

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2018-19
068 - Lethbridge-East - Fitzpatrick, Maria
For Expenses Processed April 1 - June 30, 2018

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$356.67	\$356.67
MLA Parking Cap - \$	\$900.00		
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$		\$585.69	\$585.69
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$			
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,790.00	\$5,790.00
Travel Accommodations Allowance			
Travel Accommodations Allowance (days; 10 max) - NF	10.0		
Other			
Hosting - \$			
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	35,000.0	647.0	647.0
Special Trips (5 trips per year) - NF	5.0		
Travel To and From the Capital			
Travel by Air, Bus or Train (Unlimited Trips) - NF		3.0	3.0
Use of a Private Automobile (52 trips per year) - NF	52.0	2.0	2.0
Other Travel			
Vehicle Rental (5 Days maximum anywhere in Alberta) - NF	5.0		

\$ - Reported on CAD dollar amount of actual expense

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

Budget reported is the maximum annual amount that may be claimed

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

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Maria

Member Name: Maria Fitzpatrick

Claimant Name: Maria Fitzpatrick

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

MLA Fuel
$\$62.74 + \text{GST}$

PETRO-CANADA
5008 - 46 AVE
TABER
ALBERTA T1G 2A6
(403) 223-0115

GST R119335453
PC0058390:3907801
TERMINAL: 023907860
PAYPOINT: 023907801

2018-03-27 13:07

PUMP	10
DIESEL	
LITRES	L 52.326
PRICE/L	\$ 1.259
FUEL SALES	\$ 65.88*

TOTAL OWED \$ 65.88

TOTAL PAID
CREDIT CARD \$ 65.88

* GST INCL. \$ 3.14

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Maria Fitzpatrick

Claimant Name: MARIA Fitzpatrick

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

Fuel

\$53.97 + GST

Northside Gas King
#250
944 5 Ave N
Lethbridge, AB
T1N 0N4
403-328-3069

Inu#: 9085219
Trans: Pre-Auth
Completion

VISA CREDIT
RID: 00000000031010
Seq#: 090001001001
Terminal ID: 0015PC04

ACI/ISO: 001/00
Date: 05/13/2018
Time: 12:20:50
TUR000000000
TSI 7800
APPROVED

Pump # : 4-DSL
Vol : 44.655L
Price/L : \$1.269
Total : \$56.67

Fuel Includes:
GST(5.0%):\$2.70
Tax Total:\$2.70
GST # R101957306

Pump # : 4-DSL
Vol : 44.655L
Price/L : \$1.269
Total : \$56.67

Fuel Includes:
GST(5.0%):\$2.70
Tax Total:\$2.70
GST # R101957306

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Maria Fitzpatrick

Claimant Name: Maria Fitzpatrick

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group:

Purpose:

Fuel

\$52.14 + GST

TRANSACTION RECORD

ESSO
7 E. EVEN STORE 37813
11103 ELLERSLIE ROAD S. W.
EDMONTON, AB T6N 0E9

DATE: 2013-05-17 TIME: 16:43:16

Paypoint: 04C TRANS #: 272365
Station#: 00302295 Cashier: manager
GST: R113335453

*** DUPLICATE ***

FUEL	(L)	(\$/L)	(\$)
Pump 4			
BLODL	43.839	1.249	54.75
TOTAL CAD		\$	54.75
CREDIT CARD		\$	54.75
* GST INCLUDED IN FUEL \$ 2.61			

PURCHASE

INVOICE NO: 101/4628
AUTH #:

VISA CREDIT
A0000000031010
8080008000
7800

01 Approved - Thank You 027

VERIFIED BY PIN

-- IMPORTANT --

Retain This Copy For Your Records

- Customer's Copy -

*** DUPLICATE ***

Reconciliation ID:

You could have earned 54 Esso Extra points. Your first reward starts at 150 points.
Pick one up in store or visit
essoextra.com

B - (null)&GST, - (null), G - GST

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Maria Fitzpatrick

Claimant Name: Maria Fitzpatrick

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

Fuel - MLA vehicle

fuel \$62.70 +

GST

car wash \$6.49 +

GST

BG Fuels Gas Bar #1741
3515 Mayor Magrath Dr S
Lethbridge AB
T1K 8A8

Your attendant is Hans

Pump #8 51.068 Litres @ \$1.289/L
DIESEL 65.83
BASIC WSH W/038333 6.49 F

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

BG Fuels Gas Bar #1741
3515 Mayor Magrath Dr S
Lethbridge AB
T1K 8A8

STORE 01741 TERM V0174191C
SLIP # 591224 REG 91
RETAIN THIS COPY FOR YOUR RECORDS

PC Optimum Card
PC Optimum balance: _____

5% GST #733514327 0.32

Balance Due 72.64
Credit Card 72.64

Sales Receipt ID:



Total taxes on fuel:
5% GST #733514327 3.13

----- Reprint -----

2018/05/26 15:49 1741 8109 08 00001960

Please come again!

TRANSACTION RECORD

ESSO

7 ELEVEN STORE 37820
3615 CALGARY TRAIL NW
EDMONTON, AB T6J 5H8

ESSO EXPRESS PAY

2018-05-31 21:28:40

TRANS #: 264263
STATION#: 00302326
GST #: R119335453

PUMP 4
BIODL \$ 58.40
47.133L AT \$1.239/L

GST INCLUDED \$ 2.78
TOTAL : CAD\$ 58.40

TYPE: PURCHASE
VISA

INVOICE NO: TTG79251
AUTH: [REDACTED]

VISA CREDIT
A0000000031010
8080008000
7800

01 APPROVED - TH
ANK YOU 027

VERIFIED BY PIN

LOYALTY: NO

YOU COULD HAVE
EARNED 58 ESSO EXTRA
POINTS. YOUR FIRST
REWARD STARTS AT 150
POINTS.
PICK ONE UP IN STORE
OR VISIT
ESSOEXTRA.COM

RECONCILIATION ID:

-- IMPORTANT --
RETAIN THIS COPY
FOR YOUR RECORDS

- CUSTOMER'S COPY -

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Maria Fitzpatrick

Claimant Name: Maria Fitzpatrick

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

Fuel - MLA vehicle

\$ 55.62 + GST

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Maria Fitzpatrick

Claimant Name: Maria Fitzpatrick

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Fuel - MLA vehicle

\$53.03 + GST

PETRO-CANADA
2653 SCENIC DR
LETHBRIDGE
ALBERTA T1H 5L9
(403) 000-0000

GST 119335453
PC0046280:7793501
TERMINAL: 027793557
PAYPOINT: 027793501

2018-06-03 12:24

PUMP 07
DIESEL
LITRES L 37.778
PRICE/L \$ 1.474
FUEL SALES \$ 55.68*

TOTAL OWED \$ 55.68

TOTAL PAID
CREDIT CARD \$ 55.68

* GST INCL. \$ 2.65

UISA

AUTH [REDACTED] C
PURCHASE
C 0010010010 00 027

UISA CREDIT
A00000000031010
8000000000
7800
INVOICE 040783

VERIFIED BY PIN

00 APPROVED
THANK YOU 027

-- IMPORTANT --
RETAIN THIS COPY
FOR YOUR RECORDS
- CUSTOMER'S COPY -

LEARN HOW TO
SAVE 3 CENTS/L
EVERYDAY AT
PETRO-CANADA.CA/RBC

THANKS FOR SHOPPING!
SURVEY! EARN POINTS
& CHANCE TO WIN GAS
PETRO-CANADA.CA/HERO

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Maria Fitzpatrick

Claimant Name: MAria Fitzpatrick

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Car Wash

\$9.99 + GST



3/13/2018 Tue 11:20 AM
GREETER: Auto CTN: 593533
PWC: 42632
FLEX1001

ORIGINAL MINT	9.99
SUB TOTAL	9.99
Regional Taxes	0.51
TOTAL	10.50
AMOUNT TENDERED	10.50
CHANGE	0.00

PAYMENT METHOD: DebitInterac

INTERAC PURCHASE
Acct: Chequing

AMOUNT \$10.50

Date: 2018/03/13
Time: 11:20:10
Ref. #: 662586840010011940 C
Auth. #: [REDACTED]

Interac
A0000002771010
TUR: 0000000000 TSI: F800

00 APPROVED - THANK YOU 001
VERIFIED BY PIN

*IMPORTANT - retain this copy
for your records

**** CUSTOMER COPY ****

1903- 3rd Ave South.
Lethbridge, AB T1J 0L7

Official Receipt

\$52.38 + GST

Official Receipt

Date: April 3, 2018 Amount: 65

From: Air Post

To: Docentocan

Unit: 911 Driver: Schultz GST:

Thank You for using Airport Taxi Service
Customer service: information@airporttaxiservice.ca

24 Hour Service

Customer service: information@airporttaxiservice.ca

Purpose:

Taxi airport - Legislature

\$61.90 + GST

Official Receipt

Date: 5/04/18 Amount: \$65

From: D. T.

To: Air Mail

Customer service: information@airporttaxiservice.ca



Taxi Edmonton Legislature - Airport

\$61.90 + GST

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Maria Fitzpatrick

Claimant Name: MARIA Fitzpatrick

Expense Category: Taxi, Bus Travel

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Taxi in Edmonton

\$52.38+ GST

Official Receipt

Date: 04-06-18 Amount: \$55.00

From: EIA

Unit: 125 Driver: AMRIT GST: _____

Thank You for using Airport Taxi Service
Customer service: information@airporttaxiservice.ca

24 Hour Service



LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: MAria Fitzpatrick

Claimant Name: Maria Fitzpatrick

Expense Category: Taxi, Bus Travel

For hosting, select one:

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

Purpose:

Taxi airport - Legislature

\$61.90 + GST

Official Receipt

Date: Apr 19, 2018 Amount: 65
From: Air Port
To: Downtown
Unit: 911 Driver: Sirena GST: _____

Thank You for using Airport Taxi Service
Customer service: information@airporttaxiservice.ca



LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Official Receipt

Member Name: Maria fitzpatrick

Claimant Name: Maria Fitzpatrick

Expense Category: Taxi, Bus Travel

Date: 16-4-18 Amount: 65\$
From: EIA
To: Legislature Building
Driver: GARY Unit #: 585 GST #:

For hosting, select one:

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

Thank You for using Airport Taxi Services
Gary: 780-710-4500

24 Hour Service



Purpose:

Taxi Airport to Legislature

\$61.90 + GST

LEGISLATIVE ASSEMBLY OF ALBERTA

Claimant Name: Maria Fitzpatrick

Expense Category: Taxi, Bus Travel

☐ Individual Constituent(s)☐ Individual Stakeholder(s)

☐ Group:

Taxi Legislature - Airport

\$61.90 + GST

Official Receipt

Date: 19-4-18 Amount: 65\$

From: Leguizans Antonio

To: EIA

Driver: GAB Unit #: 555 GST # _____

Thank You for using Airport Taxi Services
Gary: 780-710-4500

24 Hour Service

Official Receipt

Date: APR 30 Amount: \$ 55.00

From: EDMONTON AIRPORT

Unit: 776 Driver: SUMIT GST: _____

Thank You for using Airport Taxi Service
Customer service: information@airporttaxiservice.ca

- 24 Hour Service

Taxi in Edmonton

\$52.38 + GST

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Official Receipt

Date: May 4, 2018 Amount: \$5

Member Name: Maria Fitzpatrick

Claimant Name: MAria Fitzpatrick

Expense Category: Taxi, Bus Travel

To: Air Port

Unit: 911 Driver: Sander GST:

Thank You for using Airport Taxi Service
Customer service: information@airporttaxiservice.ca

24 Hour Service



For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Taxi in Edmonton

\$ 52.38 + GST

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Maria Fitzpatrick

Claimant Name: MAria Fitzpatrick

Expense Category: Taxi, Bus Travel

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Taxi in Edmonton

\$ 14.29 + GST

YELLOW CAB

John Brent MLAs
780.462.3456
call or text your address to book your cab

GST# _____

Date: MAY-10-2018 Amount: 15-00

Driver: ASIF Car#: 344

From: Albion innovative

10135-31 Avenue, Edmonton, AB T6N 1C2

6

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Maria Fitzpatrick

Claimant Name: MARIA Fitzpatrick

Expense Category: Taxi, Bus Travel

For hosting, select one:

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

Purpose:

Taxi in Edmonton

\$52.38 + GST

Official Receipt

Date: May 11, 2018 Amount: 55

To: Airport

Unit: 911 Driver: Sander GST: _____

Thank You for using Airport Taxi Service
Customer service: information@airporttaxiservice.ca

24 Hour Service





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: Fitzpatrick, Maria M.

Constituency: Lethbridge-East

Employee #: [REDACTED]

Date: 4/23/2018

Claim Type: Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Maximum of \$23,160 per fiscal year.

Fiscal Year: 2018-2019

Have you provided documents evidencing your Temporary Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please attach.

☒ Yes

☐ No

Monthly Amount (maximum \$1,930 or less)

\$ 1,930.00

x 12 = \$ 23,160.00

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

Claim Payment Authorization (please check)

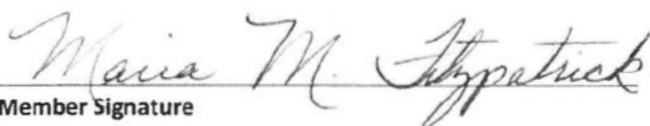
☒ 12 Monthly Payments

I authorize 12 monthly payments in the amount specified above for the entire fiscal year. This monthly amount is static for the entire fiscal year.

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

April 2018

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


Member Signature

Updated March 2018



Members' Temporary Accommodation Allowance Claim Form

Note to MLAs: Forms accessed online can be used to claim either the temporary residence accommodations allowance under sections 5 and 6 and meal expenses under section 7 of the *Members' Allowance Order*. Only claims supported by the required documentation will be processed. For the text of sections 5, 6, 7, and 8 of the *Members' Allowance Order*, see reverse. For information on form completion, go to OurHouse – Forms – Expense Claim Forms. Effective date: April 1, 2016

Member Name: Fitzpatrick, Maria M.

Constituency: Lethbridge-East

Employee #: [REDACTED]

Date: 4/23/2018

Claim Type: Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Maximum of \$23,160 per fiscal year.

Fiscal Year: 2018-2019

Have you provided documents evidencing your Temporary Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please attach.

☒ Yes

☐ No

Monthly Amount (maximum \$1,930 or less)

\$ 1,930.00

x 12 = \$ 23,160.00

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

Claim Payment Authorization (please check)

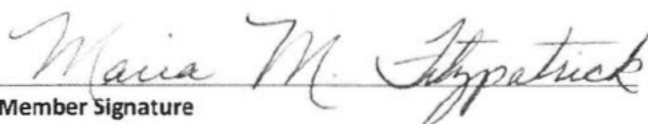
☒ 12 Monthly Payments

I authorize 12 monthly payments in the amount specified above for the entire fiscal year. This monthly amount is static for the entire fiscal year.

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

May 2018

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


Member Signature

Updated March 2018



Members' Temporary Accommodation Allowance Claim Form

Note to MLAs: Forms accessed online can be used to claim either the temporary residence accommodations allowance under sections 5 and 6 and meal expenses under section 7 of the *Members' Allowance Order*. Only claims supported by the required documentation will be processed. For the text of sections 5, 6, 7, and 8 of the *Members' Allowance Order*, see reverse. For information on form completion, go to OurHouse – Forms – Expense Claim Forms. Effective date: April 1, 2016

Member Name: Fitzpatrick, Maria M.

Constituency: Lethbridge-East

Employee #: [REDACTED]

Date: 4/23/2018

Claim Type: Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Maximum of \$23,160 per fiscal year.

Fiscal Year: 2018-2019

Have you provided documents evidencing your Temporary Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please attach.

☒ Yes

☐ No

Monthly Amount (maximum \$1,930 or less)

\$ 1,930.00

x 12 = \$ 23,160.00

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

Claim Payment Authorization (please check)

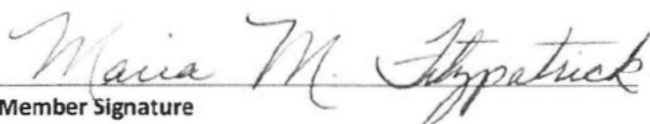
☒ 12 Monthly Payments

I authorize 12 monthly payments in the amount specified above for the entire fiscal year. This monthly amount is static for the entire fiscal year.

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

June 2018

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


Member Signature

Updated March 2018