

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2017-18
069 - Lethbridge-West - Phillips, Shannon
For Expenses Processed Jan 1 - Mar 31, 2018

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$535.83	\$1,228.47
MLA Parking Cap - \$	\$900.00		
Other Travel - Parking - \$			\$28.58
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$		\$441.98	\$1,636.49
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$542.39	\$1,406.72
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,790.00	\$23,160.00
Travel Accommodations Allowance			
Travel Accommodations Allowance (days; 10 max) - NF	10.0		
Other			
Hosting - \$		\$976.93	\$2,441.18
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		10.0	25.5
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

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-69-S PHILLIPS
 - -
 - -
 - -
 - -

CLIENT NO. [REDACTED]
 NO DU CLIENT [REDACTED]
 INVOICE DATE 01/01/18
 DATE DE LA FACTURE
 INVOICE NO. 0006993645
 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]	[REDACTED]		000481981696 11/26/17	SHELL CANADA INC LETHBRIDGE AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	50.6	1.10	52.95	2.65 2.65	55.60 55.60
					000481456467 11/19/17	SHELL CANADA INC LETHBRIDGE AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	50.0	1.18	56.17	2.81 2.81	58.98 58.98
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	100.6		109.12	5.46	114.58
	BKDN TOTALS / TOTAUX CODIFICATION 01-69		UNITS / VEHIC	1			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	100.6		109.12	5.46	
							BKDN TOTALS / TOTAUX CODIFICATION					114.58

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-69-S PHILLIPS
- -
- -
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CLIENT NO. [REDACTED]
NO DU CLIENT [REDACTED]
INVOICE DATE 02/01/18
DATE DE LA FACTURE
INVOICE NO. 0007019898
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]	[REDACTED]	[REDACTED]	000486557741 01/09/18	PETRO CANADA LETHBRIDGE AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	70.0	1.11	73.98	3.70 3.70	77.68 77.68
					000485760666 01/04/18	SHELL CANADA INC LETHBRIDGE AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	58.6	1.14	63.51	3.18 3.18	66.69 66.69
					000485530898 12/31/17	SHELL CANADA INC LETHBRIDGE AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	64.2	1.11	67.80	3.39 3.39	71.19 71.19
					000486557742 12/25/17	PETRO CANADA LETHBRIDGE AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	70.4	1.13	75.71	3.79 3.79	79.50 79.50
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	263.2		281.00	14.06	295.06
	BKDN TOTALS / TOTAUX CODIFICATION 01-69		UNITS / VEHIC	1			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	263.2		281.00	14.06	
							BKDN TOTALS / TOTAUX CODIFICATION					295.06

BLE871

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

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-69-S PHILLIPS
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- -

CLIENT NO.
NO DU CLIENT
NVOICE DATE 03/01/18
DATE DE LA FACTURE
NVOICE NO. 0007042854
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
	PHILLIPS				000489829915 01/20/18	IMPERIAL OIL LETHBRIDGE AB	MIDGRADE UNLEADED GASOL NE 1 GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	61.3	1.27	74.14	3.71 3.71	77.85 77.85
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	61.3		74.14	3.71	77.85
	BKDN TOTALS / TOTAUX CODIFICATION 01-69				UNITS / VEHIC 1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	61.3		74.14	3.71	
							BKDN TOTALS / TOTAUX COD FICATION					77.85

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-69-S PHILLIPS
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CLIENT NO. [REDACTED]
NO DU CLIENT [REDACTED]
INVOICE DATE 04/01/18
DATE DE LA FACTURE
INVOICE NO. 0007066291
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]	[REDACTED]	[REDACTED]	000492581476 02/23/18	IMPERIAL OIL LETHBRIDGE AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	68.3	1.10	71.57	3.58 3.58	75.15 75.15
UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	68.3		71.57	3.58	75.15
BKDN TOTALS / TOTAUX CODIFICATION 01-69							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	68.3		71.57	3.58	
BKDN TOTALS / TOTAUX CODIFICATION												75.15



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

Date
January 16, 2018



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 January 16, 2018

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 January 16, 2018

Total Credit Limit \$

Available Credit Limit \$

Listing of Charges and Credits

Amount \$

January 3 Payment Received Thank You

CH

New Transactions for SHANNON PHILLIPS

Amount \$

January 11	CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES	12.00
January 11	AIRPORT TAXI SERVICE EDMONTON TAXICABS AND LIMOUSINES	63.25
January 12	GREATER EDMONTON TAX EDMONTON TAXICABS AND LIMOUSINES	54.97
Total New Transactions for SHANNON PHILLIPS		130.22

Taxi, Bus Travel

\$124.02 + GST

↑ 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



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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Willowdale (Ontario) M2K 2R6

Prepared For
SHANNON PHILLIPS
LEGIS ASSEMBLY OF AB

Membership Number

Date



Page 1 of 3

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

Statement includes payments and charges received by February 16, 2018

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 February 16, 2018

Total Credit Limit \$

Available Credit Limit \$

Listing of Charges and Credits

Amount \$

January 29 Payment Received Thank You

CR

New Transactions for SHANNON PHILLIPS

Amount \$

January 16	AIRPORT TAXI SERVICE EDMONTON TAXICABS AND LIMOUSINES	63.25
February 5	GREATER EDMONTON TAX EDMONTON TAXICABS AND LIMOUSINES	13.00
February 5	AIRPORT TAXI SERVICE EDMONTON TAXICABS AND LIMOUSINES	63.25
February 6	GREATER EDMONTON TAX EDMONTON TAXICABS AND LIMOUSINES	14.49
February 7	GREATER EDMONTON TAX EDMONTON TAXICABS AND LIMOUSINES	12.65
February 8	GREATER EDMONTON TAX EDMONTON TAXICABS AND LIMOUSINES	13.34

† Please detach here †

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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

New Transactions for SHANNON PHILLIPS Continued

Amount \$

[REDACTED]		
[REDACTED]		
February 12	AIRPORT TAXI SERVICE EDMONTON TAXICABS AND LIMOUSINES	63.25
[REDACTED]		
February 15	GREATER EDMONTON TAX EDMONTON TAXICABS AND LIMOUSINES	11.96
[REDACTED]		

Taxi, Bus Travel \$243.04 + GST



The American Express® Corporate Card Statement of Account

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Willowdale (Ontario) M2K 2R6



Prepared For
SHANNON PHILLIPS
LEGIS ASSEMBLY OF AB

Membership Number

Date
March 18, 2018

Page 1 of 2

Previous Balance	Payments and Credits	New Charges including Delinquency Assessment, if any	New Balance \$
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Statement includes payments and charges received by March 18, 2018

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 March 18, 2018

Total Credit Limit \$

Available Credit Limit \$

Listing of Charges and Credits

Amount \$

March 8 Payment Received Thank You

New Transactions for SHANNON PHILLIPS

Amount \$

February 22	AIRPORT TAXI SERVICE EDMONTON TAXICABS AND LIMOUSINES	63.25
March 6	GREATER EDMONTON TAX EDMONTON TAXICABS AND LIMOUSINES	7.36
March 6	GREATER EDMONTON TAX EDMONTON TAXICABS AND LIMOUSINES	8.05
Total New Transactions for SHANNON PHILLIPS		78.66

Taxi, Bus Travel \$74.92 +GST

† Please detach here †

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Payment Options

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- Your local bank branch
- Automatic banking machines

Do Not Enclose Cash



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

000130

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: 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			<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	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						\$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

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)

Member Name: Phillips, Shannon

Constituency: Lethbridge-West

For the Month of: November

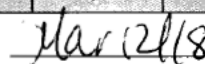
Year: 2017

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	60 km from Perm. Res.	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	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
7	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
8	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	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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	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	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
16	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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	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			<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						\$395.71	\$19.79	\$415.50

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

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: December

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	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			<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	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			<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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$118.71	\$5.94	\$124.65

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.

Member Signature

Date

S. Phillips

Mar 12/18

SHANNON PHILLIPS, MLA

The category Member Travel (Meal Per Diems) has been reduced by \$ 11.60 to reflect a repayment of a prior expense from Q1.



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.

☒ 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.

January 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 April 2016



Members' Temporary Accommodation Allowance Claim Form

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

Member Name: 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.

☒ 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.

February 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 April 2016



Members' Temporary Accommodation Allowance Claim Form

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

Member Name: 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.

☒ 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.

March 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 April 2016

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:

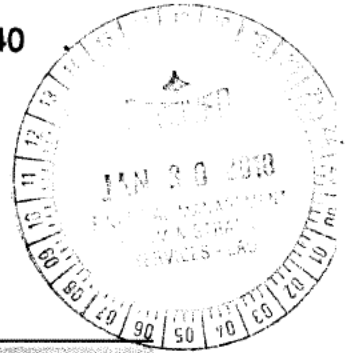
coffee for hosting at constituency office

\$160.⁰⁰

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 1440



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
10/04/2017

PLEASE PAY
CAD 160.00

DUE DATE
10/19/2017

ACTIVITY	QTY	RATE	TAX	AMOUNT
Coffee Subscription	1	160.00	E	160.00
10 Bag Coffee Subscription				
2 bags delivered once per month				
start date: Oct. 4				
2/10 - Guat, Rojos				
4/10 - Oct. 25				
6/10 - Nov. 15 Brazil, Col				
8/10 - Dec. 10				
10/10 - Jan. 8				

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

SUBTOTAL	160.00
TOTAL	160.00

TOTAL DUE	CAD 160.00
------------------	-------------------

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:

nut trays for delivery during Christmas day to staff working the holidays to keep our city safe and sound.

\$249.50

CARD NUMBER: [REDACTED]
DATE/TIME: 19 DEC 2017 11:21:46
REFERENCE #: 662679100010014540 C
AUTH #: [REDACTED]
Interac
A0000002771010
0080008000E800

00 APPROVED - THANK YOU 001

*** CARDHOLDER COPY ***



Thank You From
Nutter's Lethbridge
Follow on Facebook
www.nutters.com
GST # 105658421

RETURN POLICY
30 Day Return Policy
All Returns Must Be
Accompanied By a Receipt



DESCRIPTION	QTY	UNIT PRICE	TOTAL PRICE
A TRAY REG 62114749151	10	\$24.95	\$249.50 G

SUBTOTAL	\$249.50
GST	\$12.48
TOTAL	\$261.98
DEBIT	\$261.98
CHANGE DUE	\$0.00

Items = 10

Receipt #: [REDACTED]
Clerk: VIC - CASHIER LOGON
Register #: 2
Drawer #: 3
Date/Time: 12/19/2017 11:21:07

NUTTER'S #6 LETHBRIDGE
#102, 920 - 2ND AVENUE "A" NORTH T1H 0E
LETHBRIDGE, ALBERTA
(403) 329-3100

SLIP: 295544 TILL: 2 CLERK: VIC

TYPE: PURCHASE

ACCT: INTERAC CHEQUING	
AMOUNT:	\$261.98
CASHBACK:	\$0.00
TOTAL:	\$261.98

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:

lunch with a group of constituents

\$92.40



Thank you for shopping at
Umami Shop
Items are returned for store
credit only.
GST# : 132627233RT

Debit Sale

Clerk #: 000029
MID: 5784351
TID: 005
Batch #: 092
2017/12/19

REF#: 000000
RRN: 000000
12:34:

APPR CODE:
Trace: 00192582
DEBIT/Chequing

Ch

AMOUNT **\$92.**

Approved

Verified by PIN



U M A M I S H O P

Umami Shop
814 4th Ave S
Lethbridge, AB T1J 0P3
403-328-8899

Sales Receipt

Transaction #: 178868
Account #: 1000001
Date: 12/19/2017 Time: 12:34:16 PM
Cashier: sroeder Register #: 1

CUSTOMER: Retail Customer

LISA PICK UP

Item	Description	Amount
U00316	Ramen Tonkatsu	\$31.50
	2 @ \$15.75	
U0000002	chicken	\$0.00
	2 @ \$0.00	
100345	Khao Soi	\$31.50
	2 @ \$15.75	
U401	Butter Chicken	\$29.40
	2 @ \$14.70	

Sub Total **\$92.40**
Total **\$92.40**

Debit Total **\$92.40**
Total **\$0.00**

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:

lunch with constituent

\$57.48

PLUM RESTAURANT
330 6 STREET SOUTH
LETHBRIDGE AB T1J2C8
403.951879

SALE

MID: 5816786
TID: 002 REF#: 00000004
Batch #: 330
01/19/18 13:24:30
APPR CODE:
MASTERCARD Chip

AMOUNT 349.88
TIP 9.98
TOTAL 59.86

APPROVED

MasterCard
AID: A0000000041610
TVR: 00 00 00 86 00
TS: E8 00

BY ENTERING A VERIFIED PIN, CARDHOLDER AGREES
TO PAY ISSUER SUCH TOTAL IN ACCORDANCE WITH
ISSUERS AGREEMENT WITH CARDHOLDER
ACCORDANCE WITH ISSUER'S
AGREEMENT
WITH CARDHOLDER

THANK YOU
PLEASE COME AGAIN

CUSTOMER COPY

Plum
330 6th Street S
Lethbridge, AB
Canada, T1J 2C8
Tel: (403)394-1200

January 19, 2018 at 1:21
PM

Table: 11, , 2 guests

Tax #: R0123456789

Order #: 28599
Waiter: Amanda
Bauer

Soup, Salad, Bread Combo \$18.00
Squash Gnocchi \$26.00
Spitfire Joe Coffee by Cuppers \$3.50

Food Total \$47.50

Sub Total \$47.50

Tax 1 \$2.38

Total \$49.88

Thank you for joining us!

www.uncorkplum.com
Facebook.com/plumrestaurant
Twitter: @uncorkplum

Tip Guide:
18%=\$8.55 20%=\$9.50 25%=\$11.88

Printed from an iPad using TouchBistro

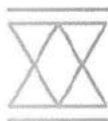
Personal Expense Claim Receipt Description

Expense Category: Hosting

☐ Group: _____

coffee for office when constituents visit	
	\$160.00

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



INVOICE TO	SHIP TO	DATE	PLEASE PAY	DUE DATE
Lethbridge West Constituency office	Lethbridge West Constituency office	01/23/2018	CAD 160.00	02/07/2018
402 8th St S	402 8th St S			
Lethbridge, AB T1J 2J7	Lethbridge, AB T1J 2J7			

ACTIVITY	QTY	RATE	TAX	AMOUNT
Coffee Subscription	1	160.00	E	160.00
10 Bag Coffee Subscription				
2 bags delivered once per month				
Jan. 23 - peru/col 2/10				
Feb. 9 - Guat, Tanz 4/10				
March 2 - Peru/Kochere 6/10				
March 19 - PNG/Burundi 8/10				
April -				
Please make cheque payable to:		SUBTOTAL		160.00
Red Engine Coffee Roasters		TOTAL		160.00
or email transfer to:				
redenginecoffeeroasters@gmail.com.		TOTAL DUE		CAD 160.00

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: Chinese New Year

Purpose:

chocolate loonies for event

\$ 32.00
\$ 18.39
\$ 50.39

Bulk Barn*

Bulk Barn #587
3724 Mayor Magrath Drive South
Lethbridge, AB.
(403) 320-2855
GST# 815114822 RT0001

Lane: 002 Cashier: 121
Date: 01/30/2018 Time: 16:22
Transaction: 58710818132

CHOCOLATE LOONIES \$18.39GD
0.600 kg @ \$30.65 /kg
Net: 0.600 kg Gross: 0.630 kg

Sub-Total: \$18.39
GST \$0.92
Total Amount: \$19.31
CASH \$20.00
Total Tendered: \$20.00

Charge: \$0.70

Items Scld: 1

G=GST B=BOTH TAXES

GET YOUR WEB OR MOBILE COUPON
UNTIL JAN 31 AT BULKBARN.CA
AND FEB 1 to 4 ONLY
GET 25% OFF ALL BULK COFFEE AND TEA

for Chinese New Year
DOLLARAMA

104 13th St N Unit 120
Lethbridge AB T1H 2R4
GST 863624433

CHOCO LOONIES 32 @ 1.00 32.00 F
SUBTOTAL \$32.00
GST 5% \$1.60
TOTAL \$33.60
DEBIT \$33.60

TYPE: PURCHASE

ACCT: CHEQUING

AMOUNT: \$ 33.60

Card Type: Interac

CARD NUMBER: [REDACTED]
DATE/TIME: 18/01/25 14:48:51
REFERENCE #: 66228345 0010014330 C
AUTHOR. #: [REDACTED]

INTERAC
A0000002771010
8000008000 7800

00/001 APPROVED - THANK YOU

-- IMPORTANT --
Retain This Copy For Your Records

*** CUSTOMER COPY ***

NO EXCHANGE
NO RETURN
THANK YOU FOR SHOPPING AT DOLLARAMA

CUSTOMER COPY

2018-01-25 14:48:57
000487 01

9901

WWW.DOLLARAMA.COM

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Shannon Phillips

Claimant Name: Natasha Fairweather

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: U of L outreach

Purpose:

Coffee and snacks for U of L outreach

\$67.14 + GST

Campus Coffee Company

GST
2/26/2018 10:13:45 AM
Transaction # 621517

Clerk: Coffee Co.

N	TRAVEL POT COFFEE	14.95
N	TRAVEL POT COFFEE	14.95
T	COOKIE	14.00
	205005 8 @ \$1.75	
T	MUFFIN	7.00
	205001 4 @ \$1.75	
T	SQUARE	6.60
	205010 4 @ \$1.65	
T	BANANA BREAD	4.50
	205045 2 @ \$2.25	
T	SCONE	7.00
	205035 4 @ \$1.75	

SubTotal	69.00
GST/HST Included	1.86

TOTAL	69.00
-------	-------

Debit Tendered	69.00
----------------	-------

COFFEE COMPANY
SU 220 441 UNIVERSITY D
LETHBRIDGE, AB. T1K 3M4
403-329-2520

DEBIT SALE

REF#: 00000108
Batch #: 326 RRN: 000439050226
02/26/18 10:11:45
APPR CODE:
Trace: 108
DEBIT/CHEQUING Chip

AMOUNT \$69.00

APPROVED - 00

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

THANK YOU / MERCI

CUSTOMER COPY

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: volunteers

Purpose:

Food for volunteer evening

\$140.02 +GST

OWL ACOUSTIC LOUNGE
411 3RD AVE SOUTH
LETHBRIDGE, AB. T1J 0H2
403-942-1770

SALE

Server #: 000058

REF#: 00000015

Batch #: 401

03/09/18

18:10:04

APPR CODE

Trace: 15

MASTERCARD

Chip

j

AMOUNT \$126.80

TIP \$19.02

TOTAL \$145.82

APPROVED

MasterCard

AID: A0000000041010

TVR: 00 00 00 80 00

TS: E8 00

THANK YOU / MERCI

CUSTOMER COPY

#13 - 1

MOOD

411 3rd Ave. S.
Lethbridge, AB T1J 0H2
Phone (403) 942-3800

Date: Mar 09, 2018 Time: 06:06PM

Server: Don

Bill: 0011

Table : 13

1	CARNIVORE Nacho Average	14.00
	Nachos	
	CARNIVORE Nachos	
1	VEGGIE Nacho Average	13.00
	Nachos	
2	Pop	5.00
3	Burger Stack	46.50
2	Water	
1	Prince Vigo Poutine	13.50
1	Classic Works Poutine	13.50
1	Cod Wrap	15.50

Subtotal 121.00

GST 807892658 5.80

Total \$126.80

GST 807892658 Incl0.24

Open Time : Mar 09, 2018 03:51PM

Owl Acoustic Lounge

GST#