

LEGISLATIVE ASSEMBLY OF ALBERTA  
Member EDR 2017-18  
017 - Calgary-Klein - Coolahan, Craig  
For Expenses Processed Jan 1 - Mar 31, 2018

	Budget	Used this Quarter	Used To-Date
<b>Financial Reporting - \$ (Receipts attached)</b>			
<b>Transportation</b>			
Fuel and Minor Maintenance - \$		\$296.94	\$1,058.67
MLA Parking Cap - \$	\$900.00	\$41.20	\$177.13
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$		\$535.08	\$4,189.93
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			\$83.75
Member Travel (Meal Per Diems) - \$		\$1,740.96	\$3,897.72
<b>Accommodation</b>			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,790.00	\$23,160.00
Travel Accommodations Allowance			\$177.52
Travel Accommodations Allowance (days; 10 max) - NF	10.0		1.0
<b>Other</b>			
Hosting - \$		\$1,085.07	\$4,972.27
<b>Non-Financial Reporting</b>			
<b>Use of Private Automobile (43.5 cents per km)</b>			
Constituency Travel (Kilometres) - NF	35,000.0		
Special Trips (5 trips per year) - NF	5.0		1.0
<b>Travel To and From the Capital</b>			
Travel by Air, Bus or Train (Unlimited Trips) - NF		1.0	14.0
Use of a Private Automobile (52 trips per year) - NF	52.0	2.0	7.0
<b>Other Travel</b>			
Vehicle Rental (5 Days maximum anywhere in Alberta) - NF	5.0		1.0

\$ - Reported on CAD dollar amount of actual expense

NF - Reported based on number of trips, number of kilometres, or number of days

Budget reported is the maximum annual amount that may be claimed

GST is not included in the \$ amounts as the Legislative Assembly is GST/HST - exempt

FLEET MANAGEMENT SERVICES DETAIL  
DETAI LS SERVICES DE GESTION DE PARC

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

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

CLIENT NO.  
NO DU CLIENT  
NVOICE DATE 01/01/18  
DATE DE LA FACTURE  
NVOICE NO. 0006993645  
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 ----- DESCR PTION 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				000483860404 11/16/17	PETRO CANADA CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	33.2	1.14	35.98	1.80 1.80	37.78 37.78
UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	33.2		35.98	1.80	37.78
BKDN TOTALS / TOTAUX CODIFICATION 01-17							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	33.2		35.98	1.80	
BKDN TOTALS / TOTAUX COD FICATION												37.78

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  
NVOICE DATE 02/01/18  
DATE DE LA FACTURE  
NVOICE NO. 0007019898  
NO DE LA FACTURE

UNIT NO ----- NO. D'UNITE	DRIVER NAME DRIVER ID. ----- NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V.I.N. ----- NO. DE SERIE	CARD NO. ----- NO. DE CARTE	KM AUTHORIZE ----- KM AUTORISE	REFERENCE NO ACTIVITY DATE ----- NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION ----- NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION ----- DESCRPTION DES FRAIS	QTY ----- QTE	UNIT COST ----- COUT UNIT	EXTENDED PRICE ----- TOTAL	GST-HST PST/QST ----- TPS-TVH TVP/TVQ	TOTAL DUE ----- MONTANT TOTAL DU
[REDACTED]	COOLAHAN	[REDACTED]	[REDACTED]	[REDACTED]	000486568913 01/09/18	PETRO CANADA CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	57.9	1.07	59.10 2.95 2.95 59.10 2.95	2.95 2.95	62.05 62.05
UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	57.9		59.10 2.95	2.95	62.05
BKDN TOTALS / TOTAUX CODIFICATION 01-17							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	57.9		59.10 2.95	2.95	
BKDN TOTALS / TOTAUX CODIFICATION												62.05

FLEET MANAGEMENT SERVICES DETAIL  
DETAI LS SERVICES DE GESTION DE PARC

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

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

CLIENT NO.  
NO DU CLIENT  
NVOICE DATE 03/01/18  
DATE DE LA FACTURE  
NVOICE NO. 0007042854  
NO DE LA FACTURE

UNIT NO NO. D'UNITE	DRIVER NAME DRIVER ID. NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V.I.N. NO. DE SERIE	CARD NO. NO. DE CARTE	KM AUTHORIZE KM AUTORISE	REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION DESCRPTION DES FRAIS	QTY QTE	UNIT COST COUT UNIT	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DUE MONTANT TOTAL DU
	COOLAHAN				000489346461 02/06/18	PETRO CANADA CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	57.3	1.08	59.10 2.95 2.95 62.05 62.05		
					000489346460 01/20/18	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	13.99	13.99 .70 .70 14.69 14.69		
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	57.3		73.09 3.65 76.74		
	BKDN TOTALS / TOTAUX CODIFICATION 01-17				UNITS / VEHIC 1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	57.3		73.09 3.65		
							BKDN TOTALS / TOTAUX CODIFICATION					76.74

# Element Fleet Management



FLEET MANAGEMENT SERVICES DETAIL  
DETAI LS SERVICES DE GESTION DE PARC

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## CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

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

CLIENT NO. [REDACTED]  
NO DU CLIENT [REDACTED]  
NVOICE DATE 04/01/18  
DATE DE LA FACTURE  
NVOICE NO. 0007066291  
NO DE LA FACTURE

UNIT NO NO. D'UNITE	DRIVER NAME DRIVER ID. NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V.I.N. NO. DE SERIE	CARD NO. NO. DE CARTE	KM AUTHORIZE KM AUTORISE	REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION DESCRPTION DES FRAIS	QTY QTE	UNIT COST COUT UNIT	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DUE MONTANT TOTAL DU
[REDACTED]	COOLAHAN	[REDACTED]	[REDACTED]		000492116179 03/08/18	PETRO CANADA RED DEER AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	57.6	1.14	62.53	3.13 3.13	65.66 65.66
					000492116178 03/02/18	PETRO CANADA CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	59.0	1.18	66.24	3.31 3.31	69.55 69.55
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	116.6		128.77	6.44	135.21
	BKDN TOTALS / TOTAUX CODIFICATION 01-17		UNITS / VEHIC	1			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	116.6		128.77	6.44	
							BKDN TOTALS / TOTAUX CODIFICATION					135.21

BLE871

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



# The American Express® Corporate Card Statement of Account

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

Prepared For  
**CRAIG COOLAHAN**  
**LEGIS ASSEMBLY OF AB**

Membership Number

Date  
**February 16, 2018**



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 February 16, 2018

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

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

## Credit Limit Summary On February 16, 2018

Total Credit Limit \$

Available Credit Limit \$

Listing of Charges and Credits

Amount \$

January 29 Payment Received Thank You

## New Transactions for CRAIG COOLAHAN

Amount \$

January 18 PARKING SERVICES CALGARY  
GOVERNMENT SERVICES

8.00

↑ 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**



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



0952

**The American Express® Corporate Card**  
**Statement of Account**

**New Transactions for CRAIG COOLAHAN Continued**

Amount \$

February 9      CalgParkAuth 2550415 CALGARY  
GOVERNMENT SERVICES

9.00

**Total New Transactions for CRAIG COOLAHAN**

\$16.20 + GST



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**LEGIS ASSEMBLY OF AB**

Membership Number

Date  
**March 18, 2018**

Page 1 of 2

Previous Balance	Payments and Credits	New Charges including Delinquency Assessment, if any	New Balance \$
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Statement includes payments and charges received by March 18, 2018

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

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0918

## Credit Limit Summary On March 18, 2018

Total Credit Limit \$

Available Credit Limit \$

Listing of Charges and Credits

Amount \$

March 8 Payment Received Thank You

## New Transactions for CRAIG COOLAHAN

Amount \$

February 28 IMPARK00030321U CALGARY  
Goods or Services

26.25

Total New Transactions for CRAIG COOLAHAN

\$25 + GST

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## AMERICAN EXPRESS®

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• Automatic banking machines  
**Do Not Enclose Cash**



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

Membership Number

Amount Due \$

Amount Paid \$

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Date  
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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 January 16, 2018

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

## Credit Limit Summary On January 16, 2018

Total Credit Limit \$

Available Credit Limit \$

Listing of Charges and Credits

Amount \$

January 3 Payment Received Thank You

## New Transactions for CRAIG COOLAHAN

Amount \$

December 14	ASSOCIATED CAB/ALLIE CALGARY TAXICABS AND LIMOUSINES	35.77
December 14	ATS GROUP EDMONTON TAXICABS AND LIMOUSINES	75.90
January 2	RED ARROW EXPRESS LT CALGARY TRANSPORTATION SERVICES	145.00
January 15	CHECKER CABS LTD CALGARY TAXICABS AND LIMOUSINES	13.20

Total New Transactions for CRAIG COOLAHAN

\$257.02 + GST

† Please detach here †

## AMERICAN EXPRESS®

### Payment Options

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TO BE PROCESSED BY YOUR FINANCIAL INSTITUTION AND  
SENT TO US. See the About Your Payment Section.

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

Do Not Enclose Cash



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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Prepared For  
**CRAIG COOLAHAN**  
**LEGIS ASSEMBLY OF AB**

Membership Number

Date  
**February 16, 2018**

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 February 16, 2018

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

## Credit Limit Summary On February 16, 2018

Total Credit Limit \$

Available Credit Limit \$

Listing of Charges and Credits

Amount \$

January 29 Payment Received Thank You

## New Transactions for CRAIG COOLAHAN

Amount \$

January 16	ASSOCIATED CAB/ALLIE CALGARY TAXICABS AND LIMOUSINES	13.11
January 20	RED ARROW EXPRESS LT CALGARY TRANSPORTATION SERVICES	145.00
January 30	RED ARROW EXPRESS LT CALGARY TRANSPORTATION SERVICES	72.50 CR
January 30	CHECKER CABS LTD CALGARY TAXICABS AND LIMOUSINES	7.00
January 31	ASSOCIATED CAB/ALLIE CALGARY TAXICABS AND LIMOUSINES	35.08
January 31	ATS GROUP EDMONTON TAXICABS AND LIMOUSINES	75.90

† Please detach here †

\$193.90 + GST

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- 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

Amount Due \$

Amount Paid \$

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





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Prepared For  
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**LEGIS ASSEMBLY OF AB**

Membership Number

Date  
**March 18, 2018**



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 March 18, 2018

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

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

0918

Credit Limit Summary On March 18, 2018	Total Credit Limit \$	Available Credit Limit \$
Listing of Charges and Credits		Amount \$
March 8	Payment Received Thank You	

## New Transactions for CRAIG COOLAHAN

March 10	RED ARROW EXPRESS LT CALGARY TRANSPORTATION SERVICES	72.50
March 11	CHECKER CABS LTD CALGARY TAXICABS AND LIMOUSINES	15.86

## Total New Transactions for CRAIG COOLAHAN

\$84.16 + GST

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## AMERICAN EXPRESS®

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• Automatic banking machines  
**Do Not Enclose Cash**



**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





# 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:** 2017

**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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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	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 type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15	60 km from Perm. Res.	Lethbridge AEF Public meeting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
22	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
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						\$243.81	\$12.19	\$256.00

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

Jan 11 / 18



# 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:** 2017

**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			<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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
18	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
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		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
26	Travel to/from Capital		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
27	Travel to/from Capital		<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	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						\$248.43	\$12.42	\$260.85

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

Jan 11/18



# 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:** 2017

**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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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	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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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	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						\$455.05	\$22.75	\$477.80

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

Jan 11/18





# 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:** 2017

**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			<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 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	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			<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						\$347.38	\$17.37	\$364.75

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

JAN 11/18



# 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: March

Year: 2018

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 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	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 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	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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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						\$446.29	\$22.31	\$468.60

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 19/18





## 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: 4/1/2017

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: 2017-2018

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)

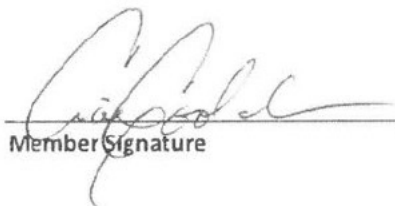
☒ 12 Monthly Payments

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.

January 2018

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

  
Member Signature

Updated 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: 4/1/2017

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: 2017-2018

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)

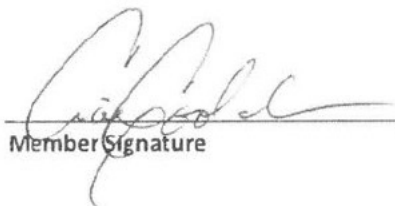
☒ 12 Monthly Payments

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.

February 2018

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

  
Member Signature

Updated 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: 4/1/2017

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: 2017-2018

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)

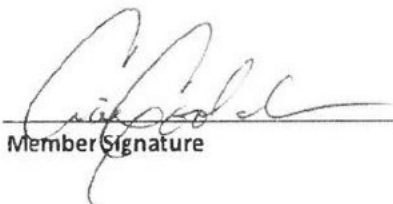
☒ 12 Monthly Payments

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.

March 2018

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

  
Member Signature

Updated April 2016

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:

meeting with constituents

\$ 19.53



Lina's Italian Market  
2202 Centre ST NE  
Calgary, AB  
(403) 277-9166  
G.S.T# 840374185

#001-003 29/01/2018 10:09:42 CAPP. BAR  
Inv#:00178086 Trs#:195281

MORTADELLA FRITTATA	\$4.50 T1
LINA'S BISCOTTI	\$1.19 T1
AMERICANO LARGE	\$3.25 T1
DOLE APPLE JUICE	\$1.50 T1
+Bottle sales: \$0.10	
CINNAMON BUN	\$3.99 T1
LATTE LARGE	\$4.00 T1
SYRUP SHOT	\$1.00 T1

Net Sales	\$19.43
GST [\$19.43]	\$0.97
Bottle sales	\$0.10
TOTAL SALES	\$20.50

GST TOTAL	\$20.50
VAT	\$20.50

Item count 7

TYPE : PURCHASE  
TENDER : VISA CREDIT  
CARD : [REDACTED]  
AID : A0000000031010  
AMOUNT : CAD\$20.50

RESULT : APPROVED  
DATE/TIME : JAN 29 2018 09:34:15  
TERM.ID : LIMJKC03  
SEQUENCE# : 851001001006  
AUTHOR. # : [REDACTED]  
TVR : 8080008000  
TSI : 7800  
Code : 00-001

Customer copy

Ask us about our catering &  
gift basket services!!  
Merchandise may be exchanged within 30 day  
with a store receipt  
ONLY.

Thank you for shopping  
at Lina's Italian Market!

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:

lunch with constituent

\$ 27.78

ORDER # 87  
CHECK# 20587  
Closed to Credit Card

DATE/TIME: 2/22/2018 11:42:45 AM  
SERVER: 01  
STATION: 01

Item Count: 0	\$11.75
1 VG5 -VERMICELLI*	\$12.25
1 CN3 -CHICKEN RICE NOODLE*	\$24.00
Subtotal	\$1.20
GST	\$25.20
GRAND TOTAL	
Credit	\$25.20

Thank you, please come again!  
Have a great day!  
www.rautistyo.ca

RAU DISTRO  
#2 4105 4 Street NW E2K1A3  
CALGARY AB  
23164814  
|||| PURCHASE ||||  
02-22-2018 11:42:35  
Acct # [REDACTED] C  
Exp Date ' / ' Card Type VI  
Name: CRAIG COOLAHAN  
A0000000031010 VISA CREDIT  
Trace # 570003  
FS2316481401  
Inv. # 16131  
Auth # [REDACTED] RRN 001550003  
Purchase \$25.20  
Tip \$3.78  
Total \$28.98  
( 00 ) APPROVED-THANK YOU

Retain this copy for your  
records  
Customer Copy

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: \_\_\_\_\_

Purpose:

Supplies for seniors' pancake breakfast at Parkview Village.

# partytray.com

3716 - 2<sup>nd</sup> Street N.E.  
Calgary, Alberta T2E 3H7

INVOICE # 90432

...we'll bring the food!

www.partytray.com info@partytray.com

telephone (403) 244-3055  
fax (403) 541-0615

DELIVERY DAY Tuesday  
DELIVERY DATE March 6, 2018  
TIME 10:30 - 11

CLIENT / COMPANY Legislative Assembly of Alberta  
DELIVERY ADDRESS Confederation 55+ Activity Centre: 2212 - 13 Street NW  
CONTACT NAME Nina PHONE 403-512-4546  
EMAIL ADDRESS calgary.klein@assembly.ab.ca ALT

	QUANTITY	SMALL	MEDIUM	LARGE	TOTAL
1. <b>HOMESTYLE SANDWICHES</b>	<b>1+1</b>	<b>\$27</b>	<b>\$42</b>	<b>\$55</b>	S 82.00
2. <i>Small Tray all Vegetarian</i>		\$29	\$45	\$60	
3. <b>CROISSANT SANDWICHES</b>	<b>1</b>	<b>\$29</b>	<b>\$45</b>	<b>\$60</b>	S 60.00
4. <b>DELUXE SANDWICHES</b>		\$32	\$48	\$65	
5. <b>CRISPY PARMESAN CHICKEN SANDWICHES</b>		<b>\$40</b>	<b>\$55</b>	<b>\$80</b>	
6. <b>TORTILLA WRAPS</b>		\$37	\$50	\$70	
7. <b>COCKTAIL SANDWICHES</b>		<b>\$37</b>	<b>\$50</b>	<b>\$70</b>	
8. <b>ASSORTED TARTS AND SQUARES</b>		\$29	\$44	\$55	
9. <b>ASSORTED SMALL DESSERTS</b>		<b>\$29</b>	<b>\$48</b>	<b>\$65</b>	
10. <b>ENGLISH BAY COOKIES</b>		\$22	\$35	\$50	
11. <b>FRUIT TRAY</b>		<b>\$35</b>	<b>\$49</b>	<b>\$65</b>	
12. <b>DOMESTIC / IMPORTED CHEESE &amp; FRUIT</b>		\$50	\$75	\$95	
13. <b>DOMESTIC CHEESE &amp; FRUIT</b>		<b>\$45</b>	<b>\$65</b>	<b>\$80</b>	
14. <b>DOMESTIC CHEESE with Crackers</b>		\$50	\$70	\$90	
15. <b>MEAT TRAY</b>		<b>\$45</b>	<b>\$65</b>	<b>\$80</b>	
16. <b>SAUSAGE TRAY</b>		\$45	\$65	\$80	
17. <b>PICKLES AND MORE</b>		<b>\$30</b>	<b>\$45</b>	<b>\$60</b>	
18. <b>VEGETABLE TRAY</b>		\$30	\$45	\$60	
19. <b>POTATO SALAD</b> <i>Side Salad Sizes</i>			<b>\$34</b>	<b>\$55</b>	
20. <b>PASTA SALAD</b> <i>Medium : 10 - 15 People</i>			\$34	\$55	
21. <b>CAESAR SALAD</b> <i>Large : 15 - 20 People</i>			<b>\$38</b>	<b>\$59</b>	
22. <b>TOSSED SALAD</b>			\$38	\$59	
23. <b>MANDARIN ORANGE &amp; ALMOND SALAD</b>			<b>\$42</b>	<b>\$79</b>	
25. <b>SPINACH DIP</b> 24. <b>MEXICAN DIP</b>			\$29	\$29	
27. <b>TZATZIKI DIP</b> 26. <b>HUMMUS DIP</b>			<b>\$29</b>	<b>\$29</b>	
28. <b>BRUSCHETTA</b>				\$29	
29. <b>JUMBO SHRIMP</b>				<b>\$69</b>	
30. <b>CONTINENTAL BREAKFAST</b> <i>Serves : 10/15/20</i>		\$59	\$88	\$114	
31. <b>ASSORTED CANNED POP</b>				<b>\$2.25</b>	
32. <b>ASSORTED BOTTLED JUICE</b>				\$2.50	
33. <b>BOTTLED WATER</b>				<b>\$2.50</b>	
34. <b>BRETON CRACKERS (Sold by the Box)</b>				\$6.00	
35. <b>COCKTAIL BUNS (Sold by the dozen)</b>				<b>\$6.00</b>	
36. <b>KAISER BUNS (Sold by the dozen)</b>				\$7.00	
37. <b>PAPER PLATES, UTENSILS &amp; NAPKINS (DOZEN)</b>				<b>\$2.50</b>	

ADDITIONAL INFO

PAYMENT OPTIONS

CORPORATE TERMS - NET 14 DAYS ☒

CORPORATE PO #

COMPANY CHEQUE on delivery ☐

CASH ☐

CREDIT CARD :

Visa ☐

MasterCard ☐

Amex ☐

Diners ☐

Credit Card Name:

db

SUB TOTAL \$ 142.00

SERVICE CHARGE \$ 10.00

SUB TOTAL \$

GST #883052169 Exempt

TOTAL \$

Total: \$152.00

**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:**

North Haven Spring Carnival - Sugar Shack



# AUTHENTIC WESTERN PRODUCTIONS

Box 643 Cochrane, Alberta T4C 1A8 Phone: (403) 312-6462 bandits@authenticwestern.com  
www.authenticwestern.com

## CONFIRMATION / Invoice

Company:	Legislative Assembly of Alberta	Event Location:	5003 North Haven Dr NW
Contact Name:	Craig Coolahan	Event Start:	March 31 2018 10.00 am
Phone / Fax:	403 216-5430	Event Finish:	March 31 2018 12.00 noon
Quote Prepared by:	Michael Werbisky	Event Notes:	
Date:	March 27 2018		

### DÉCOR

Subtotal Facilities & Décor	\$ -

### ENTERTAINMENT

2 hours of Sugar on snow up to 200 servings	\$ 650.00
Subtotal Entertainment	\$ 650.00

Thank you for contacting Authentic Western Productions.

SUBTOTAL	\$ 650.00
Coordination Fee (15%)	
Sub-Total	\$ 650.00
GST# 857837835RT0001	\$ 32.50
TOTAL	\$ 682.50
Minus Deposit	
Amount Owing	\$ 682.50

Accepted by: \_\_\_\_\_

Signature: \_\_\_\_\_

Best Regards,

\$650.00 + GST

Diane & Michael Werbisky  
Authentic Western Productions

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: # 55.31 + GST

Purpose:

Seniors event supplies

**REAL CANADIAN  
SUPERSTORE**

POSS 1545 7020 4TH ST NW  
403) 516-8519

Big on Fresh, Low on Price

**21-GROCERY**

(2)0557710429 AJ PANCAKE MRJ 7.14  
2 @ \$3.57

(2)06038303727 NN ORANGE JC MRJ 1.84  
2 @ \$0.92

BEV. RECYCLING FEE 0.08  
20\$0.04

DEPOSIT 1 0.20  
20\$0.10

06038308228 PC MAPL SYRP MRJ  
\$7.98 Int 6, \$9.93 ea

2 @ \$7.98 ea 15

(2)06038364530 NN APPLE BEV MRJ 0  
2 @ \$0.44

BEV. RECYCLING FEE 0  
20\$0.04

DEPOSIT 1 0  
20\$0.10

(1)06672100671 CA CHNK TRIP CHO MRJ  
(1)0572100667 CHR CA ORIG MRJ

672100569 CHRISTIE OREG MRJ

98 Int 4, \$3.13 ea 11.72  
2 @ \$2.98 ea

**IRY**

0800090 FH 50/50 BUT/MRG MRJ  
.57 ea or 2/\$8.00

3 \$4.57 ea

**PRODUCE**

8304152 ORANGE MRJ

.22 Int 4, \$7.43 ea

3 \$6.22 ea 12.44

**TOTAL 55.31**  
**AL 55.31**

---TRANSACTION RECORD---

L PAYMENTS MERCHANT # 4151001

Store

4th Street NW

City AB

201545030

SLIP # 643800

IN THIS COPY FOR YOUR RECORDS

CREDIT

AL 373001001110

AID: A0000000031010

TSI 0000 TUR 0000000000

02/26/2018 16:32:32 \$ 55.31

**APPROVED**

No Signature Required

CREDIT TN

55.3

You could have earned 550  
PC Optim points with President's Choice  
Financial MasterCard. Apply Today  
Visit [pcfinancial.ca](http://pcfinancial.ca)

\*\*\*\*\*  
GST # 12123-5922 RT0001

YOUR STORE MANAGER

MATT

Thank You, Come Again!

\*\*USE YOUR PCF CARD\*\*

TO COLLECT POINTS!!

\*\*FREE HERE FOR FREE GROCERIES\*\*

2018/02/28 Debbie 203 03 6438 16:32

\*\*\*\*\*  
TELL US HOW WE DID TODAY! MONTHLY CHANCES

TO WIN \$5000 VISIT [WWW.STOREOPINION.CA](http://WWW.STOREOPINION.CA)

OR CALL 1-877-234-2322 SEE CUSTOMER

SERVICE DESK FOR FULL CONTEST RULES OR

[WWW.STOREOPINION.CA](http://WWW.STOREOPINION.CA) STORE: 01545

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: \$13.68

Purpose:

Seniors event supplies

WE SELL FLOWERS  
01 710 0300  
CALGARY, AB

[REDACTED]

STRAWBERRIES	085058200200	\$2.97 D
STRAWBERRIES	085058200200	\$2.97 D
V-UNSLT-BTR	060538875613	\$3.87 D
V-UNSLT-BTR	060538875613	\$3.87 D

[REDACTED]

PLASTIC BND 000000000000

SUBTOTAL  
GST 5%  
TOTAL  
VISA TEND

VISA CREDIT [REDACTED]

REF # 001001249  
TRANS ID - 588065172401162

AID A0000000031010  
TC 0614289849FA7155  
TERMINAL #: WMT CJ012294  
\*Pin Verified

03/05/18 21:47:23

CHANGE DUE \$0.00  
GST/HST 137466199 RT 0001  
QST 10165E1356 TQ 0001

# ITEMS SOLD 16  
TC# 8729 4881 0747 4578 5444 7

New Thursday flyer start date  
Circulaire maintenant en vigueur Jeudi  
03/05/18 21:47:24

\*\*\*CUSTOMER COPY\*\*\*

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: \$25.90 + GST

Purpose:

lunch for event



Subway#3844-0 Phone 403-282-9566  
1216 16 Avenue NW  
Calgary, AB, T2M 0K9  
Served by: RODA 3/6/2018 10:41:35 am  
Term ID-Trans# 1/A-149914

Customer Receipt  
GST#

ty	Size	Item	Price
----	------	------	-------

		Palafel Sub	\$4.89
		Tuna Sub	\$5.69
1		Pizza Sub Sub	\$4.89
7		Chips	\$10.43

MID: 810000044000  
TID: 701

Precedence No: 806517456446  
Card Issuer: Visa

Acquired: Contactless EMV

Amount:

Application: VISA CREDIT

AID: A0000000031010

TVR: 0000000000

TSI: 0000

Date/Time: 3/6/2018 10:41:36 AM

CUSTOMER COPY

Order ID: 623-372-1355898

How'd we do Get a Free Cookie! Take 1 min.  
Survey at [www.TellSubway.com](http://www.TellSubway.com)

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: \$28.14 + GST

Purpose:

lunch meeting

Nina attended this meeting and Member was not present as he was in Edmonton so Member claimed lunch per diem for March 08/18

DENNY'S - #7775  
1804 19th St. NE, Calgary T2E 4Y3 403-250-7177  
0105b Table 21 #Party 1  
HARI K Svick: 20 13:03 03/08/18  
Separate checks: 1-of-3  
1 CRAN APPLE CHKN,  
no chkn breast (-2.65),  
add avocado (1.49) 13.33  
1 BLT 7.99  
1 REGULAR COFFEE 2.99  
Sub Total: 24.31  
GST: 1.22  
Guest 1 TOTAL: 25.53  
Sub Total: 24.31  
GST: 1.22  
03/08 13:43 TOTAL: 25.53  
PLEASE PAY SERVER

GST# 121767065  
VISIT US AT [www.dennys.ca](http://www.dennys.ca)  
CUSTOMER COMMENTS  
(604) 770-6620



DENNY'S - 7775  
1804 NE 19th Street  
Calgary AB T2E 4Y3  
403-250-7177

\*\* TRANSACTION RECORD \*\*

Tran. #: 796  
RVC: RESTAURANT  
Table #: 21  
Check #: 105  
Group #: 0  
Employee #: 184  
Employee Name:  
VIRABHIMANYU

Visa Debit  
App Name: VISA CREDIT

Amount \$25.53  
Tip \$3.83  
=====

TOTAL CAD\$29.36

72I  
D084CS11/D084CC11  
088001001015  
2018/03/08 14:01:16

TVR: 0000000000

Customer Copy

THANK YOU  
Come Again

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: \_\_\_\_\_

\$20.84 + GST

Purpose:

Lunch with constituent

*no alcohol  
was included*

*X [Signature]*

*[Signature]*

TRANSACTION RECORD

RAU BISTRO  
2-4105 4TH ST NW T2K1A3  
CALGARY AB  
23164814

|||| PURCHASE ||||

11-08 2017 11.15.00

Account Chequing Card Type DP  
A0000002771010 Interac

Trace # 680004  
FS2316481401  
Inv. # 13246

RRN 001462004

Purchase	\$18.90
Tip	\$2.84
<b>Total</b>	<b>\$21.74</b>

(00) APPROVED-THANK YOU

Retain this copy for your  
records  
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: \$74.60 + GST

Purpose:

Hosting constituents for Throne Speech

This expense is for hosting the constituents it does not include Member's meal charge that is why Member claimed Dinner per diem on March08/18.

THE COMMON LOUNGE  
9910 109 Street NW  
Edmonton, AB  
780-452-7333  
GST# 852987668 RT0001

112 Kelsey

Check: 1936                      Guests: 3  
Table: 42-7  
03/08/2018 05:06PM

1	LOBSTER RISOTTO	23.00
1	PORK TRIFECTA	22.00
1	BRASSERIE BURGER	17.00

Subtotal  
GST Inclusive  
G.S.T.  
**Total Due**

\*\*\*\*PLEASE PAY SERVER\*\*\*\*

Catch ya at Grandin Fish 'n Chips!!  
Using this receipt for 10% off  
your next visit - 9902 109 street

THE COMMON  
9910 - 109 STREET  
EDMONTON AB

CARD TYPE VISA  
DATE 2018/03/08  
TIME 0660 18:02:14  
RECEIPT NUMBER  
C85016290-001-670-014-0

PURCHASE  
AMOUNT  
TIP \$12.60  
TOTAL

VISA CREDIT  
A0000000031010  
BFD0A13C8D3A51AF  
8080008000-6800  
78035ED5E41CD95C  
8080008000-7800

APPROVED

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

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: \_\_\_\_\_ \$17.29

Purpose:

coffee for office

**SAFeway**

Safeway Beacon Heights  
#20, 1818 Centre Street NE Calgary AB  
Phone: 403.276.3328  
GST# 817093735

Served by: SCO 21

Welcome to Safeway

**GROCERY**

Coffee Hazelnut 907G \$17.29 D

SUBTOTAL \$17.29

TOTAL TAX \$0.00

**TOTAL \$17.29**

Master Card TENDER \$17.29

Cash CHANGE \$0.00

NUMBER OF ITEMS 1

**AIR MILES**

Member number: \_\_\_\_\_

MERCHANT 22255810 RF  
TERMINAL ID SB2225581021  
\*\* Purchase \*\* \$ 17.29  
CARD MasterCard RCPT 7601000  
NO. \_\_\_\_\_ RESP 001  
DATE 02/21/2018 TIME 17:08 43  
AUTH \_\_\_\_\_ REF# 001209099  
APPL. MasterCard  
AID A0000000041010

00 APPROVED - THANK YOU

I AGREE TO PAY THE ABOVE TOTAL AMOUNT  
ACCORDING TO THE CARD ISSUER AGREEMENT  
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

Term	Tran	Store	Oper	02/21/18
21	7601	8323	121	17:08:36

Thank you for shopping at Our Store  
Come Again Soon