

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2017-18
008 - Calgary-East - Luff, Robyn
For Expenses Processed Jul 1 - Sep 30, 2017

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$58.13	\$1,335.64
MLA Parking Cap - \$	\$900.00	\$68.90	\$106.57
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$		\$40.23	\$40.23
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$			\$1,011.38
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,790.00	\$11,580.00
Travel Accommodations Allowance			
Travel Accommodations Allowance (days; 10 max) - NF	10.0		
Other			
Hosting - \$		\$457.66	\$779.42
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	35,000.0		186.0
Special Trips (5 trips per year) - NF	5.0		
Travel To and From the Capital			
Travel by Air, Bus or Train (Unlimited Trips) - NF			
Use of a Private Automobile (52 trips per year) - NF	52.0	2.0	10.0
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

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

PAGE - 135 OF 254
DE

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
DIV-08-R LUFF
- -
- -
- -
- -

CLIENT NO. [REDACTED]
NO DU CLIENT
NVOICE DATE 08/01/17
DATE DE LA FACTURE
NVOICE 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 ----- DESCRPTION 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]	LUFF	[REDACTED]	[REDACTED]	[REDACTED]	000468654555 07/09/17	PETRO CANADA CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	59.3	1.03	58.13	2.91 2.91	61.04 61.04
UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	59.3		58.13	2.91	61.04
BKDN TOTALS / TOTAUX CODIFICATION 01-08							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	59.3		58.13	2.91	
BKDN TOTALS / TOTAUX COD FICATION												61.04

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Robyn Luff

Claimant Name: Robyn Luff

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☒ Individual Stakeholder(s)

☐ Group: \$ 8.57 + GST

Purpose:

Parking for Intergenerational Day

ARY PARKING AUTHORITY (403) 537-7000

CALG

Terminal: 853

Zone: Lot 60 : 9060

Valid through:

THURSDAY 01 JUN 17
1:56 PM

*Intergenerational
Day.*

AMOUNT PAID: \$9.00 (GST incl.)

START TIME: 6/1/2017 12:26 PM

Auth No: [REDACTED]

RECEIPT NO: 64821

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

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Robyn Luff

Claimant Name: Robyn Luff

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☒ Individual Stakeholder(s)

☐ Group: \$12.00 + GST

Purpose:

Parking for Nepal Consulate Opening

RECEIPT

License Plate Number

Expiration Date/Time

12:53 PM
JUN 15, 2017

Purchase Date/Time: 11:53am Jun 15, 2017

Total Parking: \$12.00

Total Federal: \$0.60

Total Due: \$12.60

Rate: \$12 - 1 Hour
Payment Type: Card

Ticket #: 67002160

S/N #: 500013240932

Setting: Lot 175

Mach Name: Lot 175-1

Nepal
Consul

Auth #: [REDACTED]

GST REG #102466000

CEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT

Personal Expense Claim Receipt Description

Member Name: Robyn Luff

Claimant Name: Robyn Luff

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☒ Individual Stakeholder(s)

☐ Group: \$ 6.43 + GST

Purpose:

Parking for Cancer Centre announcement

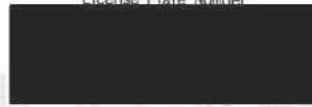


RECEIPT
Foothills

Medical Centre
Lot 3 - South

Cancer centre

License Plate Number



Expiration Date/Time

11:52 AM

JUN 15, 2017

Purchase Date/Time: 10:22am Jun 15, 2017

Total Due: \$6.75

Rate: \$6.75 - 1 Hr 30 Min

Total Paid: \$6.75

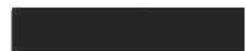
Payment Type: Card

Ticket #: 00038833

S/N #: 520015160450

Setting: Lot 03 - South

Mach Name: CA-FMC-0305



Auth



www.ahs.ca

Do Not Place On Dash

Services

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Robyn Luff

Claimant Name: Robyn Luff

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☒ Individual Stakeholder(s)

☐ Group: \$ 8.57 + GST

Purpose:


Parking for HomeSpace Society's Report to the Community

Plate: 
Zone: **2455**

Valid through:

THURSDAY
15 JUN 17
4:59 PM

START TIME: 6/15/2017 2:59 PM
AMOUNT PAID: \$9.00 (GST Incl.)


Terminal: 1013
Receipt No: 3441

Homespace

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Robyn Luff

Claimant Name: Robyn Luff

Expense Category: Member Parking

For hosting, select one:

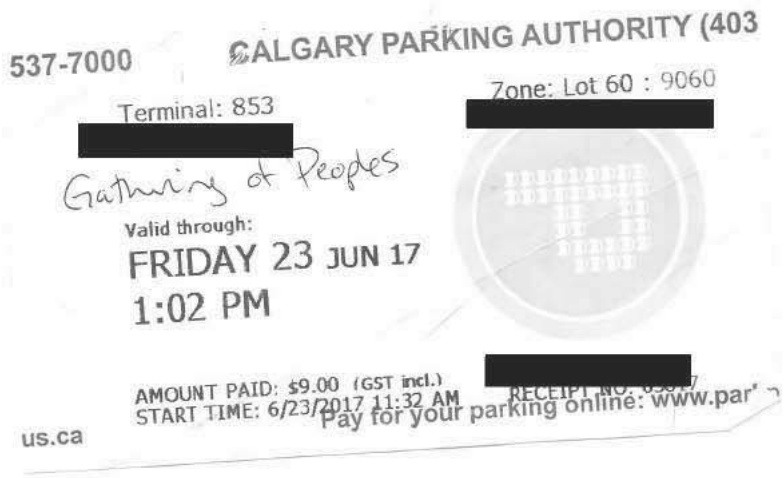
☐ Individual Constituent(s)

☒ Individual Stakeholder(s)

☐ Group: \$ 8.57 + GST

Purpose:

Parking for People's Gathering



LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Robyn Luff

Claimant Name: Robyn Luff

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☒ Individual Stakeholder(s)

☐ Group: \$24.76 + GST

Purpose:

Parking for Premier's Stampede Breakfast

GARY PARKING AUTHORITY (403) 537-7000

CAL

Terminal: 858

Plate: [REDACTED]

Zone: Lot 28 : 9028

Valid through:

TUESDAY 11 JUL 17

5:00 AM

Premier's
Breakfast

AMOUNT PAID: \$26.00 (GST incl.)

START TIME: 7/10/2017 6:38 AM

RECEIPT NO: 107624

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

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Robyn Luff

Claimant Name: Robyn Luff

Expense Category: Taxi, Bus Travel

For hosting, select one:

☐ Individual Constituent(s)

☒ Individual Stakeholder(s)

☐ Group: \$14.52 + GST

Purpose:

Taxi to Stampede International Agriculture Reception

Stampede

316 MERIDIAN ROAD SE
CALGARY, AB T2A 1X2

TERMINAL ID: 314-605-860
MERCHANT ID: 5276544
CARD ID: 0103
CARD ID: 5783
ACCOUNT #: 360218305
CNP NUMBER: 12420505
PASSENGERS: 1

DATE: 2017
TIME: 18:03
FEE: 45.00
END: 19:06
RATE: 1

FARE AMOUNT: \$ 12.00

TAX AMOUNT: \$ 0.60
TOTAL: \$ 12.60

TOTAL: \$ 15.12

PASSENGER COPY

THANK YOU!
CASHIER: 099
WWW.THECHECKERGROUP.COM

CHECKER
YELLOW
CABS

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Robyn Luff

Claimant Name: Robyn Luff

Expense Category: Taxi, Bus Travel

For hosting, select one:

- ☐
- Individual Constituent(s)

- ☒ Individual Stakeholder(s)

☐ Group: \$ 11.81 + GST

Purpose:

Taxi from Stampede President's Reception

Stamped

THE UNIVERSITY OF CHICAGO
LIBRARIES. AB 134 132

[illegible]

DATE: 2017	FILE: 18-4
CLASS: 10-2	ROLE: 1
DEVELOP: 15-30	

THE GLOBE. 4 11 81

[illegible]

10131 4 12, 40

12345678910111213141516171819202122232425262728293031323334353637383940414243444546474849505152535455565758596061626364656667686970717273747576777879808182838485868788899091929394959697989910010110210310410510610710810911011111211311411511611711811912012112212312412512612712812913013113213313413513613713813914014114214314414514614714814915015115215315415515615715815916016116216316416516616716816917017117217317417517617717817918018118218318418518618718818919019119219319419519619719819920020120220320420520620720820921021121221321421521621721821922022122222322422522622722822923023123223323423523623723823924024124224324424524624724824925025125225325425525625725825926026126226326426526626726826927027127227327427527627727827928028128228328428528628728828929029129229329429529629729829930030130230330430530630730830931031131231331431531631731831932032132232332432532632732832933033133233333433533633733833934034134234334434534634734834935035135235335435535635735835936036136236336436536636736836937037137237337437537637737837938038138238338438538638738838939039139239339439539639739839940040140240340440540640740840941041141241341441541641741841942042142242342442542642742842943043143243343443543643743843944044144244344444544644744844945045145245345445545645745845946046146246346446546646746846947047147247347447547647747847948048148248348448548648748848949049149249349449549649749849950050150250350450550650750850951051151251351451551651751851952052152252352452552652752852953053153253353453553653753853954054154254354454554654754854955055155255355455555655755855956056156256356456556656756856957057157257357457557657757857958058158258358458558658758858959059159259359459559659759859960060160260360460560660760860961061161261361461561661761861962062162262362462562662762862963063163263363463563663763863964064164264364464564664764864965065165265365465565665765865966066166266366466566666766866967067167267367467567667767867968068168268368468568668768868969069169269369469569669769869970070170270370470570670770870971071171271371471571671771871972072172272372472572672772872973073173273373473573673773873974074174274374474574674774874975075175275375475575675775875976076176276376476576676776876977077177277377477577677777877978078178278378478578678778878979079179279379479579679779879980080180280380480580680780880981081181281381481581681781881982082182282382482582682782882983083183283383483583683783883984084184284384484584684784884985085185285385485585685785885986086186286386486586686786886987087187287387487587687787887988088188288388488588688788888989089189289389489589689789889990090190290390490590690790890991091191291391491591691791891992092192292392492592692792892993093193293393493593693793893994094194294394494594694794894995095195295395495595695795895996096196296396496596696796896997097197297397497597697797897998098198298398498598698798898999099199299399499599699799899910001001100210031004100510061007100810091010101110121013101410151016101710181019102010211022102310241025102610271028102910301031103210331034103510361037103810391040104110421043104410451046104710481049105010511052105310541055105610571058105910601061106210631064106510661067106810691070107110721073107410751076107710781079108010811082108310841085108610871088108910901091109210931094109510961097109810991100110111021103110411051106110711081109111011111112111311141115111611171118111911201121112211231124112511261127112811291130113111321133113411351136113711381139114011411142114311441145114611471148114911501151115211531154115511561157115811591160116111621163116411651166116711681169117011711172117311741175117611771178117911801181118211831184118511861187118811891190119111921193119411951196119711981199120012011202120312041205120612071208120912101211121212131214121512161217121812191220122112221223122412251226122712281229123012311232123312341235123612371238123912401241124212431244124512461247124812491250125112521253125412551256125712581259126012611262126312641265126612671268126912701271127212731274127512761277127812791280128112821283128412851286128712881289129012911292129312941295129612971298129913001

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CASH RECEIPT

1-800-441-7000
 1-800-221-1159
 WWW.NUCLEONARGROUP.COM

CHECKER
YELLOW
CAB

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Robyn Luff

Claimant Name: Robyn Luff

Expense Category: Taxi, Bus Travel

For hosting, select one:

☐ Individual Constituent(s)

☒ Individual Stakeholder(s)

☐ Group: \$13.90 + GST

Purpose:

Taxi from Stampede

Stampede

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CASH ONLY PLEASE

DEBIT CARD
ATM & POS
CARDHOLDER'S NAME

CHECKER
YELLOW
CAB



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: Luff, Robyn

Constituency: Calgary-East

Employee #: [REDACTED]

Date: 4/21/2016

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 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



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: Luff, Robyn

Constituency: Calgary-East

Employee #: [REDACTED]

Date: 4/21/2016

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)

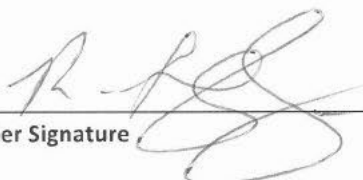
☒ **12 Monthly Payments**

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 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



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: Luff, Robyn

Constituency: Calgary-East

Employee #: [REDACTED]

Date: 4/21/2016

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)

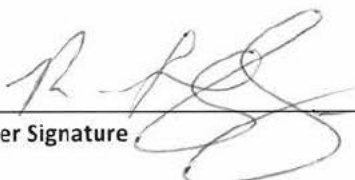
☒ **12 Monthly Payments**

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 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: Robyn Luff
Claimant Name: Robyn Luff
Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

\$ 226.70 + GST

Purpose:

Pizza for Town Hall Social

CANADIAN PIZZA UNLIMITED
4715 17 AVE SE
CALGARY AB

CARD TYPE MASTERCARD
DATE 2017/06/28
TIME 3048 19:36:38
RECEIPT NUMBER
C85000806-001-060-002-0

PURCHASE
AMOUNT \$204.75
TIP \$30.71
TOTAL

Date: _____
Name: 403-700-0147
Address: 7-30 PM June, 28
Phone: 403 2026 33 St SE

1	11. Large Pizzas		
2			
3	4. Canadian		
4	4. Veggie		
5	4. DLX		
6	2. Hawaiian		
7	2. Chicken Delight		
8	<u>16</u>		
9		195.99	
10			
40		GST + 9.	
		TOTAL	204.75

Sales Receipt

Town Hall
Pizza

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Robyn Luff
Claimant Name: Robyn Luff
Expense Category: Hosting

For hosting, select one:

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

\$9.96 + GST

Purpose:

Town Hall supplies

CO-OP

CALGARY CO-OP
FOREST LAWN
G.S.T. 100730894
PHONE # 403-299-4470

CLASSIC COKE 12 PK *
1 @ 3 FOR \$10.98 \$3.66 G
PLUS .12 CRF/EA \$0.12 G
PLUS 1.20 DEP/EA \$1.20
CDRY GINGER FRIDGE *
1 @ 3 FOR \$10.98 \$3.66 G
PLUS .12 CRF/EA \$0.12 G
PLUS 1.20 DEP/EA \$1.20

13 BALANCE DUE
ITEM SUBTRACTED
HOT SOUP 16OZ
CURRY BAR 12 OZ

13 BALANCE DUE

TYPE: Purchase

ACCT: MASTERCARD

DATE/TIME: 06/28/2017 13:39:47
REFERENCE #: 0010012760 T
TERM: 66268456

01 APPROVED - THANK YOU 027

NO SIGNATURE TRANSACTION

IMPORTANT:
retain this copy for your records

CUSTOMER COPY

MASTERCARD

CHANGE \$0.00

TAX-CODE TAXABLE-VAL TAX-VALUE
GST

Personal Expense Claim Receipt Description

Member Name: Robyn Luff

Claimant Name: Robyn Luff

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

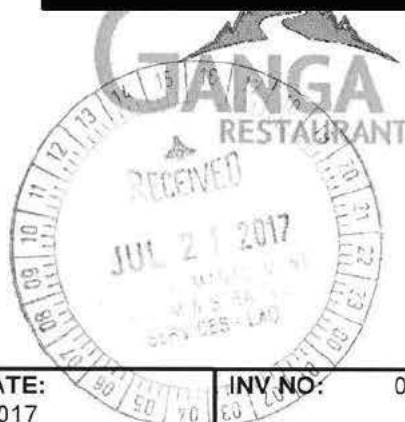
☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

June 15 Iftar Celebration

INVOICE



FOR DATE: 29-06-2017	INV NO: 001
TEL:	PAGE NO: 01
BILL TO: Mr. Irfan Sabir Calgary - AB	

DATE	DESCRIPTION	Total Days	Nos. of guest	Per head	Amount CAD
June 2017	Outdoor Catering GST	01	100	15.00	1500.00
				5%	0.00
				TOTAL	1500.00
				ADVANCE	0.00
				BALANCE	1500.00
Total amount chargeable (in words): One Thousand and Five Hundred Canadian Dollars only.					

NOTE:
Amount charged for 100 nos. of guest.

Calgary East share is \$200.00

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Robyn Luff

Claimant Name: Robyn Luff

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Water for Constituency Office



INVOICE

better water. pure and simple.™

H.S.T. # 813808607 RT 0001

Remit Payment to:

Culligan Water Treatment
1110 58th Ave., SE
Calgary AB T2H 2C9
(403) 243-5141
CalgCustServ@culliganwater.ca

Invoice #: 48484TG
Invoice Date: 08/30/2017
Shipped: 08/30/2017
PO No:
Customer No: [REDACTED]
Due Date: 09/29/2017

Balance: \$53.50 CAD

Billing Address:

ROBYN LUFF
MLA
2710 17 Ave Se Suite 550
Calgary AB T2A 0P6

Location Address:

ROBYN LUFF
MLA
2710 17 Ave Se Suite 550
Calgary AB T2A 0P6



Comments:

R-1558891

Service Date	Description	Comments	Reference	Qty.	Price	Amount
08/30/2017	18L RO Delivered			3	7.00	21.00

Please include Customer No. and Invoice No. with your payment.

Page 1 of 1

\$21.00

Sub-Total:

Tax:

Total:

Customer No:

Invoice No:

48484TG