

LEGISLATIVE ASSEMBLY OF ALBERTA  
Member EDR 2018-19  
055 - Cypress-Medicine Hat - Barnes, Drew  
For Expenses Processed Jan. 1 - Mar 31, 2019

	Budget	Used this Quarter	Used To-Date
<b>Financial Reporting - \$ (Receipts attached)</b>			
<b>Transportation</b>			
Fuel and Minor Maintenance - \$		\$3,369.40	\$9,819.69
MLA Parking Cap - \$	\$900.00	\$58.17	\$63.88
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$		\$168.94	\$343.52
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$307.76	\$2,165.08
<b>Accommodation</b>			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$4,846.94	\$21,541.94
Travel Accommodations Allowance		\$147.04	\$820.67
Travel Accommodations Allowance (days; 10 max) - NF	10.0	1.0	4.0
<b>Other</b>			
Hosting - \$		\$886.62	\$3,387.61
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	13,745.0	35,083.0
Constituency Travel Staff (KM) - NF			
Total Constituency Travel (KM) - NF	80,000.0	13,745.0	35,083.0
Special Trips (5 trips per year) - NF	5.0		1.0
<b>Travel To and From the Capital</b>			
Travel by Air, Bus or Train (Unlimited Trips) - NF		1.0	2.0
Use of a Private Automobile (52 trips per year) - NF	52.0	2.0	15.0
<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



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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.  
NO DU CLIENT  
NVOICE DATE 01/01/19  
DATE DE LA FACTURE  
NVOICE NO. 0007336223  
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			0135000	000518980818 12/17/18	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	57.5	.94	51.43	2.57 2.57	54.00 54.00
				0137800	000518812016 12/14/18	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	82.8 1.0	.97 6.74	76.45 6.74	3.82 4.16	87.35 87.35
				0135000	000518344545 12/12/18	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	83.9	.99	79.05	3.95 3.95	83.00 83.00
				0134500	000517970862 12/07/18	SHELL CANADA INC 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	43.7 1.0 1.0	1.02 6.29 7.49	42.38 6.29 7.49	2.12 3.1 3.8	58.97 58.97
				0000001	000517973247 12/07/18	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	81.4	1.09	84.42	4.22 4.22	88.64 88.64
				000517758077	12/06/18	SHELL CANADA INC HANNA AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	35.7	1.13	38.37	1.92 1.92	40.29 40.29
				000518478256	12/06/18	HUSKY OIL CAMROSE AB	ETHANOL BLEND GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT DISCOUNT / RABAIS TOTAL / TOTAL	87.5	1.03	85.83	4.17 4.17	90.00 90.00 88- 89.12
				000517865286		FEDERATED COOPERATIVES LIMITED	UNLEADED REGULAR GASOLINE	66.4	1.13	71.43		

BLE871

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

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DIV-55-D BARNES  
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CLIENT NO. [REDACTED]  
NO DU CLIENT [REDACTED]  
NVOICE DATE 01/01/19  
DATE DE LA FACTURE  
NVOICE NO. 0007336223  
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]		12/02/18	OYENE AB	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	1.0 1.0	.10 5.49	.10 5.49	3.57 .01 .27 3.85	80.87 80.87
					000517864867 12/01/18	FEDERATED COOPERATIVES LIMITED MEDICINE HAT AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH MISCELLANEOUS REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	87.5 1.0	1.04 7.49	86.67 7.49	4.33 4.33	98.49 98.49
					000517530806 11/30/18	FASGAS INNISFAIL 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	69.0 1.16	76.19	3.81 3.81	80.00 80.00 .69- 79.31	
					0135668 000518595292 11/27/18	PETRO CANADA EDMONTON AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	68.8 .96	62.86	3.14 3.14	66.00 66.00	
					0136800 000518595290 11/25/18	PETRO CANADA ROCKY VIEW AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	78.6 1.00	74.74	3.74 3.74	78.48 78.48	
					000518595291 11/25/18	PETRO CANADA ROCKY VIEW AB	OIL GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	1.0 7.69	7.69	.38 .38	8.07 8.07	
					0135000 000516782937 11/23/18	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	93.9 1.10	98.24	4.91 4.91	103.15 103.15	
					000517532445 11/04/18	FASGAS TABER AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF	35.1 1.42	47.63	2.38 2.38		

BLE871

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

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DIV-55-D BARNES  
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CLIENT NO.  
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NVOICE DATE 01/01/19  
DATE DE LA FACTURE  
NVOICE NO. 0007336223  
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						** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT 47.63 2.38 50.01 DISCOUNT / RABAIS .35- .35- TOTAL / TOTAL 47.28 49.66					
							UNIT TOTAL / TOT UNITE FUEL QTY / QTE CARB 971.8 TOT CHARGES / TOT FRAIS 1,016.98 TOT GST-HST / TOT TPS-TVH 50.34 UNIT TOTAL / TOT UNITE 1,067.32 DISCOUNT / RABAIS 1.92- TOTAL / TOTAL 1,065.40					
	BKDN TOTALS / TOTAUX CODIFICATION 01-55				1		FUEL QTY / QTE CARB 971.8 TOT CHARGES / TOT FRAIS 1,016.98 GST-HST/TPS-TVH 50.34  BKDN TOTALS / TOTAUX CODIFICATION 1,067.32 DISCOUNT / RABAIS 1.92- TOTAL / TOTAL 1,065.40					



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DIV-55-D BARNES  
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CLIENT NO.  
NO DU CLIENT  
NVOICE DATE 02/01/19  
DATE DE LA FACTURE  
NVOICE NO. 0007379415  
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				000520882180 01/11/19	SHELLCAN	FUELCHARGE / FR CARBURANT GST-HST / TPS-TVH	87.0		79.05	3.95	83.00
							REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL				3.95	83.00
							UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	90.5	.91	78.36	3.92	82.28
					0136800 000520202010 01/05/19	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	86.6	1.00	82.39	4.12	86.51
					0135800 000519598089 12/24/18	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					
							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	177.1		239.80	11.99	251.79
	BKDN TOTALS / TOTAUX CODIFICATION 01-55				1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	177.1		239.80	11.99	
							BKDN TOTALS / TOTAUX COD FICATION					251.79

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CLIENT NO.  
NO DU CLIENT  
NVOICE DATE 03/01/19  
DATE DE LA FACTURE  
NVOICE NO. 0007423305  
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			0743500	000523684336 02/13/19	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	43.2	1.03	42.32 2.12 2.12 44.44 42.32 2.12 44.44		
				0743000	000523684339 02/13/19	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	32.6	.98	30.53 1.53 1.53 32.06 30.53 1.53 32.06		
				0144700	000523497914 02/11/19	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	80.9	.99	76.19 3.81 3.81 80.00 76.19 3.81 80.00		
				0142500	000523684338 02/08/19	PETRO CANADA MEDICINE HAT AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	63.9	.98	59.92 3.00 3.00 62.92 59.92 3.00 62.92		
				000524038077	02/08/19	FEDERATED COOPERATIVES LIMITED CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	53.2	.94	47.62 2.38 2.38 50.00 47.62 2.38 50.00		
				0141000	000523684335 02/06/19	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	85.3	1.03	83.58 4.18 4.18 87.76 83.58 4.18 87.76		
				0140000	000522903741 02/04/19	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	62.0	.99	58.38 2.92 2.92 61.30 58.38 2.92 61.30		
				000523230628	02/01/19	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	50.5	.99	47.62 2.38 2.38 50.00 47.62 2.38 50.00		
				000522599663	01/27/19	FEDERATED COOPERATIVES LIMITED MEDICINE HAT AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH MISCELLANEOUS	81.8 2.0	1.01 06	78.70 12 3.94		

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

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DIV-55-D BARNES  
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CLIENT NO.  
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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 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						GST-HST / TPS-TVH OIL GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	1.0	6.99	6.99	.01 .35 4.30 85.81 4.30 90.11 90.11	
				0139522	000522047970 SHELL CANADA INC 01/25/19 MEDICINE HAT	AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	47.6	1.00	45.31	2.27 2.27 47.58 45.31 2.27 47.58	
				000524019700	HUSKY OIL 01/25/19 CALGARY	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	79.3	1.01	76.29	3.71 3.71 80.00 76.29 3.71 80.00 .79- 79.21	
				0138500	000523684337 PETRO CANADA 01/22/19 MEDICINE HAT	AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	77.2	1.03	75.70	3.78 3.78 79.48 75.70 3.78 79.48	
				000522035837	FEDERATED COOPERATIVES LIMITED 01/20/19 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	54.4 2.0 1.0	.92 .06 6.99	47.62 .12 6.99	2.38 .01 .35 2.74 57.47 57.47	
				0137800	000523684334 PETRO CANADA 01/18/19 STRATHMORE	AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	70.4	.92	61.59	3.08 3.08 64.67 61.59 3.08 64.67	
				000522036811	FEDERATED COOPERATIVES LIMITED 01/17/19 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	87.8 2.0 1.0	.93 .06 6.99	77.76 .12 6.99	3.89 .01 .35 4.25 89.12	

BLE871

GST-HST REG. NO / NO ENRG TPS-TVH R104164223  
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	BARNES						TOTAL / TOTAL			84.87	4.25	89.12
							UNIT TOTAL / TOT UNITE					
							FUEL QTY / QTE CARB	970.1				
							TOT CHARGES / TOT FRAIS			930.46		
							TOT GST-HST / TOT TPS-TVH				46.45	
							UNIT TOTAL / TOT UNITE					976.91
							DISCOUNT / RABAIS					.79-
							TOTAL / TOTAL					976.12
	BKDN TOTALS / TOTALS CODIFICATION 01-55				1		FUEL QTY / QTE CARB	970.1				
							TOT CHARGES / TOT FRAIS			930.46		
							GST-HST/TPS-TVH				46.45	
							BKDN TOTALS / TOTALS COD FICATION					976.91
							DISCOUNT / RABAIS					.79-
							TOTAL / TOTAL					976.12

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## CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

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

CLIENT NO. [REDACTED]  
NO DU CLIENT [REDACTED]  
INVOICE DATE 04/01/19  
DATE DE LA FACTURE  
INVOICE NO. 0007468371  
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 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]	0147000	000526693381 03/15/19	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	79.7 1.0	1.09 13.48	82.66 13.48	4.13 4.80 .67 4.80	100.94 100.94
				0149500	000526249037 03/12/19	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	83.9	1.12	89.38	4.47 4.47	93.85 93.85
				000526074568	03/11/19	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	71.8	1.09	74.48	3.72 3.72	78.20 78.20
				000526249040	03/07/19	PETRO CANADA LETHBRIDGE AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	78.9	1.09	81.78	4.09 4.09	85.87 85.87
				0148000	000526249042 03/05/19	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	49.0	1.03	48.02	2.40 2.40	50.42 50.42
				0147800	000525284728 03/01/19	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	81.1	1.03	79.46	3.97 3.97	83.43 83.43
				0147000	000524875638 02/25/19	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	26.3 1.0	1.06 6.74	26.50 6.74	1.33 .34 1.67	34.91 34.91
				000525169123	02/23/19	FEDERATED COOPERATIVES LIMITED MEDICINE HAT AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH MISCELLANEOUS GST-HST / TPS-TVH OIL	80.2 2.0 1.0	1.06 .06 6.99	80.95 .12 6.99	4.05 .01	

BLE871

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

# Element Fleet Management



BDFD290001

FLEET MANAGEMENT SERVICES DETAIL  
DETAILS SERVICES DE GESTION DE PARC

PAGE - 161 OF 209  
DE

## CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

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

CLIENT NO.  
NO DU CLIENT  
INVOICE DATE 04/01/19  
DATE DE LA FACTURE  
INVOICE NO. 0007468371  
NO DE LA FACTURE

UNIT NO ----- NO. D'UNITE	DRIVER NAME DRIVER I.D. ----- 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	
BARNES							GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL			.35 4.41 92.47 88.06 4.41 92.47			
				0146000	000526249036 02/17/19	PETRO CANADA EDMONTON	AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	48.9 .96	44.68	2.23 2.23 46.91 44.68 2.23 46.91		
				0148000	000526249039 02/17/19	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	89.2 .99	84.04	4.20 4.20 88.24 84.04 4.20 88.24		
				0147500	000526249038 02/15/19	PETRO CANADA RED DEER	AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	78.2 1.00	74.43	3.72 3.72 78.15 74.43 3.72 78.15		
				0145000	000526249041 02/14/19	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	84.7 .98	79.34	3.97 3.97 83.31 79.34 3.97 83.31		
				UNIT TOTAL / TOT UNITE				FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	851.9	873.05	43.65	916.70	
BKDN TOTALS / TOTAUX CODIFICATION 01-55								FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	851.9	873.05	43.65		
BKDN TOTALS / TOTAUX CODIFICATION												916.70	

BLE871

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

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Drew Barnes

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

\$309.90 + GST

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

SALE

REF#: 00000003

Batch #: 542  
12/17/18 16:37:58  
APPR CODE: [REDACTED]  
Trace: 3  
VISA Chip

AMOUNT [REDACTED]

APPROVED

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

THANK YOU / MERCI

CUSTOMER COPY

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

SALE

12/17/18 16:36:52  
VISA Chip

SCOTIABANK VISA  
AID: A0000000031010  
TVR: 00 80 00 80 00  
TSI: E8 00



# medicine hatNISSAN

1750 Gershaw Drive SW • Medicine Hat, AB • T1A 5E1

Phone: (403) 526-9500 • Fax: (403) 526-9562 • Toll Free: 1-888-978-0102

www.medicinehatnissan.com • service@medicinehatnissan.com

Service Department Hours

Monday - Friday

8:00am - 5:00pm

Promised: 12/17/2018 12:00:00 PM

**\*\* In Progress \*\***



Page 1

Tag #:

## \* Service Invoice Customer Copy \*

SO #: 309985

Customer No:

DREW  
BARNES

Advisor: Rhonda

Invoice Date: 12/17/2018 Term: CASH

License No. Odometer In Odometer Out Delivery Date Stock No

Engine Size

Fleet#

### Request/Concern

			Type	CSR#	Amount
1	MA1C	CONVENTIONAL OIL & FILTER SERVICE			
	MA1C	CONVENTIONAL OIL & FILTER SERVICE	C	198	21.95
1	PK5W309E	5W30 OIL & FILTER	CRO		37.25
5	5W30B	MS1000 5W30	CRO		0.00
5	EL5	.05 Bulk Fee	CRO		0.25
1	152089E01A	FILTER, OIL	CRO		0.00
1	EL50	.50 Filter Fee	CRO		0.50
1	11026JA00A	DRAIN GASKET	CRO		0.00

Technician 3

Correction: CHANGED OIL AND FILTER. ADJUSTED TIRE PRESSURES AND TOPPED UP FLUIDS.

Request Total

59.95

GST # 76800 5928 RT0001

We want you to be *completely* satisfied!

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

INDEBTEDNESS IS HEREBY ACKNOWLEDGED IN THE SUM OF \$ \_\_\_\_\_ BEING ALL OR THE BALANCE OWING FOR REPAIRS, PARTS & ACCESSORIES DESCRIBED IN THIS WORK ORDER.

DATE: \_\_\_\_\_ CUSTOMER SIGNATURE: \_\_\_\_\_

OUT





# medicine hat NISSAN

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

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

Promised: 12/17/2018 12:00:00 PM

**\*\* In Progress \*\***



Page 2

Tag #:

## \* Service Invoice Customer Copy \*

SO #: 309985

Customer No:

DREW  
BARNES

Advisor: Rhonda

Invoice Date: 12/17/2018 Term: CASH

License No	Odometer In	Odometer Out	Delivery Date	Stock No
------------	-------------	--------------	---------------	----------

Engine Size

Fleet#

### Request/Concern

TFLUID	REPLACE TRANSMISSION FLUID
1	PKMTS MATIC S TRANS FLUID
10	99998ATFMTS ATF MATIC S 12
2	11026JA00A DRAIN GASKET

Type	CSR#	Amount
C	198	100.00
CRO		149.95
CRO		0.00
CRO		0.00

Technician 3

Correction: DRAINED TRANSMISSION FLUID AND REPLACED WITH NEW

Request Total 249.95

GST # 76800 5928 RT0001

We want you to be *completely* satisfied!

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

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



# medicine hatNISSAN

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

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

Promised: 12/17/2018 12:00:00 PM

**\*\* In Progress \*\***



Page 3

Tag #:

**\* Service Invoice Customer Copy \***

SO #: 309985

Customer No:

DREW  
BARNES

Advisor: Rhonda

Invoice Date: 12/17/2018 Term: CASH

License No. Odometer In Odometer Out Delivery Date Stock No

GST # 76800 5928 RT0001

We want you to be *completely* satisfied!

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DATE: \_\_\_\_\_ CUSTOMER SIGNATURE: \_\_\_\_\_

OUT



# medicine hatNISSAN

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

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

Promised: 12/17/2018 12:00:00 PM

**\*\* In Progress \*\***



Page 4

Tag #:

## \* Service Invoice Customer Copy \*

SO #: 309985

Customer No:

DREW  
BARNES

Advisor: Rhonda

Invoice Date: 12/17/2018 Term: CASH

LABOUR  
PARTS  
SUPPLIES  
SUBTOTAL  
Gst  
**TOTAL INVOICE**

GST # 76800 5928 RT0001

We want you to be completely satisfied!

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

INDEBTEDNESS IS HEREBY ACKNOWLEDGED IN THE SUM OF \$ \_\_\_\_\_ BEING ALL OR THE BALANCE OWING FOR REPAIRS, PARTS & ACCESSORIES DESCRIBED IN THIS WORK ORDER.

DATE: \_\_\_\_\_ CUSTOMER SIGNATURE: \_\_\_\_\_

OUT

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:

<i>Calgary meetings</i>  \$48.00 + GST
--

RECEIPT

License Plate Number



#\*Expiration Date/Time\*#

**06:00 PM**  
**DEC 07, 2018**

Purchase Date/Time: 11:57am Dec 07, 2018

Total Parking: \$48.00

Total Federal: \$2.40

Total Due: \$50.40

Total Paid: \$50.40

Ticket #: 00003920

S/N #: 520014391490

Setting: Lot 31

Mach Name: Lot 31-1

Rate: \$48 - 6 pm  
Pmt Type: CC (Swipe)

Visa

Auth #

GST REG #887315638

ELEMENT PARKING RECEIPT REÇU DE STATIONNEMENT PARKING RECEIPT REÇU DE STATIONNEMENT

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:

<i>funeral Calgary</i>
\$5.24 + GST

Plate: [REDACTED]  
Zone: 3127

Valid through:  
**FRIDAY**  
**25 JAN 19**  
**12:29 PM**

START TIME: 1/25/2019 10:38 AM  
AMOUNT PAID: \$5.50 (GST Incl.)

Trn No: ad7a9b4128bd3d04  
Terminal: 1323  
Receipt No: 5720

CALGARY PARKING AUTHORITY (403) 537-7000

CALGAR

Pay for your parking online: www.pa

Pay f

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:

*Water Conference in Calgary*

\$4.93 + GST

www.parkplus.ca

Plate: [REDACTED]  
Zone: **1578**

TY (403) 537-7000

Valid through:

**WEDNESDAY**  
**06 FEB 19**  
**2:26 PM**

Pay for your pa

START TIME: 2/6/2019 1:16 PM  
AMOUNT PAID: \$5.18 (GST Incl.)

Trn No: 99eba2517411623b  
Terminal: 1109  
Receipt No: 16903

online: www.parkplus.ca

CALGARY PARKING AUTHORITY (403) 537-70



# 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  
XXXX-XXXX-XXXX-XXXX  
March 18, 2019



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, 2019

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.

0687

Credit Limit Summary On March 18, 2019		Total Credit Limit \$	Available Credit Limit \$
New Transactions for D BARNES MLA			Amount \$
February 27	CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES		61.00
February 27	CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES		61.00
February 27	CARE CABS - CAR 81 M MEDICINE HAT Goods or Services		24.00
Total New Transactions for D BARNES MLA			

\$139.05 + GST

## 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

† Please detach here †

Membership Number		
	Amount Due \$	Amount Paid \$



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

000262

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



LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Drew Barnes, MLA

Claimant Name: Drew Barnes, MLA

Expense Category: Taxi, Bus Travel

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

\$29.89 + GST

GREAT FLEXIBILITY TAXI

SERVICE

10135 31 AVE NW  
EDMONTON AB

CARD \*\*\*\*\*

CARD TYPE VISA

DATE 2018/11/28

TIME 3653 22:48:08

INVOICE # 524981

RECEIPT NUMBER

C85068666-001-001-783-0

PURCHASE

AMOUNT \$28.40

TIP \$2.84

TOTAL

\$31.24

SCOTIABANK VISA

A0000000031010

BB9ED285D3F2B63C

0080008000-E800

307B7C6FFB238FA1

0080008000-F800

APPROVED

AUTH#

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

YELLOW CAB 780.462.3456

BARREL TAXI 780.489.7777

EDMTAXI.COM

GST 100403070





# 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: 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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
3	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
4	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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	Travel to/from Capital	Edmonton/Calgary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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						\$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

Date

Jan 3, 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:** 2019

**Employee #:**

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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 checked="" type="checkbox"/>	19.76	0.99	20.75
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						\$19.76	\$0.99	\$20.75

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



# 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:** 2019

**Employee #:** [REDACTED]

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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	Travel to/from Capital	Calgary/Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
18	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
19	Travel to/from Capital	Edmonton/Edmonton/Calgary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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						\$109.95	\$5.50	\$115.45

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



## 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.

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 - Claimed by Month

**Note to MLAs:** Forms accessed online can be used to claim, under the *Members' Allowances Order*, the temporary residence allowance (in or near Edmonton [ss.5-6]), the temporary accommodation allowance (excludes in or near Edmonton, maximum 10 days per fiscal year [s. 7(1)]), and meal per diems (while travelling [s. 7(2)]). Only claims supported by the required documentation will be processed. For the relevant sections of the *Members' Allowances Order* see reverse. For information on form completion go to OurHouse - Forms - Expense Claim Forms

Effective date: June 21, 2018

**Member Name:** Barnes, Drew

**Constituency:** Cypress-Medicine Hat

**Employee #:** [REDACTED]

**Date:** February 1, 2019

**Claim Type:** Temporary Residence Accommodation Allowance in Edmonton - Claimed by Month

### Temporary Residence Accommodation Allowance in Edmonton - Claimed by Month

Monthly maximum of \$1,930 per month. Total maximum of \$23,160 per fiscal year.

Month	Year	Monthly Claim Amount
February	2019	1,855.00
Grand Total		\$1,855.00

Please Note:

- (1) The Member is responsible for retaining all records that support the payment identified above.
- (2) The Member must advise the Clerk in writing of any changes to the Member's permanent or temporary residence at the time it occurs.

- ☒ I confirm that I have completed declarations evidencing: (1) my current permanent residence and (2) my current temporary residence, with supporting documentation as required, and have either provided these documents to FMAS or attached them here.
- ☒ Pursuant to section 6.1 of the *Members' Allowance Order* [Short-term Rental of Temporary Residence], I confirm that I have not, during the period for which the allowance is claimed, used any commercial service through which I, or a third party on my behalf, has rented out my temporary residence for a fee as a vacation rental or any other type of short-term accommodation.
- ☒ I confirm that the amount being claimed does not exceed my costs of maintaining the temporary residence and acknowledge that I will be personally responsible for reimbursing the Legislative Assembly Office for any payment received that exceeds this amount.

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

Member Signature

Updated June 2018



## Members' Temporary Accommodation Allowance Claim Form - Claimed by Month

**Note to MLAs:** Forms accessed online can be used to claim, under the *Members' Allowances Order*, the temporary residence allowance (in or near Edmonton [ss.5-6]), the temporary accommodation allowance (excludes in or near Edmonton, maximum 10 days per fiscal year [s. 7(1)]), and meal per diems (while travelling [s. 7(2)]). Only claims supported by the required documentation will be processed. For the relevant sections of the *Members' Allowances Order* see reverse. For information on form completion go to OurHouse – Forms – Expense Claim Forms.

Effective date: June 21, 2018

**Member Name:** Barnes, Drew

**Constituency:** Cypress-Medicine Hat

**Employee #:** [REDACTED]

**Date:** March 11, 2019

**Claim Type:** Temporary Residence Accommodation Allowance in Edmonton - Claimed by Month

### Temporary Residence Accommodation Allowance in Edmonton - Claimed by Month

Monthly maximum of \$1,930 per month. Total maximum of \$23,160 per fiscal year.

Month	Year	Monthly Claim Amount
March	2019	[REDACTED]
Grand Total		[REDACTED]

Please Note:

- (1) The Member is responsible for retaining all records that support the payment identified above.
- (2) The Member must advise the Clerk in writing of any changes to the Member's permanent or temporary residence at the time it occurs.

- ☒ I confirm that I have completed declarations evidencing: (1) my current permanent residence and (2) my current temporary residence, with supporting documentation as required, and have either provided these documents to FMAS or attached them here.
- ☒ Pursuant to section 6.1 of the *Members' Allowance Order* [Short-term Rental of Temporary Residence], I confirm that I have not, during the period for which the allowance is claimed, used any commercial service through which I, or a third party on my behalf, has rented out my temporary residence for a fee as a vacation rental or any other type of short-term accommodation.
- ☒ I confirm that the amount being claimed does not exceed my costs of maintaining the temporary residence and acknowledge that I will be personally responsible for reimbursing the Legislative Assembly Office for any payment received that exceeds this amount.

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

  
Member Signature

Updated June 2018





**Clarion Hotel and Conference  
Centre (CNA28)**

2120 16 Ave NE  
Calgary, AB T2E 1L4  
(403) 291-4666  
GM.CNA28@choicehotels.com

Account: 623350474

Date: 11/25/18

Room: 1021 S3A

Arrival Date: 11/24/18

Departure Date: 11/25/18

Check In Time: 11/24/18 6:27 PM

Check Out Time:

Rewards Program ID:

You were checked out by:

You were checked in by: mcole

**Total Balance Due: 0.00**

Barnes, Drew

Post Date	Description	Comment	Amount
11/24/18	GOODS & SERVICES TAX		6.21
11/24/18	Restaurant	chk 6888	17.85
11/24/18	Room Charge	#1021 Barnes, Drew	120.60
11/24/18	Destination Marketing Fee		3.62
11/24/18	Tourism Levy		4.97
11/25/18	Visa Payment		(153.25)

**Folio Summary 11/21/18 - 11/24/18**

Room Charge	120.60
Destination Marketing Fee	3.62
GOODS & SERVICES TAX	6.21
Tourism Levy	4.97
Restaurant	17.85
Visa Payment	(153.25)

Balance Due: 0.00

This rate is eligible for partner rewards. If this rate is changed, you may no longer be entitled to partner rewards.

GST 806749446

The Clarion Hotel Conference Centre may authorize your card for incidental charges. Upon check-out, any additional holds are released by the hotel. Only your financial institution i.e., your bank has access to these funds. These funds may remain on hold for up to 10 business days.

**\$147.04 + GST**



You could be earning free nights and other great rewards. Join Choice Privileges today, at [www.choiceprivileges.com](http://www.choiceprivileges.com).

**Redcliff Bakery & Eatery**

P.O. Box 1117

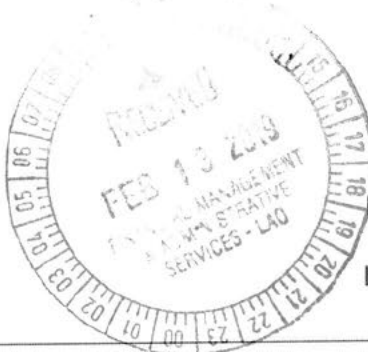
Redcliff AB T0J 2P0

orders@redcliffbakery.com

GST/HST Registration No.: 790727119RT0001

**INVOICE****INVOICE TO**

MLA Drew Barnes

**INVOICE #** 2355**DATE** 12/19/2018**DUE DATE** 01/03/2019**TERMS** Net 15

ACTIVITY	QTY	RATE	TAX	AMOUNT
<b>Services</b> small cookie tray			GST	16.00
<b>Services</b> 60 pc tray			GST	50.00

*MLA 211 206*

SUBTOTAL 66.00  
GST @ 5% 3.30  
TOTAL 69.30  
BALANCE DUE **CAD 69.30**

**TAX SUMMARY**

RATE	TAX	NET
GST @ 5%	3.30	66.00



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*

\$36.23 + GST

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

CYPRESS CLUB COPY

Account [REDACTED]  
 Barnes, Drew

SOUP & SAND SPEC	12.7
TOASTED BLTC	12.7
COFFEE	2.0
SM POP	2.0
SM POP	2.0
<hr/>	
Gratuity	4.7
GST	1.81
<b>Total</b>	<b>38.04</b>
12:46 PM 12/19/2018 3 Iris 3	

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

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

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 pipelines*

**\$50.32 + GST**

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

GST: 814541827 (403) 529-5527  
2018-12-24 PC0485016:8154101 09:36  
TERMINAL: 028154101 OPER: A  
PAYPOINT: 028154101

PRODUCT	QTY	PRICE	AMOUNT
MISC NO TAX	1	8.50	8.50
MISC NO TAX	1	8.00	8.00
MISC NO TAX	1	5.45	5.45
MISC NO TAX	1	5.45	5.45
MISC NO TAX	1	8.50	8.50
MISC NO TAX	1	8.00	8.00
coffee	1	2.14	2.14#
coffee	1	2.14	2.14#
coffee	1	2.14	2.14#
GST			0.33

Total Owed 50.65

TOTAL PAID  
CREDIT CARD \$ 50.65

Purchase  
C 0010010010 00 027

SCOTIABANK VISA  
A0000000031010  
0080008000  
F800

VERIFIED BY PIN

00 APPROVED - THANK YOU

-- IMPORTANT --  
Retain This Copy For Your Records

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Learn how to  
save 3 cents/L  
every day at  
[Petro-Canada.ca/RBC](http://Petro-Canada.ca/RBC)  
Survey! Earn Points  
& chance to win gas  
[petro-canada.ca/hero](http://petro-canada.ca/hero)

*Carh...  
of gas  
pipelines  
take away*

NAME <u>h</u>				
ADDRESS _____				
DATE _____				
SOLO BY	COD	CHARGE	ON ACCOUNT	AMOUNT FWD.
1		DE @ + Br + green		8.50
2				8.00
3		EB/SAUS poach Br green		
4				
5				
6		Br + ST + BAC @		5.45
7				
8		Poach sot @ / Rye		5.45
9				
10		SAUS + poach med @ + 10.00		
				* 15.45
TAX 13.30				
TOTAL				30
SIGNATURE _____				

BlueLine 63NCR.2 SALES BOOK ©BlueLine®

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:

<i>discuss taxation</i>
<b>\$34.87 + GST</b>

RALPH'S TEXAS BAR & ST  
1249 TRANS CANADA WAY T1B1H9  
MEDICINE HAT AB  
22845842  
QB2284584202

SALE

01-09-2019 12:59:13  
C  
Exp Date \*\*/\*\* Card Type VI  
Name: BARNES/DREW.MR  
A0000000031010  
SCOTIABANK VISA

Trace # 350009 Operator 255  
Inv. # 5034

RRN 001598009

Sale	\$32.25
Tip	\$3.87
<b>TOTAL</b>	<b>\$36.12</b>

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

Retain this copy for your  
records  
Customer copy

Ralph's Texas Bar & SteakHouse  
1249 TransCanada Way SE  
Medicine Hat, AB T1A 7L2  
(403) 527-6262

Server: Desiree Station: 26

Order #: 457483 Dine In  
Table: Front5

1 Soup Sandwich(no subs)	9.00
1 Philly Beef Dip	16.00
1 Glass Soda Pop	3.25
1 Coffee	2.75

SUB TOTAL: 31.00  
Tax 1: 1.25

TOTAL: *Ja-raki* **\$32.25**

>> Ticket #: 14 <<  
1/9/2019 12:13:41 PM

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:

*discuss oil & gas*

\$52.55 + GST

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

\*\* TRANSACTION RECORD \*\*

Tran. #: 15915  
RVC: Lounge  
Table #: 25  
Check #: 8381  
Group #: 1  
Employee #: 16  
Employee: Cristin

Visa Purchase

AID: A0000000031010  
App Name: SCOTIABANK VISA

Amount \$47.57

Tip \$7.25

=====

TOTAL CAD\$54.82

EA25CS11/EA25CC11  
227001001003  
01/23/2019 1:27:33 PM

TVR: 0080008000  
TSI: F800

No signature required

Customer Copy

THANK YOU  
Come Again

EARLS RESTAURANTS

# Earls

16 Cristin

Tbl 25/1 Chk 8381 Gst 2  
23Jan'19 11:53AM

1 TEA	3.90
1 TEA	3.90
1 HUNAN/CHK	20.25
1 CHICKEN + WONTON	13.75
add Jasmine Rice	3.50

Subtotal	45.30
GST Tax	2.27
01:22PM Total	47.57

-- PLEASE PAY YOUR SERVER --

GST#r124981473

*constituent  
oil & gas*

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 taxpayers*

\$28.18 + GST

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

R E C E I P T

1. Duplicate

Account  
Barnes, Drew

SOUP & SAND SPEC	12.00
LG SOUP	7.00
COFFEE	2.50
Garlic Toast	3.00

Gratuity	3.68
GST	1.41
<b>Total</b>	<b>29.59</b>
<b>Charge</b>	<b>29.59</b>

1:03 PM 1/28/2019 1 Kyle

3

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

THANK YOU  
Please share experience  
at...[feedback@cypressclub.ca](mailto:feedback@cypressclub.ca)

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:

<i>to assist economy</i>  <div>\$35.08 + GST</div>
--

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

R E C E I P T

1. Duplicate

Account  
Barnes, Drew

LUNCH SPECIAL	16.50
LARGE CAESAR	9.00
2 x 2.50	
COFFEE	5.00
<hr/>	
Gratuity	4.58
GST	1.75
<b>Total</b>	<b>36.83</b>
<b>Charge</b>	<b>36.83</b>
1:15 PM 1/30/2019 3 Iris 5	

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

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



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 debt*

\$40.60 + GST

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

\*\* TRANSACTION RECORD \*\*  
Tran. #: 7849  
RVC: Restaurant  
Table #: 71  
Check #: 532  
Group #: 1  
Employee #: 84  
Employee: CHELSEY

Visa Purchase

AID: A000000031010  
App Name: SCOTIABANK VISA

Amount \$36.75  
Tip \$5.60  
=====

TOTAL CAD\$42.35

EA25CS16/EA25CC16  
219001001002  
01/31/2019 1:20:45 PM

TVR: 0080008000  
TSI: F800

No signature required

Customer Copy

THANK YOU  
Come Again

*1/31/19  
174400*

EARLS RESTAURANTS

**Earls**

B4 CHELSEY

Tbl 71/1 Chk 532 Gst 2  
31Jan'19 12:23PM

1 NASHVILLE SAND 16.50  
1 MAUI POKE 15.00  
add Jasmine Rice 3.50

Subtotal 35.00  
GST Tax 1.75  
01:16PM Total 36.75

-- PLEASE PAY YOUR SERVER --

GST#r124981473

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 municipal affairs*

\$33.35 + GST

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

R E C E I P T

1 Duplicate

Barnes, Drew

COFFEE	2.50
SOUP & SAND SPEC	12.00
SOUP & SAND SPEC	12.00
COFFEE	2.50

Gratuity	4.35
GST	1.67

Total	35.02
Charge	35.02

1:07 PM 2/5/2019 8 Leanne

13

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

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



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:

<i>discuss pipelines</i>
<b>\$16.90 + GST</b>

TRUKKERS RESTAURANT  
1900 SOUTH HWY DR SE  
REDCLIFF, AB T0J2P0  
403-548-6016  
99335695727

TERM ID: AB933569

BATCH#: 222  
SHIFT#: 061

**Sale**

INV#: 0000000009

VISA

Proximity

SEQ#: 222001001009

Application Label: SCOTIABANK VISA

AID: A0000000031010

TVR: 00 00 00 00 00

TSI: 00 00

\*\*\*\*\*

Amount: \$ 15.65

Tip: \$ 2.00

Total: CAD\$ 17.65

APPROVED

001/00

NO SIGNATURE REQUIRED

11-Jan -19

08:14:01

MERCHANT COPY

THANK YOU!  
PLEASE COME AGAIN!

TRUKKER'S  
RESTAURANT  
REDCLIFF, AB  
403-548-3536  
GST# 853460087

S E R V I C E

Server: BRENDA

Guest:

Table #6

Guests: 1

FOOD

1: 2 x FRIED EGG @ 8.95	17.90
*No Side	0.00
1: 2 x ADD CHEESE @ 1.50	3.00
1: \$ DISCOUNT	3.00
1: \$ DISCOUNT	3.00

Total 15.65

Net Sales 14.90

GST Added 0.75

8:16 AM 1/11/2019

THANK YOU!  
PLEASE PAY CASHIER

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Drew Barnes

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

*concerns about economics*

\$35.32 + GST

**Ricky's**  
**ALL DAY GRILL**

10140 109th St  
Edmonton AB T5J 1M7  
780.421.7546

Tbl:50 Ref:58189  
Chk:69800

Joanne 11/28/2018 9:27 am

Db1 Egg/3 Saus	12.59
2 Coffee Reg	6.78
Db1 Egg/3 Bacon	12.59

SubTotal	31.96
GST	1.60

Total 33.56

Total Due 33.56

S.T. # RT-0001750594913

Please Pay Your Server!

www.rickysrestaurants.ca

RICKY'S ALL DAY GRILL  
10140 109 ST NW T5J1M7  
EDMONTON AB  
23604868  
GW2360486802

\*\*\*\*

**PURCHASE**

\*\*\*\*

11-28-2018

10:19:15

Acct # \*\*\*\*\*

RF

Card Type VI

Name:

A0000000031010 SCOTIABANK VISA

Operator: 333

Trace # 4434

Inv. # 4813

RRN 001127005

Purchase	\$33.56
Tip	\$3.36
<b>Total</b>	<b>\$36.92</b>

(001) APPROVED-THANK YOU

Retain this copy for your records

Customer copy

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:

*oil & gas concerns*

\$40.83 + GST

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

R E C E I P T

1. Duplicate  
Account #32  
Barnes, Drew

*comptrol  
oil & gas*

LUNCH SPECIAL	16.50
LUNCH SPECIAL	16.50
COFFEE	2.50

Gratuity	5.33
GST	2.04

Total	42.87
Charge	42.87

1:12 PM 2/20/2019 3 Iris 2

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

THANK YOU  
Please share experience  
at [cypressclub.ca](http://cypressclub.ca)

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:

*Long-term care discussion*  
  
\$25.42 + GST

#4

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

Date: Feb 21, 2019 Time: 07:48AM  
Server: Deb # Guest: 2  
Bill: 0005 Table : 4

2	Rise 'n Shine	19.00
2	Side l Egg	4.00
	Subtotal	23.00
	GST	1.15
	<b>Total</b>	<b>24.15</b>

Open Time : Feb 21, 2019 07:12AM

PLEASE PAY YOUR SERVER

We thank you for your visit today

We welcome you to come again

All Survey Redemption Slips Must Be  
Redeemed  
By March 1st 2019

One Coupon Per Bi

Join Us on !  
<https://www.facebook.com/perkins>

2301 TRANS C  
MEDICINE HAT

CARD \*\*\*\*\*  
CARD TYPE VISA  
DATE 2019/02/21  
TIME 3408 07:48:42  
SERV ID 245  
CHECK # 21531200  
TABLE # 4  
RECEIPT NUMBER  
H82027864-001-051-003-0

PURCHASE  
AMOUNT \$24.15  
TIP \$2.42  
TOTAL

**\$26.57**

SCOTIABANK VISA  
A0000000031010  
9FF23DC6BDE0398D  
0000000000-

APPROVED  
FF/DT 20

THANK YOU

NO SIGNATURE REQUIRED

MERCHANT COPY

IMPORTANT RETAIN THIS  
COPY FOR 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:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

*debt situation*

**\$43.89 + GST**

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

\*\* TRANSACTION RF  
Tran. #: 3860  
RVC: Restaurant  
Table #: 73  
Check #: 1943  
Group #: 1  
Employee #: 84  
Employee: CHELSEY

Visa Purchase  
xxxxxxxxxxxx  
AID: A0000000031010  
App Name: SCOTIABANK VISA

Amount \$41.90  
Tip \$3.99  
=====

TOTAL CAD\$45.89

EA25CS11/EA25CC11  
004001001004  
02/21/2019 1:19:09 PM

TVR: 0080008000  
TSI: F800

No signature required

Customer

THANK  
Come Again

*debt  
constituent*

EARLS RESTAURANTS

# Earls

84 CHELSEY

Tbl 73/1 Chk 1943 Gst 2  
21Feb'19 12:16PM

1 COFFEE	3.90
1 FIG BRIE CHICKEN	16.50
w/chowdr	2.00
1 CHICKEN + WONTON	14.00
add Jasmine Rice	3.50

Subtotal	39.90
GST Tax	2.00
01:17PM Total	<b>41.90</b>

--- PLEASE PAY YOUR SERVER ---

GST#r124981473

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:

*taxes*

\$47.15 + GST

PRESS CLUB  
MONTREAL HAT, AB  
526-2988  
108079484

R E C E I P T

Account #32  
Barnes, Drew

1. Duplicate

*Constituent*

2 x 18.00  
OPEN FOOD  
2 x 2.50  
COFFEE

*taxes*

36.00

5.00

Gratuity 6.15  
GST 2.36

Total 49.51  
Charge 49.51

11:57 AM 3/11/2019 1 Kyle

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

THANK YOU!  
Please share your experience  
at...feedback@legis.gov.ab.ca



## Personal Expense Claim Receipt Description

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

For hosting, select one:

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

Purpose:

*Open House*

\$137.49 + GST



Cornerstone Sobeys  
1960 Strachan Road S.E.  
403.504.5400  
GST #813661527RTC001

Served by: Payden

Welcome to Sobeys

## GROCERY

Cracker Assortment	\$2.99	C
YOU SAVED \$1.00		
Christie Sociables	\$2.22	C
1 @ 2/ \$4.44		
YOU SAVED \$1.27		
Club Soda 2L	\$0.99	GC
YOU SAVED \$1.50		
+EHC	\$0.10	GR
+Deposit	\$0.25	R
Ginger Ale 2L	\$0.99	GC
YOU SAVED \$1.50		
+EHC	\$0.10	GR
+Deposit	\$0.25	R
Toothpicks	\$2.49	GC
Jce Orange Orig	\$5.29	C
+EHC	\$0.10	R
+Deposit	\$0.25	R
Bagged Ice 2.7KG	\$3.99	C

## PRODUCE

Moro Oranges Blood	\$2.50	C
0.380 kg @ \$6.59 / kg		

## DELI

Cold Cut Classics	\$59.99	GC
BONUS EARNED	100 Miles	
Sliced to Entice	\$54.99	GC

## OTHER

Promo #77	\$0.00	C
BONUS EARNED	100 Miles	

1 Reward for Every \$20	7 Miles
-------------------------	---------

SUBTOTAL	\$137.49
5% GST	\$5.98

TOTAL \$143.47

Visa	TENDER	\$143.47
Cash	CHANGE	\$0.00

NUMBER OF ITEMS	11
-----------------	----

\*\*\*\*\*YOUR SAVINGS\*\*\*\*\*

Discounts & Specials	\$5.27
----------------------	--------

Your Total Savings	\$5.27
--------------------	--------

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:

<p style="text-align: right;">\$18.95 + GST</p>
---

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

CHK 686957  
12/11/2018 02:42 PM  
2363864 Drawer: 1 Reg: 3

Drive Thru



Pike Place 1Lb Wb 18.95  
Sbux Card  
XXXXXXXXXXXX  
Cash

Subtotal  
GST 5%  
Rounding  
Total

*Shelley*



Change Due \$0.00

----- Check Closed -----  
12/11/2018 02:42 PM

New Balance: 0.00  
Card is registered.

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

GST: 86585 3535

Join our loyalty program  
Starbucks Rewards®  
Sign up for promotional emails  
Visit Starbucks.ca/rewards  
Or download our app  
At participating stores  
Some restrictions apply



LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Drew Barnes

Claimant Name: Shelley Beck

Expense Category: Hosting

For hosting, select one:

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

Purpose:

*Open House*

\$67.69 + GST



Medicine Hat #593

2350 Box Springs Blvd  
Medicine Hat, AB T1C 0C8

20 Member [REDACTED]  
500666 KSWTR40/500\* 3.99  
ENVIRO FEE N 0.80  
DEPOSIT 4.00  
1060047 HOT CHOC VTY 11.99

[REDACTED]  
233777 OS CRAN JUIC 5.99  
1307839 TPD/233777 2.00-  
ENVIRO FEE N 0.10  
DEPOSIT 0.25  
2142667 CRANBERRIES 3.99  
1019 HALF & HALF 1L 1.99  
ENVIRO FEE N 0.02  
DEPOSIT 0.10  
72251 BICK'S DTLS 6.49

[REDACTED]  
2 @ 14.99  
248011 VEGGIE TRAY 29.98 G  
SUBTOTAL  
TAX  
\*\*\*\* TOTAL

XXXXXXXXXXXX [REDACTED]  
ACCT: MASTERCARD  
REFERENCE #: 66292727-0010018860 C  
[REDACTED] 2018/12/19 12:51:16

Invoice Number: 005886  
Purchase -  
A0000000041010  
0000008000 E800

01 APPROVED - THANK YOU 027  
[REDACTED]

IMPORTANT - retain this copy  
for your records  
CUSTOMER COPY  
MasterCard  
CHANGE

G GST 5%  
TOTAL NUMBER OF ITEMS SOLD  
TOTAL DISCOUNT(S)  
2018/12/19 12:48:00 593 5

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:

<p style="text-align: right;"><b>\$37.90 + GST</b></p>
--

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

CHK 709222  
01/08/2019 09:17 AM  
2103057 Drawer: 1 Reg: 1

Pike Place 1Lb Wb	18.95
Pike Place 1Lb Wb	18.95
Visa	37.90

Subtotal \$37.90  
Total \$37.90  
Change Due **\$0.00**

Check Closed  
01/08/2019 09:17 AM

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

GST: 86585 3535

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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: Shelley Beck

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

\$37.90 + GST

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

CHK 786881  
02/04/2019 02:15 PM  
2103057 Drawer: 2 Reg: 3

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

Subtotal  
GST 5%  
Total  
Change Due \$0.00

Check Closed  
02/04/2019 02:15 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-STARBUCK (1-800-782-7282)

GST: 86585 3535

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Or download our app  
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Some restrictions apply