LEGISLATIVE ASSEMBLY OF ALBERTA Member EDR 2018-19

020 - Calgary-Mccall - Sabir, Irfan For Expenses Processed July 1 - Sep 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 Diems) - \$ | \$900.00 | \$252.83 | \$759.62 |
| 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 | \$11,580.00 |
| Other Hosting - \$ Event Tickets Disclosable - \$ Non-Financial Reporting | | | |
| Use of Private Automobile (43.5 cents per km) Constituency Travel MLA (KM) - NF Constituency Travel Staff (KM) - NF Total Constituency Travel (KM) - NF | 35,000.00 | | |
| 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 Celement

FLEET MANAGEMENT SERVICES DETAIL
DETA LS SERVICES DE GESTION DE PARC

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CLIENT NO.

NO DU CLIENT

NVOICE DATE

DATE DE LA FACTURE

NVOICE NO.

NO DE LA FACTURE

08/01/18 0007161443

| 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. | SUPPLER 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 | | | | 000503413917 07/07/18 | SHELL CANADA INC CALGARY | AB | UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL | 41.0 | 1.39 | 54.22 54.22 | 2.71 2.71 2.71 | 56.93 56.93 |
| | | | | | 000502235206 06/22/18 | 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 | 37.9 | 1.32 | 47.65 47.65 | 2.38 2.38 2.38 | 50.03 50.03 |
| | | | | | 000503858542 06/21/18 | 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 | 35.7 | 1.35 | 45.97 45.97 | 2.30 2.30 2.30 | 48.27 48.27 |
| | | | UNIT TOTAL | . / TOT UNI | TE | | | FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE | 114.6 | | 147.84 | 7.39 | 155.23 |
| | KDN TOTALS / TOTAUX (1-20 | CODIFICATION | UNITS / V | /EHIC | 1 | | | FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH | 114.6 | | 147.84 | 7.39 | |
| | | | | | | | | BKDN TOTALS / TOTAUX COD FICA | TION | | | | 155.23 |

Element Fleet Management Celement

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

PAGE - 150 OF 245 DE

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

BFDF290001

CLIENT NO.

NO DU CLIENT

NVOICE DATE

DATE DE LA FACTURE

NVOICE NO.

NO DE LA FACTURE

08/01/18 0007161443

| 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. | SUPPLER NAME SUPPLER LOCATION NOM DU FOURNISSEUR POINT DE VENTE | 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 |
|---------------------------|---|------------------------|------------------------|--|--|--|----------------|-----------|----------------------------|--|-----------------------------|
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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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CLIENT NO.

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

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 | NO. DE REFERENCE | SUPPLIER SUPPLIER LO NOM DU FOUR POINT DE | CATION NISSEUR | 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 | | | | 000507123006 08/02/18 | | AB | UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL | 43.6 | 1.25 | 51.88 51.88 | 2.59 2.59 2.59 | 54.47 54.47 |
| | | | | | 000507123005 07/27/18 | | AB | UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL | 41.3 | 1.35 | 53.11 53.11 | 2.66 2.66 2.66 | 55.77 55.77 |
| | | | UNIT TOTA | L / TOT UN | ITE | | | FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE | 84.9 | | 104.99 | 5.25 | 110.24 |
| | KDN TOTALS / TOTAUX (11-20 | CODIFICATION | UNITS / Y | VEHIC | 1 | | | FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH | 84.9 | | 104.99 | 5.25 | |
| | | | | | | | | BKDN TOTALS / TOTAUX CODIFICAT | ΓΙΟΝ | | | | 110.24 |

SLE871 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 | Constituency | : Calgary-McCall |
|--|--------------------------------|--|
| Employee #: | Date: | |
| Claim Type: Temporary Residence Accommodation Allo | wance in Edmonton - Claimed | Annually |
| Temporary Residence Accommodation Allowance in Edr Maximum of \$23,160 per fiscal year. | monton - Claimed Annually | |
| Fiscal Year: 2018-2019 | | |
| Have you provided documents evidencing your Tempora Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please attach. | |] 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 ann | nual amount identified above. |
| Claim Payment Authorization (please check) | 12 Monthly Payments | |
| | | 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 writin occurs. | g of any changes to their pern | nanent or temporary residence at the time it |

JULY 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



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 | Constitu | Constituency: Calgary-McCall | | | | | |
|---|--------------------------------|---|--|--|--|--|--|
| Employee #: | Date: | | | | | | |
| Claim Type: Temporary Residence Accommodation | Allowance in Edmonton - Cla | laimed Annually | | | | | |
| Temporary Residence Accommodation Allowance i Maximum of \$23,160 per fiscal year. | n Edmonton - Claimed Annua | ually | | | | | |
| Fiscal Year: 2018-2019 | | | | | | | |
| Have you provided documents evidencing your Ter Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please at | · . | No | | | | | |
| Monthly Amount (maximum \$1,930 or less) | \$ 1,930.00 | x 12 = \$ 23,160.00 | | | | | |
| Please Note: The Member is responsible for retaining | g all records which support th | the annual amount identified above. | | | | | |
| Claim Payment Authorization (please check) | | rments nonthly payments in the amount specified above for th ir. This monthly amount is static for the entire fiscal ye | | | | | |
| Please Note: The Member must advise the Clerk in voccurs. | writing of any changes to thei | eir permanent or temporary residence at the time it | | | | | |

AUGUST 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



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-Mo | Call | |
|--|-------------------------|---------|--------------|---------------------|---|
| Employee #: | Date: | | | | |
| Claim Type: Temporary Residence Accommodation Allo | wance in Edmonton - Cl | aimed / | Annually | | |
| Temporary Residence Accommodation Allowance in Edr Maximum of \$23,160 per fiscal year. | nonton - Claimed Annu | ially | | | |
| Fiscal Year: 2018-2019 | | | | | |
| Have you provided documents evidencing your Tempora Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please attach. | | | 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 t | he anni | ial amount i | dentified above. | *************************************** |
| Claim Payment Authorization (please check) | | onthly | | the amount specifi | |
| Please Note: The Member must advise the Clerk in writin occurs. | g of any changes to the | ir perm | anent or ten | nporary residence a | at the time it |

SEPTEMBER 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