LEGISLATIVE ASSEMBLY OF ALBERTA Member EDR 2018-19

020 - Calgary-Mccall - Sabir, Irfan For Expenses Processed April 1 - June 30, 2018

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation Fuel and Minor Maintenance - \$ MLA Parking Cap - \$ Other Travel - Parking - \$ Member Travel (overnight stay in constituency) - \$ Taxi, Bus Travel - \$ Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$ Member Travel (Meal Per Dierns) - \$	\$900.00	\$506.79	\$506.79
Accommodation Edmonton Accommodation Allowance (\$23,160.00/yr max) Travel Accommodations Allowance Travel Accommodations Allowance (days; 10 max) - NF	\$23,160.00 10.0	\$5,790.00	\$5,790.00
Other Hosting - \$			
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km) Constituency Travel (Kilometres) - NF Special Trips (5 trips per year) - NF	35,000.0 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 Celement

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-I SABIR

CLIENT NO.

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

NO DE LA FACTURE

05/01/18 0007089885

BFDF290001

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		REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NA	TION SSEUR	CHARGE DESCRIPTION DESCRIPTION DES FRAIS	QTY QTE	UNIT COST	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DUE MONTANT TOTAL DU
	SABIR				000494617855 04/05/18	SHELL CANADA INC RED DEER	AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	57.9	1.24	68.34 68.34	3.42 3.42 3.42	71.76 71.76
					000493484132 03/22/18	SHELL CANADA INC RED DEER	AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	56.4	1.21	64.99 64.99	3.25 3.25 3.25	68.24 68.24
					000495022749 03/15/18	SEVEN ELEVEN EDMONTON	AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	34.8	1.15	38.10 38.10	1.90 1.90 1.90	40.00 40.00
			UNIT TOTAL	_ / TOT UNI	ITE			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	149.1		171.43	8.57	180.00
	KDN TOTALS / TOTAUX (1-20	CODIFICATION	UNITS / \	/EHIC	1			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	149.1		171.43	8.57	
								BKDN TOTALS / TOTAUX CODIFICA	ΓΙΟΝ				180.00

Element Fleet Management Celement

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

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

NO DE LA FACTURE

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UNIT NO NO. D'UNITE	DRIVER NAME DRIVER ID. NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V.I.N. NO. DE SERIE	CARD NO. NO. DE CARTE	KM AUTHORIZE KM AUTORISE	REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS.		TION SEUR	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
	SABIR			.	000497934601 04/24/18	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	29.7	1.31	37.03 37.03	1.85 1.85 1.85	38.88 38.88
	^^Marine fuel i	s actually vehi	icle fuel	^ ^		SHELL CANADA INC RED DEER	AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	60.6	1.27	73.29 73.29	3.66 3.66 3.66	76.95 76.95
			UNIT TOTAL	L / TOT UN	ITE			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	90.3		110.32	5.51	115.83
	KDN TOTALS / TOTAUX (1-20	CODIFICATION	UNITS / \	VEHIC	1			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	90.3		110.32	5.51	
								BKDN TOTALS / TOTAUX CODIFICAT	TION				115.83

_E871 GST-HST REG. NO / NO ENRG TPS-TVH R104164223
QST ID. NO / NO ID TVQ 1001439118

Element Fleet Management Celement

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

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NO DU_CLIENT
INVOICE DATE

DATE_DE_LA_FACTURE
INVOICE NO.

NO DE_LA_FACTURE

0007137902

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NIT NO NO. '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	NO. DE REFERENCE	SUPPLIER NA	ATION SSEUR	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
	SABIR				000499721439 05/25/18	SHELL CANADA INC RED DEER	AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	43.1	1.34	54.96 54.96	2.75 2.75 2.75	57.71 57.71
					000501218351 05/17/18	IMPERIAL OIL CALGARY	AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	66.7	1.37	87.05 87.05	4.35 4.35 4.35	91.40 91.40
	Marine fuel i	s actually vehic	le fuel		000501218350 05/03/18	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	66.0	1.32	83.03 83.03	4.15 4.15 4.15	87.18 87.18
			UNIT TOTAL	L / TOT UNI	ITE			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	175.8		225.04	11.25	236.29
	KDN TOTALS / TOTAUX (1-20	CODIFICATION	UNITS / Y	VEHIC	1			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	175.8		225.04	11.25	

E871 GST-HST REG. NO / NO ENRG TPS-TVH R104164223 QST ID. NO / NO ID TVQ 1001439118



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	Constit	uency:	Calgary-Mc	Call	
Employee #:	Date:				
Claim Type: Temporary Residence Accommodation Allow	ance in Edmonton - C	laimed A	nnually		
Temporary Residence Accommodation Allowance in Edm Maximum of \$23,160 per fiscal year. Fiscal Year: 2018-2019	onton - Claimed Annı	ıally			
113441 16411 2010 2012					
Have you provided documents evidencing your Temporar Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please attach.	Y 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 re	cords which support (the annu	al amount i	dentified above	*
Claim Payment Authorization (please check)		onthly p	-		ecified above for the the entire fiscal year
Please Note: The Member must advise the Clerk in writing occurs.	of any changes to the	ir perma	nent or tem	nporary residen	ce at the time it

APRIL, 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



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Member Name: Sabir, Irfan	Constituency:	Calgary-McCall
Employee #:	Date:	
Claim Type: Temporary Residence Accommodation Allow	ance in Edmonton - Claimed A	Annually
Temporary Residence Accommodation Allowance in Edm Maximum of \$23,160 per fiscal year.	onton - Claimed Annually	
Fiscal Year: 2018-2019		
Have you provided documents evidencing your Temporar Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please attach.	y ✓ 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 re	cords which support the annu	ual amount identified above.
Claim Payment Authorization (please check)		payments in the amount specified above for the monthly amount is static for the entire fiscal year
Please Note: The Member must advise the Clerk in writing occurs.	of any changes to their perm	anent or temporary residence at the time it

MAY, 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



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Member Name: Sabir, Irfan	Constituency:	Calgary-McCall
Employee #:	Date:	
Claim Type: Temporary Residence Accommodation Allow	ance in Edmonton - Claimed	Annually
Temporary Residence Accommodation Allowance in Edm Maximum of \$23,160 per fiscal year.	onton - Claimed Annually	
Fiscal Year: 2018-2019		
Have you provided documents evidencing your Temporal Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please attach.	ry ✓ 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 re- Claim Payment Authorization (please check)	12 Monthly Payments	ual amount identified above. payments in the amount specified above for the
Please Note: The Member must advise the Clerk in writing	entire fiscal year. This	monthly amount is static for the entire fiscal year
occurs.		

JUNE 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