: 10736770

S/N #: 300010300180

Setting: Lot 82

Mach Name: Lot 82-2

GST REG #102466000

RECEIPT

Expiration Date/Time: 06:00pm Feb 25, 2014

Purchase Date/Time: 10:22am Feb 25, 2014

Total Parking: \$21.00

Total Federal: \$1.05

Total Due: \$22.05

Rate: DAILY MAX

Payment Type: Card

Ticket #: 10736770

Setting: Lot 82

Mach Name: Lot 82-2

PARKING RECEIPT

PARKING RECEIPT

PARKING RECEIPT

PARKING RECEIPT

PARKING RECEIPT

PARKING



BY CHOICE HOTELS

**Clarion Hotel and Conference
Centre (CNA28)**

2120 16 Ave NE
Calgary, AB T2E 1L4
(403) 291-4666

Account: 314657567

Date: 11/22/13

Room: 0904 BAR

Arrival Date: 11/21/13

Departure Date: 11/22/13

Check In Time: 11/22/13 2:10 AM

Check Out Time: 11/22/13 6:17 AM

Rewards Program ID:

You were checked out by: tzhahi

You were checked in by: tzhahi

Total Balance Due: 0.00

Barnes, drew

Post Date	Description	Comment	Amount
11/21/13	Room Charge	#0904 Barnes, drew	149.99
11/21/13	Destination Marketing Fee		4.50
11/21/13	Goods & Services Tax		7.73
11/21/13	Tourism Levy		6.18
11/22/13	Visa Payment		(168.40)

Folio Summary 11/21/13 - 11/22/13

Room Charge	149.99
Destination Marketing Fee	4.50
Goods & Services Tax	7.73
Tourism Levy	6.18
Visa Payment	(168.40)

Balance Due: 0.00

GST 865627822

The Clarion Hotel Conference Centre may authorize your card for incidental charges. Upon check-out, any additional holds are released by the hotel. Only your financial institution (i.e., your bank) has access to these funds. These funds may remain on hold for up to 10 business days.

X _____

CHOICEprivileges®

REWARDS PROGRAM

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Drew Barnes

Expense Category: Taxi, Bus Travel

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Education Conference

Purpose:

*Return trip from Calgary
conference*

RECEIPT

*PA
Cash*

Received From

Drew Barnes

To & From
Destinations:

Calgary AB to
Medicine Hat AB

Amount:

\$60.00 + 5-

Date:

02/20/2014
96 02/02

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Drew BarnesClaimant Name: Drew BarnesExpense Category: Taxi, Bus Travel

For hosting, select one:

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

Purpose:

Meeting Edmonton menDELUXE CENTRAL TAXI
656 1/2 3RD ST S.E
Medicine Hat, ABTerm ID: 0039150000019441065999
Invoice #: 0000001
VISA PURCHASE
App Label: SCOTTABANK VISA
AID: A00000000031010
TUR: 0000000000
TST: F80000 APPROVED AA
THANK YOU

AMOUNT	\$17.90
TIP	\$2.68
TOTAL	\$20.58

No signature required

Ref. #: 601759 210114832 D

TC: 4FE44EFE14857898
Date: 2014/02/10 Time: 04:48:32

RECEIPT

DATE Feb 10 / 2014AMOUNT 20.58TO AirportCAB 37 DRIVER Derek

Thank You

DELUXE CENTRAL TAXI
656 1/2 3RD ST S.E
Medicine Hat, ABTerm ID: 0039150000019441065999
Invoice #: 0000079
AMEX PURCHASE***NOT COMPLETED***
CONNECTION/ERROR

AMOUNT	\$17.90
TIP	\$2.68
TOTAL	\$20.58

Ref. #: S
Auth. #:

Date: 2014/02/10 Time: 04:46:25

FRAUD COPY



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 BARNES MLA
LEGIS ASSEMBLY OF AB

Date
March 18, 2014

Page 1 of 3

Statement includes payments and charges received by March 18, 2014

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.

Listing of Charges and Credits

Amount \$

New Transactions for D BARNES MLA

Amount \$

March 10	AIRPORT TAXI SERVICE EDMONTON TAXICABS AND LIMOUSINES	63.25
March 13	YELLOW CAB 450241247 EDMONTON TAXICABS AND LIMOUSINES	61.60

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

000285

D BARNES MLA
LEGIS ASSEMBLY OF AB
901 9718 107 STREET
EDMONTON AB
T5K 1E4

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



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 BARNES MLA
LEGIS ASSEMBLY OF AB

Date
February 16, 2014

Page 1 of 4

Statement includes payments and charges received by February 16, 2014.

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.

New Transactions for D BARNES MLA

Amount \$

January 29	PRESTIGE TRANSPORTAT EDMONTON TAXICABS AND LIMOUSINES	72.60
January 29	YELLOW CAB 450241247 EDMONTON TAXICABS AND LIMOUSINES	40.48
February 4	AIRPORT TAXI SERVICE EDMONTON TAXICABS AND LIMOUSINES	63.25
February 5	YELLOW CAB 450241247 EDMONTON TAXICABS AND LIMOUSINES	67.85

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

D BARNES MLA
LEGIS ASSEMBLY OF AB
901 9718 107 STREET
EDMONTON AB
T5K 1E4

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

The American Express® Corporate Card Statement of Account

www.americanexpress.ca

Date: February 16, 2014

Page 2 of 4

New Transactions for D BARNES MLA Continued

Amount \$

February 6 MARTIN HARVEY MEDICI MEDICINE HAT
TAXICABS AND LIMOUSINES

17.50

February 10 CO-OP TAXI 450243150 EDMONTON
TAXICABS AND LIMOUSINES

61.00



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: Barnes, Drew

Constituency: Cypress-Medicine Hat

For the Month of: December

Year: 2013

Employee #: [REDACTED]

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			G.S.T.	Total
			B	L	D		
1	Travel to/from Capital	Camrose	☐	☐	☒	0.99	20.75
2	Travel to/from Capital	Edmonton	☒	☒	☐	0.99	20.80
3	Travel to/from Capital	Edmonton	☒	☒	☒	1.98	41.55
4	Travel to/from Capital	Edmonton	☒	☒	☐	0.99	20.80
5	Travel to/from Capital	Edmonton	☒	☒	☒	1.98	41.55
6	Travel to/from Capital	Edmonton, Strathmore	☒	☒	☐	0.99	20.80
7			☐	☐	☐		
8			☐	☐	☐		
9			☐	☐	☐		
10		[REDACTED]	☐	☐	☐		
11		[REDACTED]	☐	☐	☐		
12		[REDACTED]	☐	☐	☐		
13			☐	☐	☐		
14			☐	☐	☐		
15			☐	☐	☐		
16			☐	☐	☐		
17			☐	☐	☐		
18			☐	☐	☐		
19			☐	☐	☐		
20			☐	☐	☐		
21			☐	☐	☐		
22			☐	☐	☐		
23			☐	☐	☐		
24			☐	☐	☐		
25			☐	☐	☐		
26			☐	☐	☐		
27			☐	☐	☐		
28			☐	☐	☐		
29			☐	☐	☐		
30			☐	☐	☐		
31			☐	☐	☐		
Grand Total						\$7.92	\$166.25

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



Members' Travel Expenses Per-Diems Claim Form

55

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)

WZ MAR 04 2014 1

Member Name: Barnes, Drew

Constituency: Cypress-Medicine Hat

For the Month of: January

Year: 2014

Employee #: [REDACTED]

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1			☐	☐	☐			
2			☐	☐	☐			
3			☐	☐	☐			
4			☐	☐	☐			
5		[REDACTED]	☐	☐	☐			
6		[REDACTED]	☐	☐	☐			
7			☐	☐	☐			
8			☐	☐	☐			
9			☐	☐	☐			
10			☐	☐	☐			
11			☐	☐	☐			
12			☐	☐	☐			
13			☐	☐	☐			
14			☐	☐	☐			
15			☐	☐	☐			
16			☐	☐	☐			
17			☐	☐	☐			
18			☐	☐	☐			
19			☐	☐	☐			
20			☐	☐	☐			
21			☐	☐	☐			
22	Travel to/from Capital	Two Hills, AB	☐	☒	☐	11.05	0.55	11.60
23	Travel to/from Capital	Strathmore, AB	☐	☐	☒	19.76	0.99	20.75
24			☐	☐	☐			
25			☐	☐	☐			
26			☐	☐	☐			
27			☐	☐	☐			
28	Travel to/from Capital	Edmonton, AB	☐	☐	☒	19.76	0.99	20.75
29	Travel to/from Capital	Edmonton, AB	☐	☐	☒	19.76	0.99	20.75
30			☐	☐	☐			
31			☐	☐	☐			
Grand Total						\$70.33	\$3.52	\$73.85

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

Feb-11, 2014



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: Barnes, Drew

Constituency: Cypress-Medicine Hat

For the Month of: March

Year: 2014

Employee #: [REDACTED]

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1			☐	☐	☐			
2			☐	☐	☐			
3	Travel to/from Capital	Brooks/Edmonton/Edmonton	☒	☒	☒	39.57	1.98	41.55
4	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
5	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
6	Travel to/from Capital	Edmonton/Edmonton/Camrose	☒	☒	☒	39.57	1.98	41.55
7			☐	☐	☐			
8			☐	☐	☐			
9			☐	☐	☐			
10	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
11	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
12	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
13	Travel to/from Capital	Edmonton/Edmonton/Calgary	☒	☒	☒	39.57	1.98	41.55
14			☐	☐	☐			
15			☐	☐	☐			
16	Travel to/from Capital	Foremost	☐	☐	☒	19.76	0.99	20.75
17	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
18	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
19	Travel to/from Capital	Edmonton	☒	☐	☒	28.52	1.43	29.95
20	Travel to/from Capital	Edmonton	☒	☒	☐	19.81	0.99	20.80
21			☐	☐	☐			
22		[REDACTED]	☐	☐	☐			
23		[REDACTED]	☐	☐	☐			
24		[REDACTED]	☐	☐	☐			
25		[REDACTED]	☐	☐	☐			
26		[REDACTED]	☐	☐	☐			
27			☐	☐	☐			
28			☐	☐	☐			
29			☐	☐	☐			
30			☐	☐	☐			
31			☐	☐	☐			
Grand Total						\$463.81	\$23.19	\$487.00

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

April 6, 2014

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Drew Barnes, MLAClaimant Name: Drew BarnesExpense Category: Hosting

For hosting, select one:

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

Purpose:

Constituent Concerns/Input

[Signature]
CYPRESS CLUB
MEDICINE HAT, AB
(403) 526-2988
GST# 108079484

R E C E I P T

Account #32
Barnes, Drew

[Signature]

2 x 8.50	
SOUP & SAND SPEC	17.00
2 x 1.50	
COFFEE	3.00
Gratuity	3.00
GST	1.15
Total	24.15
Charge	24.15
1:46 PM 6/4/2013 4 CONNIE	

2

THANK YOU

[Signature]

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Drew Barnes, MLAClaimant Name: Drew BarnesExpense Category: Hosting

For hosting, select one:

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

Purpose:

Constituent Concerns/Input

CYPRESS CLUB
MEDICINE HAT, AB
(403) 526-2988
GST# 108079484

R E C E I P T

1. Duplicate

Account #32

Barnes, Drew

Cash hand

SOUP & SAND SPEC	8.50
SOUP & SAND SPEC	8.50
2 x 2.50	
LG POP	5.00

Gratuity	3.30
GST	1.27
Total	26.57
Charge	26.57

1:22 PM 9/19/2013 34 BRAD 2

THANK YOU

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Drew Barnes, MLAClaimant Name: Drew BarnesExpense Category: Hosting

For hosting, select one:

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

Purpose:

Constituent Concerns/Input

53

Perkins Restaurant & Bakery
2301 Trans Canada Way S.E.
Medicine Hat, AB T1B 4E9
Phone (403)527-9311
R105395123

Date: Dec 16, 2013 Time: 08:21:16
Table # 53 Bill # 7
Silver Cashier

TERM ID : 66215650

Order ID : 01-121613082104
REF NUM : 0012750010 C
APP LABEL : SCOTIABANK VISA
EMV ATD : A0000000031010
ARQC TVR : 0000008000
ARQC : 3291A256FB764DEC

VISA
PURCHASE

\$ 33.05

TIP: 4.96

TOTAL: 38.01

VERIFIED BY PIN

01 APPROVED - THANK YOU 027

IMPORTANT
retain this copy for your records

Customer Copy

#53

Perkins Restaurant & Bakery
2301 Trans Canada Way S.E.
Medicine Hat, AB T1B 4E9
Phone (403)527-9311
Business # R105395123

Date: Dec 16, 2013 Time: 08:01AM
Server: Kevin # Guest: 2
Bill: 0007 Table : 53

1	Twice as Nice Combo	9.99
2	Coffee	5.50
1	Perkins Steak & Eggs	15.99

Subtotal	31.48
GST	1.57

Total 33.05

tip + 4.95

Open Time : Dec 16, 2013 07:33AM

Store # 3882

Please tell us About Your Experience
in the next 3 days and on your next visit
receive

10% off your next bill
(Excludes Bakery to Go & Liquor)

Keep the sales receipt you received
Go to www.PerkinsFeedback.com to complete
our online survey

After completing the survey you will
receive a validation code to take with
you on your next visit. Please write your
code here

Office Rules at
www.PerkinsFeedback.com / SurveyRules

Personal Expense Claim Receipt Description

Member Name: Drew Barnes, MLAClaimant Name: Drew BarnesExpense Category: Hosting

For hosting, select one:

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

Purpose:

Constituent Concerns/Input

earls

GREAT FOOD GREAT PEOPLE

26 DANI B

Tbl 71/1 Chk 5627 Gst 2
18Dec'13 07:01PM

1 POP	3.10
1 COFFEE	3.10
1 7oz SIRLOIN	23.50
No Sauce	
1 7oz SIRLOIN	23.50
No Sauce	

Subtotal	53.20
GST Tax	2.66
08:01PM Total	55.86

Just for the heck of it...
One of the many great
reasons to come to earls!
Where life is better!
GST#r124981473

earls

GREAT FOOD GREAT PEOPLE

Date: 18Dec'13 08:26PM
Card Type: VisaCheck: 5627
Table: 71/1
Server: 26 DANI B

Subtotal: 55.86

Tip: _____

Total: 64

I agree to pay above total
according to my card issuer
agreement.

*****Customer Copy*****

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Drew Barnes, MLA

Claimant Name: Drew Barnes

Expense Category: Hosting

For hosting, select one:

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

Purpose:

Constituent Concerns/Input

ORIGINAL JOE'S
RESTAURANT & BA
105 CARRY DR SE UNIT 93
MEDICINE HAT AB

DATE 2013/12/22
TIME 0476 13:12:54
CLERK ID 12
RECEIPT NUMBER
CB2001464-001-236-007-0

PURCHASE
AMOUNT \$33.60
TIP \$5.04
TOTAL

\$38.64

constituent

APPROVED

01-027

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

★★★
**ORIGINAL
JOE'S**

RESTAURANT & BAR

Original Joes Medicine Hat
#93, 105 Carry Drive
Medicine Hat, AB
T1B 3M6

Phone: (403) 528-0851

GST: #83389 4660

Table #60

Trans#: 30036 Serv: Brandi 12
12/22/2013 01:09:34 PM #Cust:2

Quan	Description	Cost
1	Cup of Joe	\$2.25
1	Tea	\$2.25
1	Pacific Rim Bowl	\$13.75
1	Pacific Rim Bowl	\$13.75

Net Total: \$32.00
GST \$1.60

TOTAL: \$33.60

Original Joe's cares,
tell us about your experience!!

Complete our Survey:
ORIGINAL JOE'S.COM

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Drew Barnes, MLA

Claimant Name: Drew Barnes

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☒ Individual Stakeholder(s)

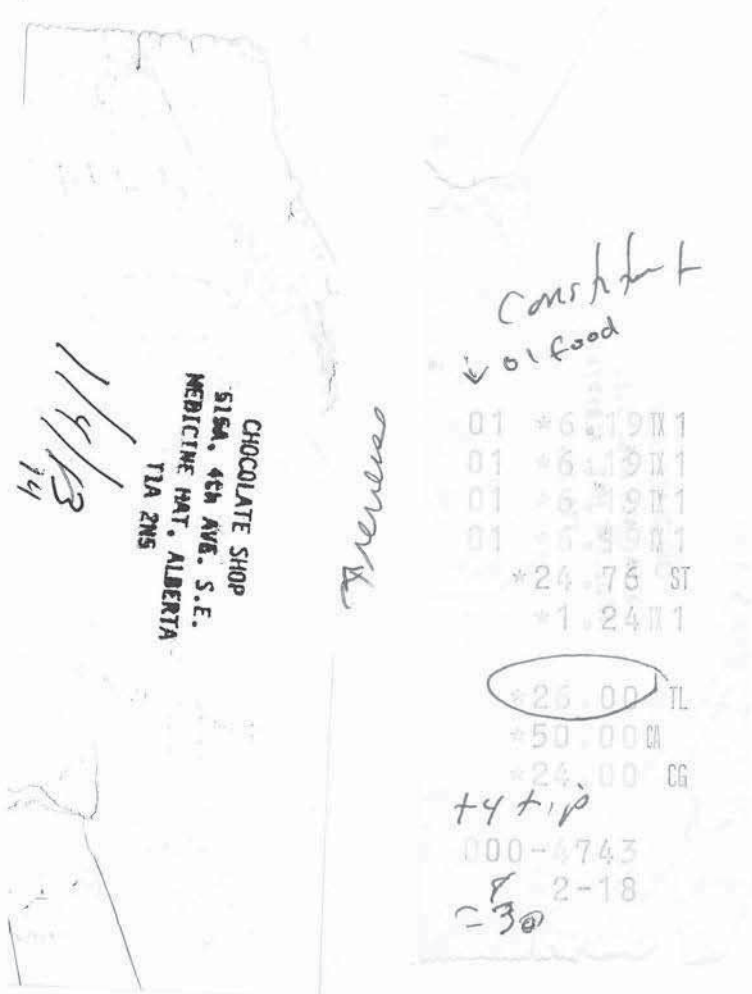
3 people

☐ Group:

Purpose:

Constituent Concerns/Input *re: funeral support*

Food code on receipt indicated by 01



LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Brewmaster

Expense Category: Hosting

For hosting, select one:

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

Purpose:

Coffee Supplies for office



BREWMASTER

Wholesale Foods & Coffee Services

764 - 7th Street S.E., MEDICINE HAT, ALBERTA T1A 1K6
PHONE: (403) 526-0791 or (403) 526-0789 FAX: (403) 526-2019



DATE
01/13/14

P.O. NUMBER	JOB REFERENCE	CUST. NO.	SHIP VIA	CODE	PAGE
140113-155938				HO 01	

SOLD
TO SAME

SHIP
TO: CYPRESS-MED. HAT CONSTITUENCY
#5 - 1299 TRANS CANADA WAY SE
MEDICINE HAT
(403) 528-2191

ORDER	SHIP	LINE	ITEM NO.	DESCRIPTION	UNIT PRICE	PER	EXT. PRICE	G.S.T.	DUTY	P.S.T.
4	4	INS01	K-COL-EXCELNCIA	[24]TIMOTHY'S 4108EA	16.00	E	64.00			
2	2	2HOT1	K-CAFEHOT-CHOCL	[24]CAFE HOTCH006815EA	19.00	E	38.00			
1	1	6GLA2	GN	FUEL OFFSET CHARGE	4.95	E	4.95			



PO # 153120

CE
TUES DEL PLEASE

SUB TOTALS ►

CREDIT TERMS: NET 14 DAYS, % PER MONTH (% PER ANNUM)
INTEREST WILL BE CHARGED AT
IF NOT PAID WITHIN DAYS: R100638261

106.95

TOTAL 106.95

CHARGE

INVOICE NO.

3539

I/WE HAVE CAREFULLY EXAMINED THIS INVOICE AND ALL ITEMS
HAVE BEEN RECEIVED EXCEPT THOSE NOTED. BREWMASTER WILL
NOT BE RESPONSIBLE FOR SHORTAGES AND DAMAGES AFTER THIS
INVOICE IS SIGNED. NO RETURNS WITHOUT PRIOR APPROVAL.

SIGNATURE

Shelley Barb

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Shelley Beck

Expense Category: Hosting

For hosting, select one:

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

Purpose:

Town hall hosting

REAL CANADIAN
Superstore

#1550 - MEDICINE HAT, ALBERTA
(403) 528-5727
Big on Fresh, Low on Price

BAKERY

05148301014	OAT CHOC CKIES	R	5.79
05146301031	CHOC CHP COOKIE	R	2.48
46036369446	COOKIE CHC CHIP	R	7.49

MEAT

15.76

-----TRANSACTION RECORD-----
GLOBAL PAYMENTS MERCHANT # 9084799
Superstore
1792 Trans Canada Way S.E.
Medicine Hat AB
STORE 01550 TERM 20155007C
IP # 107300 REG 7
RETAIN THIS COPY FOR YOUR RECORDS
** Purchase ** Swipe(F)

DATE TIME AMOUNT
03/05/2014 17:35:08 \$ 107.79

APPROVED

Signature Required

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Shelley Beck

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Town hall hosting

Sobeys

Corner one Sobeys
1960 Strachan Road E.
403.504.5400
GST #802020206 RT0001

Served by: Cayden

Db1ChcChnk 27975000000 \$4.99 D
0atml/Rsn 27975300000 \$4.99 D

CLIENT ID 9803
TERMINAL ID 003
** PURCHASE
CARD MasterCard

INSERTED

** \$ 82.98
RCPT 4475000

APPL. MasterCard
AID A0000000041010
TVR 0000008000

TSI E800

APPROVED

Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Brewmaster

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Coffee for office



BREWMASTER

Wholesale Foods & Coffee Services

764 - 7th Street S.E., MEDICINE HAT, ALBERTA T1A 1K6
PHONE: (403) 526-0791 or (403) 526-0789 FAX: (403) 526-2019



DATE

02/27/14

APR 09 2014

P.O. NUMBER	JOB REFERENCE	CUST. NO.	SHIP VIA	CODE	PAGE
140227-150148				HO	01

SOLD TO: SAME

SHIP TO: CYPRESS-MED. HAT CONSTITUENCY
#5 - 1299 TRANS CANADA WAY SE
MEDICINE HAT
(403) 528-2191

ORDER	SHIP	LINE	ITEM NO.	DESCRIPTION	UNIT PRICE	PER	EXT. PRICE	G.S.T.	DUTY	P.S.T.
2	2	2HOT1	K-CAFEHOT-CHOC	[24]CAFE HOTCHOC06815EA	19.00	E	38.00			
1	1	1NS01	K-DECF-COLOMB	[24]K-TOMOTHY'S 4110EA	16.00	E	16.00			
1	1	1NS01	K-COL-EXCELNCIA	[24]TIMOTHY'S 4108EA	16.00	E	16.00			
1	1	6GLA2	6PN	FUEL OFFSET CHARGE	4.95	E	4.95			

MC 152411

WB
FRIDAY DEL

SUB TOTALS

74.95

CREDIT TERMS: NET 14 DAYS, %
INTEREST WILL BE CHARGED AT % PER MONTH (% PER ANNUM)
IF NOT PAID WITHIN DAYS.

TOTAL

74.95

CHARGE

INVOICE NO

8829

I/WE HAVE CAREFULLY EXAMINED THIS INVOICE AND ALL ITEMS
HAVE BEEN RECEIVED EXCEPT THOSE NOTED. BREWMASTER WILL
NOT BE RESPONSIBLE FOR SHORTAGES AND DAMAGES AFTER THIS
INVOICE IS SIGNED. NO RETURNS WITHOUT PRIOR APPROVAL.

SIGNATURE

[Signature]

Personal Expense Claim Receipt Description

Member Name: Drew BarnesClaimant Name: Drew BarnesExpense Category: Hosting

For hosting, select one:

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

Purpose:

Hosting supplies for office

SAFewaySTORE MGR MIKE BAHRY 403-527-7537
GST/HST #817093735

GROCERY

ROGERS SUGAR WHITE	3.56
**** TAX .00 BAL	3.56
CASH	10.00

PENNY ROUNDING	.01
CHANGE	6.45

TOTAL NUMBER OF ITEMS SOLD = 1
11/26/13 12:26 0200 12 0118 0227Join the Safeway Club today.
Membership is Free and Instant.

YOUR CASHIER TODAY WAS ANNE

LET US HEAR FROM YOU!
1-800-723-3929 OR VISIT SAFEWAY.CA