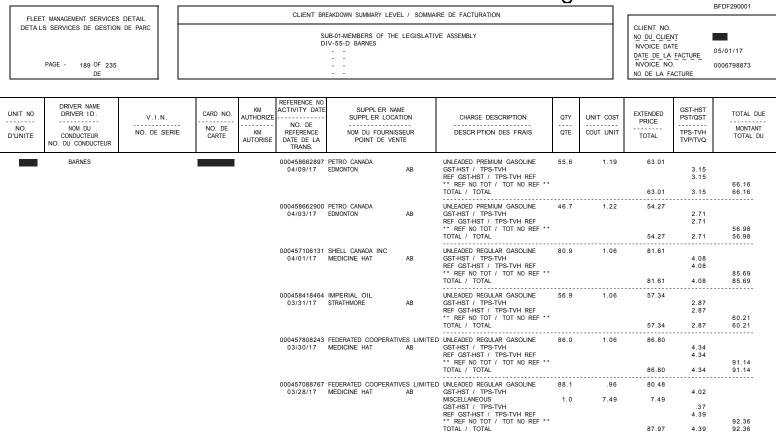
### LEGISLATIVE ASSEMBLY OF ALBERTA Member EDR 2017-18 055 - Cypress-Medicine Hat - Barnes, Drew For Expenses Processed Apr 1 to Jun 30, 2017

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation Fuel and Minor Maintenance - \$ MLA Parking Cap - \$ Other Travel - Parking - \$	\$900.00	\$2,602.71	\$2,602.71
Member Travel (overnight stay in constituency) - \$ Taxi, Bus Travel - \$ Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$		\$356.51	\$356.51
Member Travel (Meal Per Diems) - \$		\$969.33	\$969.33
Accommodation Edmonton Accommodation Allowance (\$23,160.00/yr max) Travel Accommodations Allowance Travel Accommodations Allowance (days; 10 max) - NF	\$23,160.00 10.0	\$5,565.00	\$5,565.00
Other Hosting - \$			
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	3,595.0	3,595.0
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	0.5 6.0	0.5 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

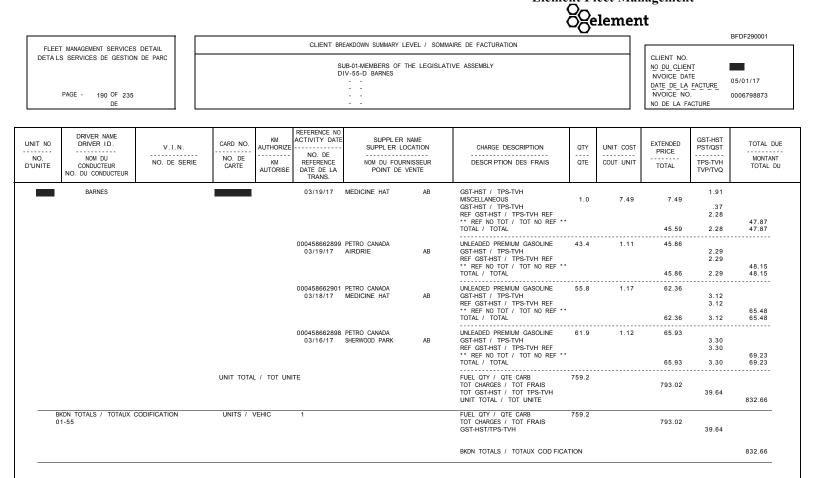
GST is not included in the \$ amounts as the Legislative Assembly is GST/HST - exempt



000458418463 IMPERIAL OIL 03/24/17 REDCLIFF MARINE REGULAR UNLEADED GAS 88.8 99 83 65 GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF \*\* REF NO TOT / TOT NO REF \*\* TOTAL / TOTAL 4.18 4.18 AB 87 83 83.65 4.18 87.83 SOLINE 58.4 UNLEADED PREMIUM GASOLINE 000458418462 IMPERIAL OIL 03/22/17 EDMONTON 1.05 58.63 AB GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF \*\* REF NO TOT / TOT NO REF \*\* TOTAL / TOTAL 2.93 2.93 61.56 58 63 2.93 61 56 000456421470 FEDERATED COOPERATIVES LIMITED UNLEADED PREMIUM GASOLINE 36.7

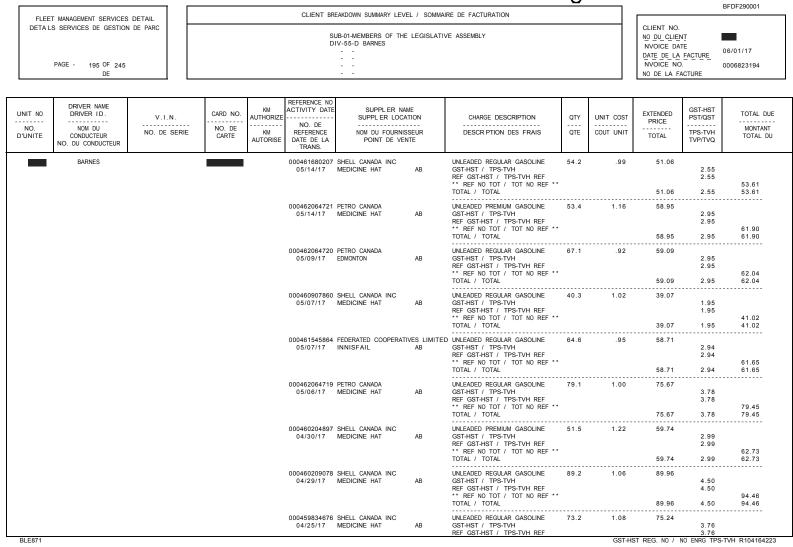
1.09 38.10 GST-HST REG. NO / NO ENRG TPS-TVH R104164223

QST ID. NO / NO ID TVQ 1001439118

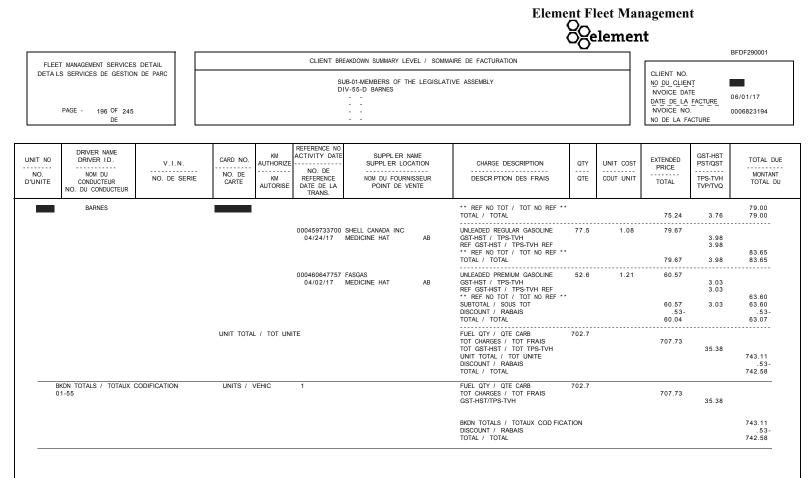


GST-HST REG. N0 / N0 ENRG TPS-TVH R104164223 QST ID. N0 / N0 ID TVQ 1001439118

### Element Fleet Management Selement

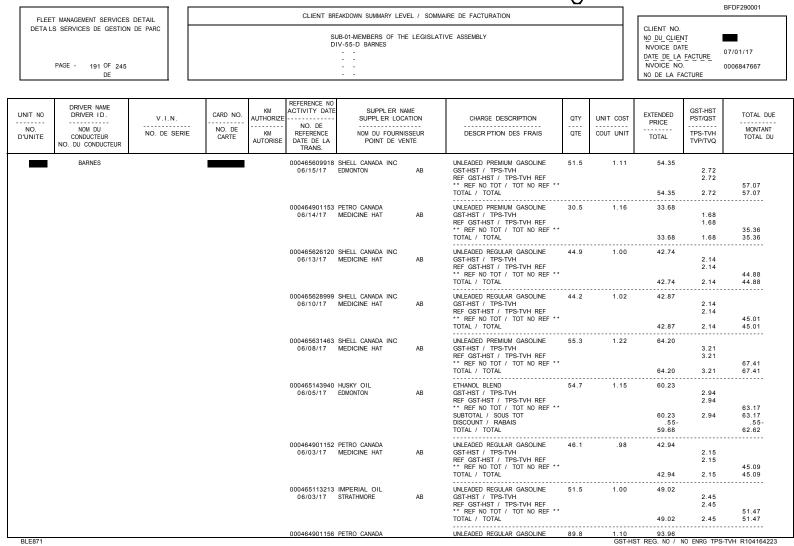


QST ID. NO / NO ID TVQ 1001439118



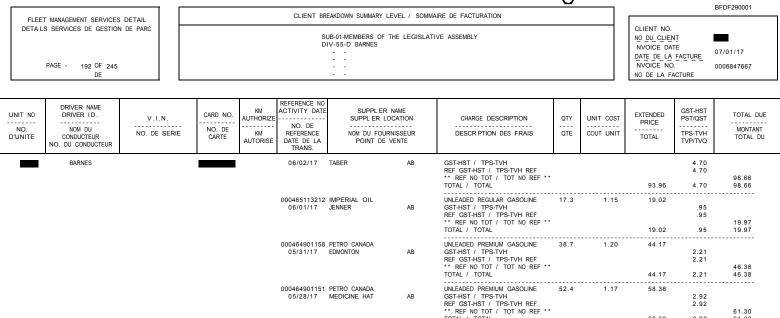
GST-HST REG. NO / NO ENRG TPS-TVH R104164223 QST ID. NO / NO ID TVQ 1001439118

### Element Fleet Management Selement



BLE871

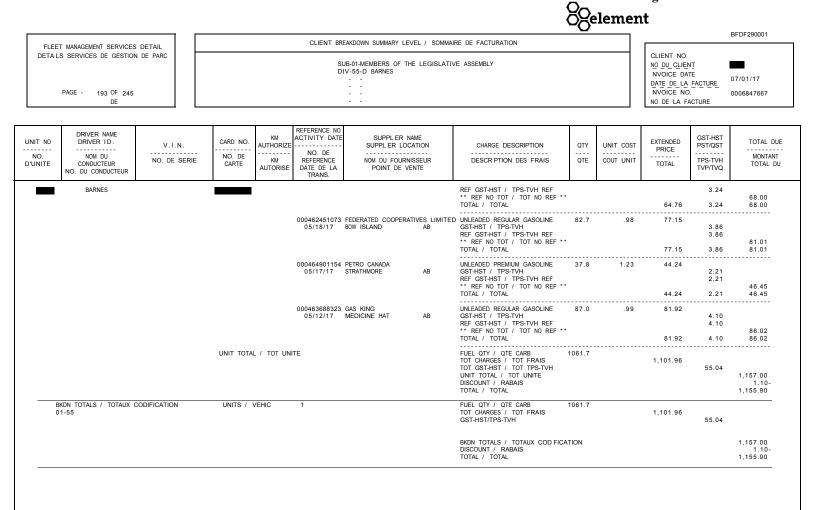
QST ID. NO / NO ID TVQ 1001439118



000464901151 PETRO CANADA 05/28/17 MEDICINE HAT		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 58.38	2.92 2.92 2.92	61.30 61.30
000463127117 SHELL CANADA 05/26/17 MEDICINE HAT		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 68.80	3.44 3.44 3.44	72.24 72.24
000464148778 DOMO GAS 05/25/17 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 54.55 .55- 54.00	2.73 2.73 2.73	57.28 57.28 .55- 56.73
000464901155 PETRO CANADA 05/25/17 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 38.02	1.90 1.90 1.90	39.92 39.92
000464901157 PETRO CANADA 05/23/17 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 66.96	3.35 3.35 3.35	70.31 70.31
000462728835 SHELL CANADA 05/22/17 MEDICINE HAT		UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH	59.2	1.15	64.76	3.24	

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

QST ID. NO / NO ID TVQ 1001439118



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

	he America tatement o	an Express® Corpor of Account	ate Card	www.americanexpress.ca Amex Bank of Canada Corporate Service Centre PO Box 7000 Station B	
Prepared For D BARNES LEGIS ASS	MLA EMBLY OF AB	Membership Number	Date April 17, 2017	Willowdale (Ontario) M2K 2R6	
Previous Ba	alance Payments and Crediti	New Charges including Delinquency Assessment, if any New Balance \$		Page 1 of 2	
	payments and charges received b				
Please see Al	bout Your Statement" sec	tion for important information.			
		tion for important information. Ill upon receipt of statement. Thai	nk you for your ongoi	ng membership.	1038
Please pay Credit Li	/ your balance in fu mit Summary		nk you for your ongo Available Crec		1038
Please pay Credit Li	/ your balance in fu mit Summary 17, 2017	Ill upon receipt of statement. That			1038
Please pay Credit Li On April	/ your balance in fu mit Summary 17, 2017	Ill upon receipt of statement. Than Total Credit Limit \$		lit Limit \$	1038
Please pay Credit Li On April Listing of Charges of April 4	y your balance in fu mit Summary 17, 2017	Ill upon receipt of statement. Than Total Credit Limit \$ ed Thank You		lit Limit \$	1038
Please pay Credit Li On April Listing of Charges of April 4	y your balance in fu mit Summary 17, 2017 Ind Credits Payment Receive sactions for D BAF	Ill upon receipt of statement. Than Total Credit Limit \$ ed Thank You RNES MLA E LTD EDMONTON		lit Limit \$	1038
Please pay Credit Li On April Listing of Charges of April 4 New Trans	y your balance in fu mit Summary 17, 2017 and Credits Payment Receive sactions for D BAF CO OP TAXI LIN TAXICABS AND I	Ill upon receipt of statement. Than Total Credit Limit \$ ed Thank You RNES MLA E LTD EDMONTON IMOUSINES E LTD EDMONTON		lit Limit \$ Amount \$ Amount \$	1038



\$84.00

# **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

Membership Number Amount Due\$ Amount Paid\$ 88.20

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



Prepared For D BARNES	he American Express® C         tatement of Account         MLA         SEMBLY OF AB	er	<b>te Card</b> y 17, 2017	www.americanexpress.ca Amex Bank of Canada Corporate Service Centre PO Box 7000 Station B Willowdale (Ontario) M2K 2R6
LLGIS ASC	New Charges			Page 1 of 2
Previous B	including Definquency alance Payments and Credits Assessment, if any I	vew Balance \$		
	s payments and charges received by May 17, 2017			
	bout Your Statement" section for important information. y your balance in full upon receipt of states	nent. Thank	you for your ongoing	membership
	imit Summary Total Credit		Available Credit	
On May	17, 2017		Available Credit	Limit S
Listing of Charges	and Credits			Amount \$
New Trans	sactions for D BARNES MLA	anna - ann ann ann ann ann		Amount \$
May 3	CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES	4040	En En	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	<b>)</b>	63.25
May 11	CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES	404	0	59.80
Total New	Transactions for D BARNES MLA			
		↑ Please detach	here î	\$272.51
Payment Optic PLEASE ALL	OW 3 TO 5 BUSINESS DAYS FOR YOUR PAYMENT	Members	hip Number	
SENT TO US	ESSED BY YOUR FINANCIAL INSTITUTION AND See the About Your Payment Section.		Amount Due \$	Amount Paid \$
<ul> <li>Your local ba</li> </ul>	anking machines		Autour Due a	
DO NOL ENCIO				
	D BARNES MLA LEGIS ASSEMBLY OF AB 901 9718 107 STREET EDMONTON AB T5K 1E4		Amex Bank o Banque Ame PO BOX 2000 West Hill ON	x du Canada

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



1060



# 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.

200

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

Member N	ame: Barnes, Drew	Constitu	iency:	Сур	ress-	Medicine Hat	1918 - U 4	2017
For the Month of: April		Year: 2017 Employee			yee ‡	#:	MENT	
Day of Month	Reason for Travel	Meal Purchase Location(s)	В	Meal L	D	Subtotal	G.S.T.	Total
1							102 C	21:0
2	Travel to/from Capital	Edmonton			$\boxtimes$	19.76	0.99	20.75
3	Travel to/from Capital	Edmonton	$\boxtimes$	$\boxtimes$	$\boxtimes$	39.57	1.98	41.55
4	Travel to/from Capital	Edmonton	$\boxtimes$	$\boxtimes$	$\boxtimes$	39.57	1.98	41.55
5	Travel to/from Capital	Edmonton	$\boxtimes$	$\boxtimes$	$\boxtimes$	39.57	1.98	41.55
6	Travel to/from Capital	Edmonton	$\boxtimes$	$\boxtimes$	$\boxtimes$	39.57	1.98	41.55
7								
8								
9						-		
10	Travel to/from Capital	Edmonton	$\boxtimes$	$\boxtimes$	$\boxtimes$	39.57	1.98	41.55
11	Travel to/from Capital	Edmonton	$\boxtimes$	$\boxtimes$	$\boxtimes$	39.57	1.98	41.55
12	Travel to/from Capital	Edmonton	$\boxtimes$	$\boxtimes$	$\boxtimes$	39.57	1.98	41.55
13	Travel to/from Capital	Edmonton	$\boxtimes$	$\boxtimes$		19.81	0.99	20.80
14								
15								
16								
17		-						
18							*	
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29		-						
30								
31		$\frown$	XD	P				
	t I have met the requirements of s		Gran	d To	tal	\$316.57	\$15.83	\$332.40
have incurr	Allowances Order, RMSC 1992, c. M ed meal expenses on the dates sel sly claimed or been paid for these	lected, and have	r			Dat	agn te	\$332.40 239.20j



# 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)

or the Mo	onth of: May	Year: 2017	Ei	nplo	yee ‡		TUTTEL	×
Day of Month	Reason for Travel	Meal Purchase Location(s)	В	Meal L	D	Subtotal	G.S.T.	Total
1	Travel to/from Capital	Brooks/Edmonton/Edmonton	$\boxtimes$	$\boxtimes$	$\boxtimes$	39.57	1.98	41.55
2	60 km from Perm. Res.	Edmonton	$\boxtimes$	$\boxtimes$	$\boxtimes$	39.57	1.98	41.55
3	60 km from Perm. Res.	Edmonton	$\boxtimes$	$\boxtimes$	$\boxtimes$	39.57	1.98	41.55
4	60 km from Perm. Res.	Edmonton	$\boxtimes$	$\boxtimes$	$\boxtimes$	39.57	1.98	41.55
5							68°	
6								
7	Travel to/from Capital	Edmonton			$\boxtimes$	19.76	0.99	20.75
8	60 km from Perm. Res.	Edmonton			$\boxtimes$	19.76	0.99	20.75
9	60 km from Perm. Res.	Edmonton			$\boxtimes$	19.76	0.99	20.7
10	60 km from Perm. Res.	Edmonton			$\boxtimes$	19.76	0.99	20.75
11	60 km from Perm. Res.	Edmonton			$\boxtimes$	19.76	0.99	20.7
12								
13								
14	Travel to/from Capital	Edmonton			$\boxtimes$	19.76	0.99	20.7
15	60 km from Perm. Res.	Edmonton		$\boxtimes$	$\boxtimes$	39.57	1.98	41.5
16	60 km from Perm. Res.	Edmonton		$\boxtimes$	$\boxtimes$	39.57	1.98	41.5
17	Travel to/from Capital	Edmonton		$\boxtimes$		39.57	1.98	41.5
18							~	
19								
20								
21								The second se
22								
23	Travel to/from Capital	Edmonton		$\boxtimes$	$\boxtimes$	39.57	1.98	41.5
24	60 km from Perm. Res.	Edmonton		$\boxtimes$	$\boxtimes$	39.57	1.98	41.5
25	Travel to/from Capital	Edmonton		$\boxtimes$	$\boxtimes$	39.57	1.98	41.5
26								
27								
28	Travel to/from Capital	Edmonton			$\boxtimes$	19.76	0.99	20.7
29	60 km from Perm. Res.	Edmonton		$\boxtimes$		39.57	1.98	41.5
30	60 km from Perm. Res.	Edmonton		$\boxtimes$	$\boxtimes$	39.57	1.98	41.5
31	60 km from Perm. Res.	Edmonton		$\boxtimes$	$\boxtimes$	39.57	1.98	41.5
certify that	I have met the requirements of	section 7 of the	Gran	d To	tal	\$652.76	\$32.64	\$685.4



# 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	Constitue	Constituency: Cypress-Medicine Hat					
Employee #:	Date: 4	4/24/2017	Ker Building	232			
Claim Type: Temporary Residence Accommodation	Allowance in Edmonton - Clair	med Annually	S 20				
Temporary Residence Accommodation Allowance in Maximum of \$23,160 per fiscal year.	Edmonton - Claimed Annual	У					
Fiscal Year: 2017-2018			Figh war and	100			
Have you provided documents evidencing your Tem Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please att	Vec.	No	· Cafaran				
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 id	entified above.				
Claim Payment Authorization (please check)		thly payments in t	he amount specified ab unt is static for the entit				

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	Constitue	Constituency: Cypress-Medicine Hat					
Employee #:	Date:	4/24/2017					
Claim Type: Temporary Residence Accommodation	Allowance in Edmonton - Clai	med Annually					
Temporary Residence Accommodation Allowance in Maximum of \$23,160 per fiscal year.	Edmonton - Claimed Annual	ly					
Fiscal Year: 2017-2018		Ed warden and					
Have you provided documents evidencing your Tem Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please att		No 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	e annual amount identified above.					
Claim Payment Authorization (please check)		<b>ents</b> nthly payments in the amount specified above for the 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	Cons	tituency: Cypress-N	Medicine Hat	
Employee #:	Date	: 4/24/2017	C. Martin	2 Aug
Claim Type: Temporary Residence Accommodation	Allowance in Edmonton -	Claimed Annually		
<b>Temporary Residence Accommodation Allowance in</b> <i>Maximum of \$23,160 per fiscal year.</i>	Edmonton - Claimed An	nually	00 100	
Fiscal Year: 2017-2018			ter internet	100
Have you provided documents evidencing your Tem Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please att		No	A TOTAL ST	J. B. B.
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 suppor	t the annual amount	t identified above.	
Claim Payment Authorization (please check)		monthly payments i	in the amount specified ab nount is static for the entir	

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