LEGISLATIVE ASSEMBLY OF ALBERTA
Member Expense Disclosure Report
Cypress-Medicine Hat - Drew Barnes
For Expenses Processed Oct 1 - Dec 31, 2014

	Budget	Used this Quarter	Used To-Date
Financial Reporting - $ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - $		$2,000.81	$6,117.32
Member Parking - $	$900.00	$85.00	$128.81
Member Travel (overnight stay in constituency) - $			
Member Travel (Extraordinary Accommodation) - $			$591.15
Taxi, Bus Travel - $		$267.70	$908.06
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - $			
Member Travel (Meal Per Diems) - $		$169.29	$1,057.62
Other			
Hosting - $		$314.32	$628.45
Non-Financial Reporting			
Member Travel - Accommodation			
Edmonton Accommodation Allowance (days; 120 max)	120	3	19
Travel Accommodations Allowance (days; 10 max)	10		3
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	80,000	6,910	22,522
Special Trips (5 trips per year) - NF	5	1	2
Travel To and From the Capital			
Travel by Air, Bus or Train (Unlimited Trips) - NF		1	6
Use of a Private Automobile (52 trips per year) - NF	52	1	2
Other Travel			
Vehicle Rental (5 Days maximum anywhere in Alberta) - NF	5		

$ - Reported on CAD dollar amount of actual expense
NF - Reported based on number of trips, number of kilometres, or number of days
Budget reported is the maximum annual amount that may be claimed

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

Element Fleet Management

element

BFDF290001

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

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

CLIENT NO.
NO DU CLIENT [redacted]
INVOICE DATE
DATE DE LA FACTURE 11/01/14
INVOICE NO.
NO DE LA FACTURE 0006166908

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
[redacted]	D BARNES		[redacted]		000402616205 10/19/14	SHELL CANADA INC MEDICINE HAT AB	UNLEADED REGULAR GASOLINE	86.8	1.13	93.33		
							GST-HST / TPS-TVH				4.67	
							REF GST-HST / TPS-TVH REF				4.67	
							** REF NO TOT / TOT NO REF **					98.00
							TOTAL / TOTAL			93.33	4.67	98.00
					000402541324 10/16/14	SHELL CANADA INC RED DEER AB	UNLEADED REGULAR GASOLINE	82.8	1.12	88.24		
							GST-HST / TPS-TVH				4.41	
							REF GST-HST / TPS-TVH REF				4.41	
							** REF NO TOT / TOT NO REF **					92.65
							TOTAL / TOTAL			88.24	4.41	92.65
					000402427073 10/15/14	SHELL CANADA INC CALGARY AB	UNLEADED REGULAR GASOLINE	77.7	1.16	85.71		
							GST-HST / TPS-TVH				4.29	
							REF GST-HST / TPS-TVH REF				4.29	
							** REF NO TOT / TOT NO REF **					90.00
							TOTAL / TOTAL			85.71	4.29	90.00
					000402190874 10/10/14	SHELL CANADA INC MEDICINE HAT AB	UNLEADED REGULAR GASOLINE	82.1	1.13	88.27		
							GST-HST / TPS-TVH				4.41	
							REF GST-HST / TPS-TVH REF				4.41	
							** REF NO TOT / TOT NO REF **					92.68
							TOTAL / TOTAL			88.27	4.41	92.68
					000402129210 10/09/14	SHELL CANADA INC MEDICINE HAT AB	UNLEADED REGULAR GASOLINE	49.8	1.13	53.49		
							GST-HST / TPS-TVH				2.68	
							REF GST-HST / TPS-TVH REF				2.68	
							** REF NO TOT / TOT NO REF **					56.17
							TOTAL / TOTAL			53.49	2.68	56.17
					000401817027 10/06/14	SHELL CANADA INC STRATHMORE AB	UNLEADED PREMIUM GASOLINE	56.7	1.39	74.96		
							GST-HST / TPS-TVH				3.75	
							REF GST-HST / TPS-TVH REF				3.75	
							** REF NO TOT / TOT NO REF **					78.71
							TOTAL / TOTAL			74.96	3.75	78.71
					000402489200 10/05/14	PETRO CANADA MEDICINE HAT AB	UNLEADED PREMIUM GASOLINE	50.4	1.29	61.90		
							GST-HST / TPS-TVH				3.10	
							REF GST-HST / TPS-TVH REF				3.10	
							** REF NO TOT / TOT NO REF **					65.00
							TOTAL / TOTAL			61.90	3.10	65.00
					000401753859 10/04/14	SHELL CANADA INC MEDICINE HAT AB	UNLEADED REGULAR GASOLINE	83.8	1.13	90.13		
							GST-HST / TPS-TVH				4.51	
							REF GST-HST / TPS-TVH REF				4.51	
							** REF NO TOT / TOT NO REF **					94.64
							TOTAL / TOTAL			90.13	4.51	94.64
					000402193044 10/02/14	FEDERATED COOPERATIVES LIMITED MEDICINE HAT AB	UNLEADED REGULAR GASOLINE	65.0	1.11	68.65		
							GST-HST / TPS-TVH				3.43	
							REF GST-HST / TPS-TVH REF				3.43	

BLG871

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

Element Fleet Management

element

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DETAILS SERVICES DE GESTION DE PARC

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
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CLIENT NO.
NO DU CLIENT [redacted]
INVOICE DATE
DATE DE LA FACTURE 11/01/14
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NO DE LA FACTURE 0006166908

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
[redacted]	D BARNES	[redacted]						** REF NO TOT / TOT NO REF **					72.08
								TOTAL / TOTAL			68.65	3.43	72.08
					000401386392 09/27/14	SHELL CANADA INC MEDICINE HAT	AB	UNLEADED REGULAR GASOLINE	60.4	1.11	63.82		
								GST-HST / TPS-TVH				3.19	
								REF GST-HST / TPS-TVH REF				3.19	
								** REF NO TOT / TOT NO REF **					67.01
								TOTAL / TOTAL			63.82	3.19	67.01
					000401101702 09/22/14	SHELL CANADA INC MEDICINE HAT	AB	UNLEADED REGULAR GASOLINE	87.5	1.11	92.38		
								GST-HST / TPS-TVH				4.62	
								REF GST-HST / TPS-TVH REF				4.62	
								** REF NO TOT / TOT NO REF **					97.00
								TOTAL / TOTAL			92.38	4.62	97.00
					000401030933 09/19/14	SHELL CANADA INC MEDICINE HAT	AB	UNLEADED REGULAR GASOLINE	91.1	1.11	96.19		
								GST-HST / TPS-TVH				4.81	
								REF GST-HST / TPS-TVH REF				4.81	
								** REF NO TOT / TOT NO REF **					101.00
								TOTAL / TOTAL			96.19	4.81	101.00
		UNIT TOTAL / TOT UNITE						FUEL QTY / QTE CARB	874.1				
								TOT CHARGES / TOT FRAIS			957.07		
								TOT GST-HST / TOT TPS-TVH				47.87	
								UNIT TOTAL / TOT UNITE					1,004.94
	BKDN TOTALS / TOTAUX CODIFICATION 01-55	UNITS / VEHIC 1						FUEL QTY / QTE CARB	874.1				
								TOT CHARGES / TOT FRAIS			957.07		
								GST-HST/TPS-TVH				47.87	
								BKDN TOTALS / TOTAUX CODIFICATION					1,004.94

BLG871

GST-HST REG. NO / NO ENRG TPS-TVH R104164223
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CLIENT NO.
NO DU CLIENT [redacted]
INVOICE DATE
DATE DE LA FACTURE 12/01/14
INVOICE NO.
NO DE LA FACTURE 0006177253

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
[redacted]	D BARNES		[redacted]		000404294391	SHELL CANADA INC		UNLEADED REGULAR GASOLINE	90.1	1.00	85.71		
					11/16/14	BLACKFALDS	AB	GST-HST / TPS-TVH				4.29	
								MISCELLANEOUS	1.0	5.99	5.99		
								GST-HST / TPS-TVH				.30	
								REF GST-HST / TPS-TVH REF				4.59	
								** REF NO TOT / TOT NO REF **					96.29
								TOTAL / TOTAL			91.70	4.59	96.29
					000404241509	PETRO CANADA		UNLEADED REGULAR GASOLINE	61.9	1.02	60.08		
					11/14/14	MEDICINE HAT	AB	GST-HST / TPS-TVH				3.00	
								REF GST-HST / TPS-TVH REF				3.00	
								** REF NO TOT / TOT NO REF **					63.08
								TOTAL / TOTAL			60.08	3.00	63.08
					000404241511	PETRO CANADA		UNLEADED REGULAR GASOLINE	79.6	1.20	90.96		
					11/12/14	CALGARY	AB	GST-HST / TPS-TVH				4.55	
								REF GST-HST / TPS-TVH REF				4.55	
								** REF NO TOT / TOT NO REF **					95.51
								TOTAL / TOTAL			90.96	4.55	95.51
					000404142049	SHELL CANADA INC		UNLEADED REGULAR GASOLINE	77.9	1.02	75.57		
					11/11/14	AIRDRIE	AB	GST-HST / TPS-TVH				3.78	
								REF GST-HST / TPS-TVH REF				3.78	
								** REF NO TOT / TOT NO REF **					79.35
								TOTAL / TOTAL			75.57	3.78	79.35
					000404241508	PETRO CANADA		UNLEADED REGULAR GASOLINE	55.9	1.03	54.74		
					11/11/14	MEDICINE HAT	AB	GST-HST / TPS-TVH				2.74	
								REF GST-HST / TPS-TVH REF				2.74	
								** REF NO TOT / TOT NO REF **					57.48
								TOTAL / TOTAL			54.74	2.74	57.48
					000403708954	SHELL CANADA INC		UNLEADED REGULAR GASOLINE	91.6	1.03	89.81		
					11/09/14	MEDICINE HAT	AB	GST-HST / TPS-TVH				4.49	
								REF GST-HST / TPS-TVH REF				4.49	
								** REF NO TOT / TOT NO REF **					94.30
								TOTAL / TOTAL			89.81	4.49	94.30
					000404214229	HUSKY OIL		ETHANOL BLEND	82.2	1.07	83.75		
					11/04/14	MEDICINE HAT	AB	GST-HST / TPS-TVH				4.08	
								REF GST-HST / TPS-TVH REF				4.08	
								** REF NO TOT / TOT NO REF **					87.83
								SUBTOTAL / SOUS TOT			83.75	4.08	87.83
								DISCOUNT / RABAIS			.82-		.82-
								TOTAL / TOTAL			82.93		87.01
					000404098238	IMPERIAL OIL		UNLEADED REGULAR GASOLINE	87.6	1.06	88.31		
					11/02/14	STRATHMORE	AB	GST-HST / TPS-TVH				4.42	
								REF GST-HST / TPS-TVH REF				4.42	
								** REF NO TOT / TOT NO REF **					92.73
								TOTAL / TOTAL			88.31	4.42	92.73

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

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CLIENT NO.
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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
[redacted]	D BARNES		[redacted]		000404657934 10/30/14	FEDERATED COOPERATIVES LIMITED BOW ISLAND AB	UNLEADED REGULAR GASOLINE	64.2	1.09	66.67		
							GST-HST / TPS-TVH				3.33	
							REF GST-HST / TPS-TVH REF				3.33	
							** REF NO TOT / TOT NO REF **					70.00
							TOTAL / TOTAL			66.67	3.33	70.00
					000404241510 10/28/14	PETRO CANADA MEDICINE HAT AB	UNLEADED REGULAR GASOLINE	63.2	1.10	66.18		
							GST-HST / TPS-TVH				3.31	
							REF GST-HST / TPS-TVH REF				3.31	
							** REF NO TOT / TOT NO REF **					69.49
							TOTAL / TOTAL			66.18	3.31	69.49
					000404098237 10/09/14	IMPERIAL OIL LEDUC AB	ETHANOL REGULAR GRADE	79.9	1.12	85.17		
							GST-HST / TPS-TVH				4.26	
							REF GST-HST / TPS-TVH REF				4.26	
							** REF NO TOT / TOT NO REF **					89.43
							TOTAL / TOTAL			85.17	4.26	89.43
		UNIT TOTAL / TOT UNITE					FUEL QTY / QTE CARB	834.1				
							TOT CHARGES / TOT FRAIS			852.94		
							TOT GST-HST / TOT TPS-TVH				42.55	
							UNIT TOTAL / TOT UNITE					895.49
							DISCOUNT / RABAIS					.82-
							TOTAL / TOTAL					894.67
	BKDN TOTALS / TOTAUX CODIFICATION 01-55	UNITS / VEHIC 1					FUEL QTY / QTE CARB	834.1				
							TOT CHARGES / TOT FRAIS			852.94		
							GST-HST/TPS-TVH				42.55	
							BKDN TOTALS / TOTAUX CODIFICATION					895.49
							DISCOUNT / RABAIS					.82-
							TOTAL / TOTAL					894.67

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

LEGISLATIVE ASSEMBLY OF ALBERTA

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:

Medicine Hat Husky TC

561 1SSt SW
Medicine Hat AB T1A 4W2
(403) 527-5561
GST# 831144811 Merchant ID:4510509
Receipt /1508031
Type SALE

Qty Name	Price	Total
1.94 GAS	$ 1.319	$ 75.43
Pump: 4		
Litres: 57.187		
Subtotal		$ 75.43
GST / HST Fuel		$ 3.59
Total Purchase	$	$ 75.43 75.43

[redacted]

[redacted]VISA
08/15/2014 10:40:29
[redacted]971EK 71 RESP:001 TSO:00
Ref:160001001043 [redacted]
AID: A0000000031010
TVR: 0000008000 TSI: F800

Approved

No Signature Required

8/15/14 10:40:31 AM

Pos:71 Cashier:13 Store:5229

Earn FREE fuel faster.

Reimburse SM Visa

LEGISLATIVE ASSEMBLY OF ALBERTA

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 #: [redacted]

62954

INVOICE

PAGE 1

SunCountry Nissan
NISSAN
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

[redacted]

SERVICE ADVISOR: 156 SHEILA YANKE

[redacted]

LINE	OPCODE	TECH	TYPE	HOURS		LIST	NET	TOTAL
A	MAINTENANCE 2							
	MA2	MAINTENANCE 2						
		124	C	0.90			80.51	80.51
	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

PARTS: 37.60 LABOR: 80.51 OTHER: 0.85 TOTAL LINE A: 118.96

52201 Performed vehicle maintenance inspection 2. checked windshield washer system, lights and fluids. tire pressures at 35psi all around. tire tread depths at 4/32 front tires, 4/32 rr and 5/32 lr. To extend life on tires I did not perform tire rotation at this point. brake wear at 7mm front and 8mm rear. checked under carriage and suspension. replaced engine oil and filter.

[redacted]

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.

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

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.

CUSTOMER SIGNATURE

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

CUSTOMER COPY

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:

Sept 12 - Medicine Hat College - to attend planning session
Sept 9 - Caucus meeting
Sept 24-25 - to attend AUMA convention

VINCI Park
Centennial
Lot #016

PARKING

2014/09/09 15:14

Paid: $ 22.00
[redacted]
Ticket:BAJ6QTV2H8

Thank you
GST # 12099-6095
Monthly Parking Available
(403) 296-1820
(Exit1)

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:

Sept 12 - Medicine Hat College - to attend planning session
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Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Drew Barnes

Expense Category: Member Parking

For hosting, select one:

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

Purpose:

Sept 12 - Medicine Hat College - to attend planning session
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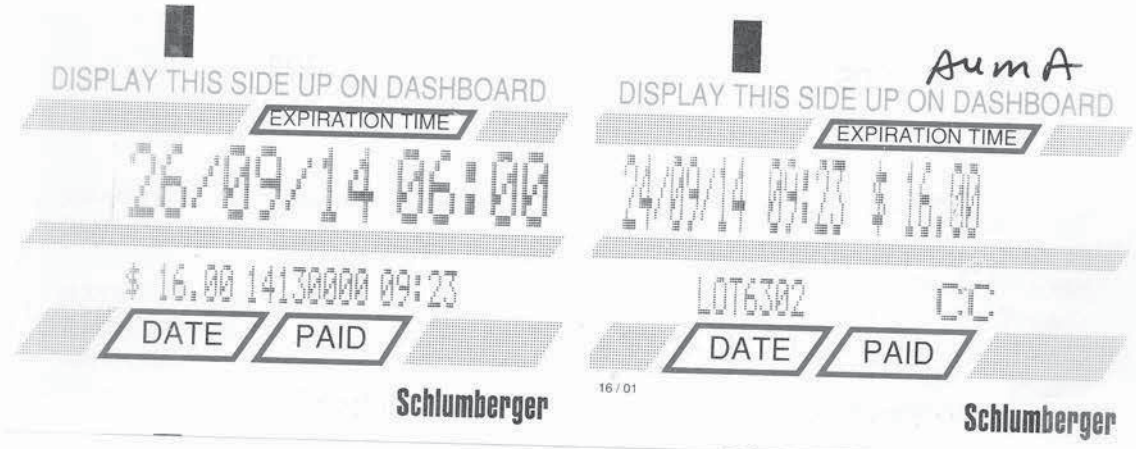
Sept 24-25 - to attend AUMA convention



LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: DREW BARNES

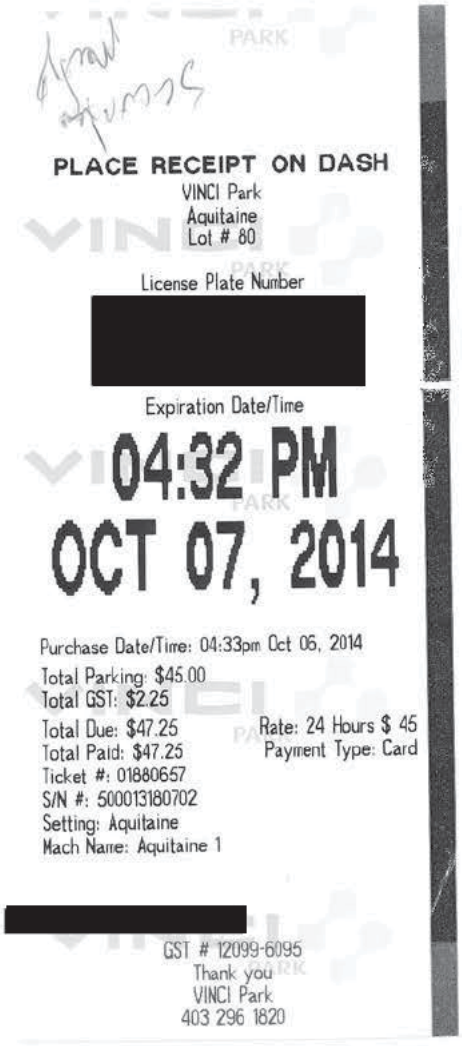
Claimant Name: DREW BARNES

Expense Category: Member Parking

For hosting, select one:

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

Purpose:



PLACE RECEIPT ON DASH

VINCI Park
Aquitaine
Lot # 80

License Plate Number

[redacted]

Expiration Date/Time

04:32 PM
OCT 07, 2014

Purchase Date/Time: 04:33pm Oct 05, 2014
Total Parking: $45.00
Total GST: $2.25
Total Due: $47.25
Total Paid: $47.25
Ticket #: 01880657
S/N #: 500013180702
Setting: Aquitaine
Mach Name: Aquitaine 1

Rate: 24 Hours $ 45
Payment Type: Card

[redacted]

GST # 12099-6095
Thank you
VINCI Park
403 296 1820

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

[redacted]

Date
October 16, 2014

[redacted]

Statement includes payments and charges received by October 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.

3344

[redacted]

Listing of Charges and Credits

Amount $

[redacted]

New Transactions for D BARNES MLA

Amount $

[redacted]

September 24	**AIRPORT TAXI SERVICE EDMONTON** TAXICABS AND LIMOUSINES	**65.00**
September 25	**YELLOW CAB 450241247 EDMONTON** TAXICABS AND LIMOUSINES	**58.30**

[redacted]

[redacted]

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

[redacted]

000276

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

[redacted]

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

[redacted]

Date
November 16, 2014

[redacted]

Statement includes payments and charges received by November 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.

3234

[redacted]

Listing of Charges and Credits

Amount $

[redacted]

New Transactions for D BARNES MLA

Amount $

[redacted]

October 29	**ASSOCIATED CAB//ALLI CALGARY** TAXICABS AND LIMOUSINES	**50.00**

[redacted]

[redacted]

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

[redacted]

000275

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

[redacted]

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: _____

Purpose:

DELUXE CENTRAL TAXI 41
656 3 ST SE
MEDICINE HAT,AB
T1A 0H5
403-581-6310

SALE

Server #: 000001
MID: 8027638496
TID: 00892500080276384960000
REF#: 00000004
Batch #: 020
10/22/14 03:48:16
APPR CODE: [redacted]
Trace: 4
VISA [redacted] Chip
/

AMOUNT	**$20.90**
TIP	**$3.14**
TOTAL	**$24.04**

APPROVED

SCOTIABANK VISA
AID: A0000000031010
TVR: 00 00 00 80 00
TSI: F8 00

THANK YOU / MERCI

CUSTOMER COPY

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: _____

Purpose:

CARE CAB 1
232 MAPLE AVE SE
MEDICINEHAT AB T1A 3A4
403-529-2211

TERMINAL ID.: 9909209A

VISA [redacted] XP:**/**** CHIP

EMV SALE
BATCH: 000042 INV: 000015
Oct 24, 2014 03:07
SCOTIABANK VISA
AID: A0000000031010
TVR: 40 00 00 80 00
TSI: F8 00
TC: 0E7D66A8937[illegible]1AA8
RRN: 004200[illegible] AUTH #: [redacted]

TRN REF#: 464297258342888

SALE AMT CAD$18.50

TIP CAD$2.77

TOTAL CAD$21.27

RESP CD: /00
APPROVED

DREW.MR BARNES

THANK YOU!
PLEASE COME AGAIN!

CUSTOMER COPY

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: _____

Purpose:

3 taxi receipts to travel to/from airport (don't accept AMEX in Medicine Hat)

CAR 26
232 MAPLE AVE. SE T1A3A4
MEDICINE HAT AB
22335893
GH2233589301 taxi

**** PURCHASE ****

08-23-2014 16:30:45

[redacted]

Name: MR DREW BARNES
A0000000031010 SCOTIABANK VISA

Trace # 87
Inv. # 90
[redacted] RRN 001295004

Purchase $17.50
Tip $3.50
Total $21.00

(00) APPROVED-THANK YOU

reimburse for airport

Retain this copy for your records
Customer copy

my file

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: _____

Purpose:

3 taxi receipts to travel to/from airport (don't accept AMEX in Medicine Hat)

RECEIPT DATE Sept 2

From: [redacted]

To: Airport

Driver: Sandy

Amount: 21.00 Car# 1

Thank You Have a Nice Day

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Drew Barnes

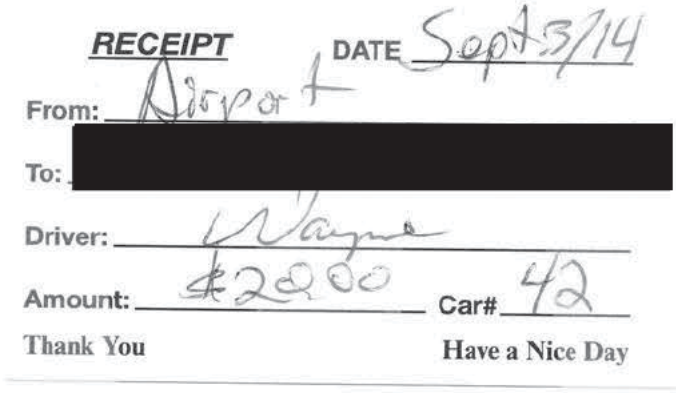
Expense Category: Taxi, Bus Travel

For hosting, select one:

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

Purpose:

3 taxi receipts to travel to/from airport (don't accept AMEX in Medicine Hat)



RECEIPT DATE Sept 3/14

From: Airport

To: [redacted]

Driver: Wayne

Amount: $20.00 Car# 42

Thank You Have a Nice Day

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: September **Year:** 2014 **Employee #:** [redacted]

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal B	Meal L	Meal D	Subtotal	G.S.T.	Total
1			☐	☐	☐			
2	Travel to/from Capital	Calgary/Edmonton/Edmonton	☒	☒	☒	39.57	1.98	41.55
3			☐	☐	☐			
4			☐	☐	☐			
5			☐	☐	☐			
6			☐	☐	☐			
7			☐	☐	☐			
8			☐	☐	☐			
9	Travel to/from Capital	Calgary/Calgary/Edmonton	☒	☒	☒	39.57	1.98	41.55
10	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
11			☐	☐	☐			
12			☐	☐	☐			
13	[redacted]		☐	☐	☐			
14			☐	☐	☐			
15			☐	☐	☐			
16			☐	☐	☐			
17			☐	☐	☐			
18			☐	☐	☐			
19			☐	☐	☐			
20			☐	☐	☐			
21			☐	☐	☐			
22			☐	☐	☐			
23			☐	☐	☐			
24	Travel to/from Capital	Calgary/Edmonton	☐	☒	☒	30.81	1.54	32.35
25	Travel to/from Capital	Edmonton	☐	☐	☒	19.76	0.99	20.75
26			☐	☐	☐			
27			☐	☐	☐			
28			☐	☐	☐			
29			☐	☐	☐			
30			☐	☐	☐			
31			☐	☐	☐			
					Grand Total	$169.29	$8.46	$177.75

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

Oct 2, 2014

Date

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Drew Barnes

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

To discuss local concern.

44

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

Date: Sep 26, 2014 Time: 08:46:19
Table # 44 Bill # 13
Silver Cashier

TERM ID : 66215650

[redacted]

Order ID : 01-092614084614
REF NUM : 0015570030 C
APP LABEL : SCOTIABANK VISA
EMV AID : A0000000031010
ARQC TVR : 0000008000
ARQC : 84FAF8FEC14A7783

VISA
PURCHASE

$ 31.27

TIP: 4.69

TOTAL: 35.96

VERIFIED BY PIN

01 APPROVED - THANK YOU 027

IMPORTANT
retain this copy for your records

Customer Copy

const front

#44

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

Date: Sep 26, 2014 Time: 08:28AM
Server: Kevin # Guest: 2
Bill: 0013 Table : 44

2	Coffee	5.50
1	All Canadian	10.49
1	Tremendous 12	13.79
	Subtotal	29.78
	GST	1.49
Total		31.27
		4.69
		35.96

Open Time : Sep 26, 2014 07:50AM

Your feedback is important to us
Complete a survey about your
visit within the next
3 days and get

10 % Off YOUR NEXT VISIT

Go to
www.perkinsexperiencesurvey.com

Write validation code here:

Store # 3882

No purchase necessary.
Official rules at
perkinsrestaurants.com/rules

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Brewmaster Coffee

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Coffee for office

$48.00 = hosting

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 09/22/14

CLOSED FOR INVENTORY 12:00 PM FRIDAY SEP 19 TO 8:30 AM MONDAY SEP 22

P.O. NUMBER	JOB REFERENCE	CUST. NO.	SHIP VIA	CODE	PAGE
140922-034612		[redacted]		HO	01

SOLD TO: SAME

SHIP TO: CYPRESS-MEDICINE HAT CONSTITUENCY
#5 - 1299 TRANS CANADA WAY SE
MEDICINE HAT
(403)528-0791

ORDER	SHIP	LINE	ITEM NO.	DESCRIPTION	UNIT PRICE	PER	EXT. PRICE	G.S.T.	DUTY	P.S.T.
3	3	[redacted]	K-COLUMBIAN-	[24]VAN HOUTTE 33717EA	16.00	E	[redacted]			
1		2TS01	K-CHAI-TEA	[24]TIMOTHY'S 41566EA	16.00	E	backordered			

MCA 162994

SUB TOTALS ▶ [redacted]

DR
MONDAY DELIVERY

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

CHARGE

GST #: R100638261

INVOICE NO. 33969

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

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: DREW BARNES

Claimant Name: BREWMASTER

Expense Category: Hosting

For hosting, select one:

- [x] Individual Constituent(s)
- [ ] Individual Stakeholder(s)
- [ ] Group: _____

Purpose:

Coffee/Tea 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: 10/15/14

P.O. NUMBER	JOB REFERENCE	CUST. NO.	SHIP VIA	CODE	PAGE
141015-161158		[redacted]		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.
1	1	~~21501~~	K-CHAI-TEA	[24]TIMOTHY'S 4156EA	16.00	E	16.00			

MLA 158227

OCT 30 2014
LEGISLATIVE ASSEMBLY BY OFFICE ALBERTA

WB
THURS DEL
ALOC

SUB TOTALS ▶ 16.00

CREDIT TERMS: NET 14 DAYS. % DAYS.

INTEREST WILL BE CHARGED AT % PER MONTH (% PER ANNUM)

IF NOT PAID WITHIN DAYS.

TOTAL 16.00

CHARGE

GST #: R100638261

INVOICE NO. 37058

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

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 10/27/14

P.O. NUMBER	JOB REFERENCE	CUST. NO.	SHIP VIA	CODE	PAGE
141027-120752		[redacted]			01

NOV 06 2014

SOLD TO: SAME

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

R

ORDER	SHIP	LINE	ITEM NO.	DESCRIPTION	UNIT PRICE	PER	EXT. PRICE	G.S.T.	DUTY	P.S.T.
2	2	[redacted]	K-DONUT-HOUSE	[24]DONUT HOUSE86534EA	16.00	E	32.00			
2	2	[redacted]	K-PIKE.PLCE-RST	[24]12GM PIKE R09572EA	16.00	E	32.00			
2	2	[redacted]	K-COL-EXCELNCIA	[24]TIMOTHY'S 01143EA	16.00	E	32.00			
2	2	[redacted]	K-CAFEHOT-CHOCL	[24]CAFE HOTCHO0601SEA	18.00	E	36.00			
1	1	[redacted]	K-CHAI-TEA	[24]TIMOTHY'S 4156EA	16.00	E	16.00			
2	2	[redacted]	SHAK/COFFEEMATE	[1]311GM COFFEEATE SHKR	2.75	E	5.50		3	
1	1	[redacted]	GRAN/WH/ALBERTA	[1]4KG GRAN SUGAR	7.40	E	7.40		A-3	
1	1	66LA2	GPN	FUEL OFFSET CHARGE	4.95	E	4.95			

MCA158233

WB [redacted] WEDS DEL

SUB TOTALS ▶ 165.85

CREDIT TERMS: NET 14 DAYS, % DAYS.

INTEREST WILL BE CHARGED AT % PER MONTH (% PER ANNUM)

IF NOT PAID WITHIN DAYS.

TOTAL 165.85

CHARGE

GST #: R100638261

INVOICE NO. 38498

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 X K Bullock

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: VaLinda Ivanics

Expense Category: Hosting

For hosting, select one:

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

Purpose:

Tray of goodies for office grand opening

Alice Strain
Box 211 Foremost
Alta
T0K 0X0

DATE Oct 8/14

NAME Drew Barnes

ADDRESS

SOLD BY	COD	CHARGE	ON ACCOUNT	AMOUNT FWD.

1		
2	1 Tray of Goodies	
3		
4		$ 50.00
5		
6		
7		
8		
9		
10	Thank-You	
	GST	
TAX REG. No.:	PST	
10	TOTAL	
	RECEIVED BY	

SALES BOOK 30E