

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

	Budget	Used this Quarter	Used To-Date
<b>Financial Reporting - \$ (Receipts attached)</b>			
<b>Transportation</b>			
Fuel and Minor Maintenance - \$		\$1,368.67	\$3,216.48
MLA Parking Cap - \$	\$900.00		
Other Travel - Parking - \$		\$12.62	\$12.62
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$		\$45.45	\$157.17
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$39.52	\$1,305.66
<b>Accommodation</b>			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,340.00	\$10,680.00
Travel Accommodations Allowance		\$651.70	\$773.37
Travel Accommodations Allowance (days; 10 max) - NF	10	5	6
<b>Other</b>			
Hosting - \$		\$334.46	\$334.46
<b>Non-Financial Reporting</b>			
<b>Use of Private Automobile (43.5 cents per km)</b>			
Constituency Travel (Kilometres) - NF	80,000	14,835	19,970
Special Trips (5 trips per year) - NF	5	1	1
<b>Travel To and From the Capital</b>			
Travel by Air, Bus or Train (Unlimited Trips) - NF			1
Use of a Private Automobile (52 trips per year) - NF	52		8
<b>Other Travel</b>			
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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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	08/01/16
DATE DE LA FACTURE	
INVOICE NO.	0006443170
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
	BARNES				000438546392 07/01/16	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	69.8	1.02	67.69	3.39 3.39	71.08 71.08
					000438345961 06/28/16	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	90.3	1.02	87.58	4.38 4.38	91.96 91.96
					000438329421 06/23/16	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	75.0	1.01	72.04	3.60 3.60	75.64 75.64
					000439361417 06/23/16	HUSKY OIL WAINWRIGHT 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	65.3	1.07	66.51	3.24 3.24	69.75 69.75 .65- 69.10
					000439155993 06/15/16	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	79.5	1.07	81.33	4.07 4.07	85.40 85.40
					000439268365 06/14/16	IMPERIAL OIL MEDICINE HAT AB	ETHANOL REGULAR GRADE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	88.3	1.07	90.39	4.52 4.52	94.91 94.91
	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	468.2		465.54	23.20	488.74 .65- 488.09
BKDN TOTALS / TOTAUX CODIFICATION 01-55							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	468.2		465.54	23.20	
BKDN TOTALS / TOTAUX CODIFICATION											488.74	

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

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION											
SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY DIV-55-D BARNES - - - - - - - -											

CLIENT NO.  
NO DU CLIENT  
INVOICE DATE 08/01/16  
DATE DE LA FACTURE  
INVOICE NO. 0006443170  
NO DE LA FACTURE

UNIT NO	DRIVER NAME DRIVER ID.	V.I.N.	CARD NO.	KM AUTHORIZE	REFERENCE NO ACTIVITY DATE	SUPPLIER NAME SUPPLIER LOCATION	CHARGE DESCRIPTION DESCRIPTION DES FRAIS	QTY	UNIT COST	EXTENDED PRICE	GST-HST PST/QST	TOTAL DUE
NO. D'UNITE	NOM DU CONDUCTEUR NO. DU CONDUCTEUR	NO. DE SERIE	NO. DE CARTE	KM AUTORISE	NO. DE REFERENCE DATE DE LA TRANS.	NOM DU FOURNISSEUR POINT DE VENTE		QTE	COUT UNIT	TOTAL	TPS-TVH TVP/TVQ	MONTANT TOTAL DU
BKDN TOTALS / TOTAUX CODIFICATION							DISCOUNT / RABAIS TOTAL / TOTAL				.65- 488.09	

# Element Fleet Management



BFD290001

FLEET MANAGEMENT SERVICES DETAIL  
DETAILS SERVICES DE GESTION DE PARC

PAGE - 213 OF 262  
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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION	
SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY DIV-55-D BARNES	
-	-
-	-
-	-
-	-

CLIENT NO.	
NO DU CLIENT	
INVOICE DATE	09/01/16
DATE DE LA FACTURE	
INVOICE NO.	0006455248
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
	BARNES				000441202265 08/21/16	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	78.5	.93	69.42	3.47 3.47	72.89 72.89
					000440956374 08/15/16	SHELL CANADA INC MEDICINE HAT AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	55.3	.97	51.01	2.55 2.55	53.56 53.56
					000441027483 08/10/16	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	.95	79.51	3.98 3.98	83.49 83.49
					000440435096 08/04/16	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	89.7	.94	80.24	4.01 4.01	84.25 84.25
					000441425010 08/03/16	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	28.0	.97	25.81	1.29 1.29	27.10 27.10
					000440829898 08/02/16	PETRO CANADA EDMONTON AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	65.8	.86	54.11	2.71 2.71	56.82 56.82
					000440829899 08/01/16	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	48.8	.95	44.08	2.20 2.20	46.28 46.28
					000440308102 07/30/16	DOMO GAS 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	83.3	.98	77.63	3.88 3.88	81.51 81.51 78- 76.85 80.73
					000440050762	FEDERATED COOPERATIVES L MITED	UNLEADED REGULAR GASOLINE	85.3	.91	73.92		

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

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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  
 INVOICE DATE 09/01/16  
 DATE DE LA FACTURE  
 INVOICE NO. 0006455248  
 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
	BARNES				07/26/16	MEDICINE HAT AB	GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL			3.70 3.70 77.62 77.62		
					000439707921 07/22/16	SHELL CANADA INC BROOKS AB	UNLEADED MIDGRADE GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	89.8	.96	82.02 4.10 4.10 86.12 86.12		
					000439653714 07/21/16	SHELL CANADA INC BROOKS AB	UNLEADED MIDGRADE GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	92.9	.96	84.88 4.24 4.24 89.12 89.12		
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	805.4		722.63 36.13 758.76 78- 757.98		
BKDN TOTALS / TOTAUX CODIFICATION 01-55							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	805.4		722.63 36.13		
							BKDN TOTALS / TOTAUX CODIFICATION DISCOUNT / RABAIS TOTAL / TOTAL			758.76 78- 757.98		

ASSEMBLY OF ALBERTA  
Expense Claim Receipt Description

Name: Drew Barnes, MLA

Ant Name: Drew Barnes, MLA

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

\$52.83

TRANSCANADA TRUCK STOP  
#1 1900 SOUTH HWAY DR  
REDCLIFF, AB T0J 2P0

00304069

VRN:R057374011

03/30/2016 4:46:51 PM

Register: 1 Trans #: 8886 Op ID: 5  
Your cashier: cashier5

SUPRM CA PUMP# 2  
56.082 L @ \$ 0.989/L \$55.47 101  
GST1 Incl In Fuel \$2.64

Subtotal = \$55.47

Total = \$55.47

Change Due \$0.00

Credit \$55.47

TYPE: PURCHASE

ACCOUNT: VISA \$55.47

INVOICE: TZ002517

CARD NUMBER: C \*\*\*\* \* [REDACTED]

4- SCOTIABANK VISA

3- A0000000031010

01 Approved - Thank You 027

LOYALTY: NO

IMPORTANT - retain this copy for your  
records

Customer Copy

LIKE US ON FACEBOOK  
TRANS CANADA TRUCK STOP ETC

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Drew Barnes, MLA

Claimant Name: same

Expense Category: Fuel and Minor Maintenance

(oil chg.)

For hosting, select one:

- ☐ Individual Constituent(s)  
☐ Individual Stakeholder(s)  
☐ Group: \_\_\_\_\_

Purpose:

\$127.67

MR. LUBE #85  
901 KINGSWAY AVENUE SE  
MEDICINE HAT, AB T1A 2X6  
TEL (403) 527-7975

TERM ID: A4255495 BATCH#: 086  
SHIFT#: 001

**Sale**  
INV#: 0000000003  
VISA Chip  
SEQ#: 086001001003  
Application Label: SCOTIABANK VISA  
AID: A0000000031010  
TVR: 00 00 00 00 00  
TS1: F0 00

Total: CAD\$

APPROVED  
001/00

04-Jun-16

09:56:44

CUSTOMER COPY  
THANK YOU

**MR. LUBE**

Invoice



753446 ALBERTA LTD  
901A KINGSWAY AVE. SE  
MEDICINE HAT, AB T1A 2X6  
(403) 527-7975

Date 6/4/2016 9:56 AM

Invoice # 8594435

Transaction # 16060408594435

Employees AUSTIN TYLERB DAWSYN

## Customer Information

Drew Barns

## Vehicle Information

## Fleets

## Service History

## DATE

6/4/16

## KILOMETERS

205376

## SERVICES

OC4 WW AF

I have agreed to the information contained on this invoice.

## Courtesy Check

## CHECK:

-Air Filter  
-Cabin Air Filter  
-Emission (PCV) Valve  
-Diff Fld Level-Front/Rear  
-Emission (PCV) Filter  
-Lights  
-Wiper Blades  
-Serpentine Belt  
-Battery  
-Leaks (Fluid, Oil)  
-Tire Pressure  
-Windshield

REPLACED  
APPEARS OK  
NO CHECK  
LEVEL OK  
NO CHECK  
CHECKED OK  
APPEARS OK  
APPEARS OK  
APPEARS OK  
PSI OK  
APPEARS OK

## COMPLIMENTARY SERVICES:

-Wash Windows  
-Lubricate Door Hinges  
-Check & Top Up Fluids

DECLINED  
DECLINED  
COMPLETED

## Description

PREMIUM SYN PACKAGE  
SHOP SUPPLIES  
COURTESY CHECK  
OIL FILTER P969  
SPECIAL FILTER CHARGE \$17  
CASTROL EDGE SPT 5W30  
TIRE PRESSURE IS ==>  
FACTORY SEALED VEHICLE  
FREE WASHER FLUID TOP-UP  
BULK WASHER FLUID  
BATTERY TEST PASSED

## QTY

## Price

1.00 97.99  
1.00 3.99  
1.00 0.00  
1.00 0.00  
1.00 17.00  
6.50 8.69  
35.00 0.00  
1.00 0.00  
1.00 0.00  
1.00 0.00  
1.00 0.00

## Service Comments

THANK YOU

GST# 882829542RT0001

## TOTAL

Visa

127.67  
+GST

## Messages

Recommend next service on 09/02/2016 or 210376 km.

tell us about your recent experience! Follow us on Twitter @mrlube\_medhat  
We now offer tire rotation & seasonal rimmed changeover

## The following parts have been double-checked to ensure that they are secure:

Oil Pan Drain Plug ☐ Check  
Oil Filter ☐ Check  
Oil Light Reset ☐ Check

Front Differential Plug ☐ Check ☐ Drain  
Rear Differential Plug ☐ Check ☐ Drain  
Transfer Case Plug ☐ Check ☐ Drain

Transmission/Transaxle Plug ☐ Check ☐ Drain  
Fuel Filter ☐ Check  
Splash Shield ☐ Check



✓ You talk

✓ We listen

✓ You can win

Rate us at [www.tellmrlube.com](http://www.tellmrlube.com), scan our QR code or call 1-866-681-4932 and you could win a free oil change weekly!

Plus receive chances to win daily cash and other great prizes by scanning our QR code or visiting [www.tellmrlube.com](http://www.tellmrlube.com). Or 1 chance to win cash daily by calling 1-866-681-4932.

Survey Code:  
TFAQ4XY7V

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Drew Barnes, MLA

Claimant Name: same

Expense Category: Member Parking

For hosting, select one:

- ☐ Individual Constituent(s)  
☐ Individual Stakeholder(s)  
☐ Group: \_\_\_\_\_

Purpose:

Parking at YXH airport.  
\$12.62

REÇU À TEINTE DE SECURITE

MEDICINE HAT  
REGIONAL AIRPORT  
PARKING RECEIPT



parking at  
MHA airport reimburse

RECEIVED FROM	DATE <u>6 June 16</u>	395661
REÇU DE	[REDACTED]	
ADDRESS	[REDACTED]	
ADRESSE	[REDACTED]	
FOR		DOLLARS
POUR		\$13.25
FROM		TO
DU <u>6 June</u>		AU <u>7 June</u>
TAX REG. NO.		121408967RT
N° DE TAXE		
BY		6158
PAR		
S27B		

ACCOUNT - COMPTE	
TOTAL AMOUNT	
MONTANT TOTAL	
AMOUNT PAID	
MONTANT PAYÉ	
BALANCE DUE	
SOLDE DU	

☒ CASH  
COMPTANT \$13.25  
☐ CHEQUE  
CHÈQUE \$  
☐ MONEY ORDER  
MANDAT \$



# 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

September 16, 2016

Date

Page 1 of 3

Previous Balance	Payments and Credits	New Charges including Delinquency Assessment, if any	New Balance \$
0.00	0.00	47.73	47.73

Statement includes payments and charges received by September 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.

## Credit Limit Summary On September 16, 2016

Total Credit Limit \$

Available Credit Limit \$

## New Transactions for D BARNES MLA

Amount \$

August 28	CARE CABS LTD MEDICI MEDECINE HAT TAXICABS AND LIMOUSINES	20.13
August 31	UNITED CLASS CABS LT FORT MCMURRAY TAXICABS AND LIMOUSINES	27.60
Total New Transactions for D BARNES MLA		47.73

\$45.45

## 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

† Please detach here †

Membership Number

Amount Due \$	Amount Paid \$
47.73	



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

000265

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





# 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: August

Year: 2016

Employee #: [REDACTED]

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15	60 km from Perm. Res.	Calgary, AB	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30	60 km from Perm. Res.	Fort McMurray, AB	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$39.52	\$1.98	\$41.50

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

Sept 1, 2016



## 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)

\$ 1780

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

Claim Payment Authorization (please check)



12 Monthly Payments

I authorize 12 monthly payments in the amount specified above for the entire fiscal year. This monthly amount is static for the entire fiscal year.

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

JULY 2016

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

Member Signature

Updated April 2016



## Members' Temporary Accommodation Allowance Claim Form

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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)**

☒ **12 Monthly Payments**

I authorize 12 monthly payments in the amount specified above for the entire fiscal year. This monthly amount is static for the entire fiscal year.

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

AUGUST 2016

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

**Member Signature**

Updated April 2016



## Members' Temporary Accommodation Allowance Claim Form

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055

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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

x 12 =

21,360

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

Claim Payment Authorization (please check)

☒ 12 Monthly Payments

I authorize 12 monthly payments in the amount specified above for the entire fiscal year. This monthly amount is static for the entire fiscal year.

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

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SEPTEMBER 2016

Member Signature

Updated April 2016



# Black Knight Inn (ST105)

2929 50 Th Ave  
Red Deer, AB T4R 1H1  
(403) 343-6666  
llarsen@blackknightinn.ca

Account: [REDACTED]

Date: 7/22/16

Room: 311 SPEC

Arrival Date: 7/21/16

Departure Date: 7/22/16

Check In Time: 7/21/16 5:08 PM

Check Out Time: 7/22/16 11:11 AM

Rewards Program ID:

You were checked out by: ralpeche1

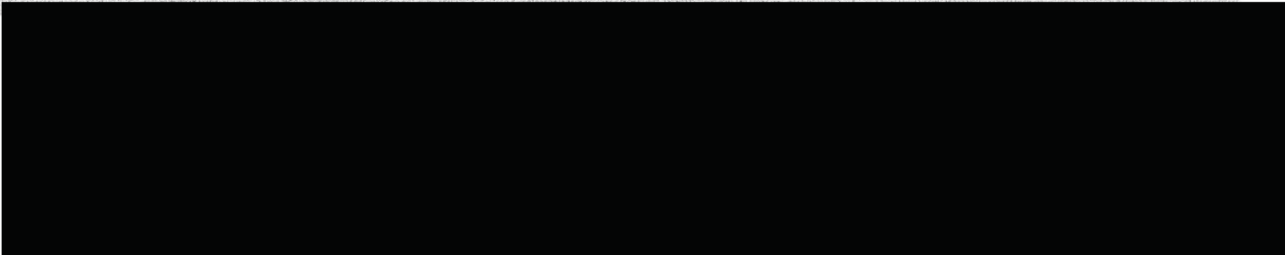
You were checked in by: llarsen

Total Balance Due: 0.00

Barnes, Drew

Post Date	Description	Comment	Amount
[REDACTED]			
7/21/16	Room Charge	#311 Barnes, Drew	115.00
7/21/16	Tourism Levy		4.60
7/21/16	GST		5.75
7/22/16	Visa Payment	XXXXXXXXXXXX [REDACTED]	[REDACTED]

## Folio Summary 7/21/16 - 7/22/16



GST #R121889661

x \_\_\_\_\_

Follow us on:



\$119.60  
5.75 GST  
\$125.35

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
134	382341	15/08/2016	16/08/2016	0.00
Master Folio		CAA/AAA		

Date	Room	Description / Voucher	Charges	Credits	Balance
15/08/2016	134	Room Taxable	121.00	0.00	147.84
15/08/2016	134	Destination Marketing Fee - 3%	3.63	0.00	151.47
15/08/2016	134	Alberta Tour Levy - 4%	4.99	0.00	156.46
15/08/2016	134	GST - 5%	6.23	0.00	162.69
16/08/2016	134	Visa - ...	0.00	162.69	0.00
		<b>Balance Due</b>			<b>0.00</b>
		<b>Summary and Taxes</b>			
		Taxable Sales	121.00		
		Destination Marketing Fee - 3%	3.63		
		Alberta Tour Levy - 4%	4.99		
		GST - 5%	6.23		
		<b>\$129.62</b>			

1 of 5  
 Day trip



**Quality Hotel & Conference Centre**  
**GST 86554 8226 RT0001 (CN456)**

424 Gregoire Drive  
Fort McMurray, AB T9H3R2  
(780) 791-7200  
GM.CN456@choicehotels.com

Account: [REDACTED]

Date: 9/1/16

Room: 251 GROUP~

Arrival Date: 8/28/16

Departure Date: 8/31/16

Check In Time: 8/28/16 8:52 PM

Check Out Time: 8/31/16 6:52 AM

Rewards Program ID:

You were checked out by: jdura

You were checked in by: lcox

**Total Balance Due: 0.00**

BARNES, Drew

Post Date	Description	Comment	Amount
8/28/16	Room Charge	#251 BARNES, Drew	129.00
8/28/16	Other Tax		2.00
8/28/16	Goods & Services Tax		6.45
8/28/16	Occupancy Tax		5.16
8/28/16	State Tax		0.10
8/29/16	Goods & Services Tax	Tax Exemption Refund	(6.45)
8/29/16	Other Tax	Tax Exemption Refund	(2.00)
8/29/16	State Tax	Tax Exemption Refund	(0.10)
8/29/16	Room Charge	#251 BARNES, Drew	129.00
8/29/16	Occupancy Tax		5.16
8/30/16	Room Charge	#251 BARNES, Drew	129.00
8/30/16	Occupancy Tax		5.16
8/31/16	Visa Payment		(402.48)
	XXXXXXXXXXXX [REDACTED]		

**\$402.48**

**Folio Summary 8/28/16 - 8/31/16**

Room Charge	387.00
Goods & Services Tax	0.00
State Tax	0.00
Occupancy Tax	15.48
Other Tax	0.00
Visa Payment	(402.48)
Balance Due:	<u>0.00</u>

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: Public Town Hall Meeting

Purpose:

Hosting Public Town Hall Meeting - June 14, 2016

# INVOICE

**Rustic Kitchen and Bar**

925 7th Street SW  
Medicine Hat, AB T1A 7R8

**BILL TO**

Cypress-Medicine Hat Constituency Office  
#5, 1299 Trans Canada Way SE  
Medicine Hat, AB T1B 1H9

**INVOICE #**

100

**INVOICE DATE**

25/07/2016

**DESCRIPTION****AMOUNT**

Banquet room service on June 14, 2016 from 6:30-8pm. Chairs, Tables,  
Projector Screen, Coffee and Tea provided for Drew Barnes, MLA for the  
purpose of a Town Hall meeting.

200.00

**TOTAL****\$ 200.00**

MLA 202042

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 and coffee supplies for meetings at constituency office

\$ 19.99

*You're at home here.*



South Country Co-op  
13th Ave Food Centre  
3030 - 13th Ave SE, Medicine Hat T1B 1E3  
J LEPL

TIM HORTONS CUPS \$19.99 N

TYPE: Purchase

ACCT: MASTERCARD

CARD NUMBER: \*\*\*\*\*  
DATE/TIME: 06/28/2016 12:49:01  
REFERENCE #: 0010018040 C  
TERM: 66253351  
AUTHOR.# :  
AID: A0000000041010  
TVR: 0000008000  
TSI: E800

MasterCard  
01 APPROVED - THANK YOU 027

IMPORTANT:  
retain this copy for your records

CUSTOMER COPY

\*\*\*\*\*

MASTERCARD  
Auth Code =  
CHANGE \$0.00

TAX-CODE TAXABLE-VAL TAX-VALUE  
GST

Member Number

C0234 #9713 12:48:52 28JUN2016  
S01691 R024  
Thank-You  
For Shopping Co-op!

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 and coffee supplies for meetings at constituency office

\$49.47



South Country Co-op

13th Ave Food Centre  
3030 - 13th Ave SE, Medicine Hat T1B 1E3

COFFEE MATE LIGHT \$9.49 N  
TIM HORTONS CUPS \$19.99 N  
TIM HORTONS CUPS \$19.99 N  
3 BALANCE DUE \$49.47

TYPE: Purchase

ACCT: MASTERCARD \$ 49.47

CARD NUMBER: \*\*\*\*\*  
DATE/TIME: 05/30/2016 13:20:49  
REFERENCE #: 0010011910 H  
TERM: 66209742  
AUTHOR.# :  
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 \$49.47  
Auth Code =  
CHANGE \$0.00  
TOTAL TAX \$0.00

Member Number

227

116

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 bottles for office

\$165.00



1001 Foundry Street S.E.  
Medicine Hat, AB T1A 1X6  
403-526-3806

Invoice # 35817

Rep ☒ Date: Aug 2/16

Name: MH Constituency  
Office

OS: F: E:

PO#

Bottles Del: \$

Empties Ret: \$

Bottle Deposits: \$

Rings of Tokens: 1 \$ 65.00

Ice Bags: \$

\$

\$

MLA 20 \$ 0.46

\$

\$

\$

\$

\$

\$

Sub Total \$ 65.00

Gst \$

Total Due \$ 65.00

Payment \$

Charge ☒ Cheque ☐ Cash ☐

Visa ☐ MC ☐

[ ]

Expiry \_\_\_\_/\_\_\_\_

Signature