

LEGISLATIVE ASSEMBLY OF ALBERTA - 29th LEG
 Member EDR 2015-16 - 29th Leg
 030 - Edmonton-Castle Downs - Goehring, Nicole
 For Expenses Processed July 1 - September 30, 2015

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$544.89	\$744.35
MLA Parking Cap - \$	\$900.00	\$99.30	\$99.30
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Member Travel (Extraordinary Accommodation) - \$		\$1,557.03	\$1,557.03
Taxi, Bus Travel - \$			
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$246.14	\$246.14
Other			
Hosting - \$		\$30.23	\$30.23
Non-Financial Reporting			
Member Travel - Accommodation			
Edmonton Accommodation Allowance (days; 120 max)			
Travel Accommodations Allowance (days; 10 max)	10	8	8
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	35,000	799	799
Special Trips (5 trips per year) - NF	5	5	5
Travel To and From the Capital			
Travel by Air, Bus or Train (Unlimited Trips) - NF			
Use of a Private Automobile (52 trips per year) - NF			
Other Travel			
Vehicle Rental (5 Days maximum anywhere in Alberta) - NF	5		

\$ - Reported on CAD dollar amount of actual expense

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

Budget reported is the maximum annual amount that may be claimed

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

FLEET MANAGEMENT SERVICES DETAIL
 DETAILS SERVICES DE GESTION DE PARC

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
 DIV-30-N GOEHRING
 - -
 - -
 - -
 - -

CLIENT NO. [REDACTED]
 NO DU CLIENT [REDACTED]
 INVOICE DATE 08/01/15
 DATE DE LA FACTURE
 INVOICE NO. 0006283344
 NO DE LA FACTURE

UNIT NO NO. D'UNITE	DRIVER NAME DRIVER ID. NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V. I. N. NO. DE SERIE	CARD NO. NO. DE CARTE	KM AUTHORIZE KM AUTORISE	REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION DESCRIPTION DES FRAIS	QTY QTE	UNIT COST COUT UNIT	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DUE MONTANT TOTAL DU
[REDACTED]	N GOEHRING	[REDACTED]	[REDACTED]	[REDACTED]	000417958885 06/22/15	IMPERIAL OIL EDMONTON AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH CAR WASH GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	59.1 1.0	1.23 12.99	69.18 12.99	3.46 4.11 .65 4.11	86.28 86.28
UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	59.1		82.17	4.11	86.28
BKDN TOTALS / TOTAUX CODIFICATION 01-30							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	59.1		82.17	4.11	86.28
BKDN TOTALS / TOTAUX CODIFICATION												86.28

FLEET MANAGEMENT SERVICES DETAIL
 DETAILS SERVICES DE GESTION DE PARC

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
 DIV-30-N GOEHRING

CLIENT NO. [REDACTED]
 NO DU CLIENT [REDACTED]
 INVOICE DATE 09/01/15
 DATE DE LA FACTURE 09/01/15
 INVOICE NO. 0006296722
 NO DE LA FACTURE

UNIT NO NO. D'UNITE	DRIVER NAME DRIVER ID. NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V. I. N. NO. DE SERIE	CARD NO. NO. DE CARTE	KM AUTHORIZE KM AUTORISE	REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION DESCRIPTION DES FRAIS	QTY QTE	UNIT COST COUT UNIT	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DUE MONTANT TOTAL DU
N	GOEHRING				000418953423 07/20/15	FEDERATED COOPERATIVES LIMITED EDMONTON, AB AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	55.8	1.17	62.39	3.12 3.12	65.51 65.51
					000420048809 07/06/15	IMPERIAL OIL RED DEER AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	47.5	1.25	56.47	2.82 2.82	59.29 59.29
					000420048808 07/05/15	IMPERIAL OIL EDMONTON AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH CAR WASH GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	50.8 1.0	1.23 12.99	59.44 12.99	2.97 .65 3.62	76.05 76.05
						UNIT TOTAL / TOT UNITE	FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	154.1		191.29	9.56	200.85
					BKDN TOTALS / TOTAUX CODIFICATION 01-30	UNITS / VEHIC 1	FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	154.1		191.29	9.56	
							BKDN TOTALS / TOTAUX CODIFICATION					200.85

Element Fleet Management



BPDF290001

FLEET MANAGEMENT SERVICES DETAIL
 DETAILS SERVICES DE GESTION DE PARC

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
 DIV-30-N GOEHRING

CLIENT NO. [REDACTED]
 NO DU CLIENT [REDACTED]
 INVOICE DATE 10/01/15
 DATE DE LA FACTURE [REDACTED]
 INVOICE NO. 0006310417
 NO DE LA FACTURE [REDACTED]

UNIT NO NO. D'UNITE	DRIVER NAME DRIVER ID. NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V. T. N. NO. DE SERIE	CARD NO. NO. DE CARTE	KM AUTHORIZE KM AUTORISE	REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION DESCRIPTION DES FRAIS	QTY QTE	UNIT COST COUT UNIT	EXTENDED PRICE TOTAL	GST-HST PST/GST TPS-TVH TVR/TVQ	TOTAL DUE MONTANT TOTAL DU
N	GOEHRING			0000001 KD76022	120013042646 09/16/15	BUBBLES CAR WASH & D EDMONTON AB	VEHICLE WASHDIRTY/WASH VEHIC GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	1.0	65.95	65.95	3.30 3.30	69.25 69.25
				000421761582	08/25/15	IMPERIAL OIL EDMONTON AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	44.4	1.22	51.51	2.58 2.58	54.09 54.09
				000420622751	08/20/15	SHELL CANADA INC RED DEER AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	56.5	1.41	75.77	3.79 3.79	79.56 79.56
				000421761581	08/10/15	IMPERIAL OIL EDMONTON AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	67.9	1.21	78.20	3.91 3.91	82.11 82.11
				UNIT TOTAL / TOT UNITE			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	168.8		271.43	13.58	285.01
				BKDN TOTALS / TOTAUX CODIFICATION UNITS / VEHIC 1 01-30			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	168.8		271.43	13.58	
							BKDN TOTALS / TOTAUX CODIFICATION					285.01

810871

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

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Nicole Goehring

Claimant Name: Nicole Goehring

Expense Category: Member Parking

For hosting, select one:

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

Purpose:


Parking while in Calgary 25.00



RAMADA®

Ramada Hotel Downtown Calgary
708 8th Avenue SW
Calgary, Alberta Canada T2P 1H2
Tel: (403) 263-7600 Fax: (403) 237-6127
GST Reg. #R808732705

07-06-15

Nicole Goehring 	Folio No. :		Room No. :	304
	A/R Number :		Arrival :	07-05-15
	Group Code :	CGZ016	Departure :	07-06-15
	Company :	NDP Caucus	Conf. No. :	15581320
	Wyndham Rewards :		Rate Code :	
	Invoice No. :		Page No. :	1 of 1

Date	Description	Charges	Credits
07-05-15	Guest Parking	25.00	
07-05-15	GST 5%	1.25	



Guest Signature: _____

This property is privately owned and the management reserves the right to refuse service to anyone and will not be responsible for accidents, injury to guest, loss of money, jewelry or valuables of any kind.

**Thank you for staying with us.
It was our pleasure to serve you.**

Personal Expense Claim Receipt Description

Member Name: Nicole Goehring

Claimant Name: Nicole Goehring

Expense Category: Member Parking

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group: _____

Purpose:



RAMADA

PLAZA

Ramada Plaza Downtown Calgary
 708 8th Avenue SW
 Calgary, Alberta Canada T2P 1H2
 Tel: (403) 263-7600 Fax: (403) 237-6127
 GST Reg. #R808732705

08-20-15

Nicole Goehring [Redacted]	Folio No. :		Room No. :	709
	A/R Number :		Arrival :	08-18-15
	Group Code :	CGL626	Departure :	08-20-15
	Company :	NDP Caucus	Conf. No. :	34514846
	Wyndham Rewards :		Rate Code :	LNGC
	Invoice No. :		Page No. :	1 of 1

Date	Description	Charges	Credits
08-18-15	Guest Parking	25.00 ✓	
08-18-15	GST 5%	1.25 ✓	



08-19-15	Guest Parking	25.00 ✓	
08-19-15	GST 5%	1.25 ✓	



Balance 0.00

Guest Signature: _____

This property is privately owned and the management reserves the right to refuse service to anyone and will not be responsible for accidents, injury to guest, loss of money, jewelry or valuables of any kind.

**Thank you for staying with us.
 It was our pleasure to serve you.**

Personal Expense Claim Receipt Description

Member Name: Nicole Goehring

Claimant Name: _____

Expense Category: Member Parking

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group: _____

Purpose:

Parking while at AUMA in Calgary

-7000 CALGARY PARKING AUTHORITY (403) 537-7006

Terminal: 864

Zone: Lot 24 : 9024

Valid through:

THURSDAY 24 SEP 15

6:05 AM

AMOUNT PAID: \$5.50 (GST incl.)

Auth No: _____

START TIME: 9/23/2015 4:04 PM

RECEIPT NO: 42083

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

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Nicole Goehring

Claimant Name: _____

Expense Category: Member Parking

For hosting, select one:

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

Purpose:

Parking while at AUMA in Calgary

CALGARY PARKING AUTHORITY (403) 537-7000 CA

Terminal: 864

Zone: Lot 24 : 9024

Valid through:

FRIDAY 25 SEP 15
6:00 PM

AMOUNT PAID: \$20.00 (GST incl.)

START TIME: 9/25/2015 10:01 AM

Auth No: [REDACTED]

RECEIPT NO: 42185

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



RAMADA

Ramada Hotel Downtown Calgary
 708 8th Avenue SW
 Calgary, Alberta Canada T2P 1H2
 Tel: (403) 263-7600 Fax: (403) 237-6127
 GST Reg. #R808732705

07-06-15

Nicole Goehring [Redacted]	Folio No. :		Room No. :	304
	A/R Number :		Arrival :	07-05-15
	Group Code :	CGZ016	Departure :	07-06-15
	Company :	NDP Caucus	Conf. No. :	15581320
	Wyndham Rewards :		Rate Code :	
	Invoice No. :		Page No. :	1 of 1

Date	Description	Charges	Credits
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07-05-15	Room Charge	179.00	
07-05-15	DMF 3%	5.37	
07-05-15	Tourism Levy 4%	7.37	
07-05-15	GST 5%	9.22	



Guest Signature: _____

This property is privately owned and the management reserves the right to refuse service to anyone and will not be responsible for accidents, injury to guest, loss of money, jewelry or valuables of any kind.

**Thank you for staying with us.
 It was our pleasure to serve you.**






RAMADA

PLAZA

Ramada Plaza Downtown Calgary
 708 8th Avenue SW
 Calgary, Alberta Canada T2P 1H2
 Tel: (403) 263-7600 Fax: (403) 237-6127
 GST Reg. #R808732705

08-20-15

Nicole Goehring	Folio No. :	Room No. : 709
	A/R Number :	Arrival : 08-18-15
	Group Code : CGL626	Departure : 08-20-15
	Company : NDP Caucus	Conf. No. : 34514846
	Wyndham Rewards :	Rate Code : LNGC
	Invoice No. :	Page No. : 1 of 1

Date	Description	Charges	Credits
			
08-18-15	Room Charge	159.00	
08-18-15	DMF 3%	4.77	
08-18-15	Tourism Levy 4%	6.55	
08-18-15	GST 5%	8.19	
			
08-19-15	Room Charge	159.00	
08-19-15	DMF 3%	4.77	
08-19-15	Tourism Levy 4%	6.55	
08-19-15	GST 5%	8.19	
			
	Balance	0.00	

Guest Signature: _____

This property is privately owned and the management reserves the right to refuse service to anyone and will not be responsible for accidents, injury to guest, loss of money, jewelry or valuables of any kind.

Thank you for staying with us.
 It was our pleasure to serve you.



Black Knight Inn (ST105)

2929 50 Th Ave
Red Deer, AB T4P 1H1
(403) 343-6666
llarsen@blackknightinn.ca

Account: 814151

Date: 8/26/15

Room: 413 GROUP-

Arrival Date: 8/25/15

Departure Date: 8/26/15

Check In Time: 8/25/15 10:10 PM

Check Out Time: 8/26/15 8:51 AM

Rewards Program ID:

You were checked out by: ralpeche

You were checked in by: sbouchai

Total Balance Due: 0.00

NDP Caucus
Goehring, Nicole
NDP Caucus

Post Date	Description	Comment	Amount
8/25/15	Room Charge	#413 Goehring, Nicole	120.00
8/25/15	Tourism Levy		4.80
8/25/15	GST		6.00

Folio Summary 8/25/15 - 8/26/15


Room Charge	120.00
GST	6.15
Tourism Levy	4.80

GST #R121889661

x _____



09-25-15

Ms Nicole Goehring 	Folio No. :	Room No. : 604
	A/R Number :	Arrival : 09-23-15
	Group Code :	Departure : 09-25-15
	Company :	Conf. No. : 67897755
	Membership No. : PC 532253018	Rate Code : IMCGV
	G.S.T # 894823004RT000	Page No. : 1 of 1

Date	Description	Charges	Credits
09-23-15	*Accommodation	246.05	
09-23-15	Tourism Levy	9.84	
09-23-15	Marketing Fee	2.46	
09-23-15	GST 5% 89482-3004	12.43	
09-24-15	*Accommodation	227.05	
09-24-15	Tourism Levy	9.08	
09-24-15	Marketing Fee	2.27	
09-24-15	GST 5% 89482-3004	11.47	

Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - www.ihg.com/reviews. We look forward to welcoming you back soon.

Total	520.65	520.65
Balance	0.00	

Guest Signature: _____

I have received the goods and / or services in the amount shown herein. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Guest Name: Nicole Goehring

.. AB . CA

Room #: 8348
Folio #: R7E3F0 - 1
Group #: GOA1509
Guests: 1
Clerk: REIDM

CL #:
CC #: *****

Arrive: 09/08/15 Time: 08:18 AM Depart: 09/10/15 Time: 08:54 AM Status: HIST

Date	Description	Reference	Comment	Charges	Credits
09/08/2015	PACKAGE	GOA1509	Pkg: NDP Caucus	\$226.99	\$0.00
09/09/2015	ROOM CHARGE	8348		\$190.00	\$0.00
09/09/2015	GST TAX	8348t	GST TAX	\$9.69	\$0.00
09/09/2015	ATL	8348t	ALBERTA TOURISM LEVY	\$7.75	\$0.00
09/09/2015	TIF	8348t	TIF	\$3.80	\$0.00
09/10/2015	PAY VISA			\$0.00	(\$438.23)

Folio Balance: \$0.00

Package Taxes

Only applies if you paid for package

Alberta Tourism Levy	\$7.75
GST Other Tax	\$0.75
GST Tax (Room)	\$9.69
Tourism Improvement Fee	\$3.80

Package includes parking " 15.00 + .75 = 15.75



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: Goehring, Nicole

Constituency: Edmonton-Castle Downs

For the Month of: July

Year: 2015

Employee #: [REDACTED]

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	60 km from Perm. Res.	Calgary	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
6	60 km from Perm. Res.	Calgary	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9		[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10		[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11		[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25			<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						\$30.81	\$1.54	\$32.35

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.

Nicole Goehring
Member Signature

July 08/15
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: Goehring, Nicole

Constituency: Edmonton-Castle Downs

For the Month of: August

Year: 2015

Employee #: [REDACTED]

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18	60 km from Perm. Res.	calgary	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
19	60 km from Perm. Res.	calgary	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
20	60 km from Perm. Res.	calgary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.76	0.44	9.20
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	60 km from Perm. Res.	red deer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
26	60 km from Perm. Res.	red deer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.76	0.44	9.20
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						\$76.81	\$3.84	\$80.65

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

Nicole Goehring
Member Signature

Aug 27/15
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: Goehring, Nicole

Constituency: Edmonton-Castle Downs

For the Month of: September

Year: 2015

Employee #: [REDACTED]

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	60 km from Perm. Res.	BANFF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
9	60 km from Perm. Res.	BANFF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
10	60 km from Perm. Res.	BANFF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25			<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						\$59.38	\$2.97	\$62.35

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.

Nicole Goehring
Member Signature

Sept 11/15
Date



Members' Travel Expenses Per-Diems Claim Form

02 (30)

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: Goehring, Nicole

Constituency: Edmonton-Castle Downs

For the Month of: September

Year: 2015

Employee #: [REDACTED]

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16		[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17		[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18		[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19		[REDACTED]	<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	60 km from Perm. Res.	Calgary	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
24	60 km from Perm. Res.	Calgary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
25	60 km from Perm. Res.	Calgary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
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						\$79.14	\$3.96	\$83.10

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.

Nicole Goehring
Member Signature

Sept 28/15
Date

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Nicole Goehring

Claimant Name: Alan Parish

Expense Category: Hosting

For hosting, select one:

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

Purpose:

Providing refreshments to constituent traffic within the office.
Total cost: \$30.23





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une société d'**Office DEPOT**, Inc

COST CENTRE BILLING REPORT

REQUISITION REPORT

[REDACTED]

ALTA LEGISLATIVE ASSEMBLY M
9718 107 ST NW
9TH FLR
EDMONTON, AB T5K 1E4

G.S.T. R894032192
Q.S.T 1001640701TQ0009

PERIOD ENDING 08/31/2015

[REDACTED]

INVOICE NO. H707108
COST CENTRE 28-030-320-4430

[REDACTED]

ALTA LEGISLATIVE ASSEMBLY
EDMONTON CASTLE DOWNS
12120 161 AVE
EDMONTON, AB T5X 5M8

QTY ORD	QTY SHIP	QTY B/O	U/M	PRODUCT NO.	DESCRIPTION	REGULAR	DISCOUNT	NET	AMOUNT	TX
REQ NO.	G63135	DATE	07/17/2015	ATTENTION	Edmonton Castle Down	P.O.#	MLA156277	G&T ORDER NO	623338-01	
1	1	0	EA	060289	FOLGERS COFFEE CLASSIC ROAST	13.57	NET	13.57	13.57	

[REDACTED]



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 une société d'Office DEPOT, Inc

COST CENTRE BILLING REPORT

REQUISITION REPORT

SOLD TO ACCOUNT NO. [REDACTED]

ALTA LEGISLATIVE ASSEMBLY M
 9718 107 ST NW
 9TH FLR
 EDMONTON, AB T5K 1E4

G.S.T.

R894032192

Q.S.T

1001640701TQ0009

PERIOD ENDING

07/31/2015

ACCT MGR NO. [REDACTED]

INVOICE NO. H615079

SHIP TO ACCOUNT NO. [REDACTED]

ALTA LEGISLATIVE ASSEMBLY
 EDMONTON CASTLE DOWNS
 12120 161 AVE
 EDMONTON, AB T5X 5M8

COST CENTRE 28-030-320-4430

QTY ORD	QTY SHIP	QTY B/O	U/M	PRODUCT NO.	DESCRIPTION	REGULAR	DISCOUNT	NET	AMOUNT	TX
REQ NO.	G63135	DATE	07/17/2015	ATTENTION	Edmonton Castle Down	P.O.#	MLA156277	G&T ORDER NO	623338-00	



1	1	0	CT	407256-1	REDPATH WHITE SUGAR PACKETS	11.24	CONTRACT	11.24	11.24	
1	1	0	BX	15GT179	TETLEY TEA GREEN TEA 50 CT	6.42	NET	6.42	6.42	



POEDK
 Approved By: Diana de Ocampo
 >Due to product integrity, Gra
 will not accept returns on foo
 For item 90042
 Acknowledged by: Edmonton Cast
 * For balance of order see ref
 623339