

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)			
Transportation			
Fuel and Minor Maintenance - \$		\$2,060.21	\$5,276.69
MLA Parking Cap - \$	\$900.00	\$21.90	\$21.90
Other Travel - Parking - \$		\$7.86	\$20.48
Member Travel (overnight stay in constituency) - \$			
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		

\$ - 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



BPDF290001

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

PAGE - 199 OF 253
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	10/01/16
DATE DE LA FACTURE	
INVOICE NO.	0006467039
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	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	DESCRIPTION DES FRAIS	QTE	COUT UNIT	TOTAL	TPS-TVH TVP/TVQ	MONTANT TOTAL DU
	BARNES				000442712033 09/16/16	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	87.8	.94	78.51	3.93 3.93	82.44 82.44
					000442700534 09/13/16	FEDERATED COOPERATIVES L MITED MEDICINE HAT AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	85.0	.91	73.66	3.68 3.68	77.34 77.34
					000442847819 09/07/16	DAN-JANE VENTURES LT REDCLIFF AB	UNLEADED REGULAR GASOLINE ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	88.7	.97	86.00		86.00 86.00
					000442458147 08/28/16	PETRO CANADA MEDICINE HAT AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	26.9	1.08	27.75	1.39 1.39	29.14 29.14
					000441624237 08/26/16	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	88.3	.93	78.09	3.91 3.91	82.00 82.00
					000442458146 08/18/16	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	87.7	.92	77.16	3.86 3.86	81.02 81.02
					000442458148 08/16/16	PETRO CANADA 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	61.9 1.0	.97 5.29	57.14 5.29	2.86 .26 3.12	65.55 65.55
UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	526.3		483.60	19.89	503.49
BKDN TOTALS / TOTAUX CODIFICATION 01-55							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	526.3		483.60	19.89	

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 - 200 OF 253
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	10/01/16
INVOICE NO. NO DE LA FACTURE	0006467039

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						BKDN TOTALS / TOTAUX CODIFICATION						503.49

Element Fleet Management



BFD290001

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

PAGE - 201 OF 254
DE

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION	
SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY	
<div></div>	

CLIENT NO.	
NO DU CLIENT	
INVOICE DATE	
DATE DE LA FACTURE	
INVOICE NO.	0006478695
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	QTY	UNIT COST	EXTENDED PRICE	GST-HST PST/QST	TOTAL DUE
NO. D'UNITE	NOM DU CONDUCTEUR	NO. DE SERIE	NO. DE CARTE	KM AUTORISE	NO. DE REFERENCE DATE DE LA TRANS.	NOM DU FOURNISSEUR POINT DE VENTE	DESCRIPTION DES FRAIS	QTE	COUT UNIT	TOTAL	TPS-TVH TVP/TVQ	MONTANT TOTAL DU
	BARNES				000444550737 10/18/16	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	74.0	1.01	71.14	3.56 3.56	74.70 74.70
					000444320895 10/13/16	HUSKY OIL CAMROSE 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	29.3	1.18	32.89	1.61 1.61	34.50 34.50 .29- 34.21
					000444229063 10/12/16	PETRO CANADA AIRDR E AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	48.6	1.15	53.13	2.66 2.66	55.79 55.79
					000443973202 10/11/16	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	92.2	1.01	88.57	4.43 4.43	93.00 93.00
					000444229065 10/05/16	PETRO CANADA STRATHMORE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	54.0	1.24	63.70	3.18 3.18	66.88 66.88
					000444229067 10/04/16	PETRO CANADA EDMONTON AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	60.4	1.20	69.01	3.45 3.45	72.46 72.46
					000444229066 10/03/16	PETRO CANADA MEDICINE HAT AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	43.9	1.07	44.71	2.24 2.24	46.95 46.95
					000443454626 10/02/16	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	74.6	.91	64.62	3.23 3.23	67.85 67.85
					000444229064	PETRO CANADA	UNLEADED PREMIUM GASOLINE	37.6	1.11	39.67		

BLG871

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

Element Fleet Management



BFD290001

<p>FLEET MANAGEMENT SERVICES DETAIL DETAILS SERVICES DE GESTION DE PARC</p> <p>PAGE - 202 OF 254 DE</p>	<p>CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION</p> <p>SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY DIV-55-D BARNES</p> <p>- - - - - - - -</p>	<p>CLIENT NO. NO DU CLIENT INVOICE DATE DATE DE LA FACTURE INVOICE NO. NO DE LA FACTURE</p> <p>11/01/16 0006478695</p>
---	--	--

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				09/28/16	STRATHMORE AB	GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL			1.98 1.98 39.67	1.98	41.65 41.65
					000443396493 09/27/16	FEDERATED COOPERATIVES L MITED MEDICINE HAT AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	89.0	.91	77.09	3.85 3.85	80.94 80.94
					000443041975 09/22/16	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	86.7	.93	76.70	3.84 3.84	80.54 80.54
	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	690.3		681.23	34.03	715.26 .29- 714.97
	BKDN TOTALS / TOTAUX CODIFICATION 01-55						FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	690.3		681.23	34.03	715.26 .29- 714.97

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 - 191 OF 244
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	12/01/16
DATE DE LA FACTURE	
INVOICE NO.	0006490543
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	QTY	UNIT COST	EXTENDED PRICE	GST-HST PST/QST	TOTAL DUE
NO. D'UNITE	NOM DU CONDUCTEUR	NO. DE SERIE	NO. DE CARTE	KM AUTORISE	NO. DE REFERENCE DATE DE LA TRANS.	NOM DU FOURNISSEUR POINT DE VENTE	DESCRIPTION DES FRAIS	QTE	COUT UNIT	TOTAL	TPS-TVH TVP/TVQ	MONTANT TOTAL DU
	BARNES				000445900384 11/14/16	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	62.2	.87	51.78	2.59 2.59	54.37 54.37
					000445900381 11/10/16	PETRO CANADA STRATHMORE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	44.9	1.10	47.03	2.35 2.35	49.38 49.38
					000445900385 11/07/16	PETRO CANADA EDMONTON AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	56.6	1.01	54.35	2.72 2.72	57.07 57.07
					000445900383 11/04/16	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	62.2	.93	55.35	2.77 2.77	58.12 58.12
					000446019491 11/01/16	HUSKY OIL EDMONTON 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	51.8	1.07	52.81	2.57 2.57	55.38 55.38 .52- 54.86
					000445757449 10/30/16	DAN-JANE VENTURES LT REDCLIFF AB	UNLEADED REGULAR GASOLINE ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	91.0	.99	90.05		90.05 90.05
					000445900382 10/30/16	PETRO CANADA MEDICINE HAT AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	58.8	1.11	62.38	3.12 3.12	65.50 65.50
					000445042837 10/28/16	SHELL CANADA INC HANNA AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	60.7	1.16	67.05	3.35 3.35	70.40 70.40
					000445659950 10/25/16	IMPERIAL OIL STRATHMORE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF	55.2	1.13	59.30	2.97 2.97	

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 - 192 OF 244
 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	12/01/16
DATE DE LA FACTURE	
INVOICE NO.	0006490543
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	QTY	UNIT COST	EXTENDED PRICE	GST-HST PST/QST	TOTAL DUE
NO. D'UNITE	NOM DU CONDUCTEUR	NO. DE SERIE	NO. DE CARTE	KM AUTORISE	NO. DE REFERENCE DATE DE LA TRANS.	NOM DU FOURNISSEUR POINT DE VENTE	DESCRIPTION DES FRAIS	QTE	COUT UNIT	TOTAL	TPS-TVH TVP/TVQ	MONTANT TOTAL DU
	BARNES						** REF NO TOT / TOT NO REF **					62.27
							TOTAL / TOTAL			59.30	2.97	62.27
					000446017223	HUSKY OIL	UNLEADED REGULAR GASOLINE	8.8	1.04	8.71		
					10/25/16	BROOKS	GST-HST / TPS-TVH				.42	
						AB	REF GST-HST / TPS-TVH REF				.42	
							** REF NO TOT / TOT NO REF **					9.13
							SUBTOTAL / SOUS TOT			8.71	.42	9.13
							DISCOUNT / RABAIS			.09-		.09-
							TOTAL / TOTAL			8.62		9.04
					000444686044	SHELL CANADA INC	UNLEADED REGULAR GASOLINE	84.9	1.01	81.62		
					10/21/16	MEDICINE HAT	GST-HST / TPS-TVH				4.08	
						AB	REF GST-HST / TPS-TVH REF				4.08	
							** REF NO TOT / TOT NO REF **					85.70
							TOTAL / TOTAL			81.62	4.08	85.70
							FUEL QTY / QTE CARB	637.1				
							TOT CHARGES / TOT FRAIS			630.43		
							TOT GST-HST / TOT TPS-TVH				26.94	
							UNIT TOTAL / TOT UNITE					657.37
							DISCOUNT / RABAIS					.61-
							TOTAL / TOTAL					656.76
	BKDN TOTALS / TOTAUX CODIFICATION	UNITS / VEHIC	1				FUEL QTY / QTE CARB	637.1				
	01-55						TOT CHARGES / TOT FRAIS			630.43		
							GST-HST/TPS-TVH				26.94	
							BKDN TOTALS / TOTAUX CODIFICATION					657.37
							DISCOUNT / RABAIS					.61-
							TOTAL / TOTAL					656.76

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

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

SALES AUTO SERVICE LTD.
120079 HIGHWAY 5
BIRDETT AB T0K0J0
4038333803

Merchant ID: 17750838010
Term ID: 003 Ref #: 007

Sale

VISA Entry Method: Chip

11/11/16 13:21:21

Inv #: 000007 Batch#: 000198

Apprvd

Total: \$ 73.50

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: A0000000031010
TVR: 00 00 00 00 00
TSI: F8 00

Customer Copy

p.1

PAHL'S AUTO SERVICE LTD.

BUSINESS PHONE
403-833-3803
Box 1 Burdett, AB
T0K 0J0



AUTO & TIRE
SERVICE
ON HIGHWAY #3
BURDETT, AB

G.S.T. Reg. #R104049671RT

403-833-3803

Date <u>Nov 11</u> 20 <u>16</u>				
M <u>Drew Barnes</u>				
SOLD BY	C.O.D.	CHARGE	ON ACCT.	ACCT. FWD.
1				
2		81.64. Groo		73.50
3				
4				
5		Cost incl 3.50		
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

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

No 25898

THANK YOU!

Pahl's Auto Service Ltd

16 Nov 16 04:10p

paramountprinters.com #92703

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Drew Barnes, MLA

Claimant Name: Drew Barnes, MLA

Expense Category: Fuel and Minor Maintenance

Detailing

Ziebart Oct 20, 2016

For hosting, select one:

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

Purpose:

ZIEBART TIDYCAR
1137 KINGSWAY AVE SE
MEDICINE HAT, AB T1A 2V

Merchant ID: 000000002946796
Term ID: 06600068
21142520014

Purchase

SCOTIABANK VISA

AID: A0000000031010

Entry Method: Chip

Batch#: 000435

10/20/16

16:05:28

Ref#: 000053340063

Inv #: 000062 Appr Code: [REDACTED]

Total: \$ 204.70

Customer Copy

Please send your payment to:

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



INVOICE

Nº

C60809606

ANCHISE OPERATED BY

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

(403)526-3807

(408)529-0562

T. /
T. NO

1516864

P.S.T. NO.

DATE:

10/20/2016

DRIVER'S PERMIT

POLICY NO.

EXPIRY DATE

DEDUCTIBLE

0.00

DATE OF DAMAGE

ADJUSTER

CLAIM NUMBER

REPRESENTATIVE

VOICED TO

BARNES

NAME

BARNES, DREW

ERMEDIARY

DRIVER:

BARNES, DREW

TAILS

VEHICLE	FLEET NUMBER	SERIAL NO. (VIN)	LICENCE NO. (PLATE)	ODOMETER KM
				0

DESCRIPTION	QUANT.	PART NO.	MATERIAL	LABOUR
INNER CLEAN AND WASH	1.0	DETIC	189.95	0.00
ENVIRONMENTAL IMPACT SURCHARGE	1.0	Z1	5.00	0.00

WORK ORDER	PURCHASE ORDER
C608009661	

SUB-TOTAL

194.95

0.00

H.S.T./G.S.T.

9.75

P.S.T.

0.00

SUB-TOTAL

-Deposit

204.70

0.00

WINDSHIELD REPAIR

NOT RECOMMENDED - VISION AREA

☐

NOT REPARABLE

☐

REFUSED BY CUSTOMER

I hereby certify that the repairs and/or replacement have been completed to my satisfaction and I authorize my insurance company to make payment directly to Vimaxco Inc. failing which will make this payment. The client recognizes the terms and conditions of the warranty as indicated at the reverse of this document.

DATE: CLIENT:

Nº

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Drew Barnes, MLA

Claimant Name: Drew Barnes, MLA

Expense Category: Member Parking

For hosting, select one:

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

Purpose:

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

\$21.90

INDIGO
Centennial
Lot #016

Ticket 9BQCCTGVHU

Entrance: 8/16/2016 11:00 AM
Exit: 8/16/2016 3:29 PM
End : 8/17/2016 11:00 AM

Amount paid: \$23.00
Visa... [REDACTED]

Thank you
GST # 12099-6095
Monthly Parking Available
(403) 296-1820
(Cashier1)

*calgary
parking
on
visa
health
care
centre*

RECEIVED FROM REQU DE		DATE	Nov 16 th 2016	295775
ADDRESS ADRESSE		<div style="background-color: black; width: 100%; height: 40px;"></div>		
FOR POUR		DOLLARS		\$ 8.25
FROM DU		Nov 16 th	TO AU	Nov 17 th
TAX REG. NO.		N° DE TAXE 1214089678		
BY PAR		07749		
S27B				

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

<input type="checkbox"/>	CASH COMPTANT	\$ 8.25
<input type="checkbox"/>	CHEQUE CHÈQUE	\$
<input type="checkbox"/>	MONEY ORDER MANDAT	\$

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

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:

\$9.52

 *Concurrence*

Thank You for calling **CAPITAL TAXI** www.capitaltaxiedmonton.com

Date: 13-10-16 Amount: \$ 10.00

From: 10235-101st

To: 994 VV 1025

Unit: 134 Driver: Car GST: _____

780-423-2425 24 Hour Service   

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

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:

<p style="text-align: right;">\$9.52</p>
--

Date	<u>16/10/13</u>	Amount	<u>\$10</u>
			<small>GST INCLUDED</small>
From	<u>OUTRIX</u>		
To	<u>PUTROW</u>		
To			
Driver	<u>A</u>	Car#	<u>108</u>
780.425.2525 780.425.8310			
www.co-optaxi.com			



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

Date
December 16, 2016



Page 1 of 3

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

Statement includes payments and charges received by December 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 December 16, 2016

Total Credit Limit \$

Available Credit Limit \$

Listing of Charges and Credits

Amount \$

December 7 Payment Received Thank You

New Transactions for D BARNES MLA

Amount \$

November 16	GREATER EDMONTON TAXI EDMONTON TAXICABS AND LIMOUSINES	65.00
November 17	GREATER EDMONTON TAXI EDMONTON TAXICABS AND LIMOUSINES	63.25
November 22	CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES	10.80

December 5	AIRPORT TAXI SERVICE EDMONTON TAXICABS AND LIMOUSINES	63.25
------------	--	-------

December 7	CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES	9.20
December 8	CARE CABS MEDICINE H MEDICINE HAT TAXICABS AND LIMOUSINES	12.08

Total New Transactions for D BARNES MLA

† Please detach here †

\$212.95

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

Amount Due \$

Amount Paid \$



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





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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16	60 km from Perm. Res.	Calgary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.76	0.44	9.20
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18		[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19		[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20		[REDACTED]	<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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$8.76	\$0.44	\$9.20

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.

as attached
Member Signature

Dec 7/16
Date



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: October

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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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.	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
31	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
Grand Total						\$59.33	\$2.97	\$62.30

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 2, 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: November

Year: 2016

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.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
2	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
3	60 km from Perm. Res.	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
7	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
8	60 km from Perm. Res.	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
9	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
10	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
21	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
22	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
23	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
28	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
29	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
30	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
31		Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$536.38	\$26.82	\$563.20

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

Dec 9 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 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

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

Member Signature

Updated April 2016



Members' Temporary Accommodation Allowance Claim Form

D
055

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 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

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

Member Signature

Updated April 2016



Members' Temporary Accommodation Allowance Claim Form

D
055

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

x 12 = ~~21,360~~ 21,360

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

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.

[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.

DECEMBER 2016

Member Signature

Updated April 2016

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 for office meetings

hosting

SALES RECEIPT

Cindy's Java
18 Rossvie Close SE
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		

QTY	ITEM #	DESCRIPTION	UNIT PRICE	DISCOUNT	LINE TOTAL
3	Box of 12	Tim Horton's Dark Roast K-cup	10.00		30.00
1	Box of 12	McCafe Premium Roast K-cup	12.22	2.22	10.00

GST Exempt

TOTAL
DISCOUNT

SUBTOTAL	40.00
SALES TAX	
TOTAL	40.00

Thank you for your business!

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 for office meetings



Cornerstone Sobeys
1960 Strachan Road S.E.
403.504.5400
GST #813661527RT0001

Served by: Kimberly

Welcome to Sobeys

GROCERY

KCup Coffee Dark Rst \$19.99 R
KCup Coffee Dark Rst \$19.99 R

*****YOUR SAVINGS*****
Discounts & Specials \$7.86
Your Total Savings \$7.86
Percentage Savings 6%

CLIENT ID 9803
TERMINAL ID 004
** PURCHASE
CARD Visa
NO. [REDACTED]
DATE 10/15/2016
AUTH # [REDACTED]
APPL. VISA
AID A0000000031010
TVR 0080008000
RCPT 663000
RESP 000
TIME 20:02:28
REF # 00000071
TSI F800

APPROVED

NO SIGNATURE REQUIRED

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

Term Tran Store Oper 10/15/16
4 663 5097 143 20:02:35

Thank you for shopping at
Sobeys Cornerstone
Please come again!

Sobeys West Customer Care

SEMBLY OF ALBERTA
Expense Claim Receipt Description

Name: Drew Barnes

Name: Petty Cash/Drew Barnes

Category: Hosting

Hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group:

Purpose:

Constituency Office meetings/appointments

\$40.00

You're at home here. ✓



South Country Co-op
13th Ave Food Centre
3030 - 13th Ave SE, Medicine Hat T1B 1E3
N MEDICINE HAT CO-OP

TIM HORTONS CUPS
2 @ \$19.99 EA \$39.98 N
2 BALANCE DUE \$39.98
Penny Rounding -\$0.02
CASH \$40.00
CHANGE \$0.00
TOTAL TAX \$0.00

C0225 #7654 15:30:37 16JUN2016
S01691 R001

Thank-You
For Shopping Co-op!

SEMBLY OF ALBERTA
Expense Claim Receipt Description

Name: Drew Barnes

Name: Petty Cash/Drew Barnes

Category: Hosting

Hosting, select one:

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

Purpose:

Constituency Office meetings/appointments

\$40.00

✓
You're at home here.



South Country Co-op
13th Ave Food Centre
3030 - 13th Ave SE, Medicine Hat T1B 1E3
N MEDICINE HAT CO-OP

TIM HORTONS CUPS	\$19.99 N
TIM HORTONS CUPS	\$19.99 N
2 BALANCE DUE	\$39.98
Penny Rounding	-\$0.02
CASH	\$40.00
CHANGE	\$0.00
TOTAL TAX	\$0.00

0206 #5258 14:21:25 9AUG2016
S01691 R001

Thank-You
Shopping Co-op!

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

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:

discuss economy.

\$38.16

ERNA'S ROLLING PIN
119 5TH AVE WEST
BOW ISLAND, AB T0K 0G0

Merchant ID: 000000003990599
Term ID: 06313864
11413200015

Purchase

SCOTIABANK VISA
XXXXXXXXXX [REDACTED]
AID: A0000000031010
Entry Method: Chip

Batch#: 000468

08/05/16

14:02:29

Ref#: 000044801232

Inv #: 021845 Appr Code: [REDACTED]

Amount: \$ 34.62

Tip: \$ 5.19

Total: \$ 39.81

Customer Copy

*Conch hands
power bill to the right
economy*

ERNA'S ROLLING PIN
& BERRY CAFE
BOW ISLAND, AB
(403) 545-2434
GST#

INVOICE

Server: Nancy
Guest:

Table #8

1: COFFEE	2.00
1: BREAKFAST #2	8.99
2: CLUBHOUSE	8.99
4: PAN SCRAMBLER LOVER	12.99

Total	34.62
Net Sales	32.97
GST Added	1.65
Cash	34.62
2:03 PM 8/5/2016	

6701

THE ROLLING PIN
WHERE IT TASTES LIKE MORE

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

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:

Russia economy

\$75.90

EARLS RESTAURANTS

earls

GREAT FOOD GREAT PEOPLE

100

Tbl 05 Chk 1557 Gst 4
Aug 16 12:31PM

1 GR PAK FRITS*	19.00
N. Sauce	
1 BURR	14.00
1 CHY MUTTON BOWL	15.00
1 JEF & CHK CURRY	18.00

Subtotal	66.00
GST Tax	3.30
01:27PM Total	69.30

-- PLEASE PAY YOUR SERVER --

GST#r124981473

EARLS - 10216
3215 SE Dunmore Road
Medicine Hat AB T1B 2H2
403-528-3275

** TRANSACTION RECORD **

Tran. #: 19972
RUC: Restaurant
Table #: 55
Check #: 1557
Group #: 1
Employee #: 100
Employee Name: CARLY

SCOTIABANK VISA
Pre-Auth Purchase
xxxxxxxxxxxx
AID: A00000000031010

Amount \$69.30

Tip \$9.90

=====
TOTAL CAD\$79.20

APPROVED
00-001
EA25WS03/EA25WC03
095001001001
2016/08/11 13:28:11

TUR: 0080008000
TSI: F800

No signature required

Customer Copy

THANK YOU
Come Again

*consider
economy*

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

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:

Health care discussion

\$37.46

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

SALE

Server #: 000001

REF#: 00000005

Batch #: 215

10/11/16

APPR CODE: XXXXXXXXXX

Trace: 5

VISA

**** * XXXXXXXXXX

13:10:11

Chip

**/*

AMOUNT \$33.98
 TIP \$5.10
 TOTAL \$39.08

APPROVED

SCOTIABANK VISA
 AID 40000000031010
 EXP 00 80 00 80 00
 TSI 18 00

THANK YOU / MERCI

CUSTOMER COPY

DATE _____			
NOM NAME _____			
ADRESSE ADDRESS <u>DD</u>			
VENDU PAR SOLD BY	C.R. C.O.D.	CHARGE	RECU A/C ON ACCT
			MONT. REPORTE ACCT. FWD
1	RDR		13.50
2	GDR		12.95
3	Prawn temp		9.50
4	Xtra ginger		-
5	Xtra sp may		-
6			
7			35.95
8			
9	-10%		32.36
10			
NO ENRG TAXE			TPS/GST
TAX REG NO			TVP/PST
23			TOTAL 33.98

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

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:

<i>healthcare discussion</i>	
\$29.48	[REDACTED]

RALPH'S TEXAS BAR & ST
1249 TRANS CANADA T1B1H9
MEDICINE HAT AB
22845842

|||| PURCHASE ||||

10-26-2016 13:01:20
Acct # [REDACTED]
Exp Date ' / ' Card Type VI
Name: MR DREW BARNES
A0000000031010 SCOTIABANK VISA

Trace # 280005 Operator 134
FB2284584202

Inv. # 833
Auth # [REDACTED] RRN 001157005

Purchase	\$26.50
Tip	\$3.98
Total	\$30.48

(00) APPROVED-THANK YOU

Retain this copy for your
records
Customer [REDACTED]

Ralph's Texas Bar & Steakhouse
1249 TransCanada Way SE
Medicine Hat, AB T1A 7L2
(403) 527-6262

Server: Kaitie

Station: 26

Order #: 385163

Dine In

Table: T4

1 Soup Sandwich(no subs)	8.00
1 Caesar Salad	12.00
1 Coffee	2.75
1 Coffee	2.75

SUB TOTAL: 25.50
Tax 1: 1.00

TOTAL:

\$26.50

>> Ticket #: 6 <<
10/26/2016 11:45:57 AM

GST# 86240 8226 RT0001



LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

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:

<i>health care discussion</i>
\$65.55

*2 Cowshirts
health care*

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

R E C E I P T

1. Duplicate

Account #32

Barnes, Drew

3 x 18.00	
HALIBUT STEAK	54.00
2 x 1.50	
COFFEE	3.00

Gratuity	8.55
GST	3.28
Total	68.83
Charge	68.83

1:08 PM 11/4/2016 5 SHELBY

THANK YOU

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

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 market*
\$26.84

ARGO'S FAMILY RESTAURANT
3065 DUNMORE ROAD SE
MEDICINE HAT, AB T1B 2H
Merchant ID: 000000004731775
Term ID: 07936617
Clerk ID: 326
11429740012

Purchase

SCOTIABANK VISA

AID: A0000000031010

Entry Method: Chip

Batch#: 000387

12/02/16

09:52:09

Ref#: 000001371228

Inv #: 026305 Appr Code: [REDACTED]

Amount: \$ 24.35

Tip: \$ 3.65

Total: \$ 28.00

*reimbursed
Constit*
Customer Copy
electricity market

309454 -23 TONIA 12/02/16
***** DUPLICATE CHECK *****
ITEMS ORDERED AMOUNT

1 JUST EGGS 7.95
1 BREAKFAST SPCL 8.99
1 SM MILK 2.35
2 COFFEE 3.90

GST 1.16

TOTAL DUE 24.35

OF GUESTS 3

THANK YOU FOR CHOOSING
ARGOS RESTAURANT
3065 DUNMORE ROAD SE - MEDICINE HAT

JOIN US FOR PRIME RIB FRIDAYS!!

ARGOS GIFT CARDS MAKE A GREAT GIFT!!

GST # 899880181
PLEASE PAY YOUR SERVER