

LEGISLATIVE ASSEMBLY OF ALBERTA  
 Member EDR 2016-17  
 007 - Calgary-Currie - Malkinson, Brian  
 For Expenses Processed April 1 - June 30, 2016

	Budget	Used this Quarter	Used To-Date
<b>Financial Reporting - \$ (Receipts attached)</b>			
<b>Transportation</b>			
Fuel and Minor Maintenance - \$		\$1,006.59	\$1,006.59
MLA Parking Cap - \$	\$900.00	\$45.85	\$45.85
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$		\$209.90	\$209.90
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$452.81	\$452.81
<b>Accommodation</b>			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$4,200.00	\$4,200.00
Travel Accommodations Allowance			
Travel Accommodations Allowance (days; 10 max) - NF	10		
<b>Other</b>			
Hosting - \$		\$260.54	\$260.54
<b>Non-Financial Reporting</b>			
<b>Use of Private Automobile (43.5 cents per km)</b>			
Constituency Travel (Kilometres) - NF	35,000	226	226
Special Trips (5 trips per year) - NF	5		
<b>Travel To and From the Capital</b>			
Travel by Air, Bus or Train (Unlimited Trips) - NF		1	1
Use of a Private Automobile (52 trips per year) - NF	52	6	6
<b>Other Travel</b>			
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-07-B MALKINSON

CLIENT NO.  
 NO DU CLIENT  
 INVOICE DATE  
 DATE DE LA FACTURE  
 INVOICE NO.  
 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
	MALKINSON				000434230263 03/29/16	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	55.1	.89	46.67	2.33 2.33	49.00 49.00
					000434230264 03/17/16	PETRO CANADA INNISFAIL AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	49.5	.88	41.43	2.07 2.07	43.50 43.50
					000433821112 03/13/16	FASGAS BOWDEN AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH MISCELLANEOUS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT DISCOUNT / RABAIS TOTAL / TOTAL	64.6 3.0	.93 4.28	57.15 12.83	2.86 .63 3.49	73.47 73.47 65- 72.82
					000434387771 03/10/16	IMPERIAL OIL AIRDR E AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	62.0	.94	55.43	2.77 2.77	58.20 58.20
	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	231.2		213.51	10.66	224.17 .65- 223.52
	BKDN TOTALS / TOTAUX CODIFICATION 01-07		UNITS / VEHIC	1			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	231.2		213.51	10.66	224.17 .65- 223.52

FLEET MANAGEMENT SERVICES DETAIL  
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 DIV-07-B MALKINSON

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	MALKINSON				000435938758 05/08/16	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	44.1	1.07	44.87	2.24 2.24	47.11 47.11
				0003036 KR71691	120013631640 05/03/16	WATERLOO FORD LINCOL EDMONTON AB	LUBRICATE-CHANGE OIL & FILTER/ GST-HST / TPS-TVH LABOR - LUBRICATE-CHANGE OIL & LABOR - DISPOSAL FEES/DISPOSAL REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	1.0 1.0 1.0	189.88 25.00 4.99	189.88 25.00 4.99	10.99 10.99	230.86 230.86
					000435498020 05/01/16	FEDERATED COOPERATIVES L MITED INNISFAIL AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	43.0	1.08	44.22	2.21 2.21	46.43 46.43
					000435938759 04/24/16	PETRO CANADA CALGARY AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	29.2	1.03	28.57	1.43 1.43	30.00 30.00
					000435938756 04/15/16	PETRO CANADA CALGARY AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	45.7	1.16	50.48	2.52 2.52	53.00 53.00
					000435938757 04/13/16	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	34.3	1.08	35.24	1.76 1.76	37.00 37.00
					000435426896 04/03/16	FASGAS PONOKA AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT DISCOUNT / RABAIS TOTAL / TOTAL	45.5	.87	37.62	1.88 1.88	39.50 39.50 .46- 39.04
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE DISCOUNT / RABAIS	241.8		460.87	23.03	483.90 .46-

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	MALKINSON											483.44	
BKN TOTALS / TOTAUX CODIFICATION 01-07								FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	241.8		460.87	23.03	
							BKN TOTALS / TOTAUX CODIFICATION					483.90	
							DISCOUNT / RABAIS					.46-	
							TOTAL / TOTAL					483.44	

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	MALKINSON				000438065469 06/18/16	SHELL CANADA INC CALGARY AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	26.8	1.25	31.90	1.60 1.60	33.50 33.50
					000436847945 05/29/16	FEDERATED COOPERATIVES L MITED INNISFAIL AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	40.0	.95	36.16	1.81 1.81	37.97 37.97
					000437335793 05/27/16	IMPERIAL OIL AIRDR E AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	36.6	.98	34.29	1.71 1.71	36.00 36.00
					000436987555 05/24/16	FASGAS MILLET AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT DISCOUNT / RABAIS TOTAL / TOTAL	62.8	1.02	60.95	3.05 3.05	64.00 64.00 .63- 63.37
					000436982428 05/20/16	FASGAS INNISFAIL AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH MISCELLANEOUS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT DISCOUNT / RABAIS TOTAL / TOTAL	45.4 2.0	.90 3.67	39.05 7.34	1.95 .36 2.31	48.70 48.70 .45- 48.25
					000436986540 05/16/16	FASGAS BOWDEN 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	44.5	1.08	45.71	2.29 2.29	48.00 48.00 .45- 47.55
					000437654916 05/12/16	PETRO CANADA AIRDR E AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	29.4	1.18	33.00	1.65 1.65	34.65 34.65
UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB	285.5				

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	MALKINSON									288.40	14.42	302.82
							TOT CHARGES / TOT FRAIS			288.40		
							TOT GST-HST / TOT TPS-TVH				14.42	
							UNIT TOTAL / TOT UNITE					302.82
							DISCOUNT / RABAIS					1.53-
							TOTAL / TOTAL					301.29
BKN TOTALS / TOTAUX CODIFICATION 01-07							FUEL QTY / QTE CARB	285.5				
							TOT CHARGES / TOT FRAIS			288.40		
							GST-HST/TPS-TVH				14.42	
							BKN TOTALS / TOTAUX CODIFICATION					302.82
							DISCOUNT / RABAIS					1.53-
							TOTAL / TOTAL					301.29

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Brian Malkinson

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

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group: \_\_\_\_\_ **\$43.81 plus GST**

Purpose:

Fuel

~~Receipt # 1111~~  
- Expense

7-ELEVEN  
5925 - 54TH AVE  
RED DEER AB T4N 4N7  
4033437111  
STORE#: 26940  
GST# R119335453  
Oh Thank Heaven  
for 7-Eleven!

D# 3 RUL  
44.270 L @ \$1.039 /L  
Expense 45.00

SUBTOTAL  
GST/HST ON 1.89  
TOTAL DUE  
CASH  
CHANGE

5% GST INCLUDED IN FUEL \$ 2.19

CHECK OUT OUR APP TO WIN GREAT PRIZES  
TEXT 711247 FOR MORE INFO  
\*\*\*\*\* REPRINT \*\*\*\*\*  
T#02 0P29 TRN3802 06/02/2016 08:12 PM

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Brian Malkinson

Claimant Name: Brian Malkinson

Expense Category: \_\_\_\_\_

For hosting, select one:

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

Purpose:

Parking - Bow Valley College - 21 Annual Premier's Scholarship Luncheon

\$13.00



*Bow Valley*

**DISPLAY TICKET ON DASH**

\*Expiration Date/Time\*

**01:25 PM**

**APR 22, 2016**

Purchase Date/Time: 11:25am Apr 22, 2016

Total Parking: \$13.00

Total FEDERAL: \$0.65

Total Due: \$13.65

Total Paid: \$13.65

Ticket #: 44014001

SN #: 300010300175

Setting: Lot 426A

Match Name: Lot 426-1

Rate: 2 HOURS

Payment Type: Card

Auth #: [REDACTED]

GST REG #102466000

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**RECEIPT**

Expiration Date/Time\*: 01:25pm Apr 22, 2016

Purchase Date/Time: 11:25am Apr 22, 2016

Total Parking: \$13.00

Total FEDERAL: \$0.65

Total Due: \$13.65

Total Paid: \$13.65

Ticket #: 44014001

Setting: Lot 426A

Match Name: Lot 426-1

[REDACTED]

[REDACTED]



FIVE ASSEMBLY OF ALBERTA  
Annual Expense Claim Receipt Description

Member Name: Brian Malkinson

Account Number: \_\_\_\_\_

Expense Category: Member Parking

For hosting, select one:

- Individual Constituent(s)  
 Individual Stakeholder(s)  
 Group: \_\_\_\_\_ \$10.00

Purpose:

Parking - Trans Day of Visibility + Juno event



RECEIPT

License Plate Number

**BTD5620**

\*Expiration Date/Time\*

**06:00 AM**  
**APR 01, 2016**

Purchase Date/Time: 06:37pm Mar 31, 2016

Total Parking: \$10.00

Total Federal: \$0.50

Total Due: \$10.50

Total Paid: \$10.50

Ticket #: 00007942

S/N #: 500012260461

Setting: Lot 80

Mach Name: Lot 80-1

Rate: EVENING  
Payment Type: Card

PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT

GST REG #102466000

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Brian Malkinson

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

Expense Category: Member Parking

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

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

\$ 17.14 + GST

Purpose:

parking - UofC

ON DASH  
FACE UP

PLACE ON DASH  
FACE UP

PLACE ON DASH  
FACE UP

PLACE ON DASH  
FACE UP

PLACE ON DASH  
FACE UP

TERMINAL  
MACEWANB CWT  
PLATE: [REDACTED]

VALID THROUGH:  
25APR16  
9:53 PM

AMOUNT PAID:  
\$18.00

ENTRY TIME:  
4/25/2016  
6:53 PM

RECEIPT NO: 3350

RECEIPT NO: 3350

TRN: 256DE558E07BCF34

01893763

GST# CA 108102864

0189

*U of C  
Kings  
Delite*

LEAGUE ASSEMBLY OF ALBERTA  
Annual Expense Claim Receipt Description

Member Name: Brian Malkinson

Claimant Name: Brian Malkinson

Expense Category: Member Parking

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group: \_\_\_\_\_ \$5.71

Purpose:

HIV community Link event

55P52

PALLISER  
SQUARE

*HIV  
community  
Link event*

Payment Receipt

Station name: POF 3 West

Entry: 5/14/16 7:13 PM

Payment date: 5/14/16 10:00

Card no.: [REDACTED]

Amount: CAD 6.00

Education: CAD 0.00

Aid with: CAD 6.00

Amount change: CAD 0.00

Change owed: CAD 0.00

[REDACTED]

ISA

Seq# 000060 012

Purchase 16/05/14 22:09:43

Auth# [REDACTED]

APPROVED



# The American Express® Corporate Card Statement of Account

www.americanexpress.ca  
Amex Bank of Canada  
Corporate Service Centre  
PO Box 7000 Station B  
Willowdale (Ontario) M2K 2R6

Prepared For  
**BRIAN MALKINSON**  
LEGIS ASSEMBLY OF AB

Membership Number  
[REDACTED]

Date  
May 16, 2016



Previous Balance	Payments and Credits	New Charges including Delinquency Assessment, if any	New Balance \$
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Statement includes payments and charges received by May 16, 2016

Please see "About Your Statement" section for important information.

Please pay your balance in full upon receipt of statement. Thank you for your ongoing membership.

1743

Credit Limit Summary On May 16, 2016		Total Credit Limit \$	Available Credit Limit \$
[REDACTED]		[REDACTED]	[REDACTED]
New Transactions for BRIAN MALKINSON			Amount \$
April 17	YELLOW CAB 450241247 EDMONTON TAXICABS AND LIMOUSINES		63.25
April 17	CALGARY UNITED CABS CALGARY Goods or Services		41.45
April 21	CAPITAL TAXI LTD 313 EDMONTON TAXICABS AND LIMOUSINES		13.00
April 21	CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES		56.80
April 21	ASSOCIATED CAB/ALLIE CALGARY TAXICABS AND LIMOUSINES		45.90
<b>Total New Transactions for BRIAN MALKINSON</b>			<b>220.40</b>

\$209.90 plus GST

P000000133-C000000477-1/2-VIP /SEL/

↑ Please detach here ↑

## AMERICAN EXPRESS®

Payment Options  
PLEASE ALLOW 3 TO 5 BUSINESS DAYS FOR YOUR PAYMENT  
TO BE PROCESSED BY YOUR FINANCIAL INSTITUTION AND  
SENT TO US. See the About Your Payment Section.  
· Phone and Internet banking arranged through your financial institution  
· Your local bank branch  
· Automatic banking machines  
**Do Not Enclose Cash**

Membership Number [REDACTED]	
Amount Due \$	Amount Paid \$
[REDACTED]	



000133  
BRIAN MALKINSON  
LEGIS ASSEMBLY OF AB  
4TH FLR 9820 107 ST  
EDMONTON AB  
T5K 1E9

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





# 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:** Malkinson, Brian **Constituency:** Calgary-Currie

**For the Month of:** April **Year:** 2016 **Employee #:** -

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3	Travel to/from Capital	ponoka	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
4	60 km from Perm. Res.	edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
5	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
6	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
7	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
12	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
13	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
14	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
15	Travel to/from Capital	Red Deer, Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
18	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
19	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
20	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
21	Travel to/from Capital	leduc, Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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"/>			
<b>Grand Total</b>						\$452.81	\$22.64	\$475.45

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.

*Brian Malkinson*  
Member Signature

May 5, 2016  
Date



# 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: Malkinson, Brian Constituency: Calgary-Currie

Employee #: [REDACTED] Date: 4/18/2016

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) \$ 1,400.00 x 12 = \$ 16,800.00

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

Claim Payment Authorization (please check)  12 Monthly Payments  
I authorize 12 monthly payments in the amount specified above for the entire fiscal year. This monthly amount is static for the entire fiscal year.

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

April 2016

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

  
Member Signature



# 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: Malkinson, Brian Constituency: Calgary-Currie

Employee #: [REDACTED] Date: 4/18/2016

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) \$ 1,400.00 x 12 = \$ 16,800.00

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Claim Payment Authorization (please check)  12 Monthly Payments  
I authorize 12 monthly payments in the amount specified above for the entire fiscal year. This monthly amount is static for the entire fiscal year.

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

May 2016

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

  
Member Signature



# Members' Temporary Accommodation Allowance Claim Form

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

Member Name: Malkinson, Brian Constituency: Calgary-Currie

Employee #: [REDACTED] Date: 4/18/2016

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) \$ 1,400.00 x 12 = \$ 16,800.00

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

Claim Payment Authorization (please check)  12 Monthly Payments  
I authorize 12 monthly payments in the amount specified above for the entire fiscal year. This monthly amount is static for the entire fiscal year.

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

June 2016

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

  
Member Signature



LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Brian Malkinson

Claimant Name: Brian Malkinson

Expense Category: Hosting

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

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

Purpose:

Culligan water for the constituency office



**better water. pure and simple.™**

H.S.T. # 813808607 RT 0001

# INVOICE

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

**Invoice #:** 45415TF  
**Invoice Date:** 04/20/2016  
**Shipped:** 04/20/2016  
**PO No:**  
**Customer No:** 1255323  
**Due Date:** 05/20/2016

**Balance:**

**Billing Address:**  
CALGARY CURRIE LEGISLATIVE ASSEMBLY  
9718 107 ST NW  
901 LEGISLATURE ANNEX  
EDMONTON AB T5K 1E4

**Location Address:**  
CALGARY CURRIE LEGISLATIVE ASSEMBLY  
2108 B 33 AVE SW  
CALGARY AB T2T 1Z6



**Comments:**

Service Date	Description	Comments	Reference	Qty.	Price	Amount
04/20/2016	Bottle Deposit	Dp: 2 Rt:3		-1	10.00	-10.00
04/20/2016	18L RO Water Delivered			2	8.00	16.00



*Erin McHenry*  
recommended by the member

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

**Sub-Total:**   
**Tax:**  
**Total:**

**Customer No:** 1255323  
**Invoice No:** 45415TF

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Brian Malkinkson

Claimant Name: Signe Spence

Expense Category: Hosting

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

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

\$ 7.89

Purpose:

Additional pancake mix for MLA Stampede breakfast on July 10, 2016



#251 CALGARY SOUTH

99 HERITAGE GATE SE

CALGARY AB  
CANADA T2H 3A7  
MEMBER [REDACTED]



682 PANCAKE MIX 7.89

SUBTOTAL [REDACTED]  
\*\*\*\* GST 5% [REDACTED]

TOTAL [REDACTED]  
VF Interac [REDACTED]

ACCT: CHEQUING  
REFERENCE#: 66233303-0010016080 C  
AUTH#: [REDACTED] 05/05/16 11:36:10  
Invoice#: 32764

COSTCO # 251  
99 HERITAGE GATE SE  
CALGARY AB T2H 3A7

PURCHASE - INTERAC  
Interac  
A0000002771010  
0080008000 F800  
00 APPROVED - THANK YOU 001  
AMOUNT: [REDACTED]

0251 014 0000000143 0047

\*\*\* CARDHOLDER COPY \*\*\*

CHANGE .00  
TOTAL DISCOUNT(S) 2.00

TOTAL NUMBER OF ITEMS SOLD = [REDACTED]  
CASHIER: Mala P REG# 14  
2016/05/05 11:36 0251 14 0047 143

GST/HST #121476329  
THANK YOU!  
GST# 121476329

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Brian Malkinson

Claimant Name: Brian Malkinson

Expense Category: Hosting

For hosting, select one:

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

Purpose:

Culligan water for constituents that come into the office



INVOICE

Invoice #: 77373TF
Invoice Date: 05/18/2016
Shipped: 05/18/2016
PO No:
Customer No: 1255323
Due Date: 06/17/2016

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

Balance: \$38.50 CAD

Billing Address:

LEGISLATIVE ASSEMBLY OFFICE
9820 107 ST
4TH FLOOR
EDMONTON AB T5K 1E7

Location Address:

CALGARY CURRIE LEGISLATIVE ASSEMBLY
2108 B 33 AVE SW
CALGARY AB T2T 1Z6



Comments:

Table with 7 columns: Service Date, Description, Comments, Reference, Qty., Price, Amount. Rows include 05/18/2016 18L RO Water Delivered and 05/18/2016 Bottle Deposit.

recommended by [Signature]

MAY 20, 2016

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

Sub-Total: \$38.50 CAD
Tax: \$0.00 CAD
Total: \$38.50 CAD

Customer No: 1255323
Invoice No: 77373TF

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

Member Name: Brian Malkinson

Claimant Name: Signe Spence

Expense Category: Hosting

**For hosting, select one:**

- Individual Constituent(s)
- Individual Stakeholder(s)
- Group: MLA Stampede Breakfast

**\$210.65**

**Purpose:**

Tang, sausages and hashbrowns for the MLA Stampede Breakfast on July 10, 2016



EVERYTHING FOOD SERVICE  
 www.wholesaleclub.ca  
 INVOICE #:0670902010662295

WHOLESALE  
 CUSTOMER  
 Account # : [REDACTED]

() -  
 Tobacco Tax # :  
 PST # :  
 Payment Due : 0 Days

21-GROCERY  
 (4)06618805750 TANG CP GR 39.96  
 4 @ \$9.99  
 23-FROZEN  
 06038311382 NN POT PATTY R 47.90  
 \$4.99 ea or 3/\$14.37 KB  
 10 @ 3/\$14.37  
 31-MEATS  
 06038309102 FZN SAUSGE BRKFS R 33.97  
 06038309103 FZN PORK SAUSG R 33.97  
 (5)06310024272 MGF PORK SAUS FZ R 54.85  
 5 @ \$10.97  
**SUBTOTAL 210.65**  
 G-BST 5% 39.96 @ 5.000% 2.00  
**TOTAL 212.65**

Number of Items: 21

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

GLOBAL PAYMENTS MERCHANT # 4298501  
 Wholesale Club  
 222 - 58th Ave S E  
 Calgary AB  
 STORE 06709 TERM 20670902  
 SLIP # 229500 REG 2  
 RETAIN THIS COPY FOR YOUR RECORDS  
 \*\* Purchase \*\* Chip  
 Chequing

[REDACTED] EXP \*\*/\*\*

Interac  
 REF # AUTH # RESP 001  
 [REDACTED] ISO 00

AID: A0000002771010  
 TSI F800 TUR 0080008000

DATE TIME AMOUNT  
 06/01/2016 12:31:22 \$ 212.65

APPROVED

DEBIT TND 212.65

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

THANK YOU FOR SHOPPING WHOLESAL

MANAGER NAME: Alex  
 Thank You, Come Again!

CAN'T FIND IT? ASK US!  
 222-58TH AVE S.E.

403-255-5590  
 GST: 12223-5922 RT0001

2016/06/01  
 Robin 50102

12:31  
 02 2295

\*\*\*\*\*

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 STORE: 06709

CODE: 060116 123102 2295 06709