

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2017-18
069 - Lethbridge-West - Phillips, Shannon
For Expenses Processed Jul 1 - Sep 30, 2017

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$131.38	\$528.29
MLA Parking Cap - \$	\$900.00		
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$		\$511.01	\$652.87
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$118.71	\$864.33
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,790.00	\$11,580.00
Travel Accommodations Allowance			(\$0.26)
Travel Accommodations Allowance (days; 10 max) - NF	10.0		
Other			
Hosting - \$		\$990.77	\$1,188.44
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		
Travel To and From the Capital			
Travel by Air, Bus or Train (Unlimited Trips) - NF		10.5	15.5
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



BDF290001

FLEET MANAGEMENT SERVICES DETAIL
DETAI LS SERVICES DE GESTION DE PARC

PAGE - 215 OF 254
DE

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

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

CLIENT NO. [REDACTED]
NO DU CLIENT [REDACTED]
NVOICE DATE 08/01/17
DATE DE LA FACTURE
NVOICE NO. 0006873046
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
[REDACTED]	PHILLIPS	[REDACTED]	[REDACTED]		000467898524 06/19/17	HUSKY OIL NANTON AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH LOST-STOLEN/PERDU-VOLE 06/17 REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT DISCOUNT / RABAIS TOTAL / TOTAL	43.3	1.00	41.29	2.01	43.30
					000467832318 06/17/17	IMPERIAL OIL NANTON AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH LOST-STOLEN/PERDU-VOLE 06/17 REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	47.1	1.02	45.71	2.29	48.00
					000467107105 06/15/17	GAS KING LETHBRIDGE AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH LOST-STOLEN/PERDU-VOLE 06/17 REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	46.9	.99	44.38	2.22	46.60
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE DISCOUNT / RABAIS TOTAL / TOTAL	137.3		131.38	6.52	137.90
					BKDN TOTALS / TOTAUX CODIFICATION 01-69		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	137.3		131.38	6.52	137.90
							BKDN TOTALS / TOTAUX CODIFICATION DISCOUNT / RABAIS TOTAL / TOTAL					137.90

BLE871

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

****Marine fuel is actually vehicle fuel****



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

Membership Number

Date
July 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 July 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 July 16, 2017

Total Credit Limit \$

Available Credit Limit \$

Listing of Charges and Credits

Amount \$

June 27	Payment Received Thank You	
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New Transactions for SHANNON PHILLIPS

Amount \$

June 12	AIRPORT TAXI SERVICE EDMONTON TAXICABS AND LIMOUSINES	63.25
June 20	GREATER EDMONTON TAX EDMONTON TAXICABS AND LIMOUSINES	13.80
June 22	CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES	59.00
Total New Transactions for SHANNON PHILLIPS		136.05

\$ 129.58 plus GST

† Please detach here †

AMERICAN EXPRESS®

Payment Options

PLEASE ALLOW 3 TO 5 BUSINESS DAYS FOR YOUR PAYMENT
TO BE PROCESSED BY YOUR FINANCIAL INSTITUTION AND
SENT TO US. See the About Your Payment Section.

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

Do Not Enclose Cash

Membership Number

000122



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





The American Express® Corporate Card Statement of Account

www.americanexpress.ca
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Prepared For
SHANNON PHILLIPS
LEGIS ASSEMBLY OF AB

Membership Number

Date
August 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 August 16, 2017

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

Credit Limit Summary On August 16, 2017

Total Credit Limit \$

Available Credit Limit \$

Listing of Charges and Credits

Amount \$

August 3 Payment Received Thank You

New Transactions for SHANNON PHILLIPS

Amount \$

July 31	CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES	12.00
July 31	CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES	55.00
August 1	CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES	12.00
August 1	AIRPORT TAXI SERVICE EDMONTON TAXICABS AND LIMOUSINES	57.60
August 8	AIRPORT TAXI SERVICE EDMONTON TAXICABS AND LIMOUSINES	69.00

\$ 195.81 plus GST

† Please detach here †

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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

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





The American Express® Corporate Card Statement of Account

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Prepared For
SHANNON PHILLIPS
LEGIS ASSEMBLY OF AB

Membership Number

Date
September 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 September 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 September 16, 2017

Total Credit Limit \$

Available Credit Limit \$

Listing of Charges and Credits

Amount \$

August 30 **Payment Received Thank You**

CR

New Transactions for SHANNON PHILLIPS

Amount \$

August 30	AIRPORT TAXI SERVICE EDMONTON	63.25
	TAXICABS AND LIMOUSINES	
August 31	AIRPORT TAXI SERVICE EDMONTON	55.20
	TAXICABS AND LIMOUSINES	
September 11	AIRPORT TAXI SERVICE EDMONTON	63.25
	TAXICABS AND LIMOUSINES	
September 14	GREATER EDMONTON TAX EDMONTON	13.20
	TAXICABS AND LIMOUSINES	
Total New Transactions for SHANNON PHILLIPS		194.90

Taxi, Bus Travel = \$ 185.62 plus GST

† Please detach here †

AMERICAN EXPRESS®

Payment Options

PLEASE ALLOW 3 TO 5 BUSINESS DAYS FOR YOUR PAYMENT
TO BE PROCESSED BY YOUR FINANCIAL INSTITUTION AND
SENT TO US. See the About Your Payment Section.

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

Do Not Enclose Cash

Membership Number

\$

000123



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





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)

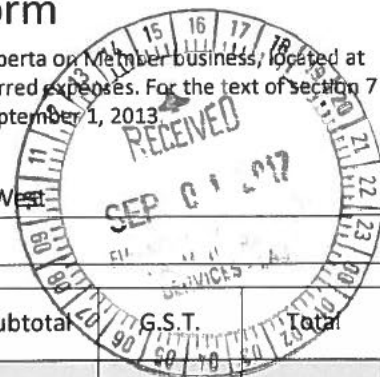
Member Name: Phillips, Shannon

Constituency: Lethbridge-West

For the Month of: June

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	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			<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	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			<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			<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						\$79.14	\$3.96	\$83.10

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



Members' Travel Expenses Per-Diems Claim Form

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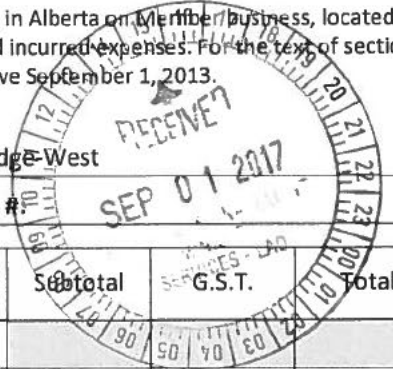
Member Name: Phillips, Shannon

Constituency: Lethbridge-West

For the Month of: August

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			<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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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						\$39.57	\$1.98	\$41.55

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

S. Phillips

Date

Aug 29, 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: Phillips, Shannon

Constituency: Lethbridge-West

Employee #:

Date: 4/1/2017

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.

July 2017

☒ Yes

☐ No

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

\$ 1,930.00

x 12 = \$ 23,160.00

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.

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

Member Signature

Updated April 2016



Members' Temporary Accommodation Allowance Claim Form

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

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Employee #:

Date: 4/1/2017

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Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Maximum of \$23,160 per fiscal year.

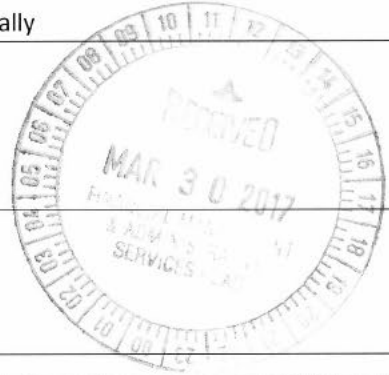
Fiscal Year: 2017-2018

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.

August 2017

☒ Yes

☐ No



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

\$ 1,930.00

x 12 = \$ 23,160.00

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**

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Member Signature

Updated April 2016



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Employee #:

Date: 4/1/2017

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Maximum of \$23,160 per fiscal year.

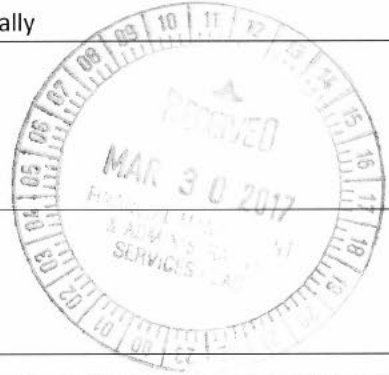
Fiscal Year: 2017-2018

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.

September 2017

☒ Yes

☐ No



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

\$ 1,930.00

x 12 = \$ 23,160.00

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.

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Member Signature

Updated April 2016

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Shannon Phillips

Claimant Name: Lisa Lambert

Expense Category: Hosting

For hosting, select one:

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

Purpose:

June 19 - met with group of 12 constituent scientists from the University of Lethbridge

\$ 163.35

STUDENTS' UNION
4401 UNIVERSITY DR SUITE
LETHBRIDGE AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2017/06/19
TIME 0564 13:10:25
RECEIPT NUMBER
C82030569-001-398-012-0

PURCHASE
AMOUNT \$141.75
TIP \$28.35
TOTAL

\$170.10

MasterCard
A0000000041010
D5F5674A88230DBD
0000008000-E800
257901625956B21F

APPROVED

AUTH# [REDACTED] 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

#P8

U of L Zoo
4401 University Drive
Lethbridge, AB T1K 3M4
Phone (403)329-2222

Date: Jun 19, 2017 Time: 01:05PM
Server: John
Bill: 0003 Table : P8

2	Veggie wrap	22.00
1	Steak Sandwich	14.50
	CEASAR SALAD	1.75
2	Zoo Big Salad	23.00
1	Taco Salad	9.50
1	Steak Sandwich	14.50
	Caesar	1.75
1	Steak Sandwich	14.50
	+Mushrooms	1.00
	CEASAR	1.75
1	Veggie Burger	10.50
1	Sweet chili chicken wrap	11.50
1	Chicken Burger	11.50
2	Pop	4.00

Total 141.75

GST Included 6.75

Open Time : Jun 19, 2017 11:43AM

Please Pay Server
Thank You!!

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Shannon Phillips

Claimant Name: Lisa Lambert

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

June 23 - met with constituents appointed to Youth Advisory

STELLA'S DINER \$ 67.14
525 4 AVE S
LETHBRIDGE AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2017/06/23
TIME 0333 13:11:26
RECEIPT NUMBER
C82026345-001-017-036-0

PURCHASE
AMOUNT \$60.90
TIP \$9.14
TOTAL

\$70.04

MasterCard
A0000000041010
5256FF04C1517B98
0000008000-E800
EF77328BE6E28C08

APPROVED

AUTH# [REDACTED] 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

#19

Stella's Diner
425 4th Avenue S
Lethbridge, AB T1J 0N3
Phone (403)359-8704

Date: Jun 23, 2017 Time: 01:08PM
Server: Alex
Bill: 0038 Table : 19

1 Sandwich Special	13.00
1 Falafel Salsa Wrap	13.50
1 Bacon Cheese Burger	14.00
1 Bacon Brie Pickle Burger	15.00
1 Coffee	2.50

Subtotal	58.00
GST	2.90

Total 60.90

Open Time : Jun 23, 2017 12:23PM

THANK YOU

Follow us on Facebook, Twitter & Instagram

Website: chefstella lethbridge.com

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Shannon Phillips

Claimant Name: Lisa Lambert

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Opokaa'sin Child Care

Purpose:

coffee and donuts for visit to Opokaa'sin on opening of child care centre

\$ 36.87

Tim Hortons Store 2718
442 Scenic Drive South
Lethbridge, Alberta
T1J 4S3
403-320-2656

GST# R863956231
Jul 19 2017 07:40 am Trans# 1451461

TRANSACTION RECORD

Card Number [REDACTED]
Card Type : DEBIT
Card Entry : CHIP
Account Type : CHEQUING
Trans Type : PURCHASE
Amount : \$ 37.81

Auth # [REDACTED]
Sequence # : 000088
Reference # : 00000088
Trace # : 00816650
Term ID : 202
Date : 17/07/19
Time : 07:40:19

APPROVED

Application Label: INTERAC
AID: A0000002771010
TVR: 8000008000
TC : 0D08F0E45A0046D4
TSI: 7800

Tim Hortons #2718
442 Scenic Dr S.
Lethbridge, AB
GST#R863956231

Take-out

Order #

021461

1 Dozen Donuts	8.99
1 Take 12 Original Blend Coffee	18.89
1 50 Pack Assorted	8.99

Subtotal	36.87
GST	0.94
Total	37.81
Debit Auth [REDACTED]	37.81

Wednesday July 19, 2017 07:40:41
Shift # 3 Reg. # 2 Trans # 1451461

Thanks for stopping by!
Tell us how we did at
www.timhortons.com?
1-888-601-1616

Thank You for your patronage.

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Shannon Phillips

Claimant Name: SHannon Phillips

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Team Lethbridge

Purpose:

breakfast with Team Lethbridge participants

\$ 573.41

N S

Invoice

Invoice To
Lethbridge West Constituency Shannon Phillips



Description	Qty	Rate	U/M	Amount
Continental Breakfast	45	10.95		492.75
Gratuity		80.66		80.66
		Total [REDACTED]		
		Payments/Credits \$0.00		
		Balance Due [REDACTED]		

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Shannon Phillips

Claimant Name: Red Engine Coffee

Expense Category: Hosting

For hosting, select one:

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

Purpose:

weekly ground coffee delivery for constituency office
\$ 150.00

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 1287



INVOICE TO	SHIP TO
Lethbridge West Constituency office	Lethbridge West Constituency office
402 8th St S	402 8th St S
Lethbridge, AB T1J 2J7	Lethbridge, AB T1J 2J7

DATE
04/26/2017

PLEASE PAY
CAD 150.00

DUE DATE
05/11/2017

ACTIVITY	QTY	RATE	TAX	AMOUNT
Coffee Subscription	1	150.00	E	150.00
10 Bag Coffee Subscription				
2 bags delivered once per month				
April 27 - 2 bags PNG, COL				
May 25 - 4/10				
June 15 - 6/10				
July 20 - 8/10				
Aug 20 - 10/10				
Subscription Complete				

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

SUBTOTAL	150.00
TOTAL	150.00

TOTAL DUE	CAD 150.00
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THANK YOU.