

LEGISLATIVE ASSEMBLY OF ALBERTA  
Member EDR 2018-19  
055 - Cypress-Medicine Hat - Barnes, Drew  
For Expenses Processed July 1 - Sep 30 2018

	Budget	Used this Quarter	Used To-Date
<b>Financial Reporting - \$ (Receipts attached)</b>			
<b>Transportation</b>			
Fuel and Minor Maintenance - \$		\$1,567.82	\$4,151.89
MLA Parking Cap - \$	\$900.00	\$5.71	\$5.71
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$			\$21.59
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$59.33	\$1,156.13
<b>Accommodation</b>			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,565.00	\$11,130.00
Travel Accommodations Allowance		\$547.39	\$547.39
Travel Accommodations Allowance (days; 10 max) - NF	10.0	2.0	2.0
<b>Other</b>			
Hosting - \$		\$317.28	\$2,387.28
Event Tickets Disclosable - \$			
<b>Non-Financial Reporting</b>			
<b>Use of Private Automobile (43.5 cents per km)</b>			
Constituency Travel MLA (KM) - NF	80,000.0	9,566.0	12,736.0
Constituency Travel Staff (KM) - NF			
Total Constituency Travel (KM) - NF	80,000.00	9,566.00	12,736.00
Special Trips (5 trips per year) - NF	5.0		
<b>Travel To and From the Capital</b>			
Travel by Air, Bus or Train (Unlimited Trips) - NF			
Use of a Private Automobile (52 trips per year) - NF	52.0	1.0	8.0
<b>Other Travel</b>			
Vehicle Rental (5 Days maximum anywhere in Alberta) - NF	5.0		

\$ - Reported on CAD dollar amount of actual expense

NF - Reported based on number of trips, number of kilometres, or number of days

Budget reported is the maximum annual amount that may be claimed

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

# Element Fleet Management



BDFD290001

FLEET MANAGEMENT SERVICES DETAIL  
DETAI LS SERVICES DE GESTION DE PARC

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DE

## CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

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

CLIENT NO. [REDACTED]  
NO DU CLIENT [REDACTED]  
NVOICE DATE 08/01/18  
DATE DE LA FACTURE  
NVOICE NO. 0007161443  
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]		0117500 000504097406 07/13/18	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	76.0	1.24	89.70	4.48 4.48	94.18 94.18
					0116800 000503679637 07/10/18	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	86.7	1.27	104.76	5.24 5.24	110.00 110.00
					0116500 000503414578 07/07/18	SHELL CANADA INC CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	74.1	1.35	95.24	4.76 4.76	100.00 100.00
					0116000 000504097404 07/05/18	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	51.2	1.26	61.34	3.07 3.07	64.41 64.41
					000504097405 07/05/18	PETRO CANADA MEDICINE HAT AB	MISCELLANEOUS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	1.0	8.79	8.79	.44 .44	9.23 9.23
					0115500 000503050575 07/02/18	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	96.2	1.27	116.31	5.82 5.82	122.13 122.13
					000503320427 06/30/18	FEDERATED COOPERATIVES LIMITED MEDICINE HATT AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH MISCELLANEOUS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	52.9 1.0	1.27 7.99	63.95 7.99	3.20 .40 3.60	75.54 75.54
					0206500 000504097401 06/27/18	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	44.9	1.49	63.67	3.18 3.18	66.85 66.85
					0114500 000504097402	PETRO CANADA	UNLEADED REGULAR GASOLINE	86.1	1.27	104.09		

BLE871

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

# Element Fleet Management



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DETAI LS SERVICES DE GESTION DE PARC

PAGE - 194 OF 245  
DE

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

CLIENT NO.  
NO DU CLIENT  
NVOICE DATE 08/01/18  
DATE DE LA FACTURE  
NVOICE NO. 0007161443  
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				06/26/18	MEDICINE HAT AB	GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL				5.20 5.20 109.29 5.20 109.29	
					0114000 000504097403 06/23/18	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	59.4	1.29	72.98	3.65 3.65 76.63 3.65 76.63	
					000504238787 06/22/18	HUSKY OIL 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	33.6	1.49	47.66	2.34 2.34 50.00 2.34 50.00 .34- 49.66	
					000504236921 06/16/18	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	85.2	1.32	107.12	5.24 5.24 112.36 5.24 112.36 .85- 111.51	
					000503861044 06/05/18	IMPERIAL OIL ARDROSSAN AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	48.2	1.40	64.04	3.20 3.20 67.24 3.20 67.24	
	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	794.5		1,007.64	50.22	1,057.86 1.19- 1,056.67
	BKDN TOTALS / TOTAUX CODIFICATION 01-55		UNITS / VEHIC		1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	794.5		1,007.64	50.22	
							BKDN TOTALS / TOTAUX COD FICATION DISCOUNT / RABAIS TOTAL / TOTAL					1,057.86 1.19- 1,056.67

BLE871

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

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BDFD290001

FLEET MANAGEMENT SERVICES DETAIL  
 DETAILS SERVICES DE GESTION DE PARC

PAGE - 178 OF 230  
 DE

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

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

- -  
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 - -  
 - -

CLIENT NO.  
 NO DU CLIENT  
 INVOICE DATE 09/01/18  
 DATE DE LA FACTURE  
 INVOICE NO. 0007184348  
 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			0118442	000507125940 08/05/18	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	58.5	1.21	67.38 3.37 3.37 70.75 70.75		
				0118500	000507125939 07/28/18	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	81.6	1.30	100.96 5.05 5.05 106.01 106.01		
				0118000	000505035908 07/22/18	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	80.5	1.21	92.65 4.63 4.63 97.28 97.28		
					000507027712 07/18/18	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	34.5	1.25	41.10 2.01 2.01 43.11 43.11 .35- 42.76		
				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	255.1		302.09 15.06 317.15 .35- 316.80		
	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	255.1		302.09 15.06 317.15 .35- 316.80		

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:

\$150.74

JIFFY LUBE # 19  
3215K DUNMORE RD SE  
MEDICINE HAT AB

CARD \*\*\*\*\*  
CARD TYPE VISA  
DATE 2018/05/03  
TIME 4102 17:03:02  
RECEIPT NUMBER  
C82013201-001-089-016-0

PURCHASE  
TOTAL

SCOTIABANK VISA  
A0000000031010  
692E5ADAC7CD9FC5  
0080008000-E800  
D4ACDA6BCE159470  
0080008000-F800

APPROVED

01-027

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS



**jiffy lube**

**JIFFY LUBE #3019**

GST #842355489  
BAY K, 3215 DUNMORE ROAD SE  
MEDICINE HAT, AB T1B 2H2  
(403) 528-4356

Page 1 of 1

DATE 5/3/2018 5:03 PM  
TRANSACTION NO 18050300022412  
INVOICE NO 01019-22412  
VEHICLE ID [REDACTED]

**Customer Information**

Drew Barnes

**Service History**

DATE	KILOMETERS	SERVICES
5/3/18	299881	FS OF OIL
10/5/17	270599	FS OF OIL SPR
5/29/17	249685	FS OF
12/21/16	225547	FS OF SFC OIL

**Employees**

UPPER	LOWER	CASHIER
MW	JS	

**Service Comments**

OIL LEVEL FULL ON ARRIVAL  
26ft/lb drain plug toque  
THANK YOU!

**Service Checklist**

1. ENGINE OIL	REPLACED
2. OIL FILTER	REPLACED
3. CHASSIS LUBRICATION	SEALED
4. AIR FILTER	CHECKED
5. PCV VALVE	CHECKED
6. BREATHER ELEMENT	N/A
7. FUEL FILTER	Checked
8. POWER STEERING FLUID	CHECKED OK
9. WASHER FLUID FILL	FILLED
10. RAD FLUSH/COOLANT	CHECKED OK
11. TRANS/TRANSAXLE FLUID	Checked
12. FRONT DIFF FLUID	FULL
13. TRANSFER CASE FLUID	FULL
14. REAR DIFF FLUID	FULL
15. WIPER BLADES	CHECKED
16. LIGHT CHECK	CHECKED
17. SERPENTINE BELT	CHECKED
18. TIRE PRESSURE	CHECKED OK
19. DRAIN PLUG TIGHT	Tight and Dry
20. OIL FILTER TIGHT	Tight and Dry

Description	Qty.	Price
European Oil Change 4x4	1.00	115.99
CF5607 OIL FILTER Cartridge Filter	1.00	0.00
Pennzoil European 5w40 Platinum Synthetic	6.50	30.75
Enviro/ShopSupply	1.00	4.00
<b>SUBTOTAL</b> (AIR)		<b>\$150.74</b>
<b>SALE</b>		
<b>TAXABLE PARTS</b>		
<b>NONTAXABLE LABOR</b>	0.00	
<b>GST TAX</b>	7.54	
<b>TOTAL</b>		<b>\$158.28</b>
<b>CHANGE</b>		<b>\$0.00</b>

**Warranty Statement**

LIMITED WARRANTY CERTIFICATE: THIS JIFFYLUBE SERVICE CENTRE WARRANTS ALL WORKMAN SHIP AGAINST FAILURE FOR 7 DAYS FROM DATE OF SERVICE. This warranty does not apply when the customer tampers with or alters the Centre's products or alters manufacture's original equipment or when corrective action is taken without prior written approval from this JIFFYLUBE Service Centre. The customer must have the Limited Warranty Certificate and must retain a sample of the product(s) involved to support a claim. NOTE: This warranty does not cover loss of time, loss of use of the vehicle, inconvenience, or other consequential damages.

DOING IT RIGHT EVERY TIME THANK-YOU FOR CHOOSING  
jiffylube  
APPROPRIATE, WARRANTY-APPROVED PRODUCT MAY HAVE  
BEEN SUBSTITUTED.

**Recommend next service on 10/30/2018 or 307881 km.**

X

Cardholder acknowledges receipt of goods and/or services in the amount shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.

*Please claim*

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:

<p><i>oil chg.</i></p> <p>\$107.35</p>
--

S & E AUTOMOTIVE LTD  
1160 STEEL ST SE  
MEDICINE HAT AB

CARD [REDACTED]  
CARD TYPE VISA  
DATE 2018/07/12  
TIME 1741 13:25:22  
RECEIPT NUMBER  
C84135702-001-703-003-0

PURCHASE  
TOTAL  
\$112.72

SCOTIABANK VISA  
A0000000031010  
C5C34E07C00A004C  
0080008000-E800  
B5E42B6C00472790  
0080008000-F800

APPROVED

AUTH# [REDACTED] 01-027  
THANK YOU

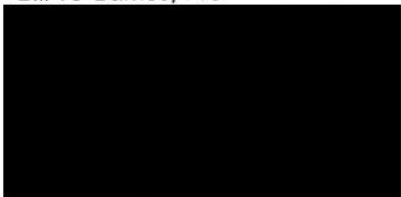
CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

**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



Invoice # 15757  
Work Order # 21473  
Service Advisor Tyler Schlepp  
Technician Sandy

Invoice Date 7/12/2018 1:24 PM  
Appointment 7/12/2018 9:39 AM  
Promised 7/12/2018 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: Sandy		
AMS-ASLQTC - amsoil - AMSOIL 5w-30 SYNTHETIC OIL	7 Unit	\$78.40 G
57356 - WIX - OIL FILTER	1 Unit	\$8.95 G
	<b>Sub</b>	<b>\$102.35</b>

Total Parts	\$87.35
Total Labor	\$15.00
Total Before Taxes & Miscellaneous Charges	\$102.35

(\*) Shop Supplies are charged for chemicals, cleaners, rags, and miscellaneous items consumed in quantities too small to quantify. \$3.00 G

(E) Environmental Disposal Charge	\$2.00 Each	\$2.00 G
(G) Canadian Goods and Services Tax (GST)	5 %	\$5.37

**Grand Total** **\$112.72**

Barnes, Drew paid \$112.72 by Visa

Thanks For the Business !

I acknowledge receipt of the vehicle and the indebtedness indicated herein.

x \_\_\_\_\_  
G.S.T. #: 815020920



LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Drew Barnes

Expense Category: ~~Hosting~~ Parking

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

\$ 5.71

epark.ca	www.heritagepark.ca	www.heritag
Terminal: 690	Zone:	
Plate:		
Valid through:		
SUNDAY 08 JUL 18		
3:10 PM		
AMOUNT PAID: \$6.00 (GST incl.)	Auth No:	
Start Time: 7/8/2018 8:10 AM	Receipt No: 430	



# Members' Travel Expenses Per-Diems Claim Form

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

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

Member Name: Barnes, Drew

Constituency: Cypress-Medicine Hat

For the Month of: June

Year: 2018

Employee #: [REDACTED]

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
5	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$59.33	\$2.97	\$62.30

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

Member Signature

Date

June 30, 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:** April 23, 2018

**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:** 2018-2019

Have you provided documents evidencing your Temporary Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please attach.

☒ Yes

☐ No

**Monthly Amount (maximum \$1,930 or less)**

\$ 1,855.00

x 12 = \$ 22,260.00

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

**Claim Payment Authorization (please check)**



**12 Monthly Payments**

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

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

**JULY 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 March 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:** April 23, 2018

**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:** 2018-2019

**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.

**AUGUST 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 March 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 #:**

**Date:** April 23, 2018

**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:** 2018-2019

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.

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 March 2018

1000 Glenmore Court S.E.  
 Calgary, AB T2C 2E6  
 800-661-3163/403-279-8611/F-403-236-8035  
 www.glenmoreinn.com

TAX ID: GST#884673989

Drew Barnes

Room	Folio	CheckIn	CheckOut	Balance
208	418112	07/07/2018	09/07/2018	0.00
Master Folio		Government Rate		

Date	Room	Description / Voucher	Charges	Credits	Balance
07/07/2018	208	Room Taxable	156.00	0.00	156.00
07/07/2018	208	Destination Marketing Fee - 3%	4.68	0.00	160.68
07/07/2018	208	Alberta Tour Levy - 4%	6.43	0.00	167.11
07/07/2018	208	GST - 5%	8.03	0.00	175.14
08/07/2018	208	Room Taxable	156.00	0.00	331.14
08/07/2018	208	Destination Marketing Fee - 3%	4.68	0.00	335.82
08/07/2018	208	Alberta Tour Levy - 4%	6.43	0.00	342.25
08/07/2018	208	GST - 5%	8.03	0.00	350.28
09/07/2018	208	Visa - . [REDACTED] AP: [REDACTED]	0.00	350.28	0.00
		Balance Due			0.00
		<b>Summary and Taxes</b>			
		Taxable Sales	312.00		
		Destination Marketing Fee - 3%	9.36		
		Alberta Tour Levy - 4%	12.86		
		GST - 5%	16.06		
		\$ 334.22 + GST			



133 9th Avenue SW,  
Calgary, AB, Canada T2P 2M3  
T (403) 262-1234 F (403) 260-1260  
G.S.T. Registration # 846543619

Room : 0631  
Folio # :  
Cashier # : 3360  
Page # : 1 of 1

Mr Drew Barnes

Arrival : 05-10-18  
Departure : 05-11-18  
Fairmont President's Club

Date	Description	Additional Information	Charges	Credits
05-10-18	Room Charge		199.00	
05-10-18	Calgary Destination Marketing F		5.97	
05-10-18	Alberta Tourism Levy (4%)		8.20	
05-10-18	Room GST		10.25	
05-10-18	Visa			223.42
Total			223.42	223.42
Balance Due			0.00	

**GST Summary**

Room	10.25
F&B	0.00
Other	0.00
Total	10.25

\$ 213.17 + GST

Thank you for choosing Fairmont Hotels & Resorts.

To provide feedback about your stay, please contact Sunny Joseph, General Manager, at [Sunny.Joseph@fairmont.com](mailto:Sunny.Joseph@fairmont.com).  
We also invite you to share memories of your experience on our community forum - visit [www.everyonesanoriginal.com](http://www.everyonesanoriginal.com).

Merci d'avoir choisi Hôtels Fairmont.

Vous pouvez nous faire part de vos commentaires au sujet de votre séjour en écrivant au Directeur général, Sunny Joseph à [Sunny.Joseph@fairmont.com](mailto:Sunny.Joseph@fairmont.com).

Nous vous invitons également à partager vos observations ou photos sur notre forum communautaire [www.everyonesanoriginal.com](http://www.everyonesanoriginal.com) (anglais seulement).

For information or reservations, visit us at  
[www.fairmont.com](http://www.fairmont.com) or call Fairmont Hotels & Resorts from:  
United States or Canada 1 800 441 1414  
Pour information et réservations visitez notre web au  
[www.fairmont.com](http://www.fairmont.com) ou téléphoner au Hôtels Fairmont de:  
États-Unis ou Canada 1 800 441 1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum.)  
I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$1.00 (Mon-Fri) and \$2.00 (Sat.) credit to my account. (At participating hotels.)

Je me porte personnellement responsable du règlement total de cette note au cas où la compagnie, l'association ou son représentant désigné en refusant le paiement des comptes en souffrance sont sujets à un intérêt de 1.5% par mois après un mois. (18.00% par année)  
J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 1.00\$ par jour (du Lundi au Vendredi) et de 2.00\$ le Samedi. (Dans les hôtels participants.)

**Thank you for choosing to stay with Fairmont Hotels & Resorts**  
**Merci d'avoir choisi les Hôtels Fairmont**

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Shelley Beck

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

bottled water for chuckwagon bbq tailgate event - June 15

\$19.48

*Shelley*  
*You're at home here.*



South Country Co-op  
13th Ave Food Centre  
3030 - 13th Ave SE, Medicine Hat T1B 1E3  
G.S.T.# R103619193

*water  
hosting*

C GOLD WATER  
4 @ \$4.48 EA \$17.92 N  
LQD DISCOUNT -\$2.49 N  
LQD DISCOUNT -\$2.49 N  
LQD DISCOUNT -\$2.49 N  
LQD DISCOUNT -\$2.49 N  
Enviro Fee  
4 @ \$0.48 EA \$1.92 N  
Deposit  
4 @ \$2.40 EA \$9.60 N

*19.48*

TYPE: Purchase

ACCT: VISA

CARD NUMBER: \*\*\*\*\*  
DATE/TIME: 06/01/2018 08:34:15  
REFERENCE #: 0010018570  
TERM: 66209736

ADD: A0000000031010  
TVR: 0080008000  
TSI: F800

VISA CREDIT  
01 APPROVED - THANK YOU 027

IMPORTANT:  
retain this copy for your records

CUSTOMER COPY

\*\*\*\*\*

VISA  
Auth Code =   
CHANGE \$0.00

TAX-CODE TAXABLE-VAL TAX-VALUE  
GST

Member Number

C0215 #0790 8:30:41 1JUN2018  
S01691 R001

Thank You  
For Shopping  
CO-OP



LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Shelley Beck

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

bottled water for chuckwagon bbq tailgate event - June 15

*\$19.48*

*Shelley*  
*You're at home here.*



South Country Co-op  
13th Ave Food Centre  
3030 - 13th Ave SE, Medicine Hat T1B 1E3  
G.S.T.# R103619193

*water hosting*

C GOLD WATER  
4 @ \$4.48 EA \$17.92 N  
LQD DISCOUNT -\$2.49 N  
LQD DISCOUNT -\$2.49 N  
LQD DISCOUNT -\$2.49 N  
LQD DISCOUNT -\$2.49 N  
Enviro Fee  
4 @ \$0.48 EA \$1.92 N  
Deposit  
4 @ \$2.40 EA \$9.60 N

4 BALANCE DUE **\$19.48**

TYPE: Purchase

ACCT: VISA \$ 19.48

CARD NUMBER: \*\*\*\*\*  
DATE/TIME: 06/01/2018 08:41:02  
REFERENCE #: 0010018610 H  
TER: 66209736

AID: 0000000000000000

VISA CREDIT  
01 APPROVED - THANK YOU 027

NO SIGNATURE TRANSACTION

IMPORTANT:  
retain this copy for your records

CUSTOMER COPY

\*\*\*\*\*

VISA \$19.48  
Auth Code =  
CHANGE \$0.00  
TOTAL TAX \$0.00

Member Number

C0215 #0795 8:40:00 1JUN2018  
S01691 R001

Thank You  
For Shopping  
CO-OP

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Shelley Beck

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

bottled water for chuckwagon bbq tailgate event - June 15

\$19.48

*You're at home here.*



*Shelley*

South Country Co-op

13th Ave Food Centre  
3030 - 13th Ave SE, Medicine Hat T1B 1E3  
G.S.T. # R103619193

C GOLD WATER

4 @ \$4.48 EA

\$17.92 N

LQD DISCOUNT

-\$2.49 N

LQD DISCOUNT

-\$2.49 N

LQD DISCOUNT

-\$2.49 N

LQD DISCOUNT

-\$2.49 N

Enviro Fee

4 @ \$0.48 EA

\$1.92 N

Deposit

4 @ \$2.40 EA

\$9.60 N

6 BALANCE DUE

TYPE: Purchase

ACCT: VISA

\$

CARD NUMBER: \*\*\*\*\*

DATE/TIME: 06/03/2018

12:19:08

REFERENCE #: 0010011600

H

TERM: 66209743

AID: A0000000031010

VISA CREDIT

01 APPROVED - THANK YOU 027

NO SIGNATURE TRANSACTION

IMPORTANT:

retain this copy for your records

CUSTOMER COPY

\*\*\*\*\*

VISA

Auth Code =

CHANGE

\$0.00

TAX-CODE  
GST

TAXABLE-VAL

TAX-VALUE

Member Number

C0203

#3948

12:17:50

3JUN2018

S01691

R008

Thank You  
For Shopping  
CO-OP

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Shelley Beck

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

bottled water for chuckwagon bbq tailgate event - June 15

\$9.75

*You're at home here.*



South Country Co-op  
13th Ave Food Centre  
3030 - 13th Ave SE, Medicine Hat T1B 1E3  
G.S.T. # R103619193

C GOLD WATER  
2 @ \$4.48 EA \$8.96 N  
LQD DISCOUNT -\$2.49 N  
LQD DISCOUNT -\$2.49 N  
Enviro Fee  
2 @ \$0.48 EA \$0.96 N  
Deposit  
2 @ \$2.40 EA \$4.80 N  
2 BALANCE DUE \$9.74  
Penny Rounding -\$0.01  
CASH \$20.00  
CHANGE \$10.25  
TOTAL TAX \$0.00

Member Number

C0227 #2043 12:23:54 3JUN2018  
S01691 R001

Thank You  
For Shopping  
CO-OP

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:

meeting to discuss water coop/water licensing legislation

\$33.97

INDIAN KITCHEN BAR & GRILL  
3216 13th Ave. SE, Medicine Hat  
GST# 730896099RT0001

Check: 79874  
Table: 11  
Server: Savita

Dine In

05/24/18

12:20pm

---[Seat 1]---	
2 MURG MAKHANI	\$27.98
1 GARLIC NAAN	\$2.00
1 BASMATI RICE	\$2.99
1 PLAIN NAAN	\$1.00
Subtotal: \$33.97	
Tax::	\$1.70
Sub w/Tax:	\$35.67
Total:	\$35.67

Thank you for dining at Indian Kitchen!  
Bring in this receipt for 5% off your  
next meal!

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Drew Barnes

Expense Category: Hosting

For hosting, select one:

- ☒ Individual Constituent(s)  
☐ Individual Stakeholder(s)  
☐ Group: \_\_\_\_\_

Purpose:

*discuss economy*  
*\$27.50*

*economy*

Tell us About Your Visit To  
Receive a Great Offer!  
See Details Below  
\*\*\*\*\*  
\*\*\* Pizza Hut---MAYIN\* IS GREAT! \*\*\*  
\*\*\* 403-626-8287  
\*\*\*\*\*  
Order: 124  
Invoice 437401 DPO: 1 04/14/2018 13:31  
Order was taken by: JAV  
Processing Time: 13:33  
-----  
Pixel (403)626-2919  
\*\*\* New Customer \*\*\*  
-----  
\*\* PICK UP \*\*  
-----  
1 King Stuffed  
Tomato Sauce  
Hawaiian 27.50  
-----  
Subtotal 27.50  
Tax 0.00  
Total 27.50  
-----  
Total... 26.88  
-----  
(TELL US ABOUT YOUR EXPERIENCE) Go to  
www.pizzahutlistens.ca to complete our  
survey within 7 days of the original  
purchase and receive a validation code!  
Redeemable with this receipt for an  
irresistible 8000 Pizza offer! Offer  
can be redeemed at this location only  
within 14 days of original purchase  
and cannot be redeemed online. Stuffed  
Crust \$3.5/\$4.5 extra.  
-----  
CODE: \_\_\_\_\_  
-----  
SeqId: 124.01 Seq2: 008084551010424  
\*\*\*\*\* END INVOICE \*\*\*\*\*

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:

meeting to discuss ~~water coop/water licensing legislation~~

*property rights*

*\$26.50*

RALPH'S TEXAS BAR & ST  
1249 TRANS CDA WAY T1B1H9  
MEDICINE HAT AB  
22845842  
QB2284584201

SALE

03-05-2018 12:40:54  
[REDACTED] C  
Exp Date \*\*/\*\* Card Type VI  
Name: BARNES/DREW MR  
A0000000031010  
SCOTIABANK VISA

Trace # 440004 Operator 255  
Inv. # 7575

[REDACTED] RRN 001345004

Sale \$27.83  
Tip \$4.17

TOTAL \$32.00

++++  
00 APPROVED-THANK YOU  
++++

Retain this copy for your  
records  
Customer copy

*prop rights*  
Ralph's Texas Bar & SteakHouse

1249 TransCanada Way SE  
Medicine Hat, AB T1A 7L2  
(403) 527-6262

Server: Desiree

Station: 26

Order #: 429995

Dine In

Table: T9

1 Bacon Cheese 16.00  
1 Gravy 1.50  
1 Soup Sandwich(no subs) 9.00

SUB TOTAL: 26.50  
Tax 1: 1.33

TOTAL: \$27.83

>> Ticket #: 4 <<  
3/5/2018 11:57:08 AM

GST# 86240 8226 RT0001



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:

*to discuss health care*  
  
*\$11.00*

*health care*  
*Andrew Barnes*

Tell us About Your Visit To  
Receive a Great Offer!

See Details Below

\*\*\*\*\*XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

\*\*\* Pizza Hut--Makin' it GREAT! \*\*\*

\*\*\* 403-528-8267

\*\*\*\*\*XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Order: 106

Store: R39401 OPS: 1-06/07/2018 11:50

Order was taken by: JAY

Promised Time: 12:10

\*\*\* P A I D \*\*\* P A I D \*\*\* P A I D \*\*\* P A I D \*\*\*

\*\*\* P A I D \*\*\* P A I D \*\*\* P A I D \*\*\* P A I D \*\*\*

Drew Barnes

\*\*\* PICK UP \*\*\*

1 \*ppp Pan  
Tomato Sauce  
Canadian  
-MUSHROOM, 5.50

1 \*ppp Pan  
Tomato Sauce  
Chicken Lovers  
5.50

Sub Tot: 11.00

Tax: 0.00

057104R126735493 GST: 0.55

Total... 11.55

TELL US ABOUT YOUR EXPERIENCE! Go to  
www.pizzahutlistens.ca to complete our  
survey within 7 days of the original  
purchase and receive a validation code  
redeemable with this receipt for an  
Irresistible 8000 Pizza offer! Offer  
can be redeemed at this location only  
within 14 days of original purchase  
and cannot be redeemed online. Stuffed  
Crust \$3.5/\$4.5 extra.

CODE: \_\_\_\_\_

Seq1: 106.01 Seq2: 003104999010607

\*\*\*\*\* END INVOICE \*\*\*\*\*

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Drew Barnes, MLA

Claimant Name: Petty Cash - Drew Barnes

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

*meeting with  
Constituents.*

*\$18.95*

(A2)

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

CHK 718143

04/16/2018 11:30 AM

2103057 Drawer: 1 Reg: 1

Pike Place 1Lb Wb 18.95  
Cash 20.00

Subtotal \$18.95

Total \$18.95

Change Due \$1.05

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

04/16/2018 11:30 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, MLA

Claimant Name: Petty Cash - Drew Barnes

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

*meetings with  
constituents*  
  
*\$18.95*

Starbucks Coffee Canada #4677 *3*  
1296 Trans Canada Hwy SE  
Medicine Hat, AB T1B1J5

CHK 721732

05/09/2018 09:27 AM

2137751 Drawer: 1 Reg: 1

Pike Place 1Lb Wb	18.95
Cash	20.00

Subtotal	\$18.95
----------	---------

Total	\$18.95
-------	---------

Change Due	\$1.05
------------	--------

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

05/09/2018 09:27 AM

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

GST: 86585 3535

Join our loyalty program

Starbucks Rewards®

Sign up for promotional emails

Visit [Starbucks.ca/rewards](http://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, MLA

Claimant Name: Petty Cash - Drew Barnes

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

<i>meeting with constituents</i>  <i>\$18.95</i>
--

#4

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

CHK 719100

05/24/2018 09:00 AM

2103057 Drawer: 1 Reg: 1

Pike Place 1Lb Wb	18.95
Cash	20.00

Subtotal	\$18.95
Total	\$18.95

**Change Due \$1.05**

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

05/24/2018 09:00 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, MLA

Claimant Name: Petty Cash - Drew Barnes

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

<i>office meetings</i>
<i>\$18.95</i>

----- DUPLICATE RECEIPT -----

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

CHK 720494  
07/10/2018 02:10 PM  
1674671 Drawer: 1 Reg: 1

Pike Place 1Lb Wb	18.95
Cash	19.00
Subtotal	\$18.95
Total	\$18.95
Change Due	\$0.05

----- Check Closed -----  
07/10/2018 02:10 PM

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

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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:

*- to discuss public service effectiveness*

\$ 36.80

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

CYPRESS CLUB COPY

Account #32

Barnes, Drew

lunch special 2	16.50
SOUP & SAND SPEC	12.00
COFFEE	1.50
TEA	2.00
Gratuity	4.80
GST	1.84
<b>Total</b>	<b>38.64</b>
12:50 PM 7/5/2018 7 MELYNDA 5	

Signature: \_\_\_\_\_

THANK YOU  
Please share experience  
at...feedback@cypressclub.ca

*constituent  
- public  
service  
effectiveness*

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:

*to discuss rural property rights*

\$37.52

EARLS RESTAURANTS

**Earls**

114 ASHLEY

Tbl 31/1 Chk 7467 Gst 2  
10Jul'18 12:47PM

1 CHICKEN + WONTON	13.25
add Jasmine Rice	3.50
1 CHICKEN + WONTON	13.25
add Jasmine Rice	3.50

Subtotal	33.50
GST Tax	1.68
01:19PM Total	<b>35.18</b>

-- PLEASE PAY YOUR SERVER --

GST#r124981473

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

\*\* TRANSACTION RECORD \*\*

Tran. #: 655  
RVC: Lounge  
Table #: 31  
Check #: 7467  
Group #: 1  
Employee #: 114  
Employee: ASHLEY

Visa Pre-Auth Purchase

AID: A0000000031010  
App Name: SCOTIABANK VISA

Amount \$35.18

Tip \$4.02

=====

TOTAL CAD\$39.20

APPROVED [REDACTED]  
00-001 ( [REDACTED] )  
EA25CS16/EA25CC16  
014001001005  
07/10/2018 1:25:32 PM

TVR: 0080008000  
TSI: F800

No signature required

Customer Copy

THANK YOU  
Come Again

*Constituent  
rural prop. rights*