

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2018-19
069 - Lethbridge-West - Phillips, Shannon
For Expenses Processed April 1 - June 30, 2018

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$136.31	\$136.31
MLA Parking Cap - \$	\$900.00		
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$		\$148.32	\$148.32
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$			
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,790.00	\$5,790.00
Travel Accommodations Allowance			
Travel Accommodations Allowance (days; 10 max) - NF	10.0		
Other			
Hosting - \$		\$220.19	\$220.19
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		6.5	6.5
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 06/01/18
DATE DE LA FACTURE
INVOICE NO. 0007112548
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]		000497922268 04/20/18	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	66.2	1.29	81.37	4.07 4.07	85.44 85.44
UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	66.2		81.37	4.07	85.44
BKDN TOTALS / TOTAUX CODIFICATION 01-69							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	66.2		81.37	4.07	
BKDN TOTALS / TOTAUX CODIFICATION												85.44

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.
NO DU CLIENT
INVOICE DATE 07/01/18
DATE DE LA FACTURE
INVOICE NO. 0007137902
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
	PHILLIPS				000501203807 06/04/18	IMPERIAL OIL COALHURST AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	39.0	1.48	54.94	2.75 2.75	57.69 57.69
UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	39.0		54.94	2.75	57.69
BKDN TOTALS / TOTAUX CODIFICATION 01-69							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	39.0		54.94	2.75	
BKDN TOTALS / TOTAUX CODIFICATION												57.69



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 [REDACTED] Date [REDACTED]

Page 1 of 2

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

Statement includes payments and charges received by April 17, 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 April 17, 2018

[REDACTED]

Listing of Charges and Credits

Amount \$

April 9 Payment Received Thank You

New Transactions for SHANNON PHILLIPS

Amount \$

Date	Description	Amount \$
April 5	BLACK DIAMOND TAXI L LETHBRIDGE Goods or Services	32.67
Total New Transactions for SHANNON PHILLIPS		32.67

Taxi, Bus \$31.12 + 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**



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

000134

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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Corporate Service Centre
PO Box 7000 Station B
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Prepared For
SHANNON PHILLIPS
LEGIS ASSEMBLY OF AB

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 May 17, 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 May 17, 2018

Listing of Charges and Credits

Amount \$

May 4 Payment Received Thank You

New Transactions for SHANNON PHILLIPS

Amount \$

May 11 CO OP TAXI LINE LTD EDMONTON
TAXICABS AND LIMOUSINES

59.80

Total New Transactions for SHANNON PHILLIPS

Taxi, Bus \$56.96 + 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.

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

000132

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

Date: June 16, 2018

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New Transactions for SHANNON PHILLIPS Continued

Amount \$

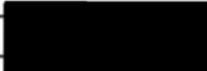


June 12

GREATER EDMONTON TAX EDMONTON
TAXICABS AND LIMOUSINES

63.25

Total New Transactions for SHANNON PHILLIPS



Taxi, Bus Travel \$60.24 + GST





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: 4/6/2018

Claim Type: Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Maximum of \$23,160 per fiscal year.

Fiscal Year: 2018-2019

Have you provided documents evidencing your Temporary Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please attach.

☒ Yes

☐ No

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

\$ 1,930.00

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.

April 2018

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



Member Signature

Updated March 2018



Members' Temporary Accommodation Allowance Claim Form

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

Member Name: Phillips, Shannon

Constituency: Lethbridge-West

Employee #:

Date: 4/6/2018

Claim Type: Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Maximum of \$23,160 per fiscal year.

Fiscal Year: 2018-2019

Have you provided documents evidencing your Temporary Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please attach.

☒ Yes

☐ No

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

\$ 1,930.00

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.

May 2018

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



Member Signature

Updated March 2018



Members' Temporary Accommodation Allowance Claim Form

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

Member Name: Phillips, Shannon

Constituency: Lethbridge-West

Employee #:

Date: 4/6/2018

Claim Type: Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Maximum of \$23,160 per fiscal year.

Fiscal Year: 2018-2019

Have you provided documents evidencing your Temporary Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please attach.

☒ Yes

☐ No

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

\$ 1,930.00

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.

June 2018

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



Member Signature

Updated March 2018

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 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

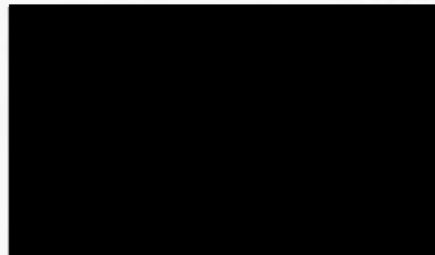


Invoice 1607

INVOICE TO	SHIP TO	DATE	PLEASE PAY	DUE DATE
Lethbridge West Constituency office	Lethbridge West Constituency office	04/25/2018	CAD 160.00	05/10/2018
402 8th St S Lethbridge, AB T1J 2J7	402 8th St S 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				
April 25 - 2/10 - peru, png				
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:

Lunch with constituents

\$60.19 + GST

STREATSIDE EATERY LTD.
317-8TH STREET S.
LETHBRIDGE, AB T1J2J5
4033288085

SALE

Server #: 000051
MID: 5772220
TID: 004 REF#: 00000002
Batch #: 512
05/11/18 11:23:29
APPR CODE [REDACTED]
MASTERCARD [REDACTED] Chip

AMOUNT \$54.60
TIP \$8.19
TOTAL \$62.79

APPROVED

MasterCard
AID: A0000000041010
TVR: 00 00 00 80 00
TSI: E8 00

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

THANK YOU/MERC!

CUSTOMER COPY



STREATSIDE EATERY

Order #: 1019-10959

to go 1

1 Guest

Server: Trish

Cashier: Trish

Register: Server Receipt (receipt2)

2018-05-11 11:14:33

1 Lunch Spinach Salad	\$ 10.00
1 Lunch Thai Salar	\$ 10.00
1 Lunch Caesar Salad	\$ 10.00
- Add chicken	\$ 6.00
1 Lunch Oriental Salad	\$ 10.00
- Add chicken	\$ 6.00
1 TO GO	\$ 0.00

Subtotal:	\$ 52.00
Tax (5% of \$ 52.00):	\$ 2.60
Total:	\$ 54.60

Amount Due: \$ 54.60

Streetside Eatery
317 8th Street South
Lethbridge, AB
403-328-8085

Powered by LAVU