LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2016-17
069 - Lethbridge-West - Phillips, Shannon
For Expenses Processed Oct 1 - Dec 31, 2016

	Budget	Used this Quarter	Used To-Date
Financial Reporting - $ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - $		$490.30	$1,038.66
MLA Parking Cap - $	$900.00		
Other Travel - Parking - $			
Member Travel (overnight stay in constituency) - $			
Taxi, Bus Travel - $		$358.95	$522.17
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - $			
Member Travel (Meal Per Diems) - $		$593.72	$1,543.53
Accommodation			
Edmonton Accommodation Allowance ($23,160.00/yr max)	$23,160.00	$5,790.00	$17,370.00
Travel Accommodations Allowance			
Travel Accommodations Allowance (days; 10 max) - NF	10.0		
Other			
Hosting - $		$290.00	$1,121.00
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	35,000.0		
Special Trips (5 trips per year) - NF	5.0		0.5
Travel To and From the Capital			
Travel by Air, Bus or Train (Unlimited Trips) - NF		10.0	20.5
Use of a Private Automobile (52 trips per year) - NF	52.0		
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

element

BFDF290001

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
[redacted]
- -
- -
- -

CLIENT NO.
NO DU CLIENT [redacted]
INVOICE DATE
DATE DE LA FACTURE [redacted]
INVOICE NO.
NO DE LA FACTURE 0006467039

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
[redacted]	PHILLIPS		[redacted]		000442843968 09/19/16	SHELL CANADA INC CLARESHOLM AB	UNLEADED REGULAR GASOLINE	40.0	.95	36.14		
							GST-HST / TPS-TVH				1.81	
							REF GST-HST / TPS-TVH REF				1.81	
							** REF NO TOT / TOT NO REF **					37.95
							TOTAL / TOTAL			36.14	1.81	37.95
		UNIT TOTAL / TOT UNITE					FUEL QTY / QTE CARB	40.0				
							TOT CHARGES / TOT FRAIS			36.14		
							TOT GST-HST / TOT TPS-TVH				1.81	
							UNIT TOTAL / TOT UNITE					37.95
	BKDN TOTALS / TOTAUX CODIFICATION 01-69	UNITS / VEHIC 1					FUEL QTY / QTE CARB	40.0				
							TOT CHARGES / TOT FRAIS			36.14		
							GST-HST/TPS-TVH				1.81	
							BKDN TOTALS / TOTAUX CODIFICATION					37.95

BLG871

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

Element Fleet Management

element

BFDF290001

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
DIV-69-S PHILLIPS
- -
- -
- -
- -

CLIENT NO. [redacted]
NO DU CLIENT
INVOICE DATE 11/01/16
DATE DE LA FACTURE
INVOICE NO. 0006478695
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
[redacted]	PHILLIPS		[redacted]		000444224432 09/26/16	PETRO CANADA LETHBRIDGE AB	UNLEADED REGULAR GASOLINE	52.4	.92	45.87		
							GST-HST / TPS-TVH				2.29	
							REF GST-HST / TPS-TVH REF				2.29	
							** REF NO TOT / TOT NO REF **					48.16
							TOTAL / TOTAL			45.87	2.29	48.16
					000443625847 08/14/16	FEDERATED COOPERATIVES L MITED CALGARY AB	UNLEADED REGULAR GASOLINE	43.7	.97	40.41		
							GST-HST / TPS-TVH				2.02	
							REF GST-HST / TPS-TVH REF				2.02	
							** REF NO TOT / TOT NO REF **					42.43
							TOTAL / TOTAL			40.41	2.02	42.43
		UNIT TOTAL / TOT UNITE					FUEL QTY / QTE CARB	96.1				
							TOT CHARGES / TOT FRAIS			86.28		
							TOT GST-HST / TOT TPS-TVH				4.31	
							UNIT TOTAL / TOT UNITE					90.59
	BKDN TOTALS / TOTAUX CODIFICATION 01-69	UNITS / VEHIC 1					FUEL QTY / QTE CARB	96.1				
							TOT CHARGES / TOT FRAIS			86.28		
							GST-HST/TPS-TVH				4.31	
							BKDN TOTALS / TOTAUX CODIFICATION					90.59

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

Element Fleet Management

element

BFDF290001

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
DIV-69-S PHILLIPS
- -
- -
- -
- -

CLIENT NO.
NO DU CLIENT [redacted]
INVOICE DATE
DATE DE LA FACTURE 12/01/16
INVOICE NO.
NO DE LA FACTURE 0006490543

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
[redacted]	PHILLIPS		[redacted]		000445895159	PETRO CANADA		UNLEADED REGULAR GASOLINE	52.3	.94	46.78		
					11/04/16	LETHBRIDGE	AB	GST-HST / TPS-TVH				2.34	
								REF GST-HST / TPS-TVH REF				2.34	
								** REF NO TOT / TOT NO REF **					49.12
								TOTAL / TOTAL			46.78	2.34	49.12
					000445895158	PETRO CANADA		UNLEADED REGULAR GASOLINE	52.9	.96	48.30		
					10/25/16	LETHBRIDGE	AB	GST-HST / TPS-TVH				2.42	
								REF GST-HST / TPS-TVH REF				2.42	
								** REF NO TOT / TOT NO REF **					50.72
								TOTAL / TOTAL			48.30	2.42	50.72
					000445895157	PETRO CANADA		UNLEADED REGULAR GASOLINE	48.3	1.04	47.80		
					10/21/16	CLARESHOLM	AB	GST-HST / TPS-TVH				2.39	
								REF GST-HST / TPS-TVH REF				2.39	
								** REF NO TOT / TOT NO REF **					50.19
								TOTAL / TOTAL			47.80	2.39	50.19
		UNIT TOTAL / TOT UNITE						FUEL QTY / QTE CARB	153.5				
								TOT CHARGES / TOT FRAIS			142.88		
								TOT GST-HST / TOT TPS-TVH				7.15	
								UNIT TOTAL / TOT UNITE					150.03
	BKDN TOTALS / TOTAUX CODIFICATION 01-69	UNITS / VEHIC 1						FUEL QTY / QTE CARB	153.5				
								TOT CHARGES / TOT FRAIS			142.88		
								GST-HST/TPS-TVH				7.15	
								BKDN TOTALS / TOTAUX CODIFICATION					150.03

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: Shannon Phillips

Claimant Name: Lisa Lambert

Expense Category: Maintenance

For hosting, select one:

- [x] Individual Constituent(s)
- [ ] Individual Stakeholder(s)
- [ ] Group: _____

Purpose:

Detailing

ALLURE
DETAILING SOLUTIONS

Invoice

Allure Detailing Solutions

Bill To: Shannon Phillips

Invoice No:	23
Date:	October 20, 2016
Terms:	NET 30
Due Date:	November 19, 2016

Description	Quantity	Rate	Discount	Amount
Detail of RAV4 Interior and exterior	1	$225.00	0.00 %	$225.00

* Indicates non-taxable item

Subtotal	$225.00
(0.00%)	$0.00
Total	$225.00
Paid	$0.00
Balance Due	**$225.00**

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
SHANNON PHILLIPS
LEGIS ASSEMBLY OF AB

[redacted]

Date
October 16, 2016

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

Statement includes payments and charges received by October 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.

1346

Credit Limit Summary
On October 16, 2016

[redacted]

New Transactions for SHANNON PHILLIPS

Amount $

[redacted]

October 11	**AIRPORT TAXI SERVICE EDMONTON** TAXICABS AND LIMOUSINES	**60.50**

Total New Transactions for SHANNON PHILLIPS [redacted]

[redacted]

† Please detach here †

AMERICAN EXPRESS®

Payment Options
PLEASE ALLOW 3 TO 5 BUSINESS DAYS FOR YOUR PAYMENT TO BE PROCESSED BY YOUR FINANCIAL INSTITUTION AND SENT TO US. See the About Your Payment Section.
- Phone and Internet banking arranged through your financial institution
- Your local bank branch
- Automatic banking machines

Do Not Enclose Cash

Membership Number [redacted]

Amount Paid $ [redacted]

000121

SHANNON PHILLIPS
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

[redacted]

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
SHANNON PHILLIPS
LEGIS ASSEMBLY OF AB

[redacted]

Date
November 16, 2016

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

Statement includes payments and charges received by November 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.

1242

Credit Limit Summary
On November 16, 2016

Total Credit Limit $ [redacted] **Available Credit Limit $**

Listing of Charges and Credits		Amount $
November 4	**Payment Received Thank You**	[redacted]

New Transactions for SHANNON PHILLIPS [redacted]

		Amount $
October 14	**AIRPORT TAXI SERVICE EDMONTON** TAXICABS AND LIMOUSINES	**69.00**
November 7	**AIRPORT TAXI SERVICE EDMONTON** TAXICABS AND LIMOUSINES	**60.50**
Total New Transactions for SHANNON PHILLIPS		**129.50**

[redacted]

† Please detach here †

AMERICAN EXPRESS®

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- Phone and Internet banking arranged through your financial institution
- Your local bank branch
- Automatic banking machines

Do Not Enclose Cash

Membership Number [redacted]

Amount Paid $ [redacted]

000124

SHANNON PHILLIPS
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

[redacted]

The American Express® Corporate Card Statement of Account

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

Prepared For
SHANNON PHILLIPS
LEGIS ASSEMBLY OF AB

Membership Number [redacted]

Date
December 16, 2016

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

Statement includes payments and charges received by December 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.

1123

Credit Limit Summary On December 16, 2016

[redacted]

Listing of Charges and Credits		Amount $
December 7	Payment Received Thank You	[redacted]

New Transactions for SHANNON PHILLIPS [redacted]

		Amount $
November 21	AIRPORT TAXI SERVICE EDMONTON TAXICABS AND LIMOUSINES	54.00
December 5	AIRPORT TAXI SERVICE EDMONTON TAXICABS AND LIMOUSINES	60.50
December 7	GREATER EDMONTON TAX EDMONTON TAXICABS AND LIMOUSINES	11.88
December 12	AIRPORT TAXI SERVICE EDMONTON TAXICABS AND LIMOUSINES	60.50
Total New Transactions for SHANNON PHILLIPS		**186.88**

[redacted]

† Please detach here †

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Payment Options
PLEASE ALLOW 3 TO 5 BUSINESS DAYS FOR YOUR PAYMENT TO BE PROCESSED BY YOUR FINANCIAL INSTITUTION AND SENT TO US. See the About Your Payment Section.
- Phone and Internet banking arranged through your financial institution
- Your local bank branch
- Automatic banking machines

Do Not Enclose Cash

Membership Number [redacted]

000122

SHANNON PHILLIPS
LEGIS ASSEMBLY OF AB
4TH FLR 9820 107 ST
EDMONTON AB
T5K 1E9

[redacted]

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

Members' Travel Expenses Per-Diems Claim Form

Note to MLAs: Meal allowances may be claimed only for days when you were travelling in Alberta on Member business, located at least 60 kms by primary highway from your declared permanent residence, and you had incurred expenses. For the text of section 7 of the *Members' Allowances Order* and details on form completion, see reverse. Effective September 1, 2013.

B = Breakfast ($9.20) | L = Lunch ($11.60) | D = Dinner ($20.75)

Member Name: Phillips, Shannon **Constituency:** Lethbridge-West

For the Month of: September **Year:** 2016 **Employee #:** [redacted]

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal B	Meal L	Meal D	Subtotal	G.S.T.	Total
1			☐	☐	☐			
2			☐	☐	☐			
3			☐	☐	☐			
4			☐	☐	☐			
5			☐	☐	☐			
6			☐	☐	☐			
7	60 km from Perm. Res.	Edmonton	☒	☒	☒	39.57	1.98	41.55
8			☐	☐	☐			
9			☐	☐	☐			
10			☐	☐	☐			
11			☐	☐	☐			
12			☐	☐	☐			
13			☐	☐	☐			
14			☐	☐	☐			
15			☐	☐	☐			
16			☐	☐	☐			
17			☐	☐	☐			
18			☐	☐	☐			
19			☐	☐	☐			
20			☐	☐	☐			
21	60 km from Perm. Res.	Edmonton	☒	☐	☐	8.76	0.44	9.20
22			☐	☐	☐			
23			☐	☐	☐			
24			☐	☐	☐			
25			☐	☐	☐			
26			☐	☐	☐			
27			☐	☐	☐			
28	60 km from Perm. Res.	Stony Plain	☒	☐	☐	8.76	0.44	9.20
29			☐	☐	☐			
30			☐	☐	☐			
31			☐	☐	☐			
					Grand Total	$57.10	$2.85	$59.95

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.

S Phillips
Member Signature

Sept 30 2016.
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, 2013.

B = Breakfast ($9.20) | L = Lunch ($11.60) | D = Dinner ($20.75)

RECEIVED OCT 04 2016

Member Name: Phillips, Shannon **Constituency:** Lethbridge-West

For the Month of: August **Year:** 2016 **Employee #:**

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal B	Meal L	Meal D	Subtotal	G.S.T.	Total
1			☐	☐	☐			
2			☐	☐	☐			
3	60 km from Perm. Res.	Edmonton	☐	☒	☐	11.05	0.55	11.60
4			☐	☐	☐			
5			☐	☐	☐			
6			☐	☐	☐			
7			☐	☐	☐			
8	60 km from Perm. Res.	Edmonton	☒	☒	☐	19.81	0.99	20.80
9			☐	☐	☐			
10	60 km from Perm. Res.	Edmonton	☐	☒	☒	30.81	1.54	32.35
11			☐	☐	☐			
12			☐	☐	☐			
13			☐	☐	☐			
14			☐	☐	☐			
15			☐	☐	☐			
16			☐	☐	☐			
17			☐	☐	☐			
18			☐	☐	☐			
19			☐	☐	☐			
20			☐	☐	☐			
21			☐	☐	☐			
22			☐	☐	☐			
23			☐	☐	☐			
24			☐	☐	☐			
25			☐	☐	☐			
26			☐	☐	☐			
27			☐	☐	☐			
28			☐	☐	☐			
29			☐	☐	☐			
30			☐	☐	☐			
31			☐	☐	☐			
		Grand Total				$61.67	$3.08	$64.75

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.

Phillips
Member Signature

Sept. 30, 2016
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, 2013.

B = Breakfast ($9.20) | L = Lunch ($11.60) | D = Dinner ($20.75)

RECEIVED NOV 2 6 2016

Member Name: Phillips, Shannon **Constituency:** Lethbridge-West

For the Month of: November **Year:** 2016 **Employee #:** [redacted]

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal B	Meal L	Meal D	Subtotal	G.S.T.	Total
1	60 km from Perm. Res.	Edmonton	☒	☒	☒	39.57	1.98	41.55
2	60 km from Perm. Res.	Edmonton	☒	☒	☐	19.81	0.99	20.80
3			☐	☐	☐			
4			☐	☐	☐			
5			☐	☐	☐			
6			☐	☐	☐			
7	60 km from Perm. Res.	Edmonton	☒	☒	☒	39.57	1.98	41.55
8	60 km from Perm. Res.	Edmonton	☒	☒	☒	39.57	1.98	41.55
9	60 km from Perm. Res.	Edmonton	☒	☒	☐	19.81	0.99	20.80
10	60 km from Perm. Res.	Edmonton	☒	☐	☐	8.76	0.44	9.20
11			☐	☐	☐			
12			☐	☐	☐			
13			☐	☐	☐			
14	[redacted]				☐			
15					☐			
16					☐			
17			☐	☐	☐			
18			☐	☐	☐			
19			☐	☐	☐			
20			☐	☐	☐			
21	60 km from Perm. Res.	Edmonton	☒	☒	☒	39.57	1.98	41.55
22	60 km from Perm. Res.	Edmonton	☒	☒	☐	19.81	0.99	20.80
23	60 km from Perm. Res.	Edmonton	☒	☒	☐	19.81	0.99	20.80
24	60 km from Perm. Res.	Edmonton	☒	☒	☒	39.57	1.98	41.55
25			☐	☐	☐			
26			☐	☐	☐			
27			☐	☐	☐			
28	60 km from Perm. Res.	Edmonton	☒	☒	☐	19.81	0.99	20.80
29	60 km from Perm. Res.	Edmonton	☒	☒	☒	39.57	1.98	41.55
30	60 km from Perm. Res.	Edmonton	☒	☒	☒	39.57	1.98	41.55
31			☐	☐	☐			
		Grand Total				$384.81	$19.24	$404.05

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.

S Phillips
Member Signature

Nov 25, 2016
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, 2013.

B = Breakfast ($9.20) | L = Lunch ($11.60) | D = Dinner ($20.75)

DEC 07 2016
FINANCIAL MANAGEMENT ADMINISTRATIVE SERVICES - LAO

Member Name: Phillips, Shannon **Constituency:** Lethbridge-West

For the Month of: October **Year:** 2016 **Employee #:**

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal B	Meal L	Meal D	Subtotal	G.S.T.	Total
1			☐	☐	☐			
2			☐	☐	☐			
3			☐	☐	☐			
4			☐	☐	☐			
5	60 km from Perm. Res.	Edmonton	☒	☒	☒	39.57	1.98	41.55
6	60 km from Perm. Res.	Edmonton	☐	☒	☒	30.81	1.54	32.35
7			☐	☐	☐			
8			☐	☐	☐			
9			☐	☐	☐			
10			☐	☐	☐			
11			☐	☐	☐			
12			☐	☐	☐			
13			☐	☐	☐			
14			☐	☐	☐			
15			☐	☐	☐			
16			☐	☐	☐			
17			☐	☐	☐			
18			☐	☐	☐			
19			☐	☐	☐			
20			☐	☐	☐			
21			☐	☐	☐			
22			☐	☐	☐			
23			☐	☐	☐			
24			☐	☐	☐			
25			☐	☐	☐			
26			☐	☐	☐			
27	60 km from Perm. Res.	Edmonton	☐	☐	☒	19.76	0.99	20.75
28			☐	☐	☐			
29			☐	☐	☐			
30			☐	☐	☐			
31			☐	☐	☐			
					Grand Total	$90.14	$4.51	$94.65

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.

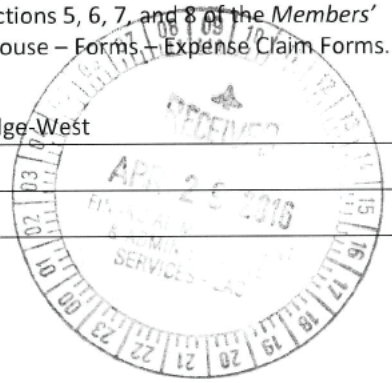
S Phillips
Member Signature

Nov 28, 2016
Date

(69)

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: Phillips, Shannon [redacted]

Constituency: Lethbridge-West

Date: 4/15/2016

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

[redacted]

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.

OCT 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.

Phillips

Member Signature

Updated April 2016

(69)

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.
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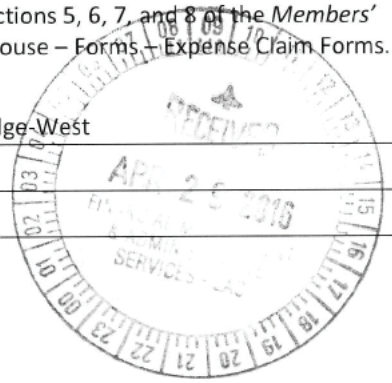

Member Name: Phillips, Shannon [redacted]

Constituency: Lethbridge-West

Date: 4/15/2016

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

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[redacted]

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

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NOV 2016

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Phillips

Member Signature

(69)

Members' Temporary Accommodation Allowance Claim Form

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Member Name: Phillips, Shannon [redacted]

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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

$1930

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

DEC. 2016

[redacted]

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

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Phillips

Member Signature

Updated April 2016

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Shannon Phillips

Claimant Name:

Expense Category: Hosting

For hosting, select one:

- [x] Individual Constituent(s)
- [ ] Individual Stakeholder(s)
- [ ] Group:

Purpose:

coffee for hosting constituents at the Lethbridge West Constituency office

RED ENGINE COFFEE ROASTERS INC.
2230 18th Ave S
Lethbridge AB T1K 1C8
(403) 393-6547
redenginecoffeeroasters@gmail.com
redenginecoffee.com
GST/HST Registration No.:
829650118RT0001

Invoice 934

INVOICE TO	SHIP TO	DATE	PLEASE PAY	DUE DATE
Lethbridge West Constituency office 402 8th St S Lethbridge, AB T1J 2J7	Lethbridge West Constituency office 402 8th St S Lethbridge, AB T1J 2J7	05/30/2016	**CAD 145.00**	06/14/2016

ACTIVITY	QTY	RATE	TAX	AMOUNT
340g Red Engine Coffee 340g bag - whole bean May 31 - 2/10 bags June 29 - 4/10 July 13 - 6/10 Aug. 1 - 8/10 Sept. 13 - 10/10 10 BAG SUBSCRIPTION COMPLETE	1	145.00	E	145.00

Please make cheque payable to:
Red Engine Coffee Roasters
or email transfer to:
redenginecoffeeroasters@gmail.com.

SUBTOTAL	145.00
TOTAL	145.00
TOTAL DUE	CAD 145.00

THANK YOU.

[redacted]

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Shannon Phillips

Claimant Name:

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group:

Purpose:

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RED ENGINE COFFEE ROASTERS INC.
2230 18th Ave S
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(403) 393-6547
redenginecoffeeroasters@gmail.com
redenginecoffee.com
GST/HST Registration No.:
829650118RT0001

Invoice 1077

RECEIVED
DEC 15 2016
FINANCIAL MANAGEMENT & ADMINISTRATION SERVICES - LAS

INVOICE TO	SHIP TO	DATE	PLEASE PAY	DUE DATE
Lethbridge West Constituency office 402 8th St S Lethbridge, AB T1J 2J7	Lethbridge West Constituency office 402 8th St S Lethbridge, AB T1J 2J7	10/06/2016	**CAD 145.00**	10/21/2016

ACTIVITY	QTY	RATE	TAX	AMOUNT
Coffee Subscription 10 Bag Coffee Subscription 2 bags delivered once per month - ground Oct. 6 - Guat, Polar Nov. 9 - New Guat, Col Nov.25 - Col, kenya Dec. 9 - Kenya, Costa Jan. 9 - TBD	1	145.00	E	145.00

Please make cheque payable to:
Red Engine Coffee Roasters
or email transfer to:
redenginecoffeeroasters@gmail.com.

SUBTOTAL	145.00
TOTAL	145.00
TOTAL DUE	CAD 145.00

THANK YOU.

[redacted]