

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2017-18
085 - West Yellowhead - Rosendahl, Eric
For Expenses Processed Jan 1 - Mar 31, 2018

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$2,101.97	\$5,517.75
MLA Parking Cap - \$	\$900.00	\$141.91	\$168.11
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$			\$9.52
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$200.57	\$777.25
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,790.00	\$23,160.00
Travel Accommodations Allowance		\$106.48	\$1,231.46
Travel Accommodations Allowance (days; 10 max) - NF	10.0	(2.0)	4.0
Other			
Hosting - \$		\$59.26	\$78.05
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	80,000.0	2,938.0	13,312.0
Special Trips (5 trips per year) - NF	5.0	1.0	4.0
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	7.0	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
DIV-85-E ROSENDAHL

CLIENT NO. [REDACTED]
NO DU CLIENT [REDACTED]
INVOICE DATE 01/01/18
DATE DE LA FACTURE
INVOICE NO. 0006993645
NO DE LA FACTURE

UNIT NO NO. D'UNITE	DRIVER NAME DRIVER ID. NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V.I.N. NO. DE SERIE	CARD NO. NO. DE CARTE	KM AUTHORIZE KM AUTORISE	REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION DESCRIPTION DES FRAIS	QTY QTE	UNIT COST COUT UNIT	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DUE MONTANT TOTAL DU
[REDACTED]	ROSENDAHL	[REDACTED]	[REDACTED]	[REDACTED]	000483739068 12/03/17	IMPERIAL OIL HINTON AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	40.9	1.11	43.24	2.16 2.16	45.40 45.40
					000483739067 11/26/17	IMPERIAL OIL NITON JUNCTIO AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	52.2	1.15	57.14	2.86 2.86	60.00 60.00
					000483739066 11/24/17	IMPERIAL OIL NITON JUNCTIO AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	58.4	1.15	63.96	3.20 3.20	67.16 67.16
					000483863122 11/22/17	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	53.2	1.11	56.19	2.81 2.81	59.00 59.00
					000483739065 11/21/17	IMPERIAL OIL HINTON AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	71.2	1.21	82.10	4.10 4.10	86.20 86.20
					000483739064 11/17/17	IMPERIAL OIL NITON JUNCTIO AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	62.9	1.19	71.24	3.56 3.56	74.80 74.80
					000483739063 11/13/17	IMPERIAL OIL HINTON AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	57.7	1.24	68.14	3.41 3.41	71.55 71.55
					000483739062 11/10/17	IMPERIAL OIL EDMONTON AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	41.1	1.15	45.00	2.25 2.25	47.25 47.25
					000483739061 11/05/17	IMPERIAL OIL HINTON AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF TOTAL / TOTAL	36.3	1.28	44.29	2.21 2.21	

BLE871

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

Element Fleet Management



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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
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CLIENT NO. [REDACTED]
NO DU CLIENT [REDACTED]
INVOICE DATE 01/01/18
DATE DE LA FACTURE
INVOICE NO. 0006993645
NO DE LA FACTURE

UNIT NO ----- NO. D'UNITE	DRIVER NAME DRIVER ID. ----- NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V.I.N. ----- NO. DE SERIE	CARD NO. ----- NO. DE CARTE	KM AUTHORIZE ----- KM AUTORISE	REFERENCE NO ACTIVITY DATE ----- NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION ----- NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION ----- DESCRIPTION DES FRAIS	QTY ----- QTE	UNIT COST ----- COUT UNIT	EXTENDED PRICE ----- TOTAL	GST-HST PST/QST ----- TPS-TVH TVP/TVQ	TOTAL DUE ----- MONTANT TOTAL DU
[REDACTED]	ROSENDAHL	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	** REF NO TOT / TOT NO REF ** TOTAL / TOTAL			44.29	2.21	46.50 46.50
UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB 473.9			531.30	26.56	557.86
BKN TOTALS / TOTAUX CODIFICATION 01-85							FUEL QTY / QTE CARB 473.9			531.30	26.56	557.86
BKN TOTALS / TOTAUX CODIFICATION							557.86					

Marine fuel is actually vehicle fuel

Element Fleet Management



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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

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DIV-85-E ROSENDAHL
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CLIENT NO. [REDACTED]
NO DU CLIENT [REDACTED]
INVOICE DATE 02/01/18
DATE DE LA FACTURE
INVOICE NO. 0007019898
NO DE LA FACTURE

UNIT NO NO. D'UNITE	DRIVER NAME DRIVER ID. NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V.I.N. NO. DE SERIE	CARD NO. NO. DE CARTE	KM AUTHORIZE KM AUTORISE	REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION DESCRIPTION DES FRAIS	QTY QTE	UNIT COST COUT UNIT	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DUE MONTANT TOTAL DU
	ROSENDAHL				000486338218 12/28/17	IMPERIAL OIL HINTON AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	63.3	1.20	72.38	3.62 3.62	76.00 76.00
					000486338217 12/19/17	IMPERIAL OIL HINTON AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH MISCELLANEOUS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	52.8 1.0	1.09 4.99	54.86 4.99	2.74 2.99	62.84 62.84
					000486338216 12/15/17	IMPERIAL OIL HINTON AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	48.6	1.09	50.48	2.52 2.52	53.00 53.00
					000486338215 12/11/17	IMPERIAL OIL EDMONTON AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	55.8	.95	50.48	2.52 2.52	53.00 53.00
					000486338214 12/09/17	IMPERIAL OIL HINTON AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	44.1	1.11	46.67	2.33 2.33	49.00 49.00
					000486338213 12/07/17	IMPERIAL OIL HINTON AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	53.7	1.11	56.82	2.84 2.84	59.66 59.66
					000486338212 12/05/17	IMPERIAL OIL EDMONTON AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	33.7	.98	31.43	1.57 1.57	33.00 33.00
UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	352.0		368.11	18.39	386.50
BKN TOTALS / TOTAUX CODIFICATION 01-85							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS	352.0		368.11		

BLE871

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

Marine fuel is actually vehicle fuel

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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	02/01/18
DATE DE LA FACTURE	
INVOICE NO.	0007019898
NO DE LA FACTURE	

UNIT NO ----- NO. D'UNITE	DRIVER NAME DRIVER ID. ----- NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V.I.N. ----- NO. DE SERIE	CARD NO. ----- NO. DE CARTE	KM AUTHORIZE ----- KM AUTORISE	REFERENCE NO ACTIVITY DATE ----- NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION ----- NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION ----- DESCRIPTION DES FRAIS	QTY ----- QTE	UNIT COST ----- COUT UNIT	EXTENDED PRICE ----- TOTAL	GST-HST PST/QST ----- TPS-TVH TVP/TVQ	TOTAL DUE ----- MONTANT TOTAL DU
BKDN TOTALS / TOTAUX CODIFICATION						GST-HST/TPS-TVH						18.39
						BKDN TOTALS / TOTAUX CODIFICATION						386.50

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
DIV-85-E ROSENDAHL
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CLIENT NO. [REDACTED]
NO DU CLIENT [REDACTED]
INVOICE DATE 03/01/18
DATE DE LA FACTURE
INVOICE NO. 0007042854
NO DE LA FACTURE

UNIT NO NO. D'UNITE	DRIVER NAME DRIVER ID. NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V.I.N. NO. DE SERIE	CARD NO. NO. DE CARTE	KM AUTHORIZE KM AUTORISE	REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION 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]	[REDACTED]	000489845126 01/29/18	IMPERIAL OIL EDMONTON AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	60.3	1.10	63.19	3.16 3.16	66.35 66.35
					000489845125 01/27/18	IMPERIAL OIL HINTON AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	41.3	1.13	44.48	2.22 2.22	46.70 46.70
					000489845124 01/25/18	IMPERIAL OIL EDMONTON AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	57.8	1.16	63.81	3.19 3.19	67.00 67.00
					000489845123 01/19/18	IMPERIAL OIL HINTON AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	65.8	1.16	72.71	3.64 3.64	76.35 76.35
					000489845122 01/16/18	IMPERIAL OIL HINTON AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	54.5	1.16	60.19	3.01 3.01	63.20 63.20
					000489845121 01/10/18	IMPERIAL OIL EDMONTON AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	63.7	1.04	63.05	3.15 3.15	66.20 66.20
					000489845120 01/08/18	IMPERIAL OIL HINTON AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	58.8	1.19	66.67	3.33 3.33	70.00 70.00
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	402.2		434.10	21.70	455.80
					BKDN TOTALS / TOTAUX CODIFICATION 01-85	UNITS / VEHIC 1	FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	402.2		434.10	21.70	

BLE871

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

CLIENT NO. NO DU CLIENT	
INVOICE DATE	03/01/18
DATE DE LA FACTURE	
INVOICE NO.	0007042854
NO DE LA FACTURE	

UNIT NO ----- NO. D'UNITE	DRIVER NAME DRIVER ID. ----- NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V.I.N. ----- NO. DE SERIE	CARD NO. ----- NO. DE CARTE	KM AUTHORIZE ----- KM AUTORISE	REFERENCE NO ACTIVITY DATE ----- NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION ----- NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION ----- 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
BKDN TOTALS / TOTAUX CODIFICATION												
BKDN TOTALS / TOTAUX CODIFICATION												455.80

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SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
DIV-85-E ROSENDAHL
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CLIENT NO.
NO DU CLIENT
INVOICE DATE 04/01/18
DATE DE LA FACTURE
INVOICE NO. 0007066291
NO DE LA FACTURE

UNIT NO NO. D'UNITE	DRIVER NAME DRIVER ID. NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V.I.N. NO. DE SERIE	CARD NO. NO. DE CARTE	KM AUTHORIZE KM AUTORISE	REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION DESCRIPTION DES FRAIS	QTY QTE	UNIT COST COUT UNIT	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DUE MONTANT TOTAL DU
	ROSENDAHL				000492595203 03/02/18	IMPERIAL OIL HINTON AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	49.6	1.12	52.95	2.65 2.65	55.60 55.60
					000492595202 02/25/18	IMPERIAL OIL EDSON AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	63.1	1.10	66.10	3.30 3.30	69.40 69.40
					000492595201 02/22/18	IMPERIAL OIL EDSON AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	52.6	1.10	55.10	2.75 2.75	57.85 57.85
					000492595200 02/21/18	IMPERIAL OIL HINTON AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	37.1	1.18	41.71	2.09 2.09	43.80 43.80
					000492595199 02/18/18	IMPERIAL OIL HINTON AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	50.5	1.18	56.71	2.84 2.84	59.55 59.55
					000492595198 02/14/18	IMPERIAL OIL HINTON AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	82.9	1.18	93.11	4.66 4.66	97.77 97.77
					000492595197 02/11/18	IMPERIAL OIL NITON JUNCTIO AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	72.7	1.10	76.19	3.81 3.81	80.00 80.00
					000492595196 02/10/18	IMPERIAL OIL RED DEER COUN AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	37.5	1.11	39.67	1.98 1.98	41.65 41.65
					000492595195 02/07/18	IMPERIAL OIL EDMONTON AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF	58.1	1.05	58.10	2.90 2.90	

BLE871

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

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CLIENT NO. [REDACTED]
NO DU CLIENT [REDACTED]
INVOICE DATE 04/01/18
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INVOICE NO. 0007066291
NO DE LA FACTURE

UNIT NO ----- NO. D'UNITE	DRIVER NAME DRIVER ID. ----- NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V.I.N. ----- NO. DE SERIE	CARD NO. ----- NO. DE CARTE	KM AUTHORIZE ----- KM AUTORISE	REFERENCE NO ACTIVITY DATE ----- NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION ----- NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION ----- DESCRIPTION DES FRAIS	QTY ----- QTE	UNIT COST ----- COUT UNIT	EXTENDED PRICE ----- TOTAL	GST-HST PST/QST ----- TPS-TVH TVP/TVQ	TOTAL DUE ----- MONTANT TOTAL DU
[REDACTED]	ROSENDAHL	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	** REF NO TOT / TOT NO REF ** TOTAL / TOTAL			58.10	2.90	61.00 61.00
UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB 504.1 TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE			539.64	26.98	566.62
BKDN TOTALS / TOTAUX CODIFICATION 01-85							FUEL QTY / QTE CARB 504.1 TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH			539.64	26.98	
							BKDN TOTALS / TOTAUX CODIFICATION					566.62

****Marine fuel is actually vehicle fuel****

Member Name: Eric Rosendahl

Claimant Name: Eric Rosendahl

Expense Category: Fuel and Minor Maintenance

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group:

Oil change on personal vehicle	\$ 111.91
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Merchant Copy
NO SIGNATURE REQUIRED



No Appointment Necessary

DATE 1/8/2018
INVOICE NO. [REDACTED] 02:19 PM
EMPLOYEES N/A · N/A N/A

GST # R812960987

CUSTOMER INFORMATION		VEHICLE INFORMATION		
ERIC ROSENDAHL				
FLEETS		SERVICE HISTORY		
		1/8/2018 SFS1 11/3/2017 SFS1 7/28/2017 SFS1 5/20/2017 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	Tires: 35 (Front)/ 35 (Rear) (psi)	1.00	0.00
5.Front Diff/Final Drive	Full	Coolant good to -40 °C.	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	N/A			
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	F R			
21.Tire Condition	N/A			
		Subtotal		111.91
		Sale		111.91
		GST		5.60
		Total		117.51
		Interac		117.51
MESSAGES		AUTHORIZED AND RECEIVED BY		
		By signing this document, I acknowledge receipt of goods and/or services in the amount of the total shown herein and I agree to perform the obligations set forth herein. I also acknowledge that if I am responsible for any damages that may occur while using Outback Express' goods and/or services and then I will be held liable for the same.		
SERVICE COMMENTS		I, the payee, have been shown the oil level and approve of the level shown		
		X _____		

Thank You!

LEGISLATIVE ASSEMBLY OF ALBERTA

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 member personal vehicle

\$116.91 + GST

OUTBACK LUBE & WASH
102 JOBLIN ST
HINTON, AB T7V 1G7

Merchant ID: 000000006027417
Term ID: 02485203
82421290016

Purchase

MasterCard

AID: A0000000041010

Entry Method: Chip

Batch#: 000095

03/29/18

15:29:02

Ref#: 000096059744

Inv #: 001038 Appr

Amount: \$ 122.76

Tip: \$ 0.00

Total: \$ 122.76

Customer Copy



No Appointment Necessary

DATE 3/29/2018
INVOICE NO. [REDACTED]

03:28

GST # R812960987

EMPLOYEES N/A

N/A

CUSTOMER INFORMATION

ERIC ROSENDAHL

VEHICLE INFORMATION

FLEETS

SERVICE HISTORY

3/29/2018 SFS1
1/8/2018 SFS1
11/3/2017 SFS1
7/28/2017 SFS1
5/20/2017 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	Tires: 38 (Front)/ 38 (Rear) (psi)	1.00	0.00
5.Front Diff/Final Drive	N/A	WW Fluid Jug	1.00	5.00
6.Transfer Case Fluid	N/A	Coolant good to -35 °C.	1.00	0.00
7.Rear Diff Fluid	Full	Environmental Fee	1.00	3.99
8.Air Filter	Checked O.K.			
9.Cabin Air Filter	N/A			
10.Breather Filter	N/A			
11.PCV Valve	N/A			
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	F R			
21.Tire Condition	N/A			
		Subtotal		116.91
		Sale		116.91
		GST		5.85
		Total		122.76
		MC		122.76

MESSAGES

Recommend next service on June 27, 18 or

Have you tried a 2 Step Fuel System Cleaner yet?

Ask your Lube Tech Today!!!

X

AUTHORIZED AND RECEIVED BY

By signing this document, I acknowledge receipt of goods and/or services in the amount of the total shown herein and perform the obligations set forth herein. I also acknowledge that if I am responsible for any damages that may arise after using Outback Express' goods and/or services and then driving my vehicle after the engine light has illuminated.

SERVICE COMMENTS

I, the payee, have been shown the oil level and approve of the level shown

X

Thank You!

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Eric Rosendahl

Claimant Name: Eric Rosendahl

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Caucus Meeting

Purpose:

CALGARY: McDougall Centre, 455 6 Street SW. Caucus meeting in
Calgary

\$47.62 + GST



INDIGO

Lot #016

PARKING

2017/07/10 02:08



Welcome
(403) 269-7275
(Entrance3)

50.00

CT Tech Inc. www.parknet.net CT Tech Inc.



LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Eric Rosendahl

Claimant Name: Eric Rosendahl

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Caucus Meeting

Purpose:

Parking for Calgary Caucus Meeting July 10/17

\$4.76

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE

EXPIRATION TIME

10/07/17 06:00

AMOUNT PAID

\$ 5.00 89080000 01:47

DETACH RECEIPT FROM TICKET

DATE ISSUED

TIME ISSUED

AMOUNT PAID

10/07/17 01:47 \$ 5.00

LOT3001

CC



CHARGES ARE FOR THE USE OF THE PARKING SPACE ONLY.
WE WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO
CAR OR CONTENTS, HOWEVER CAUSED, INCLUDING BUT NOT
LIMITED TO FIRE, THEFT OR COLLISION

NON TRANSFERABLE

0561578



RECEIPT

0561578

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Eric Rosendahl

Claimant Name: Eric Rosendahl

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: AAMDC

Purpose:

Parking for AMMDC in Shaw Conference Centre Nov 15/17

\$11.43

PARKING RECEIPT

Impark Lot 02-354

08:53 AM
NOV 15, 2017

Purchase Date/Time: 06:53am Nov 15, 2017
Total Parking: \$11.43
Total GST: \$0.57
Total Due: \$12.00
Total Paid: \$12.00
Ticket #: 19018301
Rate: \$12 - 2 Hours
Payment Type: Card

Attending: Lot 354
Machine Name: Meter 1

GST #887315638RT0006
NO IN AND OUT PRIVILEGES

RECEIPT
Impark Lot 02-354

08:53am Nov 15, 2017
Purchase Date/Time: 06:53am Nov 15, 2017
Total Parking: \$11.43
Total GST: \$0.57
Total Due: \$12.00
Total Paid: \$12.00
Ticket #: 19018301
Rate: \$12 - 2 Hours
Payment Type: Card

Attending: Lot 354
Machine Name: Meter 1

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Eric Rosendahl

Claimant Name: Eric Rosendahl

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: AAMDC

Purpose:

Parking for AMMDC in Shaw Conference Centre Nov 16/17

\$12.38

PARKING RECEIPT

Impark Lot 02-354

06:00 PM
NOV 16, 2017

Purchase Date/Time: 06:56am Nov 16, 2017
Total Parking: \$12.38
Total GST: \$0.62
Total Due: \$13.00
Total Paid: \$13.00
Ticket #: 01980188
Attending: Lot 354
Machine Name: Meter 1

Rate: \$13 - Early Bird
Payment Type: Card

GST #887315638RT0006
NO IN AND OUT PRIVILEGES

RECEIPT
Impark Lot 02-354

06:00pm Nov 16, 2017
Purchase Date/Time: 06:56am Nov 16, 2017
Total Parking: \$12.38
Total GST: \$0.62
Total Due: \$13.00
Total Paid: \$13.00
Ticket #: 01980188
Attending: Lot 354
Machine Name: Meter 1

Rate: \$13 - Early Bird
Payment Type: Card

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Eric Rosendahl

Claimant Name: Eric Rosendahl

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: AAMDC

Purpose:

Parking for AMMDC in Shaw Conference Centre Nov 17/17

\$12.38

Impark Lot 02-354

06:00 PM

NOV 17, 2017

Purchase Date/Time: 06:51am Nov 17, 2017

Total Parking: \$12.38

Total GST: \$0.62

Total Due: \$13.00

Total Paid: \$13.00

Token #: 02994810

Lot #:

Setting: Lot 354

Machine Name: Meter 1

Rate: \$13 - Early Bird
Payment Type: Card

GST #887315638RT0006
NO IN AND OUT PRIVILEGES

RECEIPT

Impark Lot 02-354

06:00pm Nov 17, 2017

Purchase Date/Time: 06:51am Nov 17, 2017

Total Parking: \$12.38

Total GST: \$0.62

Total Due: \$13.00

Total Paid: \$13.00

Token #: 02994810

Setting: Lot 354

Machine Name: Meter 1

Rate: \$13 - Early Bird
Payment Type: Card

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Terminal: 605

Zone: 9055

Member Name: Eric RosendahlClaimant Name: Eric RosendahlExpense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)☐ Individual Stakeholder(s)☒ Group: AUMA

Purpose:

Parking for AUMA in Calgary Nov 23/17

\$12.86

Valid through:

THURSDAY 23 NOV 17
6:00 PM

AMOUNT PAID: \$13.50 (GST incl.)

Start Time: 11/23/2017 6:48 AM Receipt No: 88344

Pay for your parking online: www.parkplus.ca

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Terminal: 605

Zone: 9055

Member Name: Eric Rosendahl

Claimant Name: Eric Rosendahl

Expense Category: Member Parking

Valid through:

FRIDAY 24 NOV 17
6:00 PM

AMOUNT PAID: \$13.50 (GST incl.)

ig online: www.parkph.ca

Start Time: 11/24/2017 8:48 AM

Receipt No: 88437

pay for your parki

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: AUMA

Purpose:

Parking for AUMA in Calgary Nov 24/17

\$12.86

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Eric Rosendahl

Claimant Name: Eric Rosendahl

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: W.I.S.E. Awards

Purpose:

Parking for the W.I.S.E. Awards

\$ 14.29 + GST

WELCOME TO
CALGARY EXHIBITION &
STAMPEDE LTD.

Station : Booth 10
Cashier : tinsaeh
Trans# : 118668
Ticket : 573944126
Time in : 10/02/2018 17:26:26
Paid to : 10/02/2018 23:59:59
Duration : 06:33:32
Plate :

BMOC : \$ 14.29
Subtotal : \$ 14.29
*GST : \$ 0.71
Total : \$ 15.00
CASH : \$ 15.00



ENJOY YOUR STAY
GST#R118823467
ONE ENTRY ONLY

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Eric Rosendahl

Claimant Name: Eric Rosendahl

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: AAMDC

Purpose:

Shaw Conference Centre Parking for AAMDC

\$13.33+GST

Impark Lot 02-354

06:00 PM
MAR 21, 2018

Purchase Date/Time: 07:32am Mar 21, 2018
Total Parking: \$13.33
Total GST: \$0.67
Total Due: \$14.00
Total Paid: \$14.00
Ticket #: 04340991
SN #: 100008460024
Setting: Lot 354
Mach Name: Meter 1

Rate: \$14 - Early Bird
Payment Type: Card

MasterCard

Auth #: [REDACTED]

GST #887315638RT0006
NO IN AND OUT PRIVILEGES

RECEIPT

Impark Lot 02-354

: 06:00pm Mar 21, 2018
Purchase Date/Time: 07:32am Mar 21, 2018
Total Parking: \$13.33
Total GST: \$0.67
Total Due: \$14.00
Total Paid: \$14.00
Ticket #: 04340991
Setting: Lot 354
Mach Name: Meter 1

Rate: \$14 - Early Bird
Payment Type: Card

MasterCard

PARKING RECEIPT



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: December

Year: 2017

Employee #: [REDACTED]

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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7	60 km from Perm. Res.	Jasper	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$30.81	\$1.54	\$32.35

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

Jan 03/18
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)

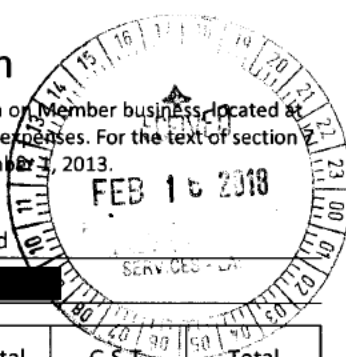
Member Name: Rosendahl, Eric

Constituency: West Yellowhead

For the Month of: January

Year: 2018

Employee #: [REDACTED]



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	60 km from Perm. Res.	Jasper	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
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	60 km from Perm. Res.	Edson	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
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	60 km from Perm. Res.	Grande Cache	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
25	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
Grand Total						\$83.71	\$4.19	\$87.90

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

Feb 13/18



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: February

Year: 2018

Employee #: [REDACTED]

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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11	60 km from Perm. Res.	Calgary	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
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.	Grande Cache	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28	60 km from Perm. Res.	Edson	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
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						\$55.24	\$2.76	\$58.00

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: March

Year: 2018

Employee #: [REDACTED]

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1	60 km from Perm. Res.	Jasper	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3		[REDACTED]	<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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8		[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9		[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10		[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11		[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12		[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13		[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$30.81	\$1.54	\$32.35

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

April 06/15



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

Employee #: [REDACTED]

Date: 4/1/2017

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

Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Maximum of \$23,160 per fiscal year.

Fiscal Year: 2017-2018

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

☒ Yes

☐ No

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

\$ 1,930.00

x 12 = \$ 23,160.00

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

Claim Payment Authorization (please check)

☒ 12 Monthly Payments

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

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

January 2018

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

Member Signature

Updated April 2016



Members' Temporary Accommodation Allowance Claim Form

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

Member Name: Rosendahl, Eric

Constituency: West Yellowhead

Employee #: [REDACTED]

Date: 4/1/2017

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

Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Maximum of \$23,160 per fiscal year.

Fiscal Year: 2017-2018

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

☒ Yes

☐ No

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

\$ 1,930.00

x 12 = \$ 23,160.00

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

Claim Payment Authorization (please check)

☒ 12 Monthly Payments

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

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

February 2018

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

Member Signature

Updated April 2016



Members' Temporary Accommodation Allowance Claim Form

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

Member Name: Rosendahl, Eric

Constituency: West Yellowhead

Employee #: [REDACTED]

Date: 4/1/2017

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

Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually
Maximum of \$23,160 per fiscal year.

Fiscal Year: 2017-2018

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

☒ Yes

☐ No

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

\$ 1,930.00

x 12 = \$ 23,160.00

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

Claim Payment Authorization (please check)

☒ 12 Monthly Payments

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

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

March 2018

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

Member Signature

Updated April 2016

Updated April 2016



Days Inn Calgary South
3828 Macleod Trail South
Calgary, AB. T2G 2R2
Telephone: (403) 243-5531 Fax: (403) 243-6962
GST: 142782549-RT301

02-11-18

Eric Rosendahl

Folio No. [REDACTED]

Room No. : 207

A/R Number :

Arrival : 02-10-18

Group Code :

Departure : 02-11-18

Company :

Conf. No. : [REDACTED]

Wyndham Rewards: [REDACTED]

Rate Code : RACK

Invoice No. :

Page No. : 1 of 1

Date	Description	Charges	Credits
02-10-18	Room Charge	89.00	
02-10-18	DMF	2.67	
02-10-18	GST	4.58 *	
02-10-18	Tourism Tax	3.67	
02-10-18	Pet Fee	10.00	
02-10-18	GST	0.50 *	
02-10-18	Tourism Tax	0.40	
02-11-18	MasterCard [REDACTED]		110.82
Total		110.82	110.82
Balance		0.00	

Wyndham Rewards members earn valuable points on qualifying stays at nearly 7,000 hotels around the world. If you are not already a member, join the next time you check-in, visit us at www.wyndhamrewards.com or call 866-996-7937.

\$105.74 +GST

Guest Signature: _____

Please contact the Manager about any issues with your stay. Days Inn or affiliates may contact you about goods and services unless you call 877-212-2733 or write to Wyndham Worldwide Hotels, Inc. 1 Sylvan Way, Parsippany, NJ 07054 to opt out. View our Days Inn website about privacy.

Thank you for staying with us.
It was our pleasure to serve you.

ERIC ROSENDAHL, MLA

The category travel accommodations has been reduced by \$404.18 to reflect a repayment of a prior expense.

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Eric Rosendahl

Claimant Name: Kathleen Westergaard

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Office visitors.

Purpose:

Picture frames for Scrolls to be delivered to constituents and office candies.

\$3.00

DOLLARAMA

900 Carmichael Lane Unit 335
Hinton AB T7V 1Y6
GST 863624433

VALENTINE CINNAM 1.00 F
VALENTINE MARSHM 1.00 F
VALENTINE CINNAM 1.00 F

SUBTOTAL
GST 5%
TOTAL
MASTERCARD

TYPE: PURCHASE

ACCT: MASTERCARD

AMOUNT:

\$ [REDACTED]

CARD NUMBER: [REDACTED]
DATE/TIME: 18/01/29 10:51:14
REFERENCE #: 66228153 0010015410 C
AUTHOR. #: [REDACTED]

MASTERCARD
A0000000041010
000008000 E800

01/027 APPROVED - THANK YOU

-- IMPORTANT --

Retain This Copy For Your Records

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Eric Rosendahl

Claimant Name: Kathleen Westergaard

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Office visitors.

Purpose:

Tea and sugar free candies for visitors

\$10.12



WE SELL
FOR LESS
PARKS WEST MALL 3038
ST# 03038 OP# 002974 TE# 07 TR# 04655
OF MINT 062891501327 \$2.28 D
OF MINT 062891501327 \$2.28 D
AST FRUIT NS 007726009594 \$2.78 J
AST FRUIT NS 007726009594 \$2.78 J
SUBTOTAL \$10.12
GST 5% \$0.28
TOTAL \$10.40
MCARD TEND \$10.40

MASTERCARD [REDACTED] I 1
APPROVAL # [REDACTED]
REF # 802900236242
PAYMENT SERVICE - A

AID A0000000041010
TC CBD9F93A300B8C29
TERMINAL # WATCJ014905
*Pin Verified

01/29/18 10:40:36

CHANGE DUE \$0.00
GST/HST 137466199 RT 0001
QST 1016551356 TQ 0001

ITEMS SOLD 4

TC# 1760 6143 8089 9820 6288



New Thursday flyer start date
Circulaire maintenant en vigueur Jeudi
01/29/18 10:40:36

CUSTOMER COPY

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Eric Rosendahl

Claimant Name: Kathleen Westergaard

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: All office visitors

Purpose:

Hosting

\$36.16



WE SELL
FOR LESS
BARKS WEST MALL 7078

OF MINT 062891501327 \$2.28 D
OF CHAMOMILE 062891501330 \$2.28 D

OF CHAMOMILE 062891501330 \$2.28 D
OF MINT 062891501327 \$2.28 D
CHC RICH 006500013369 \$15.34 D

GV 24X500ML 060538887928 \$2.97 D
AB BEV CRF 000030635235 \$0.48 H
AB DEPOSIT 068113171083 \$2.40 H
GV 24X500ML 060538887928 \$2.97 D
AB BEV CRF 000030635235 \$0.48 H
AB DEPOSIT 068113171083 \$2.40 H

SUBTOTAL
GST 5%
TOTAL
MCARD TEND

MASTERCARD
APPROVAL #
REF # 807400879662
PAYMENT SERVICE - A

AID A0000000041010
TC 6F308431201844E2
TERMINAL # WHTCJ019698
*Pin Verified

03/15/18 14:38:42

CHANGE DUE \$0.00
GST/HST 137466199 RT 0001
GST 1016551356 TQ 0001

ITEMS SOLD

TC# 0553 8038 4252 6653 5931 2



New Thursday flyer start date
Circulaire maintenant en vigueur Jeudi
03/15/18 14:38:43

CUSTOMER COPY

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Eric RosendahlClaimant Name: Kathleen WestergaardExpense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)☐ Individual Stakeholder(s)☒ Group: Any office visitors

Purpose:

Refillable water jugs for water cooler

\$9.98



Freson Bros. - Hinton Hill
632 Carmichael Lane
Hinton, Alberta, AB
Tel: 780-865-3061
www.freson.com
GST #136930443

Water - Water Processing

2 @ 4.99 ea.

FRESON WATER R/D RFL \$9.98

Sub Total \$9.98

GST \$0.00

Total \$9.98

Cash Total \$10.00

Credit \$9.98



Your cashier today: SHANNON

Thank you for shopping at your
Alberta Owned Freson Bros.

03/23/2018

Till: 1 SS

10:51:00

060100938895