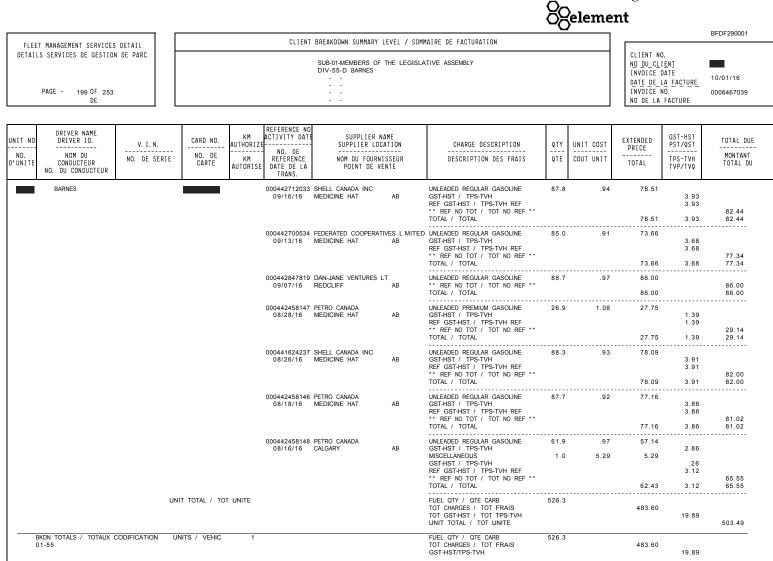
LEGISLATIVE ASSEMBLY OF ALBERTA Member EDR 2016-17 055 - Cypress-Medicine Hat - Barnes, Drew For Expenses Processed Oct 1 - Dec 31, 2016

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)	Dudgot		
Transportation			
Fuel and Minor Maintenance - \$	\$900.00	\$2,060.21 \$21.90	\$5,276.69 \$21.90
MLA Parking Cap - \$ Other Travel - Parking - \$	\$900.00	\$21.90 \$7.86	\$21.90 \$20.48
Member Travel (overnight stay in constituency) - \$		φ7.80	\$20.46
Taxi, Bus Travel - \$		\$231.99	\$389.16
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$604.47	\$1,910.13
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,340.00	\$16,020.00
Travel Accommodations Allowance	, .,		\$773.37
Travel Accommodations Allowance (days; 10 max) - NF	10.0		6.0
Other			
Hosting - \$		\$433.37	\$767.83
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	80,000.0	12,107.0	32,077.0
Special Trips (5 trips per year) - NF	5.0		1.0
Travel To and From the Capital			
Travel by Air, Bus or Train (Unlimited Trips) - NF		6.5	7.5
Use of a Private Automobile (52 trips per year) - NF	52.0	5.0	13.0
Other Travel			
Vehicle Rental (5 Days maximum anywhere in Alberta) - NF	5.0		
	0.0		

\$ - 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

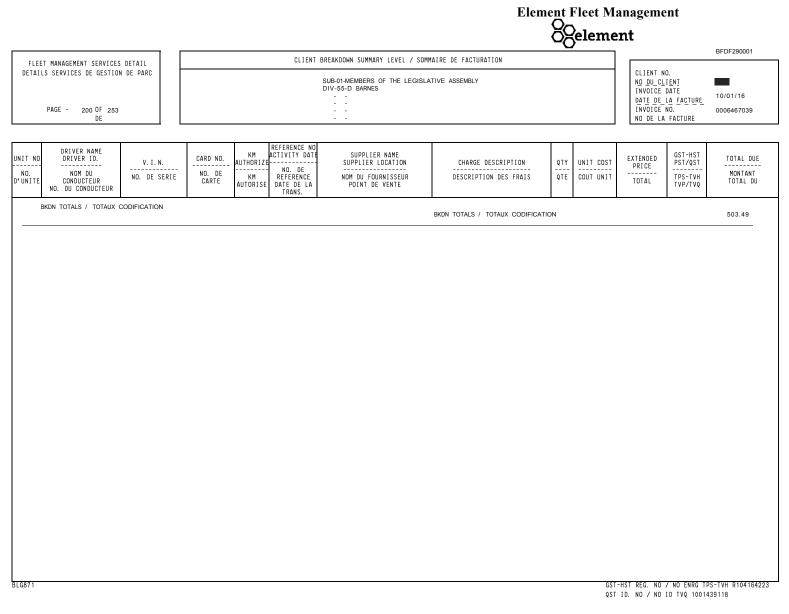
Element Fleet Management



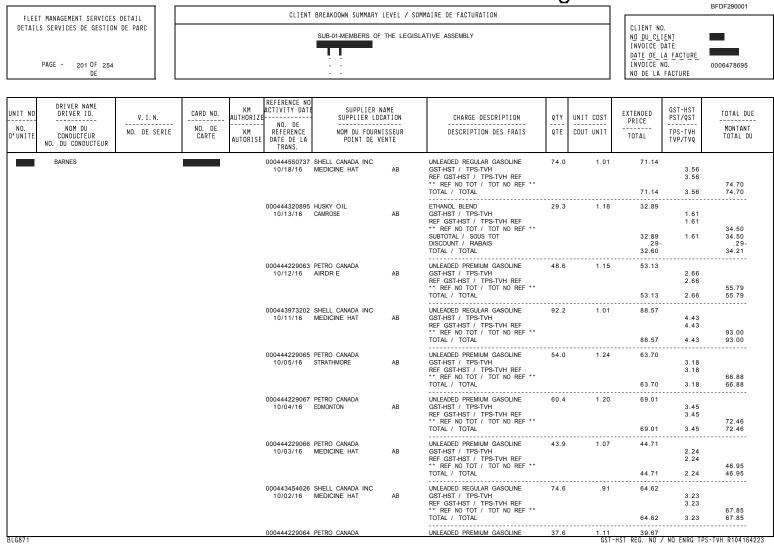
GST-HST REG. NO / NO ENRG TPS-TVH R104164223

QST ID. NO / NO ID TVQ 1001439118

BLG87

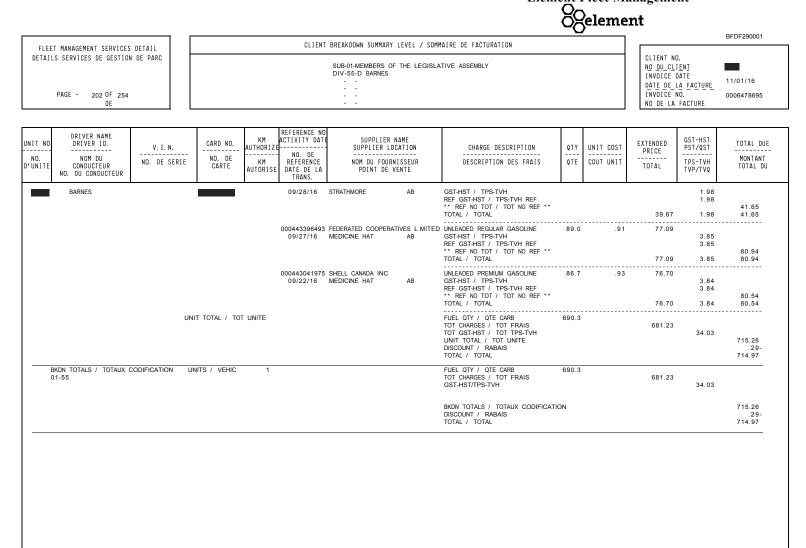


Element Fleet Management Selement



QST ID. NO / NO ID TVQ 1001439118

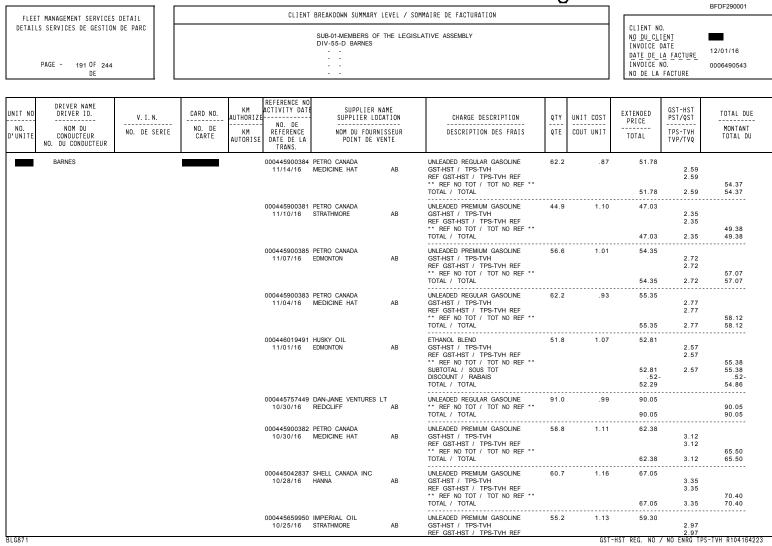
Element Fleet Management



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

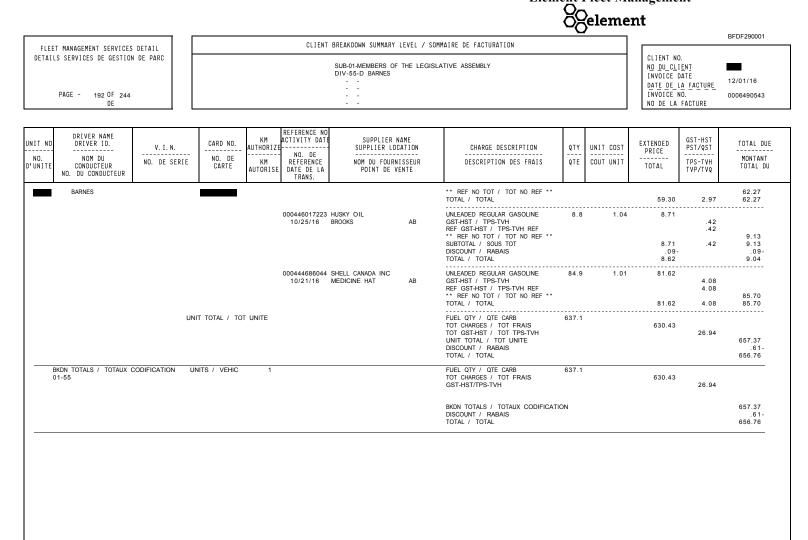
BLG871

Element Fleet Management Selement



QST ID. NO / NO ID TVQ 1001439118

Element Fleet Management



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

BLG871

Member Name: Drew Barnes, MLA

Claimant Name: Drew Barnes, MLA

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

·.. ·.

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

Purpose:

\$70.00

12007 BURDET	170 SER√ICE LTT. 19 HIGH41/1 S 17 AB T0K0J0 38333803
Merchant ID: 17750 Term ID: 003	830010 Ref H: 80
S	ale
	97.
VISA	Entry Method: Chip
11/11/16	13:21:21
Inv #: 000007	
Apprvd	Batch#: 000198
Total:	\$ 73.50
agrees to pay i accordance with is cardholder (Mercha voi	ified PIN, cardholder ss.e. such total in sue's asreement with nt agreement if credit ucher).
	opy for statement fication.
Application Label: 5 AID: A0000000031010 TVR: 00 80 00 80 00 TSI: F8 00	
Custor	ter Copy

p.1 PAHL'S AUTO SERVICE LT **AUTO & TIRE BUSINESS PHONE** SERVICE 403-833-3803 ON HIGHWAY #3 Box 1 Burdett, AB CANATE AN INDEPENDENT BURDETT, AB TOK OJO G.S.T. Reg. #R104049671RT 403-833-3803 10 () 16 Date 20_ ON ACCT. ACCL I'WD. CHARGE SOLD BY C.O.D. 3 SU 2 9700 3 4 350 Cost the 1 5 6 7 8 9 10 E0729H Pahl's Auto Service Ltd 11 paramountprinters com 12 13 14 15 Accounts Over 30 Days Are Charged 2% Per Month (24% Per Annum) THANK YOU! 25898 Nº 16 Nov 16 04:10p · ---- -

. 1

Member Name: Drew Barnes, MLA				
Claimant Name: Drew Barnes, MLA		-	atra a	. /
Expense Category: Fuel and Minor Maintenance	Destailing	Clebast	0420,20	PF6,
For hosting, select one:				
Individual Constituent(s)				
Individual Stakeholder(s)				
Group:				
Purpose:		1137 KI	RT TIDYCAR Ngsway ave se Hat. ab tia 2y	
		Merchant ID: Term ID: 0660 21142520014	000000002946796 8068	
		Pur	chase	
J		SCOTIABANK VIS	SA	- 3
		AID: A0000000 Entry Method:	Chip)
		10/20/16	Batch#: 000435 16:05:28	
		Ref#:000053340 Inv #: 000062		
		Total:	\$ 204.70	
		Custo	вег Сору	
		DUSED	NUC GUPT	

* Please send your payment to: Statistics of

.

ANCHISE OPERATED BY

761400 ALBERTA LTD. 1137 KINGSWAY AVE SE MEDICINE HAT, T1A 2X1



	INVOICE	
Nº	C60809606	

	761400 ALBERTA LTD. 1137 KINGSWAY AVE SE MEDICINE HAT, AB T1A 2X1	DATE: 10/20/2016 DRIVER'S PERMIT: POLICY NO: EXPIRY DATE DEDUCTIBLE 0.00	
	(403)526-3807 (408)529-0562	DATE OF DAMAGE ADJUSTER CLAIM NUMBER	
.T. / .T. NO	1516864 P.S.T. NO.	REPRESENTATIVE	
/OICED TO	BARNES	BARNES, DREW	
			15 ⁻⁴
ERMEDIARY		BARNES, DREW	1 ^{**}
			at
-			

TAILS

VEHICLE	FLEET NUM	BER SERIAL NO	(VIN) LICENCE NO. (PL	ATE) ODOMETER KA
				0
DESCRIPTION	QUANT.	PART NO.	MATERIAL	LABOUR
INNER CLEAN AND WASH ENVIRONMENTAL IMPACT SURCHARGE	1.0 1.0	DETIC Z1	189.95 5.00	0.00
WORK ORDER - PURCHASE ORDER C608009661 IARKS		SUB-FOTAL	194.95 нат.gat рат.	0.00 9.75 0.00
			107.0	
NOT RECOMMENDED - VISION AREA ON NOT REPARABLE	REFUSED BY CUST	OMER	-Deposit	204.70 0.00
by certify that the repairs and/or replacement have been completed to my satisfa ke payment directly to Vimaxco inc. failing which will make this payment. The clier nty as indicated at the reverse of this document.	ction and I authorize my insuran It recognizes the terms and cond	ce company ditions of the		
E : CLIENT :			Nº	\supset

Member Name: Drew Barnes, MLA

Claimant Name: Drew Barnes, MLA

Expense Category: Member Parking

For hosting, select one:

175 140

i.

100

Individual Constituent(s)

Individual Stakeholder(s)

Group:

Purpose:

Calgary meetings (more than 60 km) - shadow minister of health

\$21.90



Member Name:	Drew Barnes, MLA	
Claimant Name:	Drew Barnes, MLA	2
Expense Categor	ry:	
For hosting, sele	ct one:	

Individual Constituent(s)

Individual Stakeholder(s)

Group:

Purpose:

auport Parking - YXH \$7.86

RECEIVED FROM REÇU DE	DATE NON 16th 2016 29577
ADDRESS	
FOR POUR	DOLLARS \$8.2
	FROM NON 16th TO NON 17
MONTANT TOTAL	CASH COMPTANT \$8.25
AMOUNT PAID MONTANT PAYÉ BALANCE DUE SOLDE DU	
SOLDE DÜ	MONEY ORDER BY MANDAT S PAR 07749

Member Name: Drew Barnes, MLA

Claimant Name: Drew Barnes, MLA

Expense Category: Taxi, Bus Travel

For hosting, select one:

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

Purpose:



an 1923	Commonts V
Thank You for calling CAPITAL	TAXI www.capitaltaxiedmonton.com
Date: 13=40-16	Amount: \$ 10,00
From: 10235.	1011st
To: Q Q A VVC	103/
Unit: 13. Driver: CC	6ST:
780-423-2425	24 Hour Service 📰 🐄

Member Name: Drew Barnes, MLA

Claimant Name: Drew Barnes, MLA

Expense Category: Taxi, Bus Travel

For hosting, select one:

٠

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

Purpose:

\$9.52

Date 16	
From To	OUTPOIX cavers
To Driver	Car#
	780.425.2525 780.425.8310 www.co-optaxi.com

	e American Express [®] C itement of Account	er Date	www.americanexpress.ca Amex Bank of Canada Corporate Service Centre PO Box 7000 Station E Willowdale (Ontario) M2K 2R6	a 9 3
D BARNES M LEGIS ASSEM		December 16, 2016		1356
Previous Balanc	New Charges including Delinquency Assessment, if any	New Balance \$	Page 1 of 3	3
Source and the second second	ments and charges received by December 16, 2016			
	t Your Statement" section for important information. our balance in full upon receipt of state	ment. Thank you for your on	going membership.	1235
the second se	per 16, 2016	t Limit \$ Available C	redit Limit \$	-
Listing of Charges and C			Amount	\$
December 7	Payment Received Thank You			
New Transac	tions for D BARNES MLA		Amount 5	s
November 16	GREATER EDMONTON TAX EDMONTON TAXICABS AND LIMOUSINES		<u>,</u> 65.00)
November 17	GREATER EDMONTON TAX EDMONTON TAXICABS AND LIMOUSINES		63.25	5
November 22	CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES		10.80	נ
December 5	AIRPORT TAXI SERVICE EDMONTON TAXICABS AND LIMOUSINES		63.25	5
December 7	CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES		9.20	0
December 8	CARE CABS MEDICINE H MEDICINE HAT TAXICABS AND LIMOUSINES		12.08	3
Total New Tr	ansactions for D BARNES MLA			
Payment Options PLEASE ALLOW TO BE PROCESS SENT TO US. Se Phone and Intern Your local bank I		Membership Number	\$212.95	
• Automatic banki Do Not Enclose	ng machines	Banque PO BO)	Bank of Canada/ Amex du Canada (2000 III ON M1E 5H4	

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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		Constitu	uency:	Сур	ress	-Medicine Hat		
For the Mo	onth of: August	Year: 2016 Employee #:						
Day of Month	Reason for Travel	Meal Purchase Location(s)	в	Mea L	 D	Subtotal	G.S.T.	Total
1								
2								
3						Res Sautar		100.00
4								
5								
6								
7								
8								
9								"
10								
11								
12		- H						NO.
13		5.001						
14								Ten 1971
15								
16	60 km from Perm. Res.	Calgary				8.76	0.44	9.20
17								
18								
19								
20								X
21		5-						
22								
23								
24						2000		
25								
26								
27		#180 A.S						
28								
29								
30								
31								
I certify that	t I have met the requirements of s	ection 7 of the	Gran	d To	tal	\$8.76	\$0.44	\$9.20

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.

	as	attechal	
-			_

Dec 7/16 Date

Member Signature



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						Medicine Hat	(23 Cm	No. Contraction	
For the Month of: October		Year: 2016			Employee #:				
Day of Month	Reason for Travel	Meal Purchase Location(s)	В	Meal	D	Subtotal	G.S.T.	Total	
1									
2									
3									
4									
5									
6									
7									
8						1		9. P	
9						1			
10									
11									
12									
13									
14									
15									
16		2							
17									
18									
19									
20									
21									
22							1.740.00		
23									
24									
25									
26									
27									
28									
29									
30	60 km from Perm. Res.	Edmonton			\boxtimes	19.76	0.99	20.75	
31	60 km from Perm. Res.	Edmonton	\boxtimes	\boxtimes	\boxtimes	39.57	1.98	41.55	
l certify tha	t I have met the requirements of s	section 7 of the	Gran	d To	tal	\$59.33	\$2.97	\$62.30	

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

Utc 2, 2016 Date



Member Name: Barnes, Drew

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.

Constituency: Cypress-Medicine Hat

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

Employee #: Year: 2016 For the Month of: November Meal Reason for Day Subtotal G.S.T. Total Meal Purchase Location(s) Travel В L D of Month 1.98 41.55 X X 39.57 60 km from Perm. Res. Edmonton \boxtimes 1 41.55 60 km from Perm. Res. \boxtimes X \boxtimes 39.57 1.98 2 Edmonton 60 km from Perm. Res. \boxtimes \boxtimes 30.81 1.54 32.35 Edmonton Г 3 4 Г 5 0.99 20.75 Travel to/from Capital X 19.76 Edmonton 6 Г 60 km from Perm. Res. X X X 39.57 1.98 41.55 7 Edmonton 32.35 \boxtimes 1.54 8 60 km from Perm. Res. Edmonton \boxtimes 30.81 60 km from Perm. Res. X X X 39.57 1.98 41.55 9 Edmonton X 20.75 Travel to/from Capital Edmonton 19.76 0.99 10 11 Г 12 200 13 Г 14 Г Г 15 16 Π 17 П 18 19 0.99 20.75 Travel to/from Capital X 19.76 Edmonton 20 39.57 1.98 41.55 60 km from Perm. Res. Edmonton \boxtimes \boxtimes \boxtimes 21 41.55 \boxtimes 60 km from Perm. Res. \boxtimes X 39.57 1.98 Edmonton 22 60 km from Perm. Res. \boxtimes \times X 39.57 1.98 41.55 23 Edmonton Г Г 24 25 26 20.75 0.99 Travel to/from Capital 19.76 27 Edmonton Г X 41.55 60 km from Perm. Res. \boxtimes \boxtimes X 39.57 1.98 Edmonton 28 X X X 1.98 41.55 60 km from Perm. Res. Edmonton 39.57 29 41.55 \times X 39.57 1.98 60 km from Perm. Res. \boxtimes 30 Edmonton Edmonton 31 100 \$536.38 \$563.20 \$26.82 Grand Total

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

2db Date



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
	Date: May 6, 2016 19 19 19
Claim Type: Temporary Residence Accommodation Allo	owance in Edmonton - Claimed Annually
	A BANK AND
Temporary Residence Accommodation Allowance in Ed Maximum of \$23,160 per fiscal year.	Imonton - Claimed Annually
Fiscal Year:	
Have you provided documents evidencing your Tempor Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please attach	80/20/90 SOL
Monthly Amount (maximum \$1,930 or less) Please Note: The Member is responsible for retaining all	\$ 1780 records which support the annual
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.

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.

OCTOBER 2016



6	H		
	14	/	
Member Signature	1		
-			

Updated April 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
	Date: May 6, 2016
Claim Type: Temporary Residence Accommodation Al	Iowance in Edmonton - Claimed Annually
	A B A FA
Temporary Residence Accommodation Allowance in E <i>Maximum of \$23,160 per fiscal year.</i>	dmonton - Claimed Annually
Fiscal Year:	
Have you provided documents evidencing your Tempo Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please attac	20/20/90 SOL
Monthly Amount (maximum \$1,930 or less)	\$ 1780
Please Note: The Member is responsible for retaining a	Il records which support the annual
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.

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.

NOVEMBER 2016



Updated April 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 #: Date: May 6, 2016				
Claim Type: Temporary Residence Accommodatio	n Allowance in Edmonton - Claimed Annually			
Temporary Residence Accommodation Allowance <i>Maximum of \$23,160 per fiscal year.</i>	in Edmonton - Claimed Annually			
Fiscal Year:				
Have you provided documents evidencing your Te Residence i.e. lease agreement (Lease or Rental) o Certificate of Title (Own) to FMAS? If not, please a	r [] / [0] [0] [0] [0] [0]			
Monthly Amount (maximum \$1,930 or less)	\$ 1780 x12= 500 21,360			
	ng 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.

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.

DECEMBER 2016



Member Signature

Updated April 2016

Member Name: Drew Barnes

Claimant Name: Shelley Beck

Expense Category: Hosting

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group: _____

Purpose:

coffee for office meetings

hosting SALES RECEIPT

Cindy's Java 18 Rossview Close SF. Medicine Hat, AB T1B 3J4 403 529-5363

DATE: AUGUST 23, 2016 RECEIPT # 33

SOLD Drew Barnes, MLA TO Cypress-Medicine Hat Constituency Office #5, 1299 Trans Canada Way SE Medicine Hat, AB T1B 1H9

PAYMENT METHOD CHECK NO. JOB cash UNIT PRICE DISCOUNT LINE TOTAL ITEM # DESCRIPTION QTY 'Tim Horton's Dark Roast K-Box of 12 30.00 3 10.00 cup 1 Box of 12 McCafe Premium Roast K-cup 12.22 2.22 10.00

GST Exempt

TOTAL DISCOUNT 40.00SUBTOTAL SALES TAX TOTAL 40.00

Thank you for your business!

Member Name: Drew Barnes

Claimant Name: Shelley Beck

Expense Category: Hosting

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group:

Purpose:

coffee for office meetings

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		60		
	1960 GST	403.504. #8136615	Road S.I	
	d by: Ki me to So	()	hall	en
	CER		<u>/u</u>	\$19.99 R \$19.99 R
Disco Your Perce	unts & S Total Sa nta	Specials avinc		********** \$7.86 \$7.86 6%
TERMIN ** PU CARD NO. DATE AUTH APPL.	10/15/20)16	RCPT RESP TIME	663000 000 20:02:28 # 00000071
	A0000000 00800080		TSI	F800
		APPFOVE	Ð	
	GNATURE	REQUIRED	2	
NO SI	TERTNG 4	/ TSSUER	SUCH TOT	ARDHOLDER AL IN EMENT WITH
BY EN AGREE	S TO PAY DANCE WI			
BY EN	S TO PAY DANCE WI	Store 5097		10/15/16 20:02:35

Sobevs West Customer Care

JEMBLY OF ALBERTA Jense Claim Receipt Description

me: Drew Barnes

Name: Petty Cash/Drew Barnes

e Category: Hosting

hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group:

Purpose:

Constituency Office meetings/appointments

\$40.00

You're at	thome here
co	OP
South Count 13th Ave Foo 3030 - 13th Ave SE, Me N MEDICINE HAT CO-OP	d Centre dicine Hat T1B 1E3
IIM HORTONS CUPS 2 © \$19.99 EA 2 BALANCE DUE Penny Rounding CASH CHANGE TOTAL TAX	\$39.98 N \$39.98 -\$0.02 \$40.00 \$0.00 \$0.00
C0225 #7654 15:30: S01691 R00	
For Shooping	ou Co-op!

EMBLY OF ALBERTA ense Claim Receipt Description

ne: Drew Barnes

/ame: Petty Cash/Drew Barnes

Category: Hosting

losting, select one:

/ Individual Constituent(s)

Individual Stakeholder(s)

Group:

Purpose:

Constituency Office meetings/appointments

\$40.00

You're at h	ome hese.
South Country 13th Ave Food C 3030 - 13th Ave SE, Medic N MEDICINE HAT CO-OP TIM HORTONS CUPS 2 BALANCE DUE Penny Rounding CASH CHANGE TOTAL TAX	CO-OP entre ine Hat T1B 1E3 \$19.99 N \$19.99 N \$39.98 -\$0.02 \$40.00 \$0.00 \$0.00 \$0.00 \$0.00
C0206 #5258 14:21:2 S01691 R00 Thank-Yo Shopping	5 9AUG2016

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A got Member Name: Drew Barnes, MLA Claimant Name: Drew Barnes, MLA ERNA'S ROLLING PIN & BERRY CAFE Expense Category: Hosting BOW ISLAND, AB (403) 545-2434 For hosting, select one: GST# Individual Constituent(s) INVOICE Individual Stakeholder(s) Server: Nancy Group: Guest: Table #8 **Purpose:** distusio economy 1: COFFEE 2.00 1: BREAKFAST #2 8.99 2: CLUBHOUSE 8.99 4: PAN SCRAMBLER LOVER 12,99 \$38.16 ERNA'S RULLING PIN Total 34.62 119 SIN AVE HEST Net Sales GST Added BOH ISLAND. AB TOK UGU 32.97 1.65 Merchant ID: 000000003990599 Term ID: 06313864 11413200015 Cash 34.62 2:03 PM 8/5/2016 6701 Purchase THE ROLLING PIN SCOTIABANK VISA WHERE IT TAPTES I THE MORE AID: A000000031010 Entry Method: Chip Batch#: 000468 08/05/16 14:02:29 Ref#:000044801232 Inv #: 021845 Appr Code: Amount: \$ 34.62 Tip: 5.19 \$ istal: \$ 39.81 pour billion to the rists

Member Name: Drew Barnes, MLA

Claimant Name: Drew Barnes, MLA

Expense Category: Hosting

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group:

Purpose:

discussia' economy \$75.90



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-- PLEASE PAY YOUR SERVER --

GST#r124981473

EARLS - 10216 3215 SE Dunmore Road Medicine Hat & B T1B 2H2 403-528-3275 ****** TRANSACTION RECORD ****** Tran. #: 19972 RVC: Restaurant Table #: 55 Check #: 1557 Group #: 1 Employee #: 100 Employee Name: CARLY SCOTIABANK VISA Pre-Auth Purcha xxxxxxxxxxx \$69.30 Amount \$9.90 TIP TOTAL CAD\$79.20 APPROVED 00-001 EA25WC03 095001001001 2016/08/11 13:28:11 TVR: 0080008000 TSI: F800 No signature required Customer CoPy THANK YOU Come Again constitute

Member Name: Drew Barnes, MLA

Claimant Name: Drew Barnes, MLA

Expense Category: Hosting

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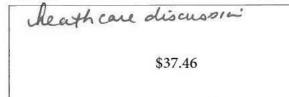
For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group:

Purpose:



TSUKI INC 8TH STREET NW MEDICINE HAT, AB. T1A 6P 403-526-8098

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Server #: 000001



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Member Name: Drew Barnes, MLA

Claimant Name: Drew Barnes, MLA

Expense Category: Hosting

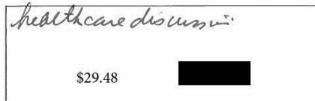
For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group:

Purpose:



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Member Name: Drew Barnes, MLA

Claimant Name: Drew Barnes, MLA

Expense Category: Hosting

For hosting, select one:

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Individual Constituent(s)

Individual Stakeholder(s)

Group:

Purpose:

hearth care discussion . \$65.55

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Member Name: Drew Barnes, MLA

Claimant Name: Drew Barnes, MLA

Expense Category: Hosting

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group:

Purpose:

to discuss electricity N \$26.84

ARGO'S FANJ 3065 Dunno Medicine hat	
Merchant ID: 000 Term ID: 0793661 Clerk ID: 326 11429740012	000004731775 7
Purc	hase
SCOTIABANK VISA	
AID: A0000000031 Entry Nethod: Ch	262.225
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1cm shi	tou
(d' custoner Lle	fores 7 hat

2 F 2 F	
# 309454 -23 TONIA ********* DUPLICATE CHECK ITEMS ORDERED	
1 JUST EGGS 1 BREAKFAST SPCL 1 SM MILK 2 COFFEE	7.95 8.99 2.35 3.90
GST	1.16
TOTAL DUE	24.35
# OF GUEST	rs 3
THANK YOU FOR CHOOS ARGOS RESTAURANT 3065 DUNMORE ROAD SE - MED	B
JOIN US FOR PRIME RIB FF	RIDAYS!!

ARGOS GIFT CARDS MAKE A GREAT GIFT!!

GST # 899880181 PLEASE PAY YOUR SERVER