

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2016-17
027 - Calgary-West - Ellis, Mike
For Expenses Processed July 1 - September 30, 2016

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$725.41	\$1,948.59
MLA Parking Cap - \$	\$900.00	\$90.43	\$124.38
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$			
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$156.05	\$1,272.76
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,790.00	\$11,580.00
Travel Accommodations Allowance			
Travel Accommodations Allowance (days; 10 max) - NF	10		
Other			
Hosting - \$		\$179.20	\$179.20
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	35,000	1,363	1,745
Special Trips (5 trips per year) - NF	5		
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	3	11
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



BFD290001

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

PAGE - 253 OF 260
DE

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION
SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY DIV-90-M ELLIS - - - - - - - -

CLIENT NO. NO DU CLIENT	
INVOICE DATE	08/01/16
DATE DE LA FACTURE	
INVOICE NO.	0006443170
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
	ELLIS				000439597241 07/20/16	SHELL CANADA INC CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	111.1	.93	98.29	4.91 4.91	103.20 103.20
					000438561912 07/03/16	SHELL CANADA INC CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH MISCELLANEOUS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	69.7 1.0	.97 12.99	64.29 12.99	3.21 .65 3.86	81.14 81.14
					000439361855 06/25/16	HUSKY OIL 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	116.2	1.04	115.10	5.60 5.60	120.70 120.70 1.16- 119.54
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE DISCOUNT / RABAIS TOTAL / TOTAL	297.0		290.67	14.37	305.04 1.16- 303.88
	BKDN TOTALS / TOTAUX CODIFICATION 01-90				1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	297.0		290.67	14.37	305.04 1.16- 303.88
							BKDN TOTALS / TOTAUX CODIFICATION DISCOUNT / RABAIS TOTAL / TOTAL					305.04 1.16- 303.88

BLG871

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

Element Fleet Management



BDFD290001

<p>FLEET MANAGEMENT SERVICES DETAIL DETAILS SERVICES DE GESTION DE PARC</p> <p>PAGE - 255 OF 262 DE</p>	<p>CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION</p> <p>SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY DIV-90-M ELLIS</p> <p>- - - - - - - -</p>	<p>CLIENT NO. NO DU CLIENT INVOICE DATE DATE DE LA FACTURE INVOICE NO. NO DE LA FACTURE</p> <p>09/01/16 0006455248</p>
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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 AUTHORISE 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
	ELLIS				000441286408 08/22/16	SHELL CANADA INC CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH MISCELLANEOUS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	122.0 1.0	.96 12.99	111.43 12.99	5.57 6.22 .65 6.22	130.64 130.64
					000440957274 08/15/16	SHELL CANADA INC CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	100.6	1.00	95.75	4.79 4.79	100.54 100.54
					000440112188 07/30/16	SHELL CANADA INC CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	115.9	.97	106.95	5.35 5.35	112.30 112.30
					000439938602 07/26/16	SHELL CANADA INC RED DEER AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	117.8	.96	107.62	5.38 5.38	113.00 113.00
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	456.3		434.74	21.74	456.48
					BKDN TOTALS / TOTAUX CODIFICATION 01-90		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	456.3		434.74	21.74	
							BKDN TOTALS / TOTAUX CODIFICATION					456.48

BLG871

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



The American Express® Corporate Card Statement of Account

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



Prepared For
MICHAEL G ELLIS
LEGIS ASSEMBLY OF AB

XXXX-XXXX-XXXX-XXXX
XXXX-XXXX-XXXX-XXXX

Date
July 16, 2016

Page 1 of 3

Statement includes payments and charges received by July 16, 2016

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.

Listing of Charges and Credits

Amount \$

New Transactions for MICHAEL G ELLIS

Amount \$

June 21	IMPARK00030179U CALGARY Goods or Services	28.35
June 23	CalgParkAuth 2045994 CALGARY GOVERNMENT SERVICES	5.25
June 24	IMPARK00030370U CALGARY Goods or Services	12.60
July 11	CalgParkAuth 2059819 CALGARY GOVERNMENT SERVICES	1.75
July 11	CalgParkAuth 2059709 CALGARY GOVERNMENT SERVICES	3.93
July 11	CalgParkAuth 2060330 CALGARY GOVERNMENT SERVICES	9.00
Total New Transactions for MICHAEL G ELLIS		60.88

† Please detach here †

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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

000121



MICHAEL G ELLIS
LEGIS ASSEMBLY OF AB
9820-107 ST NW FLR4
EDMONTON AB
T5K 1E7

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





The American Express® Corporate Card Statement of Account

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Corporate Service Centre
PO Box 7000 Station B
Willowdale (Ontario) M2K 2R6



Prepared For
MICHAEL G ELLIS
LEGIS ASSEMBLY OF AB

Membership Number
XXXX-XXXX-XXXX-XXXX

Date
August 16, 2016

Page 1 of 3

Statement includes payments and charges received by August 16, 2016

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.

1755

Listing of Charges and Credits

Amount \$

New Transactions for MICHAEL G ELLIS

Amount \$

August 14	IMPARK00030080U	CALGARY	10.50
	Goods or Services		
Total New Transactions for MICHAEL G ELLIS			10.50

↑ Please detach here ↑

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- Your local bank branch
- Automatic banking machines

Do Not Enclose Cash

000118



MICHAEL G ELLIS
LEGIS ASSEMBLY OF AB
9820-107 ST NW FLR4
EDMONTON AB
T5K 1E7

Amex Bank of Canada/
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The American Express® Corporate Card Statement of Account

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Corporate Service Centre
PO Box 7000 Station B
Willowdale (Ontario) M2K 2R6

Prepared For:
MICHAEL G ELLIS
LEGIS ASSEMBLY OF AB

Membership Number: XXXX-XXXX-XXXX-XXXX
Date: September 16, 2016

Page 1 of 3

Statement includes payments and charges received by September 16, 2016.

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.

Listing of Charges and Credits

Amount \$

New Transactions for MICHAEL G ELLIS

		Amount \$
August 23	AHS FMC PARKING I ZE CALGARY GOVERNMENT SERVICES	6.75
August 26	IMPARK00030080U CALGARY Goods or Services	16.80
Total New Transactions for MICHAEL G ELLIS		23.55

† Please detach here †

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Do Not Enclose Cash



MICHAEL G ELLIS
LEGIS ASSEMBLY OF AB
9820-107 ST NW FLR4
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T5K 1E7

000117

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





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: Ellis, Mike

Constituency: Calgary-West

For the Month of: July

Year: 2016

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			<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	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
27	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
28	60 km from Perm. Res.	Medicine Hat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
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						\$76.86	\$3.84	\$80.70

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

Aug 11/16



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: Ellis, Mike

Constituency: Calgary-West

For the Month of: June

Year: 2016

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	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
7	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
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"/>			
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16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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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"/>			
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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						\$39.62	\$1.98	\$41.60

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 July 19/16



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: Ellis, Mike

Constituency: Calgary-West

For the Month of: August

Year: 2016

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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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						\$39.57	\$1.98	\$41.55

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

Sept 12, 2016



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: Mike Ellis Constituency: Calgary West
Employee #: [REDACTED] Date: 2016/04/19
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:

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

JULY 2016

Monthly Amount (maximum \$1,930 or less)

\$ 1930⁰⁰

x 12 = \$ 0.00 \$ 23160⁰⁰

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.

[Signature]
Member Signature

Updated April 2016



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: Mike Ellis Constituency: Calgary West
Employee #: [REDACTED] Date: 2016/04/19
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:

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

AUGUST 2016

Monthly Amount (maximum \$1,930 or less)

\$ 1930.00

x 12 = \$ 23160.00

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.

[Signature]
Member Signature

Updated April 2016



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: Mike Ellis Constituency: Calgary West
Employee #: [REDACTED] Date: 2016/04/19
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: _____

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)

\$ 1930⁰⁰

x 12 = \$ 0.00 \$23,160⁰⁰

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.

September 2016

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.

[Signature]
Member Signature

Updated April 2016



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COST CENTRE BILLING REPORT

REQUISITION REPORT

SOLD TO ACCOUNT NO.

AB LEGISLATIVE ASSEMBLY (ML
FINANCIAL MGMT & ADMIN SERV
9820 107 ST NW
4TH FLR
EDMONTON, AB T5K 1E7

G.S.T.

R894032192

Q.S.T.

1001640701TQ0009

PERIOD ENDING

07/31/2016

ACCT MGR NO.

INVOICE NO.

J907528

SHIP TO ACCOUNT NO.

COST CENTRE

ALTA LEGISLATIVE ASSEMBLY
CALGARY WEST
333 ASPEN GLEN LANDING SW
UNIT 234
CALGARY, AB T3H 0N6

QTY ORD	QTY SHIP	QTY B/O	U/M	PRODUCT NO.	DESCRIPTION	REGULAR	DISCOUNT	NET	AMOUNT	TX
REQ NO.	G284951	DATE	06/29/2016	ATTENTION	Calgary West	P.O.#	MLA163592	G&T ORDER NO	653888-00	

1	1	0	BX	74-01130	TIMOTHY'S WINTER CARNIVAL KCUP	11.99	SALE	11.99	11.99	
---	---	---	----	----------	--------------------------------	-------	------	-------	-------	--

Approved By: Mary Trush
* For balance of order see ref
653889

COST CENTRE DEPT.

NET TOTAL COST CENTRE
PST TOTAL
SUB-TOTAL
GST TOTAL
HST TOTAL
TOTAL
YEAR-TO-DATE TOTAL

REQ TOTAL
HST TOTAL
PST TOTAL
SUB-TOTAL
GST TOTAL
TOTAL THIS ORDER

Personal Expense Claim Receipt Description

Member Name: Mike EllisClaimant Name: Natalie BachExpense Category: Hosting

For hosting, select one:

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

Purpose:

Thank you lunch



Original Joes Aspen
Unit 112, 313 Aspen Glen Landing SW
Calgary, AB T3H 0N5

GST#: 33724 7998 RT0001

Phone: (403) 457-5637

Table #7

Trans#: 196635 Serv: Edina 15
07/05/2015 02:10:33 PM #Cust:1

Quan	Description	Cost
1	Cup of Joe	\$2.75
1	Tea	\$2.25
1	Teriyaki Prawn Bowl	\$15.00
1	Lettuce Wraps	\$13.00
1	Side Fries	\$3.00
Net Total:		\$36.00
GST		\$1.80
TOTAL:		\$37.80

CASH \$37.80

Original Joe's cares,
tell us about your experience!!
Complete our Online Survey:
WWW.ORIGINALJOES.CA/SURVEY
<-REPRINTED->

ORIGINAL JOE'S (ASPEN)
318 ASPEN GLEN LANDNG SW
CALGARY AB

CARD *****
CARD TYPE VISA
DATE 2016/06/21
TIME 8153 13:07:44
CLERK ID 15
RECEIPT NUMBER
C85024971-001-158-004-0

PURCHASE
AMOUNT \$37.80
TIP \$6.80
TOTAL

\$44.60

VISA
A0000000031010
A5FE3C4EE7728EAB
0000008000-E800
532B690F3D68C4C0
0000008000-F800

APPROVED

01-027

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Mike Ellis

Claimant Name: Natalie Bach

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☒ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Welcome new employee

DUPLICATE

GOOD EARTH COFFEEHOUSE -
ASPEN
332 ASPEN GLEN LANDNG SW
CALGARY AB

DUPLICATE

CARD *****
CARD TYPE VISA
DATE 2016/05/04
TIME 1822 12:39:10
RECEIPT NUMBER
C84008145-001-179-047-0

PURCHASE
AMOUNT \$19.11
TIP \$0.96
TOTAL

\$20 07

VISA
A0000000031010
B905DB2B01DF224B
0000008000-E800
8FA903CDA53CDFA9
0000008000-F800

APPROVED

01-027

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

DUPLICATE

Personal Expense Claim Receipt Description

Member Name: Mike Ellis

Claimant Name: Mike Ellis

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: _____

Purpose:

Water for office



better water. pure and simple.™

H.S.T. # 813808607 RT 0001

INVOICE

Remit Payment to:

Culligan Water Treatment
1110 58th Ave., SE
Calgary AB T2H 2C9
(403) 243-5141
CalgCustServ@culliganwater.ca

Invoice #: 35941TF
Invoice Date: 07/06/2016
Shipped: 07/06/2016
PO No:
Customer No: [REDACTED]
Due Date: 08/05/2016

Balance: \$18.50 CAD

Billing Address:

Mla Constituency Office Calgary West
333 Aspen Glen Landing Sw
SUITE 234
Calgary AB T3H 0N6

Location Address:

Mla Constituency Office Calgary West
333 Aspen Glen Landing Sw
SUITE 234
Calgary AB T3H 0N6

Comments:



Service Date	Description	Comments	Reference	Qty.	Price	Amount
07/06/2016	18L RO Water Delivered			2	8.00	16.00
07/06/2016	Bottle Deposit	Dp: 2 Rt:2		0	0.00	0.00
07/06/2016	Delivery Fee			1	2.50	2.50

Please include Customer No. and Invoice No. with your payment.

Page 1 of 1

Sub-Total: \$18.50 CAD
Tax: \$0.00 CAD
Total: \$18.50 CAD

Customer No: [REDACTED]
Invoice No: 35941TF

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Mike EllisClaimant Name: Natalie BachExpense Category: Hosting

For hosting, select one:

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

Purpose:

Farewell Lunch for summer student

DATE: 2016/08/24 TIME: 10:32 AM

PANAGO

ORDER #: 179002 System

DATE: Wed, Aug 24 TIME: 11:45 AM

QUOTE: 15

(403) 216-2395

Bach, Natalie

**306 ASPEN GLEN
LANDING SW**

CALGARY, AB

Online

Pick-up**REPRINT- cust
contact 403-216-5439******* TIMED PICK-UP
ORDER for Wed, Aug
24 at 11:45 AM ********** TICKET REPRINT**

Qty		Price
1	Large Pizza Multigrain Thin Crust Italia Classic	19.25
1	10 piece NEW Hot Spicy	9.50
1	Dip Ital Garlic	0.50
1	Shaker Chilli	0.50
1	Can 355 mL 7-Up	1.25
1	Can 355 mL Diet Pepsi	1.25
1	Can 330 mL Limonata	1.25
1	Can 355 mL Pepsi	1.25

Subtotal 34.75

Deposit 0.40

GST 5.00 % 1.74

TOTAL \$36.89**Visa**

GST # 808091898

Thanks for choosing Panago in
Aspen Landing.
For customer service,
please call 310-0001
or visit www.panago.com

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Personal Expense Claim Receipt Description

Member Name: Mike EllisClaimant Name: Natalie BachExpense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)☐ Individual Stakeholder(s)☒ Group: Volunteer

Purpose:

Dinner for volunteers for the SCA Community open house.

DATE: 2016/09/09

TIME: 2:15 PM

PANAGO

ORDER # 179014

Albert U.

DATE: 2016/09/09

TIME: 2:30 PM

QUOTE: 15

Walk-in

nathalie

***NO DIPS
REQUIRED***

Qty		Price
1	Large Pizza Multigrain Thin Crust Pep Classic	18.25
1	Can 355 mL Pepsi	1.25
1	Bottle 250 mL San Pell Min Water	1.50
Subtotal		21.00
Deposit		0.20
GST 5.00 %		1.05

TOTAL \$22.25**Visa**

GST # 808091896

Thanks for choosing Panago in
Aspen LandingFor customer service,
please call 310-0001
or visit www.panago.com

64377

001

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Mike Ellis

Claimant Name: Mike Ellis

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: _____

Purpose:

Water for Office



better water. pure and simple.™

H.S.T. # 813808607 RT 0001

INVOICE

Remit Payment to:

Culligan Water Treatment
1110 58th Ave., SE
Calgary AB T2H 2C9
(403) 243-5141
CalgCustServ@culliganwater.ca

Invoice #: 35486TF
Invoice Date: 04/11/2016
Shipped: 04/11/2016
PO No:
Customer No: [REDACTED]
Due Date: 05/11/2016

Balance: \$18.50

Billing Address:

Mla Constituency Office Calgary West
333 Aspen Glen Landing Sw
SUITE 234
Calgary AB T3H 0N6

Location Address:

Mla Constituency Office Calgary West
333 Aspen Glen Landing Sw
SUITE 234
Calgary AB T3H 0N6

Comments:

Service Date	Description	Comments	Reference	Qty.	Price	Amount
04/11/2016	18L RO Water Delivered			2	8.00	16.00
04/11/2016	Bottle Deposit	Dp: 2 Rt:2		0	0.00	0.00
04/11/2016	Delivery Fee			1	2.50	2.50

Please include Customer No. and Invoice No. with your payment.

Page 1 of 1

Sub-Total: \$18.50
Tax: \$0.00
Total: \$18.50

Customer No: [REDACTED]
Invoice No: 35486TF



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COST CENTRE BILLING REPORT

REQUISITION REPORT

SOLD TO ACCOUNT NO.

AB LEGISLATIVE ASSEMBLY (ML
FINANCIAL MGMT & ADMIN SERV
9820 107 ST NW
4TH FLR
EDMONTON, AB T5K 1E7

G.S.T.
Q.S.T

R894032192
1001640701TQ0009

PERIOD ENDING
ACCT MGR NO.

08/31/2016

INVOICE NO.
COST CENTRE

K001657

SHIP TO ACCOUNT NO.

ALTA LEGISLATIVE ASSEMBLY
CALGARY WEST
333 ASPEN GLEN LANDING SW
UNIT 234
CALGARY, AB T3H 0N6

QTY ORD	QTY SHIP	QTY B/O	U/M	PRODUCT NO.	DESCRIPTION	REGULAR	DISCOUNT	NET	AMOUNT	TX
REQ NO.	G287345	DATE	08/11/2016	ATTENTION	Calgary West	P.O.#	MLA 163596	G&T ORDER NO	868705-00	
1	1	0	BX	74-01130	TIMOTHY'S WINTER CARNIVAL KCUP	10.99	SALE	10.99	10.99	✓

REQ TOTAL
HST TOTAL
PST TOTAL
SUB-TOTAL
GST TOTAL
TOTAL THIS ORDER

COST CENTRE DEPT.

NET TOTAL COST CENTRE
PST TOTAL
SUB-TOTAL
GST TOTAL
HST TOTAL
TOTAL
YEAR-TO-DATE TOTAL