

LEGISLATIVE ASSEMBLY OF ALBERTA  
 Member EDR 2017-18  
 030 - Edmonton-Castle Downs - Goehring, Nicole  
 For Expenses Processed Jul 1 - Sep 30, 2017

	Budget	Used this Quarter	Used To-Date
<b>Financial Reporting - \$ (Receipts attached)</b>			
<b>Transportation</b>			
Fuel and Minor Maintenance - \$		\$668.54	\$1,613.99
MLA Parking Cap - \$	\$900.00	\$111.24	\$111.24
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$			
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$155.95	\$155.95
<b>Accommodation</b>			
Edmonton Accommodation Allowance (\$23,160.00/yr max)			
Travel Accommodations Allowance		\$704.76	\$901.07
Travel Accommodations Allowance (days; 10 max) - NF	10.0	3.0	4.0
<b>Other</b>			
Hosting - \$		\$868.67	\$1,213.31
<b>Non-Financial Reporting</b>			
<b>Use of Private Automobile (43.5 cents per km)</b>			
Constituency Travel (Kilometres) - NF	35,000.0	3,888.0	6,408.0
Special Trips (5 trips per year) - NF	5.0	1.0	1.0
<b>Travel To and From the Capital</b>			
Travel by Air, Bus or Train (Unlimited Trips) - NF			
Use of a Private Automobile (52 trips per year) - NF			
<b>Other Travel</b>			
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

Element Fleet Management



BDFD290001

FLEET MANAGEMENT SERVICES DETAIL  
 DETAILS SERVICES DE GESTION DE PARC

PAGE - 165 OF 254  
 DE

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 08/01/17  
 DATE DE LA FACTURE  
 INVOICE NO. 0006873046  
 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]	GOEHRING	[REDACTED]	[REDACTED]	[REDACTED]	000468330598 07/17/17	SHELL CANADA INC EDMONTON AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	67.8	1.14	73.58	3.68 3.68	77.26 77.26
					000467340336 07/07/17	SHELL CANADA INC EDMONTON AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	65.9	1.20	75.23	3.76 3.76	78.99 78.99
					000468656407 06/28/17	PETRO CANADA EDMONTON AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	64.2	1.09	66.61	3.33 3.33	69.94 69.94
					000467220044 06/16/17	FASGAS EDMONTON AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT DISCOUNT / RABAIS TOTAL / TOTAL	49.0	1.08	50.60	2.53 2.53	53.13 53.13 .49- 52.64
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE DISCOUNT / RABAIS TOTAL / TOTAL	246.9		266.02	13.30	279.32 .49- 278.83
	BKDN TOTALS / TOTAUX CODIFICATION 01-30				1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	246.9		266.02	13.30	279.32 .49- 278.83
							BKDN TOTALS / TOTAUX CODIFICATION DISCOUNT / RABAIS TOTAL / TOTAL					279.32 .49- 278.83

FLEET MANAGEMENT SERVICES DETAIL  
 DETAILS SERVICES DE GESTION DE PARC

PAGE - 155 OF 233  
 DE

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 09/01/17  
 DATE DE LA FACTURE [REDACTED]  
 INVOICE NO. 0006898662  
 NO DE LA FACTURE [REDACTED]

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]	GOEHRING	[REDACTED]	[REDACTED]	[REDACTED]	000470800776 07/26/17	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	68.6	1.09	71.47	3.57 3.57 75.04 75.04	
UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB	68.6		71.47	3.57	75.04	
BKDN TOTALS / TOTAUX CODIFICATION							UNITS / VEHIC	1					
01-30							FUEL QTY / QTE CARB	68.6		71.47	3.57		
							TOT CHARGES / TOT FRAIS						
							TOT GST-HST / TOT TPS-TVH						
							UNIT TOTAL / TOT UNITE						
							BKDN TOTALS / TOTAUX CODIFICATION					75.04	

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Nicole Goehring

Claimant Name: nicole goehring

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group: \_\_\_\_\_

Purpose:

gas for Calgary caucus trip

ESSO

7 ELEVEN STORE 07801  
900 MARKET STREET SE  
AIRDRIE, AB T4A 0K9

**ESSO EXPRESS PAY**

2017-07-12 12:06:36

TRANS #: 025933  
STATION#: 00302751  
GST #: R119335453

PUMP 12  
SUPRM \$ 66.60  
56.486L AT \$1.179/L

GST INCLUDED \$ 3.17

TOTAL \$ 66.60

TYPE: PURCHASE

UISA

C \*\*\*\*\* [REDACTED]

INVOICE NO: TAKF2690

AUTH: [REDACTED]

UISA CREDIT

A0000000031010

8080008000

7800

01 APPROVED - TH

ANK YOU 027

VERIFIED BY PIN

LOYALTY: NO

YOU COULD HAVE  
EARNED 198 ESSO  
EXTRA POINTS. YOUR  
FIRST REWARD STARTS  
AT 150 POINTS.  
PICK ONE UP IN STORE  
OR VISIT  
ESSOEXTRA.COM

RECONCILIATION ID:  
TAKF17071212042256

-- IMPORTANT --  
RETAIN THIS COPY  
FOR YOUR RECORDS

- CUSTOMER'S COPY -

**Personal Expense Claim Receipt Description**

Member Name: Nicole Goehring

Claimant Name: nicole goehring

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

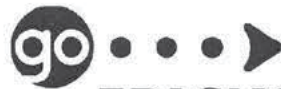
Group: \_\_\_\_\_

Purpose:

oil change

CUSTOMER #:

117919



ERICKSEN INFINITI

17616 111th AVENUE N.W.
EDMONTON, ALBERTA T5S 0A2
PHONE 780-489-7900 FAX: 780-489-7904
SERVICE DIRECT: 780-733-4500
www.erickseninfiniti.com

\*INVOICE\*

NICOLE RENEE GOEHRING

PAGE 1

SERVICE ADVISOR: 9171 KIRT KOK

LINE OPCODE TECH TYPE HOURS LIST NET TOTAL

A M88S\* REPLACE SYN OIL & FILTER \* LUBRICATE SPECIFIED COMPONENTS\*
INSPECT THE FOLLOWING: AXLES, SUSPENSION, BRAKE CALIPER, DRIVE
SHAFTS, BOOTS, EXHAUST, STEERING COMPONENTS, BATTERY, TIRES,
TOP UP FLUIDS
M88S M88S\* REPLACE SYN OIL & FILTER \* LUBRICATE
SPECIFIED COMPONENTS\* INSPECT THE FOLLOWING:
AXLES, SUSPENSION, BRAKE CALIPER, DRIVE
SHAFTS, BOOTS, EXHAUST, STEERING COMPONENTS,
BATTERY, TIRES, TOP UP FLUIDS
9140 CI 0.70 70.00 70.00
GOL GO CARD LABOUR DISCOUNT -7.00 -7.00
GOP GO CARD PARTS DISCOUNT -9.22 -9.22
1 15208-65F0E FILTER, OIL 16.97 16.97 16.97
1 RC RECYCLE ENVIROMENTAL FEE 0.75 0.75 0.75
1 11026-JA00A DRAIN GASKET 2.37 2.37 2.37
5 5W30S MOBIL SYN 14.57 14.57 72.85
5 OL OIL ENVIROMENTAL FEE 0.10 0.10 0.50
PARTS: 92.19 LABOR: 70.00 OTHER: -14.97 TOTAL LINE A: 147.22
89982 88,000 KM SERVICE COMPLETED, SYNTHETIC OIL USED, TIRE
PRESSURE AT 35 PSI, FRONT TIRES 4/32, REAR TIRES 3/32, RECOMMENDED
REPLACING TIRES, COOLANT AT -44C, TOP UP WW, AIR FILTER DIRTY, RESET
REMINDERS, VEHICLE DUE FOR 96,000 KM SERVICE AT NEXT SERVICE, ESTIMATE
PROVIDED.

\*\*\*\*\*

B MINOR DETAIL

99 MINOR DETAIL

1004 CI 1.00 100.00 100.00

PARTS: 0.00 LABOR: 100.00 OTHER: 0.00 TOTAL LINE B: 100.00

\*\*\*\*\*

C INFINITI MULTI-POINT INSPECTION - 66 Point

VIS INFINITI MULTI-POINT INSPECTION - 66 Point

9140 CI 0.00 0.00 0.00

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE C: 0.00

89982 PERFORMED INFINITI MULTI-POINT INSPECTION. PLEASE SEE

WE USE THE FLAT RATE HOUR SYSTEM PUBLISHED IN AN INDUSTRY ACCEPTED GUIDE LISTING REPRESENTATIVE TIME REQUIREMENTS FOR SPECIFIC VEHICLE REPAIRS/SERVICES WHICH MAY BE MORE OR LESS THAN THE ACTUAL CLOCK TIME.

ALL GENUINE INFINITI PARTS AND ASSOCIATED LABOUR TO INSTALL ARE WARRANTED FOR 12 MONTHS OR 20,000 KILOMETERS FROM ORIGINAL INSTALLATION DATE, WHICHEVER COMES FIRST.

THANK YOU FOR YOUR BUSINESS

INDEBTEDNESS IS HEREBY ACKNOWLEDGED IN THE SUM OF \$ BEING ALL OR THE BALANCE OWING FOR REPAIRS, PARTS AND ACCESSORIES DESCRIBED IN THIS INVOICE

"You agree by your signature below that Ericksen Infiniti may retain any of your personal information we presently have on file and/or any of your personal information on this form. You acknowledge and agree that (i) we collect/use such information in order to provide services to you and/or to communicate with you, including marketing communications and (ii) in order to carry out the foregoing purposes we may share your personal information with (a) our computing and marketing service providers, such as ADP Canada Co., (b) motor vehicle manufacturers with whom we have a franchise agreement and (c) others as may be specifically allowed by applicable law.

CUSTOMER SIGNATURE

X

Table with columns: DESCRIPTION, TOTALS. Rows include: LABOR AMOUNT, PARTS AMOUNT, DISCOUNTS, SUBLET AMOUNT, MISC. CHARGES, TOTAL CHARGES, INSURANCE/PAYABLE, G.S.T, PLEASE PAY THIS AMOUNT.



CUSTOMER #: [REDACTED]

117919



\*INVOICE\*

17616 111th AVENUE N.W.  
EDMONTON, ALBERTA T5S 0A2  
PHONE 780-489-7900 · FAX: 780-489-7904  
SERVICE DIRECT: 780-733-4500  
www.erickseninfiniti.com

NICOLE RENEE GOEHRING

PAGE 2

SERVICE ADVISOR: 9171 KIRI KOK

LINE OPCODE TECH TYPE HOURS LIST NET TOTAL

ATTACHED FORM FOR MORE DETAILED INFORMATION

\*\*\*\*\*

D COURTESY WASH - TIME PERMITTING (IF VEHICLE IS BROUGHT IN UNCLEAN ON THE EXTERIOR WE DO NOT INSPECT FOR DENTS/SCRATCHES AND WILL NOT BE HELD LIABLE AFTER THE WASH)

IW COURTESY WASH - TIME PERMITTING (IF VEHICLE IS BROUGHT IN UNCLEAN ON THE EXTERIOR WE DO NOT INSPECT FOR DENTS/SCRATCHES AND WILL NOT BE HELD LIABLE AFTER THE WASH)

1004 CI 0.00

0.00 0.00

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE D: 0.00

\*\*\*\*\*

EST: 265.00 05JUL17 08:33 SA: 9171

SHOP SUPPLIES

20.40

WAIT CC CREATED 2017-06-30  
03:42:00PM TAKEN BY DEVON  
COBURN

GST R813838422

(#: R101674182)

13.38

WE USE THE FLAT RATE HOUR SYSTEM PUBLISHED IN AN INDUSTRY ACCEPTED GUIDE LISTING REPRESENTATIVE TIME REQUIREMENTS FOR SPECIFIC VEHICLE REPAIRS/SERVICES WHICH MAY BE MORE OR LESS THAN THE ACTUAL CLOCK TIME.

ALL GENUINE INFINITI PARTS AND ASSOCIATED LABOUR TO INSTALL ARE WARRANTED FOR 12 MONTHS OR 20,000 KILOMETERS FROM ORIGINAL INSTALLATION DATE, WHICHEVER COMES FIRST.

THANK YOU FOR YOUR BUSINESS

INDEBTEDNESS IS HEREBY ACKNOWLEDGED IN THE SUM OF \$ BEING ALL OR THE BALANCE OWING FOR REPAIRS, PARTS AND ACCESSORIES DESCRIBED IN THIS INVOICE

"You agree by your signature below that Ericksen Infiniti may retain any of your personal information we presently have on file and/or any of your personal information on this form. You acknowledge and agree that (i) we collect/use such information in order to provide services to you and/or to communicate with you, including marketing communications and (ii) in order to carry out the foregoing purposes we may share your personal information with (a) our computing and marketing service providers, such as ADP Canada Co., (b) motor vehicle manufacturers with whom we have a franchise agreement and (c) others as may be specifically allowed by applicable law.

CUSTOMER SIGNATURE

X

DESCRIPTION	TOTALS
LABOR AMOUNT	170.00
PARTS AMOUNT	92.19
DISCOUNTS	-16.22
SUBLET AMOUNT	0.00
MISC. CHARGES	21.65
TOTAL CHARGES	267.62
INSURANCE/PAYABLE	0.00
G.S.T	13.38
PLEASE PAY THIS AMOUNT	281.00

G.S.T. # 81383 8422



CUSTOMER COPY

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 for speaking event at rogers place





# ParkingPanda

Confirmation number: [REDACTED]

*Note: Sales receipt only, not valid for entrance to parking facility*

10423 101 St NW

BasePrice:

\$20.00

7/1/2017 5:00 PM - 11:59 PM

Convenience Fee:

\$1.00

Sarah McLachlan - 7/01/17 7:00 PM

Visa [REDACTED]

Total:

\$21.00

Purchased: 6/30/2017 5:19:33 PM

**Connect With Us**  
**1 - 800 - 232 - 6415**

support@parkingpanda.com

7 days a week

7am - 9pm EST

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 for event at stampede



**impark**

Impark  
112 - 10th Avenue SE  
Calgary, Alberta T2G 0R1

LICENSE #
DATE # <b>Tuesday, July 11, 2017</b>
AMOUNT <i>9.20-</i>

**PLACE THIS SIDE  
UP ON DASH**

**No in and out privileges.**

**RECEIPT**

THIS FEE INCLUDES G.S.T. REG 8873315638 RT0001  
VISIT OUR WEBSITE AT [www.impark.com](http://www.impark.com)

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 for event

**PLACE FACE UP ON DASH**

Expiration Date/Time  
**EXP 06:02PM**  
**MAY 04, 2017**

Purchase Date/Time: 04:02pm May 04, 2017

Total Parking: \$16.00

Total GST: \$0.80

Total Due: \$16.80

Total Paid: \$16.80

Rate: \$8.00 PER HOUR

Payment Type: Card

Visa

Ticket #: 06196510

S/N #: 100008500063

Setting: C222

Mach Name: C222

-----  
**RECEIPT**

Expiration Date/Time: 06:02pm May 04, 2017

Purchase Date/Time: 04:02pm May 04, 2017

Total Parking: \$16.00

Total GST: \$0.80

Total Due: \$16.80

Total Paid: \$16.80

Rate: \$8.00 PER HOUR

Payment Type: Card

Visa

Ticket #: 06196510

Setting: C222

Mach Name: C222

PARKING RECEIPT

PARKING RECEIPT

PARKING RECEIPT

PARKING RECEIPT

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 for event

**RECEIPT**  
Impark Lot 1

License Plate Number



Expiration Date/Time

**11:00 PM**  
**JUN 06, 2017**

Purchase Date/Time: 05:19pm Jun 06, 2017

Total Parking: \$14.29

Total GST: \$0.71

Total Due: \$15.00

Total Paid: \$15.00

Ticket #: 90022200

S/N #: 520014461782

Setting: Lot 1

Mach Name: Meter 1

Rate: \$15 - until 11pm  
Payment Type: Card

\_\_\_\_\_ Visa

Auth #: \_\_\_\_\_

NO IN AND OUT PRIVILEGES  
GST #88731563870006  
No In And Out Privileges

CEIPT  
PARKING RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT

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 for meeting

**RECEIPT**  
**Impark Lot 161**

License Plate Number



Expiration Date/Time

**05:59 PM**  
**JUL 19, 2017**

Purchase Date/Time: 12:27pm Jul 19, 2017

Total Parking: \$20.00

Total GST: \$1.00

Total Due: \$21.00

Rate: \$21 - All Day

Total Paid: \$21.00

Payment Type: Card

Ticket #: 70014701

S/N #: 520116321805

Setting: Lot 161

Mach Name: Meter 3



gst #867315638RT0006  
NO IN AND OUT PRIVILEGES

KING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Nicole Goehring

Claimant Name: nicole goehring

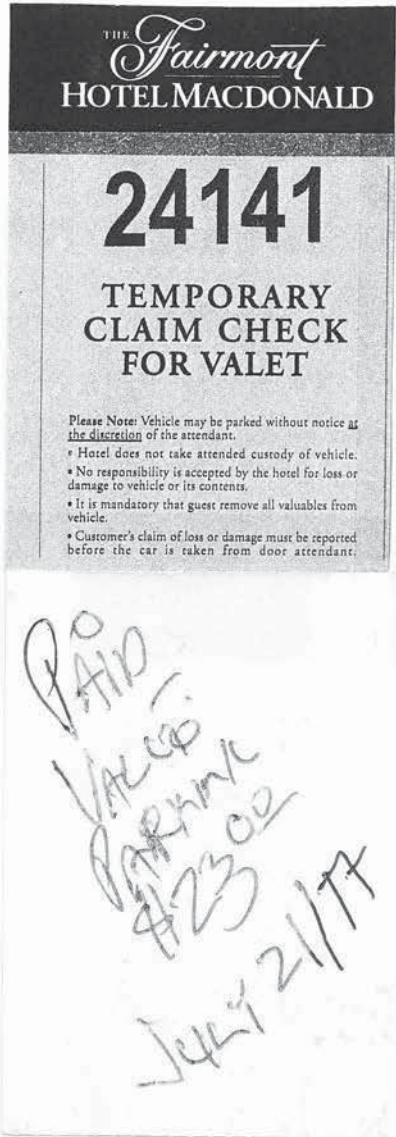
Expense Category: Member Parking

For hosting, select one:

- Individual Constituent(s)  
 Individual Stakeholder(s)  
 Group: \_\_\_\_\_

Purpose:

parking for K days breakfast and parade





# 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: 2017

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	60 km from Perm. Res.	Calgary	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
10	60 km from Perm. Res.	Calgary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
11	60 km from Perm. Res.	Calgary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
12	60 km from Perm. Res.	Calgary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
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	60 km from Perm. Res.	calgary	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
30	60 km from Perm. Res.	calgary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Grand Total</b>						<b>\$155.95</b>	<b>\$7.80</b>	<b>\$163.75</b>

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 02/17*  
Date

**Personal Expense Claim Receipt Description**

Member Name: Nicole Goehring

Claimant Name: nicole goehring

Expense Category: hotel

For hosting, select one:

- Individual Constituent(s)
- Individual Stakeholder(s)
- Group: \_\_\_\_\_

Purpose:

hotel for caucus while in calgary





### Receipt for Sheraton Cavalier Calgary Hotel, Calgary

9 Jul 2017 - 12 Jul 2017

Itinerary # 7258291804911

#### Booked Items

Hotel: Sheraton Cavalier Calgary Hotel

2620 32 Ave NE, Calgary, ABT1Y 6B8

Check-in: 09/07/2017 | Check-out: 12/07/2017, 1 room| 3 nights

#### Traveller Information

Miss Nicole Goehring

Room 1: Room, 1 King Bed with Sofabed

#### Cost Summary

Booked Date: 10 Apr 2017

Room Price **C\$737.61**

3 nights C\$219.00 /night

Taxes & Fees C\$80.61

Total: **C\$737.61**  
Collected by Expedia For TD

Paid: **C\$737.61**

All prices quoted in CAD.

LEGISLATIVE ASSEMBLY OF ALBERTA  
**Personal Expense Claim Receipt Description**

Member Name: Nicole Goehring

Claimant Name: Heather Belanger

Expense Category: Hosting

For hosting, select one:

- Individual Constituent(s)
- Individual Stakeholder(s)
- Group: School Student Constituents

Purpose:

Popsicles for end of year party.



RCSS 1572 - 12350-137th Ave  
 780-406-3768  
 Big on Fresh, Low on Price  
 Welcome #

23-FROZEN  
 (3)06038313313 NN ICE POPS CP GMRJ  
 3 @ \$5.98 17.94  
 41-HOME  
 8 PLASTIC BAGS GRQ 0.05  
**SUBTOTAL 17.99**  
 G-GST 5% 17.99 @ 5.000% 0.90  
**TOTAL 18.89**

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

GLOBAL PAYMENTS MERCHANT # 0963496  
 Superstore  
 12350 137 Ave NW  
 Edmonton AB  
 STORE 01572 TERM 20157201  
 SLIP # 922600 REG 1  
 RETAIN THIS COPY FOR YOUR RECORDS  
 \*\* Purchase \*\* Proximity  
 DEFAULT  
 CARD # \*\*\*\*\*  
 Interac  
 REF #  
 339001001025  
 AID: A0000002771010  
 TSI 2800 TVR 8000008000

DATE	TIME	AMOUNT
06/14/2017	10:36:25	\$ 18.89

**APPROVED**

DEBIT TND 18.89

PC Plus  
 Closing Balance



\*\*\*\*\*  
 GST # 12223-5922 RT0001  
 THANK YOU FOR SHOPPING RCSS  
 MANAGER NAME: Shantal Dearling  
 \*\*\*\*\*  
 CLICK & COLLECT  
 Online shopping. In-store prices.  
 Details at shop.superstore.ca  
 \*\*\*\*\*  
 Thank You, Come Again!  
 \*\*USE YOUR PCF CARD\*\*  
 TO COLLECT POINTS!!  
 \*\*REDEEM HERE FOR FREE GROCERIES\*\*  
 2017/06/14 10:36  
 Dinna 232 01 9226  
 \*\*\*\*\*  
 TELL US HOW WE DID TODAY! MONTHLY CHANCES  
 TO WIN \$5000 VISIT WWW.STOREOPINION.CA  
 OR CALL 1-877-234-2322 SEE CUSTOMER  
 SERVICE DESK FOR FULL CONTEST RULES OR  
 WWW.STOREOPINION.CA STORE: 01572  
 CODE: 061417 103601 9226 01572  
 \*\*\*\*\*

LEGISLATIVE ASSEMBLY OF ALBERTA  
**Personal Expense Claim Receipt Description**

Member Name: Nicole Goehring

Claimant Name: Heather Belanger

Expense Category: Hosting

**For hosting, select one:**

- Individual Constituent(s)
- Individual Stakeholder(s)
- Group: Community Meeting

**Purpose:**

- Popsicles for last day of School  
 - Food for community Meeting x2



ROSS 1572 - 12350-137th Ave  
 780-406-3768  
 Big on Fresh, Low on Price  
 Welcome #

29-SALAD BAR  
 2522000 SM FRUIT PLATTER GHRJ 10.00

33-BAKERY INSTORE  
 05932717372 MINI CHOC CUPCAK NRJ 1.50

**SUBTOTAL 11.50**

G=GST 5% 10.00 @ 5.000% 0.50

**TOTAL 12.00**

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

GLOBAL PAYMENTS MERCHANT # 0963496  
 Superstore  
 12350 137 Ave NW  
 Edmonton AB  
 STORE 01572 TERM 20157202  
 SLIP # 413600 REG 2  
 RETAIN THIS COPY FOR YOUR RECORDS  
 \*\* Purchase \*\* Proximity  
 DEFAULT  
 CARD # \*\*\*\*\* [REDACTED] EXP \*\*/\*\*  
 Interac  
 REF # AUTH # RESP 001  
 300001001010 [REDACTED] ISO 00  
 AID: A0000002771010  
 TSI 2800 TVR 8000006000

DATE TIME AMOUNT  
 06/24/2017 11:15:51 \$ 12.00

**APPROVED**

-----  
 DEBIT TND 12.00



\*\*\*\*\*  
 GST # 12223-5922-RT0001  
 THANK YOU FOR SHOPPING RCSS  
 MANAGER NAME: Shantal Dearling  
 \*\*\*\*\*  
 CLICK & COLLECT  
 Online shopping. In-store prices.  
 Details at shop.superstore.ca  
 \*\*\*\*\*  
 Thank You, Come Again!  
 \*\*USE YOUR PCF CARD\*\*  
 TO COLLECT POINTS!!  
 \*\*REDEEM HERE FOR FREE GROCERIES\*\*  
 2017/06/24 11:15  
 Anthony 202 02 4136

\*\*\*\*\*  
 TE! US HOW WE DID TODAY! MONTHLY CHANCES  
 IN \$5000 VISIT WWW.STOREOPINION.CA  
 CALL 1-877-234-2322 SEE CUSTOMER  
 SERVICE DESK FOR FULL CONTEST RULES OR  
 WWW.STOREOPINION.CA STORE: 01572  
 062417 111502 4136 01572  
 \*\*\*\*\*

LEGISLATIVE ASSEMBLY OF ALBERTA  
**Personal Expense Claim Receipt Description**

Member Name: Nicole Goehring

Claimant Name: Heather Belanger

Expense Category: Hosting

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group: Community Meeting

Purpose:

- Popsicles for last day of School  
 - Food for community Meeting x2



RCSS 1572 - 12350-137th Ave  
 780-406-3768  
 Big on Fresh, Low on Price  
 Welcome #

**23-FROZEN**

06038365538	NN SPACEPOPS	GMRJ	
	\$5.48 Int 4, \$5.98 ea		
	4 @ \$5.48 ea		21.92
(3)06038389140	NN ORNGE CRM BAR	GHRJ	
(4)06038389139	NN VAN MILK BARS	GHRJ	
(3)06038389138	NN FUDGE BARS	GHRJ	
	\$6.98 Int 4, \$7.77 ea		
	4 @ \$6.98 ea		27.92
	6 @ \$7.77 ea		46.62
<b>41-HOME</b>			
(4)9	PLASTIC BAGS	GRQ	
	4 @ \$0.05		0.20
<b>SUBTOTAL</b>			<b>96.66</b>
	G=GST 5%	96.66 @ 5.000%	4.83
<b>TOTAL</b>			<b>101.49</b>

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

GLOBAL PAYMENTS MERCHANT # 0963496  
 Superstore  
 12350 137 Ave NW  
 Edmonton AB  
 STORE 01572 TERM 20157203  
 SLIP # 39000 REG 3  
 RETAIN THIS COPY FOR YOUR RECORDS  
 \*\* Purchase \*\* Chip  
 Chequing  
 CARD # \*\*\*\*\* [REDACTED] EXP \*\*/\*\*  
 Interac  
 REF # [REDACTED] RESP 001  
 713001001004 [REDACTED] ISO 00  
 AID: A00000277010  
 TSI 7800 TVR 8080008000

DATE TIME AMOUNT  
 06/26/2017 08:19:13 \$ 101.49  
**APPROVED**

DEBIT TND 101.49



\*\*\*\*\*  
 GST # 12223-5922 RT0001

THANK YOU FOR SHOPPING RCSS  
 MANAGER NAME: Shanteal Dearling  
 \*\*\*\*\*

CLICK & COLLECT  
 Online shopping. In-store prices.  
 Details at shop.superstore.ca  
 \*\*\*\*\*

Thank You, Come Again!  
 \*\*USE YOUR PCF CARD\*\*  
 TO COLLECT POINTS!!  
 \*\*REDEEM HERE FOR FREE GROCERIES\*\*  
 2017/06/26

Freida 231

08:19  
 03 0390

\*\*\*\*\*  
 TELL US HOW WE DID TODAY! MONTHLY CHANCES  
 TO WIN \$5000 VISIT WWW.STOREOPINION.CA  
 OR CALL 1-877-234-2322 SEE CUSTOMER  
 SERVICE DESK FOR FULL CONTEST RULES OR  
 WWW.STOREOPINION.CA STORE: 01572  
 CODE: 062617 081903 390 01572  
 \*\*\*\*\*

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Nicole Goehring

Claimant Name: Heather Belanger

Expense Category: Hosting

For hosting, select one:

- Individual Constituent(s)  
 Individual Stakeholder(s)  
 Group: Community Meeting

Purpose:

- Popsicles for last day of School  
- Food for community Meeting x2

*Tim Hortons*

11240 Groat Road NW  
Edmonton, AB T5M 4E7

Drive Thru

145

1 Asrt Dozen	\$8.99
1 Asrt Donuts	
1 Muf-Assrtd Dozen	\$11.79
1 SM Original Blend	\$1.49
1 Double Double	

Subtotal: \$22.27

GST: \$0.07

~~Grand Total: \$22.34~~

Debit: \$22.34

Change Due: \$0.00

Drive Thru

# 145

200 Cashier

Thanks for stopping by!

Tell us how we did at

[www.telltimhortons.com](http://www.telltimhortons.com) 1-888-601-1616

Tue Jun 27, 2017 07:23:33

Receipt #: 35918242

GST # R136458304

DEBIT \*\*\*\*\*  
Account: CHEQUING  
Card Entry:TAP\_ICC Sequence:000286  
Trans Type:Purchase \$22.34  
Merchant #: 030000023247  
Term #: 102  
Ref #: 00000286  
Trace #: 00737228  
Application Label: Interac  
AID #: A0000002771010  
TUR #: 8000008000  
TSI #: 2800  
Auth #: APPROVED

Guest Copy

REPRINT RECEIPT

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

getting 12 cases

Member Name: Nicole Goehring

Claimant Name: \_\_\_\_\_

Expense Category: Hosting



For hosting, select one:

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

Purpose:

oranges for summer events in castle downs  
PTSD day at Castle Downs YMCA  
Canada Day at Castle Downs Park  
EID at Castle Downs YMCA

SOBEYS BEAUMARIS  
15367 Castledowns Road  
780.472.8100  
GST# 849224852RT0001

Served by: Khloud S

Welcome to Sobeys

PRODUCE

Clementines \$665.52\* C

1 Reward for Every \$20 33 Miles

SUBTOTAL \$665.52  
TOTAL TAX \$0.00

**TOTAL \$665.52**

Visa TENDER \$665.52  
Cash CHANGE \$0.00

NUMBER OF ITEMS 1



You could have earned an additional  
66 AIR MILES  
with a BMO Sobeys AIR MILES MasterCard  
Apply today at [bmsoobeys.com](http://bmsoobeys.com)

CLIENT ID 9803 INSERTED  
TERMINAL ID 030  
\*\* PURCHASE \*\* \$ 665.52  
CARD Visa RCPT 2516000  
NO. \*\*\*\*\* [REDACTED] RESP 000  
DATE 06/26/2017 TIME 13:09:57  
[REDACTED] REF # 00000011  
APPL. VISA CREDIT  
AID A0000000031010  
TVR 8080008000 TSI 7800

APPROVED

NO SIGNATURE REQUIRED

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

Tran Store Oper 06/26/17  
2516 1072 106 13:10:02

Thank you for shopping  
at Beaumaris Sobeys  
Consumer Response Line 1.888.476.2397  
100% Satisfaction Guarantee!

Personal Expense Claim Receipt Description

Member Name: Nicole Goehring

Claimant Name: \_\_\_\_\_

Expense Category: Hosting

For hosting, select one:

- Individual Constituent(s)
- Individual Stakeholder(s)
- Group: castle downs business and EPS

Purpose:

snacks for community business, stakeholders and EPS meeting in office



SOBEYS BEAUMARIS  
 15367 Castledowns Road  
 780.472.8100  
 GST# 849224852RT0001

Served by: Fastlane

Welcome to Sobeys

<b>PRODUCE</b>	
Tray Veg Lrg	\$19.99 GC
Pineapple & Strawbry	\$8.01 GC
Watermelon Chunks	\$3.76 C
<b>DELI</b>	
Chef Sampler C	\$10.99 GC
CliforniaRll	\$6.99 GC
<b>BAKERY</b>	
Muffins Blueberry	\$4.99 C
<b>YOU SAVED</b>	<b>\$1.00</b>

1 Reward for Every \$20      3 Miles

SUBTOTAL	\$54.73
5% GST	\$2.30
<b>TOTAL</b>	<b>\$57.03</b>
Debit	TENDER \$57.03
Cash	CHANGE \$0.00

NUMBER OF ITEMS      6

\*\*\*\*\*YOUR SAVINGS\*\*\*\*\*

Discounts & Specials	\$1.00
<b>Your Total Savings</b>	<b>\$1.00</b>

\*\*\*\*\*

MERCHANT ID 040080048171      TAPPED  
 CLIENT ID 9803      RECEIPT# 5384000  
 TERMINAL ID 020      TRACE# 00798215

\*\* PURCHASE      \*\* \$      57.03  
 DEBIT # \*\*\*\*\*  
 ACCOUNT Chequing      RESP 000  
 DATE 06/30/2017      TIME 12:15:52  
    REF # 00000016

APPL. Interac  
 AID A0000002771010  
 TVR 8000008000      TSI

APPROVED

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

Term	Tran	Store	Oper	06/30/1
	5384	1072	120	12:15:5

Thank you for shopping  
 at Beaumaris Sobeys  
 Consumer Response Line 1.888.476.2397  
 100% Satisfaction Guarantee!