

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2018-19
007 - Calgary-Currie - Malkinson, Brian
For Expenses Processed Oct 1 - Dec 31 2018

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$47.62	\$2,147.06
MLA Parking Cap - \$	\$900.00	\$36.76	\$124.97
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$		\$117.87	\$207.20
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$542.91	\$1,879.68
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,680.00	\$16,930.00
Travel Accommodations Allowance			
Travel Accommodations Allowance (days; 10 max) - NF	10.0		
Other			
Hosting - \$		\$191.98	\$1,318.24
Event Tickets Disclosable - \$			
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel MLA (KM) - NF	35,000.0		1,718.0
Constituency Travel Staff (KM) - NF			
Total Constituency Travel (KM) - NF	35,000.0		1,718.0
Special Trips (5 trips per year) - NF	5.0		
Travel To and From the Capital			
Travel by Air, Bus or Train (Unlimited Trips) - NF		0.5	0.5
Use of a Private Automobile (52 trips per year) - NF	52.0	1.0	10.0
Other Travel			
Vehicle Rental (5 Days maximum anywhere in Alberta) - NF	5.0		

\$ - Reported on CAD dollar amount of actual expense

NF - Reported based on number of trips, number of kilometres, or number of days

Budget reported is the maximum annual amount that may be claimed

GST is not included in the \$ amounts as the Legislative Assembly is GST/HST - exempt

FLEET MANAGEMENT SERVICES DETAIL
DETAI LS SERVICES DE GESTION DE PARC

PAGE - 129 OF 239
DE

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 11/01/18
DATE DE LA FACTURE
NVOICE NO. 0007247545
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 ----- DESCR PTION 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			0000777	000513093077 09/24/18	PETRO CANADA CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	37.3	1.34	47.62	2.38 2.38	50.00 50.00
UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	37.3		47.62	2.38	50.00
BKDN TOTALS / TOTAUX CODIFICATION 01-07							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	37.3		47.62	2.38	
BKDN TOTALS / TOTAUX COD FICATION												50.00

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:

YWCA- Walk a mile in her shoes event.

MLA Parking Cap = \$15.24 plus GST

RECEIPT

THANK YOU

INDIGO
LOT 157 YWCA
WALK
MILE

DOOR CODE 7002#

Meter: 03015034
Trans: 000163
Paid: \$16.00
Purchase Time:
11:37AM SEP 18, 2018

License Plate:
[REDACTED]

Base Price: \$15.24
GST: \$0.76
Total Price: \$16.00
Card: [REDACTED]
Auth: [REDACTED]

Expires:
SEP18 2018
1:37PM

THANK YOU

GST 120996095RT0004

TRANSACTION RECORD
Indigo Calgary
600 6th Ave SW, STE 288
Calgary, Alberta T2P 0S5

TYPE: PURCHASE
ACCT: VISA
AMOUNT \$16.00

Card #: [REDACTED]

Date: 2018/09/18
Time: 11:38:05
Ref. #
662946610010011550 H
VISA CREDIT
AID: A0000000031010
Auth. #: [REDACTED]

THANK YOU

ISO: 01 SPDH: 027
APPROVED
THANK YOU

IMPORTANT
retain this copy
for your records

CUSTOMER COPY

PARKING RECEIPT

PARKING RECEIPT

PARKING RECEIPT

PARKING RECEIPT

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:

Parking - Sisters in Spirit Vigil

\$12.00 + GST



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:

Mount Royal Uni. visit

\$9.52 + GST

RECEIPT
"PLEASE DISPLAY"
"ON DASHBOARD"
MOUNT ROYAL
UNIVERSITY
MRU visit

License Plate Number

Expiration Date/Time

01:21 PM
OCT 10, 2018

Purchase Date/Time: 10:51am Oct 10, 2018

Total Due: \$10.00

Rate: 4/hr (Max 3.5hr)

Total Paid: \$10.00

Pmt Type: CC (Tap)

Ticket #: 00005527

S/N #: 520117260950

Setting: PERMIT LOT 6A

Mach Name: Permit Lot 6A-3

MOUNT ROYAL
UNIVERSITY
1010
Auth #

MOUNT ROYAL UNIVERSITY
PARKING OFFICE
CONTACT 403-440-6914
MON-FRI 8:30AM - 4:30PM

PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT

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:

taxi - leg-airport

Taxi, Bus Travel = \$54.62 plus GST

AIRPORT TAXI SERVICE
4608 101 ST.
(7808907970)
EDMONTON AB

CARD [REDACTED]
CARD TYPE VISA
DATE 2018/11/08
TIME 6811 20:42:40
INVOICE # 622
RECEIPT NUMBER
C85042438-001-175-008-0

PURCHASE
AMOUNT \$50.00
TIP \$7.00
TOTAL
\$57.00

VISA CREDIT
A0000000031010
6291652BF90C3AAB
0080008000-E800
DF62E3C7FCE33E0C
0080008000-F800

APPROVED

AUTH# [REDACTED]

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

GST 714452323 RT0001

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:

taxi - airport-home

Taxi, Bus Travel = \$63.25 plus GST

ASSOCIATED CAB
307-41 AVENUE NE
CALGARY AB T2E 2N4
(403) 299-1111
CAR#1634

SALE

REF#: 00000016
Batch #: 024 SEQ: 024001001016
11/09/18 00:12:45
APPR CODE:
VISA

AMOUNT	\$57.90
TIP	\$8.11
TOTAL	\$66.01

00 - APPROVED - 001

VISA CREDIT
AID: A0000000031010
TVR: 00 80 00 80 00
TSI: F8 00

Thank You

CUSTOMER COPY



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: 2018

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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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						\$138.48	\$6.92	\$145.40

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.

Brian Malkinson
Member Signature

Nov 1, 2018
Date



Members' Travel Expenses Per-Diems Claim Form

Note to MLAs: Meal allowances may be claimed only for days when you were travelling in Alberta on Member business, located at least 60 kms by primary highway from your declared permanent residence, and you had incurred expenses. For the text of section 7 of the *Members' Allowances Order* and details on form completion, see reverse. Effective September 1, 2018

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: 2018

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	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	Edmonton	<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			<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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
19	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
20	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
21	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
22	Travel to/from Capital	Edmonton	<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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
26	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
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 checked="" type="checkbox"/>	39.57	1.98	41.55
29	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$404.43	\$20.22	\$424.65

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

Brian Malkinson
Member Signature

Dec 4, 2018
Date



Members' Temporary Accommodation Allowance Claim Form

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

Member Name: Malkinson, Brian

Constituency: Calgary-Currie

Employee #:

Date: 4/23/2018

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: 2018-2019

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)

\$ 1,875.00

x 12 = \$ 22,500.00

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 2018

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 March 2018



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: 4/23/2018

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: 2018-2019

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)

\$ 1,875.00

x 12 = \$ 22,500.00

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 2018

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 March 2018



Members' Temporary Accommodation Allowance Claim Form - Claimed Annually

Note to MLAs: Forms accessed online can be used to claim, under the *Members' Allowances Order*, the temporary residence allowance (in or near Edmonton [ss.5-6]), the temporary accommodation allowance (excludes in or near Edmonton, maximum 10 days per fiscal year [s. 7(1)]), and meal per diems (while travelling [s. 7(2)]). Only claims supported by the required documentation will be processed. For the relevant sections of the *Members' Allowances Order* see reverse. For information on form completion go to OurHouse – Forms – Expense Claim Forms.

Effective date: June 21, 2018

Member Name: Malkinson, Brian

Constituency: Calgary-Currie

Employee #:

Date: November 8, 2018

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.

December 2018

Fiscal Year: 2018-2019

Monthly Amount (maximum \$1,930 or less)

\$1,930.00

x 12 = \$23,160.00

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:

- (1) The Member is responsible for retaining all records that support the payment identified above.
- (2) The Member must advise the Clerk in writing of any changes to the Member's permanent or temporary residence at the time it occurs.



I confirm that I have completed declarations evidencing: (1) my current permanent residence and (2) my current temporary residence, with supporting documentation as required, and have either provided these documents to FMAS or attached them here.



Pursuant to section 6.1 of the *Members' Allowance Order* [Short-term Rental of Temporary Residence], I confirm that I will not, during the period for which the allowance is claimed, used any commercial service through which I, or a third party on my behalf, has rented out my temporary residence for a fee as a vacation rental or any other type of short-term accommodation.



I confirm that the amount being claimed does not exceed my costs of maintaining the temporary residence and acknowledge that I will be personally responsible for reimbursing the Legislative Assembly Office for any payment received that exceeds this amount.

I certify that I have met the eligibility requirements of the *Members' Allowances Order*, RMSC 1992, c. M-1, as amended, 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 the Legislative Assembly Office any accommodation allowance payments made to me during a period within which I was ineligible to receive these payments.


Member Signature



Updated June 2018

You could give your people

Culligan Water

H.S.T. # 813808607 RT 0001

INVOICE

Remit Payment to:

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

Invoice #:

73357TH

Invoice Date:

09/17/2018

Shipped:

09/17/2018

PO No:

Customer No:

Due Date:

10/17/2018

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-1887901

Service Date	Description	Comments	Reference	Qty.	Price	Amount
09/17/2018	18L RO Delivered			1	8.00	8.00
09/17/2018	Bottle Deposit	Dp: 1 Rt:1		0	0.00	0.00
09/17/2018	Delivery Fee			1	2.50	2.50

recommended by

Brian Malkinson

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:

Invoice No:

73357TH

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:

Pizza for the constituency office open house Oct 19, 2018

105.31 + GST

Deposit to the Credit of
1814889 ALBERTA LTD.
BLT NO. 10199
TR # 10199-002 ACC. #00550-18

SOLD BY		COS	CHARGE	ON A/CCT.	ACCT. FWD. REPORT
VENDU PAR		C.R.	DEBITER	ACOMPTÉ	
1					
2	L Donier			2495	
3					
4	L Fata SP Wash			22 95	
5					
6	L Pepproni Beef			22 95	
7					
8	L Hawaiian			22 95	
9					
10	GST				
11					
12	Tips				
13	Total			110.00	
14					
15					

32

Deposit to the Credit of
1814889 ALBERTA LTD.
BLT NO. 10199
TR # 10199-002 ACC. #00550-18

© Rediform®

tip \$11.51 + 93.80 = \$105.31

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:

Snacks for the constituency office open house on October 19, 2018

\$ 60.17 + GST

BPA FREE PAPER SAFEWAY 8990 JAS

SAFEWAY

Safeway Glamorgan
3737-37 Street SW Calgary AB
Phone: 403.698.8222
GST# 895588788RT0001

Served by: Cheolju

Welcome to Safeway

GROCERY

Nestle Minis 100ct	\$17.99 GC
YOU SAVED \$2.00	
Cadbury Asst Choc	\$9.99 GC
Sprinkle Wter GFruit	\$4.99 GC
+EHC	\$0.12 GR
+Deposit	\$1.20 R
Party Mix Cheesy	\$3.99 GC
Pepsi	\$2.99 GC
YOU SAVED \$0.30	
+EHC	\$0.05 GR
+Deposit	\$0.60 R
Pepsi Diet	\$2.99 GC
YOU SAVED \$0.30	
+EHC	\$0.05 GR
+Deposit	\$0.60 R
CocaCola Life	\$2.99 GC
YOU SAVED \$0.30	
+Deposit	\$0.60 R
Lays Chips Ketchup	\$2.75 GC
1 @ 2/ \$5.50	
YOU SAVED \$1.04	
Sour Cream n Onion	\$2.75 GC
1 @ 2/ \$5.50	
YOU SAVED \$0.94	
OldDutch Dill Pickle	\$2.75 GC
1 @ 2/ \$5.50	
YOU SAVED \$0.94	
Lays Chips BBQ	\$2.75 GC
1 @ 2/ \$5.50	
YOU SAVED \$1.04	

AIR MILES Base Offer 2 Miles

SUBTOTAL	\$60.17
5% GST	\$2.86
TOTAL	\$63.03
Visa	TENDER \$63.03
Cash	CHANGE \$0.00

NUMBER OF ITEMS 11

*****YOUR SAVINGS*****

Discounts & Specials \$6.85

Your Total Savings \$6.85

You could give your people

Culligan Water

H.S.T. # 813808607 RT 0001

INVOICE

Remit Payment to:

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

CalgCustServ@culliganwater.ca

Invoice #: 23884TH

Invoice Date: 11/13/2018

Shipped: 11/13/2018

PO No:

Customer No:

Due Date: 12/13/2018

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-1939756

Service Date	Description	Comments	Reference	Qty.	Price	Amount
11/13/2018	18L RO Delivered			2	8.00	16.00
11/13/2018	Bottle Deposit	Dp: 2 Rt 2		0	0.00	0.00



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

Page 1 of 1

Recommended by
[Signature]

Sub-Total: CAD

Tax: \$0.00 CAD

Total: CAD

Customer No:

Invoice No: 23884TH