

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2018-19
027 - Calgary-West - Ellis, Mike
For Expenses Processed Oct 1 - Dec 31 2018

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$1,502.56	\$4,080.12
MLA Parking Cap - \$	\$900.00	\$38.39	\$45.54
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$			\$63.16
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$316.53	\$1,780.52
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,790.00	\$17,370.00
Travel Accommodations Allowance		\$252.48	\$252.48
Travel Accommodations Allowance (days; 10 max) - NF	10.0	2.0	2.0
Other			
Hosting - \$		\$3,103.30	\$3,121.80
Event Tickets Disclosable - \$			
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel MLA (KM) - NF	35,000.0	2,020.0	2,324.0
Constituency Travel Staff (KM) - NF			
Total Constituency Travel (KM) - NF	35,000.0	2,020.0	2,324.0
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	9.0	19.0
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

FLEET MANAGEMENT SERVICES DETAIL
DETAI LS SERVICES DE GESTION DE PARC

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
DIV-90-M ELLIS
- -
- -
- -
- -

CLIENT NO.
NO DU CLIENT
NVOICE DATE 11/01/18
DATE DE LA FACTURE
NVOICE NO. 0007247545
NO DE LA FACTURE

UNIT NO NO. D'UNITE	DRIVER NAME DRIVER ID. NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V.I.N. NO. DE SERIE	CARD NO. NO. DE CARTE	KM AUTHORIZE KM AUTORISE	REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION DESCRPTION DES FRAIS	QTY QTE	UNIT COST COUT UNIT	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DUE MONTANT TOTAL DU
	ELLIS			0028642	000512281461 10/06/18	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	112.9	1.33	142.86	7.14 7.14	150.00 150.00
				0027826	000511465785 09/29/18	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	93.2	1.30	115.24	5.76 5.76	121.00 121.00
				0027072	000511228173 09/26/18	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	100.1	1.33	126.67	6.33 6.33	133.00 133.00
				0026217	000511030086 09/24/18	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	60.8	1.35	78.09	3.91 3.91	82.00 82.00
				UNIT TOTAL / TOT UNITE			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	367.0		462.86	23.14	486.00
	BKDN TOTALS / TOTAUX CODIFICATION 01-90			UNITS / VEHIC 1			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	367.0		462.86	23.14	
							BKDN TOTALS / TOTAUX COD FICATION					486.00

Element Fleet Management



BFD290001

FLEET MANAGEMENT SERVICES DETAIL
DETAI LS SERVICES DE GESTION DE PARC

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
DIV-90-M ELLIS
- -
- -
- -
- -

CLIENT NO. [REDACTED]
NO DU CLIENT [REDACTED]
NVOICE DATE 10/01/18
DATE DE LA FACTURE
NVOICE NO. 0007240158
NO DE LA FACTURE

UNIT NO NO. D'UNITE	DRIVER NAME DRIVER ID. NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V. I. N. NO. DE SERIE	CARD NO. NO. DE CARTE	KM AUTHORIZE KM AUTORISE	REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION DESCRPTION DES FRAIS	QTY QTE	UNIT COST COUT UNIT	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DUE MONTANT TOTAL DU
████	ELLIS ████		████	0025822	000510501248 09/18/18	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	119.1	1.25	141.67	7.08 7.08	148.75 148.75
				0024999	000509401388 09/10/18	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	111.2	1.35	142.86	7.14 7.14	150.00 150.00
				0024157	000508578410 08/29/18	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	117.5	1.21	135.24	6.76 6.76	142.00 142.00
				UNIT TOTAL / TOT UNITE			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	347.8		419.77	20.98	440.75
BKDN TOTALS / TOTAUX CODIFICATION 01-90			UNITS / VEHIC		1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	347.8		419.77	20.98	
BKDN TOTALS / TOTAUX COD FICATION												440.75

Element Fleet Management



BDFD290001

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
DIV-90-M ELLIS
- -
- -
- -
- -

CLIENT NO. [REDACTED]
NO DU CLIENT [REDACTED]
INVOICE DATE 12/01/18
DATE DE LA FACTURE
INVOICE NO. 0007291286
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
[REDACTED]	ELLIS [REDACTED]	[REDACTED]	[REDACTED]	0032211	000516256420 11/16/18	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	119.2	1.10	124.76	6.24 6.24	131.00 131.00
				0031387	000515296069 11/08/18	SHELL CANADA INC EDMONTON AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	102.6	1.06	103.43	5.17 5.17	108.60 108.60
				0030672	000514674251 11/01/18	SHELL CANADA INC EDMONTON AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	82.0	1.16	90.49	4.52 4.52	95.01 95.01
				0030044	000514040813 10/25/18	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	87.5	1.23	102.39	5.12 5.12	107.51 107.51
				0029368	000513828038 10/23/18	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	114.8 1.0	1.18 13.99	128.87 13.99	6.44 7.14	150.00 150.00
				UNIT TOTAL / TOT UNITE			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	506.1		563.93	28.19	592.12
BKDN TOTALS / TOTALS CODIFICATION 01-90				UNITS / VEHIC	1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	506.1		563.93	28.19	
BKDN TOTALS / TOTALS CODIFICATION												592.12

BLE871

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: Mike Ellis

Claimant Name: Mike Ellis

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

--	--

CUSTOMER #: [REDACTED]

376803



MIKE ELLIS

INVOICE

NORTHSTAR GROUP

Calgary Cochrane Fort McMurray Fort McKay

#9 Crowfoot Circle N.W. · Calgary, AB T3G 3J8

Phone: (403) 239-1115 · Fax: (403) 239-1291

www.northstarfordcalgary.ca

"THE WAY THE EXPERIENCE SHOULD BE"

SERVICE ADVISOR: 2355 BRITTANY FJELLSTAD

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LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
------	--------	------	------	-------	------	-----	-------

INSULATION REWORK

CAUSE: 18S27

18S27D 18S27D APPLY FOIL TAPE

2432 W4

1 324A FOIL TAPE - PREMIUM COLD WEATHER

FC: PART#: COUNT:

CLAIM TYPE: 18S27

AUTH CODE:

2432

PARTS:	0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE E:	0.00
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32933

18S27D

0.7 Hours

COMPLETED RECALL ON CARPET

F GOLD CLEAN AT SPECIAL PRICE - \$50.00

GOLDS GOLD CLEAN AT SPECIAL PRICE

2452 CD

2648 CD

PARTS:	0.00	LABOR:	50.00	OTHER:	0.00	TOTAL LINE F:	50.00
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32936

*****SPLIT BETWEEN 2452 AND

2648*****GOLD CLEAN - INTERNAL PRICING (EXTERIOR

WASH/SHAMMY, CLEAN WINDOWS INSIDE/OUTSIDE, VACUUM SEATS/FLOORS, WIPE

DOWN INTERIOR, WASHED THREE VINYL MATS,

WIPE DOWN ENGINE COMPARTMENT). 1.7HRS TOTAL. COMPLETED BY: 2452 AND

2648

G ESTIMATE LINE FOR ADDITIONAL REPAIRS/SERVICES AS DETERMINED BY THE TECHNICIAN.

ESTIMATE ESTIMATE LINE FOR ADDITIONAL

REPAIRS/SERVICES AS DETERMINED BY THE

TECHNICIAN.

TERMS: STRICTLY CASH UNLESS ARRANGEMENTS MADE

ALL ITEMS SUBJECT TO G.S.T.

DESCRIPTION

TOTALS

IMPORTANT PRIVACY INFORMATION: Personal information is collected in accordance with applicable privacy legislation and is governed by NORTHSTAR FORD SALES (CALGARY) INC. privacy policy. Your privacy is important to us. Ask us if you would like information about our Privacy Policy, including our service providers and their data processing in the U.S., which may be accessible to U.S. law enforcement and national security authorities. We provide this personal and transaction information to Ford Motor Company of Canada, Limited to enable Ford to administer your transaction, provide you with requested services, improve automotive related products and services by conducting customer surveys, and provide you with marketing material which may be of interest to you, as permitted by applicable laws. For the Ford Privacy Policy (www.ford.ca) including use of service providers and U.S. data storage of if you do not want to receive marketing or survey materials from Ford please call 1-800-565-FORD (3673)

LABOUR AMOUNT

PARTS AMOUNT

GAS, OIL, LUBE

SUBLET AMOUNT

MISC. CHARGES

TOTAL CHARGES

LESS INSURANCE

G.S.T. / P.S.T.

PLEASE PAY THIS AMOUNT

SAFETY NOTIFICATION: Return to the Dealership within 100 kms of this service to have the lug nut torque rechecked on the wheels of this vehicle.

(SIGNED)

Customer

(DATE)

Hours of Operation: Monday - Friday 6:00am - 6:00pm, Saturday 8:00am - 1:00pm

Car Dirty?
We clean 'em too!
Call for specials

CUSTOMER #: [REDACTED]

376803



MIKE ELLIS

INVOICE

NORTHSTAR GROUP

Calgary Cochrane Fort McMurray Fort McKay

#9 Crowfoot Circle N.W. · Calgary, AB T3G 3J8
 Phone: (403) 239-1115 · Fax: (403) 239-1291
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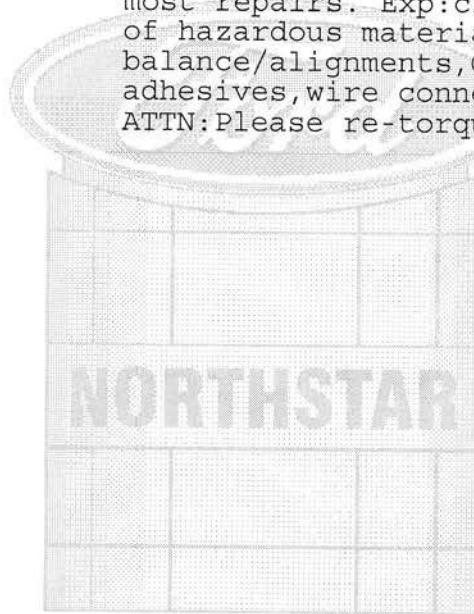
"THE WAY THE EXPERIENCE SHOULD BE"

SERVICE ADVISOR: 2255 BRITTANY FLETCHER

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
		2432	CI			0.00	0.00
PARTS:		0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE G:
							0.00

SHOP MATERIALS							6.00

WHAT ARE SHOP SUPPLIES? Shop supplies are extra materials that are necessary on most repairs. Exp: cleaners, disposal/recycling of hazardous materials. Shims/weights on wheel balance/alignments, Grease, Lubricants, Tape adhesives, wire connectores, floor mats. ATTN: Please re-torque lug nuts after a 100KM



GST -----> (#: RT801162017)

2.80

TERMS: STRICTLY CASH UNLESS ARRANGEMENTS MADE

ALL ITEMS SUBJECT TO G.S.T.

DESCRIPTION

TOTALS

IMPORTANT PRIVACY INFORMATION: Personal information is collected in accordance with applicable privacy legislation and is governed by NORTHSTAR FORD SALES (CALGARY) INC. privacy policy. Your privacy is important to us. Ask us if you would like information about our Privacy Policy, including our service providers and their data processing in the U.S., which may be accessible to U.S. law enforcement and national security authorities. We provide this personal and transaction information to Ford Motor Company of Canada, Limited to enable Ford to administer your transaction, provide you with requested services, improve automotive related products and services by conducting customer surveys, and provide you with marketing material which may be of interest to you, as permitted by applicable laws. For the Ford Privacy Policy (www.ford.ca) including use of service providers and U.S. data storage of if you do not want to receive marketing or survey materials from Ford please call 1-800-565-FORD (3673)

LABOUR AMOUNT	50.00
PARTS AMOUNT	0.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	6.00
TOTAL CHARGES	56.00
LESS INSURANCE	0.00
G.S.T. / P.S.T.	2.80
PLEASE PAY THIS AMOUNT	58.80

SAFETY NOTIFICATION: Return to the Dealership within 100 kms of this service to have the lug nut torque rechecked on the wheels of this vehicle.

(SIGNED)

Customer

(DATE)

Hours of Operation: Monday - Friday 6:00am - 6:00pm, Saturday 8:00am - 1:00pm

Car Dirty?

We clean 'em too!
 Call for specials



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
December 16, 2018



Page 1 of 2

Statement includes payments and charges received by December 16, 2018

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.

0805

New Transactions for MICHAEL G ELLIS

Amount \$

November 16	PRECISE PARKLINK INC TORONTO Goods or Services	15.00
November 16	IMPARK00030080U CALGARY Goods or Services	16.80
November 23	CalgParkAuth 2802166 CALGARY GOVERNMENT SERVICES	8.50
Total New Transactions for MICHAEL G ELLIS		40.30

\$38.39

↑ Please detach here ↑

AMERICAN EXPRESS®

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



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

000121

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: September

Year: 2018

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	60 km from Perm. Res.	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29	60 km from Perm. Res.	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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						\$158.24	\$7.91	\$166.15

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



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: 2018

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	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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	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						\$158.29	\$7.91	\$166.20

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

2018/11/16



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: Ellis, Mike

Constituency: Calgary-West

Employee #: [REDACTED]

Date: 4/18/2018

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: 2018-2019

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)

\$ 1,930.00

x 12 = \$ 23,160.00

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.

OCT 2018

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.

Member Signature

Updated March 2018



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: Ellis, Mike

Constituency: Calgary-West

Employee #: [REDACTED]

Date: 4/18/2018

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: 2018-2019

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)

\$ 1,930.00

x 12 = \$ 23,160.00

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

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Please Note: The Member must advise the Clerk in writing of any changes to their permanent or temporary residence at the time it occurs.

NOV 2018

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Member Signature

Updated March 2018



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: Ellis, Mike

Constituency: Calgary-West

Employee #: [REDACTED]

Date: 4/18/2018

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: 2018-2019

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)

\$ 1,930.00

x 12 = \$ 23,160.00

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.

December 2018

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.

Member Signature

Updated March 2018

Signature Lethbridge Lodge
 320 Scenic Drive
 Lethbridge, AB T1J 4B4 CA
 403-328-1123 Fax: 403-328-0002
 www.sandmanhotels.com



Name: Mike Ellis



Guest Name: Mike Ellis
 Company:

Arrival
 September 12, 2018

Departure
 September 15, 2018

Group: Ucp Caucus

Room

215

Bill To: Ellis, Mike

Attn:

Property Code: 224 Invoice # 68654 PO #

Res. #

Date	Description	Voucher	Amount
12/9/18	Room Revenue	llh-215	119.00
12/9/18	Destination Marketing Fee	llh-215	2.38
12/9/18	GST	llh-215	6.07
12/9/18	Provincial Tourism Levy	llh-215	4.86
13/9/18	Room Revenue	llh-215	119.00
13/9/18	Destination Marketing Fee	llh-215	2.38
13/9/18	GST	llh-215	6.07
13/9/18	Provincial Tourism Levy	llh-215	4.86
15/9/18	Mastercard		-264.62
Balance:			0.00

GST/HST #: 12176 7065 RT 001

Travel Accommodation Allowance = \$252.48 plus GST

	Total Tax
Destination Marketing Fee	\$4.76
GST	\$12.14
Provincial Tourism Levy	\$9.72
Total	\$26.62

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: Office

Purpose:

Water cooler

Hosting Consumables = \$18.50

You could give your people



H.S.T. # 813808607 RT 0001

INVOICE

Remit Payment to:

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

Invoice #: 82104TH
Invoice Date: 09/19/2018
Shipped: 09/19/2018
PO No:
Customer No: [REDACTED]
Due Date: 10/19/2018

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
09/19/2018	18L RO Delivered			2	8.00	16.00
09/19/2018	Bottle Deposit	Dp: 2 Rt:2		0	0.00	0.00
09/19/2018	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: 82104TH

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: Constituents of Calgary-West

Purpose:

Community breakfast on Neighbours day

Based on ⁴4.00 per plate



SCA COMMUNITY ASSOCIATION

Serving Strathcona, Christie & Aspen

277 Strathcona Drive SW
Calgary, AB
T3H 2A4



Phone: (403) 249-1138

Fax: (403) 249-7811

Email: info@scacalgary.ca

Invoice #20180616

To: Natalie Bach
Calgary-West Constituency Manager
For MLA Mike Ellis
234, 333 Aspen Glen Landing SW
Calgary, AB T3H 0N6
403.216.5439

July 31, 2018

\$3,000 + \$0 (GST) = \$3,000

SCA CA & Mike Ellis; MLA Neighbor Day Stampede
Breakfast – June 16, 2018

Thank you,
Shelley Lakatos
SCA Office Manager

Personal Expense Claim Receipt Description

Member Name: Mike EllisClaimant Name: Mike EllisExpense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)☐ Individual Stakeholder(s)☒ Group: School Trustees

Purpose:

Working Lunch/update CBE



Original Joes Aspen
Unit 112, 318 Aspen Glen Landing SW
Calgary, AB T3H 0N5

GST#: 83724 7998 RT0001

Phone: (403) 457-5637

Table #5

Trans#: 321174 Serv: 0016-Julia.
11/16/2018 12:48:54 PM #Cust:2

Quan	Description	Cost
1	Tea	\$2.75
1	Diet Coke	\$3.50
1	Cobb Salad	\$17.00
1	Steak & Salmon Bites AB	\$17.00
1	Cajun Chkn Burger	\$16.75
Net Total:		\$57.00
GST		\$2.85
TOTAL:		\$59.85

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



GRAND&TOY ® MD

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

COST CENTRE BILLING REPORT

REQUISITION REPORT

SOLD TO ACCOUNT NO.

[REDACTED]

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

11/30/2018

ACCT MGR NO.

42905

INVOICE NO.

N030127

SHIP TO ACCOUNT NO.

[REDACTED]

COST CENTRE

[REDACTED]

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
2	2	0	BX	74-04942	TIMOTHY'S PACIFIC ISLAND KCUP	13.90	CONTRACT	13.90	27.80	

QTY
ORD

TX