

LEGISLATIVE ASSEMBLY OF ALBERTA
 Member EDR 2016-17
 020 - Calgary-Mccall - Sabir, Irfan
 For Expenses Processed Jan 1 to Mar 31, 2017

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$588.44	\$2,284.15
MLA Parking Cap - \$	\$900.00		
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$			
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$			
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,790.00	\$23,160.00
Travel Accommodations Allowance			
Travel Accommodations Allowance (days; 10 max) - NF	10.0		
Other			
Hosting - \$		\$490.96	\$1,401.39
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	35,000.0		
Special Trips (5 trips per year) - NF	5.0		
Travel To and From the Capital			
Travel by Air, Bus or Train (Unlimited Trips) - NF			
Use of a Private Automobile (52 trips per year) - NF	52.0		
Other Travel			
Vehicle Rental (5 Days maximum anywhere in Alberta) - NF	5.0		

\$ - Reported on CAD dollar amount of actual expense

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

Budget reported is the maximum annual amount that may be claimed

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

Element Fleet Management



BDFD290001

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-20-1 SABIR

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CLIENT NO. [REDACTED]
 NO DU CLIENT [REDACTED]
 INVOICE DATE 01/01/17
 DATE DE LA FACTURE
 INVOICE NO. 0006708797
 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]	SABIR	[REDACTED]	[REDACTED]	[REDACTED]	000447297966 11/10/16	SEVEN ELEVEN EDMONTON AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	29.4	.95	26.59	1.33 1.33	27.92 27.92
					000447297963 11/03/16	SEVEN ELEVEN EDMONTON AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	66.5	.98	62.29	3.11 3.11	65.40 65.40
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	95.9		88.88	4.44	93.32
BKDN TOTALS / TOTAUX CODIFICATION 01-20			UNITS / VEHIC	1			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	95.9		88.88	4.44	
							BKDN TOTALS / TOTAUX CODIFICATION					93.32

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-20-1 SABIR

CLIENT NO. [REDACTED]
 NO DU CLIENT [REDACTED]
 INVOICE DATE 02/01/17
 DATE DE LA FACTURE
 INVOICE NO. 0006726634
 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]	SABIR	[REDACTED]	[REDACTED]	[REDACTED]	000449188831 01/06/17	FEDERATED COOPERATIVES LIMITED CALGARY AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	67.4	1.29	82.86	4.14 4.14	87.00 87.00
					000448421730 12/26/16	FEDERATED COOPERATIVES LIMITED CALGARY AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	63.4	1.23	74.29	3.71 3.71	78.00 78.00
					000448990975 12/21/16	IMPERIAL OIL EDMONTON AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	42.2	1.20	48.24	2.41 2.41	50.65 50.65
					000448990974 12/15/16	IMPERIAL OIL EDMONTON AB	ETHANOL REGULAR GRADE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	64.9	.92	57.14	2.86 2.86	60.00 60.00
					000448525681 11/17/16	SHELL CANADA INC RED DEER AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	54.8	1.09	56.86	2.84 2.84	59.70 59.70
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	292.7		319.39	15.96	335.35
					BKDN TOTALS / TOTAUX CODIFICATION 01-20		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	292.7		319.39	15.96	
						BKDN TOTALS / TOTAUX CODIFICATION						335.35

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-20-1 SABIR

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CLIENT NO. [REDACTED]
 NO DU CLIENT [REDACTED]
 NVOICE DATE 04/01/17
 DATE DE LA FACTURE
 NVOICE NO. 0006772011
 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
	SABIR				000455436544 03/09/17	HUSKY OIL RED DEER AB	ETHANOL BLEND GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT DISCOUNT / RABAIS TOTAL / TOTAL	60.9	1.15	66.74	3.26 3.26	70.00 70.00 .61- 69.39
					000455600656 02/23/17	IMPERIAL OIL CALGARY AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	65.5	1.18	73.53	3.68 3.68	77.21 77.21
					000455600655 02/08/17	IMPERIAL OIL EDMONTON AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	38.8	1.08	39.90	2.00 2.00	41.90 41.90
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE DISCOUNT / RABAIS TOTAL / TOTAL	165.2		180.17	8.94	189.11 .61- 188.50
	BKDN TOTALS / TOTAUX CODIFICATION 01-20				1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	165.2		180.17	8.94	189.11 .61- 188.50
							BKDN TOTALS / TOTAUX CODIFICATION DISCOUNT / RABAIS TOTAL / TOTAL					189.11 .61- 188.50



Members' Temporary Accommodation Allowance Claim Form

Note to MIAs: 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: Sabir, Irfan

Constituency: Calgary-McCall

Employee #: [REDACTED]

Date: 6/16/2016

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

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

Fiscal Year:

Have you provided documents evidencing your Temporary Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please attach. Yes No

Monthly Amount (maximum \$1,930 or less) \$ 1,930.00 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 2017

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 MIAs: 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: Sabir, Irfan

Constituency: Calgary-McCall

Employee #: [REDACTED]

Date: 6/16/2016

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

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

Fiscal Year:

Have you provided documents evidencing your Temporary Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please attach. Yes No

Monthly Amount (maximum \$1,930 or less) \$ 1,930.00 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 2017

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 MIAs: 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: Sabir, Irfan

Constituency: Calgary-McCall

Employee #: [REDACTED]

Date: 6/16/2016

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

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

Fiscal Year:

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

Yes

No

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

\$ 1,930.00

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 2017

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

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Irfan Sabir

Claimant Name: Desi Junction

Expense Category: Hosting

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group: Constituents

\$ 33.50

Purpose:

Tea and snacks for a Meet and Greet in constituency office.

*** TO GO ***

Desi Junction

NAME: MLAOFF - Calgary meal

CHECK# 17014

DATE/TIME: 3/27/2017 2:57:42 PM

CASHIER: 100101

STATION: 01

Item Count: 1

Weight/pc	Unit Price	Total Price
Open food-11*		
1 pc @	\$33.50/pc	\$33.50
Subtotal		\$33.50
GST		\$1.68
GRAND TOTAL		\$35.18

820754786RT0001

please check all your purchased items
before leaving.
Visit us again.

THANK YOU



Printed: OH-MLAOFF

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Irfan Sabir

Claimant Name: Bikaner Sweet House and Restaurant

Expense Category: Hosting

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group: Constituents \$277.00

Purpose:

Tea, samosas, jalebis for the Town Hall held on March 26 at Genesis Centre.

BIKANER SWEET HOUSE
& RESTAURANT INC

Date: MAR 26 / 2017

Name: Calgary - McCall Open

Address: House

Phone: _____

1		
2	OPEN HOUSE	1000
3	Samosas	157
4	Tea	100
5	Jalebi	20
6		
7		
8		
9		
10		
5		GST
TOTAL		277



Sales Receipt



An Office DEPOT, Inc. Company
une société d'Office DEPOT, Inc

COST CENTRE BILLING REPORT

REQUISITION REPORT

SOLD TO ACCOUNT NO.

AB LEGISLATIVE ASSEMBLY (ML
FINANCIAL MGMT & ADMIN SERV
9820 107 ST NW
4TH FLR
EDMONTON, AB T5K 1E7

G.S.T.
Q.S.T

R894032192
1001640701TQ0009

PERIOD ENDING
ACCT MGR NO.

03/31/2017

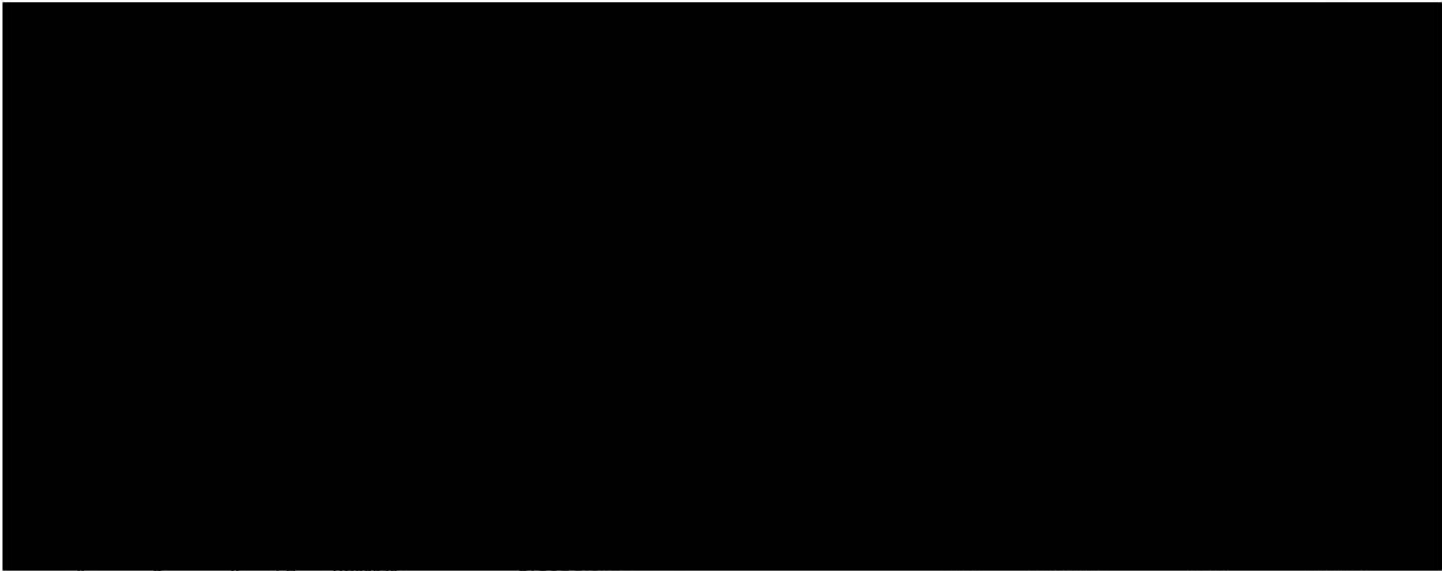
INVOICE NO.
COST CENTRE

K781307

SHIP TO ACCOUNT NO.

ALTA LEGISLATIVE ASSEMBLY
CALGARY MACCALL
4850 WESTWINDS DR NE
UNIT 223
CALGARY, AB T3J 3Z5

QTY ORD	QTY SHIP	QTY B/O	U/M	PRODUCT NO.	DESCRIPTION	REGULAR	DISCOUNT	NET	AMOUNT	TX
REQ NO.	G302285	DATE	03/17/2017	ATTENTION	Calgary McCall	P.O.#	MLA201640 ✓	G&T ORDER NO	196152-00	



4	4	0	BX	40-03717	K CUP VH COL DARK 24'S	12.59	CONTRACT	12.59	50.36	
4	4	0	BX	83-21717	K-CUP LAURA SECORD HOT CHOCO	14.24	CONTRACT	14.24	56.96	
4	4	0	BX	90-10817	TWC CHAI LATTE TEA 24 CT K-CUP	14.24	CONTRACT	14.24	56.96	
2	2	0	EA	11001016	COFFEEMATE ORIGINAL WHITENER	2.47	CONTRACT	2.47	4.94	
1	1	0	CT	407256-1	REDPATH WHITE SUGAR PACKETS	11.24	CONTRACT	11.24	11.24	

BREEZE
Approved By: Mary Trush
>Due to product integrity, Gra
will not accept returns on foo
For item 40-03717 11001016
>This extended delivery produc
3-5 days.
For item 40-03717
Acknowledged by: Calgary McCall
* For balance of order see ref
196153

Handwritten: \$180.46