

LEGISLATIVE ASSEMBLY OF ALBERTA
Member Expense Disclosure Report
Cypress-Medicine Hat - Drew Barnes
For Expenses Processed Jan 1 - Mar 31, 2015

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$3,356.84	\$9,474.16
Member Parking - \$	\$900.00	\$108.97	\$237.78
Member Travel (overnight stay in constituency) - \$		\$616.40	\$1,207.55
Member Travel (Extraordinary Accommodation) - \$		\$317.43	\$1,225.49
Taxi, Bus Travel - \$			
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$		\$1,121.15	\$2,178.77
Member Travel (Meal Per Diems) - \$			
Other			
Hosting - \$		\$452.97	\$1,081.42
Non-Financial Reporting			
Member Travel - Accommodation			
Edmonton Accommodation Allowance (days; 120 max)	120	26	45
Travel Accommodations Allowance (days; 10 max)	10	3	6
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	80,000	20,760	43,282
Special Trips (5 trips per year) - NF	5	1	3
Travel To and From the Capital			
Travel by Air, Bus or Train (Unlimited Trips) - NF		2	8
Use of a Private Automobile (52 trips per year) - NF	52	5	7
Other Travel			
Vehicle Rental (5 Days maximum anywhere in Alberta) - NF	5		

\$ - Reported on CAD dollar amount of actual expense

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

Budget reported is the maximum annual amount that may be claimed

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

Element Fleet Management



BFD290001

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

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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 DATE DE LA FACTURE	01/01/15
INVOICE NO. NO DE LA FACTURE	0006190888

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				000406431518 12/22/14	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	40.3	.86	33.12	1.66 1.66	34.78 34.78
					000406319941 12/19/14	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	85.8	.87	71.43	3.57 3.57	75.00 75.00
					000405814244 12/11/14	SHELL CANADA INC 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	87.2 1.0	.91 5.50	75.49 5.50	3.77 .28 4.05	85.04 85.04
					000406186269 12/07/14	PETRO CANADA RED DEER 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	77.4 1.0	.92 12.99	68.10 12.99	3.41 .64 4.05	85.14 85.14
					000405877592 12/06/14	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	32.2 2.0	.94 3.75	28.68 7.49	1.43 1.43	37.60 37.60
					000405384800 12/05/14	SHELL CANADA INC COALDALE AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	20.7	1.00	19.72	.99 .99	20.71 20.71
					000405073092 11/28/14	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	55.1	1.03	53.99	2.70 2.70	56.69 56.69
					000405949863 11/28/14	HUSKY OIL EDMONTON AB	ETHANOL BLEND GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF **	71.5	.98	66.76	3.24 3.24	70.00

BLG871

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

Element Fleet Management



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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. [REDACTED]
NO DU CLIENT [REDACTED]
INVOICE DATE 01/01/15
DATE DE LA FACTURE
INVOICE NO. 0006190888
NO DE LA FACTURE

UNIT NO NO. D'UNITE	DRIVER NAME DRIVER ID. NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V.I.N. NO. DE SERIE	CARD NO. NO. DE CARTE	KM AUTHORISE KM AUTORISE	REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION DESCRIPTION DES FRAIS	QTY QTE	UNIT COST COUT UNIT	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DUE MONTANT TOTAL DU
[REDACTED]	D BARNES	[REDACTED]	[REDACTED]				SUBTOTAL / SOUS TOT			66.76	3.24	70.00
							DISCOUNT / RABAIS			.72-		.72-
							TOTAL / TOTAL			66.04		69.28
					000405120912	FEDERATED COOPERATIVES LIMITED	UNLEADED REGULAR GASOLINE	84.2	1.02	81.76		
					11/22/14	CASTOR AB	GST-HST / TPS-TVH				4.09	
							REF GST-HST / TPS-TVH REF				4.09	
							** REF NO TOT / TOT NO REF **					85.85
							TOTAL / TOTAL			81.76	4.09	85.85
					000405691280	IMPERIAL OIL	ETHANOL REGULAR GRADE	89.1	1.08	91.51		
					11/20/14	BASSANO AB	GST-HST / TPS-TVH				4.58	
							REF GST-HST / TPS-TVH REF				4.58	
							** REF NO TOT / TOT NO REF **					96.09
							TOTAL / TOTAL			91.51	4.58	96.09
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB	643.5				
							TOT CHARGES / TOT FRAIS			616.54		
							TOT GST-HST / TOT TPS-TVH				30.36	
							UNIT TOTAL / TOT UNITE					646.90
							DISCOUNT / RABAIS					.72-
							TOTAL / TOTAL					646.18
	BKDN TOTALS / TOTAUX CODIFICATION	UNITS / VEHIC	1				FUEL QTY / QTE CARB	643.5				
	01-55						TOT CHARGES / TOT FRAIS			616.54		
							GST-HST/TPS-TVH				30.36	
							BKDN TOTALS / TOTAUX CODIFICATION					646.90
							DISCOUNT / RABAIS					.72-
							TOTAL / TOTAL					646.18

BLG871

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

Element Fleet Management



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FLEET MANAGEMENT SERVICES DETAIL DETAILS SERVICES DE GESTION DE PARC PAGE - 204 OF 258 DE	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 DATE DE LA FACTURE INVOICE NO. NO DE LA FACTURE 02/01/15 0006203641
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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 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				000407960661 01/21/15	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	.74	65.71	3.29 3.29	69.00 69.00
					000407736222 01/16/15	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	89.5	.75	63.81	3.19 3.19	67.00 67.00
					000407741019 01/11/15	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	79.7 2.0	.79 3.75	59.95 7.49	3.00 3.00	70.44 70.44
					000407312593 01/10/15	SHELL CANADA INC BROOKS AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	73.7	.87	61.03	3.05 3.05	64.08 64.08
					000407065875 01/07/15	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	93.9	.81	72.38	3.62 3.62	76.00 76.00
					000406995687 01/06/15	SHELL CANADA INC COALDALE AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	86.7	.84	69.25	3.46 3.46	72.71 72.71
					000406913738 01/05/15	SHELL CANADA INC MEDICINE HAT AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	73.3	.97	67.62	3.38 3.38	71.00 71.00
					000407499509 12/27/14	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	83.8	.85	67.73	3.39 3.39	71.12 71.12
					000407122361 12/22/14	IMPERIAL OIL REDCLIFF AB	ETHANOL REGULAR GRADE GST-HST / TPS-TVH	40.3	.87	33.33	1.67	

BLG871

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

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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 02/01/15
DATE DE LA FACTURE
INVOICE NO. 0006203641
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 GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL			1.67 33.33	1.67	35.00
					000407499508 12/16/14	PETRO CANADA MEDICINE HAT	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	78.7	.89	66.67 3.33 3.33 66.67	3.33	70.00
							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	793.0		634.97 31.38		666.35
	BKDN TOTALS / TOTAUX CODIFICATION 01-55				1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	793.0		634.97	31.38	
							BKDN TOTALS / TOTAUX CODIFICATION					666.35

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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	03/01/15
DATE DE LA FACTURE	
INVOICE NO.	0006215640
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				000409410920 02/15/15	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	82.6	.87	68.32	3.42 3.42	71.74 71.74
					000409576760 02/15/15	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	54.4	.92	47.69	2.31 2.31	50.00 50.00 .54- 49.46
					000409399756 02/07/15	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	92.5	.93	81.91	4.10 4.10	86.01 86.01
					000409401609 02/07/15	FEDERATED COOPERATIVES LIMITED BROOKS AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	31.7	.93	28.11	1.41 1.41	29.52 29.52
					000408836403 02/05/15	FEDERATED COOPERATIVES LIMITED BOW ISLAND AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	90.5	.83	71.50	3.58 3.58	75.08 75.08
					000409198357 02/02/15	IMPERIAL OIL BASSANO AB	ETHANOL REGULAR GRADE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	97.2	.87	80.45	4.02 4.02	84.47 84.47
					000408476181 02/01/15	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	86.3	.83	68.11	3.41 3.41	71.52 71.52
					000409198356 02/01/15	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	73.9	.82	57.66	2.88 2.88	60.54 60.54
					000408836239	FEDERATED COOPERATIVES LIMITED	UNLEADED REGULAR GASOLINE	89.5	.82	69.86		

BLG871

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

Element Fleet Management



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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 DATE DE LA FACTURE	03/01/15
INVOICE NO. NO DE LA FACTURE	0006215640

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				01/30/15	BROOKS AB	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	6.99	6.99	3.49 .35 3.84	80.69 80.69
					000408310454 01/28/15	SHELL CANADA INC BROOKS AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	96.0	.82	74.85	3.74 3.74	78.59 78.59
					000408161199 01/26/15	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	96.6	.73	67.54	3.38 3.38	70.92 70.92
					000408441883 01/24/15	FEDERATED COOPERATIVES LIMITED MEDICINE HAT AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	86.8	.73	60.71	3.04 3.04	63.75 63.75
					000409198355 01/22/15	IMPERIAL OIL BASSANO AB	ETHANOL REGULAR GRADE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	35.0	.82	27.30	1.37 1.37	28.67 28.67
					000408093119 01/19/15	FEDERATED COOPERATIVES LIMITED BROOKS 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	92.5 1.0	.82 6.99	72.19 6.99	3.61 .35 3.96	83.14 83.14
					000409198354 01/12/15	IMPERIAL OIL BASSANO AB	ETHANOL REGULAR GRADE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	90.3	.84	72.18	3.61 3.61	75.79 75.79
					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	1195.8		962.36	48.07	1,010.43 .54- 1,009.89

BLG871

GST-HST REG. NO / NO ENRG TPS-TVH RT04164223
QST ID. NO / NO ID TVQ 1001439118

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

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DE

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	03/01/15
DATE DE LA FACTURE	
INVOICE NO.	0006215640
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
BKDN TOTALS / TOTAUX CODIFICATION 01-55					1	FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH		1195.8		962.36	48.07	
BKDN TOTALS / TOTAUX CODIFICATION DISCOUNT / RABAIS TOTAL / TOTAL												1,010.43 .54- 1,009.89

Element Fleet Management



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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 DATE DE LA FACTURE	04/01/15
INVOICE NO. NO DE LA FACTURE	0006227619

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				000411114120 03/15/15	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	48.0	.86	39.26	1.96 1.96	41.22 41.22
					000411110460 03/12/15	HUSKY OIL REDCLIFF 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	91.2	.90	78.21	3.79 3.79	82.00 82.00 .91- 81.09
					000411130167 03/11/15	111 AVENUE EDMONTON AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	96.0	.82	78.59	3.93 3.93	82.52 82.52
					000410925908 03/09/15	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	46.3	.86	38.10	1.90 1.90	40.00 40.00
					000411113787 03/09/15	SHELL CANADA INC AIRDRIE AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	71.7	.90	61.35	3.07 3.07	64.42 64.42
					000411105620 03/02/15	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	84.5	.90	72.49	3.51 3.51	76.00 76.00 .85- 75.15
					000410141042 02/27/15	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	88.1	.98	82.11	4.11 4.11	86.22 86.22
					000410321462 02/24/15	FEDERATED COOPERATIVES LIMITED BROOKS AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH MISCELLANEOUS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF	57.4 1.0	1.04 7.99	56.89 7.99	2.84 .40 3.24	

BLG871

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

Element Fleet Management



BFD290001

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

PAGE - 226 OF 283
DE

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 DATE DE LA FACTURE	04/01/15
INVOICE NO. NO DE LA FACTURE	0006227619

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 ** TOTAL / TOTAL			64.88	3.24	68.12 68.12
					000410786775 02/20/15	IMPERIAL OIL BASSANO AB	ETHANOL REGULAR GRADE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	87.7	.96	80.07	4.00 4.00	84.07 84.07
					000409708294 02/19/15	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	.87	72.85	3.64 3.64	76.49 76.49
					000409770081 02/17/15	FEDERATED COOPERATIVES LIMITED OYEN AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	45.3	.90	38.87	1.94 1.94	40.81 40.81
					000411099288 02/17/15	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	85.7	.87	71.01	3.44 3.44	74.45 74.45 .86- 73.59
					000410450587 02/16/15	FASGAS GIBBONS 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	91.9	.92	80.40	4.02 4.02	84.42 84.42 .80- 83.62
					000410786774 02/12/15	IMPERIAL OIL BROOKS AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	59.7	1.05	59.62	2.98 2.98	62.60 62.60
					000409771169 02/11/15	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	88.2	.86	72.63	3.63	83.75 83.75
						UNIT TOTAL / TOT UNITE	FUEL QTY / QTE CARB	1129.7				

BLG871

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

FLEET MANAGEMENT SERVICES DETAIL
 DETAILS SERVICES DE GESTION DE PARC

PAGE - 227 OF 283
 DE

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 04/01/15
 DATE DE LA FACTURE
 INVOICE NO. 0006227619
 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						TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE DISCOUNT / RABAIS TOTAL / TOTAL			997.93 49.16 1,047.09 3.42- 1,043.67		
BKDN TOTALS / TOTAUX CODIFICATION 01-55							FUEL QTY / QTE CARB 1129.7 TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH			997.93 49.16		
							BKDN TOTALS / TOTAUX CODIFICATION DISCOUNT / RABAIS TOTAL / TOTAL					1,047.09 3.42- 1,043.67

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:

SUN COUNTRY NISSAN
1750 GERSHAW DR SW T1A5E1
MEDICINE HAT AB
21443952

|||| PURCHASE ||||

01-23-2015 15:39:37

Acct # [REDACTED]

Exp Date 11/11 Card Type VI

Name: MR DREW BARNES

A0000000031010 SCOTIABANK VISA

Trace # 750018

FS2144395201

[REDACTED] RRN 001856018

Total \$56.80

(00) APPROVED-THANK YOU

Retain this copy for your
records
Customer copy



Sun Country Nissan

NISSAN

PAGE 1

SERVICE ADVISOR: 122 TERRY JACKSON

-43.03 -43.03

74502 Performed vehicle maintenance inspection 1. Check wiper system and lights, all lights good. Check all fluid levels and topped up washer fluid. Check tread depths, all tires are at 9/32", tires set at 36psi. Check engine air filter is good. Check engine drive belt is good. Check undercarriage and suspension components look ok. Replaced engine oil and oil filter.

IMPORTANT-PLEASE HAVE YOUR WHEELS
RETOROUED after 150kms

$$\begin{array}{r}
 56.80 \\
 \text{less filter } (9.99), 50 \text{ gsr} \\
 \hline
 46.81 \\
 \text{less } (50) \text{ gsr} \\
 \hline
 45.81
 \end{array}$$

2.71

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	TOTALS
LABOR AMOUNT	64.50
PARTS AMOUNT	37.60
GAS, OIL, LUBE	-10.21
SUBLET AMOUNT	0.00
MISC. CHARGES	5.23
TOTAL CHARGES	97.12
LESS INSURANCE	43.03
SALES TAX	2.71
PLEASE PAY THIS AMOUNT	56.80

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:

PAN 16 AUTO SERVICE LTD
120079 HIGHWAY 3
BURDETT AB T0K0J0
4038333803

Merchant ID: 17750830010
Term ID: 003

Ref #: 013

Sale

XXXXXXXXXX

VISA

Entry Method: Chip

12/05/14

6:58:53

Inv #: 000013

Appr Code: [REDACTED]

Apprvd

Batch#: 000002

Total:

\$ 95.50

By entering a verified PIN, cardholder
agrees to pay issuer such total in
accordance with issuer's agreement with
cardholder (Merchant agreement if credit
voucher).

Retain this copy for statement
verification.

Application label: SCOTIABANK VISA
AID: A000000000000000
TVR: 00 00 00 00 00
TSI: F8 00

Customer Copy

Visa
reimburse

PAHL'S AUTO SERVICE LTD.

BUSINESS PHONE

833-3803

RESIDENCE PHONE

833-3823

TEXP

G.S.T. Reg. #R104049671RT

AUTO & TIRE

SERVICE

ON HIGHWAY #3

BURDETT, AB

Date <u>Dec 5</u> 20 <u>14</u>				
M. <u>Drew Barnes</u>				
SOLD BY	C.O.D.	CHARGE	ON ACCT.	ACCT. FWD.
1				
2		<u>107.3 J Gas</u>		<u>9550</u>
3				
4		<u>GST Incl 455</u>		
5				
6		<u>PAID</u>		
7				
8				
9				
10				
11				
12				
13				
14				
15				

Accounts Over 30 Days Are Charged 2% Per Month (24% Per Annum)

Nº 21265

THANK YOU!

paramountprinter.com

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 THIS SIDE UP ON DASHBOARD

EXPIRATION TIME

08/01/15 08:42

\$ 8.00 141300000 04:42

DATE PAID

Might airport Schlumberger

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION TIME

08/01/15 04:42 \$ 8.00

LOT6302 CO

DATE PAID

Schlumberger

Personal Expense Claim Receipt Description

Expense Category: Member Parking

☐ Group:

Circumstance	Percentage (%)
If someone is attacking you	85
If someone is threatening you	75
If someone is harassing you	65
If someone is insulting you	55
If someone is annoying you	45

RECEIPT

11/11/2016

03:11 PM
JAN 12, 2015

Mach Name: Lot 31-1A

Payment Type: Card

GST REG #102466000

PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKIN 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: _____

Purpose:

PLACE ON DASH
FACE UP

PLACE ON DASH
FACE UP

PLACE ON DASH
FACE UP

PLACE ON DASH
FACE UP

PLACE ON DASH
FACE UP

PLACE ON DASH
FACE UP

3B
PLATE: [REDACTED]

VALID THROUGH:
12 JAN 15
7:23 PM

AMOUNT PAID:
\$8.00
ENTRY TIME:
1/12/2015 5:23 PM
RECEIPT NO: 11709

3B
PLATE: [REDACTED]

VALID THROUGH:
12 JAN 15
7:23 PM

AMOUNT PAID:
\$8.00
ENTRY TIME:
1/12/2015
5:23 PM
RECEIPT NO: 11709

01084713

01

scrimbone
mtg with su

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:



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:

--



DELTA

CALGARY AIRPORT

2001 Airport Road N.E., Calgary, Alberta, T2E 6Z8

Tel: 403-291-2600 Fax: 403-250-6121

GOVT CDA

Room: 711
 Folio: 495380
 Cashier: 29
 Arrival: 01-28-15
 Departure: 01-29-15

Date	Description	Additional Information	Charges	Credits
01-28-15	Parkade Parking	1 pass	13.50	
01-28-15	Miscellaneous GST		0.68	

01-29-15 Visa XXXXXXXXXXXX XX/XX

Total

Balance Due 0.00 CDN

GST Summary

Reg No:807209770 RT0001

Room

F&B 0.00

Other 0.68

Total

parking

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

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:

THIS SIDE UP ON DASH

THIS SIDE UP ON DASH

308

Medicine Hat
College

~~~~~

Machine #: 6  
Transaction: 1286006  
Date : NOV/4/14  
Time : 08:32 AM  
Paid : \$4.00  
Ticket Expires:  
NOV/4/14  
11:59 PM  
~~~~~

THIS SIDE UP ON DASH

THIS SIDE UP ON DASH

THIS SIDE UP ON DASH

ON DASH

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
DEC 22, 2014

Purchase Date/Time: 10:51am Dec 22, 2014

Total Parking: \$20.00

Total Federal: \$1.00

Total Due: \$21.00

Rate: DAILY MAX

Payment Type: Card

Ticket #: 05021840

S/N #: 300010300179

Setting: Lot 82

Mach Name: Lot 82-1

Card #**** [REDACTED]

Auth #: [REDACTED]

GST REG #102466000

RECEIPT

Expiration Date/Time: 06:00pm Dec 22, 2014

Purchase Date/Time: 10:51am Dec 22, 2014

Total Parking: \$20.00

Total Federal: \$1.00

Total Due: \$21.00

Rate: DAILY MAX

Payment Type: Card

Ticket #: 05021840

Setting: Lot 82

Mach Name: Lot 82-1

Card #**** [REDACTED]

Auth #: [REDACTED]

2720 Glenmore Trail S.E.
 Calgary, AB T2C 2E6
 800-661-3163/403-279-8611/F-403-236-8035
 www.glenmoreinn.com

TAX ID: GST#884673989

Drew Barnes

Room	Folio	CheckIn	CheckOut	Balance
207	343779	11-01-2014	11-02-2014	0.00
Master Folio		Best Available Rate		

Date	Room	Description / Voucher	Charges	Credits	Balance
11-01-2014	207	Room Taxable	114.00	0.00	114.00
11-01-2014	207	Destination Marketing Fee - 3.000%	3.42	0.00	117.42
11-01-2014	207	Alberta Tour Levy - 4.000%	4.70	0.00	122.12
11-01-2014	207	GST - 5.000%	5.87	0.00	127.99
11-02-2014	207	Visa - [REDACTED]	0.00	127.99	0.00
		Balance Due			0.00
		Summary and Taxes			
		Taxable Sales			114.00
		Destination Marketing Fee - 3%			3.42
		Alberta Tour Levy - 4%			4.70
		GST - 5%			5.87



133 9th Avenue SW,
Calgary, AB, Canada T2P 2M3
T (403) 262-1234 F (403) 260-1260
G.S.T. Registration # 846543619

Room : 1125
Folio # :
Cashier # : 1069
Page # : 1 of 1

Mr Drew Barnes

Arrival : 01-19-15
Departure : 01-20-15
Fairmont President's Club

Date	Description	Additional Information	Charges	Credits
01-19-15	Package Charge		269.00	
01-19-15	Calgary Destination Marketing F		7.51	
01-19-15	Alberta Tourism Levy (4%)		10.31	
01-19-15	Room GST		12.89	
01-19-15	Package Overage		5.00	
01-19-15	Visa			304.71
Total			304.71	304.71
Balance Due			0.00	

GST Summary

Room	12.89
F&B	0.00
Other	1.76
Total	14.65

Thank you for choosing Fairmont Hotels & Resorts.

To provide feedback about your stay, please contact Dan McGowan, General Manager, at Dan.McGowan@fairmont.com.
We also invite you to share memories of your experience on our community forum - visit www.everyonesnoriginal.com.

Merci d'avoir choisi Hôtels Fairmont.

Vous pouvez nous faire part de vos commentaires au sujet de votre séjour en écrivant au Directeur général, Dan McGowan à Dan.McGowan@fairmont.com.

Nous vous invitons également à partager vos observations ou photos sur notre forum communautaire www.everyonesnoriginal.com (anglais seulement).

291.82 Room
12.89 GST
304.71

For information or reservations, visit us at
www.fairmont.com or call Fairmont Hotels & Resorts from:
United States or Canada 1 800 441 1414
Pour information et réservations visitez notre web au
www.fairmont.com ou téléphoner au Hôtels Fairmont de:
États-Unis ou Canada 1 800 441 1414

I agree that my liability for this bill is not waived and I agree to be hold personally liable in the event that the indicated person, company or association fails to pay for any part of or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum.)
I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$1.00 (Mon-Fri) and \$2.00 (Sat.) credit to my account. (At participating hotels.)

Je me porte personnellement responsable du règlement total de cette note au cas où la compagnie, l'association ou son représentant désigné en refuserait le paiement. Les comptes en souffrance sont sujets à un intérêt de 1.5% par mois après un mois. (18.00% par année) J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 1.00\$ par jour (du Lundi au Vendredi) et de 2.00\$ le Samedi. (Dans les hôtels participants.)

Thank you for choosing to stay with Fairmont Hotels & Resorts
Merci d'avoir choisi les Hôtels Fairmont



DELTA

CALGARY AIRPORT

2001 Airport Road N.E., Calgary, Alberta, T2E 6Z8
Tel: 403-291-2600 Fax: 403-250-6121

GOVT CDA
Mr Drew Barnes

Room: 711
Folio: 495380
Cashier: 29
Arrival: 01-28-15
Departure: 01-29-15

Date	Description	Additional Information	Charges	Credits
01-28-15	Room Charge		189.00	
01-28-15	Room Destination Marketing Fee		5.67	
01-28-15	Room Tourism Levy		7.79	
01-28-15	Room GST		9.73	
01-29-15	Visa	XXXXXXXXXXXX [REDACTED] XX/XX		
Total				
Balance Due			0.00	CDN

GST Summary

Reg No: 807209770 RT0001
Room 9.73
F&B 0.00
Other [REDACTED]
Total [REDACTED]



Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.



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

December 16, 2014

Page 1 of 2

Statement includes payments and charges received by December 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.

2848

Listing of Charges and Credits

Amount \$

New Transactions for D BARNES MLA

Amount \$

December 1	YELLOW CAB 450241247 EDMONTON TAXICABS AND LIMOUSINES	63.25
December 4	YELLOW CAB 450241247 EDMONTON TAXICABS AND LIMOUSINES	63.25

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

000270



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, 2015

Page 1 of 3

Statement includes payments and charges received by February 16, 2015

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

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

Listing of Charges and Credits

Amount \$

New Transactions for D BARNES MLA

Amount \$

January 29	YELLOW CAB 450241247 EDMONTON TAXICABS AND LIMOUSINES	42.09
January 29	YELLOW CAB 450241247 EDMONTON TAXICABS AND LIMOUSINES	63.71
January 29	AIRPORT TAXI SERVICE EDMONTON TAXICABS AND LIMOUSINES	61.00

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

000262



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



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:

RECEIPT

DATE

Dec 1

From:



To:

Airport

Driver:

Scin

Amount:

20⁰⁰

Car#

44

Thank You

cash

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:

RECEIPT

DATE Dec 05/14

From: W H Airport

To: [REDACTED]

Driver: _____

Amount: \$20.00 Car# 55

Thank You cash 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: December

Year: 2014

Employee #: [REDACTED]

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1	Travel to/from Capital	Calgary, YEG, YEG	☒	☒	☒	39.57	1.98	41.55
2	60 km from Perm. Res.	Edmonton	☐	☒	☒	30.81	1.54	32.35
3	60 km from Perm. Res.	Edmonton	☒	☒	☒	39.57	1.98	41.55
4	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
5	60 km from Perm. Res.	Lethbridge	☐	☒	☐	11.05	0.55	11.60
6			☐	☐	☐			
7	Travel to/from Capital	Airdrie/Edmonton	☐	☒	☒	30.81	1.54	32.35
8	60 km from Perm. Res.	Edmonton	☒	☒	☒	39.57	1.98	41.55
9	60 km from Perm. Res.	Edmonton	☐	☒	☒	30.81	1.54	32.35
10	60 km from Perm. Res.	Edmonton	☒	☒	☒	39.57	1.98	41.55
11	Travel to/from Capital	Edmonton/Edmonton/Airdrie	☒	☒	☒	39.57	1.98	41.55
12			☐	☐	☐			
13			☐	☐	☐			
14			☐	☐	☐			
15			☐	☐	☐			
16			☐	☐	☐			
17			☐	☐	☐			
18			☐	☐	☐			
19			☐	☐	☐			
20			☐	☐	☐			
21			☐	☐	☐			
22	60 km from Perm. Res.	Calgary	☐	☐	☒	19.76	0.99	20.75
23			☐	☐	☐			
24			☐	☐	☐			
25			☐	☐	☐			
26			☐	☐	☐			
27			☐	☐	☐			
28			☐	☐	☐			
29			☐	☐	☐			
30			☐	☐	☐			
31			☐	☐	☐			
Grand Total						\$360.67	\$18.03	\$378.70

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

Jan 13, 2015



Members' Travel Expenses Per-Diems Claim Form

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

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

Member Name: Barnes, Drew

Constituency: Cypress-Medicine Hat

For the Month of: November

Year: 2014

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.	Calgary	☐	☐	☒	19.76	0.99	20.75
2			☐	☐	☐			
3		[REDACTED]	☐	☐	☐			
4			☐	☐	☐			
5			☐	☐	☐			
6			☐	☐	☐			
7			☐	☐	☐			
8			☐	☐	☐			
9			☐	☐	☐			
10			☐	☐	☐			
11			☐	☐	☐			
12			☐	☐	☐			
13			☐	☐	☐			
14			☐	☐	☐			
15			☐	☐	☐			
16	Travel to/from Capital	Calgary, Edmonton, Edmonton	☒	☒	☒	39.57	1.98	41.55
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	☒	☒	☒	39.57	1.98	41.55
20	Travel to/from Capital	Edmonton, Edmonton, Strathmore	☒	☒	☒	39.57	1.98	41.55
21			☐	☐	☐			
22	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
23	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
24	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
25	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
26	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
27	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
28	Travel to/from Capital	Edmonton, Edmonton, Strathmore	☒	☒	☒	39.57	1.98	41.55
29			☐	☐	☐			
30			☐	☐	☐			
31			☐	☐	☐			
Grand Total						\$494.62	\$24.73	\$519.35

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

Dec 15, 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: January

Year: 2015

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			☐	☐	☐			
6			☐	☐	☐			
7			☐	☐	☐			
8	Travel to/from Capital	Calgary, Edmonton, Edmonton	☒	☒	☒	39.57	1.98	41.55
9			☐	☐	☐			
10			☐	☐	☐			
11			☐	☐	☐			
12			☐	☐	☐			
13			☐	☐	☐			
14			☐	☐	☐			
15			☐	☐	☐			
16			☐	☐	☐			
17			☐	☐	☐			
18			☐	☐	☐			
19	60 km from Perm. Res.	Brooks, Calgary, Calgary	☒	☒	☒	39.57	1.98	41.55
20	60 km from Perm. Res.	Calgary, Calgary, Brooks	☒	☒	☒	39.57	1.98	41.55
21			☐	☐	☐			
22			☐	☐	☐			
23			☐	☐	☐			
24			☐	☐	☐			
25			☐	☐	☐			
26			☐	☐	☐			
27			☐	☐	☐			
28			☐	☐	☐			
29	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
30			☐	☐	☐			
31			☐	☐	☐			
Grand Total						\$158.29	\$7.91	\$166.20

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, 2015



Members' Travel Expenses Per-Diems Claim Form

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

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

Member Name: Barnes, Drew

Constituency: Cypress-Medicine Hat

For the Month of: February

Year: 2015

Employee #: [REDACTED]

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1	Travel to/from Capital	Edmonton	☐	☐	☒	19.76	0.99	20.75
2	Travel to/from Capital	Calgary	☐	☐	☒	19.76	0.99	20.75
3			☐	☐	☐			
4			☐	☐	☐			
5			☐	☐	☐			
6			☐	☐	☐			
7			☐	☐	☐			
8			☐	☐	☐			
9			☐	☐	☐			
10			☐	☐	☐			
11			☐	☐	☐			
12	60 km from Perm. Res.	Calgary	☒	☐	☒	28.52	1.43	29.95
13			☐	☐	☐			
14			☐	☐	☐			
15	60 km from Perm. Res.	Calgary	☐	☐	☒	19.76	0.99	20.75
16			☐	☐	☐			
17			☐	☐	☐			
18	60 km from Perm. Res.	Foremost	☐	☐	☒	19.76	0.99	20.75
19			☐	☐	☐			
20			☐	☐	☐			
21			☐	☐	☐			
22			☐	☐	☐			
23			☐	☐	☐			
24			☐	☐	☐			
25			☐	☐	☐			
26			☐	☐	☐			
27			☐	☐	☐			
28			☐	☐	☐			
29			☐	☐	☐			
30			☐	☐	☐			
31			☐	☐	☐			
Grand Total						\$107.57	\$5.38	\$112.95

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

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Desert Blume Golf Club

Expense Category: Hosting

For hosting, select one:

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

Purpose:

Town Hall Meeting

51.00 = hosting



Invoice to:

Drew Barnes

Date: January 22, 2015

FINAL INVOICE

Account #:

Quantity	Item	Price Each	Total
2	Fresh baked cookies	\$ 13.00	\$ 26.00
1	Coffee/Tea	\$ 25.00	\$ 25.00



FINAL INVOICE (Due upon invoice)

GST # 88744 6409 RT0001

NO GST
(exempt)

mLA 158259

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:

Hosting constituent re: Dunmore riding arena

HUMPTY'S
1343 TRANSCANADA WAY SE
MEDICINE HAT, AB
(403) 528-5535
GST#R21805504
S E R V I C E

Table #13

Guests: 2

1x COFFEE	2.75
1x JUICE	3.35
1x SM WESTERN SCRAM	10.75
2x BREAK SPECIAL	4.99

GST Tax Total	21.84
GST	1.09
Total	22.93

6:57 AM 1/9/2015 1 MELISSA

THANK YOU!
PLEASE PAY SERVER

HUMPTY'S FAMILY
RESTAURANT #20
1343 TRANSCANADA WAY SE
MEDICINE HAT AB

CARD *****
CARD TYPE VISA
DATE 2015/01/09
TIME 4308 08:59:02
RECEIPT NUMBER
C82035419-001-039-014-0

PURCHASE
AMOUNT \$22.93
TIP \$3.44
TOTAL

\$26.37

SCOTIABANK VISA
A0000000031010
4528C2001A35139E
0000008000-E800
196F79382905B7C
0000008000-F800

APPROVED

01-027

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

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:

Hosting constituent re: Agriculture

*constituent
agriculture*

Wed Feb 11 11:45

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

CYPRESS CLUB COPY

Account: [REDACTED]

Barnes, Drew

2 x 9.00	
SOUP & SAND SPEC	18.00
COFFEE	1.50

Gratuity	2.93
GST	1.12

Total 23.55

1:39 PM 1/21/2015 3 SARAH

3

THANK YOU

Signature: _____

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:

Hosting constituent re: property rights discussion

CUSTOMER COPY

TRUKKERS RESTAURANT
1900 SOUTH HIGHWAY DR SE
REDCLIFF, AB T0J2P0
4035483536

SALE

MID: 5580465
TID: 001 REF#: 00000003
Batch #: 975
01/26/15 08:16:55

AMOUNT \$14.05
TIP \$2.11
TOTAL \$16.16

APPROVED

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

THANK YOU
PLEASE COME AGAIN

MERCHANT COPY

TRUKKER'S
RESTAURANT
REDCLIFF, AB
403-548-3536
GST# 853460087

S E R V I C E

Server: CANDACE
Guest:

Table #1
Guests: 2

FOOD

1: TWO EGGS 6.25
2: MUFFIN 2.75

DESSERT/DRINK

1: COFFEE 2.19
2: COFFEE 2.19

Total 14.05
Net Sales 13.38
GST Added 0.67
7:37 AM 1/26/2015

THANK YOU!
PLEASE PAY CASHIER

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Icy Mountain Water

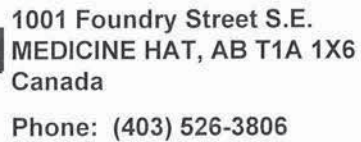
Expense Category: Hosting

For hosting, select one:

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

Purpose:

Water for office



Invoice No.: 27042
Date: 06/01/2015
Ship Date:
Page: 1
Re: Order No.

CYPRESS - MEDICINE HAT CONSTITUENCY
 Bay #5 - 1299 Trans Canada Way S.E.
 MEDICINE HAT, AB T1B 1H9
 Canada

CYPRESS-MEDICINE HAT CONSTITUENCY
MEDICINE HAT, AB
Canada

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount
1000	Each	1	Tokens for water		65.00	65.00
			Subtotal:			65.00
			M4158762			
Shipped By: _____ Tracking Number: _____ Comment: 120 Sold By: _____					Total Amount	65.00

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 Meeting

Tim Hortons Store 912
2355 Trans Canada HWY SE
Medicine Hat Alberta
T1B 4E9
403-528-9797

Jan 14 2015 10:14 am Trans# 4555021

TRANSACTION RECORD

Card Number : *****
Card Entry : CHIP
Account Type : CHEQUING
Trans Type : PURCHASE

Sequence # : 000086
Reference # : 00000086
Trace # : 00270281
Merchant ID : 030000024035
Term ID : 112
Date : 15/01/14
Time : 10:14:00

APPROVED

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

Application Label: Interac
AID: A0000002771010
TUR: 8000008000
TC : B2B38728F7BA67DA
TSI: 6800

Tim Hortons #912
2355 TransCanada Way SE
Medicine Hat, AB
GST#899304695

Order #
125021

Single Serve - Dark Roast

9.99

Subtotal

GST

Total

Debit Auth #

Wednesday January 14, 2015
Shift # 1 Reg. # 12

10:14:25
Trans # 4555021

Thanks for stopping by!
Tell us how we did at
www.telltimhortons.com
1-888-601-1616

Thank You for your patronage.

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 Meeting



MEDICINE HAT #593

2350 Box Springs Blvd
Medicine Hat, AB T1C 0C8
(403) 581-5700

MEMBER [REDACTED]

222763 MINIBRANDMUFFIN 6.99
30000 KS WATERBOTTLE 3.95
100000 POSTIT 3.50
100000 FREE/N 3.50

[REDACTED]

101357 BLDSON/20 CT 9.99
101357 BLDSON/20 CT 9.99
000000 MINT BOTTLE 3.99

[REDACTED]

100327 CHOC COOKIE 7.99
100327 CHOC COOKIE 7.99

SUBTOTAL [REDACTED]
**** GST 5% [REDACTED]
TOTAL [REDACTED]
VF MasterCard [REDACTED]

REFERENCE#: 66231676-0010016890 C
01/21/15 12:43:19
Invoice#: 46054

COSTCO WHOLESALE #593
2350 BOX SPRINGS BLVD
MEDICINE HAT, AB T1C 0C8
PURCHASE - MASTERCARD
MasterCard
A0000000041010
0000008000 E800
01 APPROVED - THANK YOU 027
AMOUNT: \$ [REDACTED]
0593 005 0000000039 0119

muffins
cookies & water bottles
for town hall meeting.

IMPORTANT - retain this copy for your record.

*** CARDHOLDER COPY ***
CHANGE .00
TOTAL NUMBER OF ITEMS SOLD = 13
CASHIER: MONICA A REG# 5
01/21/15 12:43 0593 05 0119 39

GST/HST #121476329
SHOP WWW.COSTCO.CA
GST# 121476329RT
THANK YOU - PLEASE COME AGAIN

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 Meeting

^a3996=hosting

Tim Hortons coffee



→ 22 01 2015 23 01 2015 10116011 1012713011 CAD 10 95 ←
MEDI-TECH, INC. 16



Single Serve Dark Roast
Coffee Pods

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Drew Barnes

Expense Category: Hosting

For hosting, select one:

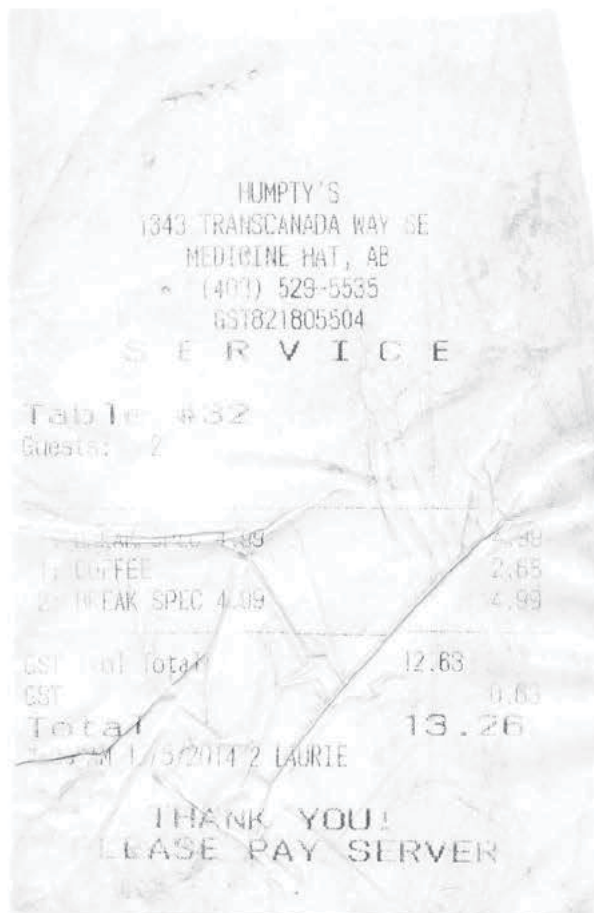
☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Lunch with constituent re: Infrastructure



HUMPTY'S FAMILY
RESTAURANT #20
1343 TRANS CANADA WAY SE
MEDICINE HAT AB

CARD *****
CARD TYPE VISA
DATE 2014/12/05
TIME 4935 07:55:49
RECEIPT NUMBER
82035419-001-005-022-0

PURCHASE
AMOUNT \$13.26
TIP \$1.99
TOTAL

\$15.25

SCOTIABANK VISA
AG000000031030
DA160929CCA85649
0000008000-E800
78FCF3D4157B2275
0000008000-F800

APPROVED

THANK YOU

CARDHOLDER COPY

IMPORTANT: RETAIN THIS
COPY FOR YOUR RECORDS

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:

Lunch with constituent re: Health Care

TRUKKERS RESTAURANT
1900 SOUTH HIGHWAY DR SE
REDCLIFF, AB T0J2P0
4035483536

SALE

MID: 5580465
TID: 001 REF#: 00000027
Batch #: 827
12/06/14 10:20:10
APPR CODE: XXXXXXXXXX
VISA XXXXXXXXXX **/**

AMOUNT \$22.66
TIP \$3.40
TOTAL \$26.06

APPROVED

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

THANK YOU
PLEASE COME AGAIN

CUSTOMER COPY

Constituent health care

TRUKKER'S
RESTAURANT
REDCLIFF, AB
403-548-3536
GST# 853460087

S E R V I C E

Server: TANELLE
Guest:

Table #20
Guests: 1

FOOD

1: TWO EGGS	6.25
2: CHEESE OMELETTE	9.95
*Add Bacon	1.00

DESSERT/DRINK

1: COFFEE	2.19
2: COFFEE	2.19

Total	22.66
Net Sales	21.58
GST Added	1.08
10:18 AM 12/6/2014	

THANK YOU!
PLEASE PAY CASHIER

LEGISLATIVE ASSEMBLY OF ALBERTA

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:

Lunch with constituent re: Deficits & Energy

*lunch with
constituent
deficits & energy*

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

R E C E I P T

1. Duplicate

Account #32

Barnes, Drew

COFFEE	1.50
2 x 13.50	
lunch special 1	27.00
gratuity	4.28
GST	1.64
Total	34.42
Charge	34.42
1:09 PM 1/5/2015 4 CONNIE	

THANK YOU

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:

SUFFIELD TOWN HALL

Tim Horton's

Coffee Craft (x2)	9.14
GST	0.46
	9.60

(missing receipt)

* For Suffield Town Hall
01/21/15



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:

Coffee



WELCOME TO
MEDICINE HAT CO-OP
G.S.T #R103619193

J LEPL

MEMBER#: [REDACTED]

TIM HORT DRK SS	9.99
TIM HORT DRK SS	9.99
TIM HORT DRK SS	9.99

BALANCE DUE 29.97

TYPE: Purchase

ACCT: MASTERCARD \$ 29.97

CARD NUMBER: *****[REDACTED]
DATE/TIME: 02/18/2015 16:17:32
REFERENCE #: 0010019660 C
TERM: 66209737
AUTHOR.# : [REDACTED]
AID: A0000000041010
TVR: 0000008000
TSI: E800

MasterCard

01 APPROVED - THANK YOU 027

IMPORTANT:
retain this copy for your records

CUSTOMER COPY

MASTERCARD	29.97
[REDACTED]	
CHANGE	0.00

TAX-CODE	TAXABLE-VAL	TAX-VALUE
TOTAL TAX		0.00

C0215 #1947 16:16:37 18FEB2015
S01691 R002

GET YOUR
COOK E-BOOK AT

WWW.RECIPEFORWELLNESSCOOKBOOK.COM/
MEDICINEHAT

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:

Coffee

WELCOME TO
MEDICINE HAT CO-OP
G.S.T.# R103619193

J LEPLE

MEMBER#: [REDACTED]

TIM HORT DRK SS 9.99
TIM HORT DRK SS 9.99
TIM HORT DRK SS 9.99
TIM HORT DRK SS 9.99
FUEL UP TICKET 0.00

BALANCE DUE 39.96

TYPE: Purchase

ACCT: MASTERCARD \$ 39.96

CARD NUMBER: *****[REDACTED]
DATE/TIME: 02/28/2015 16:25:24
REFERENCE #: 0010014580 H
TERM: 66209740

AID: A0000000041010

TVR: 0000008000

TSI: C000

MasterCard

01 APPROVED - THANK YOU 027

NO SIGNATURE TRANSACTION

IMPORTANT:
retain this copy for your records

CUSTOMER COPY

MASTERCARD 39.96

CHANGE 0.00

TAX-CODE	TAXABLE-VAL	TAX-VALUE
TOTAL TAX		0.00

C0227 #9688 16:23:51 28FEB2015
S01691 R005

FUEL UP TO WIN
IS BACK!

OVER \$7 MILLION
IN PRIZES AND
DISCOUNTS

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Kendra Bulloch

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Coffee supplies for office



Cornerstone Sobeys
1960 Strachan Road S.E.
403.504.5400
GST #895588788 RT0001

Served by: Kelsey

Member card number: [REDACTED]

Coffee Mate Orig \$9.49 C
1 Reward for Every \$20
=> 1 AIR MILES
SUBTOTAL
5% GST

TOTAL

Debit
Cash

TENDER
CHANGE

NUMBER OF ITEMS 2

Member card number: [REDACTED]

AIR MILES earned this visit

AIR MILES Cash balance
AIR MILES Dream balance

MERCHANT ID 040080040272 INSERTED
CLIENT ID 9803 RECEIPT# 5375000
TERMINAL ID 004 TRACE# 00258319

** PURCHASE ** \$ 12.21

ACCOUNT Chequing RESP 000
DATE 01/07/2015 TIME 17:34:28
REF # 00000016

APPL. Interac
AID A0000002771010
TVR 8000008000 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	01/07/15
4	5375	5066	119	17:34:32

Thank you for shopping at
Sobeys Cornerstone
Please come again!

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Kendra Bulloch

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Coffee supplies for office

Tim Hortons Store 2739
3201 13th Ave SE
Medicine Hat, AB
T1B 1E2
403-504-0824

Feb 04 2015 05:58 pm GST# 133343236 Trans# 265634

TRANSACTION RECORD

Card Number : *****
Card Entry : CHIP
Account Type : CHEQUING
Trans Type : PURCHASE
Amount : \$ 9.60

Auth # :
Sequence # : 000352
Reference # : 00000352
Trace # : 00534374
Merchant ID : 030000024048
Term ID : 112
Date : 15/02/04
Time : 17:58:13

APPROVED

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

Application Label: Interac
AID: A0000002771010
TVR: 6000008000
IC : 81B5A877D2F4E852
TSI: 6800

Tim Hortons #2739
3201 13th Ave SE
Medicine Hat, AB
GST# 133343236

Order #
135634

1 XL Big Tim refill Original Blend Black	5.94
1 Br Thermos Original Blend Black	3.60
Subtotal	9.54
GST	0.46
Total	9.60
Debit Auth #	9.60

Wednesday February 04, 2015 17:58:41
Shift # 2 Reg. # 12 Trans # 265634

Thanks for stopping by!
Tell us how we did at
www.telltimhortons.com?
1-888-601-1616

Thank You for your patronage.

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:

COFFEE SUPPLIES FOR OFFICE

SHOPPERS
DRUG MART

Sannes Drugs Ltd 0322
3292 DUNMORE RD. S.E., MEDICINE HAT, AB, T1B 2
R4

403-526-1426

0322 1011 361768 100068 3

SALE

EDM SUGAR

N

2.99

SUBTOTAL:

5.0%GST:

TOTAL:

6 Items

CASH:

CHANGE DUE:

ROUNDED CHANGE:

On your next visit you could

Save up to \$ 60.00

If you REDEEM 38000 points

Shoppers Optimum #
REGULAR POINTS:
TOTAL POINTS EARNED TODAY:
Current Points Balance
Next Reward Level

Get the most out of your Optimum Membership.
Sign up for exclusive email offers today
at shoppersdrugmart.ca/email.

GST #: 83920 8543 RT0001



9990203221011003617685

You could SHOP FREE for a Year!
Get a contest card when you spend \$10
or more. 20 Prizes to be won! Good luck!
Visit shoppersdrugmart.ca/shopfree

Retain Receipt for return within 30 days.
Visit shoppersdrugmart.ca for exclusions.

Discover the Best in Health and Beauty
Aug 06, 2014 2:30 PM