LEGISLATIVE ASSEMBLY OF ALBERTA Member EDR 2016-17

055 - Cypress-Medicine Hat - Barnes, Drew For Expenses Processed Jan 1 to Mar 31, 2017

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation Fuel and Minor Maintenance - \$ MLA Parking Cap - \$ Other Travel - Parking - \$ Member Travel (overnight stay in constituency) - \$	\$900.00	\$3,306.76 \$50.00	\$8,583.45 \$71.90 \$20.48
Taxi, Bus Travel - \$		\$332.18	\$721.34
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$ Member Travel (Meal Per Diems) - \$		\$850.66	\$2,760.79
Accommodation Edmonton Accommodation Allowance (\$23,160.00/yr max) Travel Accommodations Allowance Travel Accommodations Allowance (days; 10 max) - NF	\$23,160.00 10.0	\$5,340.00 \$212.10 2.0	\$21,360.00 \$985.47 8.0
Other			
Hosting - \$		\$476.13	\$1,243.96
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km) Constituency Travel (Kilometres) - NF Special Trips (5 trips per year) - NF	80,000.0 5.0	12,881.0	44,958.0 1.0
Travel To and From the Capital Travel by Air, Bus or Train (Unlimited Trips) - NF Use of a Private Automobile (52 trips per year) - NF	52.0	4.0	7.5 17.0
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

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

DATE DE LA FACTURE
INVOICE NO.

NO DE LA FACTURE

01/01/17 0006708797

BFDF290001

NO. O'UNITE	DRIVER NAME DRIVER ID. NOM 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	SUPPLIER NAM SUPPLIER LOCAT NOM DU FOURNISS POINT DE VENT	ION EUR	CHARGE DESCRIPTION DESCRIPTION DES FRAIS	QTY QTE	UNIT COST	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DU MONTANT TOTAL DI
	NO. DU CONDUCTEUR BARNES					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	84.8	.88	70.98	3.55 3.55 3.55	74.53 74.53
					000448022337 12/11/16	SHELL CANADA INC RED DEER	AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	84.2	.84	67.29 67.29	3.36 3.36 3.36	70.65 70.65
						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	87.6	.88	73.33 73.33	3.67 3.67 3.67	77.00 77.00
					000447197452 12/03/16		ES LIMITED AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	95.5	.88	80.00 80.00	4.00 4.00 4.00	84.00 84.00
						FEDERATED COOPERATIV BOW ISLAND	ES LIMITED AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	82.4	.86	67.42 67.42	3.37 3.37 3.37	70.79 70.79
						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	38.1	1.14	41.31	2.07 2.07 2.07	43.38 43.38
					000447558383 11/27/16	IMPERIAL OIL BASSANO	AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	40.7	1.10	42.59 42.59	2.13 2.13 2.13	44.72 44.72
					000446616832 11/26/16		ES LIMITED AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	81.4	.93	72.08	3.60 3.60 3.60	75.68 75.68
BLE871						IMPERIAL OIL LETHBRIDGE	AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF	23.1	1.03	22.75 T REG. NO / N	1.14 1.14	TWL B4044540

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FLEET MANAGEMENT SERVICES DETAIL DETAILS SERVICES DE GESTION DE PARC

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

CLIENT NO.

NO DU_CLIENT
INVOICE DATE

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INVOICE NO.

NO DE LA FACTURE

01/01/17 0006708797

BFDF290001

UNIT NO NO. D'UNITE	DRIVER NAME DRIVER ID. NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V. I. N. NO. DE SERIE	NO. DE	KM	REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NA	TION SSEUR	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							** REF NO TOT / TOT NO REF ** TOTAL / TOTAL			22.75	1.14	23.89 23.89
					000447675210 11/23/16	SHELL CANADA INC LEDUC	AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	47.1	1.11	49.75 49.75	2.49 2.49 2.49	52.24 52.24
						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	50.4	1.12	53.70 53.70	2.68 2.68 2.68	56.38 56.38
						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	47.4	1.05	47.37 47.37	2.37 2.37 2.37	49.74 49.74
					000447654501 11/16/16		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	85.8	.88	71.95 71.95 .86- 71.09	3.48 3.48 3.48	75.43 75.43 .86- 74.57
			UNIT TOTAL	/ TOT UNI	TE			FUEL OTY / OTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE DISCOUNT / RABAIS TOTAL / TOTAL	848.5		760.52	37.91	798.43 .86- 797.57
	BKDN TOTALS / TOTAUX 01-55	CODIFICATION	UNITS / VE	EHIC	1			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	848.5		760.52	37.91	
								BKDN TOTALS / TOTAUX COD FICAT DISCOUNT / RABAIS TOTAL / TOTAL	ΓΙΟΝ				798.43 .86- 797.57

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FLEET MANAGEMENT SERVICES DETAIL DETAILS SERVICES DE GESTION DE PARC

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY DIV-55-D BARNES

CLIENT NO.

NO DU_CLIENT
INVOICE DATE

DATE DE LA FACTURE
INVOICE NO.

NO DE LA FACTURE

02/01/17 0006726634

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JNIT NO	DRIVER NAME DRIVER ID.	V. I. N.	CARD NO.	KM AUTHORIZE	REFERENCE NO ACTIVITY DATE	SUPPLIER NAM SUPPLIER LOCAT	ION	CHARGE DESCRIPTION	QTY	UNIT COST	EXTENDED PRICE	GST-HST PST/QST	TOTAL DU
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 FOURNISS POINT DE VENT	EUR	DESCRIPTION DES FRAIS	QTE	COUT UNIT	TOTAL	TPS-TVH TVP/TVQ	MONTANT TOTAL DU
	BARNES					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	91.8	1.09	95.24 95.24	4.76 4.76 4.76	100.00 100.00
						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	94.7	1.08	97.80 97.80	4.89 4.89 4.89	102.69 102.69
					000449187163 01/06/17		ES LIMITED AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	36.3	1.10	38.10 38.10	1.91 1.91 1.91	40.01 40.01
						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	88.7	1.14	96.19 96.19	4.81 4.81 4.81	101.00 101.00
						FEDERATED COOPERATIV MEDICINE HAT	ES LIMITED AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	82.4	1.03	80.81 80.81	4.04 4.04 4.04	84.85 84.85
						FEDERATED COOPERATIV MEDICINE HAT	ES LIMITED AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	55.5	1.07	56.60 56.60	2.83 2.83 2.83	59.43 59.43
						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	85.9	.96	78.50 78.50	3.92 3.92 3.92	82.42 82.42
						CENTEX CHESTERMERE CHESTERMERE	AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	87.9	.94	82.80 82.80	4.14 4.14 4.14	86.94 86.94
			UNIT TOTAL	. / TOT UNI	TE			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH	623.2		626.04	31.30	

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FLEET MANAGEMENT SERVICES DETAIL DETAILS SERVICES DE GESTION DE PARC

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

BFDF290001

CLIENT NO.

NO DU_CLIENT
INVOICE DATE

DATE DE LA FACTURE
INVOICE NO.

NO DE LA FACTURE

02/01/17 0006726634

 IT NO NO. 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	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DUE MONTANT TOTAL DU
	BARNES						UNIT TOTAL / TOT UNITE					657.34
	KDN TOTALS / TOTAUX C 1-55	CODIFICATION	UNITS /	VEHIC	1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	623.2		626.04	31.30	
							BKDN TOTALS / TOTAUX COD FICA	ATION				657.34

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FLEET MANAGEMENT SERVICES DETAIL DETAILS SERVICES DE GESTION DE PARC

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY DIV-55-D BARNES

CLIENT NO.

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INVOICE DATE

DATE DE LA FACTURE
INVOICE NO.

NO DE LA FACTURE

03/01/17 0006743067

BFDF290001

UNIT NO	DRIVER NAME DRIVER ID.	V. I. N.	CARD NO.		REFERENCE NO ACTIVITY DATE NO. DE	SUPPLIER NAM SUPPLIER LOCA	TION	CHARGE DESCRIPTION	QTY	UNIT COST	EXTENDED PRICE	GST-HST PST/QST	TOTAL DU
NO. D'UNITE	NOM DU CONDUCTEUR NO. DU CONDUCTEUR	NO. DE SERIE	NO. DE CARTE	KM AUTORISE	REFERENCE DATE DE LA TRANS.	NOM DU FOURNIS POINT DE VEN		DESCRIPTION DES FRAIS	QTE	COUT UNIT	TOTAL	TPS-TVH TVP/TVQ	MONTANT TOTAL DI
	BARNES					SHELL CANADA INC MEDICINE HAT	AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH MISCELLANEOUS	89.1 1.0	1.01 5.50	85.63 5.50	4.28	
								GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL			91.13	.28 4.56 4.56	95.69 95.69
						SHELL CANADA INC MEDICINE HAT	AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH	96.0	.98			93.09
								REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL			89.52	4.48 4.48	94.00 94.00
					000451451476 02/07/17		VES LIMITED AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF **	71.3	1.01	68.57	3.43 3.43	72.00
								TOTAL / TOTAL			68.57	3.43	72.00
						PETRO CANADA MEDICINE HAT	AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF **	91.6	.98	85.87	4.29 4.29	90.16
								TOTAL / TOTAL			85.87	4.29	90.16
						FEDERATED COOPERATI MEDICINE HAT	VES LIMITED AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH MISCELLANEOUS	70.0	1.04	69.35 7.49	3.47	
								GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF **	1.0	7.49		.37 3.84	80.68
								TOTAL / TOTAL				3.84	80.68
					000451894992 01/28/17	PETRO CANADA AIRDRIE	AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF	55.3	1.16	61.06	3.05 3.05	
								** REF NO TOT / TOT NO REF ** TOTAL / TOTAL			61.06	3.05	64.11 64.11
						SHELL CANADA INC MEDICINE HAT	AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF	87.1	1.04	86.14	4.31 4.31	
								** REF NO TOT / TOT NO REF ** TOTAL / TOTAL			86.14	4.31	90.45 90.45
					000449846996 01/24/17		VES LIMITED AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF	48.5	1.10	50.78	2.54 2.54	
BLE871								** REF NO TOT / TOT NO REF ** TOTAL / TOTAL			50.78	2.54	53.32 53.32

QST ID. NO / NO ID TVQ 1001439118

Element Fleet Management

FLEET MANAGEMENT SERVICES DETAIL DETAILS SERVICES DE GESTION DE PARC

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY

CLIENT NO.
NO DU_CLIENT

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	PAGE - 190 OF 239 DE				D	V-55-D BARNES 				INVOICE DAT DATE DE LA INVOICE NO. NO DE LA FA	FACTURE	03/01/17 0006743067
NIT NO NO. '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.		CHARGE DESCRIPTION DESCRIPTION DES FRAIS	QTY QTE	UNIT COST	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DUE MONTANT TOTAL DU
	BARNES				000451894994	PETRO CANADA	UNLEADED PREMIUM GASOLINE	41.0	1.22	47.63		

IT NO DRIVER ID. NO. NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V. I. N. CARD NO. NO. DE SERIE CARTE	AUTHORIZE KM REFERENCE AUTORISE DATE DE LA TRANS.		LOCATION URNISSEUR	CHARGE DESCRIPTION DESCRIPTION DES FRAIS	QTY QTE	UNIT COST COUT UNIT	EXTENDED PRICE TOTAL	PST/QST TPS-TVH TVP/TVQ	TOTAL DUE
BARNES	_		4 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	41.0	1.22	47.63 47.63	2.38 2.38 2.38	50.01 50.01
		000452651101 01/23/17	1 IMPERIAL OIL BASSANO	AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL		1.23	65.39 65.39	3.27 3.27 3.27	68.66 68.66
			3 PETRO CANADA STRATHMORE	AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	87.6	1.06	88.35 88.35	4.42 4.42 4.42	92.77 92.77
		000452460321 01/14/17		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	65.8	1.06	66.41 66.41 .66- 65.75	3.23 3.23 3.23	69.64 69.64 .66- 68.98
) IMPERIAL OIL THREE HILLS	AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL		1.13	93.87 93.87	4.69 4.69 4.69	98.56 98.56
	UNIT TOTA	L / TOT UNITE			FUEL OTY / OTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE DISCOUNT / RABAIS TOTAL / TOTAL	946.5		971.56	48.49	1,020.05 .66- 1,019.39
BKDN TOTALS / TOTAUX (01-55	CODIFICATION UNITS /	VEHIC 1			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	946.5		971.56	48.49	
					BKDN TOTALS / TOTAUX COD FICA DISCOUNT / RABAIS TOTAL / TOTAL	TION				1,020.05 .66- 1,019.39

Element Fleet Management Celement

FLEET MANAGEMENT SERVICES DETAIL
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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

NVOICE DATE

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NVOICE NO.

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04/01/17 0006772011

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UNIT NO NO. D'UNITE	DRIVER NAME DRIVER ID. NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V.I.N. NO. DE SERIE	CARD NO. NO. DE CARTE	KM AUTHORIZE KM AUTORISE	REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS.	SUPPLER NA SUPPLER LOCA NOM DU FOURNIS POINT DE VEN	TION SSEUR	CHARGE DESCRIPTION DESCRIPTION DES FRAIS	QTY QTE	UNIT COST	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DUE MONTANT TOTAL DU
	BARNES					SHELL CANADA INC MEDICINE HAT	AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	85.9	.97	79.30 79.30	3.97 3.97 3.97	83.27 83.27
					000455293340 03/06/17		AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	51.8	1.12	55.23 55.23	2.76 2.76 2.76	57.99 57.99
					000455293341 03/05/17	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	90.0	.96	82.66 82.66	4.13 4.13 4.13	86.79 86.79
					000455293342 03/05/17	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	44.9	1.17	50.21 50.21	2.51 2.51 2.51	52.72 52.72
						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	60.1	1.13	64.61 64.61	3.23 3.23 3.23	67.84 67.84
					000455603451 03/01/17	IMPERIAL OIL SHERWOOD PARK	AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	60.5	1.14	65.68 65.68	3.28 3.28 3.28	68.96 68.96
						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	50.6	.99	47.66 47.66	2.38 2.38 2.38	50.04 50.04
					000455433690 02/28/17		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	37.1	1.24	43.86 43.86 .37- 43.49	2.14 2.14 2.14	46.00 46.00 .37- 45.63
BLE871					000454130567	FEDERATED COOPERAT	IVES LIMITEE	UNLEADED REGULAR GASOLINE	86.3	.97	79.68	O FNRG TPS	TVH R104164223

Element Fleet Management Celement

FLEET MANAGEMENT SERVICES DETAIL
DETA LS SERVICES DE GESTION DE PARC

PAGE - 190 OF 238 DE

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY DIV-55-D BARNES

CLIENT NO.

NO DU CLIENT

NVOICE DATE

DATE DE LA FACTURE

NVOICE NO.

NO DE LA FACTURE

04/01/17 0006772011

BFDF290001

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		REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS.		TION SEUR	CHARGE DESCRIPTION DESCRIPTION DES FRAIS	QTY QTE	UNIT COST	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DUE MONTANT TOTAL DU
	BARNES				02/25/17	MEDICINE HAT	AB	GST-HST / TPS-TVH MISCELLANEOUS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	1.0	7.49	7.49 87.17	3.98 .37 4.35 4.35	91.52 91.52
						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	87.7	.97	80.95 80.95	4.05 4.05 4.05	85.00 85.00
						FEDERATED COOPERATI MEDICINE HAT	VES LIMITED 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	1.0	.97 7.49	51.10 7.49 58.59	2.56 .37 2.93	61.52 61.52
						FEDERATED COOPERATI BOW ISLAND	VES LIMITED AB	UNIEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	86.1	.86	70.48	3.52 3.52 3.52	74.00 74.00
			UNIT TOTAL	. / TOT UNI	TE			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE DISCOUNT / RABAIS TOTAL / TOTAL	796.3		786.40	39.25	825.65 .37- 825.28
	KDN TOTALS / TOTAUX (1-55	CODIFICATION	UNITS / V	/EHIC	1			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	796.3		786.40	39.25	
								BKDN TOTALS / TOTAUX COD FICAT DISCOUNT / RABAIS TOTAL / TOTAL	ΓΙΟΝ				825.65 .37- 825.28

Member Name:	Drew Barnes
Claimant Name:	Drew Barnes
Expense Categor	ry: Fuel and Minor Maintenance
For hosting, sele	ct one:
☐ Individual Co	onstituent(s)
☐ Individual St	akeholder(s)
Group:	
Purpose:	
oil change	
	\$162.24
	Trive !

JIFF / LUBE # 19 3215K DUNMORE RD SE MEDICINE HAT AB

CARD TYPE

VISA

DATE

2016/12/21

TIME

8751 16:36:15

RECEIPT NUMBER

C82037234-001-679-017-0

PURCHASE TOTAL

SCOTIABANK VISA A0000000031010 1A5C4BC5DB7E78ED 0080008000-E800 8DC24136FB8C2A57 0080008000-F800

APPROVED

01-027

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS COPY FOR YOUR RECORDS Juffy Lute \$ 170.35



JIFFY LUBE #1019

GST #842355489 BAY K, 3215 DUNMORE ROAD SE MEDICINE HAT, AB T1B 2H2 (403) 528-4356 Page 1 of 1

DATE 12/21/2016 4:36 PM

TRANSACTION NO 16122100013624
INVOICE NO 01019-13624
VEHICLE ID AB-MSA903

Customer I	nformation	Service History	ory	
Drew Barnes		DATE KILOMETERS SERVICES	****	
		12/21/16 225547 FS OF SFC OIL		
Vehicle In	formation			
Empl	oyees	, Service Comm	nents	
	CASHIER	PRE-SERVICE OIL LEVEL CHECK: OIL LEVEL FULL ON ARRIVAL ON ARRIVAL THANK YOU!	20	
Service	Checklist	Description	Qty.	Price
1. ENGINE OIL 2. OIL FILTER 3. CHASSIS LUBRICATION 4. AIR FILTER 5. PCV VALVE 6. BREATHER ELEMENT 7. FUEL FILTER 8. POWER STEERING FLUID 9. WASHER FLUID FILL 10. RAD FLUSH/COOLANT 11. TRANS/TRANSAXLE FLUID	REPLACED REPLACED COMPLETED CHECKED CHECKED N/A CHECKED OK FILLED CHECKED OK N/A	European Oil Change 4x4 Cartridge Oil Filter Pz163 Special Filter Charge \$30 Pennzoil European 5w40 Platinum Synthetic Enviro/ShopSupply SUBTOTAL (AIR)	1.00 1.00 1.00 6.50 1.00	102.99 0.00 30.00 26.25 3.00 \$162.24 -0.00
11. TRANS/TRANSAXLE FLUID 12. FRONT DIFF FLUID 13. TRANSFER CASE FLUID 14. REAR DIFF FLUID 15. WIPER BLADES 16. LIGHT CHECK 17. SERPINTINE BELT 18. TIRE PRESSURE 19. DRAIN PLUG TIGHT 20. OIL FILTER TIGHT	FULL FULL FULL CHECKED CHECKED CHECKED CHECKED CHECKED CHECKED WARM&TIGHT WARM&TIGHT	SALE TAXABLE PARTS NONTAXABLE LABOR GST TAX TOTAL VISA CHANGE	162.24	\$162.24 8.11 \$170.35 170.35

Warranty Statement

LIMITED WARRANTY CERTIFICATE:THIS JIFFYLUBE SERVICE CENTRE WARRANTS ALL WORKMAN SHIP AGAINST FAILURE FOR 7 DAYS FROM DATE OF SERVICE. This warranty does not apply when the customer tampers with or alters the Centre's products or alters manufacture's original equipment or when corrective action is taken without prior written approval from this JIFFYLUBE Service Centre. The customer must have the LimitedWarranty Certificate and must retain a sample of the product(s) involved to support a claim. NOTE:This warranty does not cover loss of time,loss of use of the vehicle,incovenience, or other consequential damages.

DOING IT RIGHT EVERY TIME THANK-YOU FOR CHOOSING jiffylube

Recommend next service on 07/09/2017 or 233547 km.

Cardholder acknowledges receipt of goods and/or services in the amount shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.

Member Name: Drew Barnes	
Claimant Name: Drew Barnes	
Expense Category: Member Parking	
For hosting, select one:	
☐ Individual Constituent(s)	
Individual Stakeholder(s)	
Group:	
Purpose:	
	\$50.00



ontap

Room No. : 912

Ramada Plaza Downtown Calgary 708 8th Avenue SW Calgary, Alberta Canada T2P 1H2 Tel: (403) 263-7600 Fax: (403) 237-6127 GST Reg. #R808732705

01-20-17

Drew Barnes	Folio No. : A/R Number : Group Code : CGZ109 Company : Wyndham Rewards : Invoice No. :		01-18-17 01-20-17 80963EC(
Date	Description	Charges	Credits
01-18-17 Guest Parking		25.00	
01-18-17 GST 5%		1.25	
			a a
01-19-17 Guest Parking		25.00	
01-19-17 GST 5%		1.25	
To become a Wyndham Rewards mem WYN-RWDS.	ber, visit us at wyndhamrewards.com or call 1-866-	Total	
		Balance 0.00	
Guest Signature:			

Thank you for staying with us. It was our pleasure to serve you.

This property is privately owned and the management reserves the right to refuse service to anyone and will not be responsible for

accidents, injury to guest, loss of money, jewelry or valuables of any kind.

Member Name: Drew Barnes	
Claimant Name: Drew Barnes	
Expense Category: Taxi, Bus Travel	
For hosting, select one:	
☐ Individual Constituent(s)	
☐ Individual Stakeholder(s)	
Group:	
Purpose:	
	\$37.00

Co-op Taxi Line (780)425-2525 www.co-optaxi.com

Terminal 149/66233487 Driver 4001 16/12/06 17:21:12

VISA
Card: *********
SCOTIABANK VISA
CHIP CARD

A0000000031010 0080008000

VERIFIED BY PIN

Ref # 0010012740 C

FARE : \$ 33.60 TIP : \$ 5.00 TOTAL : \$ 38.60

APPROVED - THANK YOU (01-027)

IMPORTANT: Retain this copy for your records

Merchant Copy

Thank you for choosing Co-op taxi

Member Name: Drew Barnes	
Claimant Name: Drew Barnes	
Expense Category: Taxi, Bus Travel	
For hosting, select one:	
Individual Constituent(s)	
Individual Stakeholder(s)	
Group:	
Purpose:	×
	1
,	\$14.29

DATE DEC 8, 20	
AMOUNT 15.00	cesh
A1	.1
CAB DRIVER .	MURRAY Thank You

Member Name: Drew Barnes	
Claimant Name: Drew Barnes	
Expense Category: Taxi, Bus Travel	
For hosting, select one:	
Individual Constituent(s)	
☐ Individual Stakeholder(s)	
Group:	
Purpose:	· · · · · · · · · · · · · · · · · · ·
	\$19.05

RECEIPT	DATE Dec5th, 2016
Driver: Darke	- N
Amount: $20,00$	Car#_84
Thank You	Have a Nice Day

Member Name: Drew Barnes		
Claimant Name: Drew Barnes		
Expense Category: Taxi, Bus Travel		
For hosting, select one:		
Individual Constituent(s)		
Individual Stakeholder(s)		
Group:		
Purpose:		
	\$20.40	

CARE CABS #81 403-529-2211 T1B4R6 MEDICINE HAT AB 21280701 GH2128070104

PURCHASE

03-09-2017

19:17:39

Acct # *****

Exp Date **/** Card Type VI Name: MR DREW BARNES

A0000000031010 SCOTIABANK VISA

Trace # 742 Inv. # 854

RRN 001254005

Purchase

\$18.50 \$2.78

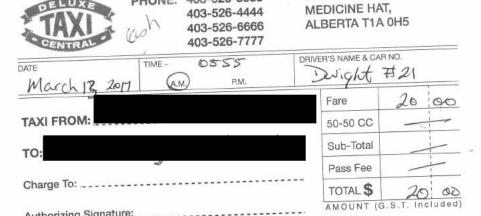
Tip Total

\$21.28

(001) APPROVED-THANK YOU

Retain this copy for your records
Customer copy

Member Name: Drew Barnes	
Claimant Name: Drew Barnes	
Expense Category: Taxi, Bus Travel	
For hosting, select one:	
Individual Constituent(s)	
Individual Stakeholder(s)	
Group:	
Purpose:	
	\$19.05



656 1/2 - 3rd Street S.E.

Print Name:----All accounts due upon receipts. Action will be taken on overdue accounts. G.S.T. No. R121898182

Authorizing Signature:

PHONE: 403-526-3333

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



Page 1 of 2

Prepared For D BARNES MLA LEGIS ASSEMBLY OF AB

March 18, 2017

Previous Balance	Payments and Credits	including Delinquercy Assessment, if any	New Balance \$
0.00 _	0.00 +		

Statement includes payments and charges received by March 18, 2017

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.

	nit Summary n 18, 2017	Total Credit Limit \$	Available Credit Limit \$	
New Trans	actions for D BARNE	S MLA		Amount \$
March 2	CO OP TAXI LINE LT TAXICABS AND LIMO			10.00
March 7	GREATER EDMONTO TAXICABS AND LIMO			8.88
March 9	CO OP TAXI LINE LT TAXICABS AND LIMO		/	54.00
March 13	ATS GROUP E TAXICABS AND LIMO	DMONTON USINES		71.00
March 13	GREATER EDMONTO TAXICABS AND LIMO			17.02
March 13	DELUXE CENTRAL TAXICABS AND LIMO	REDCLIFF JUSINES		20.00
March 13	CO OP TAXI LINE LT TAXICABS AND LIMO			19.70
March 13	CO OP TAXI LINE LT TAXICABS AND LIMO			32.90
Total New	Transactions for D B	ARNES MLA		233.50

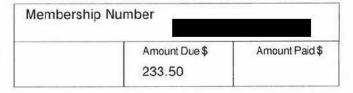
† Please detach here †

\$222.39

AMERICAN EXPRESS®

Payment Options
PLEASE ALLOW 3 TO 5 BUSINESS DAYS FOR YOUR PAYMENT
TO BE PROCESSED BY YOUR FINANCIAL INSTITUTION AND SENT TO US. See the About Your Payment Section.

- Phone and Internet banking arranged through your financial institution
- Your local bank branch
- Automatic banking machines
 Do Not Enclose Cash





000270 D BARNES MLA LEGIS ASSEMBLY OF AB 901 9718 107 STREET **EDMONTON AB** T5K 1E4

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





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)

not previously claimed or been paid for these expenses.

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

6 T	Reason for Travel Travel to/from Capital Travel to/from Capital	Meal Purchase Location(s)	B	Meal L	D	Subtotal	G.S.T.	Total
1 2 3 4 5 T 6 T	ravel to/from Capital		.7500					
2 3 4 5 T 6 T	ravel to/from Capital							
3 4 5 T 6 T	ravel to/from Capital						100	
4 5 T	ravel to/from Capital							
5 T	ravel to/from Capital			П				
6 T	ravel to/from Capital					39.57	1.98	41.55
	AND ALL DESCRIPTION OF THE PARTY OF THE PART					39.57	1.98	41.55
7 T		Edmonton						
	ravel to/from Capital	Edmonton				39.57	1.98	41.55
8 T	Fravel to/from Capital	Edmonton				39.57	1.98	41.55
9								
10								
11 7	Fravel to/from Capital	Edmonton			\boxtimes	19.76	0.99	20.75
12 7	Fravel to/from Capital	Edmonton		\boxtimes	\boxtimes	39.57	1.98	41.55
13	Travel to/from Capital	Edmonton		\boxtimes	\boxtimes	39.57	1.98	41.55
14		The state of the s						
15								
16								
17								
18								
19								
20				П				
21				П	П			
22								
23				П	П			
24				I				
25								Walt.
26								
27				片	H			
28								
29								
30								
31		\mathcal{L}		nd To	Ш	\$257.19	\$12.86	\$270.05

Member Signature

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.

Member Name: Barnes, Drew Constitue				ncy: Cypress-Medicine Hat						
For the Month of: January		Year: 2017	Eı	Employee #:						
Day	Reason for	Meal Purchase Location(s)		Meal	D	Subtotal	G.S.T.	Total		
of Month	Travel	0 - 0-1 - 1,0 - 0-1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	_			500 KN 100 CO		1,757,800		
1					닐					
2										
3				J	니					
4				Ш			10			
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8	st st	A company of the comp								
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13		V								
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15										
16										
17										
18							1			
19										
20										
21										
22										
23	Travel to/from Capital	Edmonton			\boxtimes	19.76	0.99	20.75		
24	Travel to/from Capital	Edmonton			\boxtimes	19.76	0.99	20.75		
25										
26										
27										
28										
29							Halveiten.	in the		
30										
31		\\								
I certify tha	t I have met the requirements of s	ection 7 of the	7 Gran	d To	tal	\$39.52	\$1.98	\$41.50		

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

Jan31,0017

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: Cons	Cypress-Medicine Ha
--	---------------------

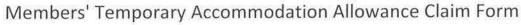
or the Mo	nth of: March	Year: 2017	Eı	nplo	yee #:	185	204	ENT
Day of Month	Reason for Travel	Meal Purchase Location(s)	В	Meal L	D	Subtotel	G.S.T.	Total
1							60 50 10	
2	Travel to/from Capital	Edmonton	\boxtimes	\boxtimes	\boxtimes	39.57	1.98	41.55
3	¥							
4							7	
5	Travel to/from Capital	Edmonton			\boxtimes	19.76	0.99	20.75
6	Travel to/from Capital	Edmonton	\boxtimes	\boxtimes	\boxtimes	39.57	1.98	41.55
7	Travel to/from Capital	Edmonton		\boxtimes	\boxtimes	39.57	1.98	41.55
8	Travel to/from Capital	Edmonton		\boxtimes	\boxtimes	39.57	1.98	41.55
9	Travel to/from Capital	Edmonton	\boxtimes	\boxtimes	\boxtimes	39.57	1.98	41.55
10								
11								
12								
13	Travel to/from Capital	Edmonton				39.57	1.98	41.55
14	Travel to/from Capital	Edmonton		\boxtimes		39.57	1.98	41.55
15	Travel to/from Capital	Edmonton				39.57	1.98	41.55
16	Travel to/from Capital	Edmonton		\boxtimes		39.57	1.98	41.55
17								
18							*	
19	Travel to/from Capital	Edmonton				19.76	0.99	20.75
20	Travel to/from Capital	Edmonton	\boxtimes		\boxtimes	39.57	1.98	41.55
21	Travel to/from Capital	Edmonton		\boxtimes		39.57	1.98	41.55
22	Travel to/from Capital	Edmonton		\boxtimes		39.57	1.98	41.55
23	Travel to/from Capital	Edmonton			\boxtimes	39.57	1.98	41.55
24								
25								
26								
27								
28								
29								
30								
31								
	I have met the requirements of s	ection 7 of the	Gran	d To	tal	\$553.95	\$27.70	\$581.65

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

March 31, 20 17







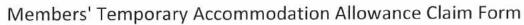
Note to MLAs: Forms accessed online can be used to claim either the temporary residence accommodations allowance under sections 5 and 6 and meal expenses under section 7 of the *Members' Allowance Order*. Only claims supported by the required documentation will be processed. For the text of sections 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: Te	emporary Residence Accommodation Allow	vance in Edmonton - Claimed Annually
	idence Accommodation Allowance in Edn 23,160 per fiscal year.	nonton - Claimed Annually
riscai reai.		
Residence i.e. I	ided documents evidencing your Tempora ease agreement (Lease or Rental) or itle (Own) to FMAS? If not, please attach.	Yes No
	int (maximum \$1,930 or less) ne Member is responsible for retaining all r	\$ 1780 x 12 = \$ 31, 360 ecords 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
authorizing tha immediately no eligibility to cla	t the amount specified above be paid each otify the Clerk, in writing, if there are any c	form) for the Temporary Residence Accommodation Allowance and am month during the fiscal period noted above. I acknowledge and agree to hanges to either my Permanent or Temporary Residence that may affect my immediately reimburse any accommodation allowance payments made to me ese payments.
	JANUARY 2017	

Member Signature



Member Signature



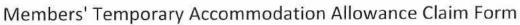


Note to MLAs: Forms accessed online can be used to claim either the temporary residence accommodations allowance under sections 5 and 6 and meal expenses under section 7 of the *Members' Allowance Order*. Only claims supported by the required documentation will be processed. For the text of sections 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 19 13 13
Claim Type: Ter	mporary Residence Accommodation Allow	vance in Edmonton - Claimed Annually
	dence Accommodation Allowance in Edm 3,160 per fiscal year.	nonton - Claimed Annually
	ded documents evidencing your Tempora	ry All Throng and the second
	ase agreement (Lease or Rental) or tle (Own) to FMAS? If not, please attach.	✓ Yes No
Monthly Amoun	nt (maximum \$1,930 or less)	\$ 1780 x 12 = \$ 31,360 ecords 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.
authorizing that immediately not eligibility to clair	the amount specified above be paid each tify the Clerk, in writing, if there are any ch	month during the fiscal period noted above. I acknowledge and agree to nanges to either my Permanent or Temporary Residence that may affect my immediately reimburse any accommodation allowance payments made to me ese payments.
	FEBRUARY 2017	

Updated April 2016







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 Accommodation Allow	wance in Edmonton - Claimed Annually
Temporary Residence Accommodation Allowance in Edm Maximum of \$23,160 per fiscal year.	monton - Claimed Annually
Fiscal Year:	
Have you provided documents evidencing your Tempora Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please attach.	FIV 00 (20 90 50 10
Monthly Amount (maximum \$1,930 or less)	\$ 1780 ×12=
	records which support the annual amount identified above.
	\$ 191,000
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
Leartity that I have mot the eligibility criteria (see back of	r form) for the Temporary Residence Accommodation Allowance and am
authorizing that the amount specified above be paid each immediately notify the Clerk, in writing, if there are any cl	h month during the fiscal period noted above. I acknowledge and agree to changes to either my Permanent or Temporary Residence that may affect my o immediately reimburse any accommodation allowance payments made to me

Member Signature

Updated April 2016



ontap

Ramada Plaza Downtown Calgary 708 8th Avenue SW Calgary, Alberta Canada T2P 1H2 Tel: (403) 263-7600 Fax: (403) 237-6127 GST Reg. #R808732705

01-20-17

Room No. : 912 Folio No. **Drew Barnes** Arrival . 01-18-17 A/R Number Departure : **CGZ109** 01-20-17 Group Code Conf. No. : 80963EC(Company Rate Code: Wyndham Rewards: Page No. : 1 of 1 Invoice No. Credits Charges Date Description 99.00 Room Charge 01-18-17 2.97 **DMF 3%** 01-18-17 4.08 01-18-17 Tourism Levy 4% 5.10 **GST 5%** 01-18-17 99.00 Room Charge 01-19-17 2.97 01-19-17 **DMF 3%** 4.08 01-19-17 Tourism Levy 4% 5.10 **GST 5%** 01-19-17 01-20-17 Visa To become a Wyndham Rewards member, visit us at wyndhamrewards.com or call 1-866-Total WYN-RWDS. 0.00 Balance

Guest Signature: ______
This property is privately owned and the management reserves the right to refuse service to anyone and will not be responsible for

accidents, injury to guest, loss of money, jewelry or valuables of any kind.

Thank you for staying with us. It was our pleasure to serve you.

Member Name: Drew Barnes	
Claimant Name: Drew Barnes	
Expense Category: Hosting	
For hosting, select one:	
☐ Individual Constituent(s)	
Individual Stakeholder(s)	
Group:	C
Purpose:	
Town Hall Meeting Sat Feb 25 at Desert Blume Golf	
\$81.35	



Name

Address

Contact

Phone

Desert Blume Golf Club

107 Clubhouse Dr. S.W. Medicine Hat, AB T1B 0A4 Canada (403) 581-4653

Page 1 of 1 02/27/2017 CHRIS

Meeting

Tax Registration Number:88744 6409 RT0001

Coffee Time with Drew Barnes

Legislative Assembly Office #5, 1299 Transcanada Way SE

Drew Barnes

Medicine Hat, AB T1B 1H9 Canada (403) 528-2191 Ext.

Event ID **Event Name Event Date** Invoice ID

Invoice Date

EVT00000231 Coffee Time with Drew Barnes Sat, Feb 25, 2017

> INV00000328 February 27, 2017

Hospitality Applicable Taxes Unit Price Subtotal Qty Description 55.00 55.00 1 Banquet Coffee 25 Cup Pot & Tea Station 26.35 Gratuity

Comments

Subtotal **GST** Total Payments Balance

#81.35

M (A204/103

Me	mber Name:	Drew Barnes				
Cla	imant Name:	Drew Barnes				
Ехр	ense Catego	r y : Hosting				
For	hosting, sele	ct one:				
	Individual Co	onstituent(s)				
\boxtimes						
	Group:					
Pur	pose:					
gas	and oil expe	rt				
			\$28.75			



Cucina Market Bistro 515 8th Ave SW Calgary AB T2P 1G1 587-353-6565 GST# 136341625RT0001

1030 Terra C

Tb1 24/1 Chk 913 Gst Jan19'17 06:57AM

1 TEA 2 5 2 BACON&EGGS @ 13.00 21.00

Subtotal 28.75 28.75 GST 1.44 Amount Due 30.19

Thanks for Dining With \(\mathcal{B} \): **PLEASE PAY SERVER**

Happy Hour 3 - 6pm Mor ay-Friday We now validate parking For reservat atter 5PM!

Member	Name: Drew Barnes							
Claimant	Claimant Name: Drew Barnes							
Expense	Category: Hosting							
For hostin	ng, select one:							
	ridual Constituent(s)							
Indiv	vidual Stakeholder(s)							
Grou	ip:							
Purpose:								
discuss c	arbon tax							
			8					

Tell us About Your Visit To Receive a Oreat Offer See Details Below

***************** *** Pizza Hut---Makin' it GREAT! ***

*** 403-526-1234 ***

Order: 123 Store: R39401 DPS: 1 02/14/2017 13:02

Order was taken by: JILL Fromise Time: 13:18

Drew Barns (403)528-2191

XXX New Customer XXX

PICK UP

1 %lrg Pan Hawaiian 20.99

Tax...: 0.00 65T ID#:R120735493 65T...: 1.05

Total..: 22.04

ITELL US ABOUT YOUR EXPERIENCE! Go to ! (www.pizzahutlistens.ca to complete our) survey and receive a validation code | redeemable with this receipt for an I lirresistible 8000 Pizza offer at this | (location within 7 days of original

Seq1: 123.01 Seq2: 008969659010214

AKKKKKKKKKK EMD INNOICE AKKRKKKKKKKKKKK

Member Name: Drew Ba	arnes					
Claimant Name: Drew Barnes						
Expense Category: Hosti	ing					
For hosting, select one:						
	nt(s)					
☐ Individual Stakehold	er(s)					
Group:						
Purpose:						
discuss economy						
	\$39.36					
	4,0.					

I EXAS BAR & ST 124 . TRANS CDA WAY T1B1H9 MEDICINE HAT AB 22845842 QB2284584201

SALE

02-15-2017	19:05:24 C
Exp Date **/** Name: BARNES/DRI A0000000031010 SCOTIABANK VISA	Card Type VI EW.MR
Trace # 190010 Inv. # 394	Operator 5
	RRN 001020009
Sale	\$35.70
Тір	\$5.36
TOTAL	\$41.06

00 APPROVED-THANK YOU

Retain this copy for your records
Customer copy

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

Member Name: Drew Barnes
Claimant Name: Drew Barnes
Expense Category: Hosting
For hosting, select one:
Individual Stakeholder(s)
Group:
Purpose:
community town hall discussion
\$22.84



Thank You for your patronage.

Member Name:	Drew Barnes	
Claimant Name:	Drew Barnes	
Expense Categor	γ: Hosting	
For hosting, sele	ct one:	
	onstituent(s)	
☐ Individual St	akeholder(s)	
Group:		
Purpose:		
community tow	n hall discussion	
		\$45.10

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

INVOICE

Server: ERNA Guest:

12 DONUTS 15.000 x COFFEE @ 2.14 32.10 Total 46.71 Net Sales GST Added 1.61 TAX 0.00 Cash 9:44 AM 2/18/2017

WHERE IT TASTES LIKE MORE for Surse

Member Name: Drew Barnes	
Claimant Name: Drew Barnes	
Expense Category: Hosting	
For hosting, select one:	
Individual Stakeholder(s)	
Group:	
Purpose:	
economy	\$38.46

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

Station: 26 Server: Desiree Dine In Order #: 396109 Table: Frnt9 1 Glass Soda Pop 3.25 1 Chefs Salad 15.00 1 GF-Chefs Salad 15.00 BUB TOTAL: 33.25 Tax 1: 1.50 TOTAL:

> >> Ticket #: 7 << 2/28/2017 11:46:47 AM

GST# 86240 8226 RT0001



(AM KENNY)

RALPH'S TEXAS BAH 1249 TRANS CDA WAY T1B'IIIII MEDICINE HAT AB 22845842 QB2284584202

SALE

					C
Ехр	Date **	1**	Card	Type	V
Nam	e: BARN	ES/DREV		10-	0.00
	000000310		230,000		
sco	TIABANH	VISA			

Irace # 280002 Inv. # 888	Operator 255	
	RRN 001029002	
Sale Tip	\$34.75 \$5.21	
TOTAL	\$39.96	

Retain this copy for your records
Customer copy

Member Name	: Drew Barnes		
Claimant Name	:: Petty Cash		
Expense Catego	ory: Hosting		
For hosting, sele	ect one:		
	Constituent(s)		
☐ Individual S	Stakeholder(s)		
Group:			
Purpose:			
constituency of	ffice coffee		
		. 1	70.57
		S.	79.52

CANADIAN TIRE #328

MEDICINE HAT, AB (403) 526-6644 THANK YOU FOR SHOPPING WITH US TODAY!

REG #:4 01/14/2017 15:48:35 TRANS #:16

OPERATOR #: 156 Float: 001

4X053-2995-4

6 \$ 19.880 ea.

TIM HORTONS DRK(\$ 79.52

VISA PURCHASE

VISA #: *******

CHIP CARD

2017/01/14 17:49:32

REF #: 66026430 0010010011 C

AUTHORIZATION #: A000000031010

VISA

0080008000F800

01 APPROVED - THANK YOU 027 **IMPORTANT**

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My CT 'Money' Account #: ******

e-CT 'Money' Collected Today

e-CT 'Money':

Honus e-CT 'Money':

e-CT 'Money' Balance:

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At Canadian Tire, We Care! Tell us how we did today. You could win a \$1000 Canadian Tire Gift Card! Submit survey at: www.tellcdntire.com OR via hone: 1-888-431-5595. No purchase -cessary. Contest ends 3-31-17. Open to legal residents of Canada, age of majority or older. Math skill-test required. Odds of winning depend on # of entries received. Conditions apply. For contest rules visit website.

Member Name:	Drew Barnes
Claimant Name:	Shelley Beck
Expense Categor	ry: Hosting
For hosting, sele	ct one:
☐ Individual Co	onstituent(s)
☐ Individual St	cakeholder(s)
Group:	
Purpose:	
constituency off	ice coffee
	59.94

Tim Hortons Store 2739 3201 19th Ave SE Hedicine Hat, AB TIB 1E2 403-504-0824

Irans# 650929

TRANSACTION RECORD

Card Number Card Type Card Entry Trans Type Amount VISA VISA TAP CHIP PURCHASE \$64.55

Auth # Sequence # Reference # Term ID 00000015 201 17/03/01 12:33:24 Date Time

APPROVED

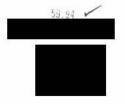
Application Label: UTSA AID: A0000000031010 TVR: 0000000000 IC: 250E0F79E53E04EE ISI: 0000

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

Receipt Reprint

lake-out 010929





Receipt Reprint

Wednesday March 01.2017 Shift # 2 Reg. # 1

Trans # 650929

Thank You for your patronage

Member Name:	Drew Barnes, MLA
Claimant Name:	Drew Barnes, MLA
Expense Categor	y: Hosting
For hosting, selec	t one:
☐ Individual Co	
Individual Sta	skeholder(s)
Group:	
Purpose:	
A 1	
oblicen	eetings with constituents.
	\$26.92

Starbucks Coffee Canada #4677

Starbucks Coffee Canada #46// 1296 Trans Canada Hwy SE Medicine Hat, AB T181J5

CHK 727560 03/27/2017 09:09 AM 1674671 Drawer: 2 Reg; 2

Pike Place 1Lb Wb	17.95
SPRING COFFEE DAYS	-4.49
Pike Place 1Lb Wb	17.95
SPRING COFFEE DAYS	-4.49
Cash	40.00
Subtotal	\$26.92
Reunding	-\$0.02
Total	\$26.90
Change Due	\$13.10

---- Check Closed ------03/27/2917 09:09 AM

Your Savings Today is: \$8.98

Merchandise, Packaged Coffee and Packaged Tea on this receipt may be returned or exchanged within 60 days of the transaction date printed above. All returns or exchanges must be accompanied with this original receipt. Refund method depends on form of payment. For questions call 1-800-STARBUC (1-800-782-7282)

GST: 86585 3535

Join our loyalty program
Starbucks Rewards®
Sign up for promotional emails
Visit Starbucks.ca/rewards
Or download our app
At participating stores
Some restrictions apply

Member Nan	ne: Drew Barnes				
Claimant Name: Michaela Glasgo					
Expense Cate	egory: Hosting				
For hosting, s	elect one:				
	ll Constituent(s)				
Individua	ll Stakeholder(s)				
Group: _					
Purpose:					
Coffee for co	nstituents when they come in to meet with Drew.				
	\$14.97				

SEARS

SEARS CANADA INC SEARS MEDICINE HAT 3292 DUNMORE ROAD SOUTH EAST, MEDICINE HAT, ALBERTA T1B 2R4 403-526-5552

STORE REG TRAN EMPL# DATE TIME 01428 096 7421 4641836 3/15/17 3:58P

SALE

1: 11 16424

COFFEE, 454 HORSE POWER 14.97 G

15.72

SUBTOTAL 14.97

GST 0.75

TOTAL 15.72

VISA

07252N

RC 497475 602053 602164 024

GST/HST REGISTRATION # 104765698

********TRANSACTION RECORD******

TYPE : PURCHASE

ACCT : VISA

\$ 15.72

CARD # : ********

DATE/TIME : 17/03/15 15:59:08

REFERENCE # | 28454591 0010017040 C

VISA CREDIT A0000000031010

8080008000

CHIP CARD INSERTED

01 APPROVED - THANK YOU 027

IMPORTANT-retain this copy for your records

CUSTOMER COPY

Member	Name: Drew Barnes
Claimant	Name: Michaela Glasgo
Expense (Category: Hosting
For hostin	g, select one:
The second second	dual Constituent(s)
Indivi	dual Stakeholder(s)
Group	D:
Purpose:	
Coffee for	r constituents when they come in to meet with Drew.
	\$17.95

Starbucks Coffee Canada #4677 1296 Trans Canada Hwy SE Medicine Hat, AB T1B1J5

CHK 728998 03/16/2017 09:07 AM 2298342 Drawer: 1 Reg: 2

Pike Place 1Lb Wb 17.95 Visa 17.95 XXXXXXXXXXX

Subtotal Total Change Due

\$17.95 \$17.95

\$0.00

----- Check Closed ------03/16/2017 09:07 AM

Merchandise, Packaged Coffee and Packaged Tea on this receipt may be returned or exchanged within 60 days of the transaction date printed above. All returns or exchanges must be accompanied with this original receipt. Refund method depends on form of payment. For questions call 1-800-STARBUC (1-800-782-7282)

GST: 86585 3535

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Visit Starbucks.ca/rewards
Or download our app
At participating stores
Some restrictions apply