

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2018-19
085 - West Yellowhead - Rosendahl, Eric
For Expenses Processed Jan. 1 - Mar 31, 2019

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$2,117.94	\$6,848.18
MLA Parking Cap - \$	\$900.00	\$21.91	\$26.67
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$		\$43.45	\$43.45
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$275.04	\$833.77
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,042.90	\$22,412.90
Travel Accommodations Allowance			\$425.89
Travel Accommodations Allowance (days; 10 max) - NF	10.0		2.0
Other			
Hosting - \$			\$134.09
Event Tickets Disclosable - \$			
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel MLA (KM) - NF	80,000.0	6,411.0	18,863.0
Constituency Travel Staff (KM) - NF			
Total Constituency Travel (KM) - NF	80,000.0	6,411.0	18,863.0
Special Trips (5 trips per year) - NF	5.0	2.0	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	5.0	23.5
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
DETAI LS SERVICES DE GESTION DE PARC

PAGE - 221 OF 235
DE

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]
NVOICE DATE 01/01/19
DATE DE LA FACTURE
NVOICE NO. 0007336223
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 DESCRPTION DES FRAIS	QTY QTE	UNIT COST COUT UNIT	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DUE MONTANT TOTAL DU
	ROSENDAHL				000518433124 12/01/18	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	60.6	.99	57.14	2.86 2.86	60.00 60.00
					000518593450 11/29/18	PETRO CANADA STONY PLAIN AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	44.7	.94	40.00	2.00 2.00	42.00 42.00
					000518433123 11/25/18	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	54.4	1.14	59.07	2.95 2.95	62.02 62.02
Marine fuel is actually vehicle fuel												
					000518433122 11/23/18	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	56.3	1.20	64.38	3.22 3.22	67.60 67.60
					000518433121 11/18/18	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	39.0	1.15	42.57	2.13 2.13	44.70 44.70
					000518433120 11/15/18	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	46.6	1.15	50.86	2.54 2.54	53.40 53.40
					000518433119 11/12/18	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	60.3	1.15	66.05	3.30 3.30	69.35 69.35
					000518433118 11/09/18	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	44.0	1.10	46.00	2.30 2.30	48.30 48.30
UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH	405.9		426.07	21.30	

BLE871

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

Element Fleet Management



BDF290001

FLEET MANAGEMENT SERVICES DETAIL
DETA LS SERVICES DE GESTION DE PARC

PAGE - 222 OF 235
DE

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION
SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY DIV-85-E ROSENDAHL - - - - - - - -

CLIENT NO.
NO DU CLIENT
NVOICE DATE 01/01/19
DATE DE LA FACTURE
NVOICE NO. 0007336223
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 ----- DESCR PTION DES FRAIS	QTY ----- QTE	UNIT COST ----- COUT UNIT	EXTENDED PRICE ----- TOTAL	GST-HST PST/QST ----- TPS-TVH TVP/TVQ	TOTAL DUE ----- MONTANT TOTAL DU
	ROSENDAHL						UNIT TOTAL / TOT UNITE					447.37
	BKDN TOTALS / TOTAUX CODIFICATION 01-85		UNITS / VEHIC	1			FUEL QTY / QTE CARB 405.9 TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH			426.07	21.30	
							BKDN TOTALS / TOTAUX COD FICATION					447.37

Element Fleet Management



BDF290001

FLEET MANAGEMENT SERVICES DETAIL
DETAI LS SERVICES DE GESTION DE PARC

PAGE - 201 OF 215
DE

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]
NVOICE DATE 02/01/19
DATE DE LA FACTURE
NVOICE NO. 0007379415
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 ----- DESCR PTION DES FRAIS	QTY ----- QTE	UNIT COST ----- COUT UNIT	EXTENDED PRICE ----- TOTAL	GST-HST PST/QST ----- TPS-TVH TVP/TVQ	TOTAL DUE ----- MONTANT TOTAL DU
	ROSENDAHL				000520643748 01/01/19	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	30.6	1.09	31.76	1.59 1.59	33.35 33.35
					000520643747 12/21/18	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	45.3	1.09	47.00	2.35 2.35	49.35 49.35
					000520643746 12/19/18	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	59.0	1.09	61.29	3.06 3.06	64.35 64.35
					000520643745 12/15/18	IMPERIAL OIL STONY PLAIN AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	60.9	.92	53.33	2.67 2.67	56.00 56.00
					000520643744 12/12/18	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	49.2	1.07	50.10	2.50 2.50	52.60 52.60
					000520643743 12/06/18	IMPERIAL OIL STONY PLAIN AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	51.9	1.05	51.90	2.60 2.60	54.50 54.50
UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	296.9		295.38	14.77	310.15
BKN TOTALS / TOTAUX CODIFICATION 01-85							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	296.9		295.38	14.77	
BKN TOTALS / TOTAUX COD FICATION												310.15

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

BLE871

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

Element Fleet Management



BDFD290001

FLEET MANAGEMENT SERVICES DETAIL
DETAI LS SERVICES DE GESTION DE PARC

PAGE - 210 OF 223
DE

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 03/01/19
DATE DE LA FACTURE
INVOICE NO. 0007423305
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 DESCRPTION DES FRAIS	QTY QTE	UNIT COST COUT UNIT	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DUE MONTANT TOTAL DU
	ROSENDAHL				000523887139 01/31/19	IMPERIAL OIL DEVON AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	43.5 .93	38.57	1.93 1.93 40.50 40.50		
					000523887137 01/29/19	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	51.7 1.03	50.71	2.54 2.54 53.25 53.25		
					000523887138 01/29/19	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	57.6 1.09	59.71	2.99 2.99 62.70 62.70		
					000523887136 01/24/19	IMPERIAL OIL EDSON AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH OIL GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	61.9 1.10 1.0 5.49	64.57 5.49	3.23 .27 3.50 73.56 73.56		
					000523887135 01/23/19	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	47.8 1.09	49.53	2.48 2.48 52.01 52.01		
					000523887133 01/17/19	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	67.1 1.10	70.00	3.50 3.50 73.50 73.50		
					000523887134 01/17/19	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	51.1 1.09	52.95	2.65 2.65 55.60 55.60		
					000523887132 01/14/19	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	63.4 1.09	65.71	3.29 3.29 69.00 69.00		
					000523887131	IMPERIAL OIL	MARINE REGULAR UNLEADED GAS	56.8 1.09	58.86			

** Marine Fuel is actually vehicle fuel**

BLE871

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

FLEET MANAGEMENT SERVICES DETAIL
DETAI LS SERVICES DE GESTION DE PARC

PAGE - 211 OF 223
DE

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]
NVOICE DATE 03/01/19
DATE DE LA FACTURE
NVOICE NO. 0007423305
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 ----- DESCR PTION DES FRAIS	QTY ----- QTE	UNIT COST ----- COUT UNIT	EXTENDED PRICE ----- TOTAL	GST-HST PST/QST ----- TPS-TVH TVP/TVQ	TOTAL DUE ----- MONTANT TOTAL DU
[REDACTED]	ROSENDAHL	[REDACTED]	[REDACTED]		01/09/19	HINTON AB	GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL			2.94 2.94 58.86	2.94	61.80 61.80
UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	500.9		516.10	25.82	541.92
BKDN TOTALS / TOTALS CODIFICATION 01-85							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	500.9		516.10	25.82	
BKDN TOTALS / TOTALS COD FICATION												541.92

Element Fleet Management



BDFD290001

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

PAGE - 196 OF 209
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	04/01/19
DATE DE LA FACTURE	
INVOICE NO.	0007468371
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				000526442881 03/04/19	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	41.9	1.09	43.43	2.17 2.17	45.60 45.60
					000526442880 03/01/19	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	62.5	1.02	60.75	3.04 3.04	63.79 63.79
					000526442879 02/27/19	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	67.8	1.06	68.38	3.42 3.42	71.80 71.80
					000526442878 02/24/19	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	64.0	1.09	66.33	3.32 3.32	69.65 69.65
					000526442877 02/21/19	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	63.6 1.0	1.09 11.40	65.95 11.40	3.30 3.87	81.22 81.22
					000526442876 02/18/19	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	62.4	1.09	64.76	3.24 3.24	68.00 68.00
					000526442875 02/13/19	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	57.5	1.09	59.62	2.98 2.98	62.60 62.60
					000526442874 02/12/19	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	45.0	1.09	46.67	2.33 2.33	49.00 49.00
					000526442873	IMPERIAL OIL	MARINE REGULAR UNLEADED GAS	49.1	1.03	48.14		

**Marine fuel is actually vehicle fuel.

BLE871

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

Element Fleet Management



BDFD290001

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

PAGE - 197 OF 209
DE

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 04/01/19
DATE DE LA FACTURE
INVOICE NO. 0007468371
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]		02/10/19	DEVON AB	GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL				2.41 2.41 50.55 2.41 50.55	
					000526442872 02/09/19	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	62.4	1.00	59.38	2.97 2.97 62.35 2.97 62.35	
					000526442871 02/08/19	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	56.1	1.09	58.15	2.91 2.91 61.06 2.91 61.06	
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	632.3		652.96	32.66	685.62
	BKDN TOTALS / TOTAUX CODIFICATION 01-85				UNITS / VEHIC 1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	632.3		652.96	32.66	
							BKDN TOTALS / TOTAUX CODIFICATION					685.62

BLE871

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

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:

Member vehicle oil change

\$110.31 + GST

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

Merchant ID: 000000006027417
Term ID: 02405203
84029020

Purchase

Transaction Record

Interac

AID: A0000002771010

Entry Method: Chip

Batch#: 000343

00:50:19

Ref#: 000003004334

Inv #: 003972 Appr Code: [REDACTED]

Acct: Chequing

Amount: \$ 115.83

Tip: \$ 0.00

Total: \$ 115.83

00 Approved, Thank You!

Customer Copy



No Appointment Necessary

DATE 1/2/2019
INVOICE NO. 2181816 08:51 AM
EMPLOYEES N/A N/A N/A

GST # R812960987

CUSTOMER INFORMATION

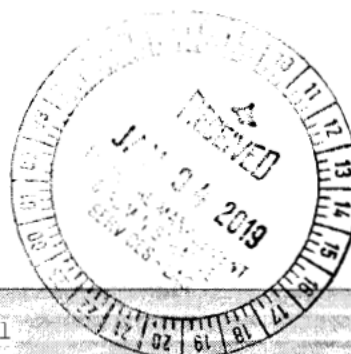
ERIC ROSENDAHL

VEHICLE INFORMATION

SERVICE HISTORY

1.Engine Oil	Replaced
2.Oil Filter	Replaced
3.Chassis Lubrication	Completed
4.Trans/Axle Fluid	N/A
5.Front Diff/Final Drive	N/A
6.Transfer Case Fluid	N/A
7.Rear Diff Fluid	N/A
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.Wash - Engine	Full
17.Serpentine Belt	Checked O.K.
18.Piper Blades	Checked O.K.
19.Light Check	N/A
20.Tire Pressure	N/A
21.Tire Condition	N/A

DESCRIPTION	QTY	PRICE
Mobil 5w30 Full Synthetic	1.00	98.99
Oil Filter # PZ-173	1.00	4.21
Mobil 1 5W30 Bulk (5.70 L.)	5.70	8.93
Manager Discount 5%	1.00	0.00
Oil Level on Arrival: Level O.K.	1.00	0.00
Environmental Fee	1.00	3.99



Subtotal	116.12
Discount	-5.81
Sale	110.31
GST	5.52
Total	115.83
Interac	115.83

Recommend next service on April 2, 19 at 90000 km.

Have you tried a 2 Step Fuel System Cleaner? Ask your Ovback Express Advisor!

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 I agree to perform the obligations set forth herein. I also acknowledge that if I am responsible for any damages that may arise after using Ovback Express' goods and/or services and then driving my vehicle after the engine light has illuminated.

Thank You!

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

X _____

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

\$117.12 + GST

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

Merchant ID: 00000006027417
Term ID: 02485203
94029020

Purchase

Transaction Record

Interac

AID: A0000002771010

Entry Method: Chip

Batch#: 000395

03/04/19

10:12:08

Ref#: 000003004980

Inv #: 004562 Appr Code: [REDACTED]

Acct: Chequing

Amount: \$ [REDACTED]

Tip: \$ [REDACTED]

Total: \$ [REDACTED]

00 Approved, Thank You!

Customer Copy



No Appointment Necessary

DATE 3/4/2019
INVOICE NO. 2182504 10:12 AM
EMPLOYEES Ron N/A Cathy

GST # R812960987

CUSTOMER INFORMATION

ROSENDAHL

SERVICES

SERVICE HISTORY

3/4/2019	90000	SFS1 AF
1/2/2019	80000	SFS1
10/19/2018	69842	SFS1
8/23/2018	60800	SFS1
6/11/2018	50505	SFS1
3/29/2018	40000	SFS1

SERVICE CHECKLIST

DESCRIPTION

QTY.

PRICE

1.Engine Oil	Replaced
2.Oil Filter	Replaced
3.Chassis Lubrication	Completed
4.Trans/Axle Fluid	N/A
5.Front Diff/Final Drive	N/A
6.Transfer Case Fluid	N/A
7.Rear Diff Fluid	N/A
8.Air Filter	Replaced
9.Cabin Air Filter	N/A
10.Breather Filter	N/A
11.PCV Valve	N/A
12.Radiator Fluid	N/A
13.Radiator Cap Test	N/A
14.Power Steering Fluid	N/A
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	99.99
Oil Filter # PZ-173	1.00	4.21
Mobil 1 5W30 Bulk (5.70 L.)	5.70	8.93

Environmental Fee	1.00	3.99
-------------------	------	------

Subtotal

Sale

GST

Total

Interac

MESSAGES

Recommend next service on **June 2, 19** or **100000 km.**

Have you tried a 2 Step Fuel System Cleaner yet?
Ask your Lube Tech Today!!!

SERVICE COMMENTS

oil change only..

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 I agree to 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.

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: _____

Purpose:

\$7.62 + GST

Impark Lot 02-352

09:48 AM
DEC 04, 2018

Postage Date/Time: 07:48am Dec 04, 2018

Total Parking: \$7.62

Total GST: \$0.36

Total Due: \$8.00

Total Paid: \$8.00

Ticket #: 04696710

SN # 100008460023

Setting: Lot 352

Mach Name: Meter 1

Rate: \$8 - 2 Hours

Payment Type: Card

GST #887315638RT0006
NO IN AND OUT PRIVILEGES

RECEIPT

Impark Lot 02-352

: 09:48am Dec 04, 2018

Postage Date/Time: 07:48am Dec 04, 2018

Total Parking: \$7.62

Total GST: \$0.36

Total Due: \$8.00

Total Paid: \$8.00

Ticket #: 04696710

Setting: Lot 352

Mach Name: Meter 1

Rate: \$8 - 2 Hours

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: _____

Purpose:

Parking at the Alberta Building Trades Conference

\$ 14.29 + GST

RECEIPT
Impark Lot 02-284

License Plate Number

Expiration Date/Time

05:19 PM
DEC 13, 2018

Purchase Date/Time: 02:19pm Dec 13, 2018

Total Parking: \$14.29

Total gst: \$0.71

Total Due: \$15.00

Total Paid: \$15.00

Ticket #: 20075021

S/N #: 520014030141

Setting: Lot 284

Mach Name: Meter 1

Rate: \$15 - 3 Hours
Pmt Type: CC (Swipe)

GST # 887316638RT0006
NO IN AND OUT PRIVILEGES

NG RECEIPT
REÇU DE STATIONNEMENT
PARKING RECEIPT
REÇU DE STATIONNEMENT
PARKIN

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Eric Rosendahl

Claimant Name: Eric Rosendahl

Expense Category: Taxi, Bus Travel

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

\$9.26 + GST

GREATER EDMONTON TAXI
SERVICE
10135 31 AVE NW
EDMONTON AB

CARD [REDACTED]
CARD TYPE INTERAC
ACCOUNT TYPE CHEQUING
DATE 2019/01/24
TIME 8614 10:49:46
INVOICE # 211125
RECEIPT NUMBER
C85054886-001-001-020-0

PURCHASE
AMOUNT \$8.40
TIP \$1.26
TOTAL

\$9.66

Interac
A0000002771010
A436D2DA9699E131
0280008000-E800
93752291EECB1694

APPROVED

AUTH# [REDACTED] 00-001
THANK YOU

CARDHOLDER COPY

YELLOW CAB 780.462.3456
BARREL TAXI 780.489.7777
EDMTAXI.COM
GST 100403070

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Eric Rosendahl

Claimant Name: Eric Rosendahl

Expense Category: Taxi, Bus Travel

For hosting, select one:

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

Purpose:

<p style="text-align: center;">\$ 11.47 + GST</p>

ASSOCIATED CAB
ALLIED LIMOUSIN
307-41 AVENUE NE
CALGARY AB T2E 2N4
(403) 299-1111
CAR#1520

DEBIT SALE

Batch #: 071 REF#: 00000034
02/09/19 SEQ: 071001001034
APPR CODE: XXXXXXXXXX 23:01:02
DEBIT/DEFAULT
XXXXXXXXXX

AMOUNT	\$10.90
TIP	\$1.09
TOTAL	\$11.99

00 - APPROVED - 001

Interac
AID: A0000002771010
TVR: 80 00 00 80 00

THANK YOU

CUSTOMER COPY

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Eric Rosendahl

Claimant Name: Eric Rosendahl

Expense Category: Taxi, Bus Travel

For hosting, select one:

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

Purpose:

\$11.07 + GST

DELTA CAB Ltd.
Calgary
403-278-9999

Terminal 25/66250983
Driver 8821
19/02/09 15:59:24

INTERAC
Card : 
F3C943563689301E
CHIP CARD

Interac
E800

VERIFIED BY PIN

Ref # 0010010100 C
Auth # 

		PURCHASE
FARE	: \$	7.00
TIP	: \$	5.00
TOTAL	: \$	12.00

GST/HST #: 1234567890

APPROVED - THANK YOU
(00-001)

IMPORTANT: Retain this
copy for your records

Merchant Copy

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Eric Rosendahl

Claimant Name: Eric Rosendahl

Expense Category: Taxi, Bus Travel

For hosting, select one:

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

Purpose:

Taxi to RMA

\$11.05 + GST

GREAT EDMONTON TAXI
SERVICE

10000 31 AVE NW
EDMONTON AB

CARD *****
CARD TYPE INTERAC
ACCOUNT TYPE CHEQUING
DATE 2018/11/20
TIME 0885 08:48:32
INVOICE # 817974
RECEIPT NUMBER
C85029986-001-001-793-0

PURCHASE
AMOUNT \$11.60
TIP
TOTAL

Interac
A0000002771010
F19EC9E290322CA7
0280008000-E800
829BECECAD5B5613

APPROVED

THANK YOU

00-001

CARDHOLDER COPY



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: 2019

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	60 km from Perm. Res.	Jasper	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
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	60 km from Perm. Res.	Edson	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
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	60 km from Perm. Res.	Nisku	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19	60 km from Perm. Res.	Jasper	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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	60 km from Perm. Res.	Whitecourt	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
26	60 km from Perm. Res.	Jasper	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29	60 km from Perm. Res.	Calgary	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
30	60 km from Perm. Res.	Calgary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.76	0.44	9.20
31	60 km from Perm. Res.	Calgary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
Grand Total						\$160.52	\$8.03	\$168.55

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 07/19



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: 2019

Employee #:

Day of Month	Reason for Travel	Meal Purchase Location	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	60 km from Perm. Res.	Jasper	<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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
9	60 km from Perm. Res.	Calgary	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
10	60 km from Perm. Res.	Calgary	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12	60 km from Perm. Res.	Grande Cache	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
13	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
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	60 km from Perm. Res.	Grande Cache	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
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						\$114.52	\$5.73	\$120.25

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 28/19



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: 4/23/2018

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

Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Maximum of \$23,160 per fiscal year.

Fiscal Year: 2018-2019

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

☒ Yes

☐ No

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

\$ 1,930.00

x 12 = \$ 23,160.00

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

Claim Payment Authorization (please check)

☒ 12 Monthly Payments

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

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

January 2019

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


Member Signature

Updated March 2018



Members' Temporary Accommodation Allowance Claim Form - Claimed by Month

Note to MLAs: Forms accessed online can be used to claim, under the *Members' Allowances Order*, the temporary residence allowance (in or near Edmonton [s. 5-6]), the temporary accommodation allowance (excludes in or near Edmonton, maximum 10 days per fiscal year [s. 7(1)]), and meal per diems (while travelling [s. 7(2)]). Only claims supported by the required documentation will be processed. For the relevant sections of the *Members' Allowances Order* see reverse. For information on form completion go to OurHouse – Forms – Expense Claim Forms.

Effective date: June 21, 2018

Member Name: Rosendahl, Eric

Constituency: West Yellowhead

Employee #:

Date: February 28, 2019

Claim Type: Temporary Residence Accommodation Allowance in Edmonton - Claimed by Month

Temporary Residence Accommodation Allowance in Edmonton - Claimed by Month

Monthly maximum of \$1,930 per month. Total maximum of \$23,160 per fiscal year.

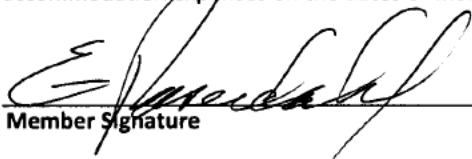
Month	Year	Monthly Claim Amount
February	2019	1,930.00
Grand Total		\$1,930.00

Please Note:

- (1) The Member is responsible for retaining all records that support the payment identified above.
- (2) The Member must advise the Clerk in writing of any changes to the Member's permanent or temporary residence at the time it occurs.

- ☒ I confirm that I have completed declarations evidencing: (1) my current permanent residence and (2) my current temporary residence, with supporting documentation as required, and have either provided these documents to FMAS or attached them here.
- ☒ Pursuant to section 6.1 of the *Members' Allowance Order* [Short-term Rental of Temporary Residence], I confirm that I have not, during the period for which the allowance is claimed, used any commercial service through which I, or a third party on my behalf, has rented out my temporary residence for a fee as a vacation rental or any other type of short-term accommodation.
- ☒ I confirm that the amount being claimed does not exceed my costs of maintaining the temporary residence and acknowledge that I will be personally responsible for reimbursing the Legislative Assembly Office for any payment received that exceeds this amount.

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


Member Signature

Updated June 2018



Members' Temporary Accommodation Allowance Claim Form - Claimed by Month

Note to MLAs: Forms accessed online can be used to claim, under the *Members' Allowances Order*, the temporary residence allowance (in or near Edmonton [ss.5-6]), the temporary accommodation allowance (excludes in or near Edmonton, maximum 10 days per fiscal year [s. 7(1)]), and meal per diems (while travelling [s. 7(2)]). Only claims supported by the required documentation will be processed. For the relevant sections of the *Members' Allowances Order* see reverse. For information on form completion go to OurHouse – Forms – Expense Claim Forms.

Effective date: June 21, 2018

Member Name: Rosendahl, Eric

Constituency: West Yellowhead

Employee #:

Date: March 19, 2019

Claim Type: Temporary Residence Accommodation Allowance in Edmonton - Claimed by Month

Temporary Residence Accommodation Allowance in Edmonton - Claimed by Month

Monthly maximum of \$1,930 per month. Total maximum of \$23,160 per fiscal year.

Month	Year	Monthly Claim Amount
March	2019	1,182.90
Grand Total		\$1,182.90

Please Note:

- (1) The Member is responsible for retaining all records that support the payment identified above.
- (2) The Member must advise the Clerk in writing of any changes to the Member's permanent or temporary residence at the time it occurs.

- ☐ I confirm that I have completed declarations evidencing: (1) my current permanent residence and (2) my current temporary residence, with supporting documentation as required, and have either provided these documents to FMAS or attached them here.
- ☐ Pursuant to section 6.1 of the *Members' Allowance Order* [Short-term Rental of Temporary Residence], I confirm that I have not, during the period for which the allowance is claimed, used any commercial service through which I, or a third party on my behalf, has rented out my temporary residence for a fee as a vacation rental or any other type of short-term accommodation.
- ☐ I confirm that the amount being claimed does not exceed my costs of maintaining the temporary residence and acknowledge that I will be personally responsible for reimbursing the Legislative Assembly Office for any payment received that exceeds this amount.

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

Member Signature

Updated June 2018

