

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2016-17
072 - Medicine Hat - Wanner, Robert
For Expenses Processed Oct 1 - Dec 31, 2016

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$805.51	\$1,847.12
MLA Parking Cap - \$	\$900.00		
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$		\$212.01	\$443.10
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$		\$3,646.27	\$5,538.27
Member Travel (Meal Per Diems) - \$		\$305.48	\$1,286.42
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,790.00	\$19,300.00
Travel Accommodations Allowance			
Travel Accommodations Allowance (days; 10 max) - NF	10.0		
Other			
Hosting - \$		\$70.88	\$560.04
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			2.5
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



BDFD290001

<p>FLEET MANAGEMENT SERVICES DETAIL DETAILS SERVICES DE GESTION DE PARC</p> <p>PAGE - 217 OF 253 DE</p>	<p>CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION</p> <p>SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY</p> <p> <div></div> <div></div> <div></div> <div></div> </p>	<p>CLIENT NO. <div></div> NO DU CLIENT <div></div> INVOICE DATE <div></div> DATE DE LA FACTURE <div></div> INVOICE NO. 0006467039 NO DE LA FACTURE</p>
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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 AUTHORISE 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 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
	WANNER				000442703202 09/13/16	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	51.1	.92	44.77	2.24 2.24	47.01 47.01
					000442172784 09/04/16	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	51.4	.93	45.49	2.27 2.27	47.76 47.76
					000441561934 08/21/16	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	50.8	.93	44.96	2.25 2.25	47.21 47.21
					000442606146 08/16/16	IMPERIAL OIL RED DEER COUN AB	ETHANOL REGULAR GRADE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	34.0	1.00	32.38	1.62 1.62	34.00 34.00
					000442606145 08/14/16	IMPERIAL OIL RED DEER AB	ETHANOL REGULAR GRADE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	48.6	1.00	46.19	2.31 2.31	48.50 48.50
	UNIT TOTAL / TOT UNITE						FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	235.9		213.79	10.69	224.48
	BKDN TOTALS / TOTAUX CODIFICATION 01-72						FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	235.9		213.79	10.69	
							BKDN TOTALS / TOTAUX CODIFICATION					224.48

BLG871

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

Element Fleet Management



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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-72-R WANNER	
-	-
-	-
-	-
-	-

CLIENT NO.	
NO DU CLIENT	
INVOICE DATE	11/01/16
DATE DE LA FACTURE	
INVOICE NO.	0006478695
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				000444330633 10/10/16	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	56.0	1.01	53.87	2.69 2.69	56.56 56.56
					000444106022 09/27/16	IMPERIAL OIL JENNER AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	37.7	1.10	39.48	1.97 1.97	41.45 41.45
					000444315444 09/27/16	HUSKY OIL WETASKIWN 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	24.5	.96	22.41	1.09 1.09	23.50 23.50 .25- 23.25
					0004443139821 09/25/16	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	46.5	.96	42.48	2.12 2.12	44.60 44.60
					0004443394724 09/25/16	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	35.2	.91	30.49	1.52 1.52	32.01 32.01
					000443687162 09/23/16	FASGAS HANNA AB	REGULAR DIESEL GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT DISCOUNT / RABAIS TOTAL / TOTAL	39.0	.92	34.15	1.71 1.71	35.86 35.86 .39- 35.47
					0004443073681 09/18/16	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	45.4	.98	42.40	2.12 2.12	44.52 44.52
					000444106021 09/15/16	IMPERIAL OIL STRATHMORE AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	45.5	.88	38.10	1.90 1.90	40.00 40.00

BLG871

GST-HST REG. NO / NO ENRG TPS-TVH RT04164223
QST ID. NO / NO ID TVQ 1001439118

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

CLIENT NO. [REDACTED]
NO DU CLIENT [REDACTED]
INVOICE DATE [REDACTED]
DATE DE LA FACTURE [REDACTED]
INVOICE NO. 0006478695
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
[REDACTED]	WANNER	[REDACTED]	[REDACTED]	[REDACTED]	000444106020 09/13/16	IMPERIAL OIL RED DEER AB	ETHANOL REGULAR GRADE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	42.8	.96	39.05	1.95 1.95	41.00 41.00
					000443624376 08/12/16	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	57.0	.93	50.48	2.52 2.52	53.00 53.00
					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	429.6		392.91	19.59	412.50 .64- 411.86
	BKDN TOTALS / TOTAUX CODIFICATION 01-72		UNITS / VEHIC	1			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	429.6		392.91	19.59	412.50 .64- 411.86
							BKDN TOTALS / TOTAUX CODIFICATION DISCOUNT / RABAIS TOTAL / TOTAL					412.50 .64- 411.86

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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-72-R WANNER	
-	-
-	-
-	-
-	-

CLIENT NO.	
NO DU CLIENT	
INVOICE DATE	12/01/16
DATE DE LA FACTURE	
INVOICE NO.	0006490543
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				000445398531 11/06/16	SHELL CANADA INC HANNA AB	UNLEADED MIDGRADE GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	28.1	.96	25.65	1.28 1.28	26.93 26.93
					000445750385 11/05/16	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	33.0	.94	29.52	1.48 1.48	31.00 31.00
					000445494090 10/29/16	CENTEX MEMORIAL CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	42.9	.90	38.85	1.94 1.94	40.79 40.79
					000444985128 10/22/16	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	50.5	.99	47.64	2.38 2.38	50.02 50.02
					000444668414 10/13/16	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	59.4	1.01	57.15	2.86 2.86	60.01 60.01
UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	213.9		198.81	9.94	208.75
BKDN TOTALS / TOTAUX CODIFICATION 01-72							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	213.9		198.81	9.94	
BKDN TOTALS / TOTAUX CODIFICATION												208.75

BLG871

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



The American Express® Corporate Card Statement of Account

www.americanexpress.ca
Amex Bank of Canada
Corporate Service Centre
PO Box 7000 Station B
Willowdale (Ontario) M2K 2R6

Prepared For
ROBERT E. WANNER
LEGIS ASSEMBLY OF AB

Membership Number

Date
November 16, 2016



Page 1 of 3

Previous Balance	Payments and Credits	New Charges including Delinquency Assessment, if any	New Balance \$
0.00	0.00		

Statement includes payments and charges received by November 16, 2016

Please see "About Your Statement" section for important information.

Please pay your balance in full upon receipt of statement. Thank you for your ongoing membership.

Credit Limit Summary On November 16, 2016

Total Credit Limit \$ Available Credit Limit \$

New Transactions for ROBERT E. WANNER

Amount \$

October 20	CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES	58.00
October 24	GREATER EDMONTON TAX EDMONTON TAXICABS AND LIMOUSINES	63.00
October 26	GREATER EDMONTON TAX EDMONTON TAXICABS AND LIMOUSINES	16.40
October 26	GREATER EDMONTON TAX EDMONTON TAXICABS AND LIMOUSINES	20.20
Total New Transactions for ROBERT E. WANNER		157.60



† Please detach here †

AMERICAN EXPRESS®

Payment Options

PLEASE ALLOW 3 TO 5 BUSINESS DAYS FOR YOUR PAYMENT
TO BE PROCESSED BY YOUR FINANCIAL INSTITUTION AND
SENT TO US. See the About Your Payment Section.

- Phone and Internet banking arranged through your financial institution
- Your local bank branch
- Automatic banking machines

Do Not Enclose Cash

Membership Number



ROBERT E. WANNER
LEGIS ASSEMBLY OF AB
4TH FLR 9820 107 ST
EDMONTON AB
T5K 1E9

000128

Amex Bank of Canada/
Banque Amex du Canada
PO BOX 2000
West Hill ON M1E 5H4





The American Express® Corporate Card Statement of Account

www.americanexpress.ca
Amex Bank of Canada
Corporate Service Centre
PO Box 7000 Station B
Willowdale (Ontario) M2K 2R6



Prepared For

ROBERT E. WANNER
LEGIS ASSEMBLY OF AB

Membership Number

December 16, 2016

Date

Page 1 of 3

Previous Balance	Payments and Credits	New Charges including Delinquency Assessment, if any	New Balance \$

Statement includes payments and charges received by December 16, 2016

Please see "About Your Statement" section for important information.

Please pay your balance in full upon receipt of statement. Thank you for your ongoing membership.

Credit Limit Summary On December 16, 2016

Total Credit Limit \$

Available Credit Limit \$

Listing of Charges and Credits

Amount \$

December 7 Payment Received Thank You

New Transactions for ROBERT E. WANNER

Amount \$

December 12 AIRPORT TAXI SERVICE EDMONTON
TAXICABS AND LIMOUSINES

65.00

Total New Transactions for ROBERT E. WANNER

65.00

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Payment Options

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SENT TO US. See the About Your Payment Section.

- Phone and Internet banking arranged through your financial institution
- Your local bank branch
- Automatic banking machines

Do Not Enclose Cash

Membership Number



ROBERT E. WANNER
LEGIS ASSEMBLY OF AB
4TH FLR 9820 107 ST
EDMONTON AB
T5K 1E9

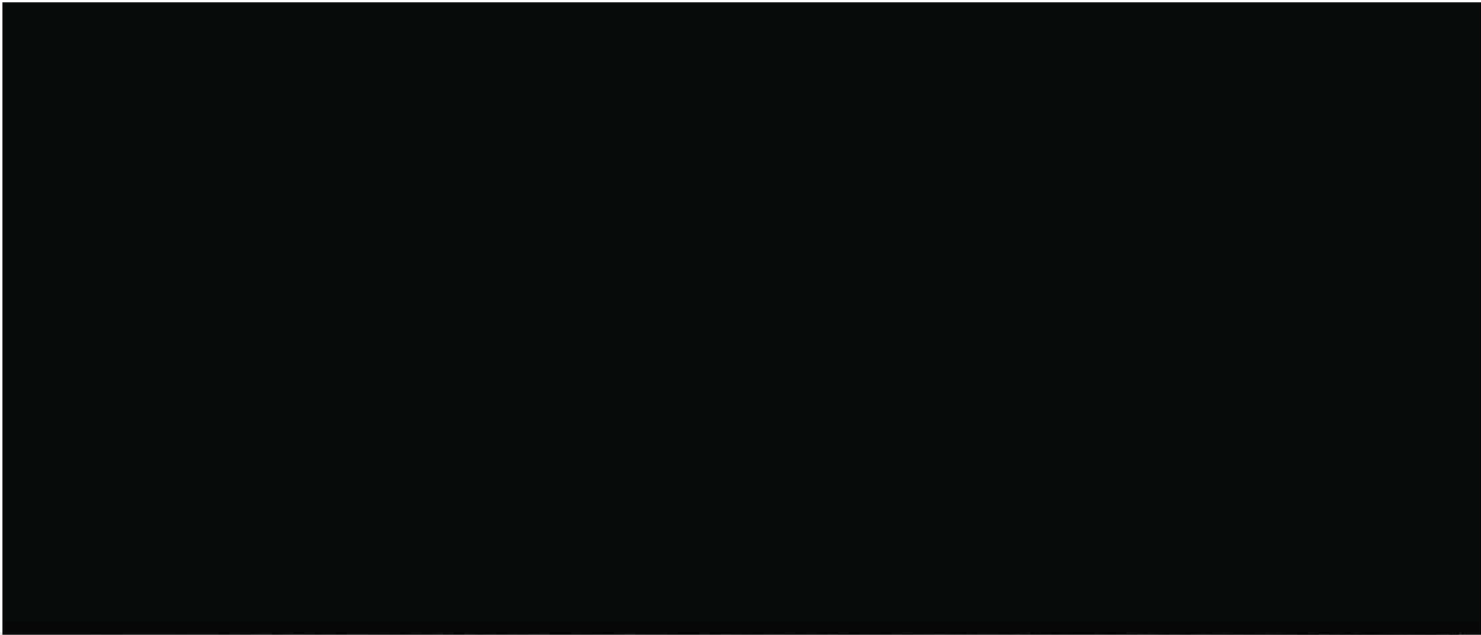
000126

Amex Bank of Canada/
Banque Amex du Canada
PO BOX 2000
West Hill ON M1E 5H4





Executive Fleet Operations
Invoice
July 2016



Branch: 19SP - Speaker

Operator: Wenner, Bob

Type: Permanent
Status: Active

Rate: \$473.00
Billing Method: Monthly
Remarks: Short Term / Monthly vehicle lease for newly appointed Speaker of the House. Ve

Lease Date: Jun 24 2015
Return Date:
Program:

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

Total: \$473.00
Branch 19SP Total: \$473.00



Executive Fleet Operations
Invoice
September 2016

Branch: 19SP - Speaker

Operator: Wanner, Bob Type: Permanent Rate: \$473.00 Lease Date: Jun 24 2015 Program:
Status: Active Billing Method: Monthly Return Date:
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	Sep 01 2016	Sep 30 2016	1.000					\$473.00

Total: \$473.00

Branch 19SP Total: \$473.00

Department 1900 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 AB T5J 3E4

Please Pay:

\$473.00



Executive Fleet Operations
Invoice
October 2016

Customer Number: [REDACTED]

Department: 1900 - Alberta Legislative Assembly

Branch: 19SP - Speaker

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

Lease 901585 Total: \$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



Executive Fleet Operations
Invoice
November 2016

Branch: 19SP - Speaker

Operator: Wanner, Bob

Type	Start	End	Mths	Ref. No.	CVO Unit	Vendor	Remarks	Amount
Rent	Nov 01 2016	Nov 14 2016	0.427					\$217.71

Lease 901585 Total: \$217.71

Type	Start	End	Mths	Ref. No.	CVO Unit	Vendor	Remarks	Amount
Rent	Nov 15 2016	Nov 30 2016	0.493					\$233.56
Rent	Dec 01 2016	Dec 31 2016	1.000					\$444.00
Rent	Jan 01 2017	Jan 31 2017	1.000					\$444.00
Rent	Feb 01 2017	Feb 28 2017	1.000					\$444.00
Rent	Mar 01 2017	Mar 31 2017	1.000					\$444.00

Lease 901677 Total: \$2,009.56

Branch 19SP Total: \$2,227.27

Direct Enquiries To:

Billings: Revenue Accounts:
Rentals / Leases:

GST Registration No.:

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



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: September

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								
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9								
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	Travel to/from Capital	Medicine Hat to Calgary to Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15	Travel to/from Capital	Edmonton to Medicine Hat	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
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								
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	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
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27	Travel to/from Capital	Edmonton to Medicine Hat	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
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"/>	\$112.24		

Grand Total

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

October 1, 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: October

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	60 km from Perm. Res.	Medicine Hat to Siksika	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.76	0.44	9.20
14	60 km from Perm. Res.	Medicine Hat to Acadia Valley	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.76	0.44	9.20
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17	Travel to/from Capital	Medicine Hat to Edmonton	<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	Travel to/from Capital	Edmonton to Medicine Hat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.76	0.44	9.20
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	Travel to/from Capital	Medicine Hat to Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.76	0.44	9.20
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27	60 km from Perm. Res.	Edmonton to Calgary	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
28	60 km from Perm. Res.	Calgary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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						\$103.14	\$5.16	\$108.30

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

R. E. Wanner

Nov 3, 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: November

Year: 2016

Employee #: [REDACTED]

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	Travel to/from Capital	Edmonton to Medicine Hat	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6	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
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	Travel to/from Capital	Edmonton to Medicine Hat	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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	Travel to/from Capital	Medicine Hat to Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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			<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						\$90.10	\$4.50	\$94.60

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

Nov 19, 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

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.

OCT 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.

NOV 2016

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

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.

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R. E. Wanner

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

DEC. 2016

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

\$1930.00

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.

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.

R. E. Wanner

Member Signature

Updated April 2016

MLA Robert Wanner

Hosting – There is a \$20 credit

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:

Coffee

SAFEWAY 

Safeway Medicine Hat Mall
3292 Dunmore Road SE Medicine Hat AB
Phone: 403.527.7537
GST# 817093735

Served by: Bernie H

GROCERY

Timothys KCup Breakf \$19.19 D

SUBTOTAL \$19.19

TOTAL TAX \$0.00

TOTAL \$19.19

Debit TENDER \$19.19

Cash CHANGE \$0.00

NUMBER OF ITEMS 1

MERCHANT ID 040080036890 TAPPED
CLIENT ID 9803 RECEIPT# 8007000
TERMINAL ID 009 TRACE# 00388161

** PURCHASE ** \$ 19.19

ACCOUNT Chequing RESP 000
DATE 09/03/2016 TIME 09:27:55
REF # 00000024

APPL Interac
AID A0000002771010
TVR 8000008000 TSI

APPROVED

I AGREE TO PAY THE ABOVE TOTAL AMOUNT
ACCORDING TO THE CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

Term Tran Store Oper 09/03/16
9 8007 8801 126 09:27:56

Thank you for shopping at Our Store
Come Again Soon

Travel Immunizations including
Yellow Fever are available at this
Safeway Pharmacy Travel Centre.

Book your appointment today.

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Robert Wanner

Claimant Name: Alex McCuaig

Expense Category: Coffee, cream, paper towel, garbage bags

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Coffee, cream, _____

SAFEWAY 

Safeway Division Avenue
615 Division Avenue S. Medicine Hat AB
Phone: 403.504.2920
GST# 817093735

Served by: Jerry D

GROCERY

Timothys KCup Breakf \$19.19 C
Timothys KCup Breakf \$19.19 C

Half & Half Crm 10% \$1.49 C
+Deposit \$0.10 R

SUBTOTAL
5% GST

TOTAL

Debit
Cash

TENDER
CHANGE

NUMBER OF ITEMS 5

AIR MILES

LET US REWARD YOU

Air Miles you could have earned
this visit: 2

Enroll today, visit www.airmiles.ca

MERCHANT ID 040080036894 TAPPED
CLIENT ID 9803 RECEIPT# 1668000
TERMINAL ID 008 TRACE# 00303223

** PURCHASE ** \$ 52.86

ACCOUNT Chequing RESP 000
DATE 09/30/2016 TIME 08:22:30
REF # 00000009

APPL. Interac
AID A0000002771010
TVR 8000008000 TSI

APPROVED

I AGREE TO PAY THE ABOVE TOTAL AMOUNT
ACCORDING TO THE CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

Term Tran Store Oper 09/30/16
8 1668 8915 140 08:22:32

Thank you for shopping at Our Store
Come Again Soon

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: Lightcore Group

Purpose:

Meeting with business and city councillor.
Paid for self and constituency assistant.
Did not pay for business persons or city councillor.

\$31.72

MARIO'S
439 5 AVE SE
MEDICINE HAT AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2016/09/30
TIME 7464 13:19:21
RECEIPT NUMBER
CB2018426-001-706-002-0

PURCHASE
AMOUNT \$28.77
TIP \$4.32
TOTAL

\$33.09

CAPITAL ONE
A0000000041010
BBC8283E202585BF
0000008000-E800
555A3A4CEBF273CC

APPROVED

AUTH# [REDACTED] 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

MARIO'S RESTAURANT
THE TRADITION CONTINUES
MEDICINE HAT, AB
PHONE 403-529-2600
FAX 403-529-1633
GST# 106179138

S E R V I C E

Server: KEVIN
Guest:

Split from Table 52

Table #52

4: L FRITTO MISTO	9.95
4: COFFEE/TEA	2.50
Total	13.07
Sales WO/Tax	12.45
GST Added	0.62
1:13 PM 9/30/2016	

GRAZIE!

MARIO'S RESTAURANT
THE TRADITION CONTINUES
MEDICINE HAT, AB
PHONE 403-529-2600
FAX 403-529-1633
GST# 106179138

S E R V I C E

Server: KEVIN
Guest:

Split from Table 52

Table #52

3: L REUBEN	14.95
Total	15.70
Sales WO/Tax	14.95
GST Added	
1:13 PM 9/30/2016	

GRAZIE!

13.07
28.77