LEGISLATIVE ASSEMBLY OF ALBERTA
Member Expense Disclosure Report
Livingstone-MacLeod - Pat Stier
For Expenses Processed Oct 1 - Dec 31, 2014

	Budget	Used this Quarter	Used To-Date
Financial Reporting - $ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - $		$1,494.85	$6,669.91
Member Parking - $	$900.00	$178.86	$294.48
Member Travel (overnight stay in constituency) - $			
Member Travel (Extraordinary Accommodation) - $		$543.49	$543.49
Taxi, Bus Travel - $		$17.16	$17.16
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - $			
Member Travel (Meal Per Diems) - $		$1,229.47	$3,091.66
Other			
Hosting - $		$438.84	$1,116.09
Non-Financial Reporting			
Member Travel - Accommodation			
Edmonton Accommodation Allowance (days; 120 max)	120	20	35
Travel Accommodations Allowance (days; 10 max)	10	3	3
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	80,000	23,311	35,487
Special Trips (5 trips per year) - NF	5		3
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	4	8
Other Travel			
Vehicle Rental (5 Days maximum anywhere in Alberta) - NF	5		

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

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

Element Fleet Management

element

BFDF290001

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
DIV-71-P. ST ER
- -
- -
- -
- -

CLIENT NO.
NO DU CLIENT [redacted]
INVOICE DATE
DATE DE LA FACTURE 11/01/14
INVOICE NO.
NO DE LA FACTURE 0006166908

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]	P STIER		[redacted]		000401256566 09/24/14	SHELL CANADA INC CALGARY AB	UNLEADED REGULAR GASOLINE	124.2	1.16	137.14		
							GST-HST / TPS-TVH				6.86	
							REF GST-HST / TPS-TVH REF				6.86	
							** REF NO TOT / TOT NO REF **					144.00
							TOTAL / TOTAL			137.14	6.86	144.00
					000401922005 09/19/14	FASGAS LETHBRIDGE AB	UNLEADED REGULAR GASOLINE	114.5	1.18	128.57		
							GST-HST / TPS-TVH				6.43	
							REF GST-HST / TPS-TVH REF				6.43	
							** REF NO TOT / TOT NO REF **					135.00
							SUBTOTAL / SOUS TOT			128.57	6.43	135.00
							DISCOUNT / RABAIS			1.29-		1.29-
							TOTAL / TOTAL			127.28		133.71
	UNIT TOTAL / TOT UNITE						FUEL QTY / QTE CARB	238.7				
							TOT CHARGES / TOT FRAIS			265.71		
							TOT GST-HST / TOT TPS-TVH				13.29	
							UNIT TOTAL / TOT UNITE					279.00
							DISCOUNT / RABAIS					1.29-
							TOTAL / TOTAL					277.71
	BKDN TOTALS / TOTAUX CODIFICATION 01-71	UNITS / VEHIC 1					FUEL QTY / QTE CARB	238.7				
							TOT CHARGES / TOT FRAIS			265.71		
							GST-HST/TPS-TVH				13.29	
							BKDN TOTALS / TOTAUX CODIFICATION					279.00
							DISCOUNT / RABAIS					1.29-
							TOTAL / TOTAL					277.71

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

Element Fleet Management

element

BFDF290001

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
DIV-71-P. ST ER
- -
- -
- -
- -

CLIENT NO.
NO DU CLIENT [redacted]
INVOICE DATE
DATE DE LA FACTURE 12/01/14
INVOICE NO.
NO DE LA FACTURE 0006177253

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]	P STIER		[redacted]		000404241533	PETRO CANADA		UNLEADED REGULAR GASOLINE	125.5	1.00	120.00		
					11/07/14	ALDERSYDE	AB	GST-HST / TPS-TVH				6.00	
								REF GST-HST / TPS-TVH REF				6.00	
								** REF NO TOT / TOT NO REF **					126.00
								TOTAL / TOTAL			120.00	6.00	126.00
					000403769112	FASGAS		UNLEADED REGULAR GASOLINE	100.1	1.07	101.91		
					10/30/14	CALGARY	AB	GST-HST / TPS-TVH				5.10	
								REF GST-HST / TPS-TVH REF				5.10	
								** REF NO TOT / TOT NO REF **					107.01
								SUBTOTAL / SOUS TOT			101.91	5.10	107.01
								DISCOUNT / RABAIS			1.02-		1.02-
								TOTAL / TOTAL			100.89		105.99
					000403769111	FASGAS		UNLEADED REGULAR GASOLINE	127.9	1.08	131.43		
					10/25/14	CALGARY	AB	GST-HST / TPS-TVH				6.57	
								REF GST-HST / TPS-TVH REF				6.57	
								** REF NO TOT / TOT NO REF **					138.00
								SUBTOTAL / SOUS TOT			131.43	6.57	138.00
								DISCOUNT / RABAIS			1.31-		1.31-
								TOTAL / TOTAL			130.12		136.69
					000403768233	FASGAS		UNLEADED REGULAR GASOLINE	129.5	1.19	146.67		
					10/22/14	PINCHER CREEK	AB	GST-HST / TPS-TVH				7.33	
								REF GST-HST / TPS-TVH REF				7.33	
								** REF NO TOT / TOT NO REF **					154.00
								SUBTOTAL / SOUS TOT			146.67	7.33	154.00
								DISCOUNT / RABAIS			1.47-		1.47-
								TOTAL / TOTAL			145.20		152.53
					000404202419	HUSKY OIL		ETHANOL BLEND	125.3	1.17	139.68		
					10/15/14	CALGARY	AB	GST-HST / TPS-TVH				6.82	
								REF GST-HST / TPS-TVH REF				6.82	
								** REF NO TOT / TOT NO REF **					146.50
								SUBTOTAL / SOUS TOT			139.68	6.82	146.50
								DISCOUNT / RABAIS			1.25-		1.25-
								TOTAL / TOTAL			138.43		145.25
					000403774657	FASGAS		UNLEADED REGULAR GASOLINE	74.0	1.19	83.81		
					10/10/14	CALGARY	AB	GST-HST / TPS-TVH				4.19	
								REF GST-HST / TPS-TVH REF				4.19	
								** REF NO TOT / TOT NO REF **					88.00
								SUBTOTAL / SOUS TOT			83.81	4.19	88.00
								DISCOUNT / RABAIS			.84-		.84-
								TOTAL / TOTAL			82.97		87.16
					000403769110	FASGAS		UNLEADED REGULAR GASOLINE	108.9	1.19	123.32		
					10/09/14	CALGARY	AB	GST-HST / TPS-TVH				6.17	
								REF GST-HST / TPS-TVH REF				6.17	
								** REF NO TOT / TOT NO REF **					129.49
								SUBTOTAL / SOUS TOT			123.32	6.17	129.49

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

Element Fleet Management

element

BFDF290001

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
DIV-71-P. ST ER
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CLIENT NO.
NO DU CLIENT [redacted]
INVOICE DATE
DATE DE LA FACTURE 12/01/14
INVOICE NO.
NO DE LA FACTURE 0006177253

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]	P STIER		[redacted]				DISCOUNT / RABAIS			1.23-		1.23-
							TOTAL / TOTAL			122.09		128.26
					000403774845	FASGAS	UNLEADED REGULAR GASOLINE	123.6	1.19	140.00		
					10/01/14	CLARESHOLM AB	GST-HST / TPS-TVH				7.00	
							REF GST-HST / TPS-TVH REF				7.00	
							** REF NO TOT / TOT NO REF **					147.00
							SUBTOTAL / SOUS TOT			140.00	7.00	147.00
							DISCOUNT / RABAIS			1.40-		1.40-
							TOTAL / TOTAL			138.60		145.60
		UNIT TOTAL / TOT UNITE					FUEL QTY / QTE CARB	914.8				
							TOT CHARGES / TOT FRAIS			986.82		
							TOT GST-HST / TOT TPS-TVH				49.18	
							UNIT TOTAL / TOT UNITE					1,036.00
							DISCOUNT / RABAIS					8.52-
							TOTAL / TOTAL					1,027.48
	BKDN TOTALS / TOTAUX CODIFICATION 01-71	UNITS / VEHIC 1					FUEL QTY / QTE CARB	914.8				
							TOT CHARGES / TOT FRAIS			986.82		
							GST-HST/TPS-TVH				49.18	
							BKDN TOTALS / TOTAUX CODIFICATION					1,036.00
							DISCOUNT / RABAIS					8.52-
							TOTAL / TOTAL					1,027.48

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: Pat Stier

Claimant Name: _____

Expense Category: _____

For hosting, select one:

- ☐ Individual Constituent(s)
- ☐ Individual Stakeholder(s)
- ☐ Group: _____

Purpose:

Oil Change

MR. LUBE Invoice

MR. LUBE #54
PRAIRIE LUBE LTD O/A MR. LUBE
2024 3RD AVENUE SOUTH
LETHBRIDGE, AB T1J0L8
403-320-9575

Date 8/22/2014 1:12 PM
Invoice # 5434683
Transaction # 14082205434683
Employees NIK AARON DUSTIN

Customer Information

PAT STIER
[redacted]

Vehicle Information

[redacted]

Fleets

I have agreed to the information contained on this invoice.

Service History

DATE	KILOMETERS	SERVICES
8/22/14	97203	OC3 WW
3/24/14	73293	OC3
2/26/13	18083	OC3 WW CQ

Courtesy Check

CHECK:	
-Air Filter	NO CHECK
-Cabin Air Filter	NO CHECK
-Emission (PCV) Valve	NO CHECK
-Diff Fld Level-Front/Rear	N/A-COMNTS
-Transfer Case Fluid Level	N/A
-Emission (PCV) Filter	NO CHECK
-Lights	NO CHECK
-Wiper Blades	NO CHECK
-Serpentine Belt	NO CHECK
-Battery	NO CHECK
-Leaks (Fluid, Oil)	APPEARS OK
-Tire Pressure	NO CHECK
-Windshield	APPEARS OK
-Tire Inspection	OUTER WEAR
-COMPLIMENTARY SERVICES:	
-Wash Windows	DECLINED
-Lubricate Door Hinges	DECLINED
-Check & Top Up Fluids	COMPLETED

Service Comments

Description	QTY	Price
STANDARD PACKAGE	1.00	59.99
SHOP SUPPLIES	1.00	4.99
COURTESY CHECK	1.00	0.00
OIL FILTER PH500	1.00	0.00
CASTROL GTX BULK 5W30	5.70	0.00
NO TIRE CHK PER CUSTOMER	1.00	0.00
NO REAR TIRE CHK P/CUST.	1.00	0.00
FACTORY SEALED VEHICLE	1.00	0.00
FREE WASHER FLUID TOP-UP	1.00	0.00
BULK WASHER FLUID	1.00	0.00
BATTERY NO ACCESS/DECLINE	1.00	0.00

SUBTOTAL		$64.98
	7947	-11.11
		$53.87
SALE TAXABLE	53.87	
		2.69
R131404386		
TOTAL		**$56.56**

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Pat Stier

Claimant Name: _____

Expense Category: _____

For hosting, select one:

- ☐ Individual Constituent(s)
- ☐ Individual Stakeholder(s)
- ☐ Group: _____

Purpose:

Fuel Gas

...Gas: Purchase
**********[redacted] C
DEBIT CARD
AID: A0000002771010
CHEQUING
Seq#: 045001001033
Terminal ID: GHP19PD3
Auth No: [redacted]
ACI/ISO: 001/00
Date: 09/29/2014
Time: 16:00:30
APPROVED

Pump # : 3-Regular
Vol : 43.900 L
Price/L: $1.139
Total: $50.00
Date: 09/29/14
Time: 4:02:40 PM

DEBIT CARD TRUCK GAS

Fuel Includes:
GST(5%): $2.38
Total : $2.38

GST#R101957918
THANK YOU
Please

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Pat Stier

Claimant Name: _____

Expense Category: _____

For hosting, select one:

- ☐ Individual Constituent(s)
- ☐ Individual Stakeholder(s)
- ☐ Group: _____

Purpose:

Oil Change

MR. LUBE Invoice

MR. LUBE #54
PRAIRIE LUBE LTD O/A MR. LUBE
2024 3RD AVENUE SOUTH
LETHBRIDGE, AB T1J0L8
403-320-9575

Date 10/3/2014 3:55 PM
Invoice # 5489170
Transaction # 14100305489170
Employees BREND RYAN BREND

Customer Information

PAT STIER
[redacted]

Vehicle Information

[redacted]

Fleets

I have agreed to the information contained on this invoice.

Service History

DATE	KILOMETERS	SERVICES
10/3/14	104492	OC3
8/22/14	97203	OC3 WW
3/24/14	73293	OC3
2/26/13	18083	OC3 WW CQ

Courtesy Check

CHECK:	
-Air Filter	NO CHECK
-Cabin Air Filter	NO CHECK
-Emission (PCV) Valve	NO CHECK
-Diff Fld Level-Front/Rear	N/A-COMNTS
-Transfer Case Fluid Level	N/A
-Emission (PCV) Filter	NO CHECK
-Lights	NO CHECK
-Wiper Blades	NO CHECK
-Serpentine Belt	NO CHECK
-Battery	NO CHECK
-Leaks (Fluid, Oil)	APPEARS OK
-Tire Pressure	NO CHECK
-Windshield	APPEARS OK
-Tire Inspection	INSPECT OK
-COMPLIMENTARY SERVICES:	
-Wash Windows	COMPLETED
-Lubricate Door Hinges	COMPLETED
-Check & Top Up Fluids	COMPLETED

Service Comments

CUST. REQ. NO CHECKS

Description	QTY	Price
STANDARD PACKAGE	1.00	59.99
SHOP SUPPLIES	1.00	4.99
COURTESY CHECK	1.00	0.00
OIL FILTER PH500	1.00	0.00
CASTROL GTX BULK 5W30	5.70	0.00
NO TIRE CHK PER CUSTOMER	1.00	0.00
NO REAR TIRE CHK P/CUST.	1.00	0.00
FACTORY SEALED VEHICLE	1.00	0.00
BATTERY NO ACCESS/DECLINE	1.00	0.00

SALE $64.98
TAXABLE 64.98

R131404386 3.25
TOTAL $68.23
Interac XX2132 AUTH: 09 68.23

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Pat Stier

Claimant Name: _____

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

- ☐ Individual Constituent(s)
- ☐ Individual Stakeholder(s)
- ☐ Group: _____

Purpose:

Minor Automobile Maintenance

See attached :

Lube Town
Warranty Approved

1392036 Alberta Ltd O/A Lube Town
181 North Railway St.
Box 449 Okotoks, AB T1S 1A6
(403) 995-9565 www.lubetown.com

GST #R805575552

Warranty Approved

DATE 11/13/2014
INVOICE NO. 6062698 10:58 AM
EMPLOYEES Ernesto Ernesto Jose

CUSTOMER INFORMATION

PAT STIER
[redacted]

VEHICLE INFORMATION

[redacted]

FLEETS

SERVICE HISTORY

[redacted]

SERVICE CHECKLIST

1.Engine Oil	Replaced
2.Oil Filter	Replaced
3.Chassis Lubrication	Lubed
4.Washer Fluid	Checked
5.Power Steering Fluid	OK
6.Brake Fluid	OK
7.ATF	OK
8.Manual Transmission	N/A
9.Front Differential	N/A
10.Rear Differential	N/A
11.Transfer Case	N/A
12.Lights	Checked
13.Air Filter	OK
14.Fuel Filter	N/A
15.CCV Filter	OK
16.Cabin Air Filter	N/A
17.Battery	Tested
18.Antifreeze Fluid	OK
19.Rad Cap Test	Not Tested
20.Serpentine Belt	OK
21.Exhaust	Appears OK
22.Shocks & Struts	Appears OK
23.Axle Boots/U-joints	Appears OK
24.Wiper Blades	OK
25.Tire Pressure/Cond.	N/A
26.General leaks	OK

DESCRIPTION	QTY.	PRICE
Value Oil Change 5W30	1.00	59.99
Oil Filter LF641	1.00	5.03
Castrol GTX 5W30 (5.70 L.)	0.70	3.85
Environmental Disposal Fee	1.00	3.99
Oil Level on Arrival: Level O.K.	1.00	0.00
Shop Supplies	1.00	2.99

Subtotal	75.85
Sale	75.85
GST	3.79
Total	79.64
Interac	79.64

TRANSACTION RECORD

LUBE TOWN
181 NORTH RAILWAY T1S1A5
OKOTOKS AB
21369553

!!!! PURCHASE !!!!

11-13-2014 10:59:00
Acct # [redacted] C
Account Chequing Card Type DP
A0000002771010 Interac

Trace # 670009
FS2136955301
Auth # [redacted] RRN 001002940

Total $79.64

(00) APPROVED-THANK YOU

Retain this copy for your records
Customer copy

MESSAGES

Recommend next service on **February 11, 15** or **117766 km.**
Visit us online at www.lubetown.com

OIL WARNING!
(OR YOUR GA
IMMEDIATELY!
WARNING LIGH

ON
CAR
OIL
TY!

SERVICE COMMENTS

JUST OIL AND FILTER

WARRANTY INFORMATION

Lube Town provides Limited Warranty on workmanship to be free of defects for a period of thirty (30) days from the date of service or 1000 kilometers, whichever comes first. Lube Town uses parts that will meet or exceed your manufacturer's warranty requirements. The warranty is voided if Lube Town is not given first opportunity to inspect the vehicle and authorized to take whatever corrective action necessary, prior to any repair work being performed. Any pre-existing condition that becomes apparent during or after servicing is not covered. Warranty is voided if the vehicle is operated while the red oil pressure or red temperature light is activated. The customer must present this invoice and must retain a sample of the products involved to support claim. The visual courtesy check included with every oil change should not be regarded as a thorough mechanical inspection. No warranty is expressed or implied that all necessary parts or repairs will be identified during the visual inspection. Refer to Lube Town's Limited Warranty for terms and conditions. By signing below, the customer acknowledges that he or she has read and understands the Limited Warranty.

X _____

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

way
m
betown

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Pat Stier

Claimant Name: _____

Expense Category: _____

For hosting, select one:

- ☐ Individual Constituent(s)
- ☐ Individual Stakeholder(s)
- ☐ Group: _____

Purpose:

Parking

DISPLAY TICKET ON DASH

Expiration Date/Time

06:00 PM
SEP 09, 2014

Purchase Date/Time: 12:51pm Sep 09, 2014
Total Parking: $20.00
Total Federal: $1.00
Total Due: $21.00

Rate: DAILY MAX
Payment Type: Card

Ticket #: 01380984
S/N #: 300010300180
Setting: Lot 82
Mach Name: Lot 82-2

Card #****[redacted] MasterCard

Auth #: [redacted]

GST REG #102466000

RECEIPT

Expiration Date/Time: 06:00pm Sep 09, 2014
Purchase Date/Time: 12:51pm Sep 09, 2014
Total Parking: $20.00
Total Federal: $1.00
Total Due: $21.00

Rate: DAILY MAX
Payment Type: Card

Ticket #: 01380984
Setting: Lot 82
Mach Name: Lot 82-2

Card #****[redacted] MasterCard

Auth #: [redacted]

PARKING RECEIPT

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Pat Stier

Claimant Name: _____

Expense Category: _____

For hosting, select one:

- ☐ Individual Constituent(s)
- ☐ Individual Stakeholder(s)
- ☐ Group: _____

Purpose:

Parking

PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT

DISPLAY TICKET ON DASH

Expiration Date/Time

06:00 PM
SEP 15, 2014

Purchase Date/Time: 10:00am Sep 15, 2014
Total Parking: $20.00
Total Federal: $1.00
Total Due: $21.00

Rate: DAILY MAX
Payment Type: Card

Ticket #: 40078121
S/N #: 300010300180
Setting: Lot 82
Mach Name: Lot 82-2

Card #****[redacted] MasterCard

Auth #[redacted]

GST REG #102466000

RECEIPT

Expiration Date/Time: 06:00pm Sep 15, 2014
Purchase Date/Time: 10:00am Sep 15, 2014
Total Parking: $20.00
Total Federal: $1.00
Total Due: $21.00

Rate: DAILY MAX
Payment Type: Card

Ticket #: 40078121
Setting: Lot 82
Mach Name: Lot 82-2

Card #****[redacted] MasterCard

Auth #[redacted]

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Pat Stier

Claimant Name: _____

Expense Category: _____

For hosting, select one:

- ☐ Individual Constituent(s)
- ☐ Individual Stakeholder(s)
- ☐ Group: _____

Purpose:

Parking

The Calgary Airport Authority
GST No R122556194

Transaction-Id: H1021409008202
Transaction Date: 30/09/2014 19:58
Ticket-Nr.: 40085648

Transient Parker	$ 54.60
Total:	**$ 54.60**
Discounts	$ 0.00
Balance Due:	**$ 54.60**
GST	$ 2.60
Debit	$ 54.60
Change:	$ 0.00

PARKING

TRANSACTION RECORD

CALGARY AIRPORT AUTHOR
2000 AIRPORT ROAD T2E6W5
CALGARY AB
22627513

PURCHASE

09-30-2014 19:58:51
ACCT # [redacted] C
Joint Chequing Card Type DP
AG000002771010 Interac

Trace # 310008
FV2262751308
Inv. # 33860
Auth # [redacted] RRN 001297008

Total $54.60

(00) APPROVED-THANK YOU

Retain this copy for your records
Customer copy

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Pat Stier

Claimant Name: _____

Expense Category: Parking

For hosting, select one:

- ☐ Individual Constituent(s)
- ☐ Individual Stakeholder(s)
- ☐ Group: _____

Purpose:

Parking

) 537-7000 CALGARY PARKING AUTHORITY (403

Terminal: 743 Zone: 9043
Plate: [redacted]

Valid through:
FRIDAY 09 MAY 14
6:00 AM

AMOUNT PAID: $2.00 (GST incl.) Auth No:
Start Time: 5/8/2014 8:17 PM Receipt No: [redacted]

(403) 537-7006 FREE Battery Boosting & Tire In[redacted]vices

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Pat Stier

Claimant Name: _____

Expense Category: Parking

For hosting, select one:

- ☐ Individual Constituent(s)
- ☐ Individual Stakeholder(s)
- ☐ Group: _____

Purpose:

Parking

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Pat Stier

Claimant Name: _____

Expense Category: Parking

For hosting, select one:

- ☐ Individual Constituent(s)
- ☐ Individual Stakeholder(s)
- ☐ Group: _____

Purpose:

Parking

PARKING RECEIPT

DISPLAY TICKET ON DASH

Expiration Date/Time

06:00 PM

JUL 02, 2014

Purchase Date/Time: 08:40am Jul 02, 2014
Total Parking: $17.00
Total Federal: $0.85
Total Due: $17.85
Rate: EARLY BIRD
Payment Type: Card

Ticket #: 01740861
S/N #: 300010300180
Setting: Lot 82
Mach Name: Lot 82-2

Card #**** [redacted] MasterCard
Auth #: [redacted]

GST REG #102466000

RECEIPT

Expiration Date/Time: 06:00pm Jul 02, 2014
Purchase Date/Time: 08:40am Jul 02, 2014
Total Parking: $17.00
Total Federal: $0.85
Total Due: $17.85
Rate: EARLY BIRD
Payment Type: Card

Ticket #: 01740861
Setting: Lot 82
Mach Name: Lot 82-2

Card #**** [redacted] MasterCard
Auth #: [redacted]

PARKING RECEIPT

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Pat Stier

Claimant Name: _____

Expense Category: Parking

For hosting, select one:

- ☐ Individual Constituent(s)
- ☐ Individual Stakeholder(s)
- ☐ Group: _____

Purpose:

Parking.

H FACE UP PLACE ON DASH FACE UP PLACE ON DASH FACE UP PLACE O

ALBERTA HEALTH SERVICES
RRDTC-3 GST R124072513

EXPIRES
20 AUG 14
12:21 PM
PAID Cnd
$ 4.00
ENTRY TIME 20 AUG 14 11:21 AM
38241 [redacted]

EXPIRES
20 AUG 14
12:21 PM
PAID Cnd
$ 4.00
RECEIPT

LEAU DE BORD SIBLE PLACER SUR LE TABLEAU DE BORD CE CÔTÉ VISIBLE PLACER SUR LE TABLEAU DE BORD CE CÔTÉ VISIBLE PLACER SUR L CE C

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Pat Stier

Claimant Name: _____

Expense Category: Member Parking

For hosting, select one:

- ☐ Individual Constituent(s)
- ☐ Individual Stakeholder(s)
- ☐ Group: _____

Purpose:

STAMPEDE LTD.

PARKING

Station	:	Booth 10
Cashier	:	stephenb
Trans#	:	4761
Ticket	:	596320777
Time in	:	27/10/2014 17:10:33
Paid to	:	27/10/2014 23:59:59
Duration	:	06:49:25
Plate	:	
BMOC	: $	15.00
Total	: $	15.00
CASH	: $	15.00

ONE ENTRY ONLY

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Pat Stier

Claimant Name: _____

Expense Category: Member Parking

For hosting, select one:

- ☐ Individual Constituent(s)
- ☐ Individual Stakeholder(s)
- ☐ Group: _____

Purpose:

DISPLAY TICKET ON DASH

Expiration Date/Time

06:00 PM
OCT 10, 2014

Purchase Date/Time: 11:28am Oct 10, 2014
Total Parking: $20.00
Total Federal: $1.00
Total Due: $21.00

Rate: DAILY MAX
Payment Type: Card

Ticket #: 20078971
S/N #: 300010300179
Setting: Lot 82
Mach Name: Lot 82-1

Card #**** [redacted] MasterCard

Auth #: [redacted]

GST REG #102466000

PARKING RECEIPT

RECEIPT

Expiration Date/Time: 06:00pm Oct 10, 2014
Purchase Date/Time: 11:28am Oct 10, 2014
Total Parking: $20.00
Total Federal: $1.00
Total Due: $21.00

Rate: DAILY MAX
Payment Type: Card

Ticket #: 20078971
Setting: Lot 82
Mach Name: Lot 82-1

Card #**** [redacted] MasterCard

Auth #: [redacted]

PARKING RECEIPT

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Pat Stier

Claimant Name: _____

Expense Category: Member Parking

For hosting, select one:

- ☐ Individual Constituent(s)
- ☐ Individual Stakeholder(s)
- ☐ Group: _____

Purpose:

Parking in Calgary

SAWRIDGE INN
AND CONFERENCE CENTRE
FORT MCMURRAY

530 MacKenzie Boulevard
Fort McMurray, AB T9H4C8
T (888) 729-7343 F (780) 743-4654
G.S.T. Registration #804570083RT0001

Room : 361
Folio # : 28176
Cashier # : 39
Page # : 1 of 1

Stier, Pat
[redacted]

Arrival :09-29-14
Departure :09-30-14

Date	Description	Additional Information	Charges	Credits
09-29-14	Room Charge		250.00	
09-29-14	GST 5%		12.50	
09-29-14	Tourism Levy 4%		10.00	
09-29-14	Eco Fee GST 5%		0.10	
09-29-14	Eco Fee		2.00	
09-30-14	Mastercard	XXXXXXXXXXX[redacted]X/XX		274.60
		Total	**274.60**	**274.60**
		Balance Due	**0.00**	

Guest Signature _____

Thank you for choosing Sawridge Inn and Conference Centre.
To provide feedback about your stay, please contact Steven Watters, General Manager, at swatters@sawridge.com.

Sawridge Inn and Conference Centre
4235 Gateway Blvd. N, NW
Edmonton, AB T6J 5H2
Toll Free: 1.888.729.7343
Direct: 780.438.1222

Sawridge Inn and Conference Centre
PO Box 2080, 76 Connaught Dr
Jasper, AB T0E 1E0
Toll Free: 1.888.729.7343
Direct: 780.852.5111

Sawridge Inn and Conference Centre
9510-100th St
Peace River, AB T8S 1S9
Toll Free: 1.888.729.7343
Direct: 780.624.3621

Thank you for choosing to stay with Sawridge Inn and Conference Centre.

DAYS INN ATHABASCA
2805-48TH AVENUE
ATHABASCA AB T9S 0A4 CA
Phone: 780-675-7020
Fax: 780-675-7783
Email: daysinnatha@gmail.com
Printed: 7/30/2014 9:41:28 AM

Folio (Detailed)

Name: STIER, PATRICK D.

Confirmation Number: 48621508
Account Number: [redacted]

Room:	303	Room Type:	NK1, 1 KING NSMK	Nights: 2	Guests: 2/0
Rate Plan:	RACK	Daily Rate:	$130.50 + $11.75 Tax	GTD:	MC - MASTER CARD
Arrival:	7/28/2014 (Mon)	Departure:	7/30/2014 (Wed)		XXXX XXXX XXXX [redacted]

Room Rate:

7/28/2014 (Mon) - 7/29/2014 (Tue) $130.50 + $11.75 Tax per night.

Date	Code	Description	Amount	Balance
7/28/2014	RM	ROOM CHARGE BUSINESS	$130.50	$130.50
7/28/2014	TAX1	GST	$6.53	$137.03
7/28/2014	TAX2	TOURISM LEVY	$5.22	$142.25

[redacted]

Summary

Room	Tax	F&B	Other	CC	Cash	DB
$261.00	$23.50	$0.00	$0.00	($284.50)	$0.00	$0.00

By signing below, I agree to these terms and conditions.

Guest Signature: _____

(1) Regardless of charge instructions, the undersigned acknowledges the above as personal indebtedness. (2) This property is privately owned and management reserves the right to refuse services to any one, and will not be responsible for injury or accidents to guests or loss of money, jewelry or any personal valuables of any kind.
"We or our affiliates may contact you about goods and services unless you call 888-946-4283 or write to Opt Out/Privacy, Wyndham Hotel Group, LLC, 22 Sylvan Way, Parsippany, NJ 07054 to opt out. View our website about privacy."

CLAIM FOR 1 NIGHTS STAY ONLY
142.25
(OUT OF CONSTIT)

GST# 83485 8763 RT0001

PINCHER CREEK RAMADA
1132 TABLE MOUNTAIN ST
PINCHER CREEKAB

CARD **********[redacted] DA
CARD TYPE MASTERCARD
DATE 2014/11/22
TIME 9502 10:24:11
RECEIPT NUMBER
C84075887-001-163-006-0

PURCHASE
TOTAL
$152.67

MasterCard
A0000000041010
07025C34159B4C27
0000008000-E800
8B43AC6DD85F826A

APPROVED
AUTH#[redacted] 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

RAMADA PINCHER CREEK

P O BOX 1148
1132 TABLE MOUNTAIN ST.
PINCHER CREEK AB T0K 1W0 CA
Phone: (403) 627-3777
Fax: (403) 627-3780
Email: gm@ramadapinchercreek.com
Printed: 11/22/2014 10:26:41 AM

Confirmation Number: 14849285
Account Number:
WyndhamRewards #: [redacted]

K 1E4 CA

Room Type:	ENQ2, 2	Nights:	1	Guests: 1/0
Daily Rate:	$135.99 + $16.68 Tax	GTD:	MC - MASTER CARD	
Departure:	11/22/2014 (Sat)		XXXX XXXX XXXX [redacted]	

(Fri) $135.99 + $16.68 Tax per night.

Description	Amount	Balance
ROOM CHARGE	$135.99	$135.99
GST	$6.80	$142.79
TOURISM LEVY	$5.44	$148.23
DESTINATION MARKETING FEE	$4.08	$152.31
GST ON DMF	$0.20	$152.51
TOURISM LEVY ON DMF	$0.16	$152.67
MASTER CARD XXXX XXXX XXXX [redacted]	($152.67)	$0.00

Summary

Room	Tax	F&B	Other	CC	Cash	DB
$135.99	$16.68	$0.00	$0.00	($152.67)	$0.00	$0.00

By signing below, I agree to these terms and conditions.

Guest Signature: _____

(1) Regardless of charge instructions, the undersigned acknowledges the above as personal indebtedness. (2) This property is privately owned and management reserves the right to refuse services to any one, and will not be responsible for injury or accidents to guests or loss of money, jewelry or any personal valuables of any kind.
"We or our affiliates may contact you about goods and services unless you call 888-946-4283 or write to Opt/Privacy, Wyndham Hotel Group, LLC, 22 Sylvan Way, Parsippany, NJ 07054 to opt out. View our website about privacy."

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Pat Stier

Claimant Name: _____

Expense Category: Transportation

For hosting, select one:

- ☐ Individual Constituent(s)
- ☐ Individual Stakeholder(s)
- ☐ Group: _____

Purpose:

Calgary Transit

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Pat Stier

Claimant Name: _____

Expense Category: Transportation

For hosting, select one:

- ☐ Individual Constituent(s)
- ☐ Individual Stakeholder(s)
- ☐ Group: _____

Purpose:

Calgary Transit

08:24

3.00 CASH 14.07.07

261 Anderson

Adult Regular 00.00

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Pat Stier

Claimant Name: _____

Expense Category: Transportation

For hosting, select one:

- ☐ Individual Constituent(s)
- ☐ Individual Stakeholder(s)
- ☐ Group: _____

Purpose:

Calgary Transit

17:20

3.00 CASH 14.07.08

211 Erlton

Adult Regular 00.00

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Pat Stier

Claimant Name: _____

Expense Category: Transportation

For hosting, select one:

- ☐ Individual Constituent(s)
- ☐ Individual Stakeholder(s)
- ☐ Group: _____

Purpose:

Calgary Transit

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Pat Stier

Claimant Name: _____

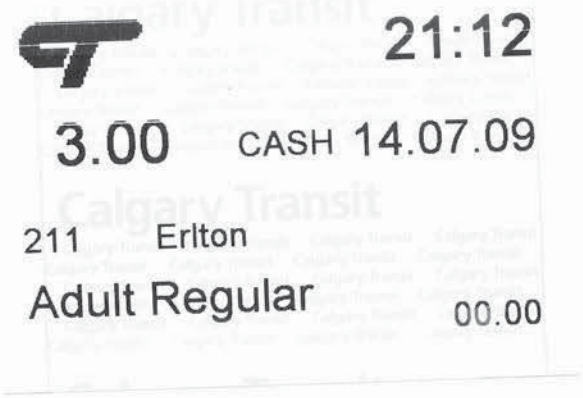
Expense Category: Transit

For hosting, select one:

- ☐ Individual Constituent(s)
- ☐ Individual Stakeholder(s)
- ☐ Group: _____

Purpose:

Calgary Transit



LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Pat Stier

Claimant Name: _____

Expense Category: Transportation

For hosting, select one:

- ☐ Individual Constituent(s)
- ☐ Individual Stakeholder(s)
- ☐ Group: _____

Purpose:

Calgary Transit

Calgary Transit

20:10

3.00 CASH 14.07.11

264 Anderson

Adult Regular 00.00

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: Stier, Pat **Constituency:** Livingstone-Macleod

For the Month of: August **Year:** 2014 **Employee #:**

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal B	Meal L	Meal D	Subtotal	G.S.T.	Total
1	60 km from Perm. Res.	Crowsnest, Pincher Creek	☒	☒	☐	19.81	0.99	20.80
2			☐	☐	☐			
3	60 km from Perm. Res.	Claresholm, Nanton	☒	☒	☐	19.81	0.99	20.80
4			☐	☐	☐			
5	60 km from Perm. Res.	MD Ranchlands	☒	☒	☐	19.81	0.99	20.80
6			☐	☐	☐			
7	60 km from Perm. Res.	Fort Macleod, Claresholm	☒	☒	☐	19.81	0.99	20.80
8			☐	☐	☐			
9	60 km from Perm. Res.	Claresholm	☒	☒	☐	19.81	0.99	20.80
10			☐	☐	☐			
11			☐	☐	☐			
12	60 km from Perm. Res.	Crowsnest	☒	☒	☐	19.81	0.99	20.80
13			☐	☐	☐			
14			☐	☐	☐			
15	60 km from Perm. Res.	Lethbridge	☒	☒	☒	39.57	1.98	41.55
16			☐	☐	☐			
17	60 km from Perm. Res.	Granum, Pincher Creek, Lundbreck	☒	☒	☒	39.57	1.98	41.55
18			☐	☐	☐			
19	60 km from Perm. Res.	Lethbridge	☒	☒	☒	39.57	1.98	41.55
20			☐	☐	☐			
21			☐	☐	☐			
22	60 km from Perm. Res.	Lethbridge, Fort Macleod, Crowsnest	☒	☒	☒	39.57	1.98	41.55
23		[redacted]	☐	☐	☐			
24			☐	☐	☐			
25			☐	☐	☐			
26			☐	☐	☐			
27			☐	☐	☐			
28			☐	☐	☐			
29			☐	☐	☐			
30			☐	☐	☐			
31			☐	☐	☐			
					Grand Total	$277.14	$13.86	$291.00

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 10/22/14

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: Stier, Pat **Constituency:** Livingstone-Macleod

For the Month of: July **Year:** 2014 **Employee #:**

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal B	Meal L	Meal D	Subtotal	G.S.T.	Total
1	60 km from Perm. Res.	Claresholm, Fort Macleod	☒	☒	☐	19.81	0.99	20.80
2	60 km from Perm. Res.	Pincher Creek	☒	☒	☐	19.81	0.99	20.80
3			☐	☐	☐			
4			☐	☐	☐			
5	60 km from Perm. Res.	Lethbridge, Pincher Creek	☒	☒	☒	39.57	1.98	41.55
6			☐	☐	☐			
7	60 km from Perm. Res.	Fort Macleod, Claresholm	☐	☐	☐			
8			☐	☐	☐			
9			☐	☐	☐			
10			☐	☐	☐			
11			☐	☐	☐			
12			☐	☐	☐			
13	60 km from Perm. Res.	Claresholm, Fort Macleod	☒	☒	☐	19.81	0.99	20.80
14		[redacted]	☐	☐	☐			
15			☐	☐	☐			
16			☐	☐	☐			
17	60 km from Perm. Res.	Claresholm	☒	☒	☐	19.81	0.99	20.80
18		[redacted]	☐	☐	☐			
19	60 km from Perm. Res.	Lethbridge, Crowsnest	☒	☒	☐	19.81	0.99	20.80
20			☐	☐	☐			
21			☐	☐	☐			
22			☐	☐	☐			
23	60 km from Perm. Res.	Lethbridge, Granum	☒	☒	☒	39.57	1.98	41.55
24			☐	☐	☐			
25			☐	☐	☐			
26	60 km from Perm. Res.	Fort Macleod	☒	☒	☐	19.81	0.99	20.80
27			☐	☐	☐			
28	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
29			☐	☐	☐			
30	60 km from Perm. Res.	Crowsnest, Pincher Creek	☒	☒	☒	39.57	1.98	41.55
31			☐	☐	☐			
		Grand Total				$277.14	$13.86	$291.00

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** 28/10/14

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: Stier, Pat **Constituency:** Livingstone-Macleod

For the Month of: September **Year:** 2014 **Employee #:**

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal B	Meal L	Meal D	Subtotal	G.S.T.	Total
1			☐	☐	☐			
2			☐	☐	☐			
3			☐	☐	☐			
4			☐	☐	☐			
5	60 km from Perm. Res.	Lethbridge	☒	☒	☒	39.57	1.98	41.55
6			☐	☐	☐			
7			☐	☐	☐			
8			☐	☐	☐			
9			☐	☐	☐			
10			☐	☐	☐			
11			☐	☐	☐			
12	60 km from Perm. Res.	Claresholm; Pincher Creek; Lundbreck	☒	☒	☒	39.57	1.98	41.55
13			☐	☐	☐			
14			☐	☐	☐			
15			☐	☐	☐			
16			☐	☐	☐			
17			☐	☐	☐			
18	60 km from Perm. Res.	Lethbridge; Claresholm; Nanton	☒	☒	☒	39.57	1.98	41.55
19			☐	☐	☐			
20			☐	☐	☐			
21			☐	☐	☐			
22			☐	☐	☐			
23			☐	☐	☐			
24	Travel to/from Capital	Edmonton	☒	☒	☒	39.57	1.98	41.55
25			☐	☐	☐			
26			☐	☐	☐			
27	60 km from Perm. Res.	Claresholm; Granum	☐	☒	☐	11.05	0.55	11.60
28		[redacted]	☐	☐	☐			
29			☐	☐	☐			
30			☐	☐	☐			
31			☐	☐	☐			
					Grand Total	$169.33	$8.47	$177.80

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** 29/10/14

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: Stier, Pat **Constituency:** Livingstone-Macleod

For the Month of: October **Year:** 2014 **Employee #:**

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal B	Meal L	Meal D	Subtotal	G.S.T.	Total
1	60 km from Perm. Res.	Lethbridge, Millarville	☒	☒	☒	39.57	1.98	41.55
2			☐	☐	☐			
3	60 km from Perm. Res.	Lethbridge	☒	☒	☒	39.57	1.98	41.55
4			☐	☐	☐			
5			☐	☐	☐			
6		[redacted]	☐	☐	☐			
7			☐	☐	☐			
8			☐	☐	☐			
9			☐	☐	☐			
10			☐	☐	☐			
11			☐	☐	☐			
12			☐	☐	☐			
13			☐	☐	☐			
14			☐	☐	☐			
15			☐	☐	☐			
16			☐	☐	☐			
17			☐	☐	☐			
18	60 km from Perm. Res.	Claresholm	☒	☒	☐	19.81	0.99	20.80
19			☐	☐	☐			
20			☐	☐	☐			
21			☐	☐	☐			
22	60 km from Perm. Res.	Lundbreck	☒	☒	☐	19.81	0.99	20.80
23	60 km from Perm. Res.	Claresholm, Olds	☒	☒	☒	39.57	1.98	41.55
24			☐	☐	☐			
25	60 km from Perm. Res.	Pincher, Crowsnest	☒	☒	☒	39.57	1.98	41.55
26			☐	☐	☐			
27			☐	☐	☐			
28			☐	☐	☐			
29	Travel to/from Capital	Edmonton (Same day return)	☒	☒	☒	39.57	1.98	41.55
30			☐	☐	☐			
31			☐	☐	☐			
					Grand Total	$237.48	$11.87	$249.35

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 Dec 11/14

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: Stier, Pat **Constituency:** Livingstone-Macleod

For the Month of: November **Year:** 2014 **Employee #:**

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal B	Meal L	Meal D	Subtotal	G.S.T.	Total
1			☐	☐	☐			
2	60 km from Perm. Res.	Claresholm, Nanton	☒	☒	☐	19.81	0.99	20.80
3			☐	☐	☐			
4			☐	☐	☐			
5	60 km from Perm. Res.	Calgary, Stavely	☒	☒	☐	19.81	0.99	20.80
6			☐	☐	☐			
7	60 km from Perm. Res.	Lethbridge, Fort Macleod	☒	☒	☐	19.81	0.99	20.80
8	60 km from Perm. Res.	Crowsnest, Coleman	☒	☒	☒	39.57	1.98	41.55
9			☐	☐	☐			
10	60 km from Perm. Res.	Claresholm	☒	☒	☐	19.81	0.99	20.80
11	60 km from Perm. Res.	Coleman	☒	☒	☒	39.57	1.98	41.55
12	60 km from Perm. Res.	High River, Nanton	☒	☒	☐	19.81	0.99	20.80
13	60 km from Perm. Res.	Airdrie	☐	☒	☐	11.05	0.55	11.60
14			☐	☐	☐			
15			☐	☐	☐			
16			☐	☐	☐			
17			☐	☐	☐			
18			☐	☐	☐			
19			☐	☐	☐			
20			☐	☐	☐			
21	60 km from Perm. Res.	Lethbridge	☒	☒	☒	39.57	1.98	41.55
22	60 km from Perm. Res.	Pincher, Crowsnest	☒	☒	☒	39.57	1.98	41.55
23			☐	☐	☐			
24			☐	☐	☐			
25			☐	☐	☐			
26			☐	☐	☐			
27			☐	☐	☐			
28			☐	☐	☐			
29			☐	☐	☐			
30			☐	☐	☐			
31			☐	☐	☐			
					Grand Total	$268.38	$13.42	$281.80

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** Dec 11/14

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: MLA Pat Stier

Claimant Name: Jacqueline Merkley

Expense Category: Hosting

For hosting, select one:

- ☐ Individual Constituent(s)
- ☒ Individual Stakeholder(s)
- ☐ Group: _____

Purpose:

Water & Bakery items for Seniors workshop at Constituency office.

CO-OP

High River Co-op
#100, 1220 1St SE
High River, Alberta
403-652-2587
GST 100730894

MEMBERSHIP [redacted]

NESTLE PURE LIFE WO1	
3 @ $7.49 EA	$22.47
PLUS .30 CRF/EA 01	
3 @ $0.30 EA	$0.90
PLUS 3.00 DEP/EA 01	
3 @ $3.00 EA	$9.00
ITEM CANCELLED	
NESTLE PURE LIFE WO1	
3 @ -$7.49 EA	-$22.47
ITEM CANCELLED	
PLUS .30 CRF/EA 01	
3 @ -$0.30 EA	-$0.90
ITEM CANCELLED	
PLUS 3.00 DEP/EA 01	
3 @ -$3.00 EA	-$9.00
AQUAFINA 24X500ML 01	
3 @ $8.99 EA	$26.97
PLUS .24 CRF/EA 01	
3 @ $0.24 EA	$0.72
PLUS 2.40 DEP/EA 01	
3 @ $2.40 EA	$7.20
BUTTER CHOC CROISNO1	$3.95
BUTTR ALMOND CROISO1	$3.95 G
BALANCE DUE	$42.99

TYPE: Purchase

ACCT: VISA $ 42.99

CARD NUMBER: **********[redacted]
DATE/TIME: 11/04/2014 09:03:37
REFERENCE #: 0010013730 H
TERM: 66216721
AUTHOR.# : [redacted]
AID: A0000000031010

VISA CREDIT
01 APPROVED - THANK YOU 027

NO SIGNATURE TRANSACTION

IMPORTANT:
retain this copy for your records

CUSTOMER COPY

****

VISA	$42.99
Seq. # = 001635	
CHANGE	$0.00

TAX-CODE	TAXABLE-VAL	TAX-VALUE
GST5%	$3.95	$0.20 G

CASHIER NAME: CAROL
C0146 #6422 9:03:06 4NOV2014
S00024 R005

Now Accepting
Coupgon
join now to enjoy instant savings
Download the free app at
www.coupgon.com

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Pat Stier

Claimant Name: _____

Expense Category: Meals

For hosting, select one:

- ☐ Individual Constituent(s)
- ☐ Individual Stakeholder(s)
- ☐ Group: _____

Purpose:

Committee Meetings in Grande Prairie - breakfast.

_POMEROY HOTEL GRANDE PRAIRIE
11633 CLAIRMONT RD
GRANDE PRAIRIAB

CARD [redacted]******
CARD TYPE INTERAC
ACCOUNT TYPE CHEQUING
DATE 2014/06/19
TIME 1156 09:30:48
SERVR ID 0005
CHECK # 185427
TABLE # 40
RECEIPT NUMBER
C82014501-001-001-565-0

PURCHASE
AMOUNT $16.30
TIP $2.25
TOTAL

$18.55

Interac
A0000002771010
8E4C46CB59CF0988
8000008000-6800
3DAC57DCD0BF2760

APPROVED

AUTH# [redacted] 00-001
THANK YOU

CARDHOLDER COPY

omeroy Lodging LP

THU JUNE 19, 2014
CHECK #185427-1
TABLE #40

1 2 EGG		$11.00
1 *Add Sausages		$4.00
1 COFFEE		$2.25
SUB-TOTAL	:	$17.25
COUPON 10%	:	$1.73-
SUB-TOTAL	:	$15.52
TAX	:	$0.78
TOTAL		$16.30

ROOM NUMBER_____

GUEST NAME_____

TIP _____

TOTAL_____

SIGN_____

ASK YOUR SERVER ABOUT
OUR SUNDAY
MARITIME BRUNCH

GST # 855473310 RT0014
Time: 09:27 1 CUSTOMER

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Pat Stier

Claimant Name: _____

Expense Category: Meal

For hosting, select one:

- ☐ Individual Constituent(s)
- ☐ Individual Stakeholder(s)
- ☐ Group: _____

Purpose:

Committee Meeting
Lunch.

MEDICINE HAT LODGE
1051 ROSS GLEN DR SE
MEDICINE HAT,AB
T1B3T8
4035028170

DEBIT SALE

MID: 87212730022
TID: 501
Batch #: 187
06/26/14
APPR CODE: [redacted]
Trace: 00992651
DEBIT/CHEQUING
[redacted]

REF#: 00000020
RRN: 00000010
13:00:00

Chip

AMOUNT	**$18.89**
TIP	**$2.25**
TOTAL	**$21.14**

APPROVED

Interac
AID: A0000002771010
TVR: 80 00 00 80 00
TSI: 68 00

THANK YOU
PLEASE COME AGAIN

CUSTOMER COPY

Jungle
#J10 - 1

Medicine Hat Lodge
1051 RossGlen Drive SE
Medicine Hat,AB T1B 3T8
Phone (403)529-2222 Fax (403)528-4075

Date: Jun 26, 2014 Time: 12:55PM
Server: (JC)Tylor
Bill: 1520308 Table : J10

1	Steak Sandwich	14.00
1	Basket of Fries	3.99
	Subtotal	17.99
	GST	0.90
	Total	**18.89**

Jungle Food 17.99

Open Time 2014 12:20PM

Gratuity. _____

Total _____
PLEASE PAY HOSTESS

Room# _____

Signature _____

Print Name _____

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Pat Stier

Claimant Name: _____

Expense Category: Meal

For hosting, select one:

- ☐ Individual Constituent(s)
- ☐ Individual Stakeholder(s)
- ☐ Group: _____

Purpose:

Constituent. Hosted Breakfast

DENNY'S 03-117 OKOTOKS
57 RIVERSIDE GATE
OKOTOKS, AB T1S 1B3

TERM ID: C4291476 BATCH#: 027
SHIFT#: 001

Sale

INV#: 000000008
INTERAC Chip
Account Type:Chequing SEQ#:027001001008
Application Label: Interac
AID:A0000002771010
TVR:80 00 00 80 00
TSI:68 00
[redacted]

Amount: $ 30.41
Tip: $ 3.50
==========
Total:CAD$ 33.91

APPROVED [redacted]
001/00

NO SIGNATURE REQUIRED

09-Jul -14 09:50:44

THANK YOU

DENNY'S #8739
57 RIVERSIDE GATE, OKOTOKS 403-938-7580
0012a Table 25 #Party 2
NICOLE B SvrCk: 12 8:50 07/09/14

1 SIGNATURE ROAST	2.79
1 ULTIMATE OMELETT	11.69
Sub Total:	14.48
GST :	0.72
Guest 1 TOTAL:	15.20
1 SIGNATURE ROAST	2.79
1 ULTIMATE OMELETT	11.69
Sub Total:	14.48
GST :	0.73
Guest 2 TOTAL:	15.21
Sub Total:	28.96
GST :	1.45
07/09 09:35 TOTAL:	30.41

THANK YOU!
PLEASE PAY CASHIER

GST# 121767065
NOW HIRING SMILES AT
careers@dennys.ca
VISIT US AT www.dennys.ca
CUSTOMER COMMENTS
(604)730-6620

CONSTIT ~~LUNCH~~
(BREAKFAST)

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Pat Stier

Claimant Name: _____

Expense Category: _____

For hosting, select one:

- ☐ Individual Constituent(s)
- ☐ Individual Stakeholder(s)
- ☐ Group: meals

Purpose:

Constituent meal

Streatside EATERY

STREATSIDE EATERY
Order #: 1-64900
21
Server: Cora
Cashier: Cora
Register: kitchen receipt (receipt2)
2014-04-04 12:46:39

1 Double Flatlander Special	15.00
- beef - soup	
1 Chicken Enchilada	14.50
- soup	
1 Coffee	2.40
1 Coffee	2.40
1 Clubhouse	13.50
- fries	
Subtotal:	47.80
Tax (5% of 47.80):	2.39
Rounding adjustment:	-0.04
Total:	50.15

Constit Lunch

Amount Due: 50.15

Streatside Eatery
317 8th Street South
Lethbridge, AB T1J2J5
Canada
403-328-8085
streatside@gmail.com

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Pat Stier

Claimant Name: _____

Expense Category: _____

For hosting, select one:

- ☐ Individual Constituent(s)
- ☐ Individual Stakeholder(s)
- ☐ Group: _____

Purpose:

Parade Candy

TRANSACTION RECORD

BULK BARN
105 SOUTHBANK BOUL T1S0G1
OKOTOKS AB
21193441

†††† PURCHASE ††††

08-08-2014 13:52:09
Acct # ********** [redacted] C
Account Chequing Card Type DP
A0000002771010 Interac

Trace # 550039
FS2119344101
Inv. # 6799
Auth # [redacted] RRN 001945039

Total $20.05

(00) APPROVED-THANK YOU

Retain this copy for your records
Customer copy
CANDY FOR PARADES

Bulk Barn 619
105 Southbank Blvd.,
Okotoks, ALberta
(403) 938-1380
GST# 835289711RT0001
Lane: 002 Cashier: 139
Date: 08/08/2014 Time: 13:51
Transaction: 61910305335

FRUIT CHEWS ASSORTED $ 6.96 GD
$0.81/100g
0.865 kg @ $8.05 /kg
Net: 0.865 kg Gross: 0.910 kg
BUBBLE KING BUBBLE GUM $ 5.12 GD
$0.60/100g
0.860 kg @ $5.95 /kg
Net: 0.860 kg Gross: 0.915 kg
ROCKETS $ 7.00 GD
$0.81/100g
0.870 kg @ $8.05 /kg
Net: 0.870 kg Gross: 0.900 kg

Sub-Total:	$19.08
GST	$0.95
Total Amount:	$20.03
DEBIT	$20.03
Total Tendered:	$20.03

Items Sold: 3

G=GST B=BOTH TAXES

PLANNING A ROAD TRIP?
DON'T FORGET TO CHECK OUT
OUR WIDE RANGE OF SNACKS!

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Pat Stier

Claimant Name: _____

Expense Category: _____

For hosting, select one:

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

Purpose:

Constituent meal

ROY'S PLACE RESTAURANT
5008 1ST STREET EAST
CLARESHOLM AB

CARD [redacted]****
CARD TYPE INTERAC
ACCOUNT TYPE CHEQUING
DATE 2014/09/27
TIME 5201 10:21:03
RECEIPT NUMBER
C06829637-001-010-005-0

PURCHASE
AMOUNT $30.87
TIP $4.00
TOTAL

$34.87

Interac
A0000002771010
A67267788A818BC6
8000008000-6800
65418EC862BE814F

APPROVED
AUTH# [redacted] 00-001
THANK YOU

CARDHOLDER COPY

Roy's Place
5008 1st.
Claresholm, AB.
Ph. # (403) 625 - 3397

Table #2
Trans#: 355350 Serv: Sandy call me sam
9/27/2014 10:17 AM # Cust:2

Quan	Descript	Cost
2	COFFEE	$5.50
1	Classic Benedict	$10.95
1	TRIPLE TRUCKERS	$12.95

Net Total: $29.40
GST $1.47

TOTAL: $30.87
Amount Due: $30.87

Food: $23.90
Beverage: $5.50

CONSTITUENT BREAKFAST

Tell us how we did
TRIPADVISOR.CA

Eat Real Food
With Good People

PLEASE PAY
SERVER

WWW.ROYSPLACE.CA

GST # 81475 3018

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Pat Stier

Claimant Name: _____

Expense Category: _____

For hosting, select one:

- ☐ Individual Constituent(s)
- ☐ Individual Stakeholder(s)
- ☐ Group: meal

Purpose:

Constituent meal

TWO GUYS AND A
PIZZA PLACE
316 11 ST S
LETHBRIDGE AB T1J 2N8
(403) 331-2222

DEBIT SALE

MID: 5682300
TID: 5682300 REF#: 00000005
Batch #: 001 SEQ: 001001001005
09/05/14 12:53:23
APPR CODE: [redacted]
DEBIT/CHEQUING
[redacted]

AMOUNT	**$37.32**
TIP	**$4.00**
TOTAL	**$41.32**

00 - APPROVED - 001

Interac
AID: A0000002771010
TVR: 80 00 00 80 00
TSI: 68 00

Reprint
9/5/2014 12 48 pm
Two Guys And A Pizza Place
316 - 11 street south
403-331-2222
www.twoguyspizza.ca
GST#879803518RT0001

Ticket # 35
9/5/2014 12:02 pm ALEX R
Table: 42
Assigned To: ALEX R

*** DINE IN ***

Seat 1	
Lasagna	13.00
Soup of Day	4.00
Glass of Pop	2.62
Diet Coke	
Seat 2	
Slice	3.10
Roadhouse	
Slice	3.10
BBQ Chicken	
Soup of Day	4.00
Glass of Pop	2.62
Coke	
Seat 3	
Slice	3.10
Pepp && Bacon	

Constituent Lunch.

Subtotal	35.54
GST	1.78
Total	37.32

Ticket # 35
(3012000003)

IT'S PIZZA TIME! Thank you!

Reprint
9/5/2014 12:48 pm

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Pat Stier

Claimant Name: _____

Expense Category: Hosting

For hosting, select one:

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

Purpose:

Constituency lunch

MAIN STREET CAFE
2122 20TH
NANTON,AB
T0L 1R0
403-646-1155

DEBIT SALE

Server #: 000001
MID: 8024531595
TID: 00892500080245315950000
REF#: 00000007
Batch #: 256 RRN: 000533391022
10/22/14 11:48:59
APPR CODE: [redacted]
Trace: 7
DEBIT/CHEQUING Chip
********** [redacted]

AMOUNT	**$35.50**
TIP	**$4.00**
TOTAL	**$39.50**

APPROVED - 00
Constituency Lunch.
Interac
AID: A0000002771010
TVR: 80 00 00 80 00
TSI: 68 00

THANK YOU / MERCI

CUSTOMER COPY

Merci
Thank You

GST/TPS#:

Date	Montant Amount	Personnes Guests	Serveur(euse) Server	9737649

APPT–SOUP/SAL–ENTREE–VEG/POT–DESSERT–BEV

Taco Sld.
BLT C/B | TB.
Irish Stew | TB
Pot Pie
No Bun

Coke + Ice
H.C.

REPAS
FOOD TOTAL
GST:
GST/TPS
SOMME PARTIELLE
SUBTOTAL
84390-1281-RT0001
PST/TVP
TOTAL 35.50

Hy pax HP-GC23617-SC

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Pat Stier

Claimant Name: _____

Expense Category: Meals

For hosting, select one:

- ☐ Individual Constituent(s)
- ☐ Individual Stakeholder(s)
- ☐ Group: _____

Purpose:

Donuts for Townhall.
& Coffee

Tim Hortons Store 3412
29 Alberta Rd
Claresholm, AB
T0L 0T0
403-625-2568

GST# 834833691RT0001
Jun 10 2014 06:30 pm Trans# 654406

TRANSACTION RECORD

Card Number : **********[redacted]
Card Entry : CHIP
Account Type : CHEQUING
Trans Type : PURCHASE
Amount : $ 83.04

Auth # : [redacted]
Sequence # : 000082
Reference # : 00000082
Trace # : 00882672
Merchant ID : 030000049232
Term ID : 202
Date : 14/06/10
Time : 18:29:56

APPROVED

BY ENTERING A VERIFIED PIN, CARDHOLDER AGREES TO PAY ISSUER SUCH TOTAL IN ACCORDANCE WITH ISSUERS AGREEMENT WITH CARDHOLDER

Application Label: Interac
AID: A0000002771010
TVR: 8000008000
TC : 321AC2DE0DD980EA
TSI: 6800

Tim Hortons #3412
29 Alberta St
Claresholm, AB
GST# 834833691-RT0001
Tell us how we did today:
feedback@claresholmtims.com

Take-out
Order #
024406

1 40 Cup Steeped Tea Cambro	35.50
1 40 Cup Thermos Coffee	35.50
1 50 Pack	8.49
Subtotal	79.49
GST	3.55
Total	**83.04**
Debit Auth #=381595	83.04

Coffee x2
Donuts
Town Hall

Tuesday June 10,2014 18:30:20
Shift # 1 Reg. # 2 Trans # 654406

It was great seeing you!
Thanks for your visit!
How did we do today?
Visit www.telltimhortons.com

Thank You for your patronage.

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Pat Stier

Claimant Name: _____

Expense Category: Hosting

For hosting, select one:

- ☒ Individual Constituent(s)
- ☐ Individual Stakeholder(s)
- ☐ Group: _____

Purpose:

Constituency Lunch

Constit. lunch

Stockmans Restaurant
412 Pine Creek Rd.
Stockman's Restaurant and Lounge
(403) 254-6113

STOCKMANSRESTAURANT
Table #14

Trans #: 50833 Serv: Sherri 15
11/3/2014 1:15 PM # Cust:2

Quan	Descript	Cost
1	Coffee	$2.49
1	Goat Cheese Salad	$14.49
1	Won Ton's	$10.99

Net Total: $27.97
GST $1.40

TOTAL: $29.37
Amount Due: $29.37

Food: $25.48
Beverage: $2.49

Join us for Friday
Prime Rib Dinner!

GST #851873489RT0001

STOCKMAN'S RESTAURANT &
LOUNGE
412 PINE CREEK RD
DE WINTON AB

CARD [redacted]******
CARD TYPE INTERAC
ACCOUNT TYPE CHEQUING
DATE 2014/11/03
TIME 0255 13:15:41
CLERK ID 15
RECEIPT NUMBER
082028642-001-082-007-0

PURCHASE
AMOUNT $29.37
TIP $3.25
TOTAL

$32.62

Interac
A0000002771010
41C234A52C9E280B
8000008000-6800
4007668DFB2219C0

APPROVED
AUTH# [redacted] 00-001
THANK YOU

CARDHOLDER COPY

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Pat Stier

Claimant Name: _____

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Constituency Breakfast

Constit. Breakfast

TRANSACTION RECORD

RICKY'S UPSTAIRS SERVE
16-277 SHAWVILLE BLTZY3H9
CALGARY AB
22095398

++++ PURCHASE ++++

11-04-2014 09:12:19
Acct # [redacted] C
Account Chequing Card Type DP
A0000002771010 Interac

Trace # 480006
FB2209539801
Inv. # 5050
Auth # [redacted] RRN 001906006
TVR 8000008000 TSI 6800
TC 6935EF74672634EA

Purchase	$22.53
Tip	$2.50
Total	**$25.03**

(00) APPROVED-THANK YOU

Retain this copy for your records
Merchant copy

Rickey's All Day Grill
RICKY`S ALL DAY GRILL
16 227 SHAWVILLE BLVD SE
CALGARY, AB T2Y 3H9
(403) 543-7200
G.S.T. #871404109

Date: Nov 04, 2014 09:11:24
Table: 24
TableTransId: 20121713
TransId: 20133369
Server: MIKEE
Start Date: Nov 04, 2014 08:38:49

1	DOUBLE EGGER	8.99
	1 bacon(3)	
1	QUICK COMMUTE	6.49
2	COFFEE	5.98
Subtotal		21.46
GST		1.07
Total		22.53
Balance		22.53

PLEASE PAY
SERVER

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Pat Stier

Claimant Name:

Expense Category: Hosting

For hosting, select one:

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

Purpose:

Constituency Breakfast

****
CHECK # 356592 DATE 12/07/14
TABLE # 52 TIME 9:04AM

-- RICKY'S : MAY ANN --

ITEMS ORDERED	AMOUNT
1 TWO BY FIVE	11.49
1 WORKS OMELETTE	13.29
2 COFFEE	5.98

****

SUBTOTAL 30.76
TAX 1.53

TOTAL DUE 32.29

RICKY'S ALL DAY GRILL
Okotoks, Alberta
GST# 896334109

Constituency Breakfast

** Please pay cash to your server **

THANK-YOU!!

TRANSACTION RECORD

RICKY'S ALL DAY GRILL
747-201 SOUTHRIDGE T1S1E2
OKOTOKS AB
22996942

PURCHASE

12-07-2014 09:16:55
Acct # [redacted] C
Account Chequing Card Type DP
A0000002771010 Interac

Trace # 730008
FS2299694201
Inv. # 30756
Auth # [redacted] RRN 001522008

Purchase	$32.29
Tip	$3.50
Total	$35.79

(00) APPROVED-THANK YOU

Retain this copy for your records
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