

LEGISLATIVE ASSEMBLY OF ALBERTA  
 Member EDR 2019-20 29th and 30th Leg  
 057 - Cypress-Medicine Hat - MLA Drew Barnes  
 For Expenses Processed Oct. 1 - Dec. 31, 2019

	Budget	Used this Quarter	Used To-Date
<b>Financial Reporting - \$ (Receipts attached)</b>			
<b>Transportation</b>			
Fuel and Minor Maintenance - \$		\$337.97	\$3,626.92
MLA Parking Cap - \$	\$900.00		\$23.48
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$			\$279.67
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$1,325.52	\$2,706.14
<b>Accommodation</b>			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,565.00	\$15,805.00
Travel Accommodations Allowance			\$213.17
Travel Accommodations Allowance (days; 10 max) - NF	10.0		1.0
<b>Other</b>			
Hosting - \$		\$186.22	\$589.09
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	3,580.0	10,157.0
Constituency Travel Staff (KM) - NF			
Total Constituency Travel (KM) - NF	80,000.0	3,580.0	10,157.0
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			3.0
Use of a Private Automobile (52 trips per year) - NF	52.0	10.0	17.0
<b>Other Travel</b>			
Vehicle Rental (5 Days maximum anywhere in Alberta) - NF	5.0		

\$ - Reported on CAD dollar amount of actual expense

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

Budget reported is the maximum annual amount that may be claimed

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

Element Fleet Management



BDFD290001

FLEET MANAGEMENT SERVICES DETAIL  
 DETAILS SERVICES DE GESTION DE PARC

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

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

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CLIENT NO.  
 NO DU CLIENT  
 NVOICE DATE 10/01/19  
 DATE DE LA FACTURE  
 NVOICE NO. 0007755007  
 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			0173258	000542176164 08/30/19	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	79.0 1.0	1.08 6.79	81.19 6.79	4.06 3.4 4.40	92.38 92.38
				0180200	000541892060 08/29/19	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	69.3	1.08	71.18	3.56 3.56	74.74 74.74
				0179500	000541596946 08/26/19	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	91.1	1.10	95.38	4.77 4.77	100.15 100.15
				0172500	000543352943 08/20/19	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	79.7	1.10	83.43	4.17 4.17	87.60 87.60
				UNIT TOTAL / TOT UNITE			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	319.1		337.97	16.90	354.87
	BKDN TOTALS / TOTAUX CODIFICATION 01-55			UNITS / VEHIC	1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	319.1		337.97	16.90	
							BKDN TOTALS / TOTAUX COD FICATION					354.87



# Legislative Assembly of Alberta

## MP04224 - Members' Travel Expense Per-Diems Expense Claim Form

Form Type	Members' Travel Expenses Per-Diems Claim
Form ID	MP04224
Description	September 2019 - Per-Diems
Claimant	Drew Barnes
Employee Number	
Constituency	Cypress-Medicine Hat 57 (Drew Barnes)
Date Submitted	September 30, 2019
Date Received	September 30, 2019
Mailing Address	

B = Breakfast | L = Lunch | D = Dinner

ID	Date	Reason for Travel	Meal Purchase Location(s)	B	L	D	Subtotal	G.S.T.	Total
4666	Sep 23, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
4667	Sep 24, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
4668	Sep 25, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
							118.71	5.94	124.65

This Claim Form has been certified by the Member to 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.



# Legislative Assembly of Alberta

## MP04766 - Members' Travel Expense Per-Diems Expense Claim Form

Form Type	Members' Travel Expenses Per-Diems Claim
Form ID	MP04766
Description	October 2019 - Per-Diems
Claimant	Drew Barnes
Employee Number	
Constituency	Cypress-Medicine Hat 57 (Drew Barnes)
Date Submitted	November 1, 2019
Date Received	November 1, 2019
Mailing Address	

B = Breakfast | L = Lunch | D = Dinner

ID	Date	Reason for Travel	Meal Purchase Location(s)	B	L	D	Subtotal	G.S.T.	Total
5559	Oct 7, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
5560	Oct 8, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
5561	Oct 9, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
5562	Oct 10, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
5563	Oct 15, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
5564	Oct 16, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
5565	Oct 21, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
5566	Oct 22, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
5567	Oct 23, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
5568	Oct 24, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
5569	Oct 27, 2019	Travel to/from Capital	Edmonton, Strathmore			X	19.76	0.99	20.75
5570	Oct 28, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
5571	Oct 29, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
5572	Oct 30, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
5573	Oct 31, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
							573.74	28.71	602.45

This Claim Form has been certified by the Member to 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.



# Legislative Assembly of Alberta

## MP05301 - Members' Travel Expense Per-Diems Expense Claim Form

Form Type	Members' Travel Expenses Per-Diems Claim
Form ID	MP05301
Description	November 2019 - Per-Diems
Claimant	Drew Barnes
Employee Number	
Constituency	Cypress-Medicine Hat 57 (Drew Barnes)
Date Submitted	November 29, 2019
Date Received	November 29, 2019
Mailing Address	

B = Breakfast | L = Lunch | D = Dinner

ID	Date	Reason for Travel	Meal Purchase Location(s)	B	L	D	Subtotal	G.S.T.	Total
6621	Nov 3, 2019	Travel to/from Capital	Edmonton			X	19.76	0.99	20.75
6622	Nov 4, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
6623	Nov 5, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
6624	Nov 6, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
6625	Nov 17, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
6626	Nov 18, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
6627	Nov 19, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
6628	Nov 20, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
6629	Nov 21, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
6630	Nov 24, 2019	Travel to/from Capital	Edmonton			X	19.76	0.99	20.75
6631	Nov 25, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
6632	Nov 26, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
6633	Nov 27, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
6634	Nov 28, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
							514.36	25.74	540.10

This Claim Form has been certified by the Member to 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.



# Legislative Assembly of Alberta

## MP05580 - Members' Travel Expense Per-Diems Expense Claim Form

Form Type	Members' Travel Expenses Per-Diems Claim
Form ID	MP05580
Description	December 2019 - Per-Diems
Claimant	Drew Barnes
Employee Number	
Constituency	Cypress-Medicine Hat 57 (Drew Barnes)
Date Submitted	December 13, 2019
Date Received	December 13, 2019
Mailing Address	

B = Breakfast | L = Lunch | D = Dinner

ID	Date	Reason for Travel	Meal Purchase Location(s)	B	L	D	Subtotal	G.S.T.	Total
7257	Dec 2, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
7258	Dec 3, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
7259	Dec 4, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
							118.71	5.94	124.65

This Claim Form has been certified by the Member to 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.



# Legislative Assembly of Alberta

## MR04223 - Members' Temporary Accommodation Allowance Claim Form

Form Type	Members' Temporary Accommodation Allowance Claim
Form ID	MR04223
Description	October 2019
Claimant	Drew Barnes
Employee Number	
Constituency	Cypress-Medicine Hat 57 (Drew Barnes)
Date Submitted	September 30, 2019
Date Received	September 30, 2019
Mailing Address	

Month	Year	Monthly Claim Amount
October	2019	1855.00
	Grand Total	1855.00

Office Use Only
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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 Financial Management.

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.



# Legislative Assembly of Alberta

## MR05291 - Members' Temporary Accommodation Allowance Claim Form

Form Type	Members' Temporary Accommodation Allowance Claim
Form ID	MR05291
Description	December Temporary Accommodation
Claimant	Drew Barnes
Employee Number	
Constituency	Cypress-Medicine Hat 57 (Drew Barnes)
Date Submitted	November 29, 2019
Date Received	November 29, 2019
Mailing Address	

Month	Year	Monthly Claim Amount
December	2019	1855.00
	Grand Total	1855.00

Office Use Only
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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 Financial Management.

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.





# Legislative Assembly of Alberta

## MR04765 - Members' Temporary Accommodation Allowance Claim Form

Form Type	Members' Temporary Accommodation Allowance Claim
Form ID	MR04765
Description	November
Claimant	Drew Barnes
Employee Number	
Constituency	Cypress-Medicine Hat 57 (Drew Barnes)
Date Submitted	November 1, 2019
Date Received	November 1, 2019
Mailing Address	

Month	Year	Monthly Claim Amount
November	2019	1855.00
	Grand Total	1855.00

Office Use Only
-----------------

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 Financial Management.

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.



**Legislative Assembly of Alberta**  
**SE04687 - Staff Other Expenses Claim Form**

Receipt Description	candy for trade show
Member Name	Drew Barnes
Claimant	Darlene Gray
Expense Category	Hosting - Group (constituents) Hosting Purpose - Fall Trade Show

**save-on-foods #6643**  
 Medicine Hat  
 Visit [www.saveonfoods.com](http://www.saveonfoods.com)  
 G.S.T #R846980878

SPRING WATER 15.96  
 4 @ 3.99  
 Card \$1.99 Save -8.00  
 \*DEPOSIT 4.80  
 4 @ 1.20  
 \*RECYCLE FEE 0.96  
 4 @ 0.24

**Sub Total ----- \$13.72**

Card \$\$ pts- AB 8 -----  
**BALANCE DUE \$13.72**  
 Credit \$13.72  
 [ ] XXXXXXXXXXXXXXX

-----TRANSACTION RECORD-----

TYPE: Purchase  
 -----  
 ACCT: MASTERCARD \$ 13.72  
 -----  
 CARD NUMBER: \*\*\*\*\*  
 DATE/TIME: 07/30/2019 20:05:52  
 REFERENCE #: 0010015480 H  
 TERM: RR29R994  
 AUTHOR.# :  
 AID: A0000000041010  
 TVR: 0000008000  
 CAPITAL ONE

01 APPROVED - THANK YOU 027  
 NO SIGNATURE TRANSACTION

IMPORTANT:  
 retain this copy for your records

CUSTOMER COPY  
 \*\*\*\*\*

**CHANGE \$0.00**  
 \*\*\*  
 Your Savings Today! \$8.00

-----  
 More Rewards Card #XXXXXXX  
 -----  
 Opening Balance  
 Points Earned  
 -----  
 More Rewards Total Points

-----  
 How was your visit today?  
 Tell us at [www.saveonfoods.com/survey](http://www.saveonfoods.com/survey)  
 and enter to win a \$1000  
 Save On Foods gift card

100% MONEY BACK GUARANTEE  
 if returned within 14 days of  
 purchase with original receipt  
 (some restrictions apply)

CASHIER NAME: Kylee R  
 C0143 #3749 20:05:08 30Ju12019  
 S06643 R009

I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to my staff or on their behalf.



# Legislative Assembly of Alberta

## VF02110 - Vendor Payment Submission Form

Receipt Description	
Member Name	Drew Barnes
Claimant	Drew Barnes
Expense Category	Hosting - Individual Stakeholder(s) Hosting Purpose - Post Budget Townhall

### Medicine Hat Exhibition & Stampede

Box 1298  
Medicine Hat, AB T1A 7N1  
Canada  
Tel: (403) 527-1234  
Fax: (403) 529-6553



### INVOICE

Invoice No.: 59708  
Date: 12/11/2019  
Ship Date:  
Page: 1  
Re: Order No.

Sold to:  
Legislative Assembly office

Ship to:  
Legislative Assembly office

Business No.: 10522 7839 RT0001

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount
			c/o Teri-Anne Bowyer			
			MHE&S Catering - Coffee x 150			150.00
			MHE&S Gratuity			22.50
Shipped By: _____ Tracking Number: _____					Total Amount	
Comment: Visit us @ mhstampede.com					Amount Paid	0.00
Sold By: _____					Amount Owing	

I certify that the items listed on this invoice were received as ordered, have not been submitted for payment before and are now approved for payment.