

LEGISLATIVE ASSEMBLY OF ALBERTA
 Member EDR 2016-17
 080 - St. Albert - Renaud, Marie
 For Expenses Processed July 1 - September 30, 2016

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$265.04	\$506.57
MLA Parking Cap - \$	\$900.00	\$129.23	\$129.23
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$			
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$76.85	\$76.85
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)			
Travel Accommodations Allowance		\$626.20	\$626.20
Travel Accommodations Allowance (days; 10 max) - NF	10	4	4
Other			
Hosting - \$		\$421.05	\$668.50
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	35,000		
Special Trips (5 trips per year) - NF	5	1	1
Travel To and From the Capital			
Travel by Air, Bus or Train (Unlimited Trips) - NF			
Use of a Private Automobile (52 trips per year) - NF	52		
Other Travel			
Vehicle Rental (5 Days maximum anywhere in Alberta) - NF	5		

\$ - 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-80-M RENAUD
 - -
 - -
 - -

CLIENT NO. [REDACTED]
 NO DU CLIENT [REDACTED]
 INVOICE DATE 08/01/16
 DATE DE LA FACTURE
 INVOICE NO. 0006443170
 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]	RENAUD	[REDACTED]	[REDACTED]	[REDACTED]	000439152935 07/03/16	PETRO CANADA JASPER AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	31.0	1.14	33.60	1.68 1.68	35.28 35.28
					000439152937 07/01/16	PETRO CANADA EDMONTON AB	MIDGRADE UNLEADED GASOLINE 1 GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	34.5	1.01	33.30	1.67 1.67	34.97 34.97
					000438335726 06/25/16	SHELL CANADA INC AIRDR E AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	30.5	.96	28.01	1.40 1.40	29.41 29.41
					000439152936 06/23/16	PETRO CANADA EDMONTON AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	9.4	.95	8.50	.42 .42	8.92 8.92
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	105.4		103.41	5.17	108.58
					BKDN TOTALS / TOTAUX CODIFICATION 01-80		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	105.4		103.41	5.17	
						BKDN TOTALS / TOTAUX CODIFICATION						108.58

FLEET MANAGEMENT SERVICES DETAIL
 DETAILS SERVICES DE GESTION DE PARC

PAGE - 241 OF 262
 DE

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
 DIV-80-M RENAUD

- -
 - -
 - -
 - -

CLIENT NO. [REDACTED]
 NO DU CLIENT [REDACTED]
 INVOICE DATE 09/01/16
 DATE DE LA FACTURE
 INVOICE NO. 0006455248
 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 AUTHORIZED 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
	RENAUD				000441344279 08/23/16	SHELL CANADA INC CLARESHOLM AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	18.9	1.02	18.32	.92 .92	19.24 19.24
				0050187	000441287961 08/21/16	MR LUBE AB	STANDARD PACKAGE GST-HST / TPS-TVH SHOP SUPPLIES VEND VIN/NIV KMHCT4AE1CU259675 REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	1.0	59.99	59.99	3.25	68.23 68.23
				000440694601	08/09/16	FEDERATED COOPERATIVES L MITED EDMONTON AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	35.0	.86	28.64	1.43 1.43	30.07 30.07
				000439876667	07/24/16	SHELL CANADA INC EDMONTON AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	28.6	.83	22.54	1.13 1.13	23.67 23.67
				000440826817	07/14/16	PETRO CANADA EDMONTON AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	34.4	.83	27.15	1.36 1.36	28.51 28.51
	UNIT TOTAL / TOT UNITE						FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	116.9		161.63	8.09	169.72
	BKDN TOTALS / TOTAUX CODIFICATION 01-80				UNITS / VEHIC 1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	116.9		161.63	8.09	169.72
							BKDN TOTALS / TOTAUX CODIFICATION					169.72

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Marie Renaud

Claimant Name: Marie Renaud

Expense Category: Member Parking

For hosting, select one:

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

Purpose:

Parking for meeting @ Sterling Centre, July 22nd

Meeting @ Sterling Place
RECEIPT

License Plate Number
[Redacted]

Expiration Date/Time
12:21 PM
JUL 22, 2016

Purchase Date/Time: 09:21am Jul 22, 2016
Total Parking: \$15.00
Total GST: \$0.75
Total Due: \$15.75
Total Paid: \$15.75
S/N #: 520014371329
Setting: C236
Mach Name: C236B
Rate: \$5.00 PER HOUR
Payment Type: Card

[Redacted]

PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Marie Renaud

Claimant Name: Marie Renaud

Expense Category: Member Parking

For hosting, select one:

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

Purpose:

Parking for University of Alberta convocation ceremony.

Parking - Event

 Parking Services, Rm 1-51 Lister Centre
 University of Alberta
 87 Avenue 116 Street
 Register #005(POS JUB 2 PARK)
 Operator #005
 Today is 6/9/2016 at 2:07 PM
 Order # 0000166-5

1	\$6	5.71 x--
SUB TOTAL-->		\$ 5.71
GST TAX -->	\$	0.29
TOTAL-->	\$	6.00

PayMode #1 : Credit Card: ****3208 \$6.00
Card Type : UnKnown

SIGNATURE _____

Bank Card Transaction Receipt

Bank Card Type: Visa
 Amount: 6.00
 Transaction Type: CreditCard_Sale
 Transaction ID: 35

Response code: A
 Response message: Transaction Approved
 Reference:
 Unique ID: d17ed642a6fd4c5faeb105f869ecd93b
 Transaction Date/Time: 2016/06/09 14:07:07
 OneCard Terminal: 00737

Edmonton, AB T6G 2H6
GST # R108102831

Convocation Ceremony

U OF A PARKING-JUBILEE N1
115 STREET - 87 AVENUE
EDMONTON, AB T6G2H6
7804927275

Merchant ID: 5722772 Ref #: 035
Term ID: 002

Extern Tran

DEBIT Entry Method: Chip

Acct Type: Savings

06/09/16 14:07:03

Inv #: 000035

Apprvd Batch#: 161001

Trace: 00276989
Retrieval Ref. #: 00000035

Total: \$ 6.00

No signature required. Verified by PIN.
Your account will be debited with the above amount.
Retain this copy for statement verification.

Application Label: Interac
AID: A000000271010
TVR: 00 00 00 00 00
TSI: F8 00

Customer Copy

Personal Expense Claim Receipt Description

Member Name: Marie Renaud

Claimant Name: Marie Renaud

Expense Category: Member Parking

For hosting, select one:

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

Purpose:

Parking, August 11th

Mtg Parking.

RECEIPT
Advanced Lot 1
NO IN AND OUT PRIVILEGES
Edmonton City Centre
10020-102 a Ave

License Plate Number
[REDACTED]

Expiration Date/Time
12:25 PM
AUG 11, 2016

Purchase Date/Time: 10:25am Aug 11, 2016
Total Parking: \$9.52
Total GST: \$0.48
Total Due: \$10.00
Total Paid: \$10.00
Ticket #: 93053041
S/N #: 520116170626
Setting: Advanced Lot 1
Mach Name: Meter 4

Rate: \$10 - 2 Hours
Payment Type: Card

Visa [REDACTED]

GST #122014491RT0003
Advanced Lot 1
Edmonton, Ab. T5J 0G5
Ph: 780-426-8472



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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
**MARIE RENAUD
LEGIS ASSEMBLY OF AB**



Date
July 16, 2016

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 July 16, 2016

Please see "About Your Statement" section for important information.

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

**Credit Limit Summary
On July 16, 2016**

Total Credit Limit \$

Available Credit Limit \$



New Transactions for MARIE RENAUD

Amount \$



June 26	WESTIN CALGARY WESTI CALGARY MEETINGS/CONVENTIONS	29.40
June 26	WESTIN CALGARY WESTI CALGARY MEETINGS/CONVENTIONS	74.54

Total New Transactions for MARIE RENAUD



† Please detach here †

AMERICAN EXPRESS®

Payment Options
PLEASE ALLOW 3 TO 5 BUSINESS DAYS FOR YOUR PAYMENT
TO BE PROCESSED BY YOUR FINANCIAL INSTITUTION AND
SENT TO US. See the About Your Payment Section.
· Phone and internet banking arranged through your financial institution
· Your local bank branch
· Automatic banking machines
Do Not Enclose Cash

Membership Number [REDACTED]		
	Amount Due \$ [REDACTED]	Amount Paid \$

000134



MARIE RENAUD
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



1707



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Corporate Service Centre
PO Box 7000 Station B
Willowdale (Ontario) M2K 2R6



Prepared For
**MARIE RENAUD
LEGIS ASSEMBLY OF AB**



Date
July 16, 2016

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 July 16, 2016

Please see "About Your Statement" section for important information.

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

1707

**Credit Limit Summary
On July 16, 2016**

**Total Credit Limit \$
10,000**

**Available Credit Limit \$
9,514**

New Transactions for MARIE RENAUD

Amount \$

June 22	EXPEDIA*113859216701 EXPEDIA.CA TRAVEL AGENCIES & TOUR OP	382.96
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Total New Transactions for MARIE RENAUD



† Please detach here †

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SENT TO US. See the About Your Payment Section.
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· Your local bank branch
· Automatic banking machines
Do Not Enclose Cash

Membership Number [REDACTED]		
	Amount Due \$ [REDACTED]	Amount Paid \$

000134



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



Prepared For
MARIE RENAUD
LEGIS ASSEMBLY OF AB



Date
September 16, 2016

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 September 16, 2016

Please see "About Your Statement" section for important information.

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

Credit Limit Summary On September 16, 2016

Total Credit Limit \$

Available Credit Limit \$



Listing of Charges and Credits

Amount \$

September 1 Payment Received Thank You



New Transactions for MARIE RENAUD

Amount \$

Date	Description	Amount
August 23	COAST LETHBRIDGE HOT LETHBRIDGE Arrival Departure 21/08/16 23/08/16	274.54

Total New Transactions for MARIE RENAUD

274.54



† Please detach here †

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Payment Options
PLEASE ALLOW 3 TO 5 BUSINESS DAYS FOR YOUR PAYMENT
TO BE PROCESSED BY YOUR FINANCIAL INSTITUTION AND
SENT TO US. See the About Your Payment Section.
· Phone and Internet banking arranged through your financial institution
· Your local bank branch
· Automatic banking machines
Do Not Enclose Cash

Membership Number		
[REDACTED]		
	Amount Due \$	Amount Paid \$
	[REDACTED]	



MARIE RENAUD
LEGIS ASSEMBLY OF AB
4TH FLR 9820 107 ST
EDMONTON AB
T5K 1E9

000133

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)

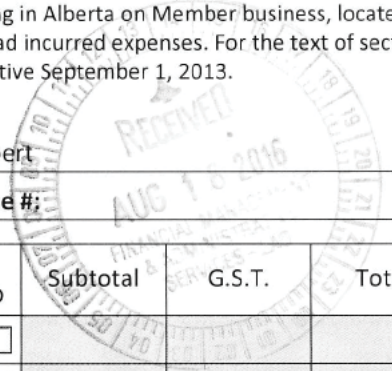
Member Name: Renaud, Marie

Constituency: St. Albert

For the Month of: July

Year: 2016

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	60 km from Perm. Res.	Ottawa	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28	60 km from Perm. Res.	Ottawa	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.76	0.44	9.20
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						\$48.33	\$2.42	\$50.75

I certify that I have met the requirements of section 7 of the *Members' Allowances Order, RMSC 1992, c. M-1*, as amended, have incurred meal expenses on the dates selected, and have not previously claimed or been paid for these expenses.

Member Signature

Aug 9/16

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)

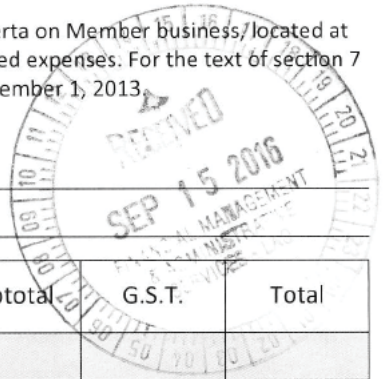
Member Name: Renaud, Marie

Constituency: St. Albert

For the Month of: August

Year: 2016

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	60 km from Perm. Res.	Lethbridge	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
22	60 km from Perm. Res.	Lethbridge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.76	0.44	9.20
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						\$28.52	\$1.43	\$29.95

I certify that I have met the requirements of section 7 of the *Members' Allowances Order, RMSC 1992, c. M-1*, as amended, have incurred meal expenses on the dates selected, and have not previously claimed or been paid for these expenses.


Member Signature

Date



LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Marie Renaud

Claimant Name: Marie Renaud

Expense Category: Hosting

For hosting, select one:

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

Purpose:

Hosting L. Landry for lunch at Legislature Cafeteria.

Duplicate Receipt: 1 ry
 Aramark Canada Ltd.
 Alberta Legislature Cafe

```

=====
Classic Pizza
1                               3.95ti
Classic Pizza
1                               3.95ti
Side Salad
1                               3.25ti
Smart Water
1                               2.00ti
Classic Ciabatta
1                               5.25ti
=====
Sub Total:                       18.40
Total:                           18.40
Cash                             18.40
Item Count
#00000019207 Lane1              1
06/02/2016                      12:13:43
Thank You
    
```

*Lunch with
 stakeholders - L. Land*

EDONPROPINC-GOV-CTRL.EDGH2873
 10800 97 AVE
 LEGISLATIVE BUILDING
 EDMONTON AB T5K 2B6
 TEL (780) 427-7262

TERM ID: B4235128 BATCH#: 290
 SHIFTH: 002

Sale

INVT#: 000000067
 INTERAC Chip
 Account Type: Savings SEQ#: 290001001067
 Application Label: Interac
 AID: A000000271010
 TVR: 00 80 00 80 00
 TSI: F8 00



Total: CAD\$ 18.40



NO SIGNATURE REQUIRED

02-Jun -16 12:14:30

THANK YOU

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Marie Renaud
 Claimant Name: Marie Renaud
 Expense Category: Hosting

For hosting, select one:

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

Purpose:

Purchased breakfast for staff + MacEwan social work student on the last day of student's work placement.

Breakfast with
 Staff + MacEwan
 Student - last day of
 11 Belrose Drive
 Toast Fraction
 Table #9

Trans #: 27747 Serv: Lisa B
 4/22/2016 9:41 AM # Cust: 4

Quan	Descript	Cost
3	Daily Grind	\$8.85
1	Tea	\$2.50
1	The Dubliner Omelette	\$13.95
1	Veggie Omelette	\$13.95
1	Fit 'N Healthy	\$8.25
1	Brekkie Bagel	\$13.95

Net Total: \$61.45
 GST \$3.07

TOTAL: \$64.52
Amount Due: \$64.52

Food: \$50.10
 Beverage: \$11.35

Watch for New
 Daily Specials ..

TOAST BREAKFAST & LUNC
 11 BELLEROSE DR UN T8N5C9
 ST. ALBERT AB
 20729434
 GW2072943401

**** PURCHASE ****

04-22-2016 09:42:05

Exp Date **/** Card Type VI

Name: MARIE RENAUD
 A0000000031010 VISA CREDIT

Trace # 8378

Inv. # 9271

RRN 001451004

Purchase \$64.52
 Tip \$12.90
Total \$77.42

(00) APPROVED-THANK YOU

Retain this copy for your records
 Customer copy

Personal Expense Claim Receipt Description

Member Name: Marie Renaud

Claimant Name: Andrew Traynor

Expense Category: Hosting

For hosting, select one:

- Individual Constituent(s)
- Individual Stakeholder(s)
- Group: Snacks for Open House attendees

Purpose:

Snacks and sandwiches purchased for attendees to enjoy at
Constituency Office Open House, June 17th 2016



Safeway Gateway Village Mall
300 - 2 Hebert Rd S., Albert AB
Phone: 780.460.9356
GST# 817093735

Served by: Yve B

GROCERY	
Lucerne Half & Half	\$3.29 C
+Deposit	\$0.10 R
DELI	
Classic Dagwood Whol	\$10.99 GC
Classic Dagwood Whol	\$10.99 GC
BAKERY	
Baklava Var Pack	\$10.99 C

SUBTOTAL		\$36.36
5% GST		\$1.10
TOTAL		\$37.46
Debit	TENDER	\$37.46
Cash	CHANGE	\$0.00
NUMBER OF ITEMS		4

AIR MILES

LET US REWARD YOU

Air Miles you could have earned
this visit: 1

Enroll today, visit www.airmiles.ca

MERCHANT 22258194 RF
TERM SB2225819406 RCPT 6191000

** Purchase ** 37.46
MERCHANT 22258194 RF

ACCOUNT RESP 001
DATE 06/17/2016 TIME 10:43:46
REF# 001210025

APPL. Interac
AID A0000002771010

00 APPROVED - THANK YOU

APPROVE TO PAY THE ABOVE TOTAL AMOUNT

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Marie Renaud

Claimant Name: Andrew Traynor

Expense Category: Hosting

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group: Town Hall Attendees

Purpose:

Snacks purchased for attendees to enjoy at MLA Town Hall, May 5th 2016.

save-on-foods #6665
Village Landing
Visit www.saveonfoods.com
G.S.#R846980878

Chicago Mix 9.38 G
2 @ 4.69

Cupcakes 4.69
Hormel Deli Tray 22.79 G
TwoBite Cupcakes 4.69
WF Fruit Party Tray 17.99 G

Sub Total

Tax-Code Taxable-Value Tax-Value
GST 63.14 3.16

BALANCE DUE

Credit

CUSTOMER COPY

SLIP # 0002170244 TERM E6665C02
** Purchase **
CAD \$ 75.68
CARD VISA PROXIMITY

RESP 001 ISO 00
DATE 05/05/2016 TIME 17:02:50
REF # 551001001033

APPL.: Visa Credit
AID: A0000000031010
TVR: 0000000000 TSI:
Approved
No Signature Required

CHANGE \$0.00

By being a More Rewards Cardholder
You could have saved \$5.10
You could have earned 67 points

How was your visit today?
Tell us at www.saveonfoods.com/survey
and enter to win a \$1000
Save On Foods gift card

100% MONEY BACK GUARANTEE
if returned within 14 days of
purchase with original receipt
(some restrictions apply)

CASHIER NAME: Mackenzie A
C0118 #1484 17:01:47 05May2016
S06665 R002

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Marie Renaud

Claimant Name: Marie Renaud

Expense Category: Hosting

For hosting, select one:

- Individual Constituent(s)
 Individual Stakeholder(s)
 Group: Constituency office

Purpose:

Water for constituency office



#103, 23 Bellerose Drive
St. Albert, Alberta T8N 5E1
Phone: (866) 460-0433
Fax: (780) 458-8024
Email: admin@amazonsprings.com
URL: www.amazonsprings.com
G.S.T. # 89812 8509

INVOICE / STATEMENT

Date :2016-08-16 12:23:36.442
Invoice #:1961402
Customer #:42501
Company:Marie Renaud - MLA
Contact:Carol Vogler
Address:109 B 50 St.Thomas Street
Front door faces Perron Str
eeet
St. Albert
PO Number: MLA144915

Invoice Items

Pure Earthwater
PUEW00189: 2
18.9 l. Bottle Deposit Charge
DEPC00189: 2
18.9 l. Bottle Deposit Refund
DEPR00189: 2

Summary

Signed By:



Amazon Springs Water Co. Ltd.
#103 - 23 Bellerose Drive
St. Albert, AB T8N 5E1
Phone: (780) 460-0433
Fax: (780) 458-8024
Email: info@amazonsprings.com
Website: www.amazonsprings.com

INVOICE

Invoice Date: August 16, 2016

Bill To:

Deliver To:

Carol Vogler Marie Renaud - MLA
109 B 50 St. Thomas Street
Front door faces Perron Street
St. Albert
Alberta
T8N 1E4

Customer Number [REDACTED]
Invoice Number: 1961402
Received By:
P.O. Number: MLA144915
MLA144915



SKU	Item Description	Quantity	Unit Price	GST	Total
PUEW00189	Pure Earthwater /	2	8.75	0.00	17.50
PPRO00001	Pure - Promo N/C /	0	0.00	0.00	0.00
DEPC00189	18.9 l Deposit Charge /	2	10.00	0.00	20.00
DEPR00189	18.9 l Bottle Refund /	2	-10.00	0.00	-20.00

Subtotal \$17.50
Tax \$0.00
Total \$17.50

Terms - Net 15 days
GST Registration No. 898128509

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Marie Renaud

Claimant Name: Marie Renaud

Expense Category: Hosting

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group: _____

Purpose:

Lunch meeting with Mayor Nolan Crouse

Lunch Mtg with Mayor
EARLS RESTAURANTS Crouse

earls
GREAT FOOD GREAT PEOPLE

300 10 McKenney Ave
St. Albert AB
(780) 459-5200

1073 JUAN

Tbl 135/1 Chk 71 Gst 1
09Aug'16 11:29AM

1 *ADD ON ONLY*	0.00
add Farkay	3.00
1 POP	3.50
1 TEA	3.50
3 POP REFILL	0.00
1 FIELD GREENS	9.25

Subtotal	19.25
GST Tax	0.96
12:06PM Total	20.21

1/2 off all wine- Wednesdays
Happy Hour 3-6pm
Reverse Happy Hour
Everyday starting at 9pm
Discounts on apps/drinks

We'd love to hear from you:
GM--jkelsey@earls.ca
Head Chef- rtaylor@earls.ca
GST # 850841768 RT0001

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Marie Renaud

Claimant Name: Andrew Traynor

Expense Category: Hosting

For hosting, select one:

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

Purpose:

Coffee purchased by constituency staff to hand out to students & commuters @ transit stations - Wednesday September 7th.

Starbucks Coffee #23363
935 St Albert Trail
St. Albert, AB T8N 4K6

Sep 07 2016 06:56 am Trans# 709165

TRANSACTION RECORD

Card Number: [REDACTED]
Card Type : VISA
Card Entry : CHIP
Trans Type : PURCHASE
Amount : \$170.10

Auth # [REDACTED]
Sequence # : 000002
Term ID : 001
Date : 16/09/07
Time : 06:55:50

APPROVED

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

Application Label: Visa Credit
AID: A0000000031010
TVR: 0080000000
TC : 40
TSI:

Starbucks Coffee
935 St Albert Trail
St. Albert, AB T8N 4K6

CHK 709165
09/07/2016 06:56 AM
1716396 Drawer: 1 Reg: 1

5 Gallon Drip 90.00
PERCENT OFF -9.00
5 Gallon Drip 90.00
PERCENT OFF -9.00
Visa 170.10

Subtotal \$162.00
GST 5% \$8.10
Total \$170.10
Change Due \$0.00

----- Check Closed -----
09/07/2016 06:56 AM

Your Savings Today is: \$18.00

GST: 86585 3535

Join our loyalty program
Starbucks Rewards®
Sign up for promotional emails
Visit Starbucks.ca/rewards
Or download our app
At participating stores
Some restrictions apply

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Marie Renaud
Claimant Name: Marie Renaud
Expense Category: Hosting

For hosting, select one:

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

Purpose:

dinner meeting w/ service dog stakeholder in Lethbridge



LETHBRIDGE #150

0130 Table 32 #Party 2
RACHEL W SvrCk: 26 17:36 08/22/16

COFFEE	3.00
N.S. POP	3.25
I-TROPIC CHIC, original	12.60
CHKN CAESAR SAL, w/ pln chkn	14.80

Sub Total: 33.65
GST : 1.68

08/22 18:33 TOTAL: 35.33

THANK YOU JOINING US TODAY
GST # 872676713

PLEASE PAY SERVER

TELL US HOW WE DID!

We value your feedback and time.
Complete our SUPER SHORT SURVEY and
receive a chance to WIN an AWESOME
\$200 Boston Pizza gift card.
Keep this receipt and go to
www.TellBostonPizza.com

For complete rules and eligibility
please TellBostonPizza.com

ACCESS CODE:

07031-81000-25211

This code will expire in 28

Hosting.
Dinner with Les Landry
re: Service Dogs.