LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2018-19
055 - Cypress-Medicine Hat - Barnes, Drew
For Expenses Processed Oct 1 - Dec 31 2018

	Budget	Used this Quarter	Used To-Date
Financial Reporting - $ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - $		$2,298.40	$6,450.29
MLA Parking Cap - $	$900.00		$5.71
Other Travel - Parking - $			
Member Travel (overnight stay in constituency) - $			
Taxi, Bus Travel - $		$152.99	$174.58
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - $			
Member Travel (Meal Per Diems) - $		$701.19	$1,857.32
Accommodation			
Edmonton Accommodation Allowance ($23,160.00/yr max)	$23,160.00	$5,565.00	$16,695.00
Travel Accommodations Allowance		$126.24	$673.63
Travel Accommodations Allowance (days; 10 max) - NF	10.0	1.0	3.0
Other			
Hosting - $		$113.71	$2,500.99
Event Tickets Disclosable - $			
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel MLA (KM) - NF	80,000.0	8,602.0	21,338.0
Constituency Travel Staff (KM) - NF			
Total Constituency Travel (KM) - NF	80,000.0	8,602.0	21,338.0
Special Trips (5 trips per year) - NF	5.0	1.0	1.0
Travel To and From the Capital			
Travel by Air, Bus or Train (Unlimited Trips) - NF		1.0	1.0
Use of a Private Automobile (52 trips per year) - NF	52.0	5.0	13.0
Other Travel			
Vehicle Rental (5 Days maximum anywhere in Alberta) - NF	5.0		

$ - Reported on CAD dollar amount of actual expense
NF - Reported based on number of trips, number of kilometres, or number of days
Budget reported is the maximum annual amount that may be claimed

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

Element Fleet Management

element

BFDF290001

FLEET MANAGEMENT SERVICES DETAIL
DETA LS SERVICES DE GESTION DE PARC

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 [redacted]
NVOICE DATE
DATE DE LA FACTURE 11/01/18
NVOICE NO.
NO DE LA FACTURE 0007247545

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.	SUPPLER NAME SUPPLER 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]	0135555	000512812311 10/14/18	SHELL CANADA INC MEDICINE HAT	AB	UNLEADED REGULAR GASOLINE	84.3	1.19	95.43		
								GST-HST / TPS-TVH				4.77	
								OIL	1.0	6.74	6.74		
								GST-HST / TPS-TVH				.34	
								REF GST-HST / TPS-TVH REF				5.11	
								** REF NO TOT / TOT NO REF **					107.28
								TOTAL / TOTAL			102.17	5.11	107.28
				0135880	000513092712 10/10/18	PETRO CANADA INNISFREE	AB	UNLEADED REGULAR GASOLINE	84.8	1.36	109.79		
								GST-HST / TPS-TVH				5.49	
								REF GST-HST / TPS-TVH REF				5.49	
								** REF NO TOT / TOT NO REF **					115.28
								TOTAL / TOTAL			109.79	5.49	115.28
				0126800	000512378059 10/09/18	SHELL CANADA INC MEDICINE HAT	AB	UNLEADED REGULAR GASOLINE	53.0	1.26	63.52		
								GST-HST / TPS-TVH				3.18	
								REF GST-HST / TPS-TVH REF				3.18	
								** REF NO TOT / TOT NO REF **					66.70
								TOTAL / TOTAL			63.52	3.18	66.70
				0125000	000513092711 10/03/18	PETRO CANADA MEDICINE HAT	AB	UNLEADED REGULAR GASOLINE	90.0	1.23	105.35		
								GST-HST / TPS-TVH				5.27	
								REF GST-HST / TPS-TVH REF				5.27	
								** REF NO TOT / TOT NO REF **					110.62
								TOTAL / TOTAL			105.35	5.27	110.62
				0121000	000511465515 09/29/18	SHELL CANADA INC MEDICINE HAT	AB	UNLEADED REGULAR GASOLINE	39.6	1.30	49.02		
								GST-HST / TPS-TVH				2.45	
								REF GST-HST / TPS-TVH REF				2.45	
								** REF NO TOT / TOT NO REF **					51.47
								TOTAL / TOTAL			49.02	2.45	51.47
				0115555	000511127203 09/25/18	SHELL CANADA INC LETHBRIDGE	AB	UNLEADED REGULAR GASOLINE	46.3	1.30	57.47		
								GST-HST / TPS-TVH				2.87	
								REF GST-HST / TPS-TVH REF				2.87	
								** REF NO TOT / TOT NO REF **					60.34
								TOTAL / TOTAL			57.47	2.87	60.34
				0004500	000510832174 09/21/18	SHELL CANADA INC BROOKS	AB	UNLEADED PREMIUM GASOLINE	52.6	1.54	77.15		
								GST-HST / TPS-TVH				3.86	
								REF GST-HST / TPS-TVH REF				3.86	
								** REF NO TOT / TOT NO REF **					81.01
								TOTAL / TOTAL			77.15	3.86	81.01
				0240000	000513092713 09/19/18	PETRO CANADA EDMONTON	AB	UNLEADED PREMIUM GASOLINE	53.6	1.53	78.03		
								GST-HST / TPS-TVH				3.90	
								REF GST-HST / TPS-TVH REF				3.90	
								** REF NO TOT / TOT NO REF **					81.93
								TOTAL / TOTAL			78.03	3.90	81.93
					000511781550	GAS KING		UNLEADED REGULAR GASOLINE	72.1	1.25	85.71		

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

Element Fleet Management

element

BFDF290001

FLEET MANAGEMENT SERVICES DETAIL
DETA LS SERVICES DE GESTION DE PARC

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
DIV-55-D BARNES
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CLIENT NO.
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NVOICE NO. 0007247545
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.	SUPPLER NAME SUPPLER 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]		09/09/18	MEDICINE HAT AB	GST-HST / TPS-TVH				4.29	
							REF GST-HST / TPS-TVH REF				4.29	
							** REF NO TOT / TOT NO REF **					90.00
							TOTAL / TOTAL			85.71	4.29	90.00
			UNIT TOTAL / TOT UNITE				FUEL QTY / QTE CARB	576.3				
							TOT CHARGES / TOT FRAIS			728.21		
							TOT GST-HST / TOT TPS-TVH				36.42	
							UNIT TOTAL / TOT UNITE					764.63
	BKDN TOTALS / TOTAUX CODIFICATION 01-55		UNITS / VEHIC	1			FUEL QTY / QTE CARB	576.3				
							TOT CHARGES / TOT FRAIS			728.21		
							GST-HST/TPS-TVH				36.42	
							BKDN TOTALS / TOTAUX COD FICATION					764.63

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CLIENT NO.
NO DU CLIENT [redacted]
NVOICE DATE
DATE DE LA FACTURE 10/01/18
NVOICE NO. 0007240158
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.	SUPPLER NAME SUPPLER 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]	0119800	000510500624	SHELL CANADA INC	UNLEADED REGULAR GASOLINE	76.7	1.20	87.62		
	[redacted]				09/18/18	MEDICINE HAT AB	GST-HST / TPS-TVH				4.38	
							REF GST-HST / TPS-TVH REF				4.38	
							** REF NO TOT / TOT NO REF **					92.00
							TOTAL / TOTAL			87.62	4.38	92.00
				0122000	000510116818	SHELL CANADA INC	UNLEADED REGULAR GASOLINE	68.2	1.32	85.71		
					09/14/18	COALDALE AB	GST-HST / TPS-TVH				4.29	
							REF GST-HST / TPS-TVH REF				4.29	
							** REF NO TOT / TOT NO REF **					90.00
							TOTAL / TOTAL			85.71	4.29	90.00
				0119500	000510206004	PETRO CANADA	UNLEADED REGULAR GASOLINE	85.1	1.24	100.36		
					09/11/18	MEDICINE HAT AB	GST-HST / TPS-TVH				5.02	
							REF GST-HST / TPS-TVH REF				5.02	
							** REF NO TOT / TOT NO REF **					105.38
							TOTAL / TOTAL			100.36	5.02	105.38
					000510005828	FEDERATED COOPERATIVES LIMITED	UNLEADED REGULAR GASOLINE	67.4	1.25	80.27		
					09/06/18	MEDICINE HAT AB	GST-HST / TPS-TVH				4.01	
							MISCELLANEOUS	1.0	7.99	7.99		
							GST-HST / TPS-TVH				.40	
							REF GST-HST / TPS-TVH REF				4.41	
							** REF NO TOT / TOT NO REF **					92.67
							TOTAL / TOTAL			88.26	4.41	92.67
				0117000	000509000765	SHELL CANADA INC	UNLEADED REGULAR GASOLINE	64.1	1.25	76.19		
					09/04/18	MEDICINE HAT AB	GST-HST / TPS-TVH				3.81	
							REF GST-HST / TPS-TVH REF				3.81	
							** REF NO TOT / TOT NO REF **					80.00
							TOTAL / TOTAL			76.19	3.81	80.00
				0114000	000510206005	PETRO CANADA	UNLEADED REGULAR GASOLINE	55.5	1.23	65.25		
					08/26/18	MEDICINE HAT AB	GST-HST / TPS-TVH				3.26	
							REF GST-HST / TPS-TVH REF				3.26	
							** REF NO TOT / TOT NO REF **					68.51
							TOTAL / TOTAL			65.25	3.26	68.51
				0110000	000508068877	SHELL CANADA INC	UNLEADED REGULAR GASOLINE	79.9	1.28	97.29		
					08/23/18	MEDICINE HAT AB	GST-HST / TPS-TVH				4.86	
							REF GST-HST / TPS-TVH REF				4.86	
							** REF NO TOT / TOT NO REF **					102.15
							TOTAL / TOTAL			97.29	4.86	102.15
			UNIT TOTAL / TOT UNITE				FUEL QTY / QTE CARB	496.9				
							TOT CHARGES / TOT FRAIS			600.68		
							TOT GST-HST / TOT TPS-TVH				30.03	
							UNIT TOTAL / TOT UNITE					630.71
	BKDN TOTALS / TOTAUX CODIFICATION		UNITS / VEHIC	1			FUEL QTY / QTE CARB	496.9				
	01-55						TOT CHARGES / TOT FRAIS			600.68		

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

Element Fleet Management

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BFDF290001

FLEET MANAGEMENT SERVICES DETAIL
DETA LS SERVICES DE GESTION DE PARC

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 [redacted]
NVOICE DATE
DATE DE LA FACTURE 10/01/18
NVOICE NO.
NO DE LA FACTURE 0007240158

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.	SUPPL ER NAME SUPPL ER 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							GST-HST/TPS-TVH				30.03	
							BKDN TOTALS / TOTAUX COD FICATION					630.71

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

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FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

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SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
DIV-55-D BARNES
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CLIENT NO. / NO DU CLIENT: [redacted]
INVOICE DATE / DATE DE LA FACTURE: 12/01/18
INVOICE NO. / NO DE LA FACTURE: 0007291286

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 / DESCRIPTION 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]		000516149942	FEDERATED COOPERATIVES LIMITED	UNLEADED REGULAR GASOLINE	85.8	1.15	93.90		
					11/13/18	MEDICINE HAT AB	GST-HST / TPS-TVH				4.70	
							REF GST-HST / TPS-TVH REF				4.70	
							** REF NO TOT / TOT NO REF **					98.60
							TOTAL / TOTAL			93.90	4.70	98.60
				0135888	000516007200	PETRO CANADA	UNLEADED REGULAR GASOLINE	83.9	1.17	93.43		
					11/12/18	MEDICINE HAT AB	GST-HST / TPS-TVH				4.67	
							REF GST-HST / TPS-TVH REF				4.67	
							** REF NO TOT / TOT NO REF **					98.10
							TOTAL / TOTAL			93.43	4.67	98.10
				0325000	000516007201	PETRO CANADA	UNLEADED PREMIUM GASOLINE	60.4	1.26	72.41		
					11/07/18	LEDUC AB	GST-HST / TPS-TVH				3.62	
							REF GST-HST / TPS-TVH REF				3.62	
							** REF NO TOT / TOT NO REF **					76.03
							TOTAL / TOTAL			72.41	3.62	76.03
				0332800	000514784538	SHELL CANADA INC	UNLEADED PREMIUM GASOLINE	36.1	1.31	44.95		
					11/02/18	MEDICINE HAT AB	GST-HST / TPS-TVH				2.25	
							REF GST-HST / TPS-TVH REF				2.25	
							** REF NO TOT / TOT NO REF **					47.20
							TOTAL / TOTAL			44.95	2.25	47.20
					000515309461	FEDERATED COOPERATIVES LIMITED	UNLEADED PREMIUM GASOLINE	56.6	1.36	73.33		
					11/01/18	INNISFAIL AB	GST-HST / TPS-TVH				3.67	
							REF GST-HST / TPS-TVH REF				3.67	
							** REF NO TOT / TOT NO REF **					77.00
							TOTAL / TOTAL			73.33	3.67	77.00
				0325000	000516007202	PETRO CANADA	UNLEADED PREMIUM GASOLINE	28.7	1.29	35.37		
					10/28/18	MEDICINE HAT AB	GST-HST / TPS-TVH				1.77	
							REF GST-HST / TPS-TVH REF				1.77	
							** REF NO TOT / TOT NO REF **					37.14
							TOTAL / TOTAL			35.37	1.77	37.14
				0136985	000514171198	SHELL CANADA INC	UNLEADED REGULAR GASOLINE	79.7	1.13	85.71		
					10/26/18	MEDICINE HAT AB	GST-HST / TPS-TVH				4.29	
							REF GST-HST / TPS-TVH REF				4.29	
							** REF NO TOT / TOT NO REF **					90.00
							TOTAL / TOTAL			85.71	4.29	90.00
				0136588	000513558054	SHELL CANADA INC	UNLEADED REGULAR GASOLINE	28.3	1.16	31.24		
					10/21/18	MEDICINE HAT AB	GST-HST / TPS-TVH				1.56	
							REF GST-HST / TPS-TVH REF				1.56	
							** REF NO TOT / TOT NO REF **					32.80
							TOTAL / TOTAL			31.24	1.56	32.80
				0321221	000515879057	IMPERIAL OIL	UNLEADED REGULAR GASOLINE	37.8	1.20	43.30		
					10/19/18	STRATHMORE AB	GST-HST / TPS-TVH				2.16	
							REF GST-HST / TPS-TVH REF				2.16	

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

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DETAILS SERVICES DE GESTION DE PARC

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: [redacted]
INVOICE DATE / DATE DE LA FACTURE: 12/01/18
INVOICE NO. / NO DE LA FACTURE: 0007291286

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 / DESCRIPTION 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]					** REF NO TOT / TOT NO REF **					45.46
							TOTAL / TOTAL			43.30	2.16	45.46
					000513444647	FEDERATED COOPERATIVES LIMITED	UNLEADED REGULAR GASOLINE	65.7	1.20	75.08		
					10/16/18	BOW ISLAND AB	GST-HST / TPS-TVH				3.75	
							REF GST-HST / TPS-TVH REF				3.75	
							** REF NO TOT / TOT NO REF **					78.83
							TOTAL / TOTAL			75.08	3.75	78.83
					000513447198	FEDERATED COOPERATIVES LIMITED	UNLEADED REGULAR GASOLINE	51.3	1.17	57.14		
					10/16/18	MEDICINE HAT AB	GST-HST / TPS-TVH				2.86	
							MISCELLANEOUS	1.0	7.99	7.99		
							GST-HST / TPS-TVH				.40	
							REF GST-HST / TPS-TVH REF				3.26	
							** REF NO TOT / TOT NO REF **					68.39
							TOTAL / TOTAL			65.13	3.26	68.39
				0130000	000515879056	IMPERIAL OIL	UNLEADED REGULAR GASOLINE	67.9	1.33	85.71		
					10/09/18	AIRDRIE AB	GST-HST / TPS-TVH				4.29	
							REF GST-HST / TPS-TVH REF				4.29	
							** REF NO TOT / TOT NO REF **					90.00
							TOTAL / TOTAL			85.71	4.29	90.00
			UNIT TOTAL / TOT UNITE				FUEL QTY / QTE CARB	682.2				
							TOT CHARGES / TOT FRAIS			799.56		
							TOT GST-HST / TOT TPS-TVH				39.99	
							UNIT TOTAL / TOT UNITE					839.55
	BKDN TOTALS / TOTAUX CODIFICATION 01-55		UNITS / VEHIC	1			FUEL QTY / QTE CARB	682.2				
							TOT CHARGES / TOT FRAIS			799.56		
							GST-HST/TPS-TVH				39.99	
							BKDN TOTALS / TOTAUX CODIFICATION					839.55

BLE871

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

Please send your payment to:

UNIGLASS PLUS Ziebart

10475050 CANADA INC
1137 KINGSWAY AVE SE
MEDICINE HAT, T1A 2X1

INVOICE

№ C60815176

FRANCHISE OPERATED BY/ FRANCHISE OPÉRÉE PAR

10475050 CANADA INC
1137 KINGSWAY AVE SE
MEDICINE HAT, AB
T1A 2X1

(403)526-3807 (408)529-0562

H.S.T./G.S.T. NO. / N° T.P.S. 787172089RT0001

P.S.T. NO. / N° T.V.Q.

DATE: 2018-10-18

DRIVER'S PERMIT:
PERMIS DE CONDUIRE:
POLICY NO.:
N° POLICE:
EXPIRY DATE:
EXPIRATION:
DATE OF DAMAGE:
DATE DE BRIS:
ADJUSTER:
AJUSTEUR:
CLAIM NUMBER:
NUMÉRO DE SINISTRE:
REPRESENTATIVE:
REPRÉSENTANT:

DEDUCTIBLE:
FRANCHISE: 0.00

INVOICED TO:
FACTURÉ À:

BARNES
[redacted]

NAME:
NOM: BARNES, DREW
[redacted]

INTERMEDIARY:
INTERMÉDIAIRE :

DRIVER:
CONDUCTEUR: BARNES, DREW
[redacted]

DÉTAILS / DETAILS

VEHICULE/VÉHICLE	FLEET NUMBER NUMÉRO DE FLOTTE	SERIAL NO. / N° SÉRIE	LICENCE NO. IMMATRICULATION	KM ODOMÈTRE
[redacted]				0

DESCRIPTION	QUANT.	PART NO. / N° DE PIÈCE	MATERIAL / MATÉRIEL	LABOUR / MAIN D'OEUVRE
INNER CLEAN	1.0	DETIC	169.95	0.00

WORK ORDER / BON DE TRAVAIL	PURCHASE ORDER / BON DE COMMANDE
C608015252	

REMARKS
REMARQUES

SUB-TOTAL / SOUS-TOTAL	169.95	0.00
H.S.T./G.S.T. T.P.S.		8.50
P.S.T./Q.S.T. T.V.Q.		0.00
SUB-TOTAL SOUS-TOTAL		178.45
-Deposit		0.00
VISA [redacted]		178.45

WINDSHIELD REPAIR / RÉPARATION DE PARE-BRISE

☐ NOT RECOMMENDED - VISION AREA / NON RECOMMANDÉE - CHAMP DE VISION
☐ NOT REPARABLE / NON RÉPARABLE
☐ REFUSED BY CUSTOMER / REFUSÉE PAR LE CLIENT

I hereby certify that the repairs and/or replacement have been completed to my satisfaction and I authorize my insurance company to make the payment directly to Vimaxco inc. A default of which, I pledge to pay personally. I acknowledge that I have read the terms and conditions of the warranty as stated on the back of this document.

Je certifie que la réparation ou le remplacement a été effectué à mon entière satisfaction et j'autorise mon assureur à payer directement la compagnie Vimaxco inc. à défault de quoi, je m'engage à payer personnellement. Je reconnais avoir pris connaissance des termes et conditions de la garantie tels qu'indiqués à l'endos du présent document.

DATE : _____ CLIENT : _____

DEALER'S SIGNATURE / SIGNATURE DU MARCHAND

№

The American Express® Corporate Card Statement of Account

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

Prepared For
D BARNES MLA
LEGIS ASSEMBLY OF AB

Membership Number [redacted]

Date
October 16, 2018

Previous Balance	Payments and Credits	New Charges including Delinquency Assessment, if any	New Balance $
[redacted]			

Statement includes payments and charges received by October 16, 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.

1038

Credit Limit Summary On October 16, 2018	Total Credit Limit $	Available Credit Limit $
	[redacted]	[redacted]

New Transactions for D BARNES MLA [redacted]

		Amount $
September 29	CARE CABS - CAR 81 M MEDICINE HAT Goods or Services	22.20
Total New Transactions for D BARNES MLA		**22.20**

Taxi = $21.15 plus GST

[redacted]

↑ Please detach here ↑

AMERICAN EXPRESS®

Payment Options
PLEASE ALLOW 3 TO 5 BUSINESS DAYS FOR YOUR PAYMENT TO BE PROCESSED BY YOUR FINANCIAL INSTITUTION AND SENT TO US. See the About Your Payment Section.
- Phone and Internet banking arranged through your financial institution
- Your local bank branch
- Automatic banking machines

Do Not Enclose Cash

Membership Number [redacted]		
	Amount Due $ [redacted]	Amount Paid $

000255

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

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

[redacted]

The American Express® Corporate Card Statement of Account

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

Prepared For
D BARNES MLA
LEGIS ASSEMBLY OF AB

Membership Number [redacted]

Date
December 16, 2018

Previous Balance	Payments and Credits	New Charges including Delinquency Assessment, if any	New Balance $
[redacted]			

Statement includes payments and charges received by December 16, 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.

0905

Credit Limit Summary
On December 16, 2018

Total Credit Limit $ [redacted] **Available Credit Limit $**

New Transactions for D BARNES MLA [redacted]

Amount $

[redacted]

November 19	**GREATER EDMONTON TAX EDMONTON** TAXICABS AND LIMOUSINES	**61.00**
November 19	**DELUXE TAXI CENTRAL MEDICINE HAT** Goods or Services	**22.43**
November 22	**CO OP TAXI LINE LTD EDMONTON** TAXICABS AND LIMOUSINES	**55.00**
Total New Transactions for D BARNES MLA		[redacted]

$131.84 + GST

[redacted]

↑ Please detach here ↑

AMERICAN EXPRESS®

Payment Options
PLEASE ALLOW 3 TO 5 BUSINESS DAYS FOR YOUR PAYMENT TO BE PROCESSED BY YOUR FINANCIAL INSTITUTION AND SENT TO US. See the About Your Payment Section.
- Phone and Internet banking arranged through your financial institution
- Your local bank branch
- Automatic banking machines

Do Not Enclose Cash

Membership Number [redacted]		
	Amount Due $ [redacted]	Amount Paid $

000261

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

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

[redacted]

Members' Travel Expenses Per-Diems Claim Form

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

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

Member Name: Barnes, Drew **Constituency:** Cypress-Medicine Hat

For the Month of: October **Year:** 2018 **Employee #:** [redacted]

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal B	Meal L	Meal D	Subtotal	G.S.T.	Total
1			☐	☐	☐			
2			☐	☐	☐			
3			☐	☐	☐			
4			☐	☐	☐			
5			☐	☐	☐			
6			☐	☐	☐			
7			☐	☐	☐			
8			☐	☐	☐			
9			☐	☐	☐			
10	Travel to/from Capital	Edmonton/Edmonton/Calgary	☒	☒	☒	39.57	1.98	41.55
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	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
			Grand Total			$178.05	$8.90	$186.95

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

NOV 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)

RECEIVED DEC 06 2018 MANAGER SERVICES-LAO

Member Name: Barnes, Drew **Constituency:** Cypress-Medicine Hat

For the Month of: November **Year:** 2018 **Employee #:** [redacted]

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal B	Meal L	Meal D	Subtotal	G.S.T.	Total
1	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
2			☐	☐	☐			
3			☐	☐	☐			
4	Travel to/from Capital	Edmonton	☐	☐	☒	19.76	0.99	20.75
5	60 km from Perm. Res.	Edmonton	☒	☒	☒	39.57	1.98	41.55
6	60 km from Perm. Res.	Edmonton	☒	☒	☒	39.57	1.98	41.55
7	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
8			☐	☐	☐			
9			☐	☐	☐			
10			☐	☐	☐			
11			☐	☐	☐			
12			☐	☐	☐			
13			☐	☐	☐			
14			☐	☐	☐			
15			☐	☐	☐			
16			☐	☐	☐			
17			☐	☐	☐			
18			☐	☐	☐			
19	Travel to/from Capital	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	☒	☒	☒	39.57	1.98	41.55
22	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
23			☐	☐	☐			
24			☐	☐	☐			
25	Travel to/from Capital	Edmonton	☐	☐	☒	19.76	0.99	20.75
26	60 km from Perm. Res.	Edmonton	☒	☒	☒	39.57	1.98	41.55
27	60 km from Perm. Res.	Edmonton	☒	☒	☒	39.57	1.98	41.55
28	60 km from Perm. Res.	Edmonton	☒	☒	☒	39.57	1.98	41.55
29	60 km from Perm. Res.	Edmonton	☒	☒	☒	39.57	1.98	41.55
30	Travel to/from Capital	Edmonton	☒	☐	☐	8.76	0.44	9.20
31			☐	☐	☐			
			Grand Total			$523.14	$26.16	$549.30

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** Nov 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.

October 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

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

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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.

DECEMBER 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

Signature Lethbridge Lodge
320 Scenic Drive
Lethbridge, AB T1J 4B4 CA
403-328-1123 Fax: 403-328-0002
www.sandmanhotels.com

SANDMANHOTELGROUP

Name: **Drew Barnes**
[redacted]

Guest Name:	Drew Barnes	**Arrival**	**Departure**
Company:		September 13, 2018	September 14, 2018
Group:	Ucp Caucus	**Room**	305
Bill To:	Barnes, Drew		
Attn:			

Property Code: 224 Invoice # 68290 PO

Res. # 53508

Date	Description	Voucher	Amount
13/9/18	Room Revenue	llh-305	119.00
13/9/18	Destination Marketing Fee	llh-305	2.38
13/9/18	GST	llh-305	6.07
13/9/18	Provincial Tourism Levy	llh-305	4.86
14/9/18	Visa	[redacted]	-132.31
		Balance:	**0.00**

GST/HST #: 12176 7065 RT 001

	Total Tax
Destination Marketing Fee	**$2.38**
GST	**$6.07**
Provincial Tourism Levy	**$4.86**
Total	**$13.31**

$126.24 + GST

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

03

Member Name: Drew Barnes

Claimant Name: Petty Cash

Expense Category: Hosting

For hosting, select one:

- [x] Individual Constituent(s)
- [ ] Individual Stakeholder(s)
- [ ] Group:

Purpose:

coffee for constituency office meetings

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

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

CHK 709323
08/14/2018 09:04 AM
2277599 Drawer: 1 Reg: 3

Pike Place 1Lb Wb	18.95
Cash	20.00
Subtotal	$18.95
Total	$18.95
Change Due	**$1.05**

Check Closed
08/14/2018 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 Ba

Claimant Name: Petty Cas

Expense Category: Hos ing

For hosting, select one:

- [x] Individual Constituent(s)
- [ ] Individual Stakeholder(s)
- [ ] Group:

Purpose:

coffee for constituency office meetings

(6)

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

CHK 707354
09/06/2018 10:08 AM
2103057 Drawer: 1 Reg: 1

Guat Antigua 1Lbwb	18.95
Cash	20.00
Subtotal	$18.95
Total	$18.95
Change Due	$1.05

--- - -- - Check Closed ----------
09/06/2018 10:08 AM

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

- [x] Individual Constituent(s)
- [ ] Individual Stakeholder(s)
- [ ] Group:

Purpose:

coffee for constituency office meetings

05

----- DUPLICATE RECEIPT ----

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

CHK 712080
09/20/2018 09:05 AM
2448582 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 ----------
09/20/2018 09:05 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: Drew Barnes

Expense Category: Hosting

For hosting, select one:

- [x] Individual Constituent(s)
- [ ] Individual Stakeholder(s)
- [ ] Group:

Purpose:

Discuss AB finances, carbon tax, education with constituents.

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

Check:87644
Table:10
Server:Savita

Dine In

10/11/18 01:17pm

[Seat 1]	
1 MURG MAKHANI	$9.99
PLAIN NAAN	**$1.00**
1 REGULAR TEA	$2.95
[Seat 2]	
1 MURG MAKHANI	$9.99
GARLIC NAAN	**$2.00**
1 BASMATI RICE	$2.99
1 SOFT DRINKS	$2.95
[Seat 3]	
1 BASMATI RICE	$2.99
1 MURG MAKHANI	$9.99
PLAIN NAAN	**$1.00**
Subtotal:	$45.85
Tax::	$2.29
Sub w/Tax:	$48.14
Total:	**$48.14**

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

INDIAN KITCHEN
3216 13 AVE SE
MEDICINE HAT AB

[redacted]

CARD TYPE	VISA
DATE	2018/10/11
TIME	0152 13:18:55
RECEIPT NUMBER	
H85010511-001-491-005-0	
PURCHASE AMOUNT	$48.14
TIP	$4.81
TOTAL	$52.95

SCOTIABANK VISA
A0000000031010
8824C06A1CB00359
0000000000-

APPROVED

[redacted]

THANK YOU

NO SIGNATURE REQUIRED

CARDHOLDER COPY

IMPORTANT RETAIN THIS COPY FOR YOUR RECORDS

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Drew Barnes

Expense Category: Hosting

For hosting, select one:

- [x] Individual Constituent(s)
- [ ] Individual Stakeholder(s)
- [ ] Group: _____

Purpose:

discuss oil and gas opportunity in local area

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

CHK 664694
11/15/2018 10:34 AM
2524710 Drawer: 1 Reg: 2

Gr Blonde Roast	2.75
Gr Blonde Americno W/Room	3.45
Cash	10.00
Subtotal	$6.20
GST 5%	$0.31
Rounding	-$0.01
Total	$6.50
Change Due	**$3.50**

---------- Check Closed ----------
11/15/2018 10:34 AM

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