

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2017-18
007 - Calgary-Currie - Malkinson, Brian
For Expenses Processed Oct 1 - Dec 31, 2017

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$1,002.32	\$3,607.54
MLA Parking Cap - \$	\$900.00	\$54.83	\$194.93
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$		\$330.95	\$341.62
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$1,263.91	\$3,334.52
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$4,800.00	\$13,800.00
Travel Accommodations Allowance		\$115.53	\$455.25
Travel Accommodations Allowance (days; 10 max) - NF	10.0	1.0	3.0
Other			
Hosting - \$		\$208.13	\$1,309.57
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	35,000.0	2,804.0	6,057.0
Special Trips (5 trips per year) - NF	5.0		2.0
Travel To and From the Capital			
Travel by Air, Bus or Train (Unlimited Trips) - NF		0.5	1.0
Use of a Private Automobile (52 trips per year) - NF	52.0	9.0	23.0
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

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	
NVOICE DATE	10/01/17
DATE DE LA FACTURE	
NVOICE NO.	0006922798
NO DE LA FACTURE	

UNIT NO NO. D'UNITE	DRIVER NAME DRIVER ID. NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V.I.N. NO. DE SERIE	CARD NO. NO. DE CARTE	KM AUTHORIZE KM AUTORISE	REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION 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
	MALKINSON				000474226621 09/08/17	PETRO CANADA ALDERSYDE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	49.5	1.28	60.30	3.01 3.01	63.31 63.31
					000474226623 09/06/17	PETRO CANADA EDMONTON AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	33.4	1.26	40.00	2.00 2.00	42.00 42.00
					000474226620 09/05/17	PETRO CANADA EDMONTON AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	14.5	1.03	14.29	.71 .71	15.00 15.00
					000474226622 09/05/17	PETRO CANADA ROCKYVIEW COU AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	60.3	1.07	61.43	3.07 3.07	64.50 64.50
					000473044992 08/28/17	FEDERATED COOPERATIVES LIMITED CALGARY AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	46.9	1.13	50.48	2.52 2.52	53.00 53.00
					000474434914 08/11/17	IMPERIAL OIL CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	54.5	.99	51.43	2.57 2.57	54.00 54.00
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	259.1		277.93	13.88	291.81
	BKDN TOTALS / TOTAUX CODIFICATION 01-07		UNITS / VEHIC	1			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	259.1		277.93	13.88	
							BKDN TOTALS / TOTAUX CODIFICATION					291.81

BLE871

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

Element Fleet Management



BDFD290001

FLEET MANAGEMENT SERVICES DETAIL
DETAI LS 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. [REDACTED]
NO DU CLIENT [REDACTED]
NVOICE DATE 11/01/17
DATE DE LA FACTURE
NVOICE NO. 0006948261
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
	MALKINSON				000477536622 10/11/17	FEDERATED COOPERATIVES LIMITED INNISFAIL AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	35.7	1.09	36.95	1.85 1.85	38.80 38.80
					000477630635 10/08/17	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	50.3	1.16	55.48	2.77 2.77	58.25 58.25
					000477630638 10/05/17	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	25.5	1.18	28.58	1.43 1.43	30.01 30.01
					000477630637 10/02/17	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	43.5	1.26	52.14	2.61 2.61	54.75 54.75
					000477630636 09/18/17	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	39.7	1.21	45.71	2.29 2.29	48.00 48.00
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	194.7		218.86	10.95	229.81
	BKDN TOTALS / TOTAUX CODIFICATION 01-07				UNITS / VEHIC 1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	194.7		218.86	10.95	
							BKDN TOTALS / TOTAUX CODIFICATION					229.81

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	
NVOICE DATE	12/01/17
DATE DE LA FACTURE	
NVOICE NO.	0006971879
NO DE LA FACTURE	

UNIT NO NO. D'UNITE	DRIVER NAME DRIVER ID. NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V.I.N. NO. DE SERIE	CARD NO. NO. DE CARTE	KM AUTHORIZE KM AUTORISE	REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION 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
	MALKINSON				000480853522 11/13/17	PETRO CANADA RED DEER AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	57.2	1.26	68.57	3.43 3.43	72.00 72.00
					000480853524 11/06/17	PETRO CANADA EDMONTON AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	43.7	1.42	59.05	2.95 2.95	62.00 62.00
					000481191042 11/01/17	IMPERIAL OIL CROSSF ELD AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	28.2	1.15	30.96	1.55 1.55	32.51 32.51
					000481191041 10/31/17	IMPERIAL OIL RED DEER AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	39.7	.98	37.06	1.85 1.85	38.91 38.91
					000480853523 10/29/17	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	26.9	1.23	31.44	1.57 1.57	33.01 33.01
					000478999027 10/19/17	FEDERATED COOPERATIVES LIMITED INNISFAIL AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	45.4	1.09	46.93	2.35 2.35	49.28 49.28
					000481191040 10/16/17	IMPERIAL OIL CROSSF ELD AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	48.4	1.14	52.38	2.62 2.62	55.00 55.00
					0030595 MQ90634	120014987534 10/16/17	NORTH STAR FORD CALG CALGARY AB	DETAIL VEH EXT/DIRTY/DETAIL V GST-HST / TPS-TVH SHOP SUPPLIES/SHOP SUPPLIES/S REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	1.0 1.0	159.95 19.19	159.95 8.96	188.10 188.10
UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS	289.5		505.53		

BLE871

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

Element Fleet Management



BDF290001

FLEET MANAGEMENT SERVICES DETAIL
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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 [REDACTED]
NVOICE DATE 12/01/17
DATE DE LA FACTURE
NVOICE NO. 0006971879
NO DE LA FACTURE

UNIT NO NO. D'UNITE	DRIVER NAME DRIVER ID. NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V.I.N. NO. DE SERIE	CARD NO. NO. DE CARTE	KM AUTHORIZE KM AUTORISE	REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION 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]	MALKINSON	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE			25.28		530.81
BKDN TOTALS / TOTAUX CODIFICATION 01-07							FUEL QTY / QTE CARB 289.5 TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH			505.53	25.28	
							BKDN TOTALS / TOTAUX COD FICATION					530.81
<p>**Marine fuel is actually vehicle fuel**</p>												

BLE871

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

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal 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: _____

\$ 5.50 + GST

Purpose:

Parking - MRU - Student Union City Council meet & Greet Event

*Source
all city
meet event*

MOUNT ROYAL UNIVERSITY

Date: 09/28/17 13:10:47

Payment Type: Visa

ISO Code:

Ref:

5.78

Tax: .28

Total: 5.78

POS: AP5



LEGISLATIVE ASSEMBLY OF ALBERTA

Personal 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: \$14.29 + GST

Purpose:

Event - Bow cliff @ national music centre

THIS IS YOUR
RECEIPT

Terminal: MACEWANB CWT

Plate: [REDACTED]

Valid through:

WEDNESDAY 04 OCT17

12:29 PM

AMOUNT PAID: \$15.00 RECEIPT NO: 8476

ENTRY TIME: 10/4/2017 9:59 AM

TRN: 9923D6A9FBB99800

0298907

Mackimmie complex
tour w/mason

THIS IS YOUR
RECEIPT

Terminal: MACEWANB CWT
Plate: [REDACTED]

VALID THROUGH:

04OCT17

12:29 PM

AMOUNT PAID:

\$15.00

ENTRY TIME:

10/4/2017

9:59 AM

RECEIPT NO: 8476

00298908

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal 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:

\$1.90 + GST

Purpose:

Mackimmie Complex tour - Mr. Mason & UofC

3) 537-7000

CALGARY PARKING AUTHORITY (41

Terminal: 575

Zone: 9062

Valid through:

SUNDAY 01 OCT 17
6:00 PM

AMOUNT PAID: \$2.00 (GST incl.)
Start Time: 10/1/2017 12:48 PM

plus.ca

Auth No: [REDACTED]

Receipt No: 45143

Pay for your parking online: www.par

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal 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: \$4.76 + GST

Purpose:

Potential place open house

s.ca



Zone: **2907**

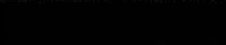
Valid through:

WEDNESDAY

04 OCT 17

2:39 PM

START TIME: 10/4/2017 12:59 PM
AMOUNT PAID: \$5.00 (GST Incl.)



Trn No: 6e431772c0f3fbd0

Terminal: 1291

Receipt No: 61

Pay for your parking online
w.parkplus.ca

potential place
open house

537-7000

CALGARY PARKING AUTHORITY (403) 537-7000

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: _____

Purpose:

ATA38 Event
\$ 9.52

HOTEL
Arts

PASSERBY
119 12th Ave SW
Calgary, AB T2R 0G8
Canada

INFORMATION INVOICE

Company Name :
Group :
A/R Number :

Nov 21, 2017

Room Number : 9600
Arrival Date : 17-03-17
Departure Date : 31-12-17
Page : 1 of 1
Folio Number :
Confirmation : 2408618
Cashier : 1105

GST No. : 861182947

21-11-17

Date	Description	Charges	Credits
21-11-17	Parking Commercial - Daily	9.52	
21-11-17	GST 5% - Commercial	0.48	
21-11-17	Visa - Rooms XXXXXXXXXX <i>xxxx</i>		10.00
Total		10.00	10.00
Balance		0.00	CAD

*ATA38
meet & greet*

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: _____

Purpose:

AUMA

\$ 4.29

10 **CALGARY PARKING AUTHORITY (403) 537-7000**

Terminal: 868 Zone: Main Parkade Zone
Plate: [REDACTED]

Valid through:
FRIDAY 24 NOV 17
6:02 AM

AMOUNT PAID: \$4.50 (GST incl.) Auth No: [REDACTED]
START TIME: 11/23/2017 4:36 PM RECEIPT NO: 23374
Pay for your parking online: www.parkplus.ca

AUMA events

Personal Expense Claim Receipt Description

Expense Category: Member Parking

☒ Group: _____

\$3.85

10/20/17 11:0102 V1 0.00 3.85

879591-10 9 88 28 88 91 1102/02/01

SAM RV
meeting

INSERT
THIS SIDE UP

KEEP TICKET WITH YOU. DO NOT FOLD.

1. When leaving, use this ticket to pay at the WEST GATE or RECREATION EXITS.
(Cash and credit card payment accepted at paystations prior to exit)
2. Once paid, insert this ticket at the parking lot exit.
(You'll have 20 minutes to vacate the lot once the ticket is paid for)
3. Please keep ticket away from cell phones or other magnetic devices.



KEEP TICKET WITH YOU. DO NOT FOLD.
There are no in and out privileges.

Parking Agreement

This parking ticket licenses you to park one vehicle in a designated area at your sole risk and at posted rates. Mount Royal University assumes no responsibility for damage to the vehicle, its contents or to any other property however caused.

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal 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: _____

Purpose:

Art from the unknown event

\$2.86

ALGARY PARKING AUTHORITY (403) 537-7000

Terminal: 857

Plate: [REDACTED]

Zone: Lot 28 : 9028 [REDACTED]

Valid through:

SATURDAY 21 OCT 17
5:30 AM

AMOUNT PAID: \$3.00 (GST incl.)

START TIME: 10/20/2017 6:26 PM

Pay for your parking online: www.parkplus.ca

RECEIPT NO: 74472

[REDACTED]

Art from Unknown

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal 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: _____

Purpose:

MSSA event (Award presentation)

\$7.86



Calgary Parking Authority

620 9 Avenue S.W., Calgary, Alberta

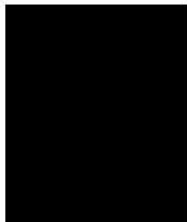
Receipt: 4409
Date: 02/10/2017
Amount: \$8.25
Zone: 1505

Start Time: 2:14

Plate: [REDACTED]

MSSA event - mords

(GST included. Reg. #119457869)





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

Date
October 16, 2017

Page 1 of 2

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

Statement includes payments and charges received by October 16, 2017

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.

Credit Limit Summary On October 16, 2017

Total Credit Limit \$

Available Credit Limit \$

New Transactions for BRIAN MALKINSON

Amount \$

September 20	AIRPORT TAXI SERVICE EDMONTON TAXICABS AND LIMOUSINES	64.00
September 20	CHECKER CABS LTD 432 CALGARY TAXICABS AND LIMOUSINES	42.09
September 23	AIRPORT TAXI SERVICE EDMONTON TAXICABS AND LIMOUSINES	59.00

Total New Transactions for BRIAN MALKINSON

\$157.23 + GST

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

† Please detach here †

Membership Number

Amount Due \$	Amount Paid \$



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





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
November 16, 2017

Page 1 of 2

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 November 16, 2017

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.

Credit Limit Summary On November 16, 2017

Total Credit Limit \$

Available Credit Limit \$

Listing of Charges and Credits

Amount \$

New Transactions for BRIAN MALKINSON

Amount \$

October 29	GREATER EDMONTON TAX EDMONTON TAXICABS AND LIMOUSINES	69.00
October 29	CALGARY CITY CABS CA CALGARY Goods or Services	28.40
November 2	CHECKER CABS LTD 432 CALGARY TAXICABS AND LIMOUSINES	11.00
Total New Transactions for BRIAN MALKINSON		108.40

Taxi, Bus Travel = \$103.24

† 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

000148

Membership Number [REDACTED]		
	Amount Due \$	Amount Paid \$
	108.40	

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



LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Brian Malkinson

Claimant Name: Brian Malkinson

Expense Category: Taxi, Bus Travel

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Red Arrow trip
<div>\$70.48</div>

RED ARROW:



2017-10-31

You can reach us at:

Website User

Corporate Sales

ORDER #	ORDERED	CUSTOMER #	P.O .	GROUP NAME	DEPARTING	RETURNING	SALES REP	SALES AGENT
1719223	2017-10-31				2017-11-02	2017-11-02	-	Website User

Travellers:

Malkinson/Brian

PRODUCT DESCRIPTION	DURATION	OCCUPANCY	QTY	PRICE/UNIT	BILLED
EDMCAL 18:30 Assigned to: 12A Departs Edmonton (EDMTO / ETO 10014 104 St) at 18:30 on 2017-11-02. Arrives Calgary (CALTO / CTO 205 9 Ave SE) at 22:00 on 2017-11-02. (3 hrs 30 mins)	3 hrs 30 mins	Adult	1	\$ 70.48	\$ 74.00

Payments Received

DATE	GUEST	REFERENCE	AMOUNT
2017-10-31	Brian Malkinson	Visa	\$ 74.00

Base Price:	\$ 70.48
Discounts:	\$ 0.00
Service Charges:	\$ 0.00
GST:	\$ 3.52
Invoice Total:	\$ 74.00
Payments Received:	\$ 74.00



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)

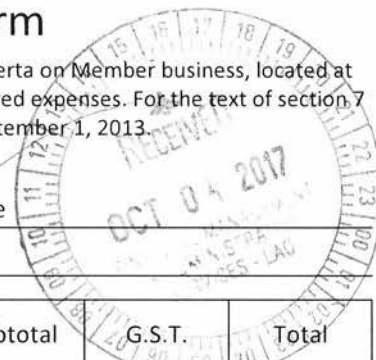
Member Name: Malkinson, Brian

Constituency: Calgary-Currie

For the Month of: September

Year: 2017

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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
21	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
22	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
23	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.76	0.44	9.20
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						\$96.62	\$4.83	\$101.45

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.

Member Signature

Date

Brian Malkinson

Oct 2, 2017



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: October

Year: 2017

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	60 km from Perm. Res.	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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 type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
19	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29	Travel to/from Capital	Edmonton	<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 type="checkbox"/>	19.81	0.99	20.80
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						\$274.67	\$13.73	\$288.40

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

Nov 15, 2017



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: November

Year: 2017

Employee #: [REDACTED]

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
7	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
8	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
9	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
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	60 km from Perm. Res.	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
14	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
15	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
20	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
21		[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22		[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23		[REDACTED]	<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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
27	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
28	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
29	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$435.29	\$21.76	\$457.05

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

Brian Malkinson

Dec 3, 2017



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: December

Year: 2017

Employee #: [REDACTED]

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
4	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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	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	Travel to/from Capital	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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17	Travel to/from Capital	edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
18	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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		[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23		[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24		[REDACTED]	<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						\$457.33	\$22.87	\$480.20

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

Dec 18, 2017



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 #:

Date: Sept 29, 2017

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: 2017-2018

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)

\$ 1,600.00

x 12 = \$ 19,200.00

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

Claim Payment Authorization (please check)

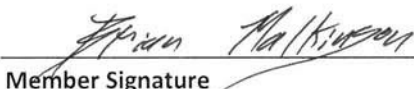
☒ **12 Monthly Payments**

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.

October 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



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 #:

Date: Sept 29, 2017

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: 2017-2018

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)

\$ 1,600.00

x 12 = \$ 19,200.00

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

Claim Payment Authorization (please check)

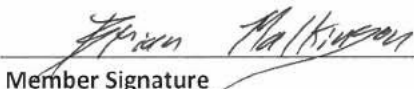
☒ **12 Monthly Payments**

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.

NOVEMBER 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



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 #:

Date: Sept 29, 2017

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: 2017-2018

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)

\$ 1,600.00

x 12 = \$ 19,200.00

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

Claim Payment Authorization (please check)

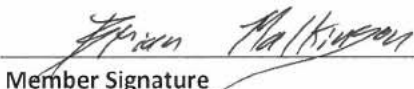
☒ **12 Monthly Payments**

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.

December 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









Holiday Inn & Suites

*Jamie booked it
I stayed in it*

3

11-02-17

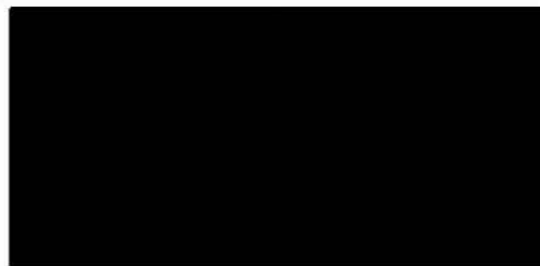
Jamie Kleinsteuber 496 Hidden Creek Blvd Nw Calgary AB T3K 0C2 Canada	Folio No. :  A/R Number :  Group Code :  Company : Leisure Membership No. :  Invoice No. : 	Room No. : 416 Arrival : 11-01-17 Departure : 11-02-17 Conf. No. : 68014309 Rate Code : IMCGV Page No. : 1 of 1
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Date	Description	Charges	Credits
11-01-17	*Accommodation <div>Accompany: Brian Malkinson</div>	109.99	
11-01-17	Tourism Levy 4%	4.40	
11-01-17	GST 5%	5.50	
11-01-17	DMF 1%	1.10	
11-01-17	Tourism Levy 4%	0.04	
11-01-17	GST 5%	0.05	
11-02-17	Visa 		121.08
Total		121.08	121.08
Balance		0.00	

Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - www.ihg.com/reviews. We look forward to welcoming you back soon.

Guest Signature:

I have received the goods and / or services in the amount shown herein. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.



\$ 115.53 + GST

IVE ASSEMBLY OF ALBERTA
al Expense Claim Receipt Description

CO-OP

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

Member Name: Brian Malkinson
Claimant Name: Signe Spence
Expense Category: Hosting

For hosting, select one:

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

\$38.52 + GST

Purpose:

Soda and chips for constituents at the constituency office open house on October 27, 2017

OLD DUTCH ORIG	*	
1 @ 4 FOR	\$11.00	\$2.75 G
OLD DUTCH KETCH	*	
1 @ 4 FOR	\$11.00	\$2.75 G
OLD DUTCH SR CRM	*	
1 @ 4 FOR	\$11.00	\$2.75 G
OLD DUTCH ALL DRES	*	
1 @ 4 FOR	\$11.00	\$2.75 G
PEPSI COLA 12PK		\$6.49 G
PLUS .12 CRF/EA		\$0.12 G
PLUS 1.20 DEP/EA		\$1.20
PERRIER WATER		\$8.29 G
PLUS .10 CRF/EA		\$0.10 G
PLUS 1.00 DEP/EA		\$1.00
SAN PELL LIMONATA	*	
1 @ 2 FOR	\$9.00	\$4.50 G
PLUS .06 CRF/EA		\$0.06 G
PLUS .60 DEP/EA		\$0.60
SAN PELL BLD ORNG	*	
1 @ 2 FOR	\$9.00	\$4.50 G
PLUS .06 CRF/EA		\$0.06 G
PLUS .60 DEP/EA		\$0.60

16 BALANCE DUE \$40.28

TYPE: Purchase

ACCT: VISA \$ 40.28

CARD NUMBER: *****
DATE/TIME: 10/25/2017 12:02:57
REFERENCE #: 0010011820 C
TERM: 66216713
AUTHOR.# :
AID: A0000000031010
TVR: 8080008000
TSI: 7800

VISA CREDIT
01 APPROVED - THANK YOU 027

IMPORTANT:
retain this copy for your records

CUSTOMER COPY

VISA \$40.28
Auth Code =
CHANGE \$0.00

TAX-CODE	TAXABLE-VAL	TAX-VALUE
GST	\$35.12	\$1.76

YOUR SAVINGS TODAY

Promotional Savings	6	7.70
TOTAL DISCOUNTS	6	7.70
TOTAL SAVINGS		7.70

Member Number

CASHIER NAME: SC034
C0304 #6059 12:05:45 25OCT2017
S00006 R034

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: _____

Purpose:

Pizza for the constituency office open house on October 27, 2017
from 4-7pm

\$44.40

^B
2108 - 33 - Ave SW

Date			
SOLD BY VENDU PAR	COD C.R.	CHARGE DÉBITER	ON ACCT. ACOMPTÉ
1			
2		M-Dorian	22 95
3			
4		Mr. Pepproni	17 25
5			
6		Delivery	3 50
7			
8		GST	
9			
10		Total:	46 62
11			46 62
12			
13			
36	14		
	15		

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:

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 #: 95051TG
Invoice Date: 10/27/2017
Shipped: 10/27/2017
PO No:
Customer No: [REDACTED]
Due Date: 11/26/2017

Balance: \$10.50 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:

R-1605819

Service Date	Description	Comments	Reference	Qty.	Price	Amount
10/27/2017	18L RO Delivered			1	8.00	8.00
10/27/2017	Bottle Deposit	Dp: 1 Rt:1		0	0.00	0.00
10/27/2017	Delivery Fee			1	2.50	2.50

recommended by *[Signature]*
Nov 1, 2017

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

Page 1 of 1

Sub-Total: \$10.50 CAD
Tax: \$0.00 CAD
Total: \$10.50 CAD

Customer No: [REDACTED]
Invoice No: 95051TG

\$10.50

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: _____

Purpose:

Bakery treats for two seniors lodge visits in Calgary-Currie on
November 6th, 2017

\$58.75

GLAMORGAN BAKERY LTD.
19 - 3919
RICHMOND RD. SW
CALGARY, AB T3E4P2
4032422800

DEBIT SALE

MID: 5710343
TID: 002 REF#: 00000003
Batch #: 139 RRN: 00000001
11/06/17 08:24:05
APPR CODE: XXXXXXXXXX
Trace: 00242357
DEBIT/CHEQUING XXXXXXXXXX Chip

AMOUNT \$58.75

APPROVED

Interac
AID: A0000002771010
TVR: 00 80 00 80 00
TSI: F8 00

PIV VERIFIED BY CARD ISSUER. ACCOUNT WILL BE
DEBITED WITH THE ABOVE AMOUNT
(OR CREDITED IF CREDIT VOUCHER)
RETAIN THIS COPY FOR STATEMENT VERIFICATION
RETAIN THIS COPY FOR STATEMENT
VERIFICATION

THANK YOU
PLEASE COME AGAIN

CUSTOMER COPY

YOUR RECEIPT
THANK YOU
CALL AGAIN

REG 11-06-2017 09:19
000008

1 SWEETS	\$10.00
1 SWEETS	\$5.25
1 SWEETS	\$5.25
1 SWEETS	\$5.70
1 6 CHZ BUNS	\$6.25
1 SWEETS	\$5.40
1 SWEETS	\$5.50
1 SWEETS	\$10.00
1 SWEETS	\$5.40
TL	\$58.75
CASH	\$58.75

GLAMORGAN BAKERY
4032422800
KNOWN FOR OUR
CHZ BUNS

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: _____ \$19.00 + GST

Purpose:

Coffee with ACAD students/constituents to discuss post secondary issues

Starbucks Coffee Canada #4423
1120 16TH Avenue N.W.
Calgary, AB T2M 0K8

CHK 734815

11/03/2017 11:43 AM

1768829 Drawer: 1 Reg: 2

T1 Classic Htchoc	3.65
T1 Americano	2.95
W/Room	
T1 Eggnog Latte	4.75
Nanaimo Bar	2.45
Nanaimo Bar	2.45
Chocolate Brownie	2.75
Visa	19.95

Subtotal \$19.00

GST 5% \$0.95

Total \$19.95

Change Due \$0.00

----- Check Closed -----
11/03/2017 11:43 AM

GST: 86585 3535

Join our loyalty program
Starbucks Rewards®
Sign up for promotional emails
Visit Starbucks.ca/rewards
Or download our app
At participating stores
Some restrictions apply.

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:

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 #:

19268TG

Invoice Date:

07/31/2017

Shipped:

07/31/2017

PO No:

Customer No:

Due Date:

08/30/2017

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:

R-1529491



Service Date	Description	Comments	Reference	Qty.	Price	Amount
07/31/2017	18L RO Delivered			2	8.00	16.00

\$16.00

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

Page 1 of 1

Sub-Total:

Tax:

Total:

Customer No:

Invoice No:

19268TG

Recommended by
X *[Signature]*

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:

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 #: 69990TG
Invoice Date: 09/29/2017
Shipped: 09/29/2017
PO No:
Customer No: [REDACTED]
Due Date: 10/29/2017

Balance: [REDACTED]

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:

R-1580735

Service Date	Description	Comments	Reference	Qty.	Price	Amount
09/29/2017	Bottle Deposit	Dp: 2 Rt:3		-1	10.00	-10.00
09/29/2017	18L RO Delivered			2	8.00	16.00

\$6.00

recommended by Trish Wilkinson

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

Page 1 of 1

Sub-Total: [REDACTED]

Tax: [REDACTED]

Total: [REDACTED]

Customer No: [REDACTED]

Invoice No: 69990TG

THE ASSEMBLY OF ALBERTA
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: _____

Purpose:

Candy canes for constituents

\$14.96

SHOPPERS
DRUG MART

33RD AVENUE

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

403-685-6807

Dec 08 2017 3:12 PM

CARNABY, SWEET	2.49	G	2.49	S
CARNABY, SWEET	2.49	G	2.49	S
CARNABY, SWEET	4.99	G	4.99	
CARNABY, SWEET	4.99	G	4.99	

You have saved \$1.00

On your next visit you could

Save up to \$ 85

If you REDEEM 50000 points

Shoppers Optimum # 738***802/00

REGULAR POINTS: 940

TOTAL POINTS EARNED TODAY: 940

Current Points Balance 54715

Next Reward Level 95000

You earned the most Bonus Points possible!

We've checked all valid in-store, flyer &
digital bonus offers to make sure you get
the best rewards available to you.

Get the most out of your Optimum Membership.

83718-5156 RT0002



9990223871011002834776

Retain Receipt for return within 30 days.

Visit shoppersdrugmart.ca for exclusions.

TYPE : PURCHASE

ACCT : VISA \$ 99.70

DATE/TIME: 17/12/08 15:12:51

REFERENCE #: 66341984 0016701600 C

VISA CREDIT

A0000000031010 8080008000 7800

01/027 APPROVED - THANK YOU

-- IMPORTANT --

Retain This Copy For Your Records

*** CUSTOMER COPY ***