

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2017-18
055 - Cypress-Medicine Hat - Barnes, Drew
For Expenses Processed Jan 1 - Mar 31, 2018

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$4,120.20	\$11,542.46
MLA Parking Cap - \$	\$900.00	\$57.06	\$157.82
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$		\$101.92	\$926.44
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$969.37	\$2,831.22
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,565.00	\$22,260.00
Travel Accommodations Allowance			\$737.20
Travel Accommodations Allowance (days; 10 max) - NF	10.0		3.0
Other			
Hosting - \$		\$467.06	\$3,200.47
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	80,000.0	16,210.0	50,164.0
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	2.0
Use of a Private Automobile (52 trips per year) - NF	52.0	5.5	19.5
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



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FLEET MANAGEMENT SERVICES DETAIL
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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
DIV-55-D BARNES
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CLIENT NO. [REDACTED]
NO DU CLIENT [REDACTED]
NVOICE DATE 01/01/18
DATE DE LA FACTURE
NVOICE NO. 0006993645
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]	000484417800 12/18/17	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	40.4	1.05	40.36 2.02 2.02 40.36 2.02		42.38 42.38
					000483259313 12/10/17	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	49.9	1.27	60.28 3.01 3.01 60.28 3.01		63.29 63.29
					000484544043 12/08/17	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	41.0	1.16	45.29 2.26 2.26 45.29 2.26		47.55 47.55
					000484236834 12/07/17	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	51.8	1.16	57.21 2.79 2.79 57.21 2.79 52- 56.69		60.00 60.00 52- 59.48
					000482902565 12/05/17	SHELL CANADA INC RED DEER AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	44.4	1.24	52.38 2.62 2.62 52.38 2.62		55.00 55.00
					000482593286 12/03/17	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	45.0	1.25	53.53 2.68 2.68 53.53 2.68		56.21 56.21
					000484536857 12/03/17	FEDERATED COOPERATIVES LIMITED OYEN AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	22.1	1.21	25.45 1.27 1.27 25.45 1.27		26.72 26.72
					000484235391 12/02/17	HUSKY OIL LETHBRIDGE 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	46.6	1.29	57.20 2.80 2.80 57.20 2.80 47- 56.73		60.00 60.00 47- 59.53

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

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	BARNES				000482782182 11/30/17	FASGAS INNISFAIL 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	45.3	1.21	52.38 2.62 55.00 52.38 2.62 55.00 51.93 54.55		
					000483740993 11/26/17	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	48.4	1.36	62.66 3.13 3.13 65.79 62.66 3.13 65.79		
					000484233220 11/24/17	HUSKY OIL 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	72.7	1.17	81.05 3.95 3.95 85.00 81.05 3.95 85.00 73- 80.32 84.27		
					000483964928 11/22/17	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	78.0	1.17	86.84 4.34 4.34 91.18 86.84 4.34 91.18		
					000483864931 11/22/17	PETRO CANADA STRATHMORE AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	43.8	1.08	45.03 2.25 2.25 47.28 45.03 2.25 47.28		
					000481455007 11/18/17	SHELL CANADA INC BROOKS AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	73.1	1.25	87.00 4.35 4.35 91.35 87.00 4.35 91.35		
					000483864930 11/18/17	PETRO CANADA STRATHMORE AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	81.1	1.12	86.39 4.32 4.32 90.71 86.39 4.32 90.71		
					000483740992 11/16/17	IMPERIAL OIL EDMONTON AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	50.3	1.30	62.06 3.10 3.10 65.16 62.06 3.10 65.16		

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	BARNES				000483864929 11/16/17	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	37.2	1.36	48.10	2.40 2.40	50.50 50.50
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	871.1		1,003.21	49.91	1,053.12 2.17- 1,050.95
BKDN TOTALS / TOTAUX CODIFICATION 01-55							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	871.1		1,003.21	49.91	1,053.12 2.17- 1,050.95
							BKDN TOTALS / TOTAUX COD FICATION DISCOUNT / RABAIS TOTAL / TOTAL					1,053.12 2.17- 1,050.95

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[REDACTED]	BARNES	[REDACTED]	[REDACTED]	[REDACTED]	000486880506 01/15/18	SHELL CANADA INC MEDICINE HAT 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	90.7 1.0	1.11 6.49	95.77 6.49	4.79 5.11 .32 5.11	107.37 107.37
					000486880527 01/15/18	SHELL CANADA INC MEDICINE HAT AB	OIL GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	1.0	6.49	6.49	.32 .32 6.49	6.81 6.81
					000486474793 01/11/18	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	86.7	1.11	91.52	4.58 4.58 91.52	96.10 96.10
					000486165199 01/09/18	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	78.7	1.11	83.08	4.15 4.15 83.08	87.23 87.23
					000486488346 01/08/18	FEDERATED COOPERATIVES LIMITED MEDICINE HAT 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	78.2 2.0 1.0	1.11 .07 5.99	82.60 .14 5.99	4.13 .01 4.44 4.44	93.17 93.17
					000485876785 01/05/18	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	81.9	1.11	86.48	4.32 4.32 86.48	90.80 90.80
					000485250720 12/24/17	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	85.0	1.13	91.49	4.57 4.57 91.49	96.06 96.06
					000486065733 12/21/17	DOMO GAS AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF	82.5	1.04	81.61	4.08 4.08	

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	BARNES						** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT DISCOUNT / RABAIS TOTAL / TOTAL			81.61 .82- 80.79	4.08	85.69 85.69 .82- 84.87
					000485765284 12/16/17	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	64.3	1.03	63.33 3.17 3.17 63.33	3.17	66.50 66.50
					000484775032 12/15/17	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	57.7	1.04	57.14 2.86 2.86 57.14	2.86	60.00 60.00
					000486339880 12/07/17	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	48.4	1.29	59.46 2.97 2.97 59.46	2.97	62.43 62.43
					000485340058 11/13/17	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	21.8	1.24	25.71 1.29 1.29 25.71 .26- 25.45	1.29	27.00 27.00 .26- 26.74
					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	775.9		837.30 41.86 879.16 1.08- 878.08		
	BKDN TOTALS / TOTAUX CODIFICATION 01-55				UNITS / VEHIC 1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH BKDN TOTALS / TOTAUX COD FICATION DISCOUNT / RABAIS TOTAL / TOTAL	775.9		837.30 41.86 879.16 1.08- 878.08		

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01213	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	000490388192 02/19/18	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	82.6	1.14	89.60	4.48 4.48	94.08 94.08
					000489262272 02/10/18	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	62.1	1.08	63.81	3.19 3.19	67.00 67.00
					000489134015 02/08/18	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	82.0	1.12	87.42	4.37 4.37	91.79 91.79
					000489014564 02/05/18	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	52.6	1.11	55.55	2.78 2.78	58.33 58.33
					000488505280 02/02/18	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	90.8	1.11	95.88	4.79 4.79	100.67 100.67
					000488522392 01/31/18	FASGAS BROOKS 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	90.8	1.13	97.58	4.88 4.88	102.46 102.46 91- 91- 101.55
					000487949367 01/28/18	SHELL CANADA INC MEDICINE HAT AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	50.6	1.11	53.41	2.67 2.67	56.08 56.08
					000489350723 01/28/18	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	33.6	1.34	42.86	2.14 2.14	45.00 45.00
					000487948009	SHELL CANADA INC	UNLEADED REGULAR GASOLINE	86.3	1.16	95.24		

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UNIT NO NO. D'UNITE	DRIVER NAME DRIVER ID. NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V.I.N. NO. DE SERIE	CARD NO. NO. DE CARTE	KM AUTHORIZE KM AUTORISE	REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS.	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				01/27/18	MEDICINE HAT AB	GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL			4.76 4.76 100.00 95.24 4.76 100.00		
					000487944433 01/26/18	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	15.6	1.28	19.05 .95 .95 19.05 .95 20.00 20.00		
					000488498061 01/20/18	XTR ENERGY LTD BOW ISLAND AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	94.0	1.11	99.23 4.96 4.96 99.23 4.96 104.19 104.19		
					000489350722 01/17/18	PETRO CANADA REGINA SK	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	85.0	1.03	83.68 4.18 4.18 83.68 4.18 87.86 87.86		
					000489846961 01/17/18	IMPERIAL OIL MAPLE CREEK SK	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	80.5	1.14	87.34 4.37 4.37 87.34 4.37 91.71 91.71		
					000487204720 01/16/18	FEDERATED COOPERATIVES LIMITED MEDICINE HAT 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	87.4	1.11	92.38 4.62 .20 .01 5.99 3.0 4.93 98.57 4.93 103.50 103.50		
					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	993.9		1,069.22 53.45 1,122.67 1,121.76		
	BKDN TOTALS / TOTAUX CODIFICATION 01-55				UNITS / VEHIC 1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	993.9		1,069.22 53.45		

Marine fuel is actually vehicle fuel

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 - - - - - - - -

CLIENT NO.	
NO DU CLIENT	
NVOICE DATE	03/01/18
DATE DE LA FACTURE	
NVOICE NO.	0007042854
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
BKDN TOTALS / TOTAUX CODIFICATION						BKDN TOTALS / TOTAUX CODIFICATION						1,122.67
						DISCOUNT / RABAIS						.91-
						TOTAL / TOTAL						1,121.76

Element Fleet Management



BFD290001

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
- -
- -
- -
- -

CLIENT NO.
NO DU CLIENT
NVOICE DATE 04/01/18
DATE DE LA FACTURE
NVOICE NO. 0007066291
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				000492735881 03/12/18	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	32.0	1.25	38.14	1.86 1.86	40.00 40.00 - .32- 39.68
					000492119965 03/11/18	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	51.6	1.30	63.88	3.19 3.19	67.07 67.07
					000492030450 03/09/18	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	77.0	1.14	83.57	4.18 4.18	87.75 87.75
					000492733449 03/02/18	HUSKY OIL BROOKS 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	61.3	1.13	65.97	3.22 3.22	69.19 69.19 - .61- 68.58
					000492119966 02/28/18	PETRO CANADA RED DEER AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	57.7	1.37	75.23	3.76 3.76	78.99 78.99
					000491017768 02/27/18	SHELL CANADA INC MEDICINE HAT AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	85.3	1.13	91.74	4.59 4.59	96.33 96.33
					000491278528 02/27/18	FEDERATED COOPERATIVES LIMITED TABER AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	54.1	1.23	63.33	3.17 3.17	66.50 66.50
					000490919322 02/23/18	LOBLAWS INC AIRDRIE AB	MIDGRADE UNLEADED GASOLINE 1 ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	50.4	1.13	57.17		57.17 57.17
					000492119964	PETRO CANADA	MIDGRADE UNLEADED GASOLINE 1	49.1	1.26	58.90		

BLE871

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

Element Fleet Management



BDF290001

FLEET MANAGEMENT SERVICES DETAIL
DETAI LS SERVICES DE GESTION DE PARC

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

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

CLIENT NO.
NO DU CLIENT
NVOICE DATE 04/01/18
DATE DE LA FACTURE
NVOICE NO. 0007066291
NO DE LA FACTURE

UNIT NO NO. D'UNITE	DRIVER NAME DRIVER ID. NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V.I.N. NO. DE SERIE	CARD NO. NO. DE CARTE	KM AUTHORIZE KM AUTORISE	REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION DESCR PTION DES FRAIS	QTY QTE	UNIT COST COUT UNIT	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DUE MONTANT TOTAL DU
	BARNES				02/22/18	MEDICINE HAT AB	GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL			2.95 2.95 61.85 61.85		
					000490620559 02/15/18	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	89.8	1.08	92.38 4.62 4.62 97.00 97.00		
					000492596808 02/12/18	IMPERIAL OIL STRATHMORE AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	81.1	1.09	84.18 4.21 4.21 88.39 88.39		
					000492596807 02/11/18	IMPERIAL OIL MEDICINE HAT AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	85.4	1.11	90.23 4.51 4.51 94.74 94.74		
					000492596806 02/05/18	IMPERIAL OIL STRATHMORE AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	66.4	1.13	71.43 3.57 3.57 75.00 75.00		
					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	841.2		936.15 43.83 979.98 .93- 979.05		
	BKDN TOTALS / TOTALS CODIFICATION 01-55				UNITS / VEHIC 1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	841.2		936.15 43.83		
							BKDN TOTALS / TOTALS COD FICATION DISCOUNT / RABAIS TOTAL / TOTAL					979.98 .93- 979.05

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:

fuel

\$66.11

Mac's22638

10845 61 Avenue NW
Edmonton, AB T6H 1L9
780-432-5609

Date: 2018/01/30 Time: 20:57:48

Register : 1
Cashier : 28, Cashier

#37168

1 FUEL TAX INCL//EACH

\$69.42

fuel
on top.
Fleet
didn't
work

Fleet didn't work.

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:

oil change
\$102.35

S & E AUTOMOTIVE LTD

1160 Steel Street S. E.
Medicine Hat, AB. T1A 1E7 Canada
Phone: (403) 526-7080 ~ Fax: (403) 526-6330
Email: seauto@telusplanet.net

Invoice

Bill To Barnes, Drew

Email

Invoice # 15293
Work Order # 20046
Service Advisor Tyler Schlepp
Technician Dwayne Dawe

Invoice Date 2/9/2018 4:55 PM
Appointment 2/9/2018 9:27 AM
Promised 2/9/2018 5:00 PM

Service

Lube, Oil & Filter Service - Synthetic Oil

Drain and refill engine oil, change engine oil filter and lubricate chassis grease fittings and friction points as required. Check and top off fluid levels, additional charges may apply where fluids are required. Complete a complementary visual vehicle inspection.

Labor	0 Hour	\$15.00 *G
Technician: Dwayne Dawe		
AMS-ASLQTC - AMSOIL 5w-30 SYNTHETIC OIL	7 Unit	\$78.40 G
57356 - OIL FILTER	1 Unit	\$8.95 G
	Sub	\$102.35

Thanks For the Business !
I acknowledge receipt of the vehicle and the indebtedness indicated herein.

x _____
G.S.T. #: 815020920

Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Drew Barnes

Expense Category: Fuel and Minor Maintenance

☐ Individual Constituent(s)☐ Individual Stakeholder(s)

☐ Group: _____

fuel

\$67.25

[illegible]

DREW BARNES, MLA

The category “Fuel and Minor Maintenance” has been increased by \$0.50 to reflect an adjustment of a prior expense from Q3.

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:

\$30.00

RECEIPT
INDIGO PARK LOT #80

SERVICE #: 403-269-7275
MONTHLY PARKING AVAILABLE

License Plate Number



Expiration Date/Time

12:14 PM
FEB 05, 2018

Purchase Date/Time: 10:14am Feb 05, 2018

Total Due: \$31.50 Rate: \$30 + GST - 2 hours

Total Paid: \$31.50 Pmt Type: CC (Swipe)

Ticket #: 40860104

S/N #: 500013180702

Setting: Aquitaine

Mach Name: Aquitaine 1

GST # 12099-6095

Thank you
Indigo Park

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:

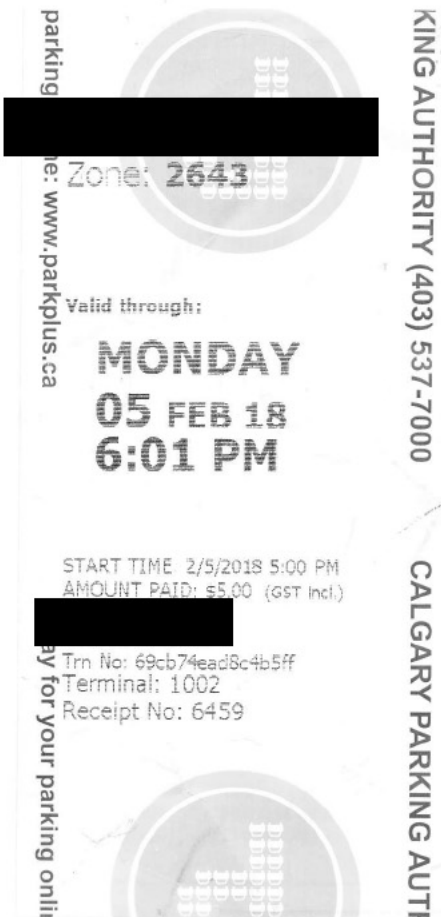
☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

\$4.76



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:

\$4.76



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:

\$9.52

Privileges

RECEIPT

Impark Lot 02-509

Expiration Date/Time: 06:00am Jan 30, 2018

Purchase Date/Time: 07:04pm Jan 29, 2018

Total Parking: \$9.52

Total GST: \$0.48

Total Due: \$10.00

Total Paid: \$10.00

Ticket #: 08592410

Setting: Lot 509

Mach Name: Meter 1

Rate: \$10 - All Evening
Payment Type: Card

PARKING RECEIPT
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:

\$0.80



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:

\$3.89

rkplus.ca

Zone: 3148

Valid through:

MONDAY
12 FEB 18
1:30 PM

Pay for your parking

START TIME: 2/12/2018 12:01 PM
AMOUNT PAID: \$4.08 (GST incl.)

Trn No: 6ab4c3d9/a/9beb1
Terminal: 1307
Receipt No: 1677

rkplus.ca

(403) 537-7000

CALGARY PARKING AUTHORITY (403) 537-70

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:

\$3.33

ion Serv

Zone: 3877

Valid through:

MONDAY
12 FEB 18
5:24 PM

START TIME: 2/12/2018 3:39 PM
AMOUNT PAID: \$3.50 (GST Incl.)

Trn No: d34368442c55d117
Terminal: 1406
Receipt No: 453

Tire Inflation Services

CRITY (403) 537-7000

CALGARY PARKING AUTHORITY (403)

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:

\$21.50



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

SALE

Server #: 000001

REF#: 00000001

Batch #: 237

12/14/17

01:06:07

APPR CODE: [REDACTED]

Trace: 1

VISA

Chip

AMOUNT	\$19.50
TIP	\$2.93
TOTAL	\$22.43

APPROVED

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

THANK YOU / MERCI

CUSTOMER COPY



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
March 18, 2018

Page 1 of 2



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

Statement includes payments and charges received by March 18, 2018

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 March 18, 2018

Total Credit Limit \$

Available Credit Limit \$

Amount \$

New Transactions for D BARNES MLA

March 15 CO OP TAXI LINE LTD EDMONTON
TAXICABS AND LIMOUSINES

61.40

Total New Transactions for D BARNES MLA

Taxi \$58.48

† 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

000262

Membership Number

Amount Due \$

Amount Paid \$

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



ASSEMBLY OF ALBERTA
Expense Claim Receipt Description

Member Name: Drew Barnes

Simulant Name: Drew Barnes

Expense Category: Taxi, Bus Travel

For hosting, select one:

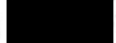
- ☐ Individual Constituent(s)
☐ Individual Stakeholder(s)
☐ Group: _____

Purpose:

\$21.94

Clavin
DELUXE CENTRAL TAXI
656 1/2 3 ST SE
MEDICINE HAT, AB
T1A 0H5
(403)-928-1616

SALE

TID: 9923442B REF#: 000001
Batch #: 0284
03/15/18 20:36:04
APPR CODE: 
VISA


AMOUNT \$19.90
TIP \$2.99
TOTAL CAD\$22.89

APPROVED - 000

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

THANK YOU!

CUSTOMER COPY



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: December

Year: 2017

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1			☐	☐	☐			
2			☐	☐	☐			
3	Travel to/from Capital	Edmonton	☐	☐	☒	19.76	0.99	20.75
4	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
5	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
6	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
7	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
8			☐	☐	☐			
9			☐	☐	☐			
10			☐	☐	☐			
11	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
12	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
13	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
14			☐	☐	☐			
15			☐	☐	☐			
16			☐	☐	☐			
17			☐	☐	☐			
18			☐	☐	☐			
19			☐	☐	☐			
20			☐	☐	☐			
21			☐	☐	☐			
22			☐	☐	☐			
23			☐	☐	☐			
24			☐	☐	☐			
25			☐	☐	☐			
26			☐	☐	☐			
27			☐	☐	☐			
28			☐	☐	☐			
29			☐	☐	☐			
30			☐	☐	☐			
31			☐	☐	☐			
Grand Total						\$296.76	\$14.84	\$311.60

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

Jan 5, 2018



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: January

Year: 2018

Employee #: [REDACTED]

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1			☐	☐	☐			
2			☐	☐	☐			
3			☐	☐	☐			
4			☐	☐	☐			
5			☐	☐	☐			
6			☐	☐	☐			
7			☐	☐	☐			
8			☐	☐	☐			
9			☐	☐	☐			
10			☐	☐	☐			
11			☐	☐	☐			
12			☐	☐	☐			
13			☐	☐	☐			
14			☐	☐	☐			
15			☐	☐	☐			
16			☐	☐	☐			
17			☐	☐	☐			
18			☐	☐	☐			
19			☐	☐	☐			
20			☐	☐	☐			
21			☐	☐	☐			
22			☐	☐	☐			
23			☐	☐	☐			
24			☐	☐	☐			
25			☐	☐	☐			
26			☐	☐	☐			
27			☐	☐	☐			
28	Travel to/from Capital	Edmonton	☐	☐	☒	19.76	0.99	20.75
29	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
30	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
31			☐	☐	☐			
Grand Total						\$98.90	\$4.95	\$103.85

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

Feb 2, 2018



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: February

Year: 2018

Employee #: [REDACTED]

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1			☐	☐	☐			
2			☐	☐	☐			
3			☐	☐	☐			
4			☐	☐	☐			
5	60 km from Perm. Res.	Calgary	☒	☒	☒	39.57	1.98	41.55
6			☐	☐	☐			
7			☐	☐	☐			
8			☐	☐	☐			
9			☐	☐	☐			
10			☐	☐	☐			
11			☐	☐	☐			
12			☐	☐	☐			
13			☐	☐	☐			
14			☐	☐	☐			
15			☐	☐	☐			
16			☐	☐	☐			
17			☐	☐	☐			
18			☐	☐	☐			
19			☐	☐	☐			
20			☐	☐	☐			
21			☐	☐	☐			
22			☐	☐	☐			
23			☐	☐	☐			
24			☐	☐	☐			
25			☐	☐	☐			
26			☐	☐	☐			
27	Travel to/from Capital	Edmonton	☐	☐	☒	19.76	0.99	20.75
28	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
29			☐	☐	☐			
30			☐	☐	☐			
31			☐	☐	☐			
Grand Total						\$98.90	\$4.95	\$103.85

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

March 2, 2018
Date



Members' Travel Expenses Per-Diems Claim Form

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

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

Member Name: Barnes, Drew

Constituency: Cypress-Medicine Hat

For the Month of: March

Year: 2018

Employee #: [REDACTED]

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1			☐	☐	☐			
2			☐	☐	☐			
3			☐	☐	☐			
4			☐	☐	☐			
5	Travel to/from Capital	Edmonton	☐	☐	☒	19.76	0.99	20.75
6	60 km from Perm. Res.	Edmonton	☒	☒	☒	39.57	1.98	41.55
7	60 km from Perm. Res.	Edmonton	☒	☒	☒	39.57	1.98	41.55
8	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
9			☐	☐	☐			
10			☐	☐	☐			
11	Travel to/from Capital	Edmonton	☐	☐	☒	19.76	0.99	20.75
12	60 km from Perm. Res.	Edmonton	☒	☒	☒	39.57	1.98	41.55
13	60 km from Perm. Res.	Edmonton	☒	☒	☒	39.57	1.98	41.55
14	60 km from Perm. Res.	Edmonton	☒	☒	☒	39.57	1.98	41.55
15	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
16			☐	☐	☐			
17			☐	☐	☐			
18	Travel to/from Capital	Edmonton	☐	☐	☒	19.76	0.99	20.75
19	60 km from Perm. Res.	Edmonton	☒	☒	☒	39.57	1.98	41.55
20	60 km from Perm. Res.	Edmonton	☒	☒	☒	39.57	1.98	41.55
21	60 km from Perm. Res.	Edmonton	☒	☒	☐	19.81	0.99	20.80
22	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
23			☐	☐	☐			
24			☐	☐	☐			
25			☐	☐	☐			
26			☐	☐	☐			
27			☐	☐	☐			
28			☐	☐	☐			
29			☐	☐	☐			
30			☐	☐	☐			
31			☐	☐	☐			
Grand Total						\$474.81	\$23.74	\$498.55

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

March 29, 2018



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.

JANUARY 2018

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.

FEBRUARY 2018

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.

MARCH 2018

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

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:

discussion: health care

\$30.94



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

R E C E I P T

1. Duplicate

Account #32

Barnes, Drew

2 x 11.95	
SOUP & SAND SPEC	23.90
2 x 1.50	
COFFEE	3.00

Gratuity	4.04
GST	1.55

Total	32.49
Charge	32.49

2:51 PM 11/24/2017 5 SHELBY

9

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:

discussion: economy

\$10.46

DUPLICATE DUPLICATE DUPLICATE

PETRO-CANADA
820 REDCLIFF DRIVE
MEDICINE HAT
Alberta T1A 5E4

GST: 814541827 (403) 529-5527
2017-11-25 PC0451848.8154101 08:57
TERMINAL: 028154101 OPER: A
PAYPOINT: 028154101

PRODUCT	QTY	PRICE	AMOUNT
coffee	1	2.14	2.14#
coffee	1	2.14	2.14#
TOAST	1	3.10	3.10#
TOAST	1	3.10	3.10#
		GST	0.54
Penny Rounding			-0.02
Total Owed			11.00

CASH TENDERED \$ 15.00
CHANGE DUE \$ 4.00

Learn how to
save 3 cents/L
everyday at
Petro-Canada.ca/RBC
Survey! Earn Points
& chance to win gas
petro-canada.ca/hero

credit host
economy



LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Drew Barnes, MLA

Claimant Name: ~~Stella, Deb~~ Same as above

Expense Category: Hosting

For hosting, select one:

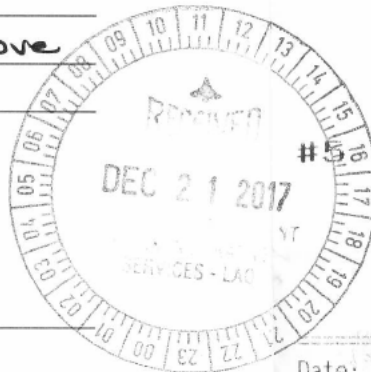
☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group:

Purpose:

discussion re: taxes



Perkins Restaurant & Bakery
2301 Trans Canada Way S.E.
Medicine Hat, AB T1B 4E9
Phone (403)527-9311
Business # R105395123

Date: Dec 09, 2017 Time: 08:15AM
Server: Deb # Guest: 2
Bill: 0009 Table : 5

2 Build-A-Breakfast	25.90
2 Coffee	5.90

Subtotal	31.80
GST	1.59

Total 33.39

tip 5.01

Open Time : Dec 09, 2017 07:47AM

PLEASE PAY YOUR SERVER

PLEASE TELL US ABOUT YOUR EXPERIENCE
in the next 3 days and on your next visit
receive
10% off your next bill

Keep this receipt.
Go to www.perkinsfeedback.com
to complete our online survey

After completeing the survey you will
receive a validation code to take with
you on your next
visit

Please write your code here

Official Rules @
www.perkinsrestaurants.com/surveyrules
Store # 3882

Join Us on Facebook @
<https://www.facebook.com/eatatperkins>

PERKIN'S RESTAURATN &
BAKERY
2301 TRANS CANADA WAY SE
MEDICINE HAT AB

CARD [REDACTED]
CARD TYPE VISA
DATE 2017/12/09
TIME 8459 08:18:26
SEVR ID 125
CHECK # 1127954
TABLE # 5
RECEIPT NUMBER
C82037451-001-024-001-0

PURCHASE
AMOUNT \$33.39
TIP \$5.01
TOTAL

\$38.40

SCOTIABANK VISA
A0000000031010
0732AE210352CAD0
0080008000-E800
BCF1EE1F19A87D41
0080008000-F800

APPROVED

01-027

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

Perkins
38.40
Complete &
Cracking Taxes

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:

discussion: property rights

\$56.87

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

CYPRESS CLUB COPY

Account #32

Barnes, Drew

*constituent
prop
rights*

lunch special 2	16.50
lunch special 2	16.50
SOUP & SAND SPEC	11.95
COFFEE	1.50
COFFEE	1.50
COFFEE	1.50

Gratuity	7.42
GST	2.84

Total **59.71**

1:44 PM 2/8/2018 6 AMANDA

4

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:

discussion: labour laws

\$9.30

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

CHK 735265

02/03/2018 01:35 PM

2318280 Drawer: 1 Reg: 2

Gr Lndn Fog T Lat	4.65
Gr Lndn Fog T Lat	4.65
Visa	9.77

Subtotal	\$9.30
GST 5%	\$0.47
Total	\$9.77

Change Due **\$0.00**

----- Check Closed -----
02/03/2018 01:35 PM

Constituent
labour
laws
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: Drew Barnes

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: _____

Purpose:

discussion: taxation

\$33.29

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

CYPRESS CLUB COPY

Account [REDACTED]
Barnes, Drew

STEAK SALAD	14.50
BISON BURGER	12.95
COFFEE	1.50

Gratuity	4.34
GST	1.66

Total 34.95

1:39 PM 2/1/2018 6 AMANDA

1

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:

Discussion: value for tax dollars

\$66.96

Dec 16, 2018
discuss value for tax dollars

ROGERS		10:01 AM	91%
<		Order Details	?
Moxie's Grill & Bar (Dunmore Rd. SE)			
Order #33251594 • Delivery		Delivered	
1x	Herb Alfredo	\$19.74	
	• Add Chicken		
1x	The Burger	\$15.50	
	• Fries		
1x	Butcher's Cut Steak Sandwich	\$19.99	
	• Medium - Rare		
Food/Beverage Total		\$55.23	
Delivery Fee		\$3.45	
GST		\$2.93	
Courier Tip		\$8.28 -	
Total		\$69.89 -	
Paid with Amount		Credit Card \$69.89	

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:

Discussion - minimum wage

\$38.86

EARLS RESTAURANTS

114 ASHLEY

Tbl 74/1 Chk 4744 Gst 2
15Feb'18 12:17PM

1 CAJUN SAND	15.00
w/field greens	1.75
1 CAJUN SAND	15.00
w/field greens	1.75
Subtotal	33.50
GST Tax	1.68
01:03PM Total	35.18

-- PLEASE PAY YOUR SERVER --

GST#r124981473

EARLS - 10216
3215 SE Dunmore Road
Medicine Hat AB T1B 2H2
403-528-3275

** TRANSACTION RECORD **

Tran. #: 399
RVC: Restaurant
Table #: 74
Check #: 4744
Group #: 1
Employee #: 114
Employee Name: ASHLEY

SCOTIABANK VISA
Pre-Auth Purchase

AID: A0000000031010

Amount \$35.18
Tip \$5.36
=====

TOTAL CAD\$40.54

EA25CS13/EA25CC13
004001001002
2018/02/15 13:06:26

TVR: 0080008000
TSI: F800

No signature required

Customer Copy

THANK YOU
Come Again

*Constituent
min wage*

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 constituency office meetings

\$37.90



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

CHK 732396
02/22/2018 08:56 AM
2105250 Drawer: 1 Reg: 2

Pike Place 1Lb Wb	18.95
Pike Place 1Lb Wb	18.95

Visa

Subtotal	
GST 5%	
Total	
Change Due	\$0.00

----- Check Closed -----
02/22/2018 08:56 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](https://www.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:

donuts for MHC class discussion

\$8.99

Tim Hortons Store 2739
3201 13th Ave SE
Medicine Hat, AB
T1B 1E2
403-504-0824

Sep 20 2017 07:54 am GST# 133343236 Trans# 381869

TRANSACTION RECORD

Card Type : VISA
Card Entry : TAP CHIP
Trans Type : PURCHASE
Amount : \$8.99

Sequence # : 000035
Reference # : 00000035
Term ID : 203
Date : 17/09/20
Time : 07:53:53

APPROVED

Application Label: VISA CREDIT
AID: A0000000031010
TVR: 0000000000
TC : F0B0AF2A07714567
TSI: 0000

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

Take-out

Order #

031869

1 Dozen Donuts 8.99

Subtotal 8.99

Total 8.99

Wednesday September 20, 2017
Shift # 2 Reg. # 3

07:54:02
Trans # 381869

Thanks for stopping by!
Tell us how we did at
www.telltimhortons.com?
1-868-601-1616

Thank You for your patronage.

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Drew BarnesClaimant Name: petty cashExpense Category: Hosting

For hosting, select one:

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

Purpose:

coffee for constituency office meetings

\$17.95

1102
Starbucks Coffee Canada #4677
1296 Trans Canada Hwy SE
Medicine Hat, AB T1B1J5

CHK 708120

09/21/2017 09:04 AM

2163071 Drawer: 1 Reg: 1

Pike Place 1Lb Wb	17.95
Cash	50.00

Subtotal \$17.95

Total \$17.95

Change Due \$32.05

----- Check Closed -----

09/21/2017 09:04 AM

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

GST: 86585 3535

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:

trade show candy for booth

\$25.98

LD petty cash #3

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DRUGS**

LD MEDICINE HAT 403 528 8360
LOOKING FOR WORK? www.londondrugs.com

NESTLE MINI BARS	10.99 G
NESTLE MINI BARS	14.99 G
**** TAX 1.30 BAL	27.28
Cash	27.28
CHANGE	.00
(P)ST	.00
(G)ST 1.30	
10/20/17 11:26 0060 92 0011 027578	
** THANK YOU **	
LONDON DRUGS LTD. G.S.T. #R103378972	

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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:

coffee for constituency office meetings

\$35.90

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

CHK 716624

11/21/2017 09:46 AM

2103057 Drawer: 1 Reg: 1

Pike Place 1Lb Wb	17.95
Pike Place 1Lb Wb	17.95
Cash	40.00

Subtotal	\$35.90
Total	\$35.90

Change Due	\$4.10
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Check Closed

11/21/2017 09:46 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
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receipt. Refund method depends on
form of payment. For questions call
1-800-STARBUCK (1-800-782-7282)

GST: 86585 3535

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At participating stores
Some restrictions apply.

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Drew BarnesClaimant Name: petty cashExpense Category: Hosting

For hosting, select one:

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

Purpose:

coffee for constituency office meetings

\$37.90

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

CHK 778950

01/17/2018 05:01 PM

2319456 Drawer: 1 Reg: 3

Drive Thru

Pike Place 1Lb Wb	18.95
Pike Place 1Lb Wb	18.95
Cash	40.00

Subtotal \$37.90

Total \$37.90

Change Due \$2.10

----- Check Closed -----
01/17/2018 05:01 PM

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GST: 86585 3535

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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:

coffee for constituency office meetings

\$18.95

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

CHK 724847

02/14/2018 09:01 AM

2277599 Drawer: 1 Reg: 1

Pike Place 1Lb Wb 18.95

Fr. Press (Course) 18.95

Visa

Subtotal \$18.95

Total \$18.95

Change Due \$0.00

Check Closed
02/14/2018 09:01 AM

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Packaged Tea on this receipt may be
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GST: 86585 3535

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