

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

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$220.94	\$406.53
MLA Parking Cap - \$	\$900.00	\$32.86	\$48.10
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$		\$593.02	\$2,106.37
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			\$244.02
Member Travel (Meal Per Diems) - \$		\$327.57	\$1,648.95
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,790.00	\$11,742.79
Travel Accommodations Allowance		\$125.08	\$125.08
Travel Accommodations Allowance (days; 10 max) - NF	10	1	1
Other			
Hosting - \$		\$485.70	\$615.53
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		2	7
Use of a Private Automobile (52 trips per year) - NF	52	1	1
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. [REDACTED]
NO DU CLIENT
INVOICE DATE 08/01/16
DATE DE LA FACTURE
INVOICE NO. 0006443170
NO DE LA FACTURE

UNIT NO NO. D'UNITE	DRIVER NAME DRIVER ID. NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V.I.N. NO. DE SERIE	CARD NO. NO. DE CARTE	KM AUTHORIZE KM AUTORISE	REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION DESCRIPTION DES FRAIS	QTY QTE	UNIT COST COUT UNIT	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DUE MONTANT TOTAL DU
	COOLAHAN				000439151437 06/22/16	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	62.4	1.23	73.04	3.65 3.65	76.69 76.69
UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	62.4		73.04	3.65	76.69
BKDN TOTALS / TOTAUX CODIFICATION 01-17							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	62.4		73.04	3.65	
BKDN TOTALS / TOTAUX CODIFICATION												76.69

FLEET MANAGEMENT SERVICES DETAIL
 DETAILS SERVICES DE GESTION DE PARC

PAGE - 155 OF 262
 DE

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	09/01/16
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			0122290	150000050384 08/09/16	MIDAS CANADA SCARBROUGH ON	LUBRICATE-CHANGE OIL & FILTER/ GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	1.0	99.95	99.95	5.00 5.00	104.95 104.95
					000440825361 07/27/16	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	42.7	1.18	47.95	2.40 2.40	50.35 50.35
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	42.7		147.90	7.40	155.30
	BKDN TOTALS / TOTAUX CODIFICATION 01-17		UNITS / VEHIC	1			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	42.7		147.90	7.40	
	BKDN TOTALS / TOTAUX CODIFICATION											155.30

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: \$4.28 + GST

Purpose:

Parking for Wing kei Luncheon on June 18th

Priority (403) 537-7000

CALGARY PARKING /

Terminal: 641

Zone: 1022

Plate:

Valid through:

SATURDAY 18 JUN 16
12:18 PM

AMOUNT PAID: \$4.50 (GST incl.)

Auth No:

Start Time: 6/18/2016 9:18 AM

Receipt No: 13347

Priority Services (403) 537-7006

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: _____

\$8.58 +GST

Purpose:

Parking for graduation at petroleum club on june 29th

-7000

CALGARY PARKING AUTHORITY (403) 53

Terminal: 156

Zone: 1737

Valid through:

WEDNESDAY 29 JUN 16
12:45 PM

AMOUNT PAID: \$9.00 (GST incl.)

Auth No: _____

Start Time: 5/29/2016 10:45 AM

Receipt No: 14758

537-7006

FREE Battery Boosting & Tire Inflation Services (403)

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: \$ 4.76 + GST

Purpose:

Parking for Turkish Festival on July 30th

RECEIPT

License Plate Number

Expiration Date/Time

06:00 AM
JUL 31, 2016

Purchase Date/Time: 01:51pm Jul 30, 2016

Total Due: \$5.00

Total Paid: \$5.00

Ticket #: 01394420

S/N #: 500012260471

Setting: Lot 177

Mach Name: Lot 177-3

Rate: WEEKEND RATE
Payment Type: Card

GST REG #102466000

PARKING RECEIPT

PARKING RECEIPT

PARKING RECEIPT

PARKING

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: \$8.57 + GST

Purpose:

Parking for Expo Latino

RECEIPT

License Plate Number
[REDACTED]

Expiration Date/Time

02:46 PM
AUG 03, 2016

Purchase Date/Time: 11:46am Aug 03, 2016
Total Due: \$9.00 Rate: LUNCH SPECIAL
Total Paid: \$9.00 Payment Type: Card
Ticket #: 23056042
S/N #: 500012260471
Setting: Lot 177
Mach Name: Lot 177-3

[REDACTED] Auth #: [REDACTED]

GST REG #102466000

G 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: \$ 6.67 + GST

Purpose:

Parking for Cenovus Meeting

7-7000 CALGARY PARKING AUTHORITY (403) 5:

Terminal: 645

Zone: 1803

Valid through:

WEDNESDAY 17 AUG 16
12:37 PM

AMOUNT PAID: \$7.00 (GST incl.)

Auth No: [REDACTED]

Start Time: 8/17/2016 11:09 AM

Receipt No: 9451

537-7006 FREE Battery Boosting & Tire Inflation Services (40



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
July 16, 2016

Page 1 of 4

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

Statement includes payments and charges received by July 16, 2016

\$386.06 +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 July 16, 2016

Total Credit Limit \$

Available Credit Limit \$

Listing of Charges and Credits

Amount \$

July 5 **Payment Received Thank You**

New Transactions for CRAIG COOLAHAN

Amount \$

June 17 **RED ARROW EXPRESS LT CALGARY**
TRANSPORTATION SERVICES

74.00

June 20 **CHECKER CABS LTD 432 CALGARY**
TAXICABS AND LIMOUSINES

31.73

June 20 **CALGARY UNITED CABS CALGARY**
Goods or Services

12.48

June 20 **ATS GROUP EDMONTON**
TAXICABS AND LIMOUSINES

75.90

July 4 **RED ARROW EXPRESS LT CALGARY**
TRANSPORTATION SERVICES

148.00

† 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

Membership Number

Amount Due \$

Amount Paid \$

000144



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: July 16, 2016

Page 2 of 4

New Transactions for CRAIG COOLAHAN Continued

Amount \$

July 6	CHECKER CABS LTD 432 CALGARY TAXICABS AND LIMOUSINES	13.80
July 7	ASSOCIATED CAB/ALLIE CALGARY TAXICABS AND LIMOUSINES	11.04
July 13	ASSOCIATED CAB/ALLIE CALGARY TAXICABS AND LIMOUSINES	38.41

Total New Transactions for CRAIG COOLAHAN



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, 2016

Page 1 of 3

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

\$203.81 + GST

Statement includes payments and charges received by September 16, 2016

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

Please pay your balance in full upon receipt of statement. Thank you for your ongoing membership.

Credit Limit Summary On September 16, 2016

Total Credit Limit \$

Available Credit Limit \$

Listing of Charges and Credits

Amount \$

September 1 Payment Received Thank You

New Transactions for CRAIG COOLAHAN

Amount \$

September 6	CHECKER CABS LTD 432 CALGARY TAXICABS AND LIMOUSINES	16.33
September 7	ASSOCIATED CAB/ALLIE CALGARY TAXICABS AND LIMOUSINES	11.27

September 11	CHECKER CABS LTD 432 CALGARY TAXICABS AND LIMOUSINES	30.81
September 11	ATS GROUP EDMONTON TAXICABS AND LIMOUSINES	75.90
September 15	PRESTIGE TRANSPORTAT EDMONTON TAXICABS AND LIMOUSINES	79.69

Total New Transactions for CRAIG COOLAHAN

† 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

Membership Number [REDACTED]

Amount Due \$

Amount Paid \$



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



Personal Expense Claim Receipt Description

Member Name: Craig Coolahan

Claimant Name: Craig Coolahan

Expense Category: Member Travel

For hosting, select one:

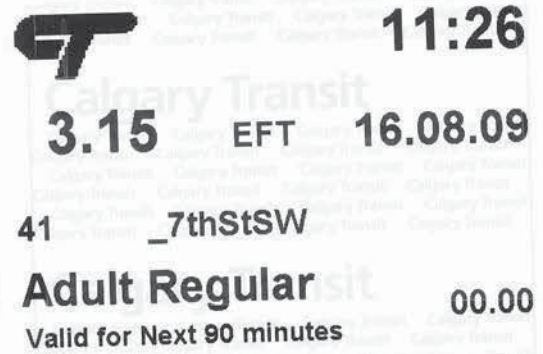
☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Took a c-train from the strategy discussion meeting back to the office.





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: July

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			<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	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 type="checkbox"/>	<input type="checkbox"/>	8.76	0.44	9.20
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25	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 type="checkbox"/>	19.81	0.99	20.80
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						\$118.71	\$5.94	\$124.65

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


Member Signature

Date

Aug. 10/16



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: June

Year: 2016

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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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			<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			<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						\$208.86	\$10.44	\$219.30

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

Aug-10/16



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: 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

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.

July 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

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

Please Note: The Member is responsible for retaining all records which support the annual amount identified above.

Claim Payment Authorization (please check)



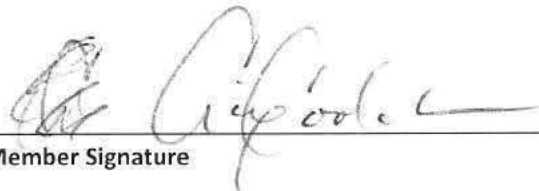
12 Monthly Payments

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.

August 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)

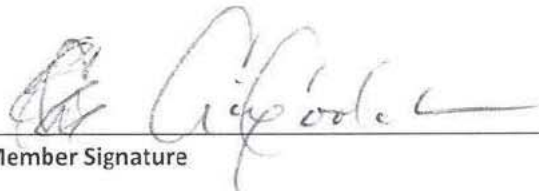
☒ **12 Monthly Payments**

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.

September 2016

I certify that I have met the eligibility criteria (see back of form) for the Temporary Residence Accommodation Allowance and am authorizing that the amount specified above be paid each month during the fiscal period noted above. I acknowledge and agree to immediately notify the Clerk, in writing, if there are any changes to either my Permanent or Temporary Residence that may affect my eligibility to claim this allowance. Furthermore, I agree to immediately reimburse any accommodation allowance payments made to me during a period within which I was ineligible to receive these payments.


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 [REDACTED] Date
September 16, 2016

Page 1 of 3

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

Statement includes payments and charges received by September 16, 2016

\$125.08 + 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 September 16, 2016

Total Credit Limit \$

Available Credit Limit \$

Listing of Charges and Credits

Amount \$

September 1 Payment Received Thank You

New Transactions for CRAIG COOLAHAN

Amount \$

August 23	COAST LETHBRIDGE HOT LETHBRIDGE	131.33
	Arrival Departure	
	22/08/16 23/08/16	

Total New Transactions for CRAIG COOLAHAN

† 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

Membership Number [REDACTED]

Amount Due \$	Amount Paid \$
[REDACTED]	[REDACTED]

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



1503



GRAND&TOY®ND

An **Office DEPOT**®, Inc. Company

une société d'**Office DEPOT**®, Inc

COST CENTRE BILLING REPORT

REQUISITION REPORT

SOLD TO ACCOUNT NO. [REDACTED]

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

G.S.T.

R894032192

Q.S.T.

1001640701TQ0009

PERIOD ENDING

06/30/2016

ACCT MGR NO. [REDACTED]

INVOICE NO.
COST CENTRE

J794774

SHIP TO ACCOUNT NO. [REDACTED]

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	G283854	DATE	06/13/2016	ATTENTION	Calgary Klien	P.O.#	200603		G&T ORDER NO	556730-00

1	1	0	CT	12269285	NESTLE PURE LIFE WATER 500 ML	5.84	CONTRACT	5.84	5.84	
1	1	0	EA		Dep Fees Cans&Btles	2.40		2.40	2.40	
Fee applied to product # 12										
Approved By: Mary Trush										
* For balance of order see ref										
556731										

\$8.24



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COST CENTRE BILLING REPORT

REQUISITION REPORT

SOLD TO ACCOUNT NO.

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

G.S.T.

R894032192

Q.S.T.

1001640701TQ0009

PERIOD ENDING

07/31/2016

ACCT MGR NO.

INVOICE NO.

J907528

SHIP TO ACCOUNT NO.

COST CENTRE

ALTA LEGISLATIVE ASSEMBLY
CALGARY 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.	G285366	DATE	07/07/2016	ATTENTION	Calgary Klein	P.O.#	200607	G&T ORDER NO	696329-00	

2	2	0	PK	18GT105	SPLENDA SWEETENER 3.5OZ 100S	9.74	CONTRACT	9.74	19.48	
---	---	---	----	---------	------------------------------	------	----------	------	-------	--

Approved By: Mary Trush

COST CENTRE DEPT.

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

NET TOTAL COST CENTRE
PST TOTAL
SUB-TOTAL
GST TOTAL
HST TOTAL

TOTAL

YEAR-TO-DATE TOTAL

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: _____ \$44.78 + GST

Purpose:

Lunch with a winner of the Stampede BBQ event.

2620 4 ST NW
CALGARY AB

CARD TYPE VISA
DATE 2016/08/02
TIME 0100 13:20:52
RECEIPT NUMBER
C85026231-001-444-002-0

PURCHASE
AMOUNT \$40.63
TIP \$6.09
TOTAL

\$46.72

VISA CREDIT
A0000000031010
8C8020438805C2AC
8080008000-6800
CB103D2C6A1EB24A
8080008000-7800

APPROVED

THANK YOU

01-027

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS



4TH SPOT RESTAURANT
& BAR

2620 4 St NW
Calgary, Alberta
Tel: (403) 984-3474
Check #: 357793

Duplicate

Server: JJ Date: 08/02/2016
Table: 42 -1 Time: 13:20
Client: 2

1	Cranberry Juice	3.75
2	Full Cali Dream	23.98
	\$Chicken	3.99
	\$Chicken	3.99
2	extra focaccia	2.98

SUB-TOTAL: 38.69
: 1.94

TOTAL: 40.63

4th Spot is Your Spot!

GST#826837601RT0001

I

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:

Food for seniors outreach event at Cambrian Manor

partytray.com

3716 - 2nd Street N.E.
Calgary, Alberta T2E 3H7

INVOICE # 84737

...we'll bring the food!

telephone (403) 244-3055

fax (403) 541-0615

DELIVERY DAY Friday

DELIVERY DATE June 24

TIME 4-5

www.partytray.com info@partytray.com

CLIENT / COMPANY Legislative Assembly of Alberta

DELIVERY ADDRESS 4811 Niven Rd NW

CONTACT NAME Nina PHONE 403-512-4546

EMAIL ADDRESS calgary.klein@assembly.ab.ca FAX

	QUANTITY	SMALL	MEDIUM	LARGE	TOTAL
1. HOMESTYLE SANDWICHES		\$27	\$42	\$55	
2. KAISERS SANDWICHES		\$29	\$45	\$60	
3. CROISSANT SANDWICHES	1	\$29	\$45	\$60	45.0
4. DELUXE SANDWICHES		\$32	\$48	\$65	
5. CRISPY PARMESAN CHICKEN SANDWICHES		\$40	\$55	\$80	
6. TORTILLA WRAPS		\$37	\$50	\$70	
7. COCKTAIL SANDWICHES	1	\$37	\$50	\$70	50.0
8. ASSORTED TARTS AND SQUARES		\$29	\$44	\$55	
9. ASSORTED SMALL DESSERTS		\$29	\$48	\$65	
10. ENGLISH BAY COOKIES		\$22	\$35	\$50	
11. FRUIT TRAY		\$35	\$49	\$65	
12. DOMESTIC / IMPORTED CHEESE & FRUIT		\$50	\$75	\$95	
13. DOMESTIC CHEESE & FRUIT		\$45	\$65	\$80	
14. DOMESTIC CHEESE with Crackers	1	\$50	\$70	\$90	50.0
15. MEAT TRAY		\$45	\$65	\$80	
16. SAUSAGE TRAY		\$45	\$65	\$80	
17. PICKLES AND MORE		\$30	\$45	\$60	
18. VEGETABLE TRAY	1	\$30	\$45	\$60	45.0
19. POTATO SALAD	Side Salad Sizes		\$34	\$55	
20. PASTA SALAD	Medium : 10 - 15 People		\$34	\$55	
21. CAESAR SALAD	Large : 15 - 20 People		\$38	\$59	
22. TOSSED SALAD			\$38	\$59	
23. MANDARIN ORANGE & ALMOND SALAD			\$42	\$79	
25. SPINACH DIP	24. MEXICAN DIP		\$29	\$29	
27. TZATZIKI DIP	26. HUMMUS DIP		\$29	\$29	
28. BRUSCHETTA			\$29		
29. JUMBO SHRIMP			\$69		
30. CONTINENTAL BREAKFAST	Serves : 10/15/20	\$59	\$88	\$114	
31. ASSORTED CANNED POP				\$1.95	
32. ASSORTED BOTTLED JUICE				\$2.25	
33. BOTTLED WATER				\$2.25	
34. BRETON CRACKERS (Sold by the Box)				\$6.00	
35. COCKTAIL BUNS (Sold by the dozen)				\$6.00	
36. KAISER BUNS (Sold by the dozen)				\$7.00	
37. PAPER PLATES & NAPKINS (Sold by the dozen)				\$2.50	

ADDITIONAL INFO

SUB TOTAL 190.0

DELIVERY CHARGE

MINIMUM DELIVERY

SUB TOTAL

GST #863052169

TOTAL

PAYMENT OPTIONS

CORPORATE TERMS - NET 14 DAYS



CORPORATE PO #

COMPANY CHEQUE on delivery



DEBIT CARD



CASH



CREDIT CARD:

Visa



MasterCard



Amex



Diners



Credit Card Name:

LEGISLATIVE ASSEMBLY OF ALBERTA
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:

\$9.88

Purpose:

Freezies and Lemonade Supplies for Community Family Pool Party



RCSS - 3575 20TH AVE NE
CALGARY AB T1Y 6R3
403-280-8222

Big on Fresh, Low on Price

21-GROCERY

05780092648 CSR FREEZE POP HRJ

\$4.94 Int 14, \$9.98 ea

2 @ \$4.94 ea

9.88

SUBTOTAL

TOTAL

-----TRANSACTION RECORD-----

GLOBAL PAYMENTS MERCHANT # 0814962

Superstore
3575 20 Ave NE
Calgary AB

STORE 01576 TERM 20157605C

SLIP # 525100 REG 5

RETAIN THIS COPY FOR YOUR RECORDS

** Purchase ** Proximity
EXP **/**

MASTERCARD

RESP 001

ISO 00

DATE TIME AMOUNT
08/26/2016 12:44:23 \$ 51.81

APPROVED

No Signature Required

CREDIT TN

You could have earned 510
PC points with President's Choice
Financial MasterCard. Apply Today
Visit pcfinancial.ca

GST # 12223-5922 RT0001

THANK YOU FOR SHOPPING RCSS
NOLBERTO MARTINEZ

Thank You, Come Again !

USE YOUR PCF CARD

TO COLLECT POINTS!!

REDEEM HERE FOR FREE GROCERIES
2016/08/26

12:44
05 5251

TELL US HOW WE DID TODAY!

MONTHLY CHANCES TO WIN \$5000

VISIT WWW.STOREOPINION.CA

OR CALL 1-877-234-2322

SEE CUSTOMER SERVICE DESK FOR FULL
CONTEST RULES OR WWW.STOREOPINION.CA

STORE: 01576

CODE: 082616 124405 5251 01576

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: _____

\$10890+GST

Purpose:

Office lunch meeting

SCOPA NEIGHBOURHOOD
ITALIAN
2220 Center Street NE
Calgary AB T2E 2T5
403-276-2030

** TRANSACTION RECORD **

Tran. #: 15612
Check #: 18
Employee #: 341
Employee Name: SUZAN

USA CREDIT Purchase

AID: A0000000031010

Amount \$102.80

TIP \$11.00

=====

TOTAL CAD\$113.80

00-001 030144
SCPAUS02/SCPAUC02
096001001005
2016/08/25 13:34:35

TUR: 8080008000
TSI: 7800

Customer Copy

THANK YOU
Come Again

SCOPA

0016 Table 503

SUZAN J SvrCk: 5 12:15 08/25/16

2 POP, 1 soda, 1 soda	3.90
1 PEPE ROSSO BRUSC	9.00
1 MARGHERITA PIZZA	16.00
1 POLLO ARROSTO PI	19.00
1 LINGUINE VONGOLE	24.00
2 CAPPUCCINO	9.00
1 CANNOLI	5.00
1 GELATO/SORBETO, one scoop,	
PASSION	3.00
1 TIRAMISU	9.00

Sub Total: 97.90

GST : 4.90

08/25 13:32 TOTAL: 102.80

FOOD 85.00

THANKYOU!

PLEASE PAY YOUR SERVER!

GST# 872525118RT0001

WE APPRECIATE YOUR FEEDBACK

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: _____

\$24.24

Purpose:

Ice for Calgary-Klein Family Pool Party on aug 30th

BROWN GROCERY
1201 20 AVE NW
CALGARY, AB T2M 1G2
(403) 703-7644

TERM ID: A7532046

BATCH#: 916
SHIFT#: 001

Sale

INV#: 0000000002

INTERAC

Account Type: Chequing

SEQ#: 916001001000

Application Label: Interac

AID: A0000002771010

TVR:00 80 00 80 30

TSI:F8 00

Total:CAD\$ 24.24

NO SIGNATURE REQUIRED

30-Aug -16

09:51:46

THANK YOU
COME AGAIN



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

COST CENTRE BILLING REPORT

REQUISITION REPORT

SOLD TO ACCOUNT NO. 959928
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 08/31/2016
ACCT MGR NO. 42905

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

QTY ORD	QTY SHIP	QTY B/O	U/M	PRODUCT NO.	DESCRIPTION	REGULAR	DISCOUNT	NET	AMOUNT	TX
REQ NO.	G286708	DATE	07/29/2016	ATTENTION	Calgary Klein	P.O.#	200617	G&T ORDER NO	811346-00	
1	1	0	BX	01GT126	MM ORANGE JUICE 12X341 ML	8.24	CONTRACT	8.24	8.24	✓
1	1	0	BX	01GT127	MM APPLE JUICE 12X341 ML	8.24	CONTRACT	8.24	8.24	✓
1	1	0	CT	01GT103	5 ALIVE 24X341 ML	19.39	NET	19.39	19.39	✓
1	1	0	EA		Dep Fees Cans&Btles	2.40		2.40	2.40	✓
					Fee applied to product # 01					
1	1	0	EA		Dep Fees Cans&Btles	1.20		1.20	1.20	✓
					Fee applied to product # 01					
1	1	0	EA		Dep Fees Cans&Btles	2.40		2.40	2.40	✓
					Fee applied to product # 01					
					Approved By: Mary Trush					
					>Due to product integrity, Gra					
					will not accept returns on foo					
					For item 01GT100 01GT126 01GT1					
					>This extended delivery produc					
					3-5 days.					
					For item 01GT100 01GT126 01GT1					
					>These Products may incur a re					
					deposit charge based on Provin					
					For item 01GT100 01GT103					
					Acknowledged by: Calgary Klein					
					* For balance of order see ref					
					811345					

\$60.23

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

COST CENTRE DEPT.

NET TOTAL COST CENTRE
PST TOTAL
SUB-TOTAL
GST TOTAL
HST TOTAL

TOTAL

YEAR-TO-DATE TOTAL

Retain this copy for your
records
Customer copy