

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2017-18
030 - Edmonton-Castle Downs - Goehring, Nicole
For Expenses Processed Oct 1 - Dec 31, 2017

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$1,117.60	\$2,731.59
MLA Parking Cap - \$	\$900.00	\$9.52	\$120.76
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$			
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$127.47	\$283.42
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)			
Travel Accommodations Allowance		\$436.11	\$1,337.18
Travel Accommodations Allowance (days; 10 max) - NF	10.0	3.0	7.0
Other			
Hosting - \$		\$390.70	\$1,604.01
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	35,000.0	3,435.0	9,843.0
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			
Use of a Private Automobile (52 trips per year) - NF			
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

Element Fleet Management



BDFD290001

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

PAGE - 165 OF 246
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
INVOICE DATE 10/01/17
DATE DE LA FACTURE
INVOICE NO. 0006922798
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
	GOEHRING				000475157351 09/20/17	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	65.2	1.10	68.26 3.41 3.41 71.67 71.67		
					000474224777 09/10/17	PETRO CANADA MEDICINE HAT AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	64.3	1.25	76.54 3.83 3.83 80.37 80.37		
					000474224778 08/26/17	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	69.9	1.22	81.10 4.06 4.06 85.16 85.16		
					000474432910 08/19/17	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	48.9	1.21	56.34 2.82 2.82 59.16 59.16		
					000474432909 08/18/17	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	47.6	1.10	50.09 2.50 2.50 52.59 52.59		
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	295.9		332.33 16.62 348.95		
	BKDN TOTALS / TOTAUX CODIFICATION 01-30				UNITS / VEHIC 1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	295.9		332.33 16.62 348.95		
							BKDN TOTALS / TOTAUX CODIFICATION					348.95

Element Fleet Management



BFD290001

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

PAGE - 160 OF 237
DE

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION
SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY DIV-30-N GOEHRING - - - - - -

CLIENT NO. NO DU CLIENT	
INVOICE DATE DATE DE LA FACTURE	11/01/17
INVOICE NO. NO DE LA FACTURE	0006948261

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
	GOEHRING				000476235471 09/30/17	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	68.8	1.16	75.92	3.80 3.80	79.72 79.72
					000477383211 09/10/17	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	69.7 1.0	1.14 12.99	75.69 12.99	3.78 .65 4.43	93.11 93.11
					000477383210 09/08/17	IMPERIAL OIL EDMONTON GARR AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	45.3	1.18	50.90	2.54 2.54	53.44 53.44
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	183.8		215.50	10.77	226.27
	BKDN TOTALS / TOTAUX CODIFICATION 01-30				1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	183.8		215.50	10.77	
							BKDN TOTALS / TOTAUX CODIFICATION					226.27

FLEET MANAGEMENT SERVICES DETAIL
 DETAILS SERVICES DE GESTION DE PARC

PAGE - 165 OF 239
 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
 INVOICE DATE 12/01/17
 DATE DE LA FACTURE
 INVOICE NO. 0006971879
 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]	000479688953 11/04/17	SHELL CANADA INC EDMONTON AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH MISCELLANEOUS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	69.7 1.0	1.42 13.99	94.23 13.99	4.71 5.41 .70 5.41	113.63 113.63
					000481189121 10/05/17	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	56.9	1.17	63.49	3.17 3.17	66.66 66.66
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	126.6		171.71	8.58	180.29
					BKDN TOTALS / TOTAUX CODIFICATION 01-30	UNITS / VEHIC 1	FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	126.6		171.71	8.58	
							BKDN TOTALS / TOTAUX CODIFICATION					180.29

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:

member vehicle maintenance =	<u>398.06</u>	Allowable
	<u>19.90</u>	GST
	<u><u>417.96</u></u>	Total



CUSTOMER #:

119739



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INVOICE

PAGE 1

SERVICE ADVISOR: 9091 PETER SUKHDEO

NICOLE RENEE GOEHRING

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A	M96S*	REPLACE SYN OIL & FILTER	* LUBE COMPONENTS	* INSPECTED PER			
	96SERVICE						
M96S	M96S*	REPLACE SYN OIL & FILTER	* LUBE COMPONENTS	* INSPECTED PER 96SERVICE			
	9140	CI	0.70		70.00		70.00
GOL	GO	CARD LABOUR DISCOUNT			-7.00		-7.00
GOP	GO	CARD PARTS DISCOUNT			-8.54		-8.54
	1	15208-65F0E FILTER, OIL			15.71		15.71
	1	RC RECYCLE ENVIROMENTAL FEE			0.75		0.75
	1	11026-JA00A DRAIN GASKET			2.19		2.19
	5	5W30S MOBIL SYN			13.49		67.45
	5	OL OIL ENVIROMENTAL FEE			0.10		0.50
PARTS:	85.35	LABOR:	70.00	OTHER:	-14.29	TOTAL LINE A:	141.06 ✓
97985 96,000 KM SERVICE COMPLETED, SYNTHETIC OIL USED, TIRE PRESSURE AT 35 PSI, FRONT TIRES 10/32, REAR TIRES 10/32, COOLANT -44C, TOP UP WW, AIR FILTER DIRTY, RESET REMINDERS, BATTERY RATED: 550 CCA, MEASURED: 392 CCA, RECHARGED, PASSENGER FRONT SWAY BAR BUSHING STARTING TO HAVE PLAY VEHICLE DUE FOR 96,000 KM SERVICE. ESTIMATE PROVIDED.							

C BRAKE FLUID EXCHANGE

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 Erickson 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

PARTS AMOUNT

DISCOUNTS

SUBLET AMOUNT

MISC. CHARGES

TOTAL CHARGES

INSURANCE/PAYABLE

G.S.T

PLEASE PAY THIS AMOUNT

G.S.T. # B1383 8422

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★INVOICE★

[illegible]

PAGE 2

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www.erickseninfiniti.com

SERVICE ADVISOR: 9091 PETER SUKHDEO

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
	BSF BRAKE FLUID EXCHANGE						
	9140	CI	1.00			175.00	175.00
	GOL GO CARD LABOUR DISCOUNT					-17.50	-17.50
	GOP GO CARD PARTS DISCOUNT					-4.11	-4.11
	1	K8830	BRAKE FLUSH		41.11	41.11	41.11
PARTS:	41.11	LABOR:	175.00	OTHER:	-21.61	TOTAL LINE C:	194.50
97985 PERFORMED BRAKE FLUID EXCHANGE, BLEED SYSTEM. TEST DROVE.							
CONFIRM PROPER FLUID LEVEL AFTER TEST DRIVE. GOOD.							

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REQUIREMENTS FOR SPECIFIC
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CUSTOMER SIGNATURE

X

DESCRIPTION	TOTALS
LABOR AMOUNT	
PARTS AMOUNT	
DISCOUNTS	
SUBLET AMOUNT	
MISC. CHARGES	
TOTAL CHARGES	
INSURANCE/PAYABLE	
G.S.T	
PLEASE PAY THIS AMOUNT	

G.S.T. # 81383 8422



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CUSTOMER #: [REDACTED]

119739



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NICOLE RENEE GOEHRING

INVOICE

PAGE 3

SERVICE ADVISOR: 9091 PETER SUKHDEO

LINE OPCODE TECH TYPE HOURS

LIST

NET

TOTAL

SHOP SUPPLIES

62.50

SHUTTLE CREATED 2017-09-25
12:12:00PM TAKEN BY NICOLE
GOEHRING

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

OUT

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

PARTS AMOUNT

DISCOUNTS

SUBLET AMOUNT

MISC. CHARGES

TOTAL CHARGES

INSURANCE/PAYABLE

G.S.T

PLEASE PAY
THIS AMOUNT

G.S.T. # B1383 8422

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CUSTOMER #: [REDACTED]

119739



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NICOLE RENEE GOEHRING

INVOICE

PAGE 4

SERVICE ADVISOR: 9091 PETER SUKHDEO

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
------	--------	------	------	-------	------	-----	-------

141.06 oil change
194.50 brake fluid
62.50 shop supplies
\$398.06 sub-total
19.90 GST
\$417.96 TOTAL

GST R813838422

(#: R101674182)

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THANK YOU
FOR YOUR
BUSINESS

OUT

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

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CUSTOMER SIGNATURE

X

DESCRIPTION

LABOR AMOUNT

PARTS AMOUNT

DISCOUNTS

SUBLET AMOUNT

MISC. CHARGES

TOTAL CHARGES

INSURANCE/PAYABLE

G.S.T

PLEASE PAY
THIS AMOUNT

G.S.T. # B1383 8422

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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

RECEIPT
Impark Lot 6

License Plate Number

Expiration Date/Time

06:00 AM
SEP 11, 2017

Purchase Date/Time: 05:51pm Sep 10, 2017

Total Parking: \$9.52

Total GST: \$0.48

Total Due: \$10.00

Total Paid: \$10.00

Ticket #: 00006828

S/N #: 520116251003

Setting: Lot 6

Mach Name: Meter 5

Rate: \$10 - All Evening
Payment Type: Card

Visa

Auth #

gst #887315638RT0006
NO IN AND OUT PRIVILEGES

RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING REC



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: 2017

Employee #: [REDACTED]

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1			☐	☐	☐			
2			☐	☐	☐			
3			☐	☐	☐			
4			☐	☐	☐			
5			☐	☐	☐			
6			☐	☐	☐			
7			☐	☐	☐			
8	60 km from Perm. Res.	Medicine Hat	☐	☐	☒	19.76	0.99	20.75
9	60 km from Perm. Res.	medicine hat	☒	☒	☐	19.81	0.99	20.80
10	60 km from Perm. Res.	Medicine Hat	☒	☐	☐	8.76	0.44	9.20
11			☐	☐	☐			
12			☐	☐	☐			
13			☐	☐	☐			
14			☐	☐	☐			
15			☐	☐	☐			
16			☐	☐	☐			
17			☐	☐	☐			
18			☐	☐	☐			
19			☐	☐	☐			
20			☐	☐	☐			
21			☐	☐	☐			
22			☐	☐	☐			
23			☐	☐	☐			
24			☐	☐	☐			
25			☐	☐	☐			
26			☐	☐	☐			
27			☐	☐	☐			
28			☐	☐	☐			
29			☐	☐	☐			
30			☐	☐	☐			
31			☐	☐	☐			
Grand Total						\$48.33	\$2.42	\$50.75

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

Sept 29/17
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: November

Year: 2017

Employee #: [REDACTED]

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1			☐	☐	☐			
2			☐	☐	☐			
3			☐	☐	☐			
4			☐	☐	☐			
5			☐	☐	☐			
6			☐	☐	☐			
7			☐	☐	☐			
8			☐	☐	☐			
9			☐	☐	☐			
10			☐	☐	☐			
11			☐	☐	☐			
12			☐	☐	☐			
13			☐	☐	☐			
14			☐	☐	☐			
15			☐	☐	☐			
16			☐	☐	☐			
17			☐	☐	☐			
18			☐	☐	☐			
19			☐	☐	☐			
20			☐	☐	☐			
21			☐	☐	☐			
22	60 km from Perm. Res.	Calgary	☐	☒	☒	30.81	1.54	32.35
23	60 km from Perm. Res.	Calgary	☒	☐	☒	28.52	1.43	29.95
24	60 km from Perm. Res.	calgary	☒	☒	☐	19.81	0.99	20.80
25			☐	☐	☐			
26			☐	☐	☐			
27			☐	☐	☐			
28			☐	☐	☐			
29			☐	☐	☐			
30			☐	☐	☐			
31			☐	☐	☐			
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

Dec 1/17
Date



Receipt for Hotel Arts, Calgary

18 Aug 2017 - 19 Aug 2017

Itinerary # 7288089315849

Booked Items

Hotel: Hotel Arts

119 12th Ave SW, Calgary, ABT2R 0G8

Check-in: 18/08/2017 | Check-out: 19/08/2017, 1 room| 1 night

Traveller Information

Miss Nicole GoehringRoom 1: Luxury Room, 2 Queen Beds, Balcony -
Advanced purchase

Cost Summary

Booked Date: 14 Aug 2017**Room Price** C\$189.90

1 night C\$169.15

Taxes & Fees C\$20.75

Total: C\$189.90

Collected by Expedia For TD

Paid: C\$189.90

All prices quoted in CAD.

GST = 8.45



Medicine Hat Lodge

RESORT CASINO CONVENTION CENTRE
HEALTH SPA & INDOOR WATERSLIDE PARK

1051 Ross Glen Drive S.E., Medicine Hat, Alberta T1B 3T8

Nicole Goehring

Page # 1
Res. # 777204
Checked in Fri Sep 8/17 - 6:12pm
Departing Sun Sep 10/17
Nights 2
Room 343

Date	Description	Reference	Charges	Credits
Sep08	GOVERNMENT RATE		119.00	
Sep08	GST		5.95	
Sep08	Room Tax		4.76	
Sep08	Destination Marketing Fee		3.57	
Sep09	GOVERNMENT RATE		119.00	
Sep09	GST		5.95	
Sep09	Room Tax		4.76	
Sep09	Destination Marketing Fee		3.57	
Sep10	PAID BY VISA			266.56
Total Outstanding 0.00			266.56	266.56

Thank you for staying with us. Please come again!
Call 1 (800) 661-8095 to make your next reservation with us.

Our G.S.T. # is 103576021RT0002

Charge Summary:

GST 11.90
Room Tax 9.52

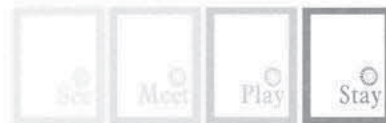


Phone: 403-529-2222 Admin Fax: 403-528-4075 Front Desk Fax: 403-529-1538 Toll Free: 1-800-661-8095

www.medhatlodge.com



STAGEWEST *hospitality*
SINCE 1944



Personal Expense Claim Receipt Description

Member Name: Nicole Goehring

Claimant Name: nicole goehring

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Castle Downs Variety Show

Purpose:

pizza for volunteers setting for for the Castle Downs Variety Show



PIZZA 73

Name: NADINE

2017/9/22 1:05 PM

\$162.54

#223:46:CSC:R8

MERCHANT COPY

16.65F14980G774D500



DELIVERY

FUTURE

DEL AT 2017/9/23 12:00 PM

Del Sept 23 @ 12pm

Caenarvon Community

alt ph#

CX WILL COME AND PAY TODAY

CX WILL TIP DRVR IN SHP

Called from: 7804140705

2 14" PAN TRAD 73 DELUX

2 14" PAN TRAD HAWAIFT

2 14" PAN TRAD MEATSUP

1 14" PAN TRAD NSB-CHE

1 14" PAN TRAD 2-TOP

Pepperoni, Pepperoni

2 14" PAN TRAD VEGETAR

1 10" TRAD ND-CHZ Haw Gluten Free

SUBTOTAL \$154.80

Discount \$16.65

GST/HST \$7.74

VISA

\$162.54

GST No. 831479746

PIZZA 73

Name: NADINE

2017/9/22 1:05 PM

\$162.54

#223:46:CSC:R8

CUSTOMER COPY

16.65F14980G774D500



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FUTURE

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Discount \$16.65

GST/HST \$7.74

VISA

\$162.54

GST No. 831479746

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Nicole Goehring

Claimant Name: _____

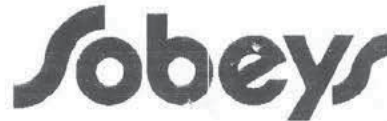
Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)☐ Individual Stakeholder(s)☒ Group: SOS safety magazine event attendees

Purpose:

oranges for constituents at the Castle Downs Park Youth Day

SOBEYS BEAUMARIS
15367 Castledowns Road
780.472.8100
GST# 849224852RT0001

Served by: Marie D

Welcome to Sobeys

PRODUCE

Clementines \$181.98* C

1 Reward for Every \$20 9 Miles

SUBTOTAL \$181.98
TOTAL TAX \$0.00

TOTAL \$181.98

Visa TENDER \$181.98
Cash CHANGE \$0.00

NUMBER OF ITEMS 1

You could have earned an additional
18 AIR MILES
with a BMO Sobeys AIR MILES MasterCard
Apply today at bmোসobeys.comCLIENT ID 9803
TERMINAL ID 030
** PURCHASE
CARD Visa
NO: *****
DATE 08/11/2017INSERTED
** \$ 181.98
RCPT 721000
RESP 000
TIME 12:59:18
REF # 00000017APPL. 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
CARDHOLDERForm Tran Store Oper 08/11/17
721 1072 113 12:59:20Thank you for shopping
at Beaumaris Sobeys
tomer Response Line 1.888.476.2397
100% Satisfaction Guarantee!

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: Constituents

Purpose:

- Candy for Daycare



RCSS 1572 - 12350-157th Ave
780-406-3768
Big on Fresh. Low on Price

21-GROCERY

05049643227 MARS CHOCOLATE VA GHRJ

\$15.97 Int 4, \$19.98 ea
1 @ \$15.97 ea 15.97

SUBTOTAL 15.97

6-GST 5% 15.97 @ 5.000% 0.80

TOTAL 16.77

CASH 20.00

ROUNDED 0.02 (16.75)

CHANGE DUE 3.25

You could have earned 160
PC points with President's Choice
Financial MasterCard. Apply Today
Visit pcfinancial.ca

GST # 12223-5822 RT0001

THANK YOU FOR SHOPPING RCSS
MANAGER NAME: Shantel Dearling
Thank You, Come Again!

USE YOUR PC CARD
TO COLLECT POINTS!!

REDEEM HERE FOR FREE GROCERIES

2017/10/31 Sat 221 12 4402 10:05

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: 103117 100512 4402 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: Constituents

Purpose:

- Candy for Daycare



RCSS 1572 - 12350-137th Ave
780-406-3768

Big on Fresh, Low on Price

Welcome #

21-GROCERY

05770001208 MYNRD CANDY ASST GMRJ
\$3.98 lmt 4, \$5.48 ea
2 @ \$3.98 ea 7.96
05980057958 NESTLE FVRT SNK GMRJ
\$17.98 lmt 4, \$21.98 ea
1 @ \$17.98 ea 17.98
In-Store Offers 1000 Pts

41-HOME

9 PLASTIC BAGS GRQ 0.05

SUBTOTAL 25.99

G=GST 5% 25.99 @ 5.000% 1.30

TOTAL 27.29

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

GLOBAL PAYMENTS MERCHANT # 0963496

Superstore

12350 137 Ave NW

Edmonton AB

TERM Z0157221

SLIP # 173100

RETAIN THIS COPY FOR YOUR RECORDS

** Purchase

** Chip

Chequing

CARD # *****

EXP **/**

Interac

REF # 207001001003

AUTH #

AID: A0000002771010

TSI 7800 TVR 8080008000

10/31/2017 08:45:27 \$ 27.29

APPROVED

DEBIT TND

27.29



88157221173120171031

GST # 12223-5922 RT0001

THANK YOU FOR SHOPPING RCSS

MANAGER NAME: Shantel Darling

Thank You, Come Again !

USE YOUR PCF CARD

TO COLLECT POINTS!!

REDEEM HERE FOR FREE GROCERIES

17/10/31 U-SCAN 1 9991 21 1731 08:45

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: 103117 084521 1731 01572

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Nicole Goehring, MLA Edmonton Castle Downs

Claimant Name: Heather Belanger

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Community Members

Purpose:

- Community Meeting

Tim Hortons

15224-127th Street N.W.
Edmonton, AB T5V 0C5

Drive Thru
107

1 Asrt Half Dozen	\$5.99
1 Asrt Donuts	
1 Asrt Half Dozen	\$5.99

Subtotal:	\$11.98
GST: \$0.00 PST:	\$0.00

Grand Total:	\$11.98
Debit:	\$11.98

Change Due:	\$0.00
-------------	--------

Drive Thru # 107 300 Cashier

Thanks for stopping by!

Tell us how we did at

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

Tue Dec 5, 2017 18:25:10

Receipt # : 22677712

GST #865347629

DEBIT	*****
Account:	CHEQUING
Card Entry:CHIP	Sequence:000347
Trans Type:Purchase	\$11.98
Merchant #:	030000037880
Term #:	102
Ref #:	00000347
Trace #:	00140833
Application Label:	Interac
AID #:	A0000002771010
TUR #:	8080008000
TSI #:	7800
Auth #	APPROVED

By entering a verified PIN, cardholder agrees
to pay issuer such total in accordance with issuers
agreement with CardHolder.

Guest Copy

REPRINT RECEIPT