LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2016-17
055 - Cypress-Medicine Hat - Barnes, Drew
For Expenses Processed April 1 - June 30, 2016

	Budget	Used this Quarter	Used To-Date
Financial Reporting - $ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - $		$1,847.81	$1,847.81
MLA Parking Cap - $	$900.00		
Other Travel - Parking - $			
Member Travel (overnight stay in constituency) - $			
Taxi, Bus Travel - $		$111.72	$111.72
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - $			
Member Travel (Meal Per Diems) - $		$1,266.14	$1,266.14
Accommodation			
Edmonton Accommodation Allowance ($23,160.00/yr max)	$23,160.00	$5,340.00	$5,340.00
Travel Accommodations Allowance		$121.67	$121.67
Travel Accommodations Allowance (days; 10 max) - NF	10	1	1
Other			
Hosting - $			
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	80,000	5,135	5,135
Special Trips (5 trips per year) - NF	5		
Travel To and From the Capital			
Travel by Air, Bus or Train (Unlimited Trips) - NF		1	1
Use of a Private Automobile (52 trips per year) - NF	52	8	8
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
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CLIENT NO.
NO DU CLIENT [redacted]
INVOICE DATE
DATE DE LA FACTURE 05/01/16
INVOICE NO.
NO DE LA FACTURE 0006405831

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]	BARNES		[redacted]		000434526644	SHELL CANADA INC	UNLEADED REGULAR GASOLINE	58.6	.88	49.06		
					04/17/16	MEDICINE HAT AB	GST-HST / TPS-TVH				2.45	
							REF GST-HST / TPS-TVH REF				2.45	
							** REF NO TOT / TOT NO REF **					51.51
							TOTAL / TOTAL			49.06	2.45	51.51
					000434501658	HUSKY OIL	ETHANOL BLEND	52.9	1.07	53.94		
					04/14/16	EDMONTON AB	GST-HST / TPS-TVH				2.63	
							REF GST-HST / TPS-TVH REF				2.63	
							** REF NO TOT / TOT NO REF **					56.57
							SUBTOTAL / SOUS TOT			53.94	2.63	56.57
							DISCOUNT / RABAIS			.53-		.53-
							TOTAL / TOTAL			53.41		56.04
					000434655643	LOBLAW'S NC	UNLEADED PREMIUM GASOLINE	26.6	1.08	28.70		
					04/14/16	STRATHMORE AB	** REF NO TOT / TOT NO REF **					28.70
							TOTAL / TOTAL			28.70		28.70
					000434233215	PETRO CANADA	UNLEADED PREMIUM GASOLINE	60.0	1.02	58.25		
					04/10/16	MEDICINE HAT AB	GST-HST / TPS-TVH				2.91	
							REF GST-HST / TPS-TVH REF				2.91	
							** REF NO TOT / TOT NO REF **					61.16
							TOTAL / TOTAL			58.25	2.91	61.16
					000434510145	FEDERATED COOPERATIVES L MITED	UNLEADED REGULAR GASOLINE	84.8	.85	68.58		
					04/08/16	BOW ISLAND AB	GST-HST / TPS-TVH				3.43	
							REF GST-HST / TPS-TVH REF				3.43	
							** REF NO TOT / TOT NO REF **					72.01
							TOTAL / TOTAL			68.58	3.43	72.01
					000433956730	FEDERATED COOPERATIVES L MITED	UNLEADED PREMIUM GASOLINE	24.6	1.00	23.50		
					04/03/16	CASTOR AB	GST-HST / TPS-TVH				1.18	
							REF GST-HST / TPS-TVH REF				1.18	
							** REF NO TOT / TOT NO REF **					24.68
							TOTAL / TOTAL			23.50	1.18	24.68
					000434233217	PETRO CANADA	UNLEADED PREMIUM GASOLINE	44.6	1.02	43.32		
					04/03/16	MEDICINE HAT AB	GST-HST / TPS-TVH				2.17	
							REF GST-HST / TPS-TVH REF				2.17	
							** REF NO TOT / TOT NO REF **					45.49
							TOTAL / TOTAL			43.32	2.17	45.49
					000434233216	PETRO CANADA	UNLEADED PREMIUM GASOLINE	57.3	1.02	55.61		
					04/01/16	MEDICINE HAT AB	GST-HST / TPS-TVH				2.78	
							REF GST-HST / TPS-TVH REF				2.78	
							** REF NO TOT / TOT NO REF **					58.39
							TOTAL / TOTAL			55.61	2.78	58.39
					000433242478	FEDERATED COOPERATIVES L MITED	UNLEADED PREMIUM GASOLINE	36.5	1.00	34.80		
					03/19/16	MEDICINE HAT AB	GST-HST / TPS-TVH				1.74	
							MISCELLANEOUS	2.0	3.75	7.49		

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

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DETAILS SERVICES DE GESTION DE PARC

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CLIENT NO.
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INVOICE DATE
DATE DE LA FACTURE 05/01/16
INVOICE NO.
NO DE LA FACTURE 0006405831

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]	BARNES		[redacted]				REF GST-HST / TPS-TVH REF				1.74	
							** REF NO TOT / TOT NO REF **					44.03
							TOTAL / TOTAL			42.29	1.74	44.03
					000433241331 03/17/16	FEDERATED COOPERATIVES L MITED INNISFAIL AB	UNLEADED PREMIUM GASOLINE	42.1	.98	39.30		
							GST-HST / TPS-TVH				1.97	
							REF GST-HST / TPS-TVH REF				1.97	
							** REF NO TOT / TOT NO REF **					41.27
							TOTAL / TOTAL			39.30	1.97	41.27
		UNIT TOTAL / TOT UNITE					FUEL QTY / QTE CARB	488.0				
							TOT CHARGES / TOT FRAIS			462.55		
							TOT GST-HST / TOT TPS-TVH				21.26	
							UNIT TOTAL / TOT UNITE					483.81
							DISCOUNT / RABAIS					.53-
							TOTAL / TOTAL					483.28
	BKDN TOTALS / TOTAUX CODIFICATION 01-55	UNITS / VEHIC 1					FUEL QTY / QTE CARB	488.0				
							TOT CHARGES / TOT FRAIS			462.55		
							GST-HST/TPS-TVH				21.26	
							BKDN TOTALS / TOTAUX CODIFICATION					483.81
							DISCOUNT / RABAIS					.53-
							TOTAL / TOTAL					483.28

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CLIENT NO. / NO DU CLIENT [redacted]
INVOICE DATE / DATE DE LA FACTURE 06/01/16
INVOICE NO. / NO DE LA FACTURE 0006418714

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]	BARNES		[redacted]		000435941713	PETRO CANADA		UNLEADED PREMIUM GASOLINE	55.7	1.05	55.68		
					05/11/16	EDMONTON	AB	GST-HST / TPS-TVH				2.78	
								REF GST-HST / TPS-TVH REF				2.78	
								** REF NO TOT / TOT NO REF **					58.46
								TOTAL / TOTAL			55.68	2.78	58.46
					000436032998	FEDERATED COOPERATIVES L MITED		UNLEADED PREMIUM GASOLINE	39.1	1.07	39.89		
					05/08/16	MEDICINE HAT	AB	GST-HST / TPS-TVH				1.99	
								MISCELLANEOUS	2.0	3.75	7.49		
								REF GST-HST / TPS-TVH REF				1.99	
								** REF NO TOT / TOT NO REF **					49.37
								TOTAL / TOTAL			47.38	1.99	49.37
					000435941714	PETRO CANADA		UNLEADED REGULAR GASOLINE	92.2	.95	83.80		
					05/06/16	MEDICINE HAT	AB	GST-HST / TPS-TVH				4.19	
								REF GST-HST / TPS-TVH REF				4.19	
								** REF NO TOT / TOT NO REF **					87.99
								TOTAL / TOTAL			83.80	4.19	87.99
					000436032752	FEDERATED COOPERATIVES L MITED		UNLEADED PREMIUM GASOLINE	52.8	1.06	53.10		
					05/05/16	INNISFAIL	AB	GST-HST / TPS-TVH				2.66	
								REF GST-HST / TPS-TVH REF				2.66	
								** REF NO TOT / TOT NO REF **					55.76
								TOTAL / TOTAL			53.10	2.66	55.76
					000435941712	PETRO CANADA		UNLEADED PREMIUM GASOLINE	44.4	1.09	46.03		
					05/03/16	EDMONTON	AB	GST-HST / TPS-TVH				2.30	
								REF GST-HST / TPS-TVH REF				2.30	
								** REF NO TOT / TOT NO REF **					48.33
								TOTAL / TOTAL			46.03	2.30	48.33
					000435826417	IMPERIAL OIL		UNLEADED PREMIUM GASOLINE	34.4	1.07	34.99		
					05/01/16	BROOKS	AB	GST-HST / TPS-TVH				1.75	
								REF GST-HST / TPS-TVH REF				1.75	
								** REF NO TOT / TOT NO REF **					36.74
								TOTAL / TOTAL			34.99	1.75	36.74
					000435135933	SHELL CANADA INC		UNLEADED REGULAR GASOLINE	84.0	.88	70.29		
					04/29/16	MEDICINE HAT	AB	GST-HST / TPS-TVH				3.51	
								REF GST-HST / TPS-TVH REF				3.51	
								** REF NO TOT / TOT NO REF **					73.80
								TOTAL / TOTAL			70.29	3.51	73.80
					000435151231	FEDERATED COOPERATIVES L MITED		UNLEADED REGULAR GASOLINE	82.1	.88	68.74		
					04/24/16	MEDICINE HAT	AB	GST-HST / TPS-TVH				3.44	
								REF GST-HST / TPS-TVH REF				3.44	
								** REF NO TOT / TOT NO REF **					72.18
								TOTAL / TOTAL			68.74	3.44	72.18
					000434827341	SHELL CANADA INC		UNLEADED REGULAR GASOLINE	61.4	.88	51.43		
					04/22/16	MEDICINE HAT	AB	GST-HST / TPS-TVH				2.57	

GST-HST REG. NO / NO ENRG TPS-TVH R104164223
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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 [redacted]
INVOICE DATE
DATE DE LA FACTURE 06/01/16
INVOICE NO.
NO DE LA FACTURE 0006418714

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]	BARNES	[redacted]					REF GST-HST / TPS-TVH REF				2.57	
							** REF NO TOT / TOT NO REF **					54.00
							TOTAL / TOTAL			51.43	2.57	54.00
					000435139594 04/21/16	CANADIAN TIRE CORPORATION LEDUC, ALBERT AB	UNLEADED PREMIUM GASOLINE	58.8	1.00	56.03		
							GST-HST / TPS-TVH				2.80	
							REF GST-HST / TPS-TVH REF				2.80	
							** REF NO TOT / TOT NO REF **					58.83
							SUBTOTAL / SOUS TOT			56.03	2.80	58.83
							DISCOUNT / RABAIS			.59-		.59-
							TOTAL / TOTAL			55.44		58.24
					000435941711 04/16/16	PETRO CANADA MEDICINE HAT AB	UNLEADED REGULAR GASOLINE	83.1	.88	69.28		
							GST-HST / TPS-TVH				3.46	
							REF GST-HST / TPS-TVH REF				3.46	
							** REF NO TOT / TOT NO REF **					72.74
							TOTAL / TOTAL			69.28	3.46	72.74
		UNIT TOTAL / TOT UNITE					FUEL QTY / QTE CARB	688.0				
							TOT CHARGES / TOT FRAIS			636.75		
							TOT GST-HST / TOT TPS-TVH				31.45	
							UNIT TOTAL / TOT UNITE					668.20
							DISCOUNT / RABAIS					.59-
							TOTAL / TOTAL					667.61
	BKDN TOTALS / TOTAUX CODIFICATION 01-55	UNITS / VEHIC 1					FUEL QTY / QTE CARB	688.0				
							TOT CHARGES / TOT FRAIS			636.75		
							GST-HST/TPS-TVH				31.45	
							BKDN TOTALS / TOTAUX CODIFICATION					668.20
							DISCOUNT / RABAIS					.59-
							TOTAL / TOTAL					667.61

GST-HST REG. NO / NO ENRG TPS-TVH R104164223
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SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
DIV-55-D BARNES
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CLIENT NO.
NO DU CLIENT [redacted]
INVOICE DATE
DATE DE LA FACTURE 07/01/16
INVOICE NO.
NO DE LA FACTURE 0006431080

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]	BARNES		[redacted]		000438053596 06/19/16	SHELL CANADA INC MEDICINE HAT AB	UNLEADED REGULAR GASOLINE	90.5	1.08	92.99		
							GST-HST / TPS-TVH				4.65	
							REF GST-HST / TPS-TVH REF				4.65	
							** REF NO TOT / TOT NO REF **					97.64
							TOTAL / TOTAL			92.99	4.65	97.64
					000437431336 06/10/16	SHELL CANADA INC MEDICINE HAT AB	UNLEADED REGULAR GASOLINE	48.8	1.08	50.19		
							GST-HST / TPS-TVH				2.51	
							REF GST-HST / TPS-TVH REF				2.51	
							** REF NO TOT / TOT NO REF **					52.70
							TOTAL / TOTAL			50.19	2.51	52.70
					000437212893 06/08/16	SHELL CANADA INC MEDICINE HAT AB	UNLEADED REGULAR GASOLINE	88.2	1.10	92.27		
							GST-HST / TPS-TVH				4.61	
							REF GST-HST / TPS-TVH REF				4.61	
							** REF NO TOT / TOT NO REF **					96.88
							TOTAL / TOTAL			92.27	4.61	96.88
					000437747085 06/02/16	HUSKY OIL RED DEER AB	ETHANOL BLEND	60.7	1.15	66.45		
							GST-HST / TPS-TVH				3.24	
							REF GST-HST / TPS-TVH REF				3.24	
							** REF NO TOT / TOT NO REF **					69.69
							SUBTOTAL / SOUS TOT			66.45	3.24	69.69
							DISCOUNT / RABAIS			.61-		.61-
							TOTAL / TOTAL			65.84		69.08
					000437658285 05/29/16	PETRO CANADA MEDICINE HAT AB	UNLEADED PREMIUM GASOLINE	32.4	1.09	33.74		
							GST-HST / TPS-TVH				1.69	
							REF GST-HST / TPS-TVH REF				1.69	
							** REF NO TOT / TOT NO REF **					35.43
							TOTAL / TOTAL			33.74	1.69	35.43
					000437071570 05/28/16	DOMO GAS AB	UNLEADED REGULAR GASOLINE	68.8	.96	62.60		
							GST-HST / TPS-TVH				3.13	
							REF GST-HST / TPS-TVH REF				3.13	
							** REF NO TOT / TOT NO REF **					65.73
							SUBTOTAL / SOUS TOT			62.60	3.13	65.73
							DISCOUNT / RABAIS			.63-		.63-
							TOTAL / TOTAL			61.97		65.10
					000436847198 05/27/16	FEDERATED COOPERATIVES L MITED BOW ISLAND AB	UNLEADED REGULAR GASOLINE	80.8	.94	72.28		
							GST-HST / TPS-TVH				3.61	
							REF GST-HST / TPS-TVH REF				3.61	
							** REF NO TOT / TOT NO REF **					75.89
							TOTAL / TOTAL			72.28	3.61	75.89
					000436847475 05/26/16	FEDERATED COOPERATIVES L MITED INNISFAIL AB	UNLEADED PREMIUM GASOLINE	57.6	1.07	58.70		
							GST-HST / TPS-TVH				2.94	
							REF GST-HST / TPS-TVH REF				2.94	
							** REF NO TOT / TOT NO REF **					61.64
							TOTAL / TOTAL			58.70	2.94	61.64

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 07/01/16
INVOICE NO. / NO DE LA FACTURE 0006431080

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]	BARNES		[redacted]		000436989250	FASGAS		UNLEADED PREMIUM GASOLINE	40.1	1.07	40.88		
					05/25/16	VEGREVILLE	AB	GST-HST / TPS-TVH				2.04	
								REF GST-HST / TPS-TVH REF				2.04	
								** REF NO TOT / TOT NO REF **					42.92
								SUBTOTAL / SOUS TOT			40.88	2.04	42.92
								DISCOUNT / RABAIS			.40-		.40-
								TOTAL / TOTAL			40.48		42.52
					000436807332	SHELL CANADA INC		UNLEADED PREMIUM GASOLINE	28.1	1.12	29.93		
					05/23/16	MEDICINE HAT	AB	GST-HST / TPS-TVH				1.50	
								REF GST-HST / TPS-TVH REF				1.50	
								** REF NO TOT / TOT NO REF **					31.43
								TOTAL / TOTAL			29.93	1.50	31.43
					000436369058	SHELL CANADA INC		UNLEADED REGULAR GASOLINE	82.4	.92	72.09		
					05/21/16	MEDICINE HAT	AB	GST-HST / TPS-TVH				3.61	
								REF GST-HST / TPS-TVH REF				3.61	
								** REF NO TOT / TOT NO REF **					75.70
								TOTAL / TOTAL			72.09	3.61	75.70
					000437338742	IMPERIAL OIL		UNLEADED PREMIUM GASOLINE	57.4	1.13	61.72		
					05/19/16	CALGARY	AB	GST-HST / TPS-TVH				3.09	
								REF GST-HST / TPS-TVH REF				3.09	
								** REF NO TOT / TOT NO REF **					64.81
								TOTAL / TOTAL			61.72	3.09	64.81
					000437338741	IMPERIAL OIL		UNLEADED PREMIUM GASOLINE	50.1	1.05	50.08		
					05/17/16	EDMONTON	AB	GST-HST / TPS-TVH				2.50	
								REF GST-HST / TPS-TVH REF				2.50	
								** REF NO TOT / TOT NO REF **					52.58
								TOTAL / TOTAL			50.08	2.50	52.58
					000437658284	PETRO CANADA		UNLEADED PREMIUM GASOLINE	57.0	1.08	58.89		
					05/15/16	MEDICINE HAT	AB	GST-HST / TPS-TVH				2.94	
								REF GST-HST / TPS-TVH REF				2.94	
								** REF NO TOT / TOT NO REF **					61.83
								TOTAL / TOTAL			58.89	2.94	61.83
					000437802128	KINGSWAY GAS & CARWA		UNLEADED REGULAR GASOLINE	71.3	.87	62.15		
					05/14/16	MEDICINE HAT	AB	GST-HST / TPS-TVH				3.10	
								REF GST-HST / TPS-TVH REF				3.10	
								** REF NO TOT / TOT NO REF **					65.25
								TOTAL / TOTAL			62.15	3.10	65.25
	UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB	914.2				
								TOT CHARGES / TOT FRAIS			904.96		
								TOT GST-HST / TOT TPS-TVH				45.16	
								UNIT TOTAL / TOT UNITE					950.12
								DISCOUNT / RABAIS					1.64-
								TOTAL / TOTAL					948.48

BLG871

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

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 07/01/16
INVOICE NO.
NO DE LA FACTURE 0006431080

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	914.2		904.96	45.16	
							BKDN TOTALS / TOTAUX CODIFICATION DISCOUNT / RABAIS TOTAL / TOTAL					950.12 1.64- 948.48

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

DREW BARNES, MLA

NOTE: A credit adjustment of $156.45 is included in the reported amount for the category, “Fuel and Minor Maintenance.”

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

Membership Number
XXXX-XXXXX[redacted]

Date
June 16, 2016

Previous Balance		Payments and Credits		New Charges including Delinquency Assessment, if any		New Balance $
0.00	-	0.00	+	[redacted]		[redacted]

Statement includes payments and charges received by June 16, 2016

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.

1832

Credit Limit Summary On June 16, 2016 — **Total Credit Limit $** [redacted] — **Available Credit Limit $** [redacted]

New Transactions for D BARNES MLA

		Amount $
[redacted]		
June 6	**AIRPORT TAXI SERVICE EDMONTON** TAXICABS AND LIMOUSINES	63.25
June 7	**AIRPORT TAXI SERVICE EDMONTON** TAXICABS AND LIMOUSINES	54.05
Total New Transactions for D BARNES MLA		[redacted]

$111.72

[redacted]

† Please detach here †

AMERICAN EXPRESS®

Payment Options
PLEASE ALLOW 3 TO 5 BUSINESS DAYS FOR YOUR PAYMENT TO BE PROCESSED BY YOUR FINANCIAL INSTITUTION AND SENT TO US. See the About Your Payment Section.
- Phone and Internet banking arranged through your financial institution
- Your local bank branch
- Automatic banking machines

Do Not Enclose Cash

Membership Number [redacted]		
	Amount Due $ [redacted]	Amount Paid $

000261

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

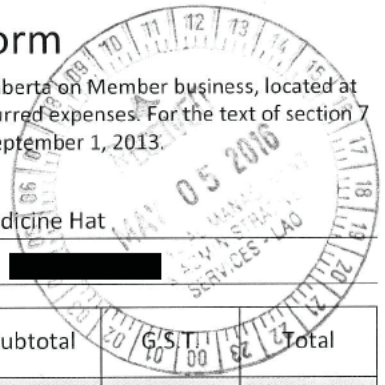
Amex Bank of Canada/
Banque Amex du Canada
PO BOX 2000
West Hill ON M1E 5H4

[redacted]

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: April **Year:** 2016 **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			☐	☐	☐			
3	Travel to/from Capital	Edmonton	☐	☐	☒	19.76	0.99	20.75
4	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
5	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
6	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
7	Travel to/from Capital	Edmonton/Edmonton/Calgary	☒	☒	☒	39.57	1.98	41.55
8			☐	☐	☐			
9			☐	☐	☐			
10	Travel to/from Capital	Edmonton	☐	☐	☒	19.76	0.99	20.75
11	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
12	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
13	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
14	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
15			☐	☐	☐			
16			☐	☐	☐			
17	Travel to/from Capital	Wetaskiwin	☐	☐	☒	19.76	0.99	20.75
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	☒	☒	☐	19.81	0.99	20.80
21	Travel to/from Capital	Edmonton/Edmonton/Calgary	☒	☒	☒	39.57	1.98	41.55
22			☐	☐	☐			
23			☐	☐	☐			
24			☐	☐	☐			
25			☐	☐	☐			
26			☐	☐	☐			
27			☐	☐	☐			
28			☐	☐	☐			
29			☐	☐	☐			
30			☐	☐	☐			
31			☐	☐	☐			
		Grand Total				$514.38	$25.72	$540.10

I certify that I have met the requirements of section 7 of the *Members' Allowances Order, RMSC 1992, c. M-1*, as amended, have incurred meal expenses on the dates selected, and have not previously claimed or been paid for these expenses.

Member Signature **Date** April 29, 2016

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: May **Year:** 2016 **Employee #:** [redacted]

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal B	Meal L	Meal D	Subtotal	G.S.T.	Total
1	Travel to/from Capital	Edmonton	☐	☐	☒	19.76	0.99	20.75
2	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
3	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
4	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
5	Travel to/from Capital	Edmonton/Edmonton/Strathmore	☒	☒	☒	39.57	1.98	41.55
6			☐	☐	☐			
7			☐	☐	☐			
8	Travel to/from Capital	Edmonton	☐	☐	☒	19.76	0.99	20.75
9	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
10	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
11	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
12	Travel to/from Capital	Edmonton/Edmonton/Strathmore	☒	☒	☒	39.57	1.98	41.55
13			☐	☐	☐			
14			☐	☐	☐			
15	Travel to/from Capital	Edmonton	☐	☐	☒	19.76	0.99	20.75
16	Travel to/from Capital	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/Edmonton/Strathmore	☒	☒	☒	39.57	1.98	41.55
20			☐	☐	☐			
21			☐	☐	☐			
22			☐	☐	☐			
23			☐	☐	☐			
24	Travel to/from Capital	Calgary/Edmonton/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/Edmonton/Strathmore	☒	☒	☒	39.57	1.98	41.55
27			☐	☐	☐			
28			☐	☐	☐			
29	Travel to/from Capital	Edmonton	☐	☐	☒	19.76	0.99	20.75
30	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
31	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
					Grand Total	$751.76	$37.59	$789.35

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** June 3, 2016

*APRIL 2016 ONLY

[redacted]

Members' Temporary Accommodation Allowance Claim Form

Note to MLAs: Forms accessed online can be used to claim either the temporary residence accommodations allowance under sections 5 and 6 and meal expenses under section 7 of the *Members' Allowance Order*. Only claims supported by the required documentation will be processed. For the text of sections 5, 6, 7, and 8 of the *Members' Allowance Order*, see reverse. For information on form completion, go to OurHouse – Forms – Expense Claim Forms.
Effective date: April 1, 2016 APR01-30/16MTAA DEACT MTAA APRIL 2016

Member Name: Barnes, Drew **Constituency:** Cypress-Medicine Hat

Employee #: [redacted] **Date:** May 6, 2016

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

Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually
Maximum of $23,160 per fiscal year.

Fiscal Year:

Have you provided documents evidencing your Temporary Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please attach. ☑ Yes ☐ No

Monthly Amount (maximum $1,930 or less) $ 1780 [redacted]

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

Claim Payment Authorization (please check) [redacted]

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

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

[redacted]

Member Signature

Updated April 2016

[redacted]

Members' Temporary Accommodation Allowance Claim Form

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

Member Name: Barnes, Drew **Constituency:** Cypress-Medicine Hat

Employee #: [redacted] **Date:** May 6, 2016

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

Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually
Maximum of $23,160 per fiscal year.

Fiscal Year:

Have you provided documents evidencing your Temporary Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please attach. ☑ Yes ☐ No

Monthly Amount (maximum $1,930 or less) $ 1,780

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

Claim Payment Authorization (please check)

[redacted]

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

[redacted]

MTAA MAY 2016

[redacted]

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

[redacted]

Member Signature

Members' Temporary Accommodation Allowance Claim Form

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

Member Name: Barnes, Drew **Constituency:** Cypress-Medicine Hat

Employee #: [redacted] **Date:** May 6, 2016

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

Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually
Maximum of $23,160 per fiscal year.

Fiscal Year:

Have you provided documents evidencing your Temporary Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please attach. ☑ Yes ☐ No

Monthly Amount (maximum $1,930 or less) $ 1,780

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

Claim Payment Authorization (please check)

[redacted]

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

[redacted]

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

JUNE 2016

[redacted]

Member Signature

Updated April 2016

SUPER 8 WETASKIWIN
3820 56TH STREET
WETASKIWIN AB T9A 2B2 CA
Phone: (780)361-3808
Fax: (780)361-0388
Email: s8guestservices@gmail.com
Printed: 4/18/2016 7:10:36 AM

Folio (Detailed)

Name: BARNES, DREW.MR

Confirmation Number:
Account Number: [redacted]

Room:	113	Room Type:	NQ1, 1 QUEEN/NSMK	Nights: 0	Guests: 1/0
Rate Plan:	S3A	Daily Rate:	$116.99 + $10.53 Tax	GTD:	VI - VISA
Arrival:	4/18/2016 (Mon)	Departure:	4/18/2016 (Mon)		XXXX XXXX XXXX [redacted]

Room Rate:

4/18/2016 (Mon) - 4/18/2016 (Mon) $116.99 + $10.53 Tax per night.

Date	Code	Description	Amount	Balance
4/18/2016	RM	ROOM CHARGE-APRIL 17, 2016	$116.99	$116.99
4/18/2016	TAX1	TOURISM LEVY	$4.68	$121.67
4/18/2016	TAX2	ROOM G.S.T	$5.85	$127.52
4/18/2016	VI	VISA XXXX XXXX XXXX [redacted]	($127.52)	$0.00

Summary

Room	Tax	F&B	Other	CC	Cash	DB
$116.99	$10.53	$0.00	$0.00	($127.52)	$0.00	$0.00

By signing below, I agree to these terms and conditions.

$121.67

Guest Signature: _____

(1) Regardless of charge instructions, the undersigned acknowledges the above as personal indebtedness. (2) This property is privately owned and management reserves the right to refuse services to any one, and will not be responsible for injury or accidents to guests or loss of money, jewelry or any personal valuables of any kind.
"We or our affiliates may contact you about goods and services unless you call 888-946-4283 or write to Opt Out/Privacy, Wyndham Hotel Group, LLC, 22 Sylvan Way, Parsippany, NJ 07054 to opt out. View our website about privacy."

GST#101341824 RT 0002