

LEGISLATIVE ASSEMBLY OF ALBERTA  
Member EDR 2024-25  
040 - Edmonton-Riverview - MLA Lori Sigurdson  
For Expenses Processed Jul 1 - Sep 30, 2024

	Budget	Reimbursed This Qtr	Reimbursed To-Date
<b>Financial Reporting - \$ (Receipts attached)</b>			
<b>Transportation</b>			
Fuel and Minor Maintenance - \$			
MLA Parking Cap - \$	\$900.00	\$10.00	\$41.90
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$			
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$199.04	\$279.04
<b>Accommodation</b>			
Edmonton Accommodation Allowance (\$23,160.00/yr max)			
Travel Accommodations Allowance		\$1,442.91	\$1,602.52
Travel Accommodations Allowance (days; 10 max) - NF	10.0	3.0	4.0
<b>Other</b>			
Hosting - \$		\$19.99	\$19.99
Event Tickets Disclosable - \$			
<b>Non-Financial Reporting</b>			
<b>Use of Private Automobile (50.5 cents per km)</b>			
Constituency Travel MLA (KM) - NF	35,000.0	1,351.0	2,340.0
Constituency Travel Staff (KM) - NF			
Total Constituency Travel (KM) - NF	35,000.0	1,351.0	2,340.0
Adverse Driving Conditions			
Special Trips (5 trips per year) - NF	5.0		
<b>Travel To and From the Capital</b>			
Travel by Air, Bus or Train (Unlimited Trips) - NF			
Use of a Private Automobile (52 trips per year) - NF			
<b>Other Travel</b>			
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

**Note:**

Expenses are reported in the Quarter the expense is reimbursed and not necessarily the Quarter the expense was incurred.

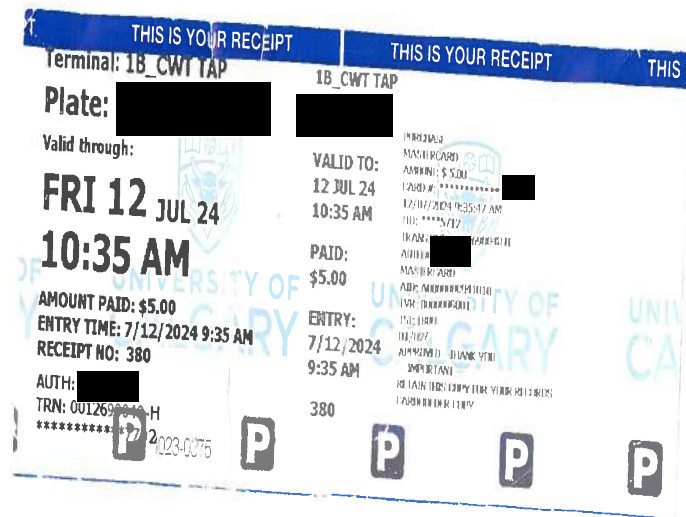
The reader should take this into account when reviewing the disclosure



**Legislative Assembly of Alberta**  
**ME46567 - Members' Other Expenses Claim Form**

MLA Parking Cap - \$4.76 + GST

Receipt Description	Member Parking - U of C Meeting
Member Name	Lori Sigurdson
Claimant	Lori Sigurdson
Expense Category	Member Parking



I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to me or on my behalf.



**Legislative Assembly of Alberta**  
**VF27817 - Vendor Payment Submission Form**

MLA Parking Cap - \$5.24 + GST

Member Name	Lori Sigurdson
Claimant	Lori Sigurdson
Expense Category	Other

Page 1 of 3



**Statement**

**Account Name:** SIGURDSON, LORI      **Card Number:** xxxx-xxxx-xxxx-xxxx  
**Company Name:** LEGISLATIVE ASSEMBLY OFFICE      **Account Limit:** [REDACTED]  
**Employee ID:** [REDACTED]  
**Statement Date (MM/DD/YYYY):** 08/28/2024      **Currency:** CANADIAN DOLLAR

**Statement Summary:**

*Report any items which do not agree with your records within 30 days of the statement date.*

**Payments:** \$ 0.00  
**Adjustments:** \$ 0.00  
**Net Purchases:** [REDACTED]  
**Cash Advance:** \$ 0.00  
**Fees:** \$ 0.00  
**Other Charges:** \$ 0.00  
**New Account Balance:** [REDACTED]

**For your records only. No payment required.**

**Transaction Summary:**

Trans Date	Posting Date Trans ID	Description	Pre-Tax Amount Auth #	Total Tax	Trans Amount
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
08/23	08/26 547694946	UOFA U-PARK KIOSKS EDMONTON AB	\$ 5.24	\$ 0.26 (e)	\$ 5.50
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<b>TOTAL CREDITS</b>			xxxx-xxxx-xx	[REDACTED]	[REDACTED]
<b>TOTAL DEBITS</b>			xxxx-xxxx-xx	[REDACTED]	[REDACTED]

I certify that the items listed on this invoice were received as ordered, have not been submitted for payment before and are now approved for payment.



# Legislative Assembly of Alberta

## MP45138 - Members' Travel Expense Per-Diems Expense Claim Form

Form Type	Members' Travel Expenses Per-Diems Claim
Form ID	MP45138
Description	July 2024 - Per-Diems
Claimant	Lori Sigurdson
Employee Number	[REDACTED]
Constituency	Edmonton-Riverview 40 (Lori Sigurdson)
Date Submitted	July 29, 2024
Date Received	July 31, 2024
Mailing Address	[REDACTED]

B = Breakfast | L = Lunch | D = Dinner

ID	Date	Reason for Travel	Meal Purchase Location(s)	B	L	D	Subtotal	G.S.T.	Total
9313	Jul 2, 2024	60 km from Perm. Res.	Banff		X		16.19	0.81	17.00
9314	Jul 4, 2024	60 km from Perm. Res.	Banff		X		16.19	0.81	17.00
9315	Jul 10, 2024	60 km from Perm. Res.	Calgary		X	X	41.90	2.10	44.00
9316	Jul 11, 2024	60 km from Perm. Res.	Calgary		X	X	41.90	2.10	44.00
9317	Jul 12, 2024	60 km from Perm. Res.	Calgary	X	X	X	54.29	2.71	57.00
9318	Jul 13, 2024	60 km from Perm. Res.	Calgary	X	X		28.57	1.43	30.00
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
							[REDACTED]	[REDACTED]	[REDACTED]

This Claim Form has been certified by the Member to 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.



# Invoice

**Alt Hotel Calgary East Village**  
 635 Confluence Way SE, Calgary AB T2G 0G1  
 reservations.altcalgaryeastvillage@germainhotels.com  
 587 441-6635 | germainhotels.com

[REDACTED] <b>Canada</b>	<b>Room</b> Arrival (MMDDYY) 07-03-24 Departure (MMDDYY) 07-14-24 Confirmation No. [REDACTED]	<b>Company</b> [REDACTED] <b>Account</b> <b>Group</b> [REDACTED] <b>Guest</b>
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Date	Description	Charges	Payments
[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	
07-10-24	Room Charge Routed From Sigurdson Lori Of Room #0616	449.00	
07-10-24	Destination Marketing Fee Routed From Sigurdson Lori Of Room #0616	13.47	
07-10-24	Tourism Levy Routed From Sigurdson Lori Of Room #0616	18.50	
[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	

**Thank you for staying with us!**  
 Share your experience on TripAdvisor.

# Invoice

**Alt Hotel Calgary East Village**  
635 Confluence Way SE, Calgary AB T2G 0G1  
reservations.altcalgaryeastvillage@germainhotels.com  
587 441-6635 | germainhotels.com

████████████████████ Canada	<b>Room</b>	████████	<b>Company</b>	████████████████████
	<b>Arrival (MMDDYY)</b>	07-03-24	<b>Account</b>	
	<b>Departure (MMDDYY)</b>	07-14-24	<b>Group</b>	████████████████████
	<b>Confirmation No.</b>	████████████████████	<b>Guest</b>	

Date	Description	Charges	Payments
████████	████████████████████		
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07-11-24	Room Charge Routed From Sigurdson Lori Of Room #0616	449.00	
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████████	████████████████████	████████	
	████████████████████		

# Invoice

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635 Confluence Way SE, Calgary AB T2G 0G1  
reservations.altcalgaryeastvillage@germainhotels.com  
587 441-6635 | germainhotels.com

<b>Canada</b>	<b>Room</b> █ 1	<b>Company</b> █
	<b>Arrival (MMDDYY)</b> 07-03-24	<b>Account</b> █
	<b>Departure (MMDDYY)</b> 07-14-24	<b>Group</b> █
	<b>Confirmation No.</b> █	<b>Guest</b> █

Date	Description	Charges	Payments
█	█	█	
█	█	█	
█	█	█	
█	█	█	
█	█	█	
█	█	█	
07-12-24	Room Charge Routed From Sigurdson Lori Of Room #0616	449.00	
07-12-24	Destination Marketing Fee Routed From Sigurdson Lori Of Room #0616	13.47	
07-12-24	Tourism Levy Routed From Sigurdson Lori Of Room #0616	18.50	
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█	█	█	
█	█	█	
█	█	█	

**Thank you for staying with us!**  
Share your experience on TripAdvisor.



**Legislative Assembly of Alberta**  
**SE42812 - Staff Other Expenses Claim Form**

Hosting - \$19.99

Receipt Description	Office Supplies
Member Name	Lori Sigurdson
Claimant	Stephen Smith
Expense Category	Other



Safeway Terra Losa  
 9710 - 170 Street NW Edmonton AB  
 Phone: 780.486.4242  
 GST# 895588788RT0001

Served by: SCO 22

GROCERY  
 KCup\_30ct \$19.99 C

[REDACTED]

SUBTOTAL [REDACTED]  
 TOTAL [REDACTED]  
 Cash [REDACTED] CHANGE \$0.00

NUMBER OF ITEMS [REDACTED]  
 \*\*\*\*\*YOUR SAVINGS\*\*\*\*\*  
 Discounts & Specials [REDACTED]  
 Your Total Savings [REDACTED]  
 \*\*\*\*\*

MERCHANT 22259531 RF  
 TERMINAL ID S02225953122  
 \*\* Purchase \*\* \$ [REDACTED]  
 CARD VI RCP# 9398000  
 NO. \*\*\*\*\* [REDACTED] RESP 001  
 DATE 07/05/2024 TIME 08:38:20  
 AUTH # [REDACTED]  
 REF# 001831009  
 APPL. SCOTIABANK VISA  
 AID A0000000031010

00 APPROVED - THANK YOU

Term Tran Store Oper 07/05/24  
 22 9393 8880 122 08:38:19

Thank you for shopping at Our Store  
 Come Again Soon

\* \* \* \* \*  
 SHARE YOUR THOUGHTS  
 FOR A CHANCE TO  
 WIN 1 OF 3 \$500  
 SAFEWAY GIFT CARDS!

Hold on to this receipt and complete our  
 online Customer Survey by visiting:

[www.Safeway.ca/MySafeway](http://www.Safeway.ca/MySafeway)

NO PURCHASE NECESSARY.

Rules on Contest website. Eligible for  
 residents over the age of majority of  
 Alberta; Western Ontario; Manitoba;  
 and Saskatchewan.  
 Contest ends Aug 3 2024.

Skill testing question to be correctly  
 answered to win.

Odds of winning depend on number  
 of entries received.  
 \* \* \* \* \*

I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to my staff or on their behalf.