

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2017-18
055 - Cypress-Medicine Hat - Barnes, Drew
For Expenses Processed Oct 1 - Dec 31, 2017

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$2,839.91	\$7,422.26
MLA Parking Cap - \$	\$900.00	\$7.86	\$100.76
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$		\$351.34	\$824.52
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$514.38	\$1,861.85
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,565.00	\$16,695.00
Travel Accommodations Allowance			\$737.20
Travel Accommodations Allowance (days; 10 max) - NF	10.0		3.0
Other			
Hosting - \$		\$227.35	\$2,733.41
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	80,000.0	17,145.0	33,954.0
Special Trips (5 trips per year) - NF	5.0		
Travel To and From the Capital			
Travel by Air, Bus or Train (Unlimited Trips) - NF		1.0	1.5
Use of a Private Automobile (52 trips per year) - NF	52.0	4.0	14.0
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



BFDF290001

FLEET MANAGEMENT SERVICES DETAIL
DETAI 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
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CLIENT NO. [REDACTED]
NO DU CLIENT [REDACTED]
NVOICE DATE 10/01/17
DATE DE LA FACTURE
NVOICE NO. 0006922798
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
[REDACTED]	BARNES	[REDACTED]	[REDACTED]	[REDACTED]	000474598651 09/13/17	FEDERATED COOPERATIVES LIMITED BOW ISLAND AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH OIL GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	89.7 1.0	1.06 6.99	90.48 6.99	4.52 4.87 .35 4.87	102.34 102.34
					000474603701 09/08/17	FEDERATED COOPERATIVES LIMITED DUNMORE AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH MISCELLANEOUS GST-HST / TPS-TVH OIL GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	82.5 3.0 2.0	1.10 1.73 5.99	86.45 5.19 11.98	4.32 .26 .60 5.18	108.80 108.80
					000474226326 09/05/17	PETRO CANADA MEDICINE HAT AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	63.0	1.11	66.51	3.33 3.33	69.84 69.84
					000474226327 09/01/17	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	56.1	1.24	66.18	3.31 3.31	69.49 69.49
					000473732984 08/31/17	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	38.2	1.23	44.83	2.24 2.24	47.07 47.07
					000474434560 08/30/17	IMPERIAL OIL REDCLIFF AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	59.8	1.14	64.85	3.24 3.24	68.09 68.09
					000472370681 08/24/17	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	72.8	1.00	69.25	3.46 3.46	72.71 72.71
					000472389673 08/20/17	FEDERATED COOPERATIVES LIMITED MEDICINE HAT AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH MISCELLANEOUS	78.2 1.0	1.01 8.01	75.24 8.01	3.76	

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

CLIENT NO. NO DU CLIENT	
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	BARNES						GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL				.40 4.16 87.41 87.41	
					000474434559 08/16/17	IMPERIAL OIL BASSANO	AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	85.0 1.06	85.70	4.28 4.28 89.98 89.98	
					000473489213 08/03/17	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	88.9 .93	79.05	3.95 3.95 83.00 83.00	
					UNIT TOTAL / TOT UNITE			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	714.2	760.71	38.02	798.73
	BKDN TOTALS / TOTAUX CODIFICATION 01-55				UNITS / VEHIC 1			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	714.2	760.71	38.02	
								BKDN TOTALS / TOTAUX CODIFICATION				798.73

Marine fuel is actually vehicle fuel

Element Fleet Management



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[REDACTED]	BARNES	[REDACTED]	[REDACTED]	[REDACTED]	000477970532 10/15/17	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	23.9	.99	22.49	1.12 1.12	23.61 23.61
					000477630330 10/14/17	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	53.2	1.18	59.62	2.98 2.98	62.60 62.60
					000477630332 10/14/17	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	25.4	1.16	28.14	1.41 1.41	29.55 29.55
					000477630329 10/13/17	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	37.7	1.18	42.31	2.12 2.12	44.43 44.43
					000476763362 10/05/17	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	63.2	.99	59.52	2.98 2.98	62.50 62.50
					000476645003 10/04/17	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	55.2	1.16	60.95	3.05 3.05	64.00 64.00
					000477384852 10/03/17	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	29.5	1.11	31.19	1.56 1.56	32.75 32.75
					000477516335 10/03/17	HUSKY OIL CAMROSE AB	ETHANOL BLEND GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT DISCOUNT / RABAIS TOTAL / TOTAL	52.4	1.13	56.38	2.75 2.75	59.13 59.13 52- 58.61
					000477384851	IMPERIAL OIL	MARINE REGULAR UNLEADED GAS	94.7	1.08	97.32		

BLE871

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	BARNES				09/29/17	REDCLIFF AB	GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL			4.87 4.87 102.19 102.19		
					000475964647 09/27/17	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	91.0	.99	85.71 4.29 4.29 90.00 90.00		
					000477630328 09/24/17	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	91.5	.99	86.23 4.31 4.31 90.54 90.54		
					000476766054 09/22/17	DOMO GAS 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	77.7	.99	73.19 3.66 3.66 76.85 76.85 73- 72.46 76.12		
					000477630331 09/21/17	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	17.2	1.00	16.42 .82 .82 17.24 17.24		
					000475291242 09/20/17	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	6.8	1.02	6.61 .33 .33 6.94 6.94		
					000477512666 09/20/17	HUSKY OIL REDCLIFF 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	86.6	1.01	83.32 4.05 4.05 87.37 87.37 .87- 82.45 86.50		
					000475293396 09/17/17	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 **	78.9 1.0	1.02 8.01	76.63 8.01 4.0 4.23 88.87	3.83	

BLE871

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	BARNES				000476766053 DOMO GAS 09/15/17	AB	TOTAL / TOTAL			84.64	4.23	88.87
					000476766052 DOMO GAS 09/08/17	AB	UNLEADED REGULAR GASOLINE 80.5 1.04 79.61 GST-HST / TPS-TVH 3.98 REF GST-HST / TPS-TVH REF 3.98 ** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT 79.61 3.98 83.59 DISCOUNT / RABAIS .80- .80- TOTAL / TOTAL 78.81 82.79					
					000476766052 DOMO GAS 09/08/17	AB	UNLEADED REGULAR GASOLINE 32.8 1.10 34.29 GST-HST / TPS-TVH 1.71 REF GST-HST / TPS-TVH REF 1.71 ** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT 34.29 1.71 36.00 DISCOUNT / RABAIS .34- .34- TOTAL / TOTAL 33.95 35.66					
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB 998.2 TOT CHARGES / TOT FRAIS 1,007.94 TOT GST-HST / TOT TPS-TVH 50.22 UNIT TOTAL / TOT UNITE 1,058.16 DISCOUNT / RABAIS 3.26- TOTAL / TOTAL 1,054.90					
	BKDN TOTALS / TOTAUX CODIFICATION 01-55				UNITS / VEHIC 1		FUEL QTY / QTE CARB 998.2 TOT CHARGES / TOT FRAIS 1,007.94 GST-HST/TPS-TVH 50.22					
							BKDN TOTALS / TOTAUX COD FICATION DISCOUNT / RABAIS 3.26- TOTAL / TOTAL 1,054.90					

Marine fuel is actually vehicle fuel

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[REDACTED]	BARNES	[REDACTED]	[REDACTED]		000480853227 11/13/17	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	54.0	1.43	73.43	3.67 3.67	77.10 77.10
					000480853228 11/12/17	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	87.6	1.23	103.00	5.15 5.15	108.15 108.15
					000480401464 11/05/17	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	86.9	1.25	103.47	5.17 5.17	108.64 108.64
					000480985025 11/02/17	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	51.6	1.25	61.49	3.01 3.01	64.50 64.50 52- 63.98
					000480984575 11/01/17	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	43.5	1.38	57.20	2.80 2.80	60.00 60.00 44- 59.56
					000479115489 10/29/17	SHELL CANADA INC BROOKS AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	60.9	1.22	70.67	3.53 3.53	74.20 74.20
					000479110725 10/28/17	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	55.0	1.05	54.89	2.75 2.75	57.64 57.64
					000478995952 10/25/17	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	89.3	1.05	89.24	4.46 4.46	93.70 93.70

BLE871

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[REDACTED]	BARNES	[REDACTED]	[REDACTED]	[REDACTED]	000478749283 10/24/17	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	81.5	1.06	82.18 4.11 4.11 86.29 86.29		
					000478641296 10/23/17	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	39.7	1.06	40.00 2.00 2.00 42.00 42.00		
					000478997409 10/21/17	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	49.5	1.06	49.96 2.50 2.50 52.46 52.46		
					000478448254 10/20/17	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	73.1	.99	68.86 3.44 3.44 72.30 72.30		
					000479464806 10/02/17	FASGAS 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	55.2	1.16	61.17 3.06 3.06 64.23 64.23 .55- 60.62 63.68		
					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	827.8		915.56 45.65 961.21 1.51- 959.70		
	BKDN TOTALS / TOTAUX CODIFICATION 01-55		UNITS / VEHIC	1			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH BKDN TOTALS / TOTAUX CODIFICATION DISCOUNT / RABAIS TOTAL / TOTAL	827.8		915.56 45.65 961.21 1.51- 959.70		

BLE871

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

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:

\$38.10

STRATHMORE ESSO

7 ELEVEN STORE 37796
503 HIGHWAY 1
STRATHMORE, AB T1P 1C1

ESSO EXPRESS PAY

2017-08-28 00:24:42

TRANS #: 053119
STATION#: 00302529
GST #: R119335453

PUMP 1
REGLR \$ 40.00
42.599L AT \$0.939/L

GST INCLUDED \$ 1.90

TOTAL \$ 40.00

TYPE: PURCHASE
VISA

INVOICE NO: TUT41767

SCOTIABANK VISA
A0000000031010
0080008000
F800

01 APPROVED - TH
ANK YOU 027

VERIFIED BY PIN

LOYALTY: NO

RECONCILIATION ID:
TUT417082800223689

-- IMPORTANT --
RETAIN THIS COPY
FOR YOUR RECORDS

- CUSTOMER'S COPY -

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:

*Mr. Lube
oil change
Nov 20.*

MR. LUBE #85
901 KINGSWAY AVE SE
MEDICINE HAT AB

CARD 
CARD TYPE VISA
DATE 2017/11/20
TIME 4151 08:30:02
RECEIPT NUMBER
C85013322-001-172-001-0

PURCHASE
TOTAL 

SCOTIABANK VISA
A0000000031010
524BEBED9B4A0FD5
0080008000-E800
DE01C6F2FB089D5D
0080008000-F800

APPROVED


THANK YOU

01-027

MR. LUBE #85

'53446 ALBERTA LTD
101A KINGSWAY AVE. SE
MEDICINE HAT, AB T1A 2X6
403) 527-7975
www.mrlube.com

MR. LUBE

Page 1 of 2

Date 20-Nov-2017 8:30 AM
Invoice # 8513639
Transaction # 17112008513639
License Plate [REDACTED]

Customer Information

Drew Barnes

Vehicle Information**Fleets****Service History**

DATE	KILOMETERS	SERVICES
20-Nov-2017	84671	OC4 WW AF

X

I have agreed to the information contained on this invoice.

Messages

tell us about your recent experience! Follow us on Twitter
@mrlube_medhat
We now offer tire rotation & seasonal rimmed changeover

Description**QTY****Price**

PREMIUM SYN PACKAGE	1.00	104.99
SHOP SUPPLIES	1.00	4.49
COURTESY CHECK	1.00	0.00
OIL FILTER PH2867	1.00	0.00
MOBIL 1 5W30 1L	6.50	8.62
NO TIRE CHK PER CUSTOMER	1.00	0.00
FACTORY SEALED VEHICLE	1.00	0.00
FREE WASHER FLUID TOP-UP	1.00	0.00
BULK WASHER FLUID	1.00	0.00
BATTERY TEST PASSED	1.00	0.00
\$5 DONATION TO SANTA FUND	1.00	0.00

Recommend next service on 18-Feb-2018 or 94671 km**Employees**

UPPER	LOWER	COURTESY
TRAVIS	TYLERB	TRAVIS

Service Comments

THANK YOU
recommend air filter

GST# 882829542RT0001

TOTAL**Warranty Approved Service**

At Mr. Lube, oil changes are warranty-approved and Mr. Lube precisely follows the service intervals and product specifications your vehicle's manufacturer recommends for the exact make, model and year of your car.

Complete our survey and receive a chance to WIN!

- ✓ Win a FREE oil change weekly
- ✓ Receive 10 chances to win \$1,000 daily*
- ✓ You could instantly win other great prizes valued at \$1,500 weekly*

We value your feedback.

Rate us at www.tellmrlube.com, or call 1-866-681-4932
and you could win a free oil change weekly!

PLUS receive a chance to win daily cash and other great prizes by visiting tellmrlube.com or calling 1-866-681-4932

Survey Code:
W2E7WE2XZ

*Check Inmoment.com for contest details. ® Reg. TM/MD of ML Royalties Limited Partnership, used under license.

Enter this code at tellmrlube.com

DREW BARNES, MLA

The category “Fuel and Minor Maintenance” is short by \$0.50 due to an error. This will be accounted for in Q4.

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:

\$7.86

***DISPLAY THIS SIDE UP ON DASHBOARD**

EXPIRATION DATE	EXPIRATION TIME	DATE ISSUED	TIME ISSUED	AMOUNT PAID
08/09/17	05:56	07/09/17	05:56	\$ 8.25
\$ 8.25	14130001	05:56	LOT 6302/Daily	CC

 NON TRANSFERABLE 1034030

 **RECEIPT** 1034030

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Drew Barnes

Expense Category: Taxi, Bus Travel

For hosting, select one:

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

Purpose:

\$22.05

DELUXE CENTRAL TAXI 41
656 3 ST SE
MEDICINE HAT, AB. T1A 0H
403-581-6310

SALE

Server #: 000001

REF#: 00000002

Batch #: 224

11/06/17

05:59:44

APPR CODE: [REDACTED]

Trace: 2

VISA

Chip

AMOUNT	\$20.00
TIP	\$3.00
TOTAL	\$23.00

APPROVED

✓ SCOTIABANK VISA

AID: A0000000031010

TVR: 00 80 00 80 00

TSI: F8 00

THANK YOU / MERCI

CUSTOMER COPY

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Drew Barnes

Expense Category: Taxi, Bus Travel

For hosting, select one:

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

Purpose:

\$29.76

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

Terminal 341/66233598
Driver 5264
17/11/09 07:11:59

VISA
Card : *****
SCOTIABANK VISA
CHIP CARD
A0000000031010
0080008000
VERIFIED BY PIN
Ref # 0010015510 C
Auth #

PURCHASE
FARE : \$ 26.00
TIP : \$ 5.00
TOTAL : \$ 31.00

APPROVED - THANK YOU
(01-027)

IMPORTANT: Retain this
copy for your records

Merchant Copy

Thank you for choosing
Co-op taxi



The American Express® Corporate Card Statement of Account

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



Prepared For
D BARNES MLA
LEGIS ASSEMBLY OF AB

Membership Number

Date
November 16, 2017

Page 1 of 2

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

Statement includes payments and charges received by November 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.

Credit Limit Summary On November 16, 2017

Total Credit Limit \$

Available Credit Limit \$

New Transactions for D BARNES MLA

Amount \$

November 6	GREATER EDMONTON TAX EDMONTON TAXICABS AND LIMOUSINES	62.00
------------	--	-------

November 9	GREATER EDMONTON TAX EDMONTON TAXICABS AND LIMOUSINES	28.20
November 9	GREATER EDMONTON TAX EDMONTON TAXICABS AND LIMOUSINES	53.00
November 9	CARE CABS CAR 21 MEDICINE HAT TAXICABS AND LIMOUSINES	20.00
November 15	GREATER EDMONTON TAX EDMONTON TAXICABS AND LIMOUSINES	9.80
November 15	CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES	9.00
November 15	CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES	9.20

Total New Transactions for D BARNES MLA

Taxi, Bus Travel = \$182.10

† 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

Amount Due \$

Amount Paid \$

000280



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





The American Express® Corporate Card Statement of Account

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

Prepared For
D BARNES MLA
LEGIS ASSEMBLY OF AB

Membership Number

Date
December 16, 2017



Page 1 of 3

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

Statement includes payments and charges received by December 16, 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 December 16, 2017

Total Credit Limit \$

Available Credit Limit \$

Listing of Charges and Credits

Amount \$

December 4 Payment Received Thank You

New Transactions for D BARNES MLA

Amount \$

November 15	AIRPORT TAXI SERVICE EDMONTON TAXICABS AND LIMOUSINES	9.20
December 7	GREATER EDMONTON TAX EDMONTON TAXICABS AND LIMOUSINES	17.80
December 7	CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES	22.60

December 11	DELUXE CABS 40951653 MEDICINE HAT Goods or Services	23.70
-------------	--	-------

† 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



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

000288

Membership Number

Amount Due \$

Amount Paid \$

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

Date: December 16, 2017

Page 2 of 3

New Transactions for D BARNES MLA Continued

Amount \$

December 13	GREATER EDMONTON TAX EDMONTON TAXICABS AND LIMOUSINES
-------------	--

50.00

Total New Transactions for D BARNES MLA

\$117.43



Members' Travel Expenses Per-Diems Claim Form

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

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

Member Name: Barnes, Drew

Constituency: Cypress-Medicine Hat

For the Month of: November

Year: 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	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
2	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
7	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
8	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
9	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
14	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
15	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
16	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
27	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
28	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
29	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$514.38	\$25.72	\$540.10

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

Member Signature

Date

Dec 1, 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.

OCTOBER 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.

NOVEMBER 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.

DECEMBER 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

PROVINCE OF ALBERTA
Expense Claim Receipt Description

Name: Drew Barnes

Name: Michaela Glasgo

Category: Hosting

Hosting, select one:

- ☐ Individual Constituent(s)
☐ Individual Stakeholder(s)
☒ Group: constituents at office

Purpose:

Hosting

\$34.88

HOW DID WE DO TODAY?

Complete our short customer survey
at SURVEY.WALMART.CA for a

monthly chance to

WIN \$1000

Rules and regulations apply. See contest rules for details.

Walmart
Supercentre

SUPERCENTER

WE SELL

MANAGER NORM HENKE

(403) 504 - 4410

ST# 03150	OP# 005442	TE# 04	TR# 09670
ASTCHOC 50CT	005660076872		\$9.97 J
PF AST 50CT	005660076875		\$9.97 J
NESTLE 50	005980022523		\$6.97 A
CAD CHOC 70	006120001254		\$7.97 A
SUBTOTAL			\$34.88
GST 5%			\$1.74
TOTAL			\$36.62
VISA TEND			\$36.62

VISA CREDIT

REF # 001001636

TRANS ID - 467294635070394

AID A0000000031010

TC 345E1052495188D6

TERMINAL # WMTJ009642

*Pin Verified

10/21/17 11:38:30

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

ITEMS SOLD 4

TC# 4678 1508 5991 8204 607



New Thursday flyer start date
Circulaire maintenant en vigueur Jeudi
10/21/17 11:38:31

CUSTOMER COPY

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Drew BarnesClaimant Name: Drew BarnesExpense Category: Hosting

For hosting, select one:

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

Purpose:

taxation

\$32.72

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

CYPRESS CLUB COPY

Account #32

Barnes, Drew

SOUP & SAND SPEC	11.95
lunch special 2	16.50
Gratuity	4.27
CST	1.64
Total	34.36
1:14 PM 9/20/2017 6 AMANDA	2

Signature: _____

THANK YOU

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Drew BarnesClaimant Name: Shelley BeckExpense Category: Hosting

For hosting, select one:

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

Purpose:

coffee for meetings at constituency office

\$53.85

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

CHK 657775

07/17/2017 09:08 AM

2103057 Drawer: 1 Reg: 2

Pike Place 1Lb Wb	17.95
Pike Place 1Lb Wb	17.95
Pike Place 1Lb Wb	17.95
Visa	53.85

Subtotal \$53.85

Total \$53.85

Change Due \$0.00

----- Check Closed -----
07/17/2017 09:08 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

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LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Shelley Beck

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

coffee for meetings at constituency office

\$35.90

Shelley paid
Starbucks Coffee Canada #4900
1941 Strachan Road
Medicine Hat, AB T1B 0G4

CHK 782684
10/18/2017 01:06 PM
2386634 Drawer: 1 Reg: 3

Drive Thru



Pike Place 1Lb Wb	17.95	} <i>35.90</i>
Pike Place 1Lb Wb	17.95	
Sbux Card		



Subtotal
GST 5%
Total



Change Due **\$0.00**

----- Check Closed -----
10/18/2017 01:06 PM

SBUX Card x2611 New Balance: 59.73
Card is registered.

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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:

*Notes for Constituency
Office Meetings*



ICY MOUNTAIN
WATER CO.

Name: Cypress-med
Hut Constituency

Bottles Del: _____ \$ _____
 Empties Ret: _____ \$ _____
 Bottle Deposits: _____ \$ _____
 Rings of Tokens: 1 \$ 700
 Ice Bags: _____ \$ _____

[illegible]

Sub Total	\$ 70.00
Gst	\$
Total Due	\$ 70.00
Payment	\$

Charge ☒ Cheque ☐ Cash ☐

Visa ☐ MC ☐

Expiry____/____

Signature