

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

	Budget	Used this Quarter	Used To-Date
<b>Financial Reporting - \$ (Receipts attached)</b>			
<b>Transportation</b>			
Fuel and Minor Maintenance - \$		\$834.53	\$1,841.12
MLA Parking Cap - \$	\$900.00	\$124.53	\$170.38
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$			\$209.90
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$1,292.33	\$1,745.14
<b>Accommodation</b>			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$4,200.00	\$8,400.00
Travel Accommodations Allowance		\$304.65	\$304.65
Travel Accommodations Allowance (days; 10 max) - NF	10	3	3
<b>Other</b>			
Hosting - \$		\$504.55	\$765.09
<b>Non-Financial Reporting</b>			
<b>Use of Private Automobile (43.5 cents per km)</b>			
Constituency Travel (Kilometres) - NF	35,000	958	1,184
Special Trips (5 trips per year) - NF	5	1	1
<b>Travel To and From the Capital</b>			
Travel by Air, Bus or Train (Unlimited Trips) - NF			1
Use of a Private Automobile (52 trips per year) - NF	52	6	12
<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

# Element Fleet Management



BDFD290001

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	08/01/16
DATE DE LA FACTURE	
INVOICE NO.	0006443170
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 AUTHORISE 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				000439152846 06/30/16	PETRO CANADA AIRDRIE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	44.0	1.16	48.57	2.43 2.43	51.00 51.00
					000439152844 06/29/16	PETRO CANADA PONOKA AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	53.6	1.15	58.62	2.93 2.93	61.55 61.55
					000439152842 06/22/16	PETRO CANADA AIRDRIE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	40.4	1.19	45.71	2.29 2.29	48.00 48.00
					000438724369 06/21/16	FASGAS PONOKA 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	47.9	1.19	54.29	2.71 2.71	57.00 57.00 -48- 56.52
					000438722175 06/18/16	FASGAS HANNA AB	MIDGRADE UNLEADED GASOLINE 1 GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT DISCOUNT / RABAIS TOTAL / TOTAL	54.7	1.17	60.95	3.05 3.05	64.00 64.00 -55- 63.45
					000439152843 06/14/16	PETRO CANADA PONOKA AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	43.0	1.28	52.36	2.62 2.62	54.98 54.98
					000439152845 06/14/16	PETRO CANADA AIRDRIE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	44.5	1.26	53.33	2.67 2.67	56.00 56.00
					000438717116 06/09/16	FASGAS INNISFAIL AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT	48.3	1.18	54.29	2.71 2.71	57.00 57.00

BLG871

GST-HST REG. NO / NO ENRG TPS-TVH RT04164223  
QST ID. NO / NO ID TVQ 1001439118

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

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CLIENT NO. [REDACTED]  
 NO DU CLIENT  
 INVOICE DATE 08/01/16  
 DATE DE LA FACTURE  
 INVOICE NO. 0006443170  
 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 AUTHORISE 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						DISCOUNT / RABAIS TOTAL / TOTAL			.48- 53.81		.48- 56.52
					000439265003 06/05/16	IMPERIAL OIL RED DEER	AB	40.4	1.04	40.00	2.00 2.00	42.00 42.00
							ETHANOL REGULAR GRADE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL			40.00	2.00	42.00
							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE DISCOUNT / RABAIS TOTAL / TOTAL	416.8		468.12	23.41	491.53 1.51- 490.02
	BKDN TOTALS / TOTAUX CODIFICATION 01-07	UNITS / VEHIC	1				FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	416.8		468.12	23.41	491.53 1.51- 490.02

# Element Fleet Management



BFD290001

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	
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-	-
-	-
-	-

CLIENT NO.	
NO DU CLIENT	
INVOICE DATE	09/01/16
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				000440826703 08/10/16	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	44.4	1.18	49.80	2.49 2.49	52.29 52.29
					000440866330 08/10/16	HUSKY OIL CALGARY AB	ETHANOL BLEND GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT DISCOUNT / RABAIS TOTAL / TOTAL	29.5	1.22	34.32	1.68 1.68	36.00 36.00 .30- 35.70
					000440826700 08/01/16	PETRO CANADA STRATHMORE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	36.8	1.17	40.95	2.05 2.05	43.00 43.00
					000440826702 07/26/16	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	44.2	1.11	46.67	2.33 2.33	49.00 49.00
					000440826701 07/24/16	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	52.0	1.04	51.43	2.57 2.57	54.00 54.00
					000440826699 07/23/16	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	41.3	1.14	44.76	2.24 2.24	47.00 47.00
					000441421954 07/10/16	IMPERIAL OIL CALGARY AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	49.2	1.12	52.38	2.62 2.62	55.00 55.00
	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	297.4		320.31	15.98	336.29 .30- 335.99

BLG871

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

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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	09/01/16
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
BKDN TOTALS / TOTAUX CODIFICATION 01-07					1	FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH		297.4		320.31	15.98	
BKDN TOTALS / TOTAUX CODIFICATION DISCOUNT / RABAIS TOTAL / TOTAL												336.29 .30- 335.99

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: \$46.10 + GST

Purpose:

Fuel

7-ELEVEN  
5825 - 54TH AVE  
RED DEER AB T4N 4M7  
4033437111  
STORE#: 26940  
GST# R119335453  
Oh Thank Heaven  
for 7-Eleven!

# 1 PUL  
43.840 / 48.40

SUBTOTAL  
GST/HST ON  
TOTAL DUE  
EMPRINT

% GST INCLUDED IN FUEL \$ 2.30 48.40

COME SEE US AT THE  
CALGARY STAMPEDE!!!  
\*\*\*\*\* REPRINT \*\*\*\*\*  
#02 OP09 TRNB385 08/14/2016 09:11 PM

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: \_\_\_\_\_ \$ 26.43 + GST

Purpose:

Parking - Calgary Economic Dev event

ING AUTHORITY (403) 537-7000

CALGARY PAF

Terminal: 777

Zone: 9007

Valid through:

FRIDAY 20 MAY 16  
4:34PM

*Calgary  
Economic  
development*

AMOUNT PAID: \$27.75 (GST incl.)

Auth No: \_\_\_\_\_

Start Time: 5/20/2016 1:06 PM

Receipt No: 128269

g & Tire Inflation Services (403) 537-7006

FREE Battery Boost

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: \_\_\_\_\_ \$ 27.62 + GST

Purpose:

Parking - speaking at Philippine independence day and consul  
general event

Hyatt Regency Calgary

Hyatt Regency Parking Calgary

DATE :06/12/16

TIME :10:15: PM

\* Original \*

Receipt No. 20/1193/211

Ticket - **48761**

TAX included **29.00**

Credit Payment **29.00**

Entry - 06/12/16 05:05: PM

Valid - 06/12/16 10:15: PM

GST# 859734659 RT0002



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: \_\_\_\_\_ \$ 8.57 + GST

Purpose:

Parking Media announcement PACE / Crohns / Colitis IBD

3H  PLACE ON DASH  
FACE UP  
Terminal:  P1A CWT  
PLACE ON DASH  
FACE UP  
 PLACE ON DASH  
FACE UP  
TERMINAL:  P1A CWT  
PLACE ON DASH  
FACE UP  
Space: 113 *PACE / Crohns / Colitis*  
Valid through:  
MONDAY 20 JUN16  
1:20 PM  
AMOUNT PAID: \$9.00 RECEIPT NO: 25083  
ENTRY TIME: 6/20/2016 11:21 AM  
TRN: 9F0C59F1A1CBE455  
VALID THROUGH:  
20JUN16  
1:20 PM  
AMOUNT PAID:  
\$9.00  
ENTRY TIME:  
6/20/2016  
11:21 AM  
RECEIPT NO: 25083  
3  
GST# CA 108102864 01629664 GST#

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: \_\_\_\_\_

\$ 22.38 +GST

Purpose:

Stampede Event

PARKING AUTHORITY (403) 537-7000

CALGARY

Terminal: 122

Zone: 2508

Valid through:

TUESDAY 12 JUL 16

10:24 AM

AMOUNT PAID: \$7.00 (GST incl.)

Auth No: \_\_\_\_\_

Start Time: 7/12/2016 8:54 AM

Receipt No: 32517

Hosting & Fire Inflation Services (403) 537-7000 FREE Battery

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: \_\_\_\_\_ \$ 6.67 + GST

Purpose:

Caucus meeting..

PARKING AUTHORITY (403) 537-7000

CALGARY I

Terminal: 858

Zone: Lot 28 : 9028

Valid through:

TUESDAY 12 JUL 16  
6:03 PM

*Caucus meeting  
Mc Dougall*

AMOUNT PAID: \$23.50 (GST incl.)

START TIME: 7/12/2016 2:24 PM

Auth No: \_\_\_\_\_

RECEIPT NO: 87873

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

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: \_\_\_\_\_

\$2.38 + GST

Purpose:

PNWER

RY PARKING AUTHORITY (403) 537-7000

CALGA

Terminal: 778

Zone: 9007

Valid through:

WEDNESDAY 20 JUL 16  
6:00 AM

PNWER  
(July 19)

AMOUNT PAID: \$2.50 (GST incl.)

Auth No: \_\_\_\_\_

Start Time: 7/19/2016 5:56 PM

Receipt No: 116040

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

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: \_\_\_\_\_ \$ 12.38 + GST

Purpose:

PNWER
-------

PARKING AUTHORITY (403) 537-7000

CALGAR

Terminal:851

Zone: Lot 60 : 9060

Valid through:

TUESDAY 19 JUL 16  
4:13 PM

AMOUNT PAID: \$13.00 (GST incl.)

Auth No:

START TIME: 7/19/2016 2:42 PM RECEIPT NO: 162321  
Boosting & Tire Inflation Services (403) 537-7006 FREE Battery

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: \$3.81 + GST

Purpose:

ResourceYYC Tour - Parking

YY (403) 537-7000

CALGARY PARKING AUTHOR

Terminal: 656

Zone: 3162

*Resource YYC  
tour*

Valid through:

FRIDAY 19 AUG 16  
1:00 PM

AMOUNT PAID: \$4.00 (GST incl.)

Auth No: \_\_\_\_\_

Start Time: 8/19/2016 11:33 AM

Receipt No: 14258

Services (403) 537-7006

FREE Battery Boosting & Tire Inflation

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Brian Malkinson

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

Expense Category: Member Parking

For hosting, select one:

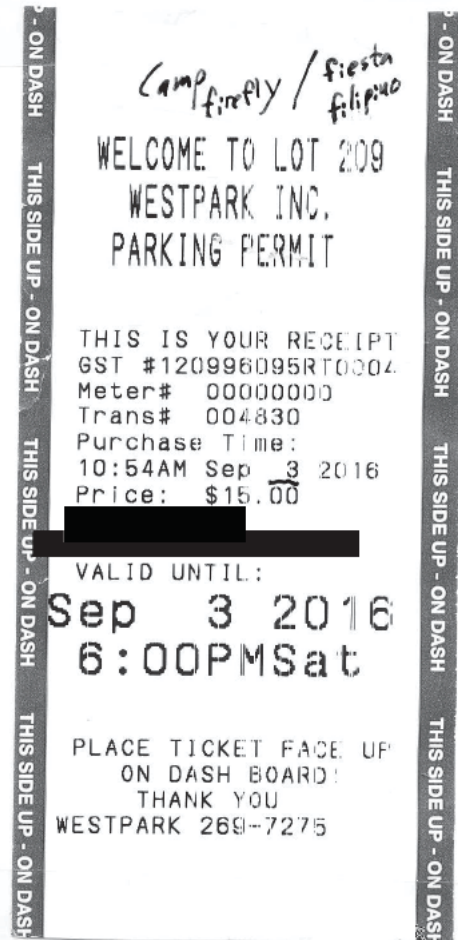
☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \$14.29 + GST

Purpose:

Parking Camp Firefly Event & Fiesta Filipino







# 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: May

Year: 2016

Employee #:

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
2	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.76	0.44	9.20
3	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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.	Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
10	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
11	60 km from Perm. Res.	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
12	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
16	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
17	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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	Travel to/from Capital	Ponoka / Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
24	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
25	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
26	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29	Travel to/from Capital	Innisfail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
30	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
31	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
Grand Total						\$630.81	\$31.54	\$662.35

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

Member Signature

Date

June 14, 2016





# 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:** June

**Year:** 2016

**Employee #:**

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
2	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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	Travel to/from Capital	innisfail	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13	Travel to/from Capital		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17	60 km from Perm. Res.	Drumheller	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
18	60 km from Perm. Res.	Drumheller / Hanna	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21	Travel to/from Capital	Crossfields	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
22	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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	Travel to/from Capital	Ponoka	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
30	Travel to/from Capital	Edmonton / Innisfail	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$406.71	\$20.34	\$427.05

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

Date

July 24, 2016



# 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: July

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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18			<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	60 km from Perm. Res.	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
25	60 km from Perm. Res.	Edmonton / Red Deer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$48.29	\$2.41	\$50.70

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

Date

Aug 16, 2016





# 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: August

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			<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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
10	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14	Travel to/from Capital	Red Deere	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
15	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
16	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18	Travel to/from Capital	innisfail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21	60 km from Perm. Res.	Lethbridge	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
22	60 km from Perm. Res.	Lethbridge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$206.52	\$10.33	\$216.85

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

Date

Sept 15, 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: 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

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 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

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: 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

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 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

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: 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.

September 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

Updated April 2016

Personal Expense Claim Receipt Description

Member Name: Brian Malkinson

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

Expense Category: Member Travel

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

Hotel stay for gov announcement in Hanna AB - One night







## Westview Motel

519 2nd Ave W, Hanna, Alberta, T0J 1P0, Canada  
Phone: 403-854-3232

Name: Brian Mallkson  
Address: Canada  
Phone #:   
ID Type: ID #: Date In: 06/17/2016 09:40:00 PM  
ID State: ID Country: Date Out: 06/18/2016 11:00:00 AM  
Vehicle Info: Status: Confirm  
Company:

Rental Charges		Total	Other Charges		Payments		
06/17/2016	85.00	85.00			VI	06/17/2016	92.65
Occ Tax							
Tourism Tax	3.40						
GST	4.25	7.65					
		92.65		0.00			92.65

Total Charges: 92.65

Total Deposit: 0.00

(Authorized Payments): 0.00

(Payments): 92.65

Balance: 0.00

WESTVIEW MOTEL  
519 2ND AVE W  
HANNA, AB T0J1P0  
4038543232

Thank you for your stay with us. Please visit us again.

N  
S  
MID: 5721703  
C TID: 002 REF#: 00000003  
\* Batch #: 728  
06/17/16 21:42:59  
VISA  
AMOUNT \$92.65  
APPROVED

Property is privately owned and the management reserves the right to refuse  
it will not be responsible for accidents or injury to guests or for loss of  
any kind. Management will not be responsible for any item left in the room.  
SELF REGISTRATION ONLY  
In, there will be NO REFUND\*\*\*  
bill is not waived and agree to be held personally liable in the event that  
failed to pay for any part or full amount of these charges including any  
agree that if an attorney is retained to collect these charges, I will pay all  
costs incurred. If payment is by credit card you are authorized to charge  
irred, including any and all damages/missing items, etc.. I agree that the  
is for my own residency only.  
smoking in the room and hallway in the building\*\*\*

VISA  
AID: A0000000031010  
TVR: 00 80 00 80 00  
G: TS: F8 00

THANK YOU  
PLEASE COME AGAIN

CUSTOMER COPY

\$88.40 + GST





# 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  
**September 16, 2016**

Page 1 of 3

Previous Balance	Payments and Credits	New Charges including Delinquency Assessment, if any	New Balance \$
0.00	0.00	[REDACTED]	[REDACTED]

Statement includes payments and charges received by September 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.

1496

## Credit Limit Summary On September 16, 2016

Total Credit Limit \$

Available Credit Limit \$

## New Transactions for BRIAN MALKINSON

Amount \$

August 23	COAST LETHBRIDGE HOT LETHBRIDGE	227.06
	Arrival Departure	
	21/08/16 23/08/16	

## Total New Transactions for BRIAN MALKINSON

\$216.25 + GST



† 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**



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

Membership Number [REDACTED]

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

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



LEGISLATIVE ASSEMBLY OF ALBERTA  
Annual Expense Claim Receipt Description

Member Name: Brian Malkinson

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

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_ \$5.19 + GST

Purpose:

Pop for constituent meetings

Office  
**SHOPPERS**  
DRUG MART

33RD AVENUE

2067-33rd AVENUE SW, CALGARY, AB, T2T 1Z5

403-685-6807

Aug 07, 2016 7:15 PM

2387 1011 51379 291455 3

PEPSI G 3.99 SALE  
PET DEP N 1.20

SUBTOTAL: 5.19

5.0% GST : 0.20

TOTAL: \$5.39

2 Items  
CASH

20.00

ROUNDING: 0.01

CHANGE DUE: 14.60

You have saved \$3.00

\*\*\*\*\*

WITH A SHOPPERS OPTIMUM CARD

YOU COULD HAVE EARNED THESE POINTS:30

\*\*\*\*\*

83718-5156 RT0002



9990223871011000513796

Retain Receipt for return within 30 days.  
Visit shoppersdrugmart.ca for exclusions.

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: \$ 12.76

Purpose:

Ice for Soccer Without Borders outreach event

**CO-OP**

CALGARY CO-OP  
RICHMOND ROAD #6  
GST : 100730894  
PHONE : (403) 299-4490

*Soccer  
without  
borders*

GDA STAMPS BAG ICE	\$3.19
GDA STAMPS BAG ICE	\$3.19
GDA STAMPS BAG ICE	\$3.19
GDA STAMPS BAG ICE	\$3.19

4 BALANCE DUE \$12.76

TYPE: Purchase

ACCT: VISA \$ 12.76

DATE/TIME: 08/12/2016 10:08:18  
REFERENCE #: 0010013790 H  
TERM: 66216705

AID: A00000000031010

VISA

01 APPROVED - THANK YOU 027

NO SIGNATURE TRANSACTION

IMPORTANT:  
retain this copy for your records

CUSTOMER COPY

\*\*\*\*\*

VISA	\$12.76
Auth Code =	
CHANGE	\$0.00
TOTAL TAX	\$0.00

CASHIER NAME: JESSICA  
C0172 #1474 10:09:26 12AUG2016  
S00006 R007

\*\*\*\*\*  
POP - UP FARMERS MARKET  
THURSDAY AUGUST 18, 3-7PM  
Visit our outdoor pop-up markets  
and show your support for local farmers

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: \$13.16 + GST

Purpose:

Ice for Marda Gras outreach event

4A 357

MOUNT ROYAL ESSO  
2619-14 ST SW  
CALGARY, AB T2T 3T9

00302317

VRN:R121461107

Marda  
Gras

08/14/2016 8:17:27 AM

Register: 2 Trans #: 9626 Op ID: 6088

Your cashier: Sisay

Arctic Glac Ice

4 @ \$3.29 \$13.16 103

Subtotal = \$13.16

GST = \$0.66

Total = \$13.82

Change Due = \$0.00

Credit \$13.82

TYPE: PURCHASE

ACCOUNT: VISA \$13.82

INVOICE: TYC18231

A- VISA

B- A0000000031010

01 Approved - Thank You 027

LOYALTY: NO

IMPORTANT - retain this copy for your records

Customer Copy

Thank You

**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: Constituents/ Stakeholders

**Purpose:**

Iftaar event dinner was jointly hosted by Calgary- Bow, Calgary - Currie, Calgary-East, Calgary- Glenmore , Calgary -Hawkwood and Calgary- McCall.



# *Fatima* Restaurant

Unit 76-55 Castleridge Blvd. NE Calgary AB T3J 3J8

## INVOICE

To,

July 7, 2016

Calgary McCall Constituency  
Calgary- AB

## RECEIPT

Party for 300 Peoples dated 30<sup>th</sup> June 2016 , the food includes ;

Vege Pakora  
Chicken Biryani  
Daal  
Naan  
Kheer  
Salad  
Chutney

\$100 is Calgary- Currie Share

Rate is \$7.5 per person the total amount is \$2250.00.

Manager  
Qamar  
403-280-0009

Thanks for your Business  
GST#765588124 RT0001

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



**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 #:** 08632TF  
**Invoice Date:** 06/16/2016  
**Shipped:** 06/16/2016  
**PO No:** [REDACTED]  
**Due Date:** 07/16/2016

**Balance:** \$-20.00 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:**



Service Date	Description	Comments	Reference	Qty.	Price	Amount
06/16/2016	Bottle Deposit	Dp: 0 Rt:2		-2	10.00	-20.00



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

Page 1 of 1

**Sub-Total:** \$-20.00 CAD  
**Tax:** \$0.00 CAD  
**Total:** \$-20.00 CAD

**Invoice No:** 08632TF



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: Soccer Tournament in Calgary-Currie \$92.29 + GST

Purpose:

To provide juice and water for a soccer tournament in Calgary-Currie

**wholesale<sup>TM</sup>  
club**

EVERYTHING FOOD SERVICE  
www.wholesaleclub.ca  
INVOICE #:0670901270762364

WHOLESALE  
CUSTOMER

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

**21-GROCERY**

(13)05510000816	MONT NAT SPR WAT R	
13 @ \$1.97		25.61
ECOLOGY FEE		
13 @ \$0.24		3.12
DEPOSIT 1		
13 @ \$1.20		15.60
(4)05557731096	ATORADE	GR
4 @ \$11.99		47.96

**SUBTOTAL**

G=GST 5%

**TOTAL**

Number of Items: 22

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

GLOBAL PAYMENTS MERCHANT # 4298501

Wholesale Club  
22 - 58th Ave S E  
Calgary AB

TORRE 06709 TERM 20670901

LIP # 236400 REG 1

RETAIN THIS COPY FOR YOUR RECORDS

\* Purchase \*\* Chip

Receipt

EXP \*\*/\*\*

REF #

00001001052 AUTH # RESP 001

ID: A000000277010 ISO 00

SI F800 TUR 0080008000

DATE TIME AMOUNT

07/27/2016 12:36:39 \$

APPROVED

DEBIT TND

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

THANK YOU FOR SHOPPING WHOLESALE

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

2016/07/27

HUE 52367

\*\*\*\*\*

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

12:35  
01 2364

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: \_\_\_\_\_ \$ 95.18

Purpose:

Stampede Breakfast

**wholesale<sup>TM</sup>  
club**

EVERYTHING FOOD SERVICE  
www.wholesaleclub.ca  
INVOICE #: 0670905060762213

WHOLESALE  
CUSTOMER

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

21-GROCERY

01121013580	PEPPER SAUCE	R	
\$11.37 ea or 2/\$21.94 KB			
1 @ \$11.37 ea			11.37
05620080506	FRANKS REDHOT CP	R	
\$7.67 ea or 2/\$14.74 KB			
1 @ \$7.67 ea			7.67
(2)05700061326	HZ TWIN PK	R	
2 @ \$6.99			
			13.98
-DAIRY			
6609632455	LACT BTRCUPS	R	
\$12.49 ea or 2/\$23.98 KB			
3 @ 2/\$23.98			35.97
(2)06820055199	9ML HALF&HALF10%	R	
2 @ \$4.87			
			9.74

1-MEATS

(5)60392	CLUB MEAT DEAL	R	
5 @ \$3.29			
			16.45

SUBTOTAL

TOTAL  
Number of Items: 18

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

GLOBAL PAYMENTS MERCHANT # 4298501  
Wholesale Club  
2 - 58th Ave S E  
Leary AB  
DRE 06709  
CLIP # 221300  
TERM 20670905  
REG 5  
RETAIN THIS COPY FOR YOUR RECORDS  
\*\* Purchase \*\* Chip

EXP \*\*/\*\*  
Terac  
F # AUTH # RESP 001  
7001001041 ISO 00  
D: A0000002771010  
TSI F800 TUR 0080008060

TE TIME AMOUNT  
/06/2016 14:10:31 \$  
APPROVED

DEBIT TND

\*\*\*\*\*  
GST # 12223-5922 RT0001  
THANK YOU FOR SHOPPING

## Personal Expense Claim Receipt Description

Member Name: Brian MalkinsonClaimant Name: Signe SpenceExpense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)☐ Individual Stakeholder(s)☐ Group: \_\_\_\_\_

\$ 9.43

Purpose:

Stampede Breakfast

SAFeway Safeway West Hills Towne Centre  
200 Stewart Green SW Calgary AB  
Phone: 403.246.4484  
GST# 817093735

Served by: Randy S

Light Syrup 750ML	\$4.99	C
INSTANT SAVINGS	-\$1.99	
Light Syrup 750ML	\$4.99	C
INSTANT SAVINGS	-\$1.99	
<hr/>		
Sparkling Water 500ML	\$1.99	C
YOU SAVED \$1.80		
ifile	\$0.24	R
Deposit	\$1.20	R

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:

\$124.54

Purpose:

Stampede Breakfast

**wholesale<sup>TM</sup>**  
**club**

EVERYTHING FOOD SERVICE  
www.wholesaleclub.ca  
INVOICE #:0670905080762760

CASH  
CUSTOMER

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

23-FROZEN

06038511362 NN POT PATTY R  
\$4.99 ea or 3/\$14.37 KB  
3 @ 3/\$14.37 14.37

31-MEATS

2206460 PORK SAUSAGE CP R 2.84  
2206460 PORK SAUSAGE CP R 2.84  
2206460 PORK SAUSAGE CP R 2.91  
2206460 PORK SAUSAGE CP R 2.88  
(30)60392 CLUB MEAT DEAL R  
30 @ \$3.29 98.70

SUBTOTAL 124.54

TOTAL 124.54  
Number of Items: 37

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

BAL PAYMENTS MERCHANT # 4298501  
Wholesale Club  
- 58th Ave S E  
gary AB  
RE 06709 TERM Z0670905  
P # 276000 REG 5  
PRINT THIS COPY FOR YOUR RECORDS  
Purchase \*\* Chip

EXP \*\*/\*\*

Terac  
# AUTH # RESP 001  
59001001079 ISO 00  
A3: A000000277010  
I F800 TUR 0080008000

TE TIME AMOUNT  
7/08/2016 17:11:13 \$ 124.54

APPROVED

DEBIT TND

124.54

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

THANK YOU FOR SHOPPING WHOLESALE  
CATERER NAME: Alex  
Thank You, Come Again!  
CAN'T FIND IT? ASK US!  
222-58TH AVE S.E.  
403-255-5590

GST: 12223-5922 RT0001  
2016/07/08

HUE 52367

\*\*\*\*\*  
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: 06709

CODE: 070816 171105 2760 06709

\*\*\*\*\*

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
---



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 #:**

74786TF

**Invoice Date:**

08/15/2016

**Shipped:**

08/15/2016

**PO No:**

**Customer No:**

**Due Date:**

09/14/2016

**Balance:**

**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

\$36.00

**Comments:**



Service Date	Description	Comments	Reference	Qty.	Price	Amount
08/15/2016	18L RO Water Delivered			2	8.00	16.00
08/15/2016	Bottle Deposit	Dp: 2 Rt:0		2	10.00	20.00

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

Page 1 of 1

**Sub-Total:**

**Tax:**

**Total:**

**Customer No:**

**Invoice No:**

74786TF



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 and 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 #: 06056TF  
Invoice Date: 09/13/2016  
Shipped: 09/13/2016  
PO No:  
Customer No:  
Due Date: 10/13/2016

Balance:

**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:**

Service Date	Description	Comments	Reference	Qty.	Price	Amount
09/13/2016	18L RO Water Delivered			2	8.00	16.00
09/13/2016	Bottle Deposit	Dp: 2 Rt:0		2	10.00	20.00

recommended by *Arrian Hall/Kinson*

\$36.00

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

Page 1 of 1

Sub-Total:

Tax:

Total:

Customer No:

Invoice No:

06056TF