

LEGISLATIVE ASSEMBLY OF ALBERTA
 Member EDR 2018-19
 069 - Lethbridge-West - Phillips, Shannon
 For Expenses Processed Oct 1 - Dec 31 2018

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$261.71	\$604.67
MLA Parking Cap - \$	\$900.00		
Other Travel - Parking - \$		\$56.00	\$56.00
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$		\$180.73	\$329.05
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$			\$938.77
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 - \$		\$184.28	\$987.18
Event Tickets Disclosable - \$			
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel MLA (KM) - NF	35,000.0		
Constituency Travel Staff (KM) - NF			
Total Constituency Travel (KM) - 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		3.5	10.0
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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 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 10/01/18
 DATE DE LA FACTURE [REDACTED]
 NVOICE NO. 0007240158
 NO DE LA FACTURE [REDACTED]

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 ----- DESCRPTION 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]	[REDACTED]	000509146389 08/04/18	FASGAS LETHBRIDGE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT DISCOUNT / RABAIS TOTAL / TOTAL	60.1	1.50	86.10	4.30 4.30	90.40 90.40 .60- 89.80
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	60.1		86.10	4.30	90.40 .60- 89.80
BKDN TOTALS / TOTAUX CODIFICATION 01-69			UNITS / VEHIC	1			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	60.1		86.10	4.30	90.40 .60- 89.80
							BKDN TOTALS / TOTAUX CODIFICATION DISCOUNT / RABAIS TOTAL / TOTAL					90.40 .60- 89.80

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]
 NVOICE DATE 11/01/18
 DATE DE LA FACTURE [REDACTED]
 NVOICE NO. 0007247545
 NO DE LA FACTURE [REDACTED]

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]	[REDACTED]	0041864	000512550905 09/12/18	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	68.1	1.45	93.75	4.69 4.69	98.44 98.44
UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	68.1		93.75	4.69	98.44
BKDN TOTALS / TOTAUX CODIFICATION 01-69			UNITS / VEHIC		1	FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH		68.1		93.75	4.69	BKDN TOTALS / TOTAUX CODIFICATION 98.44

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
 - -
 - -
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CLIENT NO. [REDACTED]
 NO DU CLIENT [REDACTED]
 INVOICE DATE 12/01/18
 DATE DE LA FACTURE
 INVOICE NO. 0007291286
 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]	0044152	000515861851 11/03/18	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	69.3	1.25	82.46	4.12 4.12	86.58 86.58
UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	69.3		82.46	4.12	86.58
BKDN TOTALS / TOTAUX CODIFICATION 01-69			UNITS / VEHIC		1	FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH		69.3		82.46	4.12	BKDN TOTALS / TOTAUX CODIFICATION 86.58



Legislative Assembly of Alberta
SE00038 - Staff Other Expenses Claim Form

Receipt Description	airport parking
Member Name	Shannon Phillips
Claimant	Lisa Lambert
Expense Category	Other

RETAIN STUB AS RECEIPT
LETHBRIDGE AIRPORT PARKING

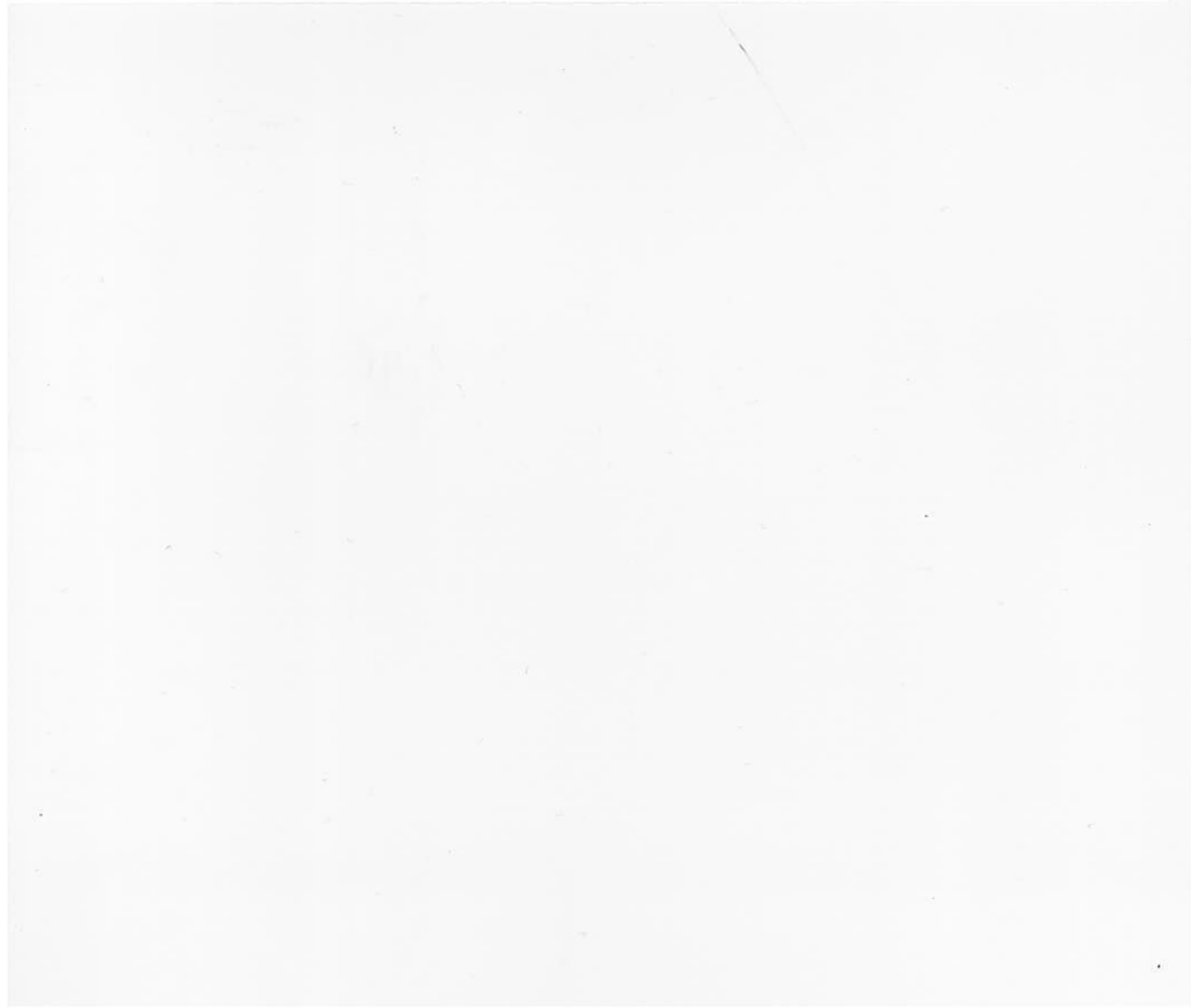
5897

DATE Sept 12/18

TIME/HEURE 15:32 STALL/D'EMPLACEMENT# 106

LICENCE #/No DE PLAQUE [REDACTED]

AMOUNT PAID/MONTANT PAYE 16.00



I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to my staff or on their behalf.



Legislative Assembly of Alberta
SE00077 - Staff Other Expenses Claim Form

Receipt Description	airport parking for member
Member Name	Shannon Phillips
Claimant	Lisa Lambert
Expense Category	Other

RETAIN STUB AS RECEIPT
LETHBRIDGE AIRPORT PARKING

6120

DATE _____

TIME/HEURE _____ STALL/D'EMPLACEMENT# 108

LICENCE #/No DE PLAQUE _____

AMOUNT PAID/MONTANT PAYE 8.00 Pd CASH JL

RETAIN STUB AS RECEIPT
LETHBRIDGE AIRPORT PARKING

6139

DATE _____

TIME/HEURE _____ STALL/D'EMPLACEMENT# 106

LICENCE #/No DE PLAQUE _____

AMOUNT PAID/MONTANT PAYE 532.00 Pd CASH JL

I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to my staff or on their behalf.



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
November 16, 2018



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 November 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.

0903

Credit Limit Summary On November 16, 2018	Total Credit Limit \$	Available Credit Limit \$
	[REDACTED]	[REDACTED]

Listing of Charges and Credits

Amount \$

November 9 Payment Received Thank You

[REDACTED]

New Transactions for SHANNON PHILLIPS

Amount \$

[REDACTED]	[REDACTED]	[REDACTED]
November 5	AIRPORT TAXI SERVICE EDMONTON TAXICABS AND LIMOUSINES	63.25

Total New Transactions for SHANNON PHILLIPS

[REDACTED]

Taxi, Bus Travel \$60.25 + GST [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



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

000120

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
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, 2018

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 December 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.

0607

Credit Limit Summary On December 16, 2018

Total Credit Limit \$ [REDACTED]

Available Credit Limit \$ [REDACTED]

Listing of Charges and Credits

Amount \$

November 29 Payment Received Thank You [REDACTED]

New Transactions for SHANNON PHILLIPS

Amount \$

November 26 AIRPORT TAXI SERVICE EDMONTON
TAXICABS AND LIMOUSINES

63.25

December 3 GREATER EDMONTON TAX EDMONTON
TAXICABS AND LIMOUSINES

63.25

Total New Transactions for SHANNON PHILLIPS [REDACTED]

Taxi, Bus Travel \$120.48 + 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

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' 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.

October
2018

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



Member Signature

Updated March 2018



Members' Temporary Accommodation Allowance Claim Form

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Constituency: Lethbridge-West

Employee #:

Date: 4/6/2018

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Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

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Fiscal Year: 2018-2019

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x 12 = \$ 23,160.00

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November
2018

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Member Signature

Updated March 2018



Members' Temporary Accommodation Allowance Claim Form

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Constituency: Lethbridge-West

Employee #:

Date: 4/6/2018

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Fiscal Year: 2018-2019

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Yes

No

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x 12 = \$ 23,160.00

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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.

December
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: Lisa Lambert

Expense Category: Hosting

For hosting, select one:

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

Purpose:

lunch with constituents
 $\$61.35 + \text{GST}$
no alcohol was purchased.

STELLA'S DINER
525 4 AVE S
LETHBRIDGE AB

CARD [REDACTED]
CARD TYPE INTERAC
ACCOUNT TYPE CHEQUING
DATE 2018/08/01
TIME 1477 12:17:08
RECEIPT NUMBER
C82045014-001-122-012-0

PURCHASE
AMOUNT \$55.65
TIP \$8.35
TOTAL
 $\$64.00$

INTERAC
A0000002771010
0433AA8B5898FB3D
8080008000-6800
5093CECCF24618FD

APPROVED
[REDACTED] 00-001
THANK YOU

CARDHOLDER COPY



Legislative Assembly of Alberta
SE00038 - Staff Other Expenses Claim Form

Receipt Description	coffee and tea
Member Name	Shannon Phillips
Claimant	Lisa Lambert
Expense Category	Hosting - Group (word on the street) Hosting Purpose - festival event

Hosting = \$30.68

SHOPPERS DRUG MART 

D.R. Perry Pharmacy Ltd.
 102-2045 MAYOR MAGRATH DR S., LETHBRIDGE, AB, T1K 2S2
 403-328-5509
 Sep 19, 2018 12:52 PM
 0362 1008 301123 100112 3

KICKING, HORSE	12.99	N	12.99	S
COFFEE, MATE	4.79	N	4.79	
BAILEYS FR VAN	2.11	N	1.99	S
PET ENV	0.02	N	0.02	
PET DEP	0.10	N	0.10	
TETLEY TEA	5.79	N	5.79	
2 X CLOVER, LEAF FL	1.67	N	3.34	S
CLOVER LEAF FL	1.66	N	1.66	S

SUBTOTAL: [REDACTED]
 5.0% GST: [REDACTED]
TOTAL: [REDACTED]

DEBIT CARD

You have saved \$9.27

 WITH YOUR PC OPTIMUM CARD
 YOU COULD HAVE EARNED THESE POINTS: 690

 10149 4391 RT001


 9990203621008003011236
 Retain Receipt for return within 30 days.
 Visit shoppersdrugmart.ca for exclusions.

I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to my staff or on their behalf.



Legislative Assembly of Alberta
SE00038 - Staff Other Expenses Claim Form

Receipt Description	pizza for youth advisory
Member Name	Shannon Phillips
Claimant	Lisa Lambert
Expense Category	Hosting - Group (youth advisory council) Hosting Purpose - meeting

Hosting = \$52.25 plus GST

Two Guys And A Pizza Place
 316 - 11 street south
 403-331-2222
 www.twoguyspizza.ca
 GST#879803518RT0001

Ticket # 84
 9/24/2018 3:46 pm HANNAH

*** DELIVERY ***

Required:
 4:45 pm

[REDACTED]
 LISA LAMBERT
 [REDACTED]

Zone :
 South
 MLA OFFICE
 MasterCard

Was Deferred
 #24876

14 " LG 22.00
 Margherita X

14 " LG 22.00
 Mini-Meat

BreadSticks 3.50

 Subtotal 47.50
 Delivery Charge 4.75
 GST 2.61
Total 54.86

Ticket # 84
 (2409016453)

I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to my staff or on their behalf.



Legislative Assembly of Alberta
SE00069 - Staff Other Expenses Claim Form

Receipt Description	coffee for Philanthropy Day
Member Name	Shannon Phillips
Claimant	Lisa Lambert
Expense Category	Hosting - Group (downtown Lethbridge businesses) Hosting Purpose - Philanthropy Day

The Stoketown
#120, 333 6th St. S
Lethbridge, Alberta
Canada, T1K 0P5
Tel: 14034732939

Printed November 19, 2018 at 2:01 PM

November 19, 2018 at 2:01 PM Order #: 51162

Table: Esther's Register, 1
guest

Party Name: 68

Tax 1 #: R0123456789

Waiter: Izzy

Catering \$40.00

Boardroom Total \$40.00

Sub Total \$40.00
Tax 1 \$2.00

Total \$42.00

*Debit \$42.00

Printed from iPad using TouchBistro

I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to my staff or on their behalf.