

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2016-17
027 - Calgary-West - Ellis, Mike
For Expenses Processed Oct 1 - Dec 31, 2016

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$1,329.75	\$3,278.34
MLA Parking Cap - \$	\$900.00	\$109.63	\$234.01
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$			
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$751.81	\$2,024.57
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,790.00	\$17,370.00
Travel Accommodations Allowance			
Travel Accommodations Allowance (days; 10 max) - NF	10.0		
Other			
Hosting - \$		\$385.32	\$564.52
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	35,000.0	634.0	2,379.0
Special Trips (5 trips per year) - NF	5.0		
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	12.0	23.0
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

Element Fleet Management



BFD290001

<p>FLEET MANAGEMENT SERVICES DETAIL DETAILS SERVICES DE GESTION DE PARC</p> <p>PAGE - 247 OF 253 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 10/01/16 DATE DE LA FACTURE INVOICE NO. 0006467039 NO DE LA FACTURE</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				000442843620 09/19/16	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	111.6	1.00	106.19	5.31 5.31	111.50 111.50
					000442373156 09/13/16	SHELL CANADA INC CALGARY AB	UNLEADED MIDGRADE GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	119.7	.92	104.76	5.24 5.24	110.00 110.00
					000442236707 09/09/16	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	114.4	.98	106.67	5.33 5.33	112.00 112.00
					000441890051 09/03/16	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	118.0	.95	106.68	5.33 5.33	112.01 112.01
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	463.7		424.30	21.21	445.51
	BKDN TOTALS / TOTAUX CODIFICATION 01-90				1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	463.7		424.30	21.21	
							BKDN TOTALS / TOTAUX CODIFICATION					445.51

BLG871

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

Element Fleet Management



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FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

PAGE - 247 OF 254
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	11/01/16
DATE DE LA FACTURE	
INVOICE NO.	0006478695
NO DE LA FACTURE	

UNIT 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				000444552405 10/17/16	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	117.1	1.01	112.57	5.63 5.63	118.20 118.20
					000443903255 10/10/16	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	99.3	1.04	98.25	4.91 4.91	103.16 103.16
					000443766423 10/06/16	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	109.0	1.01	104.77	5.24 5.24	110.01 110.01
					000443322768 09/28/16	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	112.5 1.0	.97 12.99	103.81 12.99	5.19 .65 5.84	122.64 122.64
	UNIT TOTAL / TOT UNITE						FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	437.9		432.39	21.62	454.01
BKDN TOTALS / TOTAUX CODIFICATION 01-90							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	437.9		432.39	21.62	
BKDN TOTALS / TOTAUX CODIFICATION												454.01

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

Element Fleet Management



BFD290001

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

PAGE - 237 OF 244
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	12/01/16
DATE DE LA FACTURE	
INVOICE NO.	0006490543
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				000445396739 11/05/16	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	107.9	.92	94.48	4.72 4.72	99.20 99.20
					000445148961 10/31/16	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	107.0	.95	96.68	4.83 4.83	101.51 101.51
					000445047711 10/27/16	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	96.1	.99	90.48	4.52 4.52	95.00 95.00
					000444911674 10/25/16	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	104.2	.99	98.09	4.91 4.91	103.00 103.00
					000444680533 10/20/16	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	98.1	1.00	93.33	4.67 4.67	98.00 98.00
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	513.3		473.06	23.65	496.71
	BKDN TOTALS / TOTAUX CODIFICATION 01-90				1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	513.3		473.06	23.65	
							BKDN TOTALS / TOTAUX CODIFICATION					496.71

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

www.americanexpress.ca
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

Membership Number
XXXX-XXXX-XXXX-XXXX

Date
October 16, 2016



Page 1 of 3

Statement includes payments and charges received by October 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 \$

September 19	CalgParkAuth 2117811 CALGARY GOVERNMENT SERVICES	2.25
October 4	IMPARK00030080U CALGARY Goods or Services	16.80
October 14	CalgParkAuth 2140030 CALGARY GOVERNMENT SERVICES	3.00
October 14	CalgParkAuth 2139765 CALGARY GOVERNMENT SERVICES	5.00
Total New Transactions for MICHAEL G ELLIS		27.05

† Please detach here †

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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



000117
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
November 16, 2016

Page 1 of 3

Statement includes payments and charges received by November 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 \$

October 18	IMPARK00030236U Goods or Services	CALGARY	25.20
October 25	IMPARK00020004U Goods or Services	EDMONTON	24.00
Total New Transactions for MICHAEL G ELLIS			49.20

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- Your local bank branch
- Automatic banking machines

Do Not Enclose Cash

000120



MICHAEL G ELLIS
LEGIS ASSEMBLY OF AB
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EDMONTON AB
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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-XXXXX [REDACTED]

Date

December 16, 2016



Page 1 of 3

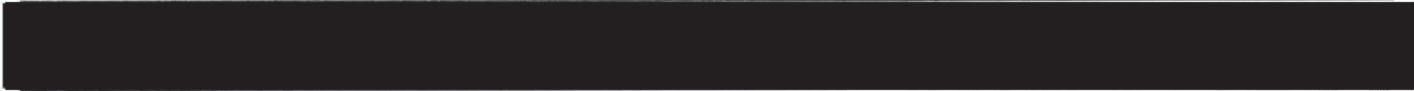


Statement includes payments and charges received by December 16, 2016

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.

1119



Listing of Charges and Credits

Amount \$



New Transactions for MICHAEL G ELLIS

Amount \$

November 17	IMPARK00030179U Goods or Services	CALGARY	28.35
November 26	IMPARK00030080U Goods or Services	CALGARY	10.50

Total New Transactions for MICHAEL G ELLIS			38.85
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Do Not Enclose Cash



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

000118

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: October

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	60 km from Perm. Res.	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
11	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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	60 km from Perm. Res.	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
20	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
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	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27	60 km from Perm. Res.	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
Grand Total						\$197.81	\$9.89	\$207.70

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

11/22/16



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: November

Year: 2016

Employee #: [REDACTED]

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
2	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
3	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
8	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
9	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
10	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
22	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
23	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
24	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
29	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
30	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$554.00	\$27.70	\$581.70

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

2016/12/05



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 \$ 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.

October 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



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 \$ 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.

November 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



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.

December 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

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Mike Ellis

Claimant Name: Culligan

Expense Category: Hosting

For hosting, select one:

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

Purpose:

Water for office



INVOICE

better water. pure and simple.™

H.S.T. # 813808607 RT 0001

Remit Payment to:

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

Invoice #:

14617TF

Invoice Date:

09/16/2016

Shipped:

09/16/2016

PO No:

Customer No:

Due Date:

10/16/2016

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:

R-1217486

Service Date	Description	Comments	Reference	Qty.	Price	Amount
09/16/2016	18L RO Water Delivered			2	8.00	16.00
09/16/2016	Bottle Deposit	Dp: 2 Rt:2		0	0.00	0.00
09/16/2016	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: 1190393

Invoice No: 14617TF



GRAND & TOY ® MD

An **Office DEPOT**, Inc. Company
une société d'**Office DEPOT**, Inc

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

10/31/2016

ACCT MGR NO.

INVOICE NO.

K219378

SHIP TO ACCOUNT NO.

ALTA LEGISLATIVE ASSEMBLY

COST CENTRE

29-027-330-4430

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.	G291956	DATE	10/18/2016	ATTENTION	Calgary West	P.O.#	MLA163575	G&T ORDER NO	268532-00	

2	2	0	BX	74-01101	TIMOTHY'S BREAKFAST BLEND KCUP Approved By: Mary Trush >Due to product integrity, Gra will not accept returns on foo For Item 74-01101	11.99	CONTRACT	11.99	23.98	
---	---	---	----	----------	---	-------	----------	-------	-------	--

COST CENTRE DEPT.

NET TOTAL COST CENTRE

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

PST TOTAL
SUB-TOTAL
GST TOTAL
HST TOTAL

TOTAL

YEAR-TO-DATE TOTAL

Personal Expense Claim Receipt Description

Member Name: Mike EllisClaimant Name: NatalieExpense Category: Hosting

For hosting, select one:

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

Purpose:

Open House

SAFeway 

Safeway Aspen

375 Aspen Glen Landing SW Calgary AB

Phone: 403 217.5521

GST# 817093735

Served by: Catharine H

Welcome to Safeway

GROCERY

Melograno E Arancia	\$5.99	GC
+EHC	\$0.06	GR
+Deposit	\$0.60	R
MissVick	\$4.29	GC
Tringls Blue Corn	\$3.79	GC
Popcorn Jalpeno Ched	\$3.79	GC
CocaCola Mini	\$2.59	GC
INSTANT SAVINGS	-\$0.09	

YOU SAVED \$1.40

+EHC	\$0.06	GR
+Deposit	\$0.60	R
CanadDry	\$2.59	GC
INSTANT SAVINGS	-\$0.09	

YOU SAVED \$1.40

+EHC	\$0.06	GR
+Deposit	\$0.60	R
Diet Pepsi	\$2.59	GC
INSTANT SAVINGS	-\$0.09	

YOU SAVED \$1.80

+EHC	\$0.06	GR
+Deposit	\$0.60	R
Diet Pepsi	\$2.59	GC
INSTANT SAVINGS	-\$0.09	

YOU SAVED \$1.80

+EHC	\$0.06	GR
+Deposit	\$0.60	R
Pepsi	\$2.59	GC
INSTANT SAVINGS	-\$0.09	

YOU SAVED \$1.80

+EHC	\$0.06	GR
+Deposit	\$0.60	R
Schweppe Ginger Ale	\$2.59	GC
INSTANT SAVINGS	-\$0.09	

YOU SAVED \$1.80

+EHC	\$0.06	GR
+Deposit	\$0.60	R
Spring Water 500ML	\$2.39	C
+EHC	\$0.48	R
+Deposit	\$1.20	R

PRODUCE

Mandarins Chin 5lb \$5.99 C

DELI

Cheese/Fruit Nibbler	\$39.99	GC
Taste of Italy 13X19	\$69.99	GC
Vegetarian 18In Lg	\$59.99	GC
Tea Sandwich Classic	\$46.99	GC
Hummus&Grdn Veg	\$29.99	GC
Dip 7 Layer 8 Inch	\$9.99	C
INSTANT SAVINGS 10%	-\$1.00	C

BAKERY

Cookies Artisan Trtl	\$4.99	C
Cookies Choc Chip	\$3.99	C
Macarons Platter	\$6.99	GC
Cupcakes Triple Lmn	\$4.99	C

AIR MILES Base Offer

16 Miles

SUBTOTAL	\$324.34
5% GST	\$14.36

TOTAL \$338.70

Visa	TENDER	\$338.70
Cash	CHANGE	\$0.00

NUMBER OF ITEMS 22

*****YOUR SAVINGS*****

Discounts & Specials	\$11.54
Your Total Savings	\$11.54

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 #:

96710TF

Invoice Date:

11/29/2016

Shipped:

11/29/2016

PO No:

Customer No:

Due Date:

12/29/2016

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:

R-1302315

Service Date	Description	Comments	Reference	Qty.	Price	Amount
11/29/2016	18L RO Water Delivered			2	8.00	16.00
11/29/2016	Bottle Deposit	Dp: 2 Rt:2		0	0.00	0.00
11/29/2016	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:

Invoice No:

96710TF