

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2017-18
055 - Cypress-Medicine Hat - Barnes, Drew
For Expenses Processed Apr 1 to Jun 30, 2017

| | Budget | Used this Quarter | Used To-Date |
|--|-------------|----------------------|-----------------|
| Financial Reporting - \$ (Receipts attached) | | | |
| Transportation | | | |
| Fuel and Minor Maintenance - \$ | | \$2,602.71 | \$2,602.71 |
| MLA Parking Cap - \$ | \$900.00 | | |
| Other Travel - Parking - \$ | | | |
| Member Travel (overnight stay in constituency) - \$ | | | |
| Taxi, Bus Travel - \$ | | \$356.51 | \$356.51 |
| Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$ | | | |
| Member Travel (Meal Per Diems) - \$ | | \$969.33 | \$969.33 |
| Accommodation | | | |
| Edmonton Accommodation Allowance (\$23,160.00/yr max) | \$23,160.00 | \$5,565.00 | \$5,565.00 |
| Travel Accommodations Allowance | | | |
| Travel Accommodations Allowance (days; 10 max) - NF | 10.0 | | |
| Other | | | |
| Hosting - \$ | | | |
| Non-Financial Reporting | | | |
| Use of Private Automobile (43.5 cents per km) | | | |
| Constituency Travel (Kilometres) - NF | 80,000.0 | 3,595.0 | 3,595.0 |
| Special Trips (5 trips per year) - NF | 5.0 | | |
| Travel To and From the Capital | | | |
| Travel by Air, Bus or Train (Unlimited Trips) - NF | | 0.5 | 0.5 |
| Use of a Private Automobile (52 trips per year) - NF | 52.0 | 6.0 | 6.0 |
| 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



BFD290001

FLEET MANAGEMENT SERVICES DETAIL
 DETAILS SERVICES DE GESTION DE PARC

PAGE - 189 OF 235
 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 | 05/01/17 |
| INVOICE NO. NO DE LA FACTURE | 0006798873 |

| 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 DESCRPTION 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 | | | | 000458662897 04/09/17 | 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 | 55.6 | 1.19 | 63.01 | 3.15 3.15 | 66.16 66.16 |
| | | | | | 000458662900 04/03/17 | 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 | 46.7 | 1.22 | 54.27 | 2.71 2.71 | 56.98 56.98 |
| | | | | | 000457106131 04/01/17 | 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 | 80.9 | 1.06 | 81.61 | 4.08 4.08 | 85.69 85.69 |
| | | | | | 000458418464 03/31/17 | IMPERIAL OIL STRATHMORE AB | UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL | 56.9 | 1.06 | 57.34 | 2.87 2.87 | 60.21 60.21 |
| | | | | | 000457808243 03/30/17 | FEDERATED COOPERATIVES LIMITED MEDICINE HAT AB | UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL | 86.0 | 1.06 | 86.80 | 4.34 4.34 | 91.14 91.14 |
| | | | | | 000457088767 03/28/17 | FEDERATED COOPERATIVES LIMITED MEDICINE HAT 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 | 88.1 1.0 | .96 7.49 | 80.48 7.49 | 4.02 .37 4.39 | 92.36 92.36 |
| | | | | | 000458418463 03/24/17 | IMPERIAL OIL REDCLIFF AB | MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL | 88.8 | .99 | 83.65 | 4.18 4.18 | 87.83 87.83 |
| | | | | | 000458418462 03/22/17 | IMPERIAL OIL EDMONTON AB | UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL | 58.4 | 1.05 | 58.63 | 2.93 2.93 | 61.56 61.56 |
| | | | | | 000456421470 | FEDERATED COOPERATIVES LIMITED | UNLEADED PREMIUM GASOLINE | 36.7 | 1.09 | 38.10 | | |

BLE871

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

Element Fleet Management



BFD290001

FLEET MANAGEMENT SERVICES DETAIL
DETAI LS SERVICES DE GESTION DE PARC

PAGE - 190 OF 235
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 05/01/17
DATE DE LA FACTURE
NVOICE NO. 0006798873
NO DE LA FACTURE

| UNIT NO NO. D'UNITE | DRIVER NAME DRIVER ID. NOM DU CONDUCTEUR NO. DU CONDUCTEUR | V.I.N. NO. DE SERIE | CARD NO. NO. DE CARTE | KM AUTHORIZE KM AUTORISE | REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS. | SUPPLIER NAME SUPPLIER LOCATION NOM DU FOURNISSEUR POINT DE VENTE | CHARGE DESCRIPTION DESCR PTION 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 | | | | 03/19/17 | 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 | 1.91 .37 2.28 | 47.87 47.87 |
| | | | | | 000458662899 03/19/17 | PETRO CANADA AIRDRIE AB | UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL | 43.4 | 1.11 | 45.86 | 2.29 2.29 | 48.15 48.15 |
| | | | | | 000458662901 03/18/17 | 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 | 55.8 | 1.17 | 62.36 | 3.12 3.12 | 65.48 65.48 |
| | | | | | 000458662898 03/16/17 | PETRO CANADA SHERWOOD PARK AB | UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL | 61.9 | 1.12 | 65.93 | 3.30 3.30 | 69.23 69.23 |
| | | | | | UNIT TOTAL / TOT UNITE | | FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE | 759.2 | | 793.02 | 39.64 | 832.66 |
| | BKDN TOTALS / TOTAUX CODIFICATION 01-55 | | | | 1 | | FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH | 759.2 | | 793.02 | 39.64 | |
| | | | | | | | BKDN TOTALS / TOTAUX CODIFICATION | | | | | 832.66 |

BLE871

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

Element Fleet Management



BDFD290001

FLEET MANAGEMENT SERVICES DETAIL
DETAI LS SERVICES DE GESTION DE PARC

PAGE - 195 OF 245
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 06/01/17
DATE DE LA FACTURE
NVOICE NO. 0006823194
NO DE LA FACTURE

| UNIT NO NO. D'UNITE | DRIVER NAME DRIVER ID. NOM DU CONDUCTEUR NO. DU CONDUCTEUR | V.I.N. NO. DE SERIE | CARD NO. NO. DE CARTE | KM AUTHORIZE KM AUTORISE | REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS. | SUPPLIER NAME SUPPLIER LOCATION NOM DU FOURNISSEUR POINT DE VENTE | CHARGE DESCRIPTION DESCR PTION 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 | | | | 000461680207 05/14/17 | 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 | 54.2 | .99 | 51.06 | 2.55 2.55 | 53.61 53.61 |
| | | | | | 000462064721 05/14/17 | 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 | 53.4 | 1.16 | 58.95 | 2.95 2.95 | 61.90 61.90 |
| | | | | | 000462064720 05/09/17 | PETRO CANADA EDMONTON AB | UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL | 67.1 | .92 | 59.09 | 2.95 2.95 | 62.04 62.04 |
| | | | | | 000460907860 05/07/17 | 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 | 40.3 | 1.02 | 39.07 | 1.95 1.95 | 41.02 41.02 |
| | | | | | 000461545864 05/07/17 | FEDERATED COOPERATIVES LIMITED INNISFAIL AB | UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL | 64.6 | .95 | 58.71 | 2.94 2.94 | 61.65 61.65 |
| | | | | | 000462064719 05/06/17 | 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 | 79.1 | 1.00 | 75.67 | 3.78 3.78 | 79.45 79.45 |
| | | | | | 000460204897 04/30/17 | 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 | 51.5 | 1.22 | 59.74 | 2.99 2.99 | 62.73 62.73 |
| | | | | | 000460209078 04/29/17 | SHELL CANADA INC MEDICINE HAT AB | UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL | 89.2 | 1.06 | 89.96 | 4.50 4.50 | 94.46 94.46 |
| | | | | | 000459834676 04/25/17 | SHELL CANADA INC MEDICINE HAT AB | UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF TOTAL / TOTAL | 73.2 | 1.08 | 75.24 | 3.76 3.76 | |

BLE871

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

Element Fleet Management



BDF290001

FLEET MANAGEMENT SERVICES DETAIL
DETAI LS SERVICES DE GESTION DE PARC

PAGE - 196 OF 245
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 06/01/17
DATE DE LA FACTURE
NVOICE NO. 0006823194
NO DE LA FACTURE

| UNIT NO NO. D'UNITE | DRIVER NAME DRIVER ID. NOM DU CONDUCTEUR NO. DU CONDUCTEUR | V.I.N. NO. DE SERIE | CARD NO. NO. DE CARTE | KM AUTHORIZE KM AUTORISE | REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS. | SUPPLIER NAME SUPPLIER LOCATION NOM DU FOURNISSEUR POINT DE VENTE | CHARGE DESCRIPTION DESCR PTION 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 | | | 75.24 | 3.76 | 79.00 79.00 |
| | | | | | 000459733700 SHELL CANADA INC 04/24/17 MEDICINE HAT | AB | UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL | 77.5 1.08 | 79.67 | | 3.98 3.98 | 83.65 83.65 |
| | | | | | 000460647757 FASGAS 04/02/17 MEDICINE HAT | AB | UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT DISCOUNT / RABAIS TOTAL / TOTAL | 52.6 1.21 | 60.57 | | 3.03 3.03 | 63.60 63.60 .53- 63.07 |
| | | | | | 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 | 702.7 | | 707.73 | 35.38 | 743.11 .53- 742.58 |
| | BKDN TOTALS / TOTAUX CODIFICATION 01-55 | | | | UNITS / VEHIC 1 | | FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH | 702.7 | | 707.73 | 35.38 | 743.11 .53- 742.58 |
| | | | | | | | BKDN TOTALS / TOTAUX COD FICATION DISCOUNT / RABAIS TOTAL / TOTAL | | | | | 743.11 .53- 742.58 |

BLE871

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

Element Fleet Management



BDFD290001

FLEET MANAGEMENT SERVICES DETAIL
DETAI LS SERVICES DE GESTION DE PARC

PAGE - 191 OF 245
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 07/01/17
DATE DE LA FACTURE
NVOICE NO. 0006847667
NO DE LA FACTURE

| UNIT NO NO. D'UNITE | DRIVER NAME DRIVER ID. NOM DU CONDUCTEUR NO. DU CONDUCTEUR | V.I.N. NO. DE SERIE | CARD NO. NO. DE CARTE | KM AUTHORIZE KM AUTORISE | REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS. | SUPPLIER NAME SUPPLIER LOCATION NOM DU FOURNISSEUR POINT DE VENTE | CHARGE DESCRIPTION DESCRPTION 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 | | | | 000465609918 06/15/17 | SHELL CANADA INC EDMONTON AB | UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL | 51.5 | 1.11 | 54.35 | 2.72 2.72 | 57.07 57.07 |
| | | | | | 000464901153 06/14/17 | 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 | 30.5 | 1.16 | 33.68 | 1.68 1.68 | 35.36 35.36 |
| | | | | | 000465626120 06/13/17 | 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 | 44.9 | 1.00 | 42.74 | 2.14 2.14 | 44.88 44.88 |
| | | | | | 000465628999 06/10/17 | 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 | 44.2 | 1.02 | 42.87 | 2.14 2.14 | 45.01 45.01 |
| | | | | | 000465631463 06/08/17 | 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 | 55.3 | 1.22 | 64.20 | 3.21 3.21 | 67.41 67.41 |
| | | | | | 000465143940 06/05/17 | 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 | 54.7 | 1.15 | 60.23 | 2.94 2.94 | 63.17 63.17 55- 62.62 |
| | | | | | 000464901152 06/03/17 | 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 | 46.1 | .98 | 42.94 | 2.15 2.15 | 45.09 45.09 |
| | | | | | 000465113213 06/03/17 | IMPERIAL OIL STRATHMORE AB | UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL | 51.5 | 1.00 | 49.02 | 2.45 2.45 | 51.47 51.47 |
| | | | | | 000464901156 06/03/17 | 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 | 89.8 | 1.10 | 93.96 | 2.45 2.45 | 51.47 51.47 |

BLE871

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

Element Fleet Management



BDFD290001

FLEET MANAGEMENT SERVICES DETAIL
DETAI LS SERVICES DE GESTION DE PARC

PAGE - 192 OF 245
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 07/01/17
DATE DE LA FACTURE
NVOICE NO. 0006847667
NO DE LA FACTURE

| UNIT NO NO. D'UNITE | DRIVER NAME DRIVER ID. NOM DU CONDUCTEUR NO. DU CONDUCTEUR | V.I.N. NO. DE SERIE | CARD NO. NO. DE CARTE | KM AUTHORIZE KM AUTORISE | REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS. | SUPPLIER NAME SUPPLIER LOCATION NOM DU FOURNISSEUR POINT DE VENTE | CHARGE DESCRIPTION DESCR PTION 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 | | | | 06/02/17 | TABER AB | GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL | | | 4.70 4.70 98.66 98.66 | | |
| | | | | | 000465113212 06/01/17 | IMPERIAL OIL JENNER AB | UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL | 17.3 | 1.15 | 19.02 .95 .95 19.97 19.02 95 | | |
| | | | | | 000464901158 05/31/17 | 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 | 38.7 | 1.20 | 44.17 2.21 2.21 46.38 44.17 2.21 | | |
| | | | | | 000464901151 05/28/17 | 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 | 52.4 | 1.17 | 58.38 2.92 2.92 61.30 58.38 2.92 | | |
| | | | | | 000463127117 05/26/17 | 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 | 73.8 | .98 | 68.80 3.44 3.44 72.24 68.80 3.44 | | |
| | | | | | 000464148778 05/25/17 | DOMO GAS EDMONTON 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 | 56.8 | 1.01 | 54.55 2.73 2.73 57.28 54.55 2.73 55- 54.00 56.73 | | |
| | | | | | 000464901155 05/25/17 | 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 | 31.2 | 1.28 | 38.02 1.90 1.90 39.92 38.02 1.90 | | |
| | | | | | 000464901157 05/23/17 | 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 | 56.3 | 1.25 | 66.96 3.35 3.35 70.31 66.96 3.35 | | |
| | | | | | 000462728835 05/22/17 | SHELL CANADA INC MEDICINE HAT AB | UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH | 59.2 | 1.15 | 64.76 3.24 | | |

BLE871

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 - 193 OF 245
 DE

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

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

CLIENT NO. [REDACTED]
 NO DU CLIENT [REDACTED]
 INVOICE DATE 07/01/17
 DATE DE LA FACTURE
 INVOICE NO. 0006847667
 NO DE LA FACTURE

| UNIT NO NO. D'UNITE | DRIVER NAME DRIVER ID. NOM DU CONDUCTEUR NO. DU CONDUCTEUR | V.I.N. NO. DE SERIE | CARD NO. NO. DE CARTE | KM AUTHORIZE KM AUTORISE | REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS. | SUPPLIER NAME SUPPLIER LOCATION NOM DU FOURNISSEUR POINT DE VENTE | CHARGE DESCRIPTION DESCRPTION DES FRAIS | QTY QTE | UNIT COST COUT UNIT | EXTENDED PRICE TOTAL | GST-HST PST/QST TPS-TVH TVP/TVQ | TOTAL DUE MONTANT TOTAL DU |
|---------------------------|--|------------------------|-----------------------------|-----------------------------------|--|--|---|------------|------------------------|----------------------------|--|----------------------------------|
| [REDACTED] | BARNES | [REDACTED] | [REDACTED] | [REDACTED] | | | REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL | | | 3.24 64.76 | 3.24 | 68.00 68.00 |
| | | | | | 000462451073 05/18/17 | FEDERATED COOPERATIVES LIMITED BOW ISLAND AB | UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL | 82.7 | .98 | 77.15 | 3.86 3.86 | 81.01 81.01 |
| | | | | | 000464901154 05/17/17 | 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 | 37.8 | 1.23 | 44.24 | 2.21 2.21 | 46.45 46.45 |
| | | | | | 000463688323 05/12/17 | GAS KING MEDICINE HAT AB | UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL | 87.0 | .99 | 81.92 | 4.10 4.10 | 86.02 86.02 |
| | | | | | 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 | 1061.7 | | 1,101.96 | 55.04 | 1,157.00 1.10- 1,155.90 |
| | BKDN TOTALS / TOTAUX CODIFICATION 01-55 | | UNITS / VEHIC | | 1 | | FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH | 1061.7 | | 1,101.96 | 55.04 | 1,157.00 1.10- 1,155.90 |
| | | | | | | | BKDN TOTALS / TOTAUX CODIFICATION DISCOUNT / RABAIS TOTAL / TOTAL | | | | | 1,157.00 1.10- 1,155.90 |



The American Express® Corporate Card Statement of Account

www.americanexpress.ca
Amex Bank of Canada
Corporate Service Centre
PO Box 7000 Station B
Willowdale (Ontario) M2K 2R6



Prepared For
D BARNES MLA
LEGIS ASSEMBLY OF AB

Membership Number
XXXX-XXXX [REDACTED]

Date
April 17, 2017

Page 1 of 2

| Previous Balance | Payments and Credits | New Charges including Delinquency Assessment, if any | New Balance \$ |
|------------------|----------------------|--|----------------|
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

Statement includes payments and charges received by April 17, 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.

Credit Limit Summary On April 17, 2017

Total Credit Limit \$

Available Credit Limit \$

Listing of Charges and Credits

Amount \$

April 4 Payment Received Thank You

New Transactions for D BARNES MLA

Amount \$

| | | |
|---|---|-------|
| April 5 | CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES | 43.20 |
| April 5 | CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES | 45.00 |
| Total New Transactions for D BARNES MLA | | 88.20 |

AMERICAN EXPRESS®

Payment Options
PLEASE ALLOW 3 TO 5 BUSINESS DAYS FOR YOUR PAYMENT
TO BE PROCESSED BY YOUR FINANCIAL INSTITUTION AND
SENT TO US. See the About Your Payment Section.
• Phone and Internet banking arranged through your financial institution
• Your local bank branch
• Automatic banking machines
Do Not Enclose Cash

↑ Please detach here ↑

\$84.00

| | | |
|------------------------------|---------------|----------------|
| Membership Number [REDACTED] | | |
| | Amount Due \$ | Amount Paid \$ |
| | 88.20 | |



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

000270

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





The American Express® Corporate Card Statement of Account

www.americanexpress.ca
Amex Bank of Canada
Corporate Service Centre
PO Box 7000 Station B
Willowdale (Ontario) M2K 2R6

Prepared For
D BARNES MLA
LEGIS ASSEMBLY OF AB

Membership Number
XXXX-XXXX

Date
May 17, 2017



Page 1 of 2

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

Statement includes payments and charges received by May 17, 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.

Credit Limit Summary On May 17, 2017

Total Credit Limit \$

Available Credit Limit \$

Listing of Charges and Credits

Amount \$

New Transactions for D BARNES MLA

Amount \$

| | | | |
|-------|--|------|-------|
| May 3 | CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES | 4040 | 40.00 |
| May 4 | CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES | | 62.00 |
| May 4 | CARE CABS MEDICINE H MEDICINE HAT TAXICABS AND LIMOUSINES | | 22.00 |
| May 9 | CHECKER CABS LTD. 43 CALGARY TAXICABS AND LIMOUSINES | 4040 | 39.09 |

| | | | |
|--------|--|------|-------|
| May 10 | GREATER EDMONTON TAX EDMONTON TAXICABS AND LIMOUSINES | 4040 | 63.25 |
| May 11 | CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES | 4040 | 59.80 |

Total New Transactions for D BARNES MLA

† Please detach here †

\$272.51

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 \$

000262



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: April

Year: 2017

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 | Travel to/from Capital | Edmonton | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 19.76 | 0.99 | 20.75 |
| 3 | Travel to/from Capital | Edmonton | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 39.57 | 1.98 | 41.55 |
| 4 | Travel to/from Capital | Edmonton | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 39.57 | 1.98 | 41.55 |
| 5 | Travel to/from Capital | Edmonton | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 39.57 | 1.98 | 41.55 |
| 6 | Travel to/from Capital | Edmonton | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 39.57 | 1.98 | 41.55 |
| 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 | Travel to/from Capital | Edmonton | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 39.57 | 1.98 | 41.55 |
| 11 | Travel to/from Capital | Edmonton | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 39.57 | 1.98 | 41.55 |
| 12 | Travel to/from Capital | Edmonton | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 39.57 | 1.98 | 41.55 |
| 13 | Travel to/from Capital | Edmonton | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 19.81 | 0.99 | 20.80 |
| 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 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 31 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Grand Total | | | | | | \$316.57 | \$15.83 | \$332.40 |

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

Member Signature 

Date April 29, 2017



Members' Travel Expenses Per-Diems Claim Form

Note to MLAs: Meal allowances may be claimed only for days when you were travelling in Alberta on Member business, located at least 60 kms by primary highway from your declared permanent residence, and you had incurred expenses. For the text of section 7 of the *Members' Allowances Order* and details on form completion, see reverse. Effective September 1, 2013.

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

Member Name: Barnes, Drew

Constituency: Cypress-Medicine Hat

For the Month of: May

Year: 2017

Employee #: [REDACTED]

| Day of Month | Reason for Travel | Meal Purchase Location(s) | Meal | | | Subtotal | G.S.T. | Total |
|--------------|------------------------|---------------------------|-------------------------------------|-------------------------------------|-------------------------------------|----------|---------|----------|
| | | | B | L | D | | | |
| 1 | Travel to/from Capital | Brooks/Edmonton/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 checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 39.57 | 1.98 | 41.55 |
| 4 | 60 km from Perm. Res. | Edmonton | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 39.57 | 1.98 | 41.55 |
| 5 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 6 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 7 | Travel to/from Capital | Edmonton | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 19.76 | 0.99 | 20.75 |
| 8 | 60 km from Perm. Res. | Edmonton | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 19.76 | 0.99 | 20.75 |
| 9 | 60 km from Perm. Res. | Edmonton | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 19.76 | 0.99 | 20.75 |
| 10 | 60 km from Perm. Res. | Edmonton | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 19.76 | 0.99 | 20.75 |
| 11 | 60 km from Perm. Res. | Edmonton | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 19.76 | 0.99 | 20.75 |
| 12 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 13 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 14 | Travel to/from Capital | Edmonton | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 19.76 | 0.99 | 20.75 |
| 15 | 60 km from Perm. Res. | Edmonton | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 39.57 | 1.98 | 41.55 |
| 16 | 60 km from Perm. Res. | Edmonton | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 39.57 | 1.98 | 41.55 |
| 17 | Travel to/from Capital | Edmonton | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 39.57 | 1.98 | 41.55 |
| 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 | Travel to/from Capital | Edmonton | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 39.57 | 1.98 | 41.55 |
| 24 | 60 km from Perm. Res. | Edmonton | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 39.57 | 1.98 | 41.55 |
| 25 | Travel to/from Capital | Edmonton | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 39.57 | 1.98 | 41.55 |
| 26 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 27 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 28 | Travel to/from Capital | Edmonton | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 19.76 | 0.99 | 20.75 |
| 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 | 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 | | | | | | \$652.76 | \$32.64 | \$685.40 |

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

Member Signature

Date

June 2, 2017



Members' Temporary Accommodation Allowance Claim Form

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

Member Name: Barnes, Drew

Constituency: Cypress-Medicine Hat

Employee #: [REDACTED]

Date: 4/24/2017

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: 2017-2018

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)

\$ 1,855.00

x 12 = \$ 22,260.00

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

Claim Payment Authorization (please check)

☒ **12 Monthly Payments**

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

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

APRIL 2017

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

Member Signature

Updated April 2016



Members' Temporary Accommodation Allowance Claim Form

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: 4/24/2017

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: 2017-2018

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)

\$ 1,855.00

x 12 = \$ 22,260.00

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

Claim Payment Authorization (please check)

☒ **12 Monthly Payments**

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

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

MAY 2017

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

Member Signature

Updated April 2016



Members' Temporary Accommodation Allowance Claim Form

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: 4/24/2017

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: 2017-2018

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)

\$ 1,855.00

x 12 = \$ 22,260.00

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

Claim Payment Authorization (please check)



12 Monthly Payments

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

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

JUNE 2017

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

Member Signature

Updated April 2016