

LEGISLATIVE ASSEMBLY OF ALBERTA - 29th LEG
Member EDR 2015-16 - 29th Leg
017 - Calgary-Klein - Coolahan, Craig
For Expenses Processed Oct 1 - Dec 31, 2015

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$243.42	\$1,736.51
MLA Parking Cap - \$	\$900.00	\$60.26	\$147.26
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$		\$201.55	\$201.55
Member Travel (Extraordinary Accommodation) - \$		\$1,590.26	\$2,461.20
Taxi, Bus Travel - \$		\$221.00	\$382.91
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$		\$1,699.57	\$2,640.53
Member Travel (Meal Per Diems) - \$			
Other			
Hosting - \$		\$26.73	\$107.54
Non-Financial Reporting			
Member Travel - Accommodation			
Edmonton Accommodation Allowance (days; 120 max)	120	34	61
Travel Accommodations Allowance (days; 10 max)	10	1	1
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	35,000		
Special Trips (5 trips per year) - NF	5		
Travel To and From the Capital			
Travel by Air, Bus or Train (Unlimited Trips) - NF		3	3
Use of a Private Automobile (52 trips per year) - NF	52	2	7
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

FLEET MANAGEMENT SERVICES DETAIL DETAILS SERVICES DE GESTION DE PARC

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
	C COOLAHAN				000424006001 09/19/15	PETRO CANADA CALGARY AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	63.0	1.26	75.58	3.78 3.78	79.36 79.36
UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	63.0		75.58	3.78	79.36
BKDN TOTALS / TOTAUX CODIFICATION 01-17							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	63.0		75.58	3.78	
BKDN TOTALS / TOTAUX CODIFICATION												79.36

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

PAGE - 155 OF 257
DE

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
DIV-17-C COOLAHAN
- -
- -
- -
- -

CLIENT NO. [REDACTED]
NO DU CLIENT [REDACTED]
INVOICE DATE 12/01/15
DATE DE LA FACTURE
INVOICE NO. 0006336683
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] C	COOLAHAN		[REDACTED]		000425864405 11/14/15	PETRO CANADA CALGARY AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	63.1	1.26	75.65 3.78 3.78 79.43 79.43		
					000425864404 10/17/15	PETRO CANADA CALGARY AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	62.9	1.31	78.37 3.92 3.92 82.29 82.29		
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	126.0		154.02 7.70 161.72		
					BKDN TOTALS / TOTAUX CODIFICATION 01-17		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	126.0		154.02 7.70		
							BKDN TOTALS / TOTAUX CODIFICATION					161.72

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Craig Coolahan

Claimant Name: Craig Coolahan

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

Rental car fuel to return rental car, Sept 4

PETRO-CANADA
1320 16 AVE NW
CALGARY
ALBERTA T2M 0L1
40328235510

GST 872104666
PC0005598:0269501
TERMINAL: 020269557
PAYPOINT: 020269501

2015-09-04 08:58

PUMP 07
REGULAR
LITRES L 14.385
PRICE/L \$ 1.009
FUEL SALES \$ 14.51*

TOTAL OWED \$ 14.51

TOTAL PAID
CREDIT CARD \$ 14.51

* GST INCL. \$ 0.69

 C
PURCHASE
C 0010010010 00 027

VISA CREDIT
A0000000031010
0000000000
F800
INVOICE 487575

VERIFIED BY PIN

00 APPROVED
THANK YOU 027

-- IMPORTANT --
RETAIN THIS COPY
FOR YOUR RECORDS

SURVEY! EARN POINTS
& CHANCE TO WIN GAS
1-866-826-7779 OR
PETRO-CANADA.CA/HERO

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Craig Coolahan

Claimant Name: Craig Coolahan

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Palliser Square parking during AUMA Conference
Sept 24, morning

PALLISER
SQUARE

Payment Receipt

Station name: POF Plus 15

Entry: 9/24/15 8:26 AM

Payment date: 9/24/15 11:47

Card no.:

Due: CAD 25.00

Reduction: CAD 0.00

Paid with: CAD 25.00

Amount change: CAD 0.00

Change owed: CAD 0.00

VISA

Seq# 000004 010

Purchase 15/09/24 11:48:16

APPROVED

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Craig Coolahan

Claimant Name: Craig Coolahan

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Calgary parking during AUMA Conference
Sept 24, evening

'000

CALGARY PARKING AUTHORITY (403) 537-7

Terminal: 409

Zone: 3148

Valid through:

THURSDAY 24 SEP 15

6:01 PM

AMOUNT PAID: \$4.34 (GST incl.)

Start Time: 9/24/2015 4:16 PM

Auth No: [REDACTED]

Receipt No: 21795

17-7006

FREE Battery Boosting & Tire Inflation Services (403) 5

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Craig Coolahan

Claimant Name: Craig Coolahan

Expense Category: Member Parking

For hosting, select one:

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

Purpose:

Calgary Parking for AUMA Conference, Sept 25

JTHORITY (403) 537-7000

CALGARY PARKING A

Terminal: 300

Zone: 2936

Valid through:

FRIDAY 25 SEP 15
12:33 PM

AMOUNT PAID: \$5.39 (GST incl.)

Start Time: 9/25/2015 10:33 AM

Inflation Services (403) 537-7006

Auth N

Receipt No: 12265

FREE Battery Boosting & Tire

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Craig Coolahan
Claimant Name: Craig Coolahan
Expense Category: Member Parking

For hosting, select one:

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

Purpose:

Calgary Parking for AUMA Conference, Sept 25

AUTHORITY (403) 537-7000

CALGARY PARKING

Terminal: 300

Zone: 2936

P

Valid through:

FRIDAY 25 SEP 15
1:22 PM

AMOUNT PAID: \$3.00 (GST incl.)

Start Time: 9/25/2015 12:17 PM

Fire Inflation Services (403) 537-7006

Receipt No: 12272

FREE Battery Boosting &

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Craig Coolahan

Claimant Name: Craig Coolahan

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Parking for AUMA Conference, Sept 26th

RECEIPT

License Plate Number

Expiration Date/Time

06:00 AM
SEP 27, 2015

Purchase Date/Time: 05:39pm Sep 26, 2015

Total Due: \$6.30

Rate: WEEKEND RATE

Total Paid: \$6.30

Payment Type: Card

Ticket #: 00004560

S/N #: 520014501912

Setting: Lot 236

Mach Name: Lot 236-1

GST REG #102466000

PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Craig Coolahan
Claimant Name: Craig Coolahan
Expense Category: Member Parking

For hosting, select one:

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

Purpose:

Calgary Parking for U of A meeting, Sept 15

UTTHORITY (403) 537-7000

CALGARY PARKING A

Terminal: 221

Zone: 1564

Valid through:

TUESDAY 15 SEP 15
2:48 PM

AMOUNT PAID: \$3.50 (GST incl.)

Auth No: [REDACTED]

Start Time: 9/15/2015 2:02 PM

Receipt No: 16277

Inflation Services (403) 537-7006 FREE Battery Boosting & Tire



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
CRAIG COOLAHAN
LEGIS ASSEMBLY OF AB

Membership Number [REDACTED] Date
September 16, 2015

Page 1 of 2

Previous Balance	Payments and Credits	New Charges including Delinquency Assessment, if any	New Balance \$
[REDACTED]			

Statement includes payments and charges received by September 16, 2015

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.

Credit Limit Summary
On September 16, 2015

Total Credit Limit \$

Available Credit Limit \$

New Transactions for CRAIG COOLAHAN

Amount \$

September 9 THE BANFF CENTRE - F BANFF
Lodging

Total New Transactions for CRAIG COOLAHAN

\$15.00 - 4042 Parking Only

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

000154



CRAIG COOLAHAN
LEGIS ASSEMBLY OF AB
4TH FLR 9820 107 ST
EDMONTON AB
T5K 1E9

μ Please detach here μ

Membership Number [REDACTED]

Amount Due \$	Amount Paid \$
[REDACTED]	

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





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
CRAIG COOLAHAN
LEGIS ASSEMBLY OF AB

Membership Number [REDACTED] Date
September 16, 2015

Page 1 of 2

Previous Balance	Payments and Credits	New Charges including Delinquency Assessment, if any	New Balance \$
------------------	----------------------	--	----------------



Statement includes payments and charges received by September 16, 2015

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.

Credit Limit Summary On September 16, 2015

Total Credit Limit \$ [REDACTED] Available Credit Limit \$ [REDACTED]

New Transactions for CRAIG COOLAHAN

Amount \$

Date	Description
September 9	THE BANFF CENTRE - F BANFF Lodging

Total New Transactions for CRAIG COOLAHAN [REDACTED]

Accommodation = \$ 201.55

μ Please detach here μ

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



CRAIG COOLAHAN
LEGIS ASSEMBLY OF AB
4TH FLR 9820 107 ST
EDMONTON AB
T5K 1E9

000154

Membership Number [REDACTED]

Amount Due \$ [REDACTED]

Amount Paid \$

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



LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Craig Coolahan

Claimant Name: Craig Coolahan

Expense Category: Taxi, Bus Travel

For hosting, select one:

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

Purpose:

Red Arrow bus to and from Edmonton
Aug 4- Aug 6

Craig Coolahan

From: Red Arrow Reservations <itinerary@redarrow.ca>
Sent: Saturday, August 1, 2015 9:38 PM
To: Craig Coolahan
Subject: Invoice

Invoice

Date: 2015-08-01

Bill To:

You can reach us at

Craig Coolahan
#406 2422 Ertton St. SW
Calgary, AB T2S 3B6

Order#	Ordered	Customer#	P.O.	Group Name	Departing	Returning	Sales Rep	Sales Agent
1426902	2015-08-01		-	-	2015-08-04	2015-08-13	-	Website User

Travellers:

Coolahan/Craig

Product	Details	Duration	Price Basis	Qty	Each	Billed
CALEDM 15:30 YYC	Departs Calgary (CGYNORTH / CALGARY NORTH) 2015-08-04 at 15:45	3 hrs 50 mins	Adult	1	70.48	74.00
Assigned to: 12C	Arrives Edmonton (EDMTO / Edmonton Ticket Office) 2015-08-04 at 19:35					

ECEXP 12:30	Departs Edmonton (EDMTO / Edmonton Ticket Office) 2015-08-13 at 12:30	3 hrs 5 mins	Adult	1	70.48	74.00
Assigned to: 08A	Arrives Calgary (CGYNORTH / CALGARY NORTH) 2015-08-13 at 15:35					

Payments Received:

Date	From	Reference	Amount
2015-08-01	Craig Coolahan		148.00 CAD

Base Price: 140.96 CAD
Discounts: 0.00 CAD
Service Charges: 0.00 CAD
GST: 7.04 CAD
Invoice Total: 148.00 CAD
Received: 148.00 CAD
Balance: 0.00 CAD

TERMS: DUE UPON RECEIPT

GST# BN139981476

Holiday Blackout - December 15 2014 to January 5 2015. All changes to reservations including cancellations require at least 24 hours notice prior to departure.

If you wish to time change, date change, or cancel for a full refund - 30 minutes notice prior to A.M departures; 3 hours notice prior to P.M. departures must be given. Failure to provide proper notice makes the trip non refundable & will result in an additional change fee for a date / time change.

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Craig Coolahan

Claimant Name: Craig Coolahan

Expense Category: Taxi, Bus Travel

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Taxi to caucus meeting in Edmonton

YELLOW CAB
101-1111111111
EDMONTON AB T6H 1G2
942-3456

Term 10/1/13-10/1/13
Item #1010
VISA CARD
PURCH
Of 10/1/13
Card # 1234 5678 9010 1111

410:8000000011010

APPROVED

ANDREI

CAD\$16.40

Ref. #: 1

\$15.62 plus GST

TXN: 405000000
TSI: 1000

BOOK ON LINE AT CONTACT.COM
THANK YOU FOR BEING OUR GUEST

GST 109403070

Date: 2015-09-05 Time: 09:47:17
Response: 001

CUSTOMER COPY

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Craig Coolahan

Claimant Name: Craig Coolahan

Expense Category: Taxi, Bus Travel

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Taxi to Friends of Medicare meeting in Edmonton, Aug 6

YELLOW CAB
10135 31 AVENUE NW
EDMONTON AB T6N-1C2
780-462-3456

Term Id: 4502412478278
Item #: 1562
VISA CREDIT
PURCHASE
Op Id: 1562
Card # [REDACTED]

AID: 0000000031010

APPROVED

AMOUNT	CAD\$9.40
TIP	CAD\$0.94

TOTAL CAD\$10.34

Ref. #: C

\$9.89 plus GST

TSI: P800

BOOK ON LINE AT EDMONTON
THANK YOU FOR BEING OUR GUEST

GST 100403470

Date: 2015/08/06 Time: 09:11:29
Response: N/A 000076

CUSTOMER COPY

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Craig Coolahan

Claimant Name: Craig Coolahan

Expense Category: Taxi, Bus Travel

For hosting, select one:

☐ Individual Constituent(s)


☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Taxi from bus depot Calgary, Aug 6

ASSOCIATED CAB ALTA LTD
387 41 AVE NW (403) 299-1111
INSIST ON THE PROFESSIONALS

DATE: 2015/08/06
PICK UP TIME: 15:34
DROP OFF TIME: 15:42
TRIP ID: 435898
LOCATION: 073800-45024103707
CAR NUMBER: 1436
DRIVER: 814757
CARD TYPE: VISA
CARD: *****
EXPIRY: 
AUTH: _____

FARE (\$): 11.60
EXTRA (\$): 0.00
SUBTTL (\$): 11.60

TIP (\$): 2.00

TOTAL (\$): 13.60

SIGNATURE: _____ \$13.05 plus GST

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW.ASSOCIATEDCAB.CA

CUSTOMER'S COPY

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Craig Coolahan

Claimant Name: Craig Coolahan

Expense Category: Taxi, Bus Travel

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Taxi to Calgary bus depot, Aug 11

\$14.55 plus GST

CHELSEA YELLOW CAB
315 MERIDIAN ROAD SE
CALGARY, AB T2A 1X2

Merchant ID: 432765HP

Driver ID: 7899

Record Num.: 0002

Sale

Application Label

XXXXXXXXXX

AID: A0000000031010

VISA

Entry Method: Chip

Amount: \$ 13.20

Tip: \$ 1.98

Total: CAD\$ 15.18

2011/08/11

15:15:57

Resp Code: 00

TVR: 0000000000

ISI: 1000

Inv# 000133

Appr Co

Apprvd: OnLine

Batch# 000316

TRN Ref #:

465223765578368

DESCRIPTION:

THANK YOU

432765HP 9999

0001 0001 0001 0001 0001 0001

Personal Expense Claim Receipt Description

Member Name: Craig Coolahan

Claimant Name: Craig Coolahan

Expense Category: Taxi, Bus Travel

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Red Arrow bus to and from Edmonton
Aug 11- Aug 13

Craig Coolahan

From: Red Arrow Reservations <itinerary@redarrow.ca>
Sent: Wednesday, August 12, 2015 12:39 PM
To: Craig Coolahan
Subject: Invoice

Invoice

Date: 2015-08-12

Bill To:

You can reach us at:

Craig Coolahan
#406 2422 Ertton St. SW
Calgary, AB T2S 3B6

Order#	Ordered	Customer#	P.O.	Group Name	Departing	Returning	Sales Rep	Sales Agent
1429785	2015-08-10		-	-	2015-08-11	2015-08-13	-	Website User

Travellers:

Coolahan/Craig

Product	Details	Duration	Price Basis	Qty	Each	Billed
CALEDM 15:30 YYC Assigned to: 09A	Departs Calgary (CGYNORTH / CALGARY NORTH) 2015-08-11 at 15:45 Arrives Edmonton (EDMTO / Edmonton Ticket Office) 2015-08-11 at 19:35	3 hrs 50 mins Adult		1	70.48	74.00
EDMCAL 14:00 Assigned to: 07A	Departs Edmonton (EDMTO / Edmonton Ticket Office) 2015-08-13 at 14:00 Arrives Calgary (CGYNORTH / CALGARY NORTH) 2015-08-13 at 17:45	3 hrs 45 mins Adult		1	70.48	74.00

Payments Received:

Date	From	Reference	Amount
2015-08-10	Craig Coolahan		148.00 CAD

Base Price: 140.96 CAD
Discounts: 0.00 CAD
Service Charges: 0.00 CAD
GST: 7.04 CAD
Invoice Total: 148.00 CAD
Commission: 0.00 CAD
Received: 148.00 CAD
Balance: 0.00 CAD

TERMS: DUE UPON RECEIPT

GST# BN139981476

Holiday Blackout - December 15 2014 to January 5 2015. All changes to reservations including cancellations require at least 24 hours notice prior to departure. If you wish to time change, date change, or cancel for a full refund - 30 minutes notice prior to A.M departures; 3 hours notice prior to P.M. departures must be given. Failure to provide proper notice makes the trip non refundable & will result in an additional change fee for a date / time change.

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Craig Coolahan

Claimant Name: Craig Coolahan

Expense Category: Taxi, Bus Travel

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Taxi from Calgary bus depot

\$ 17.24 plus GST

ASSOCIATED CAB ALTA LTD
307 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

DATE: 2015/08/13
PICK-UP TIME: 18:04
DROP-OFF TIME: 18:19
TRIP ID: 0
LOCATION: 073000-45024103707
CAR NUMBER: 1649
DRIVER: 308425
CARD TYPE: *****
CARD: *****
EXPIRY: *****
AUTH: *****

FARE (\$): 16.00
EXTRA (\$): 0.00
SURTTL (\$): 10.00

TIP (\$): 2.00

TOTAL (\$): 18.00

SIGNATURE: _____

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW.ASSOCIATEDCAB.CA

CUSTOMER'S COPY

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Craig Coolahan

Claimant Name: Craig Coolahan

Expense Category: Taxi, Bus Travel

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Taxi to caucus in Calgary
Aug 19, morning

\$14.11 plus GST



LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Craig Coolahan

Claimant Name: Craig Coolahan

Expense Category: Taxi, Bus Travel

For hosting, select one:

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

Purpose:

Taxi to caucus in Calgary
Aug 19, evening

\$ 14.77 plus GST

CALGARY UNITED CABS
5660 10 ST NE
CALGARY AB T2E 8W7
(403) 777-1111

SALE

MID: 5683513
TID: A5683513 REF#: 00000008
Batch #: 046 SEQ: 046001001008
08/19/15 17.35 53
CVC: Y



AMOUNT \$13.40
TIP \$2.01
TOTAL \$15.41

00 - APPROVED - 001

VISA CREDIT
AID: A0000000031010
TVR: 00 80 00 80 00
TSL: FB 00

CUSTOMER COPY

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Craig Coolahan

Claimant Name: Craig Coolahan

Expense Category: Taxi, Bus Travel

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Taxi after Homefront Meeting, Sept 4

\$8.05 plus GST

MAYFAIR TAXI LTD

7003 FARRELL RD SE, CALGARY, AB MAYFAIR

403-255-6555

Master 440940AV

Invoice 138

Record Num.: 0002

Sale

Application Label: [REDACTED]

XXXXXXXXXX

AID: 40000000031016

VISA

Entry Method: Chip

Amount: \$ 7.40

Tip: \$ 1.00

Total: CAD\$ 3.40

2015/09/04

12:52:06

Resp Code: 00

TVR: 0000000000000000

TS1: F300

Index: 000024

Appr C: [REDACTED]

Apprvd: Online

Batch#: 000106

TRN Ref #: 305247679256045

RECEIPT FLOPPY

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Craig Coolahan

Claimant Name: Craig Coolahan

Expense Category: Taxi, Bus Travel

For hosting, select one:

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

Purpose:

Transit/bus to meeting with Homefront calgary

\$3.00 plus GST



09:12

3.15 CASH 15.09.04

612 _SAIT

Adult Regular

00.00

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Craig Coolahan

Claimant Name: Craig Coolahan

Expense Category: Taxi, Bus Travel

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Taxi from Field of Fame event, Sept 17

\$ 15.21 plus GST

09/17/2015

14 651 100
43276508
0412
7761
819056227
4513013
1

09/17/2015
START: 15:09
DISTANCE: 29.00
END: 15:21
RATE: 1

TAX AMOUNT: \$ 13.14

TAX AMOUNT: \$ 0.66
TIP AMOUNT: \$ 2.07

TOTAL : \$ 15.87

VISA CARD : [REDACTED]

APPROVAL NUMBER : [REDACTED]

PASSENGER COPY

THANK YOU
CALL 4201 5999
WWW.THECHECKERGROUP.COM

CHECKER
YELLOW
CABS

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Craig Coolahan

Claimant Name: Craig Coolahan

Expense Category: Taxi, Bus Travel

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Taxi to Field of Fame event, Sept 17

\$ 13.47 plus GST

ASSOCIATED CABS
307-41 AVENUE N.E.
CALGARY, AB T2E 2N4
403-299-1111

Merch Id:
Item #:0451
PRL PURCHASE

00 APPROVED 001

Chequing	
AMOUNT	\$12.88
TIP	\$1.20
=====	
TOTAL	\$14.08

Ref. #: 60741851 0010019680 S
Auth. #: [REDACTED]

THANK YOU

TAXI#1009

Date: 15/09/17 Time: 01:17P
Response: AUTH 182283



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
CRAIG COOLAHAN
LEGIS ASSEMBLY OF AB

Membership Number

Date
October 16, 2015

Page 1 of 3

Previous Balance	Payments and Credits	New Charges including Delinquency Assessment if any	New Balance \$
------------------	----------------------	---	----------------

Statement includes payments and charges received by October 16, 2015

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.

Credit Limit Summary On October 16, 2015

Total Credit Limit \$

Available Credit Limit \$

Listing of Charges and Credits

Amount \$

October 7 Payment Received Thank You

New Transactions for CRAIG COOLAHAN

Amount \$

September 22	YELLOW CAB 450241247 EDMONTON TAXICABS AND LIMOUSINES	11.73
September 22	ATS GROUP EDMONTON TAXICABS AND LIMOUSINES	75.90
September 30	ASSOCIATED CAB//ALLI CALGARY TAXICABS AND LIMOUSINES	42.70
October 5	RED ARROW EXPRESS LT CALGARY TRANSPORTATION SERVICES	141.00
October 6	CHECKER CABS LTD 432 CALGARY TAXICABS AND LIMOUSINES	8.60
October 12	RED ARROW EXPRESS LT CALGARY TRANSPORTATION SERVICES	70.50

μ Please detach here μ

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

Membership Number

000154



CRAIG COOLAHAN
LEGIS ASSEMBLY OF AB
4TH FLR 9820 107 ST
EDMONTON AB
T5K 1E9

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



The American Express® Corporate Card Statement of Account

www.americanexpress.ca

Date: October 16, 2015

Page 2 of 3

New Transactions for CRAIG COOLAHAN Continued

Amount \$



October 13	CHECKER CABS LTD 432 CALGARY TAXICABS AND LIMOUSINES	36.80
October 15	CHECKER CABS LTD 432 CALGARY TAXICABS AND LIMOUSINES	14.95

Total New Transactions for CRAIG COOLAHAN



Taxi, Bus Ticket = \$ 383.03 plus GST





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



Prepared For
CRAIG COOLAHAN
LEGIS ASSEMBLY OF AB

Membership Number

Date
November 16, 2015

Page 1 of 3

Previous Balance	Payments and Credits	New Charges including Delinquency Assessment, if any	New Balance \$

Statement includes payments and charges received by November 16, 2015

Please see "About Your Statement" section for important information.

Your account is currently one month past due. Please pay your balance in full to maintain your account in good standing. If payment has recently been made, thank you.

Credit Limit Summary On November 16, 2015

Total Credit Limit \$ Available Credit Limit \$

New Transactions for CRAIG COOLAHAN

Amount \$

October 13	ATS GROUP EDMONTON TAXICABS AND LIMOUSINES	72.00
October 19	RED ARROW EXPRESS LT CALGARY TRANSPORTATION SERVICES	141.00
October 20	CHECKER CABS LTD 432 CALGARY TAXICABS AND LIMOUSINES	15.64
October 22	CHECKER CABS LTD 432 CALGARY TAXICABS AND LIMOUSINES	15.64
October 24	RED ARROW EXPRESS LT CALGARY TRANSPORTATION SERVICES	70.50

October 25	PRESTIGE TRANSPORTAT EDMONTON TAXICABS AND LIMOUSINES	75.90
October 25	CHECKER CABS LTD 432 CALGARY TAXICABS AND LIMOUSINES	34.04
November 1	CHECKER CABS LTD 432 CALGARY TAXICABS AND LIMOUSINES	35.42

μ Please detach here μ

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**



CRAIG COOLAHAN
LEGIS ASSEMBLY OF AB
4TH FLR 9820 107 ST
EDMONTON AB
T5K 1E9

000152

Membership Number

\$

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



1823

The American Express® Corporate Card Statement of Account

www.americanexpress.ca

Date: November 16, 2015

Page 2 of 3

New Transactions for CRAIG COOLAHAN Continued

Amount \$

November 2	PRESTIGE TRANSPORTAT EDMONTON TAXICABS AND LIMOUSINES	79.69
November 4	PRESTIGE TRANSPORTAT EDMONTON TAXICABS AND LIMOUSINES	79.69
November 4	ASSOCIATED CAB//ALLI CALGARY TAXICABS AND LIMOUSINES	13.80

November 9	ASSOCIATED CAB//ALLI CALGARY TAXICABS AND LIMOUSINES	37.30
November 14	RED ARROW EXPRESS LT CALGARY TRANSPORTATION SERVICES	141.00
November 15	CHECKER CABS LTD 432 CALGARY TAXICABS AND LIMOUSINES	14.03

Total New Transactions for CRAIG COOLAHAN

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Craig Coolahan

Claimant Name: Craig Coolahan

Expense Category: Vehicle Lease/Rental

For hosting, select one:

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

Purpose:

AVIS car rental, travel to Edmonton and back to Calgary between
Aug 30 - Sept 4



We are proud to feature a 100% smoke-free fleet!

RENTAL AGREEMENT NUMBER: 944188733

RECEIPT

Your Information

Customer Name: CRAIG COOLAHAN
Wizard Number:
Method of Payment:
Frequent Traveler Number:

Your Vehicle Information

Vehicle Number: 32922492
Vehicle Group Rented: Full-Size
Vehicle Group Charged: Full-Size
Vehicle Description: WHI FORD FUSION
License Plate Number: ABK80556
Odometer Out: 13808
Odometer In: 14540
Total Driven: 732
Fuel Gauge Reading: Full

Your Rental

Pickup Date/Time: AUG 30, 2015@1:15PM
Pickup Location: 1616 14TH AVENUE NORTHWEST
NORTH HILL CENTRE
CALGARY, AB, T2N 1M6, CA
403-503-8540

Return Date/Time: SEP 04, 2015@9:08AM
Return Location: 1616 14TH AVENUE NORTHWEST
NORTH HILL CENTRE
CALGARY, AB, T2N 1M6, CA
403-503-8540

Additional fees may apply
if changes are made
to your return date, time
and/or location.

Your Vehicle Charges (MIN 99 HRS / MAX 28 DAY)

Rate Chart: Free Kilometres: Time and Kilometres:

Kilometres: UNLIMITED	Your Discount:	
Hourly: 23.01	1 WK @ 229.00 =	229.00
Daily: 46.00	Less 10.00% Discount =	(-)22.90
Ad'l day: 38.16		
Weekly: 229.00		
Monthly: .00	Time and Kilometres:	206.10

Your Optional Products/Services

Optional Services Total: 0.00

Your Taxable Fees

*FTP Sur 5.25 Maxe	3.75
ENERGY RECOVERY FEE 0.98/DY	4.90
VEH LIC FEE	6.25

Sub-total-Charges: 221.00

Your Non-Taxable Products/Services

GST TAX 5.00 % 10.86

Your Total Charges paid: 231.86

Prepayment 0.00

Travel Partner Points Earned: 750

Net Charges:

CAD 231.86

Your Total Due:

0.00

Thank you for renting with Avis.

For all other inquiries, please contact us at 1-800-352-7900 or www.Avis.com.

At Avis, we are committed to providing you with the best rental experience in the industry. We are in the business of treating people like people.

Thank you for renting with AVIS. To enroll in AVIS preferred and to enroll in the AVIS loyalty program, please visit avis.com for more information.

Your vehicle was rented to you by AMIR.

Your vehicle was checked in by REZAUL.



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: Coolahan, Craig

Constituency: Calgary-Klein

For the Month of: August

Year: 2015

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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
5	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
6	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
12	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
13	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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			<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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
31	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
Grand Total						\$259.48	\$12.97	\$272.45

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 30/15



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: Coolahan, Craig

Constituency: Calgary-Klein

For the Month of: September

Year: 2015

Employee #: [REDACTED]

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
2	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
21	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.76	0.44	9.20
22	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
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						\$110.00	\$5.50	\$115.50

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: Coolahan, Craig

Constituency: Calgary-Klein

For the Month of: October

Year: 2015

Employee #:

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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
3	Travel to/from Capital	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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
7	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
14	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
15	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
21	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
22	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
26	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
27	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
28	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
29	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$518.95	\$25.95	\$544.90

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

Nov. 4/15



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: Coolahan, Craig

Constituency: Calgary-Klein

For the Month of: November

Year: 2015

Employee #:

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
2	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
3	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
4	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
5	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
18	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
19	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
20	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
24	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
25	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
26	Travel to/from Capital	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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
30	Travel to/from Capital	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						\$593.52	\$29.68	\$623.20

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

Dec 8/15





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: Coolahan, Craig

Constituency: Calgary-Klein

For the Month of: December

Year: 2015

Employee #:

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
2	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
3	Travel to/from Capital	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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
7	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
8	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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			<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						\$217.62	\$10.88	\$228.50

I certify that I have met the requirements of section 7 of the *Members' Allowances Order*, RMSC 1992, c. M-1, as amended, have incurred meal expenses on the dates selected, and have not previously claimed or been paid for these expenses.

Member Signature

Date

Dec 8/15

Personal Expense Claim Receipt Description

Member Name: Craig Coolahan

Claimant Name: Nina Karimi

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Coffee for the office staff and visiting constituents



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COST CENTRE BILLING REPORT

REQUISITION REPORT

SOLD TO ACCOUNT NO.

ALTA LEGISLATIVE ASSEMBLY M
9718 107 ST NW
9TH FLR
EDMONTON, AB T5K 1E4

G.S.T.

R894032192

Q.S.T

1001640701TQ0009

PERIOD ENDING

10/31/2015

ACCT MGR NO.

42902

INVOICE NO.

H897710

SHIP TO ACCOUNT NO.

ALTA LEGISLATIVE ASSEMBLY
CALGARY KLEIN
9-2400 CENTRE STREET NE
CALGARY, AB T2E 2T9

COST CENTRE

28-017-320-4430

QTY ORD	QTY SHIP	QTY B/O	U/M	PRODUCT NO.	DESCRIPTION	REGULAR	DISCOUNT	NET	AMOUNT	TX
REQ NO:	G64653	DATE	10/01/2015	ATTENTION	Calgary Kilen	P.O.#	mla156525	G&T ORDER NO	024406-00	

2	2	0	EA	1011128	MP CF ORIGINAL ROAST 925G	12.22	CONTRACT	12.22	24.44	4481
---	---	---	----	---------	---------------------------	-------	----------	-------	-------	------

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Craig Coolahan

Claimant Name: Joel Laforest

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Holiday Open House marshmallows



Safeway North Hill Center
#1846, 1632 - 14 Avenue NW Calgary AB
Phone: 403.210.0002
GST# 817093735

Served by: SC0 22

GROCERY

M/Mallow Whit \$2.29 GD
YOU SAVED \$0.20

SUBTOTAL \$2.29
5% GST \$0.11

TOTAL \$2.40

Visa TENDER \$2.40
Cash CHANGE \$0.00

NUMBER OF ITEMS 1

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

Discounts & Specials \$0.20

Your Total Savings \$0.20

Percentage Savings 8%

CLIENT ID 9803

INSERTED

TERMINAL ID 022

** PURCHASE

** \$ 2.40

CARD Visa

RCPT 8687000

NO

RESP 000

DATE 12/11/2015

TIME 12:00:58

AUTH #

REF # 00000051

APPL. SCOTTABANK VISA

AID A0000000031010

TVR 0000008000

TS1 F800

APPROVED

NO SIGNATURE REQUIRED

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

Term Tran Store Oper 12/11/15
22 8687 8913 122 12:01:02

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