

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2016-17
017 - Calgary-Klein - Coolahan, Craig
For Expenses Processed April 1 - June 30, 2016

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$185.59	\$185.59
MLA Parking Cap - \$	\$900.00	\$15.24	\$15.24
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$		\$1,513.35	\$1,513.35
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$		\$244.02	\$244.02
Member Travel (Meal Per Diems) - \$		\$1,321.38	\$1,321.38
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,952.79	\$5,952.79
Travel Accommodations Allowance			
Travel Accommodations Allowance (days; 10 max) - NF	10		
Other			
Hosting - \$		\$129.83	\$129.83

Non-Financial Reporting

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		6	6
Use of a Private Automobile (52 trips per year) - NF	52		
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

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

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

CLIENT NO.
NO DU CLIENT
INVOICE DATE
DATE DE LA FACTURE
INVOICE NO.
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
	COOLAHAN				000434229023 04/08/16	PETRO CANADA NISKU AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	50.8	.88	42.55	2.13 2.13	44.68 44.68
					000434229024 04/01/16	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	65.1	1.04	64.46	3.22 3.22	67.68 67.68
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	115.9		107.01	5.35	112.36
	BKDN TOTALS / TOTAUX CODIFICATION 01-17				1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	115.9		107.01	5.35	
							BKDN TOTALS / TOTAUX CODIFICATION					112.36

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-17-C COOLAHAN - - - - - - - -

CLIENT NO.
NO DU CLIENT
INVOICE DATE
DATE DE LA FACTURE
INVOICE NO.
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
	COOLAHAN				000435937582 04/26/16	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	1.06	63.59	3.18 3.18	66.77 66.77
					000435937581 04/17/16	PETRO CANADA CALGARY AB	MISCELLANEOUS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	1.0	14.99	14.99	.75 .75	15.74 15.74
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	63.1		78.58	3.93	82.51
	BKDN TOTALS / TOTAUX CODIFICATION 01-17				1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	63.1		78.58	3.93	
							BKDN TOTALS / TOTAUX CODIFICATION					82.51

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: \$15.24

Purpose:

Parking for Calgary Economic Development

PALLISER
SQUARE

Payment Receipt

Location name: POF 4 West

Entry: 5/20/16 1:20 PM

Payment date: 5/20/16 3:11 P

Amount: CAD 16.00

Reduction: CAD 0.00

Aid with: CAD 16.00

Amount change: CAD 0.00

Amount owed: CAD 0.00

ISA

Seq# 000020 014

Purchase 16/05/20 15:11:34

Auth#

APPROVED



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
April 16, 2016

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 April 16, 2016

\$340.62 + GST

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 April 16, 2016

Total Credit Limit \$

Available Credit Limit \$

Listing of Charges and Credits

Amount \$

March 23 Payment Received Thank You

April 6 Payment Received Thank You

New Transactions for CRAIG COOLAHAN

Amount \$

March 15 YELLOW CAB 450241247 EDMONTON
TAXICABS AND LIMOUSINES

8.51

March 17 CHECKER CABS LTD 432 CALGARY
TAXICABS AND LIMOUSINES

17.71

April 3 CHECKER CABS LTD 432 CALGARY
TAXICABS AND LIMOUSINES

34.50

April 8 ALLIED LIMOUSINE/ASS CALGARY
TAXICABS AND LIMOUSINES

54.45

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Payment Options

PLEASE ALLOW 3 TO 5 BUSINESS DAYS FOR YOUR PAYMENT
TO BE PROCESSED BY YOUR FINANCIAL INSTITUTION AND
SENT TO US. See the About Your Payment Section.

- Phone and Internet banking arranged through your financial institution
- Your local bank branch
- Automatic banking machines

Do Not Enclose Cash



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

000141

Membership Number

Amount Due \$	Amount Paid \$

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



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Date: April 16, 2016

Page 2 of 3

New Transactions for CRAIG COOLAHAN Continued

Amount \$

April 9	RED ARROW EXPRESS LT CALGARY TRANSPORTATION SERVICES	70.50
April 11	YELLOW CAB 450241247 EDMONTON TAXICABS AND LIMOUSINES	5.75
April 11	CHECKER CABS LTD 432 CALGARY TAXICABS AND LIMOUSINES	15.18
April 15	YELLOW CAB 450241247 EDMONTON TAXICABS AND LIMOUSINES	16.79
April 15	PRESTIGE TRANSPORTAT EDMONTON TAXICABS AND LIMOUSINES	86.25
April 15	ALLIED LIMOUSINE/ASS CALGARY TAXICABS AND LIMOUSINES	48.01

Total New Transactions for CRAIG COOLAHAN



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Prepared For
CRAIG COOLAHAN
LEGIS ASSEMBLY OF AB

Membership Number

Date
May 16, 2016

Page 1 of 3

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

\$425.30 plus GST

Statement includes payments and charges received by May 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.

Credit Limit Summary On May 16, 2016

Total Credit Limit \$

Available Credit Limit \$

Listing of Charges and Credits

Amount \$

May 4	Payment Received Thank You	1,045.45 CR
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New Transactions for CRAIG COOLAHAN

Amount \$

April 15	RED ARROW EXPRESS LT CALGARY TRANSPORTATION SERVICES	70.50
April 21	YELLOW CAB 450241247 EDMONTON TAXICABS AND LIMOUSINES	7.20
April 21	ASSOCIATED CAB/ALLIE CALGARY TAXICABS AND LIMOUSINES	15.41
April 30	RED ARROW EXPRESS LT CALGARY TRANSPORTATION SERVICES	70.50

May 1	CHECKER CABS LTD 432 CALGARY TAXICABS AND LIMOUSINES	34.50
May 1	ATS GROUP EDMONTON TAXICABS AND LIMOUSINES	75.90
May 3	YELLOW CAB 450241247 EDMONTON TAXICABS AND LIMOUSINES	5.98

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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

000138



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

Membership Number

Amount Due \$

Amount Paid \$

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



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Date: May 16, 2016

Page 2 of 3

New Transactions for CRAIG COOLAHAN Continued

Amount \$

May 3	YELLOW CAB 450241247 EDMONTON TAXICABS AND LIMOUSINES	7.59
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May 5	RED ARROW EXPRESS LT CALGARY TRANSPORTATION SERVICES	70.50
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May 9	CHECKER CABS LTD 432 CALGARY TAXICABS AND LIMOUSINES	30.81
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May 11	ASSOCIATED CAB//ALLI CALGARY TAXICABS AND LIMOUSINES	14.20
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May 12	ASSOCIATED CAB/ALLIE CALGARY TAXICABS AND LIMOUSINES	13.57
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May 15	CHECKER CABS LTD. 43 CALGARY TAXICABS AND LIMOUSINES	29.90
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Total New Transactions for CRAIG COOLAHAN		
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PO Box 7000 Station B
Willowdale (Ontario) M2K 2R6

Prepared For
CRAIG COOLAHAN
LEGIS ASSEMBLY OF AB

Membership Number

Date
June 16, 2016



Page 1 of 5

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

Statement includes payments and charges received by June 16, 2016

\$ 747.43 + GST

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 June 16, 2016

Total Credit Limit \$

Available Credit Limit \$

Listing of Charges and Credits

Amount \$

June 6 Payment Received Thank You

New Transactions for CRAIG COOLAHAN

Amount \$

May 9	PRESTIGE TRANSPORTAT EDMONTON TAXICABS AND LIMOUSINES	79.69
May 15	AIRPORT TAXI SERVICE EDMONTON TAXICABS AND LIMOUSINES	60.50
May 17	RED ARROW EXPRESS LT CALGARY TRANSPORTATION SERVICES	70.50
May 19	CHECKER CABS LTD 432 CALGARY TAXICABS AND LIMOUSINES	12.80
May 23	CHECKER CABS LTD 432 CALGARY TAXICABS AND LIMOUSINES	31.44
May 23	YELLOW CAB 450241247 EDMONTON TAXICABS AND LIMOUSINES	63.25
May 24	YELLOW CAB 450241247 EDMONTON TAXICABS AND LIMOUSINES	7.36

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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

Amount Due \$

Amount Paid \$



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

000135

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



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Date: June 16, 2016

Page 2 of 5

New Transactions for CRAIG COOLAHAN Continued

Amount \$

May 29	CHECKER CABS LTD 432 CALGARY TAXICABS AND LIMOUSINES	31.51
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May 29	ATS GROUP EDMONTON TAXICABS AND LIMOUSINES	75.90
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June 1	CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES	7.30
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June 2	ASSOCIATED CAB/ALLIE CALGARY TAXICABS AND LIMOUSINES	39.22
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June 2	ATS GROUP EDMONTON TAXICABS AND LIMOUSINES	79.70
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June 5	CHECKER CABS LTD 432 CALGARY TAXICABS AND LIMOUSINES	32.43
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June 5	ATS GROUP EDMONTON TAXICABS AND LIMOUSINES	75.90
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Date: June 16, 2016

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New Transactions for CRAIG COOLAHAN Continued

Amount \$



1735

June 7	ASSOCIATED CAB/ALLIE CALGARY TAXICABS AND LIMOUSINES	37.61
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June 7	PRESTIGE TRANSPORTAT EDMONTON TAXICABS AND LIMOUSINES	79.69
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Total New Transactions for CRAIG COOLAHAN		
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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:

Attending Olds College Gala

web: www.hertz.com



Date: 04/09/2016
Invoice/Facture: 001166128359

Inquiries/Pour Tout Renseignement:
HERTZ CANADA LTD.
PO BOX 26120
OKLAHOMA CITY, OK 73126-0120
UNITED STATES
GST Number/Numero TPS: R102337847

**CHARGE DETAIL
DETAIL DES FRAIS**

Renter/Locataire: CRAIG COOLAHAN
Account/Compte: [REDACTED]
CDF No.: 86301
CDF Name: GOVERNMENT OF ALBERTA

MR CRAIG COOLAHAN
[REDACTED]

\$244.02 + GST

RENTAL REFERENCE/REFERENCES DE LOCATION

RA No/No de Contrat: 925795695
Reservation: G8922060928
Pgt Trvl/Gd Voyageur ZE1
I.T. No.: VCPMCWCA
Voucher/Bon: 0000322634

RENTAL DETAILS/DETAILS DE LA LOCATION

Rate/Tarif: IN/RETOUR:VCPMCW OUT/DEPART:VCPMCW
Rent/Location: 04/03/2016 11:03 LOC# 812011
EDMONTON, CANADA
Return/Retour: 04/08/2016 13:10 LOC# 812011
EDMONTON, CANADA
Car/Voiture: L26753
Veh. No.: 4137055
Charged/Factures: Q4 MI/KM In/Retour: 6,035
Rent/Location: YQ Out/Depart: 5,541
Reserved/Reservees: Q4 Driven/Parc.: 494

RENTAL CHARGES/FRAIS DE LOCATION

WEEKS/SEMAINE (S) 1 @ 180.97 180.97
SUBTOTAL/SOUS-TOTAL 180.97
VEHICLE LICENSE FEE 2.46
CUSTOMER FACILITY CHARGE 24.00
CONCESSION PASS THRU FEE 29.71
ENERGY SURCHARGE 0.88
AIR CONDITION RECOVERY FEE 6.00
GST/TPS 5.00% 12.20
VOUCHER VALUE/VALEUR DU BON -180.97

TOTAL CHARGES/TOTAL DES FRAIS 75.25 CAD

E-RETURN RECEIPT

THANK YOU FOR RENTING FROM HERTZ
MERCI D'AVOIR LOUE CHEZ HERTZ

ALL CHARGES HAVE BEEN BILLED TO YOUR ACCOUNT.
TOUS LES FRAIS ONT ETE FACTURES A VOTRE COMPTE.

RA No/No de Contrat: 925795695
Date: 04/09/2016
Invoice/Facture: 001166128359

Inquiries/Pour Tout Renseignement:
HERTZ CANADA LTD.
PO BOX 26120
OKLAHOMA CITY, OK 73126-0120
UNITED STATES

Renter/Locataire: CRAIG COOLAHAN
Account/Compte: [REDACTED] VIS

Phone: 800-654-4173
Web: www.hertz.com

TOTAL CHARGES/TOTAL DES FRAIS

\$256.22



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: May

Year: 2016

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
10	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
11	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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			<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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29	Travel to/from Capital		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
30	Travel to/from Capital		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
31	Travel to/from Capital		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
Grand Total						\$793.62	\$39.68	\$833.30

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

March 31/16



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: Coolahan, Craig

Constituency: Calgary-Klein

For the Month of: April

Year: 2016

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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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 type="checkbox"/>	19.81	0.99	20.80
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
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	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 type="checkbox"/>	19.81	0.99	20.80
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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						\$527.76	\$26.39	\$554.15

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

Apr: 1 28/16



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:

Constituency:

Employee #:

Date:

Claim Type: Temporary Residence Accommodation Allowance in Edmonton - Claimed by Month

Temporary Residence Accommodation Allowance in Edmonton - Claimed by Month

Monthly maximum of \$1,930 per month. Total maximum of \$23,160 per fiscal year.

Month	Year	Monthly Claim Amount
April	2016	1,930.00
29- [REDACTED] -325-8831 (NF)	29- [REDACTED] -320-2706	Grand Total
		1,930.00

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

Please Note:

- (1) The Member is responsible for retaining all records which support the payment identified above.
- (2) The Member must advise the Clerk in writing of any changes to their permanent or temporary residence at the time it occurs.

April 2016

I certify that I have met the requirements of sections 5, 6, 7, and/or 8 of the *Members' Allowances Order*, RMSC 1992, c. M-1, as amended, have incurred accommodations expenses on the dates or months selected, and have not previously claimed or been paid for these expenses.


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: Coolahan, Craig

Constituency: Calgary-Klein

Employee #: [REDACTED]

Date: 6/1/2016

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: 2016-2017

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)

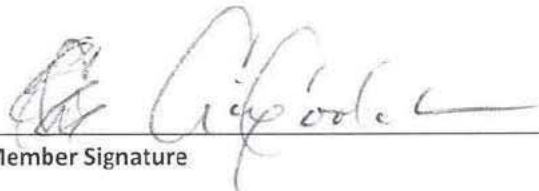
☒ **12 Monthly Payments**

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.

May 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.


Member Signature



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: Coolahan, Craig

Constituency: Calgary-Klein

Employee #: [REDACTED]

Date: 6/1/2016

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: 2016-2017

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)

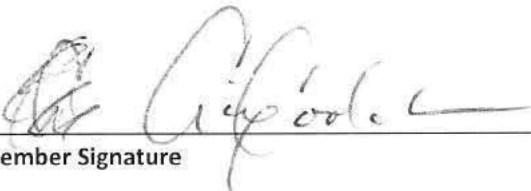
☒ **12 Monthly Payments**

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.

June 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.


Member Signature



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
May 16, 2016

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 May 16, 2016

\$ 162.79

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 May 16, 2016

Total Credit Limit \$

Available Credit Limit \$

Listing of Charges and Credits

Amount \$

May 4 Payment Received Thank You

New Transactions for CRAIG COOLAHAN

Amount \$

P000000138-C000000489-1/4-VIP /SEL/

↑ 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



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

000138

Membership Number

Amount Due \$	Amount Paid \$

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



1748

The American Express® Corporate Card Statement of Account

www.americanexpress.ca

Date: May 16, 2016

Page 2 of 3

New Transactions for CRAIG COOLAHAN Continued

Amount \$

May 6

MATRIX HOTEL
Hotel Services

EDMONTON

162.79

Total New Transactions for CRAIG COOLAHAN



GRAND & TOY © MG

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

04/30/2016

ACCT MGR NO.

INVOICE NO.

J570673

SHIP TO ACCOUNT NO.

COST CENTRE

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

QTY ORD	QTY SHIP	QTY B/O	U/M	PRODUCT NO.	DESCRIPTION	REGULAR	DISCOUNT	NET	AMOUNT	TX
REQ NO.	G280771	DATE	04/27/2016	ATTENTION	Calgary Klient	P.O.#	200616	G&T ORDER NO	278151-00	

3	3	0	CT	12269285	NESTLE PURE LIFE WATER 500 ML	5.84	CONTRACT	5.84	17.52	
1	1	0	PK	12165492	SAN PELLEGRINO CANS 330ML LMTA	5.99	CONTRACT	5.99	5.99	

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

23.51

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Craig Coolahan

Claimant Name: Craig Coolahan

Expense Category: hostin

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Volunteers

Purpose:

Food for Day of Action Volunteers



CEDAR GROVE PIZZA

284-0604

1708 - 12 ST. NW

DATE

PHONE:

ADDRESS: Phup

<input checked="" type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input checked="" type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL
<input type="checkbox"/> Pepperoni	<input type="checkbox"/> Ham	<input type="checkbox"/> Pepperoni	<input type="checkbox"/> Ham		
<input type="checkbox"/> Salami	<input type="checkbox"/> Beef	<input type="checkbox"/> Salami	<input type="checkbox"/> Beef		
<input type="checkbox"/> Bacon	<input type="checkbox"/> Donair Meat	<input type="checkbox"/> Bacon	<input type="checkbox"/> Donair Meat		
<input type="checkbox"/> I. Sausage	<input type="checkbox"/> Shrimp	<input type="checkbox"/> I. Sausage	<input type="checkbox"/> Shrimp		
<input type="checkbox"/> Anchovies	<input type="checkbox"/> Gr. Peppers	<input type="checkbox"/> Anchovies	<input type="checkbox"/> Gr. Peppers		
<input type="checkbox"/> Mushroom	<input type="checkbox"/> Pineapple	<input type="checkbox"/> Mushroom	<input type="checkbox"/> Pineapple		
<input type="checkbox"/> C. Tomato	<input type="checkbox"/> Olives	<input type="checkbox"/> C. Tomato	<input type="checkbox"/> Olives		
<input type="checkbox"/> Jalapeno	<input type="checkbox"/> Banana	<input type="checkbox"/> Jalapeno	<input type="checkbox"/> Banana		
<input type="checkbox"/> Chili	<input type="checkbox"/> Onions	<input type="checkbox"/> Chili	<input type="checkbox"/> Onions		
<input type="checkbox"/> F. Tomato	<input type="checkbox"/> H. Sauce	<input type="checkbox"/> F. Tomato	<input type="checkbox"/> H. Sauce		
<input type="checkbox"/> Feta	<input type="checkbox"/> X Cheese	<input type="checkbox"/> Feta	<input type="checkbox"/> X Cheese		
<input type="checkbox"/> Chicken		<input type="checkbox"/> Chicken			
WINGS 12 24 36 Half & Half					
HOT MILD BBQ. H. GARLIC TERIYAKI SALT & PEPPERS					
XL #20, #8					
Greek Salad					
Cheese on the side					
G.S.T.					
<input type="checkbox"/> Cash <input type="checkbox"/> Visa TOTAL					
<input type="checkbox"/> M.C. <input type="checkbox"/> A.E. \$52-					

Thank You!

SEDAR GROVE PIZZA
1708 - 12TH ST NW
CALGARY, AB T2M4M9
4032840604

SALE

MID: 87479346010

TID: 001

REF#: 00000006

Batch #: 441

04/30/16

11:23:16

APPR CODE: [REDACTED]

VISA

Chip
/

AMOUNT

\$52.00

APPROVED

VISA CREDIT

AID: A000000003

TVR: 80 80 00 80 00

TS: 78 00

THANK YOU
PLEASE COME AGAIN

CUSTOMER COPY

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Craig Coolahan

Claimant Name: Craig Coolahan

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Office Staff Meeting Lunch

\$52.85

NAMSKAR FINE EAST IND
202 16 AVE NE T2E1J8
CALGARY AB
22855130

|||| PURCHASE ||||

05-20-2016 13:03:59

██████████ C

Exp Date 11/11 Card Type VI

Name: CRAIG COOLAHAN

A0000000031010 VISA CREDIT

Trace # 190006

FB2285513002

Inv. # 21602

RRN 001118006

Purchase \$53.39

Tip \$2.00

Total \$55.39

(00) APPROVED-THANK YOU

Retain this copy for your
records

NAMSKAR
FINE OF INDIA

NAMSKAR

12:51 L 05/20/16 #14
TABLE 3 JASWINDE GUESTS 3

3 LUNCH BUFFET 50.85
FOOD 50.85

GST 2.54

SUBTOTAL 53.39

TOTAL 53.39

THANK YOU !
--SHUKRIA--
ORDER & RESERVATION
Ph. 403-230-4448
Online: www.namskar.com
GST # 885403402

202-16
A1

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Craig Coolahan

Claimant Name: Craig Coolahan

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \$3.95 + GST

Purpose:

Meeting with constituent

ECLAIR
BAKERY C/ ING
403 :

REG 05-7 2:13
000076
CT 1

1 \$3.95
TA1 \$3.95
TX1 \$0.20
TL \$4.15
CHECK \$4.15

LUNE INC
E AVE NW
CA AB T2K 0G2
4-831-9733

SALE

Batch #: 270 REF#: 00000037
05/27/16 15:14:25
APPR CODE: [REDACTED]
Trace: 37
VISA Proximity [REDACTED]

AMOUNT \$4.15

APPROVED

SCOTIABANK
AID: A00000
TVR: 00 00

THANK YOU IERCI