

LEGISLATIVE ASSEMBLY OF ALBERTA
 Member EDR 2017-18
 020 - Calgary-Mccall - Sabir, Irfan
 For Expenses Processed Jul 1 - Sep 30, 2017

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$550.39	\$909.53
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	\$11,580.00
Travel Accommodations Allowance			
Travel Accommodations Allowance (days; 10 max) - NF	10.0		
Other			
Hosting - \$		\$566.89	\$566.89
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

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]
 NVOICE DATE 08/01/17
 DATE DE LA FACTURE
 NVOICE NO. 0006873046
 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				000467342901 07/08/17	SHELL CANADA INC CALGARY AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	70.8	1.23	82.91	4.15 4.15	87.06 87.06
					000467236457 06/30/17	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	63.9	1.19	72.41	3.62 3.62	76.03 76.03
					000467899620 06/22/17	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	53.6	1.12	57.21	2.79 2.79	60.00 60.00 .54- 59.46
					000467834140 06/17/17	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	59.1	1.15	64.77	3.24 3.24	68.01 68.01
					000467644276 06/08/17	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	58.5	1.08	60.39	3.02 3.02	63.41 63.41
					000467644264 06/01/17	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	62.2	1.14	67.72	3.39 3.39	71.11 71.11
					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	368.1		405.41	20.21	425.62 .54- 425.08
					BKDN TOTALS / TOTAUX CODIFICATION 01-20	UNITS / VEHIC 1	FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	368.1		405.41	20.21	425.62

FLEET MANAGEMENT SERVICES DETAIL
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CLIENT NO. [REDACTED]
 NO DU CLIENT [REDACTED]
 INVOICE DATE 08/01/17
 DATE DE LA FACTURE
 INVOICE NO. 0006873046
 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
BKDN TOTALS / TOTAUX CODIFICATION							DISCOUNT / RABAIS TOTAL / TOTAL		.54- 425.08			

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 09/01/17
 DATE DE LA FACTURE
 NVOICE NO. 0006898662
 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
[REDACTED]	SABIR	[REDACTED]	[REDACTED]	[REDACTED]	000471346002 07/26/17	PETRO CANADA CALGARY AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	66.4	1.11	70.16	3.51 3.51	73.67 73.67
					000470799700 07/15/17	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	68.3	1.15	74.82	3.74 3.74	78.56 78.56
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	134.7		144.98	7.25	152.23
BKDN TOTALS / TOTAUX CODIFICATION 01-20			UNITS / VEHIC	1			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	134.7		144.98	7.25	
							BKDN TOTALS / TOTAUX CODIFICATION					152.23



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: Sabir, Irfan **Constituency:** Calgary-McCall

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**

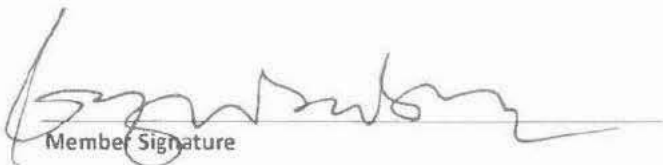
Please Note: The Member is responsible for retaining all records which support the annual amount identified above.

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.

July 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



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

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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.

August 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



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: Sabir, Irfan **Constituency:** Calgary-McCall

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**

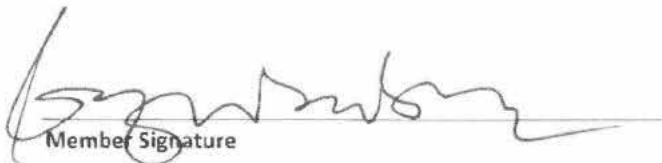
Please Note: The Member is responsible for retaining all records which support the annual amount identified above.

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.

September 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

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Irfan Sabir

Claimant Name: Irfan Sabir

Expense Category: Hosting

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group: \$ 192.43 + GST

Purpose:

June 15, 2017 - Calgary Area MLA Iftar Celebration Event

Irfan Sabir - Iftar



WHOLESALE CLUB 6714

www.wholesaleclub.ca
INVOICE #: 0671401150673459

WHOLESALE
CUSTOMER

Tobacco Tax # :
PST # :
Payment Due : 0 Days

21-GROCERY

(4)01560000010	GNRAL MINI	GR	
4 @ \$2.97			11.88
ECOLOGY FEE			
40\$0.06			0.24
DEPOSIT 1			
40\$0.60			2.40

(8)05600000005	CRUSH RNG MINI	GR	
8 @ \$2.97			23.76
ECOLOGY FEE			
80\$0.06			0.48
DEPOSIT 1			
80\$0.60			4.80

(4)06540014722	7UP MINI	GR	
4 @ \$2.97			11.88
ECOLOGY FEE			
40\$0.06			0.24
DEPOSIT 1			
40\$0.60			2.40

(8)06900014902	PEPSI MINIS	GR	
8 @ \$2.97			23.76
ECOLOGY FEE			
80\$0.06			0.48
DEPOSIT 1			
80\$0.60			4.80

(4)06900014904	DIET PEPSI MINI	GR	
4 @ \$2.97			11.88
ECOLOGY FEE			
40\$0.06			0.24
DEPOSIT 1			
40\$0.60			2.40

27-PRODUCE

(7)09792354401	MEDJOOI DATES	R	
7 @ \$12.97			90.79

SUBTOTAL 192.43

G=GST 5% 84.84 @ 5.000% ✓ 4.24

TOTAL 196.67
Number of Items: 35

-----TRANSACTION RECORD-----

GLOBAL PAYMENTS MERCHANT # 4567400
Wholesale Club
2928 23 St NE
Calgary AB
STORE 06714
SI IP # 345900
TERM 20671401
REG 1

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Irfan Sabir

Claimant Name: Lovella Penaranda

Expense Category: Hosting

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group: \$10.49

Purpose:

June 15, 2017 - Calgary Area MLA Iftar Celebration Event
June 8, 2017 - Iftar planning meeting

*Iftar - Lovella ✓
mileage X*

DESI JUNCTION
4850 WESTHINDS DRIVE NE
UNIT 108 & 116
CALGARY, AB T3J3Z5
4034758765

Merchant ID: 6011032
Term ID: 001
Ref #: 002

Sale

[Redacted]

DEBIT

Entry Method: Chip

Acct Type: Checking

06/08/17 ✓

12:28:11

Inv #: 000002

[Redacted]

Apprvd

Batch#: 159001

Trace: 00576434

Retrieval Ref. #: 00000002

Total:

\$

10.49 ✓

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

Application Label: Interac
AID: A0000002771010
TVR: 80 80 00 80 00
ISI: 78 00

Customer Copy

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Irfan Sabir

Claimant Name: Lovella Penaranda

Expense Category: Hosting

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group: \$44.97

Purpose:

June 15, 2017 - Calgary Area MLA Iftar Celebration Event

Iftar - Lovella ✓
Mileage ✓



Safeway Castleridge
33 Castleridge Boulevard NE Calgary AB
Phone: 403.293.0255
GST# 817093735

Served by: SC0 22

PRODUCE	
Medjool Dates	\$14.99 D
Medjool Dates	\$14.99 D
Medjool Dates	\$14.99 D

SUBTOTAL ✓ \$44.97
TOTAL TAX ✓ \$0.00

TOTAL **\$44.97** ✓
Debit TENDER \$44.97
Cash CHANGE \$0.00

NUMBER OF ITEMS 3

AIR MILES
LET US REWARD YOU
Air Miles you could have earned
this visit: 2
Enroll today, visit www.airmiles.ca

MERCHANT ID 040080036926 INSERTED
CLIENT ID 9803 RECEIPT# 9051000
TERMINAL ID 022 TRACE# 00708230

** PURCHASE ** \$ 44.97

ACCOUNT Chequing RESP 000
DATE 06/15/2017 TIME 20:56:26
REF # 00000132

APPL. Interac
AID A0000002771010
TVR 8080008000 TSI 7800

APPROVED

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

Term Tran Store Oper Oper 06/15/17 ✓
22 9051 8831 122 20:56:31

Thank you for shopping at Our Store
Come Again Soon

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Irfan Sabir

Claimant Name: Lovella Penaranda

Expense Category: Hosting

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group: \$19.00

Purpose:

June 15, 2017 - Calgary Area MLA Iftar Celebration Event
June 15, 2017 - Iftar Drinks (Pop)

*Iftar - Lovella ✓
 mileage x*



Safeway Castleridge
 33 Castleridge Boulevard NE Calgary AB
 Phone: 403.293.0255
 GST# 817093735

Served by: SC0 20

GROCERY

Spring Water	\$2.65 D
YOU SAVED \$0.14	
+EHC	\$0.60
+Deposit	\$1.50
Spring Water	\$2.65 D
YOU SAVED \$0.14	
+EHC	\$0.60
+Deposit	\$1.50
Spring Water	\$2.65 D
YOU SAVED \$0.14	
+EHC	\$0.60
+Deposit	\$1.50
Spring Water	\$2.65 D
YOU SAVED \$0.14	
+EHC	\$0.60
+Deposit	\$1.50



SUBTOTAL
 5% GST ✓

TOTAL

Debit
 Cash

TENDER
 CHANGE

NUMBER OF ITEMS



*****YOUR SAVINGS*****
 Discounts & Specials \$0.56
 Your Total Savings \$0.56

AIR MILES

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Hon. MLA Irfan Sabir

Claimant Name: Ganga Restaurant

Expense Category: Hosting

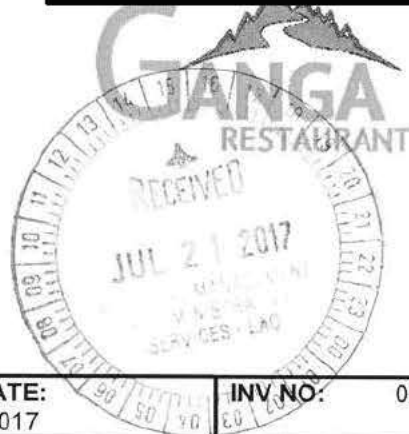
For hosting, select one:

- Individual Constituent(s)
 Individual Stakeholder(s)
 Group: Iftar Event 2017

Purpose:

Food for Iftar Dinner.

INVOICE



FOR DATE: 29-06-2017	INV NO: 001
TEL:	PAGE NO: 01
BILL TO: Mr. Irfan Sabir Calgary - AB	

DATE	DESCRIPTION	Total Days	Nos. of guest	Per head	Amount CAD
June 2017	Outdoor Catering	01	100	15.00	1500.00
	GST			5%	0.00
				TOTAL	1500.00
				ADVANCE	0.00
				BALANCE	1500.00

Total amount chargeable (in words): One Thousand and Five Hundred Canadian Dollars only.

NOTE:
Amount charged for 100 nos. of guest.

Calgary McCall share is \$300