

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2016-17
085 - West Yellowhead - Rosendahl, Eric
For Expenses Processed Oct 1 - Dec 31, 2016

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$1,351.83	\$2,943.52
MLA Parking Cap - \$	\$900.00		
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$		\$309.70	\$309.70
Taxi, Bus Travel - \$			\$70.48
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$508.10	\$668.58
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,790.00	\$17,370.00
Travel Accommodations Allowance			\$1,556.25
Travel Accommodations Allowance (days; 10 max) - NF	10.0		10.0
Other			
Hosting - \$			\$42.81
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	80,000.0	7,652.0	11,455.0
Special Trips (5 trips per year) - NF	5.0		
Travel To and From the Capital			
Travel by Air, Bus or Train (Unlimited Trips) - NF			
Use of a Private Automobile (52 trips per year) - NF	52.0	16.5	26.0
Other Travel			
Vehicle Rental (5 Days maximum anywhere in Alberta) - NF	5.0		

\$ - Reported on CAD dollar amount of actual expense

NF - Reported based on number of trips, number of kilometres, or number of days

Budget reported is the maximum annual amount that may be claimed

GST is not included in the \$ amounts as the Legislative Assembly is GST/HST - exempt

Element Fleet Management



BFD290001

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	

CLIENT NO.
NO DU CLIENT
INVOICE DATE
DATE DE LA FACTURE
INVOICE NO. 0006467039
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 AUTHORISE 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
	ROSENDAHL				000442717492 09/17/16	SHELL CANADA INC WABAMUN AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	51.3	.90	43.90	2.20 2.20	46.10 46.10
					000442607496 08/24/16	IMPERIAL OIL GRANDE CACHE AB	ETHANOL REGULAR GRADE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	30.1	1.02	29.19	1.46 1.46	30.65 30.65
					000442607494 08/23/16	IMPERIAL OIL RED DEER AB	ETHANOL REGULAR GRADE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	41.2	1.02	40.00	2.00 2.00	42.00 42.00
					000442607495 08/23/16	IMPERIAL OIL NITON JUNCTIO AB	ETHANOL REGULAR GRADE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	30.6	.98	28.62	1.43 1.43	30.05 30.05
					000442607493 08/21/16	IMPERIAL OIL EDMONTON AB	ETHANOL REGULAR GRADE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	41.2	.84	33.10	1.65 1.65	34.75 34.75
					000442607492 08/20/16	IMPERIAL OIL EDMONTON AB	ETHANOL REGULAR GRADE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	34.5	.87	28.57	1.43 1.43	30.00 30.00
					000442607491 08/16/16	IMPERIAL OIL HINTON AB	ETHANOL REGULAR GRADE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	55.6	.99	52.38	2.62 2.62	55.00 55.00
UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	284.5		255.76	12.79	268.55
BKDN TOTALS / TOTAUX CODIFICATION 01-85							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	284.5		255.76	12.79	

BLG871

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

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-85-E ROSENDAHL - - - - - - - -

CLIENT NO.	
NO DU CLIENT	
INVOICE DATE	10/01/16
DATE DE LA FACTURE	
INVOICE NO.	0006467039
NO DE LA FACTURE	

UNIT NO	DRIVER NAME DRIVER ID.	V.I.N.	CARD NO.	KM AUTHORIZE	REFERENCE NO ACTIVITY DATE	SUPPLIER NAME SUPPLIER LOCATION	CHARGE DESCRIPTION	QTY	UNIT COST	EXTENDED PRICE	GST-HST PST/QST	TOTAL DUE
NO. D'UNITE	NOM DU CONDUCTEUR NO. DU CONDUCTEUR	NO. DE SERIE	NO. DE CARTE	KM AUTORISE	NO. DE REFERENCE DATE DE LA TRANS.	NOM DU FOURNISSEUR POINT DE VENTE	DESCRIPTION DES FRAIS	QTE	COUT UNIT	TOTAL	TPS-TVH TVP/TVQ	MONTANT TOTAL DU
BKDN TOTALS / TOTAUX CODIFICATION												
BKDN TOTALS / TOTAUX CODIFICATION												268.55

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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	
-	-
-	-
-	-

CLIENT NO.	
NO DU CLIENT	
INVOICE DATE	
DATE DE LA FACTURE	
INVOICE NO.	0006478695
NO DE LA FACTURE	

UNIT NO	DRIVER NAME DRIVER ID.	V.I.N.	CARD NO.	KM AUTHORIZE	REFERENCE NO ACTIVITY DATE	SUPPLIER NAME SUPPLIER LOCATION	CHARGE DESCRIPTION	QTY	UNIT COST	EXTENDED PRICE	GST-HST PST/QST	TOTAL DUE
NO. D'UNITE	NOM DU CONDUCTEUR	NO. DE SERIE	NO. DE CARTE	KM AUTORISE	NO. DE REFERENCE DATE DE LA TRANS.	NOM DU FOURNISSEUR POINT DE VENTE	DESCRIPTION DES FRAIS	QTE	COUT UNIT	TOTAL	TPS-TVH TVP/TVQ	MONTANT TOTAL DU
	ROSENDAHL				000444551774 10/18/16	SHELL CANADA INC WABAMUN AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	54.7	.97	50.48	2.52 2.52	53.00 53.00
					000444107517 10/03/16	IMPERIAL OIL HINTON AB	ETHANOL REGULAR GRADE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	44.3	.96	40.48	2.02 2.02	42.50 42.50
					000444107516 09/30/16	IMPERIAL OIL HINTON AB	ETHANOL REGULAR GRADE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	47.5	.96	43.33	2.17 2.17	45.50 45.50
					000444107515 09/28/16	IMPERIAL OIL EDMONTON AB	ETHANOL REGULAR GRADE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	35.3	.88	29.52	1.48 1.48	31.00 31.00
					000444107514 09/27/16	IMPERIAL OIL HINTON AB	ETHANOL REGULAR GRADE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	42.2	.96	38.52	1.93 1.93	40.45 40.45
					000444107513 09/22/16	IMPERIAL OIL HINTON AB	ETHANOL REGULAR GRADE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	51.1	.96	46.67	2.33 2.33	49.00 49.00
					000444107512 09/20/16	IMPERIAL OIL NITON JUNCTIO AB	ETHANOL REGULAR GRADE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	59.5	.95	53.81	2.69 2.69	56.50 56.50
					000444227399 09/19/16	PETRO CANADA RED DEER AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	30.2	.96	27.62	1.38 1.38	29.00 29.00
					000444107511 09/15/16	IMPERIAL OIL NITON JUNCTIO AB	ETHANOL REGULAR GRADE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF	55.8	.95	50.48	2.52 2.52	

BLG871

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

FLEET MANAGEMENT SERVICES DETAIL
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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY

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CLIENT NO. [REDACTED]
 NO DU CLIENT [REDACTED]
 INVOICE DATE [REDACTED] 16
 DATE DE LA FACTURE [REDACTED]
 INVOICE NO. 0006478695
 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 AUTHORISE 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]	ROSENDAHL	[REDACTED]	[REDACTED]				** REF NO TOT / TOT NO REF ** TOTAL / TOTAL			50.48	2.52	53.00
					000444107510	IMPERIAL OIL 09/13/16 HINTON AB	ETHANOL REGULAR GRADE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	49.0	.98	45.71	2.29 2.29	48.00 48.00
					000444107509	IMPERIAL OIL 09/11/16 NITON JUNCTIO AB	ETHANOL REGULAR GRADE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	43.5	.95	39.38	1.97 1.97	41.35 41.35
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	513.1		466.00	23.30	489.30
	BKDN TOTALS / TOTAUX CODIFICATION 01-85				1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	513.1		466.00	23.30	
							BKDN TOTALS / TOTAUX CODIFICATION					489.30

Element Fleet Management



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FLEET MANAGEMENT SERVICES DETAIL DETAILS SERVICES DE GESTION DE PARC PAGE - 231 OF 244 DE	CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY DIV-85-E ROSENDAHL	CLIENT NO. NO DU CLIENT INVOICE DATE DATE DE LA FACTURE INVOICE NO. NO DE LA FACTURE 12/01/16 0006490543
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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 AUTHORISE 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
	ROSENDAHL				000445658344 10/30/16	IMPERIAL OIL HINTON AB	ETHANOL REGULAR GRADE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	50.1	1.00	47.62	2.38 2.38	50.00 50.00
					000445658343 10/28/16	IMPERIAL OIL RED DEER AB	ETHANOL REGULAR GRADE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	50.8	.98	47.62	2.38 2.38	50.00 50.00
					000445658342 10/27/16	IMPERIAL OIL ENTWISTLE AB	ETHANOL REGULAR GRADE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	52.2	.96	47.67	2.38 2.38	50.05 50.05
					000445658341 10/24/16	IMPERIAL OIL EDSON AB	ETHANOL REGULAR GRADE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	52.8	1.01	50.76	2.54 2.54	53.30 53.30
					000445658340 10/23/16	IMPERIAL OIL HINTON AB	ETHANOL REGULAR GRADE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	61.2	1.03	60.00	3.00 3.00	63.00 63.00
					000445658339 10/20/16	IMPERIAL OIL HINTON AB	ETHANOL REGULAR GRADE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	52.7	1.03	51.67	2.58 2.58	54.25 54.25
					000445658338 10/14/16	IMPERIAL OIL NITON JUNCTIO AB	ETHANOL REGULAR GRADE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	51.2	1.01	49.24	2.46 2.46	51.70 51.70
					000445658337 10/06/16	IMPERIAL OIL NITON JUNCTIO AB	ETHANOL REGULAR GRADE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	51.6	.95	46.67	2.33 2.33	49.00 49.00
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH	422.6		401.25	20.05	

BLG871

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

FLEET MANAGEMENT SERVICES DETAIL DETAILS SERVICES DE GESTION DE PARC <
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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
	ROSENDAHL									UNIT TOTAL / TOT UNITE		421.30
	BKDN TOTALS / TOTAUX CODIFICATION 01-85		UNITS / VEHIC	1			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	422.6		401.25	20.05	
							BKDN TOTALS / TOTAUX CODIFICATION					421.30

Personal Expense Claim Receipt Description

Member Name: Eric Rosendahl

Claimant Name: Eric Rosendahl

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Oil change on MLA Rosendahls vehicle



No Appointment Necessary

DATE 8/16/2016
INVOICE NO. 2171233 12:07 PM
EMPLOYEES N/A N/A N/A

GST # R812960987

CUSTOMER INFORMATION

VEHICLE INFORMATION

ROSENDAHL

FLEETS

SERVICE HISTORY

8/16/2016 11000 SFS1
5/6/2016 1000 SFS1
12/15/2015 17938 SFS1
10/9/2015 16922 SFS1
8/17/2015 16922 SFS1 AF
3/3/2015 145407 SFS1

SERVICE CHECKLIST

DESCRIPTION

QTY

PRICE

1.Engine Oil	Replaced	Mobil 5w30 Full Synthetic	1.00	98.99
2.Oil Filter	Replaced	Oil Filter # PZ-173	1.00	0.00
3.Chassis Lubrication	Completed	Mobil 1 5W30 Bulk (5.70 L.)	5.70	8.93
4.Trans/Axle Fluid	Full	Coolant good to -40 °C.	1.00	0.00
5.Front Diff/Final Drive	Full	Oil Level on Arrival: Level O.K.	1.00	0.00
6.Transfer Case Fluid	Full	Environmental Fee	1.00	3.99
7.Rear Diff Fluid	Full			
8.Air Filter	Checked O.K.			
9.Cabin Air Filter	Checked O.K.			
10.Breather Filter	Checked O.K.			
11.PCV Valve	Checked O.K.			
12.Radiator Fluid	Full/Chkd			
13.Radiator Cap Test	N/A			
14.Power Steering Fluid	Full			
15.Battery Tested	N/A			
16.Washer Fluid	Filled			
17.Serpentine/V Belt	Checked O.K.			
18.Wiper Blades	Checked O.K.			
19.Light Check	N/A			
20.Tire Pressure	N/A			
21.Tire Condition	N/A			

Subtotal 111.91
Sale 111.91
GST 5.60
Total 117.51
Interac 117.51

MESSAGES

Recommend next service on November 14, 16 or

X

OUTBACK EXPRESS LUBE &
WASH
102 JOBLIN ST
HINTON AB

CARD TYPE INTERAC
ACCOUNT TYPE CHEQUING
DATE 2016/08/16
TIME 3642 12:07:48
RECEIPT NUMBER
C82014456-001-326-011-0

PURCHASE
TOTAL

\$117.51

Interac

A0000002771010
6F8495153E931BAE
0080008000-E800
0BECCEA5587B316B

APPROVED

THANK YOU

00-001

CARDHOLDER COPY

I/we hereby acknowledge that I am responsible for any damages that may occur when driving my vehicle after the engine lights has illuminated.

I have been shown the oil level and approve of

Rosendahl

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Eric Rosnedahl

Claimant Name: Eric Rosendahl

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Oil change



No Appointment Necessary

DATE 10/3/2016
INVOICE NO. 2171820 09:09 AM
EMPLOYEES N/A N/A N/A

GST # R812960987

CUSTOMER INFORMATION

ROSENDAHL

VEHICLE INFORMATION

FLEETS

SERVICE HISTORY

10/3/2016 20000 SFS1
8/16/2016 11000 SFS1
5/6/2016 1000 SFS1
12/15/2015 179383 SFS1
10/9/2015 169220 SFS1
8/17/2015 16922 SFS1 AF

SERVICE CHECKLIST

DESCRIPTION

QTY

PRICE

1.Engine Oil Replaced
2.Oil Filter Replaced
3.Chassis Lubrication Completed
4.Trans/Axle Fluid Full
5.Front Diff/Final Drive Full
6.Transfer Case Fluid Full
7.Rear Diff Fluid Full
8.Air Filter Checked O.K.
9.Cabin Air Filter N/A
10.Breather Filter Checked O.K.
11.PCV Valve Checked O.K.
12.Radiator Fluid Full/Chkd
13.Radiator Cap Test N/A
14.Power Steering Fluid Full
15.Battery Tested N/A
16.Washer Fluid Filled
17.Serpentine/V Belt Checked O.K.
18.Wiper Blades Checked O.K.
19.Light Check N/A
20.Tire Pressure N/A
21.Tire Condition N/A

Mobil 5w30 Full Synthetic 1.00 98.99
Mobil 1 5W30 Bulk (5.70 L.) 5.70 8.93
WW Fluid Jug 1.00 5.00
Environmental Fee 1.00 3.99

Subtotal 116.91
Sale 116.91
GST 5.85
Total 122.76
Interac 122.76

MESSAGES

Recommend next service on January 1, 17 or

X

OUTBACK EXPRESS LUBE &
WASH
102 JOBL IN ST
WINTON AB

CARD TYPE INTERAC
ACCOUNT TYPE CHEQUING
DATE 2016/10/03
TIME 0477 09:08:27
RECEIPT NUMBER
C82014456-001-368-002-0

PURCHASE
TOTAL

\$122.76

Interac
A0000002771010
E52AEF9A83F381B9
0080008000-E800
5928D04B22F56FC0

APPROVED

THANK YOU

CARDHOLDER COPY

Interac is responsible for the amount of the total shown herein and is responsible for any damages that may occur to the vehicle after the engine light has illuminated.

Interac has shown the oil level and approve of



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
ERIC B. ROSENDAHL
LEGIS ASSEMBLY OF AB

Date
November 16, 2016

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 November 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 November 16, 2016

Total Credit Limit \$

Available Credit Limit \$

Listing of Charges and Credits

Amount \$

November 4 Payment Received Thank You

New Transactions for ERIC B. ROSENDAHL

Amount \$

October 22	FAIRMONT JASPER PARK JASPER MEETINGS/CONVENTIONS	162.59
October 24	FAIRMONT JASPER PARK JASPER MEETINGS/CONVENTIONS	162.59

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

† Please detach here †

Membership Number



ERIC B. ROSENDAHL
LEGIS ASSEMBLY OF AB
4TH FLR 9820 107 ST
EDMONTON AB
T5K 1E9

000127

Amex Bank of Canada/
Banque Amex du Canada
PO BOX 2000
West Hill ON M1E 5H4



1245



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: Rosendahl, Eric

Constituency: West Yellowhead

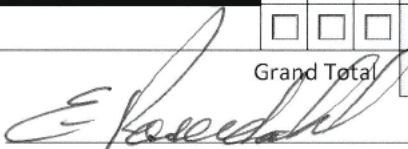
For the Month of: May

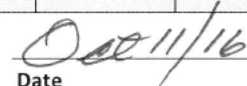
Year: 2016

Employee #: [REDACTED]

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1			☐	☐	☐			
2			☐	☐	☐			
3			☐	☐	☐			
4			☐	☐	☐			
5	Travel to/from Capital	Edmonton	☐	☐	☒	19.76	0.99	20.75
6	60 km from Perm. Res.	Jasper	☐	☒	☐	11.05	0.55	11.60
7			☐	☐	☐			
8			☐	☐	☐			
9			☐	☐	☐			
10			☐	☐	☐			
11			☐	☐	☐			
12	Travel to/from Capital	Edmonton	☐	☐	☒	19.76	0.99	20.75
13			☐	☐	☐			
14			☐	☐	☐			
15			☐	☐	☐			
16			☐	☐	☐			
17			☐	☐	☐			
18			☐	☐	☐			
19	Travel to/from Capital	Edmonton	☐	☐	☒	19.76	0.99	20.75
20	60 km from Perm. Res.	Grande Cache	☐	☒	☐	11.05	0.55	11.60
21			☐	☐	☐			
22			☐	☐	☐			
23			☐	☐	☐			
24			☐	☐	☐			
25			☐	☐	☐			
26	Travel to/from Capital	Edmonton	☐	☐	☒	19.76	0.99	20.75
27			☐	☐	☐			
28		[REDACTED]	☐	☐	☐			
29		[REDACTED]	☐	☐	☐			
30		[REDACTED]	☐	☐	☐			
31			☐	☐	☐			
Grand Total						\$101.14	\$5.06	\$106.20

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)

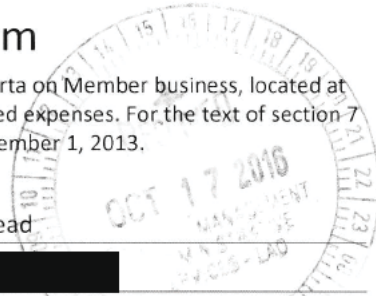
Member Name: Rosendahl, Eric

Constituency: West Yellowhead

For the Month of: June

Year: 2016

Employee #: [REDACTED]



Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1			☐	☐	☐			
2	Travel to/from Capital	Edmonton	☐	☐	☒	19.76	0.99	20.75
3			☐	☐	☐			
4	60 km from Perm. Res.	Edson	☐	☒	☐	11.05	0.55	11.60
5	Travel to/from Capital	Edmonton	☐	☒	☐	11.05	0.55	11.60
6			☐	☐	☐			
7			☐	☐	☐			
8			☐	☐	☐			
9			☐	☐	☐			
10	Travel to/from Capital	Edmonton	☐	☒	☐	11.05	0.55	11.60
11			☐	☐	☐			
12			☐	☐	☐			
13			☐	☐	☐			
14	60 km from Perm. Res.	Edson	☐	☒	☐	11.05	0.55	11.60
15	60 km from Perm. Res.	Edson	☐	☐	☒	19.76	0.99	20.75
16			☐	☐	☐			
17			☐	☐	☐			
18			☐	☐	☐			
19			☐	☐	☐			
20	60 km from Perm. Res.	Jasper	☐	☐	☒	19.76	0.99	20.75
21			☐	☐	☐			
22			☐	☐	☐			
23			☐	☐	☐			
24			☐	☐	☐			
25			☐	☐	☐			
26			☐	☐	☐			
27			☐	☐	☐			
28			☐	☐	☐			
29			☐	☐	☐			
30			☐	☐	☐			
31			☐	☐	☐			
Grand Total						\$103.48	\$5.17	\$108.65

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



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: Rosendahl, Eric

Constituency: West Yellowhead

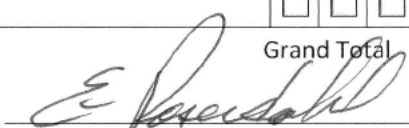
For the Month of: July

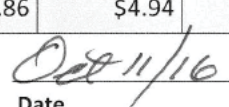
Year: 2016

Employee #: [REDACTED]

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1			☐	☐	☐			
2			☐	☐	☐			
3			☐	☐	☐			
4			☐	☐	☐			
5			☐	☐	☐			
6			☐	☐	☐			
7			☐	☐	☐			
8			☐	☐	☐			
9			☐	☐	☐			
10	Travel to/from Capital	Edmonton	☐	☒	☒	30.81	1.54	32.35
11	Travel to/from Capital	Edmonton	☐	☐	☒	19.76	0.99	20.75
12	Travel to/from Capital	Calgary	☒	☐	☒	28.52	1.43	29.95
13			☐	☐	☐			
14			☐	☐	☐			
15			☐	☐	☐			
16			☐	☐	☐			
17			☐	☐	☐			
18			☐	☐	☐			
19			☐	☐	☐			
20	Travel to/from Capital	Edmonton	☐	☐	☒	19.76	0.99	20.75
21			☐	☐	☐			
22			☐	☐	☐			
23			☐	☐	☐			
24			☐	☐	☐			
25			☐	☐	☐			
26			☐	☐	☐			
27			☐	☐	☐			
28			☐	☐	☐			
29			☐	☐	☐			
30			☐	☐	☐			
31			☐	☐	☐			
Grand Total						\$98.86	\$4.94	\$103.80

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


Member Signature


Date



Members' Travel Expenses Per-Diems Claim Form

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B = Breakfast (\$9.20) | L = Lunch (\$11.60) | D = Dinner (\$20.75)

Member Name: Rosendahl, Eric

Constituency: West Yellowhead

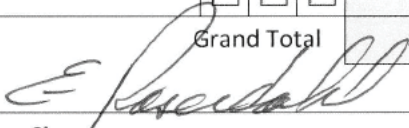
For the Month of: August

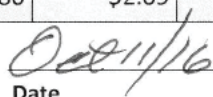
Year: 2016

Employee #: [REDACTED]

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1			☐	☐	☐			
2			☐	☐	☐			
3			☐	☐	☐			
4			☐	☐	☐			
5			☐	☐	☐			
6			☐	☐	☐			
7			☐	☐	☐			
8			☐	☐	☐			
9			☐	☐	☐			
10			☐	☐	☐			
11			☐	☐	☐			
12			☐	☐	☐			
13			☐	☐	☐			
14			☐	☐	☐			
15			☐	☐	☐			
16			☐	☐	☐			
17			☐	☐	☐			
18			☐	☐	☐			
19			☐	☐	☐			
20			☐	☐	☐			
21			☐	☐	☐			
22			☐	☐	☐			
23	Travel to/from Capital	Lethbridge	☐	☒	☒	30.81	1.54	32.35
24	Travel to/from Capital	Grande Prairie	☐	☒	☐	11.05	0.55	11.60
25			☐	☐	☐			
26			☐	☐	☐			
27			☐	☐	☐			
28			☐	☐	☐			
29			☐	☐	☐			
30			☐	☐	☐			
31			☐	☐	☐			
Grand Total						\$41.86	\$2.09	\$43.95

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



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: Rosendahl, Eric

Constituency: West Yellowhead

For the Month of: September

Year: 2016

Employee #: [REDACTED]

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1			☐	☐	☐			
2			☐	☐	☐			
3			☐	☐	☐			
4			☐	☐	☐			
5			☐	☐	☐			
6			☐	☐	☐			
7			☐	☐	☐			
8			☐	☐	☐			
9			☐	☐	☐			
10			☐	☐	☐			
11			☐	☐	☐			
12	60 km from Perm. Res.	Grande Cache	☐	☒	☒	30.81	1.54	32.35
13	Travel to/from Capital	Edmonton	☐	☐	☒	19.76	0.99	20.75
14			☐	☐	☐			
15			☐	☐	☐			
16			☐	☐	☐			
17	Travel to/from Capital	Edmonton	☐	☒	☐	11.05	0.55	11.60
18			☐	☐	☐			
19	Travel to/from Capital	Calgary	☐	☒	☐	11.05	0.55	11.60
20			☐	☐	☐			
21			☐	☐	☐			
22			☐	☐	☐			
23			☐	☐	☐			
24			☐	☐	☐			
25			☐	☐	☐			
26			☐	☐	☐			
27			☐	☐	☐			
28	Travel to/from Capital	Edmonton	☐	☐	☒	19.76	0.99	20.75
29			☐	☐	☐			
30			☐	☐	☐			
31			☐	☐	☐			
Grand Total						\$92.43	\$4.62	\$97.05

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

Oct 11/16



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: Rosendahl, Eric

Constituency: West Yellowhead

For the Month of: November

Year: 2016

Employee #: [REDACTED]

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1			☐	☐	☐			
2			☐	☐	☐			
3			☐	☐	☐			
4			☐	☐	☐			
5			☐	☐	☐			
6			☐	☐	☐			
7	Travel to/from Capital	Edmonton	☐	☐	☒	19.76	0.99	20.75
8	60 km from Perm. Res.	Edmonton	☐	☒	☐	11.05	0.55	11.60
9			☐	☐	☐			
10			☐	☐	☐			
11			☐	☐	☐			
12			☐	☐	☐			
13			☐	☐	☐			
14			☐	☐	☐			
15			☐	☐	☐			
16			☐	☐	☐			
17			☐	☐	☐			
18			☐	☐	☐			
19			☐	☐	☐			
20			☐	☐	☐			
21			☐	☐	☐			
22			☐	☐	☐			
23			☐	☐	☐			
24	Travel to/from Capital	Edmonton	☐	☐	☒	19.76	0.99	20.75
25			☐	☐	☐			
26			☐	☐	☐			
27			☐	☐	☐			
28			☐	☐	☐			
29			☐	☐	☐			
30			☐	☐	☐			
31			☐	☐	☐			
Grand Total						\$50.57	\$2.53	\$53.10

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

Member Signature

Date



Members' Travel Expenses Per-Diems Claim Form

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: Rosendahl, Eric

Constituency: West Yellowhead

For the Month of: October

Year: 2016

Employee #: [REDACTED]

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1			☐	☐	☐			
2			☐	☐	☐			
3			☐	☐	☐			
4			☐	☐	☐			
5			☐	☐	☐			
6			☐	☐	☐			
7			☐	☐	☐			
8			☐	☐	☐			
9			☐	☐	☐			
10			☐	☐	☐			
11			☐	☐	☐			
12			☐	☐	☐			
13			☐	☐	☐			
14			☐	☐	☐			
15			☐	☐	☐			
16			☐	☐	☐			
17			☐	☐	☐			
18			☐	☐	☐			
19			☐	☐	☐			
20			☐	☐	☐			
21			☐	☐	☐			
22	60 km from Perm. Res.	Jasper	☐	☐	☒	19.76	0.99	20.75
23			☐	☐	☐			
24			☐	☐	☐			
25			☐	☐	☐			
26			☐	☐	☐			
27			☐	☐	☐			
28			☐	☐	☐			
29			☐	☐	☐			
30			☐	☐	☐			
31			☐	☐	☐			
Grand Total						\$19.76	\$0.99	\$20.75

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

Dec 09/16
Date



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: Rosendahl, Eric

Constituency: West Yellowhead

Date: June 2, 2016

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:

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

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.

OCT 2016

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: Rosendahl, Eric

Constituency: West Yellowhead

Date: June 2, 2016

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:

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

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.

NOV 2016

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Member Signature

Updated April 2016



85

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: Rosendahl, Eric

Constituency: West Yellowhead

Date: June 2, 2016

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.

DEC. 2016

Fiscal Year:

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

Please Note: The Member is responsible for retaining all records which support the annual amount identified above.

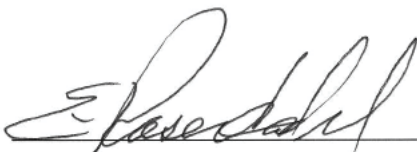
Claim Payment Authorization (please check)

☒ **12 Monthly Payments**

I authorize 12 monthly payments in the amount specified above for the entire fiscal year. This monthly amount is static for the entire fiscal year.

Please Note: The Member must advise the Clerk in writing of any changes to their permanent or temporary residence at the time it occurs.

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


Member Signature