

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

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$1,979.64	\$4,582.35
MLA Parking Cap - \$	\$900.00	\$92.90	\$92.90
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$		\$116.67	\$473.18
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$378.14	\$1,347.47
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,565.00	\$11,130.00
Travel Accommodations Allowance		\$737.20	\$737.20
Travel Accommodations Allowance (days; 10 max) - NF	10.0	3.0	3.0
Other			
Hosting - \$		\$2,506.06	\$2,506.06
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	80,000.0	13,214.0	16,809.0
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
Use of a Private Automobile (52 trips per year) - NF	52.0	4.0	10.0
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



BDFD290001

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	08/01/17
DATE DE LA FACTURE	
INVOICE NO.	0006873046
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				000468462161 07/18/17	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	38.4	.94	34.33	1.72 1.72	36.05 36.05
					000467344597 07/09/17	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	34.2	1.11	36.07	1.80 1.80	37.87 37.87
					000467212811 07/06/17	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	57.7	1.17	64.22	3.21 3.21	67.43 67.43
					000467205853 07/05/17	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	56.7	1.11	59.84	2.99 2.99	62.83 62.83
					000467240044 07/03/17	FEDERATED COOPERATIVES LIMITED MEDICINE HAT AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH MISCELLANEOUS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	51.6 1.0	1.06 7.51	52.08 7.51	2.60 .38 2.98	62.57 62.57
					000468658282 06/28/17	PETRO CANADA STRATHMORE AB	MIDGRADE UNLEADED GASOLINE 1 GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	48.1	1.01	46.23	2.31 2.31	48.54 48.54
					000466635730 06/26/17	FEDERATED COOPERATIVES LIMITED MEDICINE HAT AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	56.1	1.06	56.61	2.83 2.83	59.44 59.44
					000466101650 06/23/17	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	67.4	.95	60.95	3.05 3.05	64.00 64.00
					000467223838	FASGAS	UNLEADED REGULAR GASOLINE	60.1	1.00	57.14		

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

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
 DIV-55-D BARNES
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CLIENT NO. [REDACTED]
 NO DU CLIENT [REDACTED]
 INVOICE DATE 08/01/17
 DATE DE LA FACTURE
 INVOICE NO. 0006873046
 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]	06/23/17	COALDALE AB	GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT DISCOUNT / RABAIS TOTAL / TOTAL			2.86 2.86 57.14 .60- 56.54	2.86	60.00 60.00 .60- 59.40
					000468658283 06/17/17	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	83.3	.96	76.10	3.80 3.80	79.90 79.90
					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	553.6		551.08	27.55	578.63 .60- 578.03
	BKDN TOTALS / TOTAUX CODIFICATION 01-55				1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH BKDN TOTALS / TOTAUX CODIFICATION DISCOUNT / RABAIS TOTAL / TOTAL	553.6		551.08	27.55	578.63 .60- 578.03

FLEET MANAGEMENT SERVICES DETAIL
 DETA LS 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. [REDACTED]
 NO DU CLIENT [REDACTED]
 NVOICE DATE 09/01/17
 DATE DE LA FACTURE [REDACTED]
 NVOICE NO. 0006898662
 NO DE LA FACTURE [REDACTED]

UNIT NO NO. D'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 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
[REDACTED]	BARNES	[REDACTED]	[REDACTED]	[REDACTED]	000471064487 08/13/17	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	64.8	1.02	62.87	3.14 3.14	66.01 66.01
					000470729115 08/09/17	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	75.8	1.02	73.52	3.68 3.68	77.20 77.20
					000470185279 08/03/17	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	30.8	1.28	37.50	1.88 1.88	39.38 39.38
					000470802523 07/31/17	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	72.1	.96	65.84	3.29 3.29	69.13 69.13
					000471348927 07/26/17	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	50.7	1.11	53.78	2.69 2.69	56.47 56.47
					000470065685 07/25/17	FASGAS MEDICINE HAT 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	57.3	.94	51.27	2.56 2.56	53.83 53.83 .57- 53.26
					000471262918 07/24/17	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	65.6	.98	61.26	2.97 2.97	64.23 64.23 .66- 63.57
					000471348926 07/23/17	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	55.3	1.13	59.50	2.97 2.97	62.47 62.47

BLE871

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

Marine fuel is actually vehicle fuel

FLEET MANAGEMENT SERVICES DETAIL
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 DIV-55-D BARNES

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CLIENT NO. [REDACTED]
 NO DU CLIENT [REDACTED]
 NVOICE DATE 09/01/17
 DATE DE LA FACTURE [REDACTED]
 NVOICE NO. 0006898662
 NO DE LA FACTURE [REDACTED]

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
[REDACTED]	BARNES	[REDACTED]	[REDACTED]	[REDACTED]	000469495250 07/22/17	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	44.5	.92	39.19	1.96 1.96	41.15 41.15
					000471348925 07/22/17	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	52.0	.94	46.50	2.32 2.32	48.82 48.82
					000468930019 07/20/17	SHELL CANADA INC NISKU AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	54.8	1.11	57.88	2.89 2.89	60.77 60.77
					000470802522 07/20/17	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	35.1	1.19	39.75	1.99 1.99	41.74 41.74
					000471348924 07/19/17	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	22.5	1.13	24.16	1.21 1.21	25.37 25.37
					000468813725 07/14/17	FEDERATED COOPERATIVES LIMITED MEDICINE HAT AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH MISCELLANEOUS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	48.0 1.0	1.06 8.01	48.44 8.01	2.42 .40 2.82	59.27 59.27
					000470802521 07/11/17	IMPERIAL OIL BROOKS AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	47.6	1.22	55.29	2.76 2.76	58.05 58.05
					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	776.9		784.76	39.13	823.89 1.23- 822.66

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
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CLIENT NO. [REDACTED]
 NO DU CLIENT [REDACTED]
 INVOICE DATE 09/01/17
 DATE DE LA FACTURE
 INVOICE NO. 0006898662
 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
BKDN TOTALS / TOTAUX CODIFICATION 01-55				HIC	1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	776.9		784.76	39.13	
											BKDN TOTALS / TOTAUX CODIFICATION DISCOUNT / RABAIS TOTAL / TOTAL	823.89 1.23- 822.66

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Drew Barnes

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

\$164.46

JIFFY LUBE
11503 104 AVE.
EDMONTON AB

CARD *****
CARD TYPE VISA
DATE 2017/05/29
TIME 3393 11:48:38
RECEIPT NUMBER
C85019037-001-718-010-0

PURCHASE
TOTAL

\$172.68

SCOTIABANK VISA
A0000000031010
C7EE623279A4D8F8
0080008000-E800
0EC59BDD266AEC00
0080008000-F800

APPROVED

01-027

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS



jiffy lube®

JIFFY LUBE #1007

JIFFY LUBE #1007 GST#853285278
11503 104 AVENUE
EDMONTON, AB T5K 2S2
(780) 425-7562

Page 1 of 1

DATE 5/29/2017 11:48 AM
TRANSACTION NO 17052900743762
INVOICE NO 01007-743762
VEHICLE ID [REDACTED]

Customer Information

Drew Barnes

Service History

DATE KILOMETERS SERVICES

5/29/17 249685 FS OF
12/21/16 225547 FS OF SFC OIL

Vehicle Information

Employees

UPPER LOWER COURTESY CASHIER
TY DS TY

Service Comments

THANK YOU
DRIVER BRAKE LIGHT OUT

Service Checklist

- 1. ENGINE OIL SYNTHETIC
- 2. OIL FILTER REPLACED
- 3. CHASSIS LUBRICATION SEALED
- 4. AIR FILTER CHECKED OK
- 5. CABIN AIR FILTER CHECKED OK
- 6. FUEL FILTER OK
- 7. BRAKE FLUID FULL
- 8. POWER STEERING FLUID FULL
- 9. WINDSHIELD WASH FLUID TOP UP
- 10. RAD FLUSH/COOLANT FULL
- 11. TRANS/TRANSAXLE FLUID FULL
- 12. TRANSFER CASE FLUID N/A
- 13. FRONT DIFF FLUID N/A
- 14. REAR DIFF FLUID FULL
- 15. WIPER BLADES OK
- 16. LIGHTS OK
- 17. SERPENTINE BELT OK
- 18. TIRE PRESSURE F35 R35
- 19. BATTERY CHECKED OK
- 20. OIL LIFE RESET N/A

- SERVICE DOUBLE CHECKS
- OIL LEVEL SHOWN ()
- DRAIN PLUG TIGHT ()
- OIL FILTER TIGHT ()
- REAR DIFF CHECK PLUG TIGHT ()
- TRANSFER CASE CHECK PLUG TIGHT N/A
- FRONT DIFF CHECK PLUG TIGHT N/A
- TRANSMISSION CHECK PLUG TIGHT N/A
- FUEL FILTER TIGHT AND DRY N/A
- UNDERHOOD CHECKS COMPLETED ()
- AIR MILES CARD YES

Description

Qty.

Price

FS PENNZOIL ULTRA	1.00	109.99
PO163 OIL FILTER	1.00	0.00
SPECIAL FILTER CHARGE \$20	1.00	20.00
PENNZOIL ULTRA EURO 5/40	6.50	28.48
ENVIRO/SHOP SUPPLIES	1.00	5.99
SUBTOTAL		\$164.46
SALE		\$164.46
TAXABLE PARTS	164.46	
GST TAX		8.22
TOTAL		\$172.68
VISA [REDACTED]		172.68
CHANGE		\$0.00

Warranty Statement

THIS SERVICE CENTRE WARRANTS ALL WORKMANSHIP AGAINST FAILURE FOR 7 DAYS FROM DATE OF SERVICE. ANY CONCERNS MUST BE DEALT WITH BY THIS JIFFY LUBE SERVICE CENTER.

100% WARRANTY APPROVED OIL CHANGES AND SERVICES
*****THANK YOU FOR CHOOSING JIFFY LUBE*****

X

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.

Recommend next service on 08/27/2017 or 254685 km.

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Drew Barnes

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

\$209.28

See attached invoice dated July 28.

MEDICINE HAT NISSAN
1750 GERSHAW DRIVE SW
MEDICINE HAT, AB. T1A 5E
403-526-9500

SALE

Batch #: 228 REF#: 00000012
07/28/17 16:01:29
Inv/Tkt #: 302637
APPR CODE: [REDACTED]
Trace: 12
VISA [REDACTED] Chip
[REDACTED] **/**

AMOUNT [REDACTED]

APPROVED

SCOTIABANK VISA
AID: A0000000031010
TVR: 00 80 00 80 00
TSI: F8 00

THANK YOU / MERCI

CUSTOMER COPY



medicine hat NISSAN

Service Department Hours
Monday - Friday
8:00am - 5:00pm

1750 Gershaw Drive SW • Medicine Hat, AB • T1A 5E1
Phone: (403) 526-9500 • Fax: (403) 526-9562 • Toll Free: 1-888-978-0102
www.medicinehatnissan.com • service@medicinehatnissan.com

Promised: 07/28/2017 12:00:00 PM

**** In Progress ****



Page 1

Tag #: *** Service Invoice Customer Copy ***

SO #: 302637

Customer No: [REDACTED]	Advisor: Michelle M	Invoice Date: 07/28/2017	Term: CASH
DREW BARNES	[REDACTED]		

Request/Concern	Type	CSR#	Amount
[REDACTED]			

2	MA1C	CONVENTIONAL OIL & FILTER SERVICE			
	MA1C	CONVENTIONAL OIL & FILTER SERVICE	C	162	21.95
	1	PK5W309E 5W30 OIL & FILTER	CRO		37.20
	6	5W30B MS1000 5W30	CRO		0.00
	6	EL5 .05 Bulk Fee	CRO		0.30
	1	152089E01A FILTER, OIL	CRO		0.00
	1	EL50 .50 Filter Fee	CRO		0.50
	1	11026JA00A DRAIN GASKET	CRO		0.00
		Technician 3			

Correction: CHANGED OIL AND FILTER. ADJUSTED TIRE PRESSURES AND TOPPED UP FLUIDS. **Request Total 59.95**

3	4000	recall not for this vehicle			
	P7318	VSC ACU REPROGRAM	C	162	0.00
	4000	MISCELLANEOUS	C	162	0.00
		Technician 3			

Correction: Does not apply to this vehicle **Request Total 0.00**

4	BFLUID	REPLACE BRAKE FLUID			
	BFLUID	REPLACE BRAKE FLUID	C	162	115.00
	1	PKBF BRAKE FLUID	CRO		14.95
	2	9999850012 BRAKE FLUID	CRO		0.00
		Technician 3			

GST # 76800 5928 Rf0001

We want you to be completely satisfied!
Thank you for having your vehicle serviced at Medicine Hat Nissan. You will soon receive a Service Survey. If, for any reason you cannot give us a 10/10, please let us know right away.

O U T	INDEBTEDNESS IS HEREBY ACKNOWLEDGED IN THE SUM OF \$ _____ BEING ALL OR THE BALANCE OWING FOR REPAIRS PARTS & ACCESSORIES DESCRIBED IN THIS WORK ORDER.
	DATE _____ CUSTOMER SIGNATURE _____



medicine hat NISSAN

Service Department Hours
Monday - Friday
8:00am - 5:00pm

1750 Gershaw Drive SW • Medicine Hat, AB • T1A 5E1
Phone: (403) 526-9500 • Fax: (403) 526-9562 • Toll Free: 1-888-978-0102
www.medicinehatnissan.com • service@medicinehatnissan.com

Promised: 07/28/2017 12:00:00 PM

**** In Progress ****



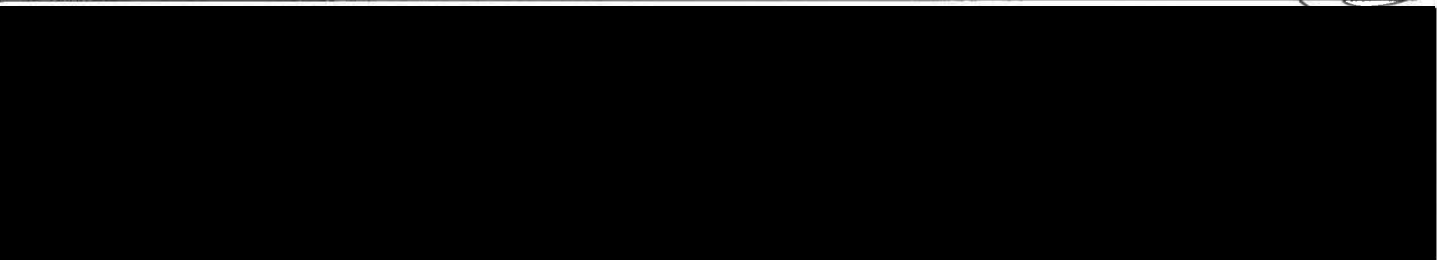
Page 2

Tag #: *** Service Invoice Customer Copy ***

SO #: 302637

Customer No:	Advisor: Michelle M	Invoice Date: 07/28/2017	Term: CASH
DREW BARNES			

Request/Concern	Type	CSR#	Amount
Correction: REPLACED BRAKE FLUID.	Request Total		129.95



6	FDIFF	FRONT DIFFERENTIAL SERVICE		
2	99998PENZOIL	PENZOIL	CRO	19.18
2	EL10	.10 Jug Fee	CRO	0.20
	Technician	3		



GST # 76800 5928 RT0001

We want you to be completely satisfied!
Thank you for having your vehicle serviced at Medicine Hat Nissan. You will soon receive a Service Survey. If, for any reason you cannot give us a 10/10, please let us know right away

O U T	INDEBTEDNESS IS HEREBY ACKNOWLEDGED IN THE SUM OF \$ _____ BEING ALL OR THE BALANCE OWING FOR REPAIRS, PARTS & ACCESSORIES DESCRIBED IN THIS WORK ORDER.
	DATE _____ CUSTOMER SIGNATURE _____

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Drew Barnes

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

\$55.77



Riverside Gas King #600
 2 3 St NE
 Medicine Hat, AB
 T1A 5L8

Jun-04-17 06:23 PM Trans# 1976421

SALE

MID: 4099416
 TID: A4099416
 Batch #: 170
 06/04/17

REF#: 31
 SEQ: 170001001031
 18:22:58

VISA

/

AMOUNT 58.56\$

00 APPROVED 001

SCOTIABANK VISA
 AID: A0000000031010
 TVR: 0080008000
 TSI: F800

Thank You
 Please Come Again

CUSTOMER COPY



Riverside Gas King #600
 2 3 St NE
 Medicine Hat, AB
 T1A 5L8
 Tel (403) 529-2463
 GST R101957306

SALE RECEIPT # 1976421
 Customer: Cash Sale
 Cashier: Christopher (R2/T1/S2)
 04-Jun-2017 at 06:23 PM

*Please
 reimburse
 me
 Element
 working
 work*

Description	Quantity	Price	Amount
Royal(91) Pump-	53.531L	\$1.094/L	\$58.56I
Sub Total			58.56
Total			58.56
GST (5.0%) included in \$58.56			2.79
Visa			58.56
Total Tendered			58.56

Download the Free Gas King App
 today. Details at gasking.com.

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Drew Barnes

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

vehicle detailing

\$214.29

RECEIPT		No. 14
DATE <u>June 7/2017</u>		
FROM <u>Cory Gikony</u>		\$ 225 ⁰⁰
FOR <u>Two Hundred & Twenty Five Dollars</u>		DOLLARS
FOR <u>Drew Barnes</u>		
<input type="checkbox"/> CASH	ACCT.	FROM <u>Cory</u> TO <u>Drew</u>
<input checked="" type="checkbox"/> CHECK	PAID	BY <u>Total Car Detail.</u>
<input type="checkbox"/> MONEY ORDER	DUE	
<input type="checkbox"/> CREDIT CARD		

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Drew Barnes

Expense Category: Member Parking

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group: _____

Purpose:

\$ 35.00

RECEIPT *Carries m/s*

License Plate Number
[REDACTED]

Expiration Date/Time
**06:00 AM
JUL 06, 2017**

Purchase Date/Time: 09:25am Jul 05, 2017
Total Parking: \$35.00
Total Federal: \$1.75
Total Due: \$36.75 Rate: \$35 Expires @ 6AM
Total Paid: \$36.75 Payment Type: Card
Ticket #: 00028125
S/N #: 520014501911
Setting: Lot 236
Mach Name: Lot 236-1

[REDACTED] Visa Auth # [REDACTED]

GST REG #102466000

PARKING RECEIPT

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Drew Barnes

Expense Category: Member Parking

For hosting, select one:

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

Purpose:

\$ 36.00



Check-out receipt

Name: [Redacted] Barnes
 Check-in: Sunday Jul 9, 2017
 Check-out: Tuesday Jul 11, 2017
 Confirmation #: 15040316
 Invoice number: 21781
 Invoice date: 11/07/2017
 Hotel Elan: GST # 809418080 RT0001

Unit assignment: 202

[Redacted] Barnes

*BMO
 Farm
 Family
 Awards
 Calgary
 Stampede*

Date	Description of services	Cost(CAD)
[Redacted]	[Redacted]	[Redacted]
09/07/2017	Parking	18.00
[Redacted]	[Redacted]	[Redacted]
10/07/2017	Parking	18.00

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Drew Barnes

Expense Category: Member Parking

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group: _____

Purpose:

\$21.90

PARKING AUTHORITY (403) 537-7000 CALG

Terminal: 861

Main Parkade Zone 9054

Plate: [REDACTED]

[REDACTED]

Valid through:

WEDNESDAY 16 AUG 17
6:00 PM

AMOUNT PAID: \$23.00 (GST incl.)

Auth No: [REDACTED]

START TIME: 8/16/2017 10:14 AM

RECEIPT NO: 246103

Visit our website for your parking online: www.parkplus.ca

P



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

[REDACTED]

Date

September 16, 2017

Page 1 of 2

Previous Balance	Payments and Credits	New Charges including Delinquency Assessment, if any	New Balance \$
0.00	0.00	122.50	122.50

Statement includes payments and charges received by September 16, 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.

1048

Credit Limit Summary On September 16, 2017

Total Credit Limit \$

Available Credit Limit \$

[REDACTED]

New Transactions for D BARNES MLA

Amount \$

September 7	CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES	62.00
September 7	AIRPORT TAXI SERVICE EDMONTON TAXICABS AND LIMOUSINES	60.50
Total New Transactions for D BARNES MLA		122.50

\$116.67

[REDACTED]

† Please detach here †

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	[REDACTED]	
	Amount Due \$	Amount Paid \$
	122.50	

000254



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

[REDACTED]





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

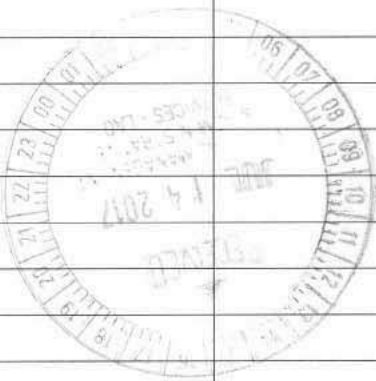
Constituency: Cypress-Medicine Hat

For the Month of: June

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	Calgary/Edmonton/Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27	60 km from Perm. Res.	Calgary	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
28	60 km from Perm. Res.	Calgary	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
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						\$121.00	\$6.05	\$127.05



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 July 8, 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, 2018.

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

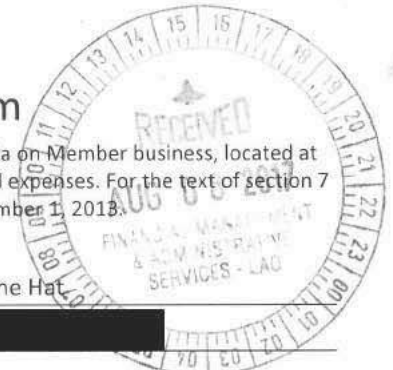
Member Name: Barnes, Drew

Constituency: Cypress-Medicine Hat

For the Month of: July


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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5	60 km from Perm. Res.	Calgary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9	60 km from Perm. Res.	Calgary	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
10	60 km from Perm. Res.	Calgary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
11	60 km from Perm. Res.	Calgary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
20	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
24	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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						\$257.14	\$12.86	\$270.00

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 July 31, 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

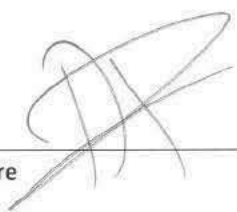
Please Note: The Member is responsible for retaining all records which support the annual amount identified above.

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.

JULY 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 



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. **August 2017**

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.

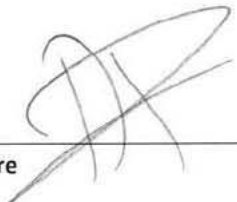
Claim Payment Authorization (please check) **12 Monthly Payments**

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.

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 _____





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.

SEPTEMBER 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 _____



Pomeroy Inn & Suites @ Olds College

GST# 824143507

Box 3702 : 4601 46th Avenue

Olds, AB T4H 1P5

Telephone: (403)556-8815 Fax: (403)556-1056

Aug 29, 2017

1:19 am

Drew Barnes

Folio #: 57431

Room Number: 426

Rate: \$125.00

Pay Method: XXXXXXXXXX

Arrival Date: Monday, August 28, 2017

Departure Date: Tuesday, August 29, 2017

Member #: XXXXXXXXXX

Date	Department	Reference	Voucher	Room	Debit	Credit
8/28/2017	ROOM CHARGE	Auto Posted		426	\$125.00	
8/28/2017	DMF FEE	Auto Posted		426	\$3.75	
8/28/2017	HOTEL TAX	Auto Posted		426	\$0.15	
8/28/2017	HOTEL TAX	Auto Posted		426	\$5.00	

I agree that my liability for all charges is not waived

Signature _____

Tax Summary	
HOTEL TAX	\$5.15
DMF FEE	\$3.75

Balance: \$133.90



Check-out receipt

Name: Frances Barnes
Check-in: Sunday Jul 9, 2017
Check-out: Tuesday Jul 11, 2017

Invoice number: 21781
Invoice date: 11/07/2017
Hotel Elan: GST # 809418080 RT0001

Unit assignment: 202

Attn: Frances Barnes

*BMO
Farm
Family
Awards
Calgary
Stampak*

Date	Description of services	Cost(CAD)
09/07/2017	Unit 202: Cascade King One Bedroom Suite - BAR Rate	279.00
10/07/2017	Unit 202: Cascade King One Bedroom Suite - BAR Rate	279.00
Sub-total		[REDACTED]
A.T.L Tax		22.98
Eco fees		5.58
GST		[REDACTED]
DMF Fees		16.74
Total		[REDACTED]
VISA: Jul 11, 2017 - XXXX XXXX XXXX [REDACTED]		[REDACTED]
Amount owing (CAD)		0.00

Customer signature: _____

\$ 603.30

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Drew Barnes

Expense Category: Hosting

For hosting, select one:

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

Purpose:

meet to discuss carbon tax & museums

\$45.36

S.B. re: museum

TRUCKERS RESTAURANT
 1900 SHERBOURNE BLVD SE
 REDCLIFF AB T0J 2P0
 403-548-6016
 303-995727

Carbon tax
constituent

TERM ID: 6953563 BATEM: 156
 SHIFT: 001

Sale museums

INVT: 000000047
 VISA Shop
 SEQ: 156001001047

Application Label: SCOTIABANK VISA
 AID: A000000001010
 TVR: 00 00 00 00
 IST: F8 00

Amount: \$ 41.15
 Tip: \$ 6.17

Total: CAD\$ 47.32

APPROVED: [Redacted]
 001/00

20-May-17 11:11:37

CUSTOMER COPY
 THANK YOU!
 PLEASE DO NOT WRITE

TRUCKERS RESTAURANT
 REDCLIFF AB
 403-548-6016
 GST# 853460087

S E R V I C E

Server: TRACY
 Guest:

Table #31
 Guests: 1

FOOD

1: 10.95 BREAK SPEC	10.95
1: SM DENVER SCRAMB	8.75
1: HAM & CHE OMELET	11.50
*Add Mushrooms	1.00

DESSERT/DRINK

1: 3 x COFFEE @ 2.33	6.99
----------------------	------

Total	41.15
Net Sales	39.19
GST Added	1.96

11:12 AM 5/20/2017

THANK YOU!
PLEASE PAY CASHIER

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Drew Barnes

Expense Category: Hosting

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group: _____

Purpose:

meet to discuss rural education

\$50.54

rural education

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

R E C E I P T

1. Duplicate
Account #32
Barnes, Drew

3 x 1.50	
COFFEE	4.50
1: SOUP & SAND SPEC	10.00
2: CHICKEN BURGER	12.95
3: lunch special 2	16.50

Gratuity	6.59
GST	2.53
Total	53.07
Charge	53.07

1:27 PM 6/12/2017 5 SHELBY 3

Signature: _____

THANK YOU

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Drew Barnes

Expense Category: Hosting

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group: _____

Purpose:

candy to throw from parade vehicle

\$21.32



SUPERCENTER
W E S E L L
MANAGER NORM HENKE
(403) 504 - 4410
ST# 03150 OP# 005438 TE# 15 TR# 06595
GV LOLLI 062891524371 \$4.27 J
GV LOLLI 062891524371 \$4.27 J
FRUIT DROPS 006190152505 \$4.26 J
TOFFEE 006190152538 \$4.26 J
TOFFEE 006190152538 \$4.26 J

SCOTIABANK VISA ** **** **

REF # 001001965
TRANS ID - 307168516110124

AID A0000000031010
TC A97AB4162989FBFE
TERMINAL # WMTJ021079
*Pin Verified

*Reimburse
Drew*

06/17/17 08:20:11

CHANGE DUE \$0.00
GST/HST 137466199 RT 0001
QST 1016551356 TQ 0001

ITEMS SOLD

TC# 8255 3068 3631 4787 8953



New Thursday flyer start date
Circulaire maintenant en visueur Jeudi
06/17/17 08:20:18

CUSTOMER COPY

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Shelley Beck

Expense Category: Hosting

For hosting, select one:

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

Purpose:

bottled water for chuckwagon race bbq

\$ 75.96



SUPERCENTER
 WE SELL
 MANAGER NORM HENKE
 (403) 504 - 4410

ST# 03150	DP# 005565	TE# 07	TR# 01931
GV 24X500ML	060538887928		
12 AT	\$2.97		\$35.64 D
AB BEV CRF	000030635235		
12 AT	\$0.96		\$11.52 H
AB DEPOSIT	068113171083		
12 AT	\$2.40		\$28.80 H
	SUBTOTAL		\$75.96
	TOTAL		\$75.96
	VISA TEND		\$75.96

VISA **** * [REDACTED]

REF # 001001495
 TRANS ID - 307165712765817

AID A0000000031010
 TC F44342B1COA95744
 TERMINAL # WNTCJ008565
 *Pin Verified

06/14/17 13:47:59

CHANGE DUE \$0.00
 GST/HST 137466199 RT 0001
 QST 1016551356 TQ 0001

ITEMS SOLD 36
 TC# 7218 7605 7799 1025 1627



New Thursday flyer start date
 Circulaire maintenant en vigueur Jeudi
 06/14/17 13:48:06

CUSTOMER COPY

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Shelley Beck

Expense Category: Hosting

For hosting, select one:

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

Purpose:

bottled water for chuckwagon race bbq

\$12.25



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

*hosting
water
Shelley*

Served by: Joanne

GROCERY		
Spr Water 500ML 24Pk	\$4.00	C
YOU SAVED \$0.49		
+EHC	\$0.96	R
+Deposit	\$2.40	R
Spring Water	\$2.79	C
+EHC	\$0.60	R
+Deposit	\$1.50	R

SUBTOTAL \$12.25
TOTAL TAX \$0.00

TOTAL \$12.25
TENDER \$12.25
Cash CHANGE \$0.00

NUMBER OF ITEMS 2

*****YOUR SAVINGS*****
Discounts & Specials \$0.49
Your Total Savings \$0.49

CLIENT ID 9803	INSERTED
TERMINAL ID 030	
** PURCHASE	** \$ 12.25
CARD Visa	RCPT 8111000
NO. *****	RESP 000
DATE 06/14/2017	TIME 14:05:57
	REF # 00000064
APPL. VISA	
AID A0000000031010	
TVR 0080008000	TSI F800

APPROVED

NO SIGNATURE REQUIRED

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

Term Tran Store Oper 06/14/17
30 8111 5097 131 14:06:02

Thank you for shopping at
Sobeys Cornerstone
Please come again!

Sobeys West Customer Care
1-800-723-3929

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: TLC Farms

Expense Category: Hosting

For hosting, select one:

- Individual Constituent(s)
 Individual Stakeholder(s)
 Group: Canada Day BBQ

Purpose:

Hosted Constituents at Canada Day BBQ in Foremost.

\$2025.00

228228

THE Farms
Box 1159, Bow Island, AB
T0K 0G0
1-403-832-

DATE	July 1, 2017
N° DE TAXE TAX REG. NO.	
N° DE COMMANDE ORDER NO.	

VENDU A SOLD TO	Cypress-Medicine Hat Constituency			
ADRESSE ADDRESS				
EXPÉDIER A SHIP TO				
ADRESSE ADDRESS				
DATE D'EXPÉDITION SHIPPING DATE	VIA	CONDITIONS TERMS	ACHETEUR BUYER	VENDU PAR SOLD BY

QUANTITÉ QUANTITY	DESCRIPTION	PRIX PRICE	MONTANT AMOUNT
1			
2			
3	Catered Barbecue	13.50	2025.00
4	for \$150.00		
5	guests		
6			
7			
8			
9			
10			
11	Thank you		
12			
13			
14		TPS/GST	
15		TVH/HST	
16		TVP/PST	
SIGNATURE		TOTAL	2025.00

FORMULAIRE DE VENTE
SALES ORDER

(FORM 52B)

fully executed


Drew Barnes, M.A.

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Valinda Ivanics

Expense Category: Hosting

For hosting, select one:

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

Purpose:

bbq luncheon July 1st Foremost

\$16.08

13.99
+ 1.99
+ 0.10
= \$16.08

hosting



MEDICINE HAT #593

2350 Box Springs Blvd
Medicine Hat, AB T1C 0C8
(403)581-5700

①
@ 13.99
69790 KS COFFEE *bottle water*
@ 1.99
1019 HALF&HALF 1L
@ .10
DEPOSIT
608462 STARBUCK PIK
785600 VANITY FAIR

SUBTOTAL
**** GST 5%

TOTAL
VF MasterCard

REFERENCE#: 66231680-0010010130 C

06/27/17 13:24:47

Invoice#: 16032

COSTCO WHOLESALE #593
2350 BOX SPRINGS BLVD
MEDICINE HAT, AB T1C 0C8

PURCHASE - MASTERCARD
MasterCard
A0000000041010
000008000 E800

01 APPROVED - THANK YOU 027
AMOUNT: [REDACTED]

0593 009 0000000020 0047

IMPORTANT - retain this copy for your records

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Valinda Ivanics

Expense Category: Hosting

For hosting, select one:

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

Purpose:

bbq luncheon July 1st Foremost

\$36.36

13.96
+ 16.00
+6.40
= \$36.36



Handwritten signature

MEDICINE HAT #593

2350 Box Springs Blvd
Medicine Hat, AB T1C 0C8
(403)581-5700

1
@ 3.49
500666 KSWTR40/500*
@ 4.00
DEPOSIT
@ 1.60
ENVIRO FEE N

TOTAL
VF MasterCard

REFERENCE#: 66231680-0010010120 C
06/27/17 13:23:23

Invoice#: 16023

COSTCO WHOLESALE #593
2350 BOX SPRINGS BLVD
MEDICINE HAT, AB T1C 0C8

PURCHASE - MASTERCARD

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Drew Barnes

Expense Category: Hosting

For hosting, select one:

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

Purpose:

*discuss
electoral
boundaries*

\$106.49

HOTEL ARTS-
YELLOW DOOR
119 - 12TH AVENUE SW
CALGARY, AB T2R0G8
403-266-4611

SALE

MID: 16559980065
TID: 001 REF#: 00000009
Batch #: 191
06/27/17 20:42:30
APPR CODE: [REDACTED]
VISA [REDACTED] Chip
[REDACTED] **/*

AMOUNT \$96.60
TIP \$14.49
TOTAL \$111.09

APPROVED

SCOTIABANK VISA
AID: A0000000031010
TVR: 00 80 00 80 00
TS: F8 00

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

THANK YOU
PLEASE COME AGAIN

CUSTOMER COPY

HOTEL ARTS
YELLOW DOOR
CALGARY, ALBERTA

*electoral
boundaries*

5479 JESSICA

TBL 13/1 114 GST 3
JUN27'17 7:00PM

1 GNOCCHII 25.00
1 TARTARE 18.00
1 FRIES 9.00
1 3C CHEF CHOICE 40.00

Subtotal 92.00
TAX GST 4.60
Amount Due \$96.60

TIP: _____

TOTAL: _____

ROOM #: _____

NAME: _____

SIGNATURE: _____

GST#8611P2017

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Petty Cash

Expense Category: Hosting

For hosting, select one:

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

Purpose:

constituency office coffee/hosting/meeting supplies

\$35.90

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

CHK 707387
04/26/2017 08:55 AM
1674671 Drawer: 2 Reg: 1

Dcf Pike Place 1Lb	17.95
Dcf Pike Place 1Lb	17.95
Visa	35.90
XXXXXXXXXXXX	
Subtotal	\$35.90
Total	\$35.90
Change Due	\$0.00

Check Closed
04/26/2017 08:55 AM

Merch: Packaged Coffee and
Packaging 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-STARBUCC (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

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Petty Cash

Expense Category: Hosting

For hosting, select one:

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

Purpose:

constituency office coffee/hosting/meeting supplies

\$9.00

McBride's Bakery
McBride's Bakery: A Medicine Hat Tradition
since 1967

1791 Dunmore Road SE, Medicine Hat
T1A 3S9, AB, CA
403-527-6811
mcbridesbakery@gmail.com

ITEM	QTY	PRICE	TOTAL
15000841 Cupcake	4	\$2.25 EA	\$9.00
SUBTOTAL			\$9.00
GST			\$0.45
TOTAL			\$9.45
CASH			\$20.00
CHANGE			\$10.55



Items : 4 19 May 2017 10:30:29 AM
Cashier : Tammy B. MCBRIDESBAKERY

Thanks for shopping with us!

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Petty Cash

Expense Category: Hosting

For hosting, select one:

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

Purpose:

constituency office coffee/hosting/meeting supplies

\$17.95

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

CHK 708388
08/10/2017 09:25 AM
1631419 Drawer: 1 Reg: 1

Pike Place 1Lb Wb	17.95
Cash	20.00
Subtotal	\$17.95
Total	\$17.95
Change Due	\$2.05

----- Check Closed -----
08/10/2017 09:25 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-STARBUCK (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

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Petty Cash

Expense Category: Hosting

For hosting, select one:

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

Purpose:

constituency office coffee/hosting/meeting supplies

\$17.95

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

CHK 712247
06/22/2017 09:03 AM
2103057 Drawer: 1 Reg: 1

Pike Place 1Lb Wb	17.95
Debit	17.95
XXXXXXXXXXXX	
Subtotal	\$17.95
Total	\$17.95
Change Due	\$0.00

----- Check Closed -----
06/22/2017 09:03 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-STARBUCC (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

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Petty Cash

Expense Category: Hosting

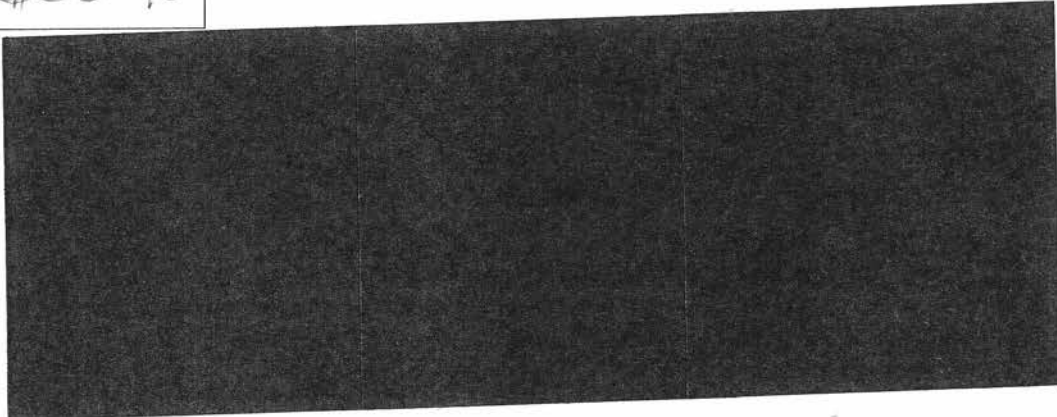
For hosting, select one:

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

Purpose:

constituency office coffee/hosting/meeting supplies

\$35.90



I Evan W. Walker purchased coffee for our Constituency Office supplies on May 12, and May 26 for the sum of 17.95 each, and neglected to collect the receipt(s) at those times.

Signature: Evan Walker