

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2016-17
072 - Medicine Hat - Wanner, Robert
For Expenses Processed July 1 - September 30, 2016

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$406.23	\$1,041.61
MLA Parking Cap - \$	\$900.00		
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$		\$14.42	\$231.09
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$		\$946.00	\$1,892.00
Member Travel (Meal Per Diems) - \$		\$281.47	\$980.94
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$7,720.00	\$13,510.00
Travel Accommodations Allowance			
Travel Accommodations Allowance (days; 10 max) - NF	10		
Other			
Hosting - \$		\$105.69	\$489.16

Non-Financial Reporting

Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	35,000		
Special Trips (5 trips per year) - NF	5		
Travel To and From the Capital			
Travel by Air, Bus or Train (Unlimited Trips) - NF			3
Use of a Private Automobile (52 trips per year) - NF	52		
Other Travel			
Vehicle Rental (5 Days maximum anywhere in Alberta) - NF	5		

\$ - 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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DE

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION	
SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY DIV-72-R WANNER	
-	-
-	-
-	-
-	-

CLIENT NO.	
NO DU CLIENT	
INVOICE DATE	08/01/16
DATE DE LA FACTURE	
INVOICE NO.	0006443170
NO DE LA FACTURE	

UNIT NO	DRIVER NAME DRIVER ID.	V.I.N.	CARD NO.	KM AUTHORIZE	REFERENCE NO ACTIVITY DATE	SUPPLIER NAME SUPPLIER LOCATION	CHARGE DESCRIPTION	QTY	UNIT COST	EXTENDED PRICE	GST-HST PST/QST	TOTAL DUE
NO. D'UNITE	NOM DU CONDUCTEUR	NO. DE SERIE	NO. DE CARTE	KM AUTORISE	NO. DE REFERENCE DATE DE LA TRANS.	NOM DU FOURNISSEUR POINT DE VENTE	DESCRIPTION DES FRAIS	QTE	COUT UNIT	TOTAL	TPS-TVH TVP/TVQ	MONTANT TOTAL DU
	WANNER				000439383623 07/09/16	FEDERATED COOPERATIVES L MITED MEDICINE HAT AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	44.3	.96	40.48	2.02 2.02	42.50 42.50
					000439264893 06/28/16	IMPERIAL OIL BASSANO AB	ETHANOL REGULAR GRADE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	44.7	1.03	43.81	2.19 2.19	46.00 46.00
					000439264892 06/26/16	IMPERIAL OIL CROSSFELD AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	35.0	.96	32.15	1.61 1.61	33.76 33.76
					000438536238 06/25/16	FEDERATED COOPERATIVES L MITED MEDICINE HAT AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	31.6	.99	29.79	1.49 1.49	31.28 31.28
					000438189921 06/18/16	FEDERATED COOPERATIVES L MITED MEDICINE HAT AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH MISCELLANEOUS REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	46.2 2.0	1.08 3.75	47.48 7.49	2.37 2.37	57.34 57.34
					000439264890 06/07/16	IMPERIAL OIL BASSANO AB	ETHANOL REGULAR GRADE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	44.3	1.13	47.62	2.38 2.38	50.00 50.00
					000439264891 06/07/16	IMPERIAL OIL BASSANO AB	MISCELLANEOUS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	1.0	5.49	5.49	.27 .27	5.76 5.76
					000439264889 06/03/16	IMPERIAL OIL BASSANO AB	ETHANOL REGULAR GRADE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	48.7	1.13	52.38	2.62 2.62	55.00 55.00
UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS	294.8		306.69		

BLG871

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

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

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DE

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
DIV-72-R WANNER
- -
- -
- -
- -

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

08/01/16
0006443170

UNIT NO	DRIVER NAME DRIVER ID.	V.I.N.	CARD NO.	KM AUTHORIZE	REFERENCE NO ACTIVITY DATE	SUPPLIER NAME SUPPLIER LOCATION	CHARGE DESCRIPTION DESCRIPTION DES FRAIS	QTY	UNIT COST	EXTENDED PRICE	GST-HST PST/QST	TOTAL DUE
NO. D'UNITE	NOM DU CONDUCTEUR NO. DU CONDUCTEUR	NO. DE SERIE	NO. DE CARTE	KM AUTORISE	NO. DE REFERENCE DATE DE LA TRANS.	NOM DU FOURNISSEUR POINT DE VENTE		QTE	COUT UNIT	TOTAL	TPS-TVH TVP/TVQ	MONTANT TOTAL DU
	WANNER											
								TOT GST-HST / TOT TPS-TVH		14.95		
								UNIT TOTAL / TOT UNITE			321.64	
BKDN TOTALS / TOTAUX CODIFICATION								FUEL QTY / QTE CARB	294.8			
01-72								TOT CHARGES / TOT FRAIS		306.69		
								GST-HST/TPS-TVH			14.95	
BKDN TOTALS / TOTAUX CODIFICATION											321.64	

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Robert E. Wanner

Claimant Name: Robert E. Wanner

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group:

Purpose:

Servicing	
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MR. LUBE**Invoice**

753446 ALBERTA LTD
901A KINGSWAY AVE. SE
MEDICINE HAT, AB T1A 2X6
(403) 527-7975

Date 6/13/2016 2:19 PM

Invoice # 8594700

Transaction # 16061308594700

Employees AUSTM AUSTIN ASHTON

Customer Information

Robert Wanner

Vehicle Information**Fleets****Service History****DATE**

6/13/16

KILOMETERS

93774

SERVICES

OC4 WW

I have agreed to the information contained on this invoice.

Courtesy Check

CHECK:

-Air Filter	NO CHECK
-Cabin Air Filter	NO CHECK
-Emission (PCV) Valve	NO CHECK
-Diff Fld Level-Front/Rear	N/A-COMNTS
-Emission (PCV) Filter	NO CHECK
-Lights	CHECKED OK
-Wiper Blades	APPEARS OK
-Serpentine Belt	APPEARS OK
-Battery	APPEARS OK
-Leaks (Fluid, Oil)	APPEARS OK
-Tire Pressure	NO CHECK
-Windshield	APPEARS OK

COMPLIMENTARY SERVICES:

-Wash Windows	COMPLETED
-Lubricate Door Hinges	DECLINED
-Check & Top Up Fluids	COMPLETED

Service Comments

RECOMMEND TRANSMISSION SERVICE

ama0619352038 nov 6 2016

THANK YOU

recommend air filter

recommend cabin air filter

recommend headlight passenger

side

*I heat Shield clip broken
Prior to service.*

Description**QTY****Price**

PREMIUM SYN PACKAGE	1.00	97.99
SHOP SUPPLIES	1.00	3.99
COURTESY CHECK	1.00	0.00
OIL FILTER PH2808	1.00	0.00
MOBIL 1 5W30 1L	6.50	8.62
NO TIRE CHK PER CUSTOMER	1.00	0.00
FACTORY SEALED VEHICLE	1.00	0.00
FREE WASHER FLUID TOP-UP	1.00	0.00
BULK WASHER FLUID	1.00	0.00
BATTERY TEST PASSED	1.00	0.00

SUBTOTAL

\$110.60

AMA -11.06

SALE

\$99.54

TAXABLE

99.54

GST# 882829542RT0001

4.98

TOTAL

\$104.52

Mastercard AUTH: tbn

104.52

Messages**Recommend next service on 09/11/2016 or 98774 km.**

tell us about your recent experience! Follow us on Twitter @mrlube_medhat

We now offer tire rotation & seasonal rimmed changeover

TERM ID: A4255495

BATCH#: 095
SHIFT#: 002**Sale**

INVR: 000000019

MCARD:

Chip
SEQ#: 095001001019

Application Label: CAPITAL ONE

AID: A0000000041010

TVR: 00 00 00 00 00

TST: E8 00

The following parts have been double-checked to ensure that they are secure:

Oil Pan Drain Plug	<input type="checkbox"/> Check
Oil Filter	<input type="checkbox"/> Check
Oil Light Reset	<input type="checkbox"/> Check

Front Differential Plug	<input type="checkbox"/> Check	<input type="checkbox"/> Drain
Rear Differential Plug	<input type="checkbox"/> Check	<input type="checkbox"/> Drain
Transfer Case Plug	<input type="checkbox"/> Check	<input type="checkbox"/> Drain

Transmissi
Fuel Filter
Splash Shi

**You talk****We listen**Rate us at www.tellmrlube.com, scan our QR code or call 1-866-681-4932 and you could win a free oil change weekly!Plus receive chances to win daily cash and other great prizes by scanning our QR code or visiting www.tellmrlube.com. Or 1 chance to win cash daily by calling 1-866-681-4932.**Total: CAD\$ 104.52**

NO SIGNATURE REQUIRED

13-Jun-16

14:20:03

MERCHANT COPY
THANK YOU



Executive Fleet Operations
Invoice
June 2016

Customer Number: [REDACTED]

Department: 1900 - Alberta Legislative Assembly

Branch: 19SP - Speaker

Lease:	[REDACTED]	Type:	Permanent	Rate:	\$473.00	Lease Date:	Jun 24 2015	Program:	
Operator:	Wanner, Bob	Status:	Active	Billing Method:	Monthly	Return Date:			
Unit:	01337 2012 Subaru Outback 3.6R Limited AWD	Remarks:	Short Term / Monthly vehicle lease for newly appointed Speaker of the House. Ve						

Type	Start	End	Mths	Ref. No.	CVO Unit	Vendor	Remarks	Amount
Rent	Jun 01 2016	Jun 30 2016	1.000	L901585				\$473.00

Branch 19SP Total: \$473.00

Direct Enquiries To:

Billings: Revenue Accounts: 427-7410
Rentals / Leases: 427-7410/427-7411
GST Registration No.: R124072513

Make Cheques Payable To:

Minister of Finance
Service Alberta - Fleet
Vendor No. 00000350811

Remit To:

Financial Services
Accounts Receivable and Billings
6th Floor, South Tower
10030 - 107 Street Edmonton ABT5J 3E4

A19E

Please Pay:



Executive Fleet Operations
Invoice
August 2016

Customer Number: [REDACTED]

Department: [REDACTED] - Alberta Legislative Assembly

Branch: [REDACTED] - Speaker

Lease:	[REDACTED]	Type:	Permanent	Rate:	\$473.00	Lease Date:	Jun 24 2015	Program:	
Operator:	Wanner, Bob	Status:	Active	Billing Method:	Monthly	Return Date:			
Unit:	[REDACTED]			Remarks:	Short Term / Monthly vehicle lease for newly appointed Speaker of the House. Ve				

Type	Start	End	Mths	Ref. No.	CVO Unit	Vendor	Remarks	Amount
Rent	Aug 01 2016	Aug 31 2016	1.000	L901585				\$473.00

Lease 901585 Total: \$473.00

Branch 19SP Total: \$473.00 ✓



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: Wanner, Robert

Constituency: Medicine Hat

Employee #:

Date: 6/17/2016

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: 2016-2017

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

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.

JUNE 2016

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 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: Wanner, Robert

Constituency: Medicine Hat

Employee #:

Date: 6/17/2016

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: 2016-2017

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

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 2016

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 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: Wanner, Robert

Constituency: Medicine Hat

Employee #:

Date: 6/17/2016

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: 2016-2017

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

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 2016

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 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: Wanner, Robert

Constituency: Medicine Hat

Employee #:

Date: 6/17/2016

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: 2016-2017

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

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.

SEPT 2016

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: Robert E. Wanner

Claimant Name: Robert E. Wanner

Expense Category: Member Travel

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Taxi fare from Medicine Hat airport to home in Medicine Hat June 16, 2016.

RECEIPT

DATE June 16/16

AMOUNT 15.00

FROM airport

TO _____

CAB 14 DRIVER Ed

Thank You



Members' Travel Expenses Per-Diems Claim Form

Note to MLAs: Meal allowances may be claimed only for days when you were travelling in Alberta on Member business, located at least 60 kms by primary highway from your declared permanent residence, and you had incurred expenses. For the text of section 7 of the *Members' Allowances Order* and details on form completion, see reverse. Effective September 1, 2013.

B = Breakfast (\$9.20) | L = Lunch (\$11.60) | D = Dinner (\$20.75)

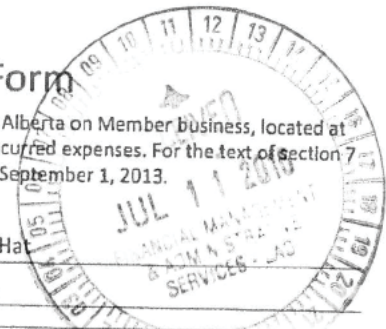
Member Name: Wanner, Robert

Constituency: Medicine Hat

For the Month of: June

Year: 2016

Employee #:



Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2	Travel to/from Capital	Fly from Edmonton to Medicine Hat	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
3	60 km from Perm. Res.	Drive from Medicine Hat to Red Deer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
4	60 km from Perm. Res.	Drive from Red Deer to Medicine Hat	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
5	Travel to/from Capital	Fly from Medicine Hat to Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
6	Travel to/from Capital	Travel from Edmonton to Medicine Hat	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15	Travel to/from Capital	Fly from Edmonton to Medicine hat	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
26	Travel to/from Capital	Drive from Medicine Hat to Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28	Travel to/from Capital	Drive from Edmonton to Medicine Hat	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
29			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$182.57	\$9.13	\$191.70

I certify that I 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.

Member Signature

R.E. Wanner

Date

July 4, 2016



Members' Travel Expenses Per-Diems Claim Form

Note to MLAs: Meal allowances may be claimed only for days when you were travelling in Alberta on Member business, located at least 60 kms by primary highway from your declared permanent residence, and you had incurred expenses. For the text of section 7 of the *Members' Allowances Order* and details on form completion, see reverse. Effective September 1, 2013.

B = Breakfast (\$9.20) | L = Lunch (\$11.60) | D = Dinner (\$20.75)

Member Name: Wanner, Robert

Constituency: Medicine Hat

For the Month of: August

Year: 2016

Employee #:

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14	Travel to/from Capital	Medicine Hat to Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16	Travel to/from Capital	Edmonton to Calgary	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
17	Travel to/from Capital	Calgary to Medicine Hat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.76	0.44	9.20
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21	140		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22	60 km from Perm. Res.	Medicine Hat to Lethbridge	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
23	60 km from Perm. Res.	Lethbridge to Medicine Hat	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
24	140		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$98.90	\$4.95	\$103.85

I certify that I 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.

Member Signature

Date

[Signature]

Sept 7/16

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Robert E. Wanner

Claimant Name: Alex McCuaig

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Supplies for Constituency Office to host constituents and groups attending meetings.

SAFEWAY

Safeway Division Avenue
615 Division Avenue S. Medicine Hat AB
Phone: 403.504.2920
GST# 817003735

Served by: Matt F

GROCERY

Timothys KCup Breakf	\$20.49	C
YOU SAVED \$2.20		
Clementina	\$5.49	GC
YOU SAVED \$0.50		
+Deposit	\$0.60	R
Water Aranciata	\$5.49	GC
YOU SAVED \$0.50		
+Deposit	\$0.60	R

SUBTOTAL	\$32.67
5% GST	\$0.55
TOTAL	\$33.22
Debit	TENDER \$33.22
Cash	CHANGE \$0.00

NUMBER OF ITEMS 3

*****YOUR SAVINGS*****
Discounts & Specials \$3.20
Your Total Savings \$3.20
Percentage Savings 9%

AIR MILES

LET US REWARD YOU

Air Miles you could have earned
this visit: 6

Enroll today, visit www.airmiles.ca

MERCHANT ID 040080036894	INSERTED
CLIENT ID 9803	RECEIPT# 2659000
TERMINAL ID 005	TRACE# 00452362

** PURCHASE ** \$ 33.22

ACCOUNT Chequing	RESP 000
DATE 06/05/2016	TIME 16:38:41
	REF # 00000074

APPL. INTERAC	
AID A0000002771010	
TVR 3080008000	TSI 6800

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	06/05/16
5	2659	8915	149	16:38:45

Thank you for shopping at Safeway

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Robert E. Wanner

Claimant Name: Robert E. Wanner

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group:

Purpose:

Coffee and sweetener for office to supply to constituents during meetings and visits.

You're at home here.



South Country Co-op

13th Ave Food Centre
3030 - 13th Ave SE, Medicine Hat T1B 1E3
R. WANNER

ROGERS CUBE SUGAR \$2.89 N
SPLENDA 100PACK \$7.29 N

2 BALANCE DUE \$10.18

TYPE: Achat

COMPTE: MASTERCARD \$ 10.18

DATE/HEURE: 07/11/2016 15:47:56

REFERENCE: 0010018060

TERM: 66209737

01 APPROUEE - MERCI 027

OPERATION SANS SIGNATURE

IMPORTANT:
conserver cette copie pour vos dossiers

COPIE DU CLIENT

MASTERCARD \$10.18

CHANGE \$0.00

TOTAL TAX \$0.00

C0215 #9906 15:48:42 11JUL2016
S01691 R002

Thank-You
For Shopping Co-op!

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Robert E. Wanner

Claimant Name: Robert E. Wanner

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group:

Purpose:

Coffee and sweetener for office to supply to constituents during meetings and visits.



MEDICINE HAT #593

2350 Box Springs Blvd
Medicine Hat, AB T1C 0C8
(403) 581-5700

266556 VAN HOUTTE 43.99

VF TOTAL 43.99
MasterCard 43.99

REFERENCE#: 66231697-0010019830 H
07/11/16 15:01:14

Invoice#: 30942

COSTCO WHOLESALE #593
2350 BOX SPRINGS BLVD
MEDICINE HAT, AB T1C 0C8

PURCHASE - MASTERCARD
MasterCard
A0000000041010
0000008000

01 APPROVED - THANK YOU 027
AMOUNT: \$43.99

NO SIGNATURE TRANSACTION

0593 002 0000000103 0023

IMPORTANT - retain this copy for your record.

*** CARDHOLDER COPY ***

CHANGE .00

TOTAL NUMBER OF ITEMS SOLD - 1
CASHIER: KAILA B REG# 2
07/11/16 15:01 0593 02 0023 103

GST/HST #121476329
SHOP WWW.COSTCO.CA

GST# 121476329RT
THANK YOU - PLEASE COME AGAIN

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Robert E. Wanner

Claimant Name: David C. Draper

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: University of Alberta President and Vice President

Purpose:

Coffee for meeting

Tim Hortons Store 361
550 3rd St E
Medicine Hat AB

Aug 22 2016 08:55 am GST# 133345236 Trans# 1901717

TRANSACTION RECORD

Card Type : VISA
Card Entry : TAP CHIP
Trans Type : PURCHASE
Amount : \$19.79

Sequence # : 000039
Reference # : 00000039
Term ID : 202
Date : 16/08/22
Time : 08:55:07

APPROVED

Application Label: VISA CREDIT
AID: A0000000031010
TVR: 0000000000
IC: FE8816688A079C4A
TSI: 0000

Tim Hortons #361
550 - 3rd St SE
Medicine Hat, AB
GST#13334 3236 RT0001

Take-out
Order #
021717

1 Take 12 Original Blend Coffee	18.85
Subtotal	18.85
GST	0.94
Total	19.79

Monday August 22, 2016
Shift # 1 Reg. # 2

08:55:17
Trans # 1901717

Thanks for stopping by!
Tell us how we did at
www.telltimhortons.com?
1-888-601-1616

Thank you !