

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2016-17
005 - Calgary-Buffalo - Ganley, Kathleen
For Expenses Processed Jan 1 to Mar 31, 2017

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$			\$90.76
MLA Parking Cap - \$	\$900.00	\$90.49	\$213.55
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$		\$70.48	\$211.44
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$1,552.09	\$4,835.75
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$23,160.00	\$23,160.00
Travel Accommodations Allowance			
Travel Accommodations Allowance (days; 10 max) - NF	10.0		
Other			
Hosting - \$		\$1,192.29	\$2,682.04
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	35,000.0		
Special Trips (5 trips per year) - NF	5.0		1.0
Travel To and From the Capital			
Travel by Air, Bus or Train (Unlimited Trips) - NF		0.5	3.5
Use of a Private Automobile (52 trips per year) - NF	52.0		
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

Member Name: MLA Kathleen Ganley

Claimant Name: MLA Kathleen Ganley

Expense Category: Member Parking

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \$3.00 + GST

Purpose:

Dec. 10, 2016: Parking while having coffee with a constituent.
\$3.00 + GST

RECEIPT

License Plate Number

Expiration Date/Time

01:10 PM
DEC 10, 2016

Purchase Date/Time: 11:10am Dec 10, 2016

Total Parking: \$3.00

Total Federal: \$0.15

Total Due: \$3.15

Total Paid: \$3.15

Ticket #: 13006250

S/N #: 500012260470

Setting: Lot 177

Mach Name: Lot 177-2

Rate: VALID FOR 2 HOURS

Payment Type: Card

GST REG #102465000

MLA, Calgary-Buff
130, 1177 11 Avenue SW
Calgary, AB T2R 1K9

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: MLA Kathleen Ganley

Claimant Name: MLA Kathleen Ganley

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Clover Living seniors group \$3.81 + GST

Purpose:

Dec. 16, 2016: Parking while having coffee with the seniors at
Clover Living residence in Chinatown.
\$4.00 (GST included)

ORITY (403) 537-7000

Terminal: 378

CALGARY PARKING AUTI

Zone: 1242

Valid through:

FRIDAY 16 DEC 16
3:29 PM

AMOUNT PAID: \$4.00 (GST incl.)

Start Time: 12/16/2016 2:36 PM

Auth No: [REDACTED]

Receipt No: 37025

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

MLA, Calgary-Buffalo
130, 1177 11 Avenue SW
Calgary, AB T2R 1K9

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: MLA Kathleen Ganley

Claimant Name: MLA Kathleen Ganley

Expense Category: Member Parking

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: Evan Woolley \$2.38 + GST

Purpose:

Dec. 21, 2016: Parking while having coffee with area councilor,
Evan Woolley.
\$2.50 (GST included)

Y (403) 537-7000

CALGARY PARKING AUTHORITY

Terminal: 486

Zone: 4836

Valid through:

WEDNESDAY 21 DEC 16
11:06 AM

AMOUNT PAID: \$2.50 (GST incl.)

Auth No: [REDACTED]

Start Time: 12/21/2016 10:00 AM Receipt No: 39694
services (403) 537-7006 FREE Battery Boosting & Tire Inflation

MLA, Calgary-Buffalo
130, 1177 11 Avenue SW
Calgary, AB T2R 1K9

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: MLA Kathleen Ganley

Claimant Name: MLA Kathleen Ganley

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: CUPS

\$3.10 + GST

Purpose:

Dec. 21, 2016: Parking while touring CUPS in Calgary-Buffalo.
\$3.25 (GST included)

-7000

CALGARY PARKING AUTHORITY (403) 53

Terminal: 594

Zone: 2907

Valid through:

WEDNESDAY 21 DEC 16

12:33 PM

AMOUNT PAID: \$3.25 (GST incl.)

Auth No: [REDACTED]

Start Time: 12/21/2016 11:28 AM

Receipt No: 15545

537-7006

FREE Battery Boosting & Tire Inflation Services (403)

MLA, Calgary-Buffalo
130, 1177 11 Avenue SW
Calgary, AB T2R 1K9

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: MLA Kathleen Ganley

Claimant Name: MLA Kathleen Ganley

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Constituency staff \$3.10 + GST

Purpose:

Dec. 21, 2016: Parking while attending annual constituency staff lunch.
\$3.25 (GST included)

CALGARY PARKING AUTHORITY (403) 537-7000

Terminal: 360

Zone: 4305

Valid through:

WEDNESDAY 21 DEC 16

2:09 PM

AMOUNT PAID: \$3.25 (GST incl.)

Auth No: 

Start Time: 12/21/2016 12:43 PM

Receipt No: 74897

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

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: MLA Kathleen Ganley

Claimant Name: MLA Kathleen Ganley

Expense Category: Member Parking

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: Jeanette Burman

Purpose:

Friday, December 23: Parking while at coffee with constituent
Jeanette Burman.
\$5.00 + GST incl

\$4.76 + GST

CALGARY PARKING AUTHORITY (403) 537-700

Terminal: 486

Zone: 4836

Valid through:

FRIDAY 23 DEC 16
12:53 PM

AMOUNT PAID: \$5.00 (GST incl.)

106 Start Time: 12/23/2016 10:53 AM

Receipt No: 39779

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

CALGARY BUFFALO
8832F

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: MLA Kathleen Ganley

Claimant Name: MLA Kathleen Ganley

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Calgary Chinatown Housing Society

Purpose:

Friday, January 6: Parking while visiting residents at Calgary
Chinatown Housing Society.
\$10.00 + GST

\$10.00 + GST

PARKING RECEIPT

DISPLAY TICKET ON DASH

Expiration Date/Time

11:45 AM

JAN 06, 2017

Purchase Date/Time: 10:45am Jan 06, 2017

Total Parking: \$10.00

Total FEDERAL: \$0.50

Total Due: \$10.50

Rate: 1 HOUR

Payment Type: Card

Ticket #: 58008150

IN #: 300010300184

Setting: Lot 330

Arch Name: Lot 330-2

GST REG #102466000

RECEIPT

Expiration Date/Time*: 11:45am Jan 06, 2017

Purchase Date/Time: 10:45am Jan 06, 2017

Total Parking: \$10.00

Total FEDERAL: \$0.50

Total Due: \$10.50

Rate: 1 HOUR

Payment Type: Card

Ticket #: 58008150

Setting: Lot 330

Arch Name: Lot 330-2

CALGARY BUFFALO
8B32F

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: MLA Kathleen Ganley

Claimant Name: MLA Kathleen Ganley

Expense Category: Member Parking

For hosting, select one:

- ☐ Individual Constituent(s)
☐ Individual Stakeholder(s)
☒ Group: Elder Statemen Group - Bow Clare

Purpose:

Friday, January 6: Parking while visiting residents at Bow Clare,
Elder Statesmen Group.
\$2.25 + GST incl.

\$2.14 + GST

537-7000

CALGARY PARKING AUTHORITY (403)

Terminal: 256

Zone: 1041

Valid through:

FRIDAY 06 JAN 17
4:04 PM

AMOUNT PAID: \$2.25 (GST incl.)

Start Time: 1/6/2017 3:08 PM

Receipt No: 13157

03) 537-7006 FREE Battery Boosting & Tire Inflation Services

CALGARY BUFFALO
8B32F

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: MLA Kathleen Ganley

Claimant Name: MLA Kathleen Ganley

Expense Category: Member Parking

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Friday, January 6: Parking while at lunch with staff in Calgary-Buffalo.
\$3.25 + GST incl.

\$3.10 + GST

(403) 537-7000

CALGARY PARKING AUTHORITY

Terminal: 407

Zone: 2907

Valid through:

FRIDAY 06 JAN 17

1:02 PM

AMOUNT PAID: \$3.25 (GST incl.)

Start Time: 1/6/2017 11:57 AM

Receipt No: 17083

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

CALGARY BUFFALO
8B32F

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: MLA Kathleen Ganley

Claimant Name: MLA Kathleen Ganley

Expense Category: Member Parking

For hosting, select one:

- ☐ Individual Constituent(s)
☐ Individual Stakeholder(s)
☒ Group: Carter Place residents

Purpose:

Friday, January 6: Parking while at Carter Place.
\$4.25 + GST incl.

\$4.25 + GST

TY (403) 537-7000

CALGARY PARKING AUTHORITY

Terminal: 578

Zone: 2044

Valid through:

FRIDAY 06 JAN 17
2:36 PM

AMOUNT PAID: \$4.25 (GST incl.)

Start Time: 1/6/2017 1:40 PM

Services (403) 537-7006

FREE Battery Boosting & Tire Inflation

Receipt No: 16461

CALGARY BUFFALO
8B32F

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: MLA Kathleen Ganley

Claimant Name: MLA Kathleen Ganley

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Chinese Community in Calgary Buffalo

Purpose:

January 29, 2017: Parking while attending Chinese Cultural Centre's annual Chinese New Year celebration in Calgary-Buffalo.
\$5.00+GST

\$5.00+GST

RECEIPT

License Plate Number

Expiration Date/Time

06:00 AM
JAN 29, 2017

Purchase Date/Time: 10:27am Jan 28, 2017

Total Parking: \$5.00

Total Federal: \$0.25

Total Due: \$5.25

Total Paid: \$5.25

Ticket #: 93005140

S/N #: 500012260469

Setting: Lot 177

Mach Name: Lot 177-1

Rate: WEEKEND RATE

Payment Type: Card

GST REG #102466000

Personal Expense Claim Receipt Description

Member Name: MLA Kathleen Ganley

Claimant Name: MLA Kathleen Ganley

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: MLA Open House

\$1.43 + GST

Purpose:

January 21, 2017: Parking while hosting MLA Open House in
Calgary-Buffalo.
\$1.50 (GST incl)

-7000

CALGARY PARKING AUTHORITY (403) 53

Terminal: 339

Zone: 3704

Valid through:

SATURDAY 21 JAN 17

1:54 PM

AMOUNT PAID: \$1.50 (GST incl.)

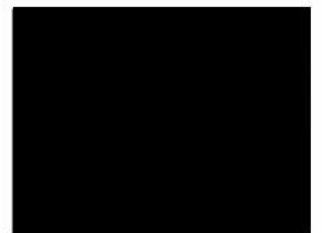
Auth No: [REDACTED]

Start Time: 1/21/2017 10:54 AM

Receipt No: 26377

537-7006

FREE Battery Boosting & Tire Inflation Services (403



LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: MLA Kathleen Ganley

Claimant Name: MLA Kathleen Ganley

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Trinity Foundation Carter Place

Purpose:

January 23, 2017: Parking while having coffee with residents at Trinity Place Foundation, Carter Place.
\$4.25 (GST incl)

\$4.05 + GST

537-7000

CALGARY PARKING AUTHORITY (403

Terminal: 152

Zone: 2069

Valid through:

MONDAY 23 JAN 17
12:35 PM

AMOUNT PAID: \$4.25 (GST incl.)

Auth No:

Start Time: 1/23/2017 11:39 AM

Receipt No: 22472

(403) 537-7006

FREE Battery Boosting & Tire Inflation Services

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: MLA Kathleen Ganley

Claimant Name: MLA Kathleen Ganley

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Student Legal Assistance

\$8.57 + GST

Purpose:

February 3, 2017: Parking while Student Legal Assistance get together at the University of Calgary.
\$9.00 (GST incl)

THIS IS YOUR
RECEIPT

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RECEIPT

Terminal: MACEWANB CWT

Terminal: MACEWANB CWT

Valid through:

FRIDAY 03 FEB17

6:44 PM

AMOUNT PAID: \$9.00 RECEIPT NO: 6386

ENTRY TIME: 2/3/2017 5:14 PM

TRN: E48034578CE6225B

VALID THROUGH:

03FEB17

6:44 PM

AMOUNT PAID:

\$9.00

ENTRY TIME:

2/3/2017

5:14 PM

RECEIPT NO: 6386

296524

00296525



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
KATHLEEN T. GANLEY
LEGIS ASSEMBLY OF AB

Membership Number

Date
February 16, 2017

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, 2017

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, 2017

Total Credit Limit \$

Available Credit Limit \$

New Transactions for KATHLEEN T. GANLEY

Amount \$

February 10	IMPARK00030133U	CALGARY	12.60
	Goods or Services		
February 10	IMPARK00030177U	CALGARY	21.00
	Goods or Services		

Total New Transactions for KATHLEEN T. GANLEY

\$32.00 +GST

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



KATHLEEN T. GANLEY
LEGIS ASSEMBLY OF AB
4TH FLR 9820 107 ST
EDMONTON AB
T5K 1E7

↑ Please detach here ↑

Membership Number	
Amount Due \$	Amount Paid \$

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



LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Kathleen Ganley

Claimant Name: Kathleen Ganley

Expense Category: Member Travel

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group:

Purpose:

March 3, 2017: Red Arrow bus from Calgary to Edmonton, one way.

\$74.00

Thanks

Sent from my BlackBerry 10 smartphone on the TELUS network.

Sent: Friday, March 3, 2017 10:57 PM
To: Kathleen Ganley
Subject: Fw: Invoice

From: Red Arrow Reservations <itinerary@redarrow.ca>
Sent: March 3, 2017 10:48 PM
Subject: Invoice

INVOICE

2017-03-03

You can reach us at:

Website User

Corporate Sales

ORDER#	ORDERED	CUSTOMER#	P.O.	GROUP NAME	DEPARTING	RETURNING	SALES REP	SALES AGENT
1638364	2017-03-03				2017-03-05	2017-03-05	-	Website User

Travellers:

Ganley/Kathleen

PRODUCT DESCRIPTION	DURATION	OCCUPANCY	QTY	PRICE/UNIT	BILLED
CEEXP 17:00 O/L Assigned to: 09A Departs Calgary (CGYNORTH / CNS 304 35 Ave NE) at 17:15 on 2017-03-05. Arrives Edmonton (EDMTO / ETO 10014 104 St) at 20:20 on 2017-03-05. (3 hrs 5 mins)	3 hrs 5 mins	Adult	1	\$ 70.48	\$ 74.00

Payments Received

DATE	GUEST	REFERENCE	AMOUNT
2017-03-03	Kathleen Ganley	██████████	\$ 74.00

Base Price: \$ 70.48
Discounts: \$ 0.00
Service Charges: \$ 0.00
GST: \$ 3.52
Invoice Total: \$ 74.00
Payments Received: \$ 74.00
Balance Due: \$ 0.00

PLEASE NOTE THAT A PAPER TICKET IS NOT REQUIRED FOR CHECK-IN.

TERMS: DUE UPON RECEIPT GST# BN139981476 Please note that the maximum luggage allowance per person is 4 pieces including carry on bags, and stowed luggage underneath the coach. Carry on bags include purses, backpacks and laptop bags. Additional luggage will incur additional fees. If you wish to time change, date change, or cancel for a full refund – 30 minutes notice prior to A.M. departures; 3 hours notice prior to P.M. departures must be given. December 15 - January 5 to cancel or make any changes to a reservation we require 24 hours notice. Failure to provide proper notice makes the trip non refundable & will result in an additional change fee for a date / time change. Failure to arrive on time or no showing for your departure will result in forfeit of full fare unless rebooked within 30 days for a change fee. **Red Arrow will not be responsible for the loss of or damage to checked luggage in excess of stated maximum liability. In addition, Red Arrow does not accept liability to loss of or damage to unchecked baggage carried on board. For the full policy, please visit www.redarrow.ca or view the policy posted on our information boards at our Ticket Offices** **Red Arrow reserves the right to check I.D. or perform carry-on baggage checks at any time** Corporate Billing Accounts - Please pay off your monthly statement & not individual invoices.

If you wish to change or cancel your booking, please contact a Passenger Experience Representative at 1-800-232-1958.

Thank you for booking with Red Arrow Motorcoach. We appreciate your business!

Our Core Values: Safety | Customer Service | Resourcefulness | Integrity | Positive Attitude | Team Work | Loyalty | Accountability | Respect | Dedication

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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: Ganley, Kathleen

Constituency: Calgary-Buffalo

For the Month of: November

Year: 2016

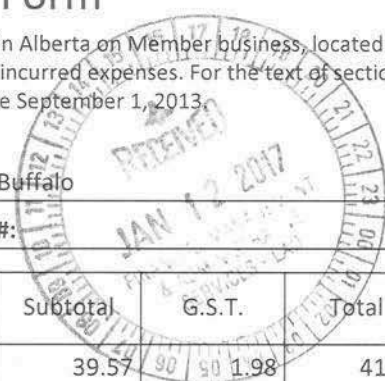
Employee #:

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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
10	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
11			<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	60 km from Perm. Res.	Red Deer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
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 type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
24	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
25			<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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
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						\$554.05	\$27.70	\$581.75

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





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: Ganley, Kathleen

Constituency: Calgary-Buffalo

For the Month of: December

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 type="checkbox"/>	19.81	0.99	20.80
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
6	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
7	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
8	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12	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			<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						\$356.19	\$17.81	\$374.00

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 12 2017
Jan 12 2017



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: Ganley, Kathleen

Constituency: Calgary-Buffalo

For the Month of: January

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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
10	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
11	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
12	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15			<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
18	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
19	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
31	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
Grand Total						\$316.52	\$15.83	\$332.35

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

Member Signature

Date

March 22
2017



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: Ganley, Kathleen

Constituency: Calgary-Buffalo

For the Month of: February

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 type="checkbox"/>	19.81	0.99	20.80
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 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 type="checkbox"/>	<input type="checkbox"/>	8.76	0.44	9.20
8	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
15	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
16	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
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	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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
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						\$325.33	\$16.27	\$341.60

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

March 22 2017



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: Ganley, Kathleen

Constituency: Calgary-Buffalo

Employee #:

Date: 2/1/2017

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: 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.

April 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: Ganley, Kathleen

Constituency: Calgary-Buffalo

Employee #:

Date: 2/1/2017

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: 2016-2017



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

☒ Yes

☐ No

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

\$ 1,930.00

x 12 = \$ 23,160.00

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

Claim Payment Authorization (please check)

☒ **12 Monthly Payments**

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

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

May 2016

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

Member Signature



Members' Temporary Accommodation Allowance Claim Form

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

Member Name: Ganley, Kathleen

Constituency: Calgary-Buffalo

Employee #:

Date: 2/1/2017

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: 2016-2017



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

☒ Yes

☐ No

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

\$ 1,930.00

x 12 = \$ 23,160.00

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

Claim Payment Authorization (please check)

☒ **12 Monthly Payments**

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

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

June 2016

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

Member Signature



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: Ganley, Kathleen

Constituency: Calgary-Buffalo

Employee #:

Date: 2/1/2017

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: 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.

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



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: Ganley, Kathleen

Constituency: Calgary-Buffalo

Employee #:

Date: 2/1/2017

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: 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.

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: Ganley, Kathleen

Constituency: Calgary-Buffalo

Employee #:

Date: 2/1/2017

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: 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

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: Ganley, Kathleen

Constituency: Calgary-Buffalo

Employee #:

Date: 2/1/2017

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: 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.

October 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: Ganley, Kathleen

Constituency: Calgary-Buffalo

Employee #:

Date: 2/1/2017

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: 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.

November 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: Ganley, Kathleen

Constituency: Calgary-Buffalo

Employee #:

Date: 2/1/2017

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: 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.

December 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: Ganley, Kathleen

Constituency: Calgary-Buffalo

Employee #:

Date: 2/1/2017

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: 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.

January 2017

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: Ganley, Kathleen

Constituency: Calgary-Buffalo

Employee #:

Date: 2/1/2017

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: 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.

February 2017

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: Ganley, Kathleen

Constituency: Calgary-Buffalo

Employee #:

Date: 2/1/2017

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: 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.

March 2017

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: MLA Kathleen Ganley, Calgary-BuffaloClaimant Name: Paisley SimExpense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)☐ Individual Stakeholder(s)☒ Group: Odd Fellow Rebekah Tower seniors residence

Purpose:

Dec. 17, 2016: Coffee and donuts for group meeting with residents at Odd Fellow Rebekah Tower.

\$36.83 +GST

\$36.83 +GST

TIM HORTONS STORE #320
1211-12 Ave SW
Calgary, AlbertaGST# 131221459
Dec 17 2016 09:26 am Trans# 1590262

TRANSACTION RECORD

Card type : MASTERCARD
Card Entry : TAP
Account : MASTERCARD
Trans Type : PURCHASE
Amount : \$37.77Sequence # : 000022
Reference # : 00000022
Term ID : 201
Date : 16/12/17
Time : 09:26:38

APPROVED

Tim Hortons #320
1211-12 Ave SW
Calgary, AB
GST# 13122 1459 RT0001Take-out
Order #
010262

1 Take 12 Original Blend Coffee	18.85
2 Dozen Donuts	17.98
Subtotal	36.83
GST	0.94
Total	37.77

Saturday December 17, 2016 09:26:47
Shift # 2 Reg. # 1 Trans # 1590262Thanks for stopping by!
Tell us how we did at
www.telltimhortons.com?
1-888-601-1616

Thank you !

CALGARY-BUFFALO
69708

Personal Expense Claim Receipt Description

Member Name: MLA Kathleen GanleyClaimant Name: Shae DoyleExpense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)☐ Individual Stakeholder(s)☒ Group: Alex Walker Tower\$36.83 + GST

Purpose:

December 16, 2016: Coffee and donuts for Alex Walker Tower Residents.
\$36.83 + GST

Tim Hortons Store 320
1211-12 Ave SW
Calgary, Alberta

16 2016 11:49 am GST# 131221459 Trans# 3960106

TRANSACTION RECORD

Card Type : DEBIT
Card Entry : TAP CHIP
Account Type : CHEQUING
Trans Type : PURCHASE
Amount : \$ 37.77

Sequence # : 000229
Reference # : 00000229
Trace # : 00439293
Term ID : 202
Date : 16/12/16
Time : 11:49:20

APPROVED

Application Label: Interac
AID: A0000002771010
TID: 8000008000
TSI: 2800

Tim Hortons #320
1211-12 Ave SW
Calgary, AB
GST# 13122 1459 RT0001

Take-out
Order #
020106

1 Take 12 Original Blend Coffee	18.99
1 Dozen Donuts	8.99
1 Dozen Donuts	8.99
Subtotal	36.83
GST	0.94
Total	37.77

Friday December 16, 2016
Shift # 2 Reg. # 2

11:49:30
Trans # 3960106

Thanks for stopping by!
Tell us how we did at
www.telltimhortons.com?
1-888-601-1616

Thank you!

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: MLA Kathleen Ganley

Claimant Name: Paisley Sim

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Mount Royal Manor

\$ 36.82 + GST

Purpose:

December 9, 2016: Tim Horton's coffee, tea and donuts for coffee meeting with seniors at Mount Royal Manor.
\$38.66

Tim Hortons Store 320
1211-12 Ave SW
Calgary, Alberta

Dec 09 2016 01:19 PM GST# 131221459 Trans# 1588418

TRANSACTION RECORD

Card Type : DEBIT
Card Entry : CHIP
Account Type : CHEQUING
Trans Type : PURCHASE
Amount : \$ 38.66

Sequence # : 000156
Reference # : 00000156
Trace # : 00243193
Term ID : 201
Date : 16/12/09
Time : 13:18:42

APPROVED

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

Application Label: Interac
AID: A0000002771010
TVR: 8000008000
IC : FA8367CBF562AE5D

Tim Hortons #320
1211-12 Ave SW
Calgary, AB
GST# 13122 1459 RT0001

Take-out
Order #
018418

2 Dozen Donuts	17.98
1 Take 12 Steeped Tea	18.85
1 Take 12 Original Blend Coffee	18.85
Subtotal	55.68
GST	1.89
Total	57.57
Tim Card Aut	18.91
Debit Auth #	38.66

Friday December 09, 2016 13:19:04
Shift # 2 Reg. # 1 Trans # 1588418

Previous Balance: CAD 18.91
Trans Type: Purchase 57.57
Remaining Balance: CAD 0.00
Term #: 0201
Approved

Thanks for stopping by!
Tell us how we did at
www.telltimhortons.com?
1-888-601-1616

Thank you !

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Kathleen Ganley

Claimant Name: Shae Doyle

Expense Category: Hosting

For hosting, select one:

- ☐ Individual Constituent(s)
- ☐ Individual Stakeholder(s)
- ☒ Group: Wah Ying, Fountains of Mission, Elder Stateman

Purpose:

January 6th and 7th, 2016: coffee and donuts for Wah Ying Mansion, and donuts for Fountains of Mission and Elder Stateman Group senior residents.
\$73.73 incl. GST.

\$72.79 + GST

Tim Hortons

Restaurant #2832
1103 - 17th Ave SW, Calgary, AB T2T 0B5
403-228-9899

1 Take 12 Original Blend	\$18.85
6 Asrt Dozen	\$53.94
Subtotal:	\$72.79
GST: \$0.94 PST:	\$0.00
GrandTotal:	\$73.73
Debit:	\$73.73
Change Due:	\$0.00

Take Out # 254 100 Cashier

Thanks for stopping by!

Tell us how we did at

www.teilitimhortons.com 1-888-601-1616

Fri Jan 6, 2017 09:22:41

Receipt #: 12473612

GST #854707775RT001

Account: CHEQUING

Card Entry: TAP_ICC Sequence: 000049

Trans Type: Purchase \$73.73

Merchant #: 030000095622

Term #: 202

Ref #: 00000049

Trace #: 00405008

Application Label: Interac

AID #: A0000002771010

TUR #: 8000008000

TSI #: 2800

APPROVED

Guest Copy

REPRINT RECEIPT

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Kathleen Ganley

Claimant Name: Shae Doyle

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)☐ Individual Stakeholder(s)☒ Group: Grace Gardens and Grace Manor

Purpose:

January 9, 2017: Coffee and donuts for Grace Gardens and Grace Manor senior residences.
\$75.55 incl GST.

\$73.66 + GST

Tim Hortons Store 320
1211-12 Ave SW
Calgary, Alberta

Jan 09 2017 08:41 am GST# 131221459 Trans# 3980447

TRANSACTION RECORD

Card Type : DEBIT
Card Entry : TAP CHIP
Account Type : CHEQUING
Trans Type : PURCHASE
Amount : \$ 75.55

Sequence # : 000095
Reference # : 00000095
Trace # : 00431487
Term ID : 202
Date : 17/01/09
Time : 08:41:45

APPROVED

Application Label: Interac
AID: 80000002771010
TUR: 8000008000
TSI: 2800

Tim Hortons #320
1211-12 Ave SW
Calgary, AB
GST# 13122 1459 RT0001

Take-out
Order #
620447

2 Take 12 Original Blend Coffee	37.70
4 Dozen Donuts	35.96
Subtotal	73.66
GST	1.89
Total	75.55

Monday January 09, 2017
Shift # 2 Reg. # 2

08:41:55
Trans # 3980447

Thanks for stopping by!
Tell us how we did at
www.telltimhortons.com?
1 888 601-1010

Thank you!

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Kathleen GanleyClaimant Name: Shae DoyleExpense Category: Hosting

For hosting, select one:

- ☐ Individual Constituent(s)
- ☐ Individual Stakeholder(s)
- ☒ Group: Elder Stateman Group, Fountains of Mission

Purpose:

January 6 and 7, 2017: Coffee for Elder Stateman Group and Fountains of Mission senior residences.
\$39.59 incl GST.

\$37.70 + GST

Tim Hortons Store 320
1211-12 Ave SW
Calgary, Alberta

GST# 131221459
Jan 06 2017 01:25 pm Trans# 1594083

TRANSACTION RECORD

Card Type : DEBIT
Card Entry : CHIP
Account Type : CHEQUING
Trans Type : PURCHASE
Amount : \$ 39.59

Sequence # : 000100
Reference # : 00000100
Trace # : 00271768
Term ID : 201
Date : 17/01/06
Time : 13:24:34

APPROVED

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

Application Label: Interac
AID: A0000002771010
TVR: 0080008000
TC : A32AF7BC631523A0
TSI: F800

Tim Hortons #320
1211-12 Ave SW
Calgary, AB
GST# 13122 1459 RT0001

Take-out
Order #
014083

1 Take 12 Original Blend Coffee	18.85
1 Take 12 Original Blend Coffee	18.85

Subtotal	37.70
GST	1.89
Total	39.59

Friday January 06, 2017 13:25:00
Shift # 2 Reg. # 1 Trans # 1594083

Thanks for stopping by!
Tell us how we did at
www.telltimhortons.com?
1-888-601-1616

Thank you !

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: MLA Kathleen Ganley

Claimant Name: Paisley Sim

Expense Category: Hosting

For hosting, select one:

- ☐ Individual Constituent(s)
- ☐ Individual Stakeholder(s)
- ☒ Group: Constituents who drop into the office

Purpose:

Boxed tea for constituents who drop into the office.

\$23.59



WE SELL FOR LESS
STORE # 3009
403-242-2205
1212 37TH STREET SW
CALGARY, ALBERTA T3C 1S3
ST# 03009 DP# 000092 TE# 06 TR# 04764
STSH LICOR 007765208225 \$3.37 D
DBL EG BEG 007765208209 \$3.37 D
STASH TEA 007765208254 \$3.37 D
TEA- STASH 007765208239 \$3.37 D
STASH TEA 007765208254 \$3.37 D
DBL EG BEG 007765208209 \$3.37 D
STSH SPCEORA 007765208309 \$3.37 D

SUBTOTAL
GST 5%
TOTAL
MCARD TEND

REF # 700900142761
PAYMENT SERVICE - A

AID A0000000041010
TC 36A1686BFE3344BC
TERMINAL # WMTJ020064
*Pin Verified

01/09/17 16:29:21

CHANGE DUE \$0.00
GST/HST 137466199 RT 0001
QST 1016551356 TQ 0001

ITEMS SOLD 10

TC# 5816 5543 2383 1203 3470 3



New Thursday flyer start date
Circulaire maintenant en vigueur Jeudi
01/09/17 16:29:22

CUSTOMER COPY

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: MLA Kathleen Ganley

Claimant Name: Paisley SIm

Expense Category: Hosting

For hosting, select one:

- ☐ Individual Constituent(s)
- ☐ Individual Stakeholder(s)
- ☒ Group: Trinity Foundation Carter Place

Purpose:

January 23, 2017: Coffee and 2 dozen donuts for residents at
Trinity Place Foundation, Carter Place
36.83 + GST

\$36.83 + GST

Tim Hortons Store 320
1211-12 Ave SW
Calgary, Alberta

Jan 23 2017 GST# 131221459
11:10 am Trans# 3993519

TRANSACTION RECORD

Card type : DEBIT
Card Entry : CHIP
Account type : CHEQUING
Trans Type : PURCHASE
Amount : \$ 37.77

Sequence # : 000134
Reference # : 00000134
Trace # : 00018277
Term ID : 202
Date : 17/01/23
Time : 11:09:39

APPROVED

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

Application Label: Interac
AID: A0000002771010
IUR: 8000008000
IC : F0697C914E70D688
ISI: 6800

Tim Hortons #320
1211-12 Ave SW
Calgary, AB
GST# 13122 1459 RT0001

Take-out
Order #
023519

2 Dozen Donuts	17.98
1 Take 12 Original Blend Coffee	18.85
Subtotal	36.83
GST	0.94
Total	37.77

Monday January 23, 2017 11:10:04
Shift # 2 Reg. # 2 Trans # 3993519

Thanks for stopping by!
Tell us how we did at
www.telltimhortons.com?
1-888-601-1616

Thank you !

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: MLA Kathleen GanleyClaimant Name: Paisley SlimExpense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)☐ Individual Stakeholder(s)☒ Group: Mount Royal Care Centre

Purpose:

January 20, 2017: Coffee and 2 dozen donuts for residents at
Mount Royal Care Centre meeting.
36.83 + GST

\$36.83 + GST

Tim Hortons Store 320
1211-12 Ave SW
Calgary, Alberta

Jan 20 2017 10:40 am GST# 131221459 Trans# 1597445

TRANSACTION RECORD

Card Type : MASTERCARD
Card Entry : TAP
Account : MASTERCARD
Trans Type : PURCHASE
Amount : \$37.77

Sequence # : 000104
Reference # : 00000104
Term ID : 201
Date : 17/01/20
Time : 10:40:24

APPROVED

Tim Hortons #320
1211-12 Ave SW
Calgary, AB
GST# 13122 1459 RT0001

Take-out
Order #
017445

2 Dozen Donuts	17.99
1 Take 12 Original Blend Coffee	18.85
Subtotal	36.83
GST	0.94
Total	37.77
MasterCard Auth	37.77

Friday January 20, 2017 10:40:31
Shift # 2 Reg. # 1 Trans # 1597445

Thanks for stopping by!
Tell us how we did at
www.telltimhortons.com?
1-888-601-4616

Thank you !

Personal Expense Claim Receipt Description

Member Name: Hon. Kathleen GanleyClaimant Name: Shae DoyleExpense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)☐ Individual Stakeholder(s)☒ Group: MLA Open House - attending constituents

Purpose:

Cookies for MLA Open House January 21st, 2017

\$30.96

CO-OP

CALGARY CO-OP

MIDTOWN MARKET #1

(403) 299-4257

GST : 100730894

JMBO ASST CKIE 12	\$8.49
Jumbo Cookies TCO	-\$2.00
JMBO ASST CKIE 12	\$8.49
Jumbo Cookies TCO	-\$2.00
VALUE PACK COOKIES	\$5.00
JMBO ASST CKIE 12	\$8.49
Jumbo Cookies TCO	-\$2.00
JMBO ASST CKIE 12	\$8.49
Jumbo Cookies TCO	-\$2.00

5 BALANCE DUE \$30.96

TYPE: Purchase INTERAC

ACCT: FLASH DEFAULT \$ 30.96

DATE/TIME: 01/21/2017 09:50:05

REFERENCE #: 0010013130 H

TERM: 66216482

AID: A0000002771010

Interac

TVR: 8000008000

TSI: 0000

00 APPROVED - THANK YOU 001

CUSTOMER COPY

INTERAC	\$30.96
Auth Code =	
CHANGE	\$0.00
TOTAL TAX	\$0.00

YOUR SAVINGS TODAY

Special Promotions	4	8.00
TOTAL DISCOUNTS	4	8.00
TOTAL SAVINGS		8.00

Member Number

CASHIER NAME: USCAN 31

C0331 #9983 9:49:21 21JAN2017

S00001 R031

Flu Shot Season Begins

Personal Expense Claim Receipt Description

Member Name: MLA Kathleen Ganley

Claimant Name: _____

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: CommunityWise Resource Centre

Purpose:

February 2, 2017: coffee for group meeting with businesses and community groups based at CommunityWise Resource Centre.
\$44 + GST

Kaffeeklatsch Ltd.
2106 Cliff Street SW, Unit 1
Calgary AB T2S 2G3
kaffee@kaffeeklatsch.ca
www.kaffeeklatsch.ca
GST Registration No.: 783312929



INVOICE

INVOICE TO

Hon. Kathleen Ganley
Calgary-Buffalo Constituency
Office

INVOICE # 1070

DATE 27-01-2017

DUE DATE 26-02-2017

TERMS Net 30



ACTIVITY	QTY	RATE	TAX	AMOUNT
Catering: Fresh Coffee Coffee (10 cup)	2	17.00	GST	34.00

Catering February 2nd from 2-3:30. 20 people at CommunityWise.

SUBTOTAL
GST @ 5%
TOTAL
BALANCE DUE

TAX SUMMARY

RATE	TAX	NET
GST @ 5%		

\$ 34.00 + GST

Personal Expense Claim Receipt Description

Member Name: Kathleen Ganley

Claimant Name: Kahanoff Centre

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Open House - constituents

Purpose:

January 2017 Open House

Tea - \$24.00

Coffee - \$56.00

January 27, 2017

Invoice #14195

Booking #23391

Calgary-Buffalo Constituency Office

Hon. Kathleen Ganley MLA

130, 1177 11 Ave. SW

Calgary, AB

Canada T2R 1K9

Tel: 403-244-7737 Cell: 403-370-6994

Contact: Paisley Sim

Tel: 403-244-7737 Cell: 403-370-6994

Payment Terms: Billing Established - Due on Receipt

Payment Information: Cheque



Details	Quantity	Price	Extended
---------	----------	-------	----------

Refreshments

Coffee (6 Cups)

7

8.00

56.00

Herbal Tea - (6 cups)

4

6.00

24.00

\$80.00 + GST

Beverages (Non-Alcoholic)	80.00
---------------------------	-------

GST# 883591117

Cheques must be issued in Canada

Sub Total:

Service/ Coordination Fee:

5% GST

Amount Due:



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

COST CENTRE BILLING REPORT

REQUISITION REPORT

SOLD TO ACCOUNT NO.

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

G.S.T.

R894032192

Q.S.T.

1001640701TQ0009

PERIOD ENDING

03/31/2017

ACCT MGR NO.

INVOICE NO.

K781307

SHIP TO ACCOUNT NO.

ALTA LEGISLATIVE ASSEMBLY
CALGARY-BUFFALO
130-1177 11 AVE SW
CALGARY, AB T2R 1K9

COST CENTRE

QTY ORD	QTY SHIP	QTY B/O	U/M	PRODUCT NO.	DESCRIPTION	REGULAR	DISCOUNT	NET	AMOUNT	TX
REQ NO.	G302723	DATE	03/17/2017	ATTENTION	Calgary Buffalo	P.O.#	MLA207903	G&T ORDER NO	194884-00	
1	1	0	CT	3030376	TEA ENGLISH BREAKFAST INDIVIDU	29.22	CONTRACT	29.22	29.22	✓
1	1	0	BX	15GT159	TETLEY TEA HON LEM GREEN 20/BX	5.52	NET	5.52	5.52	✓
1	1	0	CT	15GT157	TETLEY TEA EARL GREY 20/BX	26.94	CONTRACT	26.94	26.94	✓
1	1	0	CT	3030371	TEA EARL GREY INDIVIDUALLY	29.22	CONTRACT	29.22	29.22	✓
1	1	0	CT	3030366	HIGGINS & BURKE CHAI TEA 20PK	29.22	CONTRACT	29.22	29.22	✓

ORD	SHIP	B/O	U/M	PRODUCT NO.	DESCRIPTION	REGULAR	DISCOUNT	NET	AMOUNT	TX
REQ NO.	G302723	DATE	03/17/2017	ATTENTION	Calgary Buffalo	P.O.#	MLA207903	G&T ORDER NO	194885-00	
1	1	0	EA	17GT121	LIQUID HONEY 500G	7.49	CONTRACT	7.49	7.49	✓
1	1	0	BX	15GT196	TEAPIGS ROOIBOS CRÈME CARAMEL	8.62	CONTRACT	8.62	8.62	✓

REQ TOTAL 16.11
HST TOTAL 0.00
PST TOTAL 0.00
SUB-TOTAL 16.11
GST TOTAL 0.00
TOTAL THIS ORDER 16.11

QTY ORD	QTY SHIP	QTY B/O	U/M	PRODUCT NO.	DESCRIPTION	REGULAR	DISCOUNT	NET	AMOUNT	TX
REQ NO.	G302723	DATE	03/17/2017	ATTENTION	Calgary Buffalo	P.O.#	MLA207903	G&T ORDER NO	194885-01	
1	1	0	BX	15GT195	TEAPIGS CHILI CHAI 30G 15PK	8.62	CONTRACT	8.62	8.62	✓
Approved By: Mary Trush >Due to product integrity, Gra will not accept returns on foo										

\$144.85

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Kathleen Ganley

Claimant Name: Shae Doyle

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: General Constituents

\$75.40 + GST

Purpose:

Coffee - \$79.17 incl. GST

Handing out coffee to constituents on their way to work

MAR 28, 2017

Restaurant #2832

1103 - 17th Ave SW, Calgary, AB T2T 0B5

403-228-9899

Take Out
189

1 Take 12 Original Blend	\$18.85
1 Take 12 Original Blend	\$18.85
1 Take 12 Original Blend	\$18.85
1 Take 12 Original Blend	\$18.85
Subtotal:	\$75.40
GST:	\$3.77 PST:
GrandTotal:	\$79.17
Debit:	\$79.17
Change Due:	\$0.00

Take Out

189

300 Cashier

Thanks for stopping by!

Tell us how we did at

1-888-601-1616

Tue Mar 28, 2017 07:15:01

Receipt #: 2308781

GST #R54707775RT001

Account: CHEQUING
Card Entry: TAP_ICC Sequence: 000041
Trans Type: Purchase \$79.17
Merchant #: 030000095622
Term #: 201
Ref #: 00000041
Trace #: 00302668
Application Label: Interac
AID #: A0000002771010
TVR #: 8000008000
ISI #: 2800
APPROVED

Guest Copy

REPRINT RECEIPT

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: MLA Kathleen Ganley

Claimant Name: _____

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Constituents: Open Door Seniors \$435.20 + GST

Purpose:

Friday, March 31, 2017: sandwiches and cookies from Good Earth Cafe for lunch with constituents at Open Door Seniors.

1858591 Alberta Inc.

Operating as Good Earth Café -Chumir

103 1213-4st Street SW, T2R 0X7

Cell (403) 9910068

Phone (403) 532-6460

goodearthchumir@telus.net

www.goodearthcafes.com



Good Earth

COFFEEHOUSE AND BAKERY

Date March 21 2017

Invoice No 20170018

Contact:				Date Required: March 31 2017			
Phone # : 4032447737				Time Required:			
Email: paisley.sim@assembly.ab.ca				Delivery Date and Time 11:30 AM			
Company:				Delivery Address: <u>PICK UP</u>			

Item	Size	Cost	QTY	Total	Item	Size	Cost	QTY	Total
Tray of Baked goods	Bakers Dozen (13)	\$42.15		\$0.00	Loaves	Small (6)	\$16.50		\$0.00
	Medium (25)	\$81.10		\$0.00		Medium (18)	\$50.60		\$0.00
	Large (30)	\$97.35		\$0.00		Large (30)	\$82.50		\$0.00
Fresh Fruit Salad	Small (12)	\$48.80		\$0.00	Fruit, Granola & Yogurt Buffet	Small (6)	\$46.80		\$0.00
	Medium (25)	\$99.75		\$0.00		Medium (12)	\$92.70		\$0.00
	Large (30)	\$119.65		\$0.00		Large (18)	\$139.05		\$0.00
Steel Cut Oatmeal Buffet	Small (6)	\$30.25		\$0.00	Southwest Breakfast Bakes	Small (6)	\$25.50		\$0.00
	Medium (12)	\$60.50		\$0.00		Medium (12)	\$51.00		\$0.00
	Large (18)	\$90.70		\$0.00		Large (18)	\$76.50		\$0.00
Tray of Breakfast Sandwiches	Small (12)	\$65.90		\$0.00	Sandwich Tray	Small (9)	\$71.50		\$0.00
	Medium (24)	\$131.85		\$0.00		Medium (16)	\$127.20		\$0.00
	Large (30)	\$164.80		\$0.00		Large (20)	\$159.00	2	\$318.00
Entrée Salads	Each	\$6.75		\$0.00	Leafy Green Side Salad	Small (12)	\$35.50		\$0.00
Flatbreads	Small 10 slices	\$55.00		\$0.00	Hearty Deli Side Salad	Large (24)	\$71.10		\$0.00
	Medium 16 slices	\$88.00		\$0.00		Small (8)	\$32.55		\$0.00
	Large 20 slices	\$110.00		\$0.00	Large (16)	\$65.10		\$0.00	
Boxed Lunch	Half Sandwich	\$12.70		\$0.00	Hot Entrée - Family Style	9 Large Servings	\$88.70		\$0.00
	Whole Sandwich	\$16.65		\$0.00		Chicken Pot Pie with Pastry	10 Large Servings	98	
Hot Soups - Family Style	9 Large Servings	\$69.30		\$0.00	Beef Stroganoff with roasted potatoes and sour cream	12 large Servings	\$120.00		\$0.00
Multi-Grain Bread on the Side	1 Whole Loaf (10 Slices)	\$10.50		\$0.00	Dessert Tray	20 sweet treats	\$93.25		\$0.00
Fresh Baked Cookies	Small (12)	\$29.30		\$0.00	Fruit Tray	Serves 12 - 15	\$41.20		\$0.00
	Medium (36)	\$87.90		\$0.00	Tarts	Serves 12	\$39.00		\$0.00
	Large (48)	\$117.20	1	\$117.20	Fruit & Cheddar Tray	Serves 12 - 15	\$49.95		\$0.00
Big Cheese Buns	12 buns	\$46.80		\$0.00	Fresh Whole Fruit	Apples, Oranges, Bananas E	\$1.55		\$0.00
Veggie Tray	Serves 12 - 15	\$47.40		\$0.00	Take A Break Box	28 Goodies & Fresh Fruit	\$91.05		\$0.00
Coffee Travel Tote	Small (12 8oz Cups)	\$22.45		\$0.00	Hot Water Tote With Tea	Small (12 8oz Cups)	\$22.45		\$0.00
	Large (50 8oz Cups)	\$82.90		\$0.00		Large (50 8oz Cups)	\$82.90		\$0.00
Good Earth Mango Rooibos Iced Tea	Serves 12 8oz Cups	\$22.45	\$0.00	Bottled Beverage	Iced Tea	\$3.25		\$0.00	
					Sparkling Water	\$3.25		\$0.00	
					Water	\$2.55		\$0.00	
					Orange	\$2.45		\$0.00	
Bottled Juice	Apple	\$2.40	\$0.00	San Pelligrino	Lemon	\$2.45		\$0.00	
					Cola	\$3.25		\$0.00	
					Diet Cola	\$3.25		\$0.00	
					Rootbeer	\$3.25		\$0.00	
					Orange	\$2.40		\$0.00	
Bottled Juice	Orange	\$2.40	\$0.00	Boylan Soda	Orange	\$2.45		\$0.00	
					Lemon	\$2.45		\$0.00	
					Cola	\$3.25		\$0.00	
					Diet Cola	\$3.25		\$0.00	
					Rootbeer	\$3.25		\$0.00	

Special Notes	Extra Tuna sandwiches (replace some caprese)	Subtotal	\$435.20
	Not toasted	Delivery	\$0.00
	Assorted cookies	GST 5%	\$21.76
		TOTAL	456.96