

LEGISLATIVE ASSEMBLY OF ALBERTA  
Member EDR 2021-22  
057 - Cypress-Medicine Hat - MLA Drew Barnes  
For Expenses Processed Apr 1 - Jun 30, 2021

	Budget	Reimbursed This Qtr	Reimbursed To-Date
<b>Financial Reporting - \$ (Receipts attached)</b>			
Transportation			
Fuel and Minor Maintenance - \$			
MLA Parking Cap - \$	\$900.00		
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$			
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$296.75	\$296.75
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,640.00	\$5,640.00
Travel Accommodations Allowance			
Travel Accommodations Allowance (days; 10 max) - NF	10 0		
Other			
Hosting - \$		\$201.34	\$201.34
Event Tickets Disclosable - \$			
<b>Non-Financial Reporting</b>			
Use of Private Automobile (50.5 cents per km)			
Constituency Travel MLA (KM) - NF	80,000.0	2,550 0	2,550 0
Constituency Travel Staff (KM) - NF			
Total Constituency Travel (KM) - NF	80,000.0	2,550 0	2,550 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			
Use of a Private Automobile (52 trips per year) - NF	52 0	2 0	2 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

**Note**

Expenses are reported in the Quarter the expense is reimbursed and not necessarily the Quarter the expense was incurred.

The reader should take this into account when reviewing the disclosure



# Legislative Assembly of Alberta

## MP12862 - Members' Travel Expense Per-Diems Expense Claim Form

Form Type	Members' Travel Expenses Per-Diems Claim
Form ID	
Description	April 2021 - Per-Diems
Claimant	Drew Barnes
Employee Number	
Constituency	Cypress-Medicine Hat 57 (Drew Barnes)
Date Submitted	May 5, 2021
Date Received	
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
19461	Apr 8, 2021	60 km from Perm. Res.	High River, Airdrie	X	X	X	39.57	1.98	41.55
19462	Apr 13, 2021	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
19463	Apr 14, 2021	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
19464	Apr 15, 2021	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
							158.28	7.92	166.20

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

## MP13010 - Members' Travel Expense Per-Diems Expense Claim Form

Form Type	Members' Travel Expenses Per-Diems Claim
Form ID	MP13010
Description	May 2021 - Per-Diems
Claimant	Drew Barnes
Employee Number	
Constituency	Cypress-Medicine Hat 57 (Drew Barnes)
Date Submitted	May 31, 2021
Date Received	May 31, 2021
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
19670	May 24, 2021	Travel to/from Capital	Edmonton			X	19.76	0.99	20.75
19671	May 25, 2021	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
19672	May 26, 2021	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
19673	May 27, 2021	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
							138.47	6.93	145.40

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

## MR12447 - Members' Temporary Accommodation Allowance Claim Form

Form Type	Members' Temporary Accommodation Allowance Claim
Form ID	MR12447
Description	April 2021 Accom
Claimant	Drew Barnes
Employee Number	
Constituency	Cypress-Medicine Hat 57 (Drew Barnes)
Date Submitted	March 31, 2021
Date Received	March 31, 2021
Mailing Address	

Month	Year	Monthly Claim Amount
April	2021	1880.00
	Grand Total	1880.00

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

## MR12800 - Members' Temporary Accommodation Allowance Claim Form

Form Type	Members' Temporary Accommodation Allowance Claim
Form ID	MR12800
Description	May Temp Accommodation
Claimant	Drew Barnes
Employee Number	
Constituency	Cypress-Medicine Hat 57 (Drew Barnes)
Date Submitted	April 30, 2021
Date Received	April 30, 2021
Mailing Address	

Month	Year	Monthly Claim Amount
May	2021	1880.00
	Grand Total	1880.00

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

## MR13007 - Members' Temporary Accommodation Allowance Claim Form

Form Type	Members' Temporary Accommodation Allowance Claim
Form ID	MR13007
Description	June 2021 accommodation
Claimant	Drew Barnes
Employee Number	[REDACTED]
Constituency	Cypress-Medicine Hat 57 (Drew Barnes)
Date Submitted	May 31, 2021
Date Received	May 31, 2021
Mailing Address	[REDACTED]

Month	Year	Monthly Claim Amount
June	2021	1880.00
	Grand Total	1880.00

Office Use Only	[REDACTED]
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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

## ME12801 - Members' Other Expenses Claim Form

Receipt Description	Ralph's Texas Bar & Steakhouse	
Member Name	Drew Barnes	
Claimant	Drew Barnes	
Expense Category	Hosting - Individual Constituent(s) Hosting Purpose - Alberta's COVID economy	Hosting = \$59.41



Frnt 2 04/07/2021 12:19 PM  
#0 50265  
NICOLE K.  
# Item Price  
Table  
1 Taco Salad 14.50  
1 Soup/Sandwich 9.50  
1 Sante Fe Chicken Salad 16.50  
1 Soup/Sandwich 9.50  
1 Coffee 2.75  
Subtotal 52.75  
Subtotal 52.75  
Tax 2.64  
Total \$ 55.40

PLEASE LEAVE A REVIEW TO WIN \$50 GIFT  
CARD SCAN THE QR CODE

Ralphs Texas Bar & Steak House Ltd.  
1249 Trans Canada Way SE  
T1B 1H9 Medicine Hat  
403 527 6262  
882408226  
<http://ralphsbar.com/>



RALPH'S TEXAS BAR &  
STEAKHOUSE  
1249 TRANS CANADA WAY SE  
MEDICINE HAT AB

CARD \*\*\*\*\*  
CARD TYPE VISA  
DATE 2021/04/07  
TIME 4535 13:44:16  
SERVR ID 1711  
CHECK # 50265  
TABLE # Frnt 2  
RECEIPT NUMBER  
H82045653-001-001-194-0

PURCHASE  
AMOUNT \$55.40  
TIP \$6.65  
TOTAL

\$62.05

SCOTIABANK VISA  
A0000000031010  
A5A8629538C86359  
0000000000-

APPROVED

FF/DT 20

AUTH#

THANK YOU

NO SIGNATURE REQUIRED

MERCHANT COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

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



# Legislative Assembly of Alberta

## VF06764 - Vendor Payment Submission Form

Receipt Description	
Member Name	Drew Barnes
Claimant	Drew Barnes
Expense Category	Office supplies Hosting - Individual Constituent(s) Advertising Other Hosting Purpose - coffee for the office

save-on-foods #6643  
Medicine Hat  
Visit: www.saveonfoods.com  
G.S.T. #R846980878

Pike Place DTK Rst 19.99  
Sub Total \$19.99  
Card \$\$ pts- AB [REDACTED]  
BALANCE DUE \$19.99  
Credit \$19.99  
[ ] XXXXXXXXXXXX [REDACTED]

-----TRANSACTION RECORD-----  
TYPE: Purchase  
ADCT: MASTERCARD \$ 19.99  
CARD NUMBER: \*\*\*\*\* [REDACTED]  
DATE/TIME: 04/01/2021 20:05:23  
REFERENCE #: 0010013770 C  
TERM: 66298955  
AUTHOR.# : [REDACTED]  
AID: A0000000041010  
TVR: 0000008000  
TSI E800  
Mastercard

01 APPROVED - THANK YOU 027  
IMPORTANT:  
retain this copy for your records  
CUSTOMER COPY  
\*\*\*\*\*  
CHANGE \$0.00  
More Rewards Card #XXXXXX [REDACTED]  
Opening Balance [REDACTED]  
Points Earned [REDACTED]  
More Rewards Total Points [REDACTED]

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.





# Legislative Assembly of Alberta

## VF06867 - Vendor Payment Submission Form

Receipt Description	
Member Name	Drew Barnes
Claimant	Drew Barnes
Expense Category	Office supplies Hosting - Individual Constituent(s) Advertising Hosting Purpose - meetings in the office

Hosting = \$19.98

*Office BnB*

**COSTCO**  
**WHOLESALE**

Medicine Hat #593  
2350 Box Springs Blvd  
Medicine Hat, AB T1C 0C8

01 Member [REDACTED]  
39471 CIN DANISH 7.99  
1562250 PD/39471 2.00-  
[REDACTED]

10076 MINT PATTIES 13.99 G  
SUBTOTAL [REDACTED]  
TAX [REDACTED]  
\*\*\*\* TOTAL [REDACTED]

XXXXXXXXXXXX [REDACTED]  
ACCT: MASTERCARD  
REFERENCE #: 60292728-0010012460 C  
AUTH #: [REDACTED] 2021/05/20 12:20:11  
Invoice Number: 006246  
Purchase - Mastercard  
A0000000041010  
0000008000 E800

01 APPROVED - THANK YOU 027  
AMOUNT: [REDACTED]

*Office Hospitality*

IMPORTANT - retain this copy  
for your records  
CUSTOMER COPY

MasterCard [REDACTED]  
CHANGE 0.00

G GST 5% [REDACTED]  
TOTAL NUMBER OF ITEMS SOLD = 4  
TOTAL DISCOUNT(S) \$ 2.00  
2021/05/20 12:20:12 593 6 131 95

2205930060130 2105201220

OP#: 95 Name: KELLY L

Thank You!  
Please Come Again

G = GST P=PST  
GST #121476329RT  
Whse:593 Trm:6 Trn:131 OP:95

**Items Sold: 4**  
**01 2021/05/20 12:20**

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# Legislative Assembly of Alberta

## VF06867 - Vendor Payment Submission Form

Receipt Description	
Member Name	Drew Barnes
Claimant	Drew Barnes
Expense Category	Office supplies Hosting - Individual Constituent(s) Advertising Hosting Purpose - meetings in the office

CANADIAN TIRE #328  
MEDICINE HAT, AB (403) 526-6644  
THANK YOU FOR SHOPPING WITH US TODAY!  
REG #: 6 05/05/2021 19:20:07 TRANS #: 92  
OPERATOR #: 146 Float: 001

2X153-2587-8 @ \$ 31.990 ea.  
KCUP SB PK PLCE \$ 63.98  
153-2284-8 CRNTN HOT CHOC \$ 17.99  
153-1139-7 TH STEEPED TEA, \$ 19.99

SUBTOTAL \$ 101.96  
5% GST \$ 0.00  
T O T A L \$ 101.96  
M/C TEND \$ 101.96

MASTERCARD PURCHASE  
MASTERCARD #: \*\*\*\*\*  
CHIP CARD  
2021/05/05 21:20:59  
REFERENCE: 66025439 0010010011 C  
AUTHORIZATION: \*\*\*\*\*  
A0000000041010  
Mastercard  
0000008000E800  
01 APPROVED - THANK YOU 027  
IMPORTANT  
Retain this copy for your records

My CT 'Money' Account #:  
\*\*\*\*\*  
e-CT 'Money' Collected Today \$  
e-CT 'Money': \$  
Bonus e-CT 'Money': \$  
e-CT 'Money' Balance: \$

You could have collected \$4.00 in  
CT Money with a Triangle Mastercard.  
Cardmembers get 4% in CT Money at  
Canadian Tire and 5 cents back per litre  
in CT Money on regular gas at  
participating Gas locations.  
\*Calculated pre-tax. Terms & Conditions  
apply. Visit [Triangle.com](http://Triangle.com) for details.

### CUSTOMER COPY

Visit [canadiantire.ca](http://canadiantire.ca) or download the  
Canadian Tire Mobile App today!

Tell us how we did for a chance to Win a  
monthly prize of a \$1000 Canadian Tire  
Gift Card! No purchase necessary.  
Must be 18+. Conditions apply.  
Survey & full Contest Rules at  
[telldntire.com](http://telldntire.com)

1502-8030-92500-1466



003282105053146000000010092

GST # 889212981

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.