

LEGISLATIVE ASSEMBLY OF ALBERTA  
Member EDR 2016-17  
072 - Medicine Hat - Wanner, Robert  
For Expenses Processed Jan 1 to Mar 31, 2017

	Budget	Used this Quarter	Used To-Date
<b>Financial Reporting - \$ (Receipts attached)</b>			
<b>Transportation</b>			
Fuel and Minor Maintenance - \$		\$502.98	\$2,350.10
MLA Parking Cap - \$	\$900.00	\$7.86	\$7.86
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$		\$119.05	\$562.15
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			\$5,538.27
Member Travel (Meal Per Diems) - \$		\$265.82	\$1,552.24
<b>Accommodation</b>			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,790.00	\$25,090.00
Travel Accommodations Allowance			
Travel Accommodations Allowance (days; 10 max) - NF	10.0		
<b>Other</b>			
Hosting - \$		\$731.97	\$1,292.01
<b>Non-Financial Reporting</b>			
<b>Use of Private Automobile (43.5 cents per km)</b>			
Constituency Travel (Kilometres) - NF	35,000.0		
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			2.5
Use of a Private Automobile (52 trips per year) - NF	52.0		
<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

# Element Fleet Management



BDFD290001

FLEET MANAGEMENT SERVICES DETAIL  
DETAILS SERVICES DE GESTION DE PARC

PAGE 239 OF 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	01/01/17
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	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				000447861504 12/10/16	FEDERATED COOPERATIVES LIMITED MEDICINE HAT AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH MISCELLANEOUS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	46.3 1.0	.88 2.86	38.81 2.86	1.94 2.08 .14 2.08	43.75 43.75
					000447555037 12/03/16	IMPERIAL OIL EDMONTON AB	ETHANOL REGULAR GRADE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	51.7	.93	45.71	2.29 2.29	48.00 48.00
					000447555036 11/17/16	IMPERIAL OIL REDCLIFF AB	ETHANOL REGULAR GRADE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	63.6	.88	53.21	2.66 2.66	55.87 55.87
					000447555035 11/10/16	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	35.6	.90	30.48	1.52 1.52	32.00 32.00
					000447555034 11/03/16	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	34.5	.95	31.16	1.56 1.56	32.72 32.72
	UNIT TOTAL / TOT UNITE						FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	231.7		202.23	10.11	212.34
BKDN TOTALS / TOTALS CODIFICATION 01-72				UNITS / VEHIC	1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	231.7		202.23	10.11	
BKDN TOTALS / TOTALS COD FICATION												212.34

BLE871

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

# Element Fleet Management



BFD290001

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. [REDACTED]  
NO DU CLIENT [REDACTED]  
INVOICE DATE 02/01/17  
DATE DE LA FACTURE  
INVOICE NO. [REDACTED]  
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	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
[REDACTED]	WANNER	[REDACTED]	[REDACTED]	[REDACTED]	000448692043 01/03/17	FEDERATED COOPERATIVES LIMITED MEDICINE HAT AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	56.1	1.14	60.95	3.05 3.05	64.00 64.00
					000449171589 12/21/16	HUSKY OIL MEDICINE HAT AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT DISCOUNT / RABAIS TOTAL / TOTAL	44.0	.96	40.26	1.95 1.95	42.21 42.21 .44- 41.77
					000448204401 12/15/16	FEDERATED COOPERATIVES LIMITED MEDICINE HAT AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	20.7	1.00	19.78	.99 .99	20.77 20.77
					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	120.8		120.99	5.99	126.98 .44- 126.54
	BKDN TOTALS / TOTAUX CODIFICATION 01-72		UNITS / VEHIC	1			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH  BKDN TOTALS / TOTAUX CODIFICATION DISCOUNT / RABAIS TOTAL / TOTAL	120.8		120.99	5.99	126.98 .44- 126.54

BLE871

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

# Element Fleet Management



BDF290001

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. [REDACTED]  
NO DU CLIENT [REDACTED]  
INVOICE DATE 03/01/17  
DATE DE LA FACTURE  
INVOICE NO. 0006743067  
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	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
[REDACTED]	WANNER	[REDACTED]	[REDACTED]		000451452414 02/07/17	FEDERATED COOPERATIVES LIMITED MEDICINE HAT AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	49.2	.98	45.92 2.30 2.30 45.92	2.30 2.30 2.30	48.22 48.22
UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	49.2		45.92	2.30	48.22
BKDN TOTALS / TOTAUX CODIFICATION 01-72							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	49.2		45.92	2.30	
BKDN TOTALS / TOTAUX COD FICATION												48.22

BLE871

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QST ID. NO / NO ID TVQ 1001439118

# Element Fleet Management



BDF290001

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	
NVOICE DATE	04/01/17
DATE DE LA FACTURE	
NVOICE NO.	0006772011
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	REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION DESCRPTION 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				000455746945 03/10/17	FEDERATED COOPERATIVES LIMITED MEDICINE HAT AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	58.0	.97	53.53	2.68 2.68	56.21 56.21
					000452795765 02/15/17	FEDERATED COOPERATIVES LIMITED MEDICINE HAT AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH MISCELLANEOUS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	53.3 2.0	.97 3.75	49.23 7.49	2.46 .37 2.83	59.55 59.55
					000452794780 02/11/17	FEDERATED COOPERATIVES LIMITED MEDICINE HAT AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH MISCELLANEOUS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	19.6 1.0	.97 5.49	18.10 5.49	.91 .27 1.18	24.77 24.77
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	130.9		133.84	6.69	140.53
	BKDN TOTALS / TOTAUX CODIFICATION 01-72				1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	130.9		133.84	6.69	
							BKDN TOTALS / TOTAUX CODIFICATION					140.53

BLE871

GST-HST REG. NO / NO ENRG TPS-TVH R104164223  
 GST 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  
**January 16, 2017**

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 January 16, 2017

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

Total Credit Limit \$

Available Credit Limit \$

## New Transactions for ROBERT E. WANNER

Amount \$

Date	Description	Amount \$	Balance \$
December 21	PARKING PPL TORONTO Goods or Services	\$7.86	8.25
Total New Transactions for ROBERT E. WANNER			8.25

† 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

000124



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

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

Date  
**March 18, 2017**

Page 1 of 2

Previous Balance	Payments and Credits	New Charges including Delinquency Assessment, if any	New Balance \$
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Statement includes payments and charges received by March 18, 2017

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.

0995

February 28	AIRPORT TAXI SERVICE EDMONTON TAXICABS AND LIMOUSINES	65.00
March 9	CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES	60.00
<b>Total New Transactions for ROBERT E. WANNER</b>		<b>125.00</b>

\$119.05

## 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**

↑ Please detach here ↑

Membership Number

000127



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

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





# 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:** December

**Year:** 2016

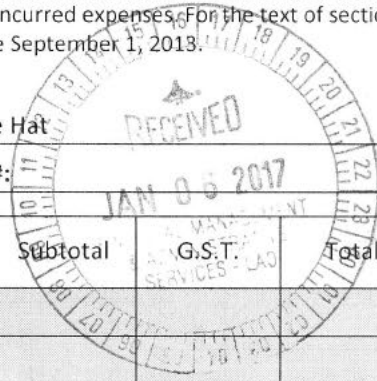
**Employee #:**

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	Travel to/from Capital	Edmonton to Medicine Hat	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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	Travel to/from Capital	Medicine Hat to Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.76	0.44	9.20
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14	Travel to/from Capital	Edmonton to Medicine Hat	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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			<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			<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:						\$48.29	\$2.41	\$50.70

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

Date



*[Handwritten Signature]*

*Jan 3, 2017*





# 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

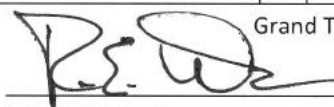
**For the Month of:** February

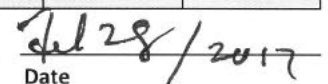
**Year:** 2017

**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	Edmonton to Medicine Hat	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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	Travel to/from Capital	Medicine Hat to Edmonton to MH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
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	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
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	Edmonton to Medicine Hat	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28	Travel to/from Capital	Medicine Hat to Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.76	0.44	9.20
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						\$118.67	\$5.93	\$124.60

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



# 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:** March

**Year:** 2017

**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	Drove Edmonton to MH	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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	Travel to/from Capital	Fly Edmonton to MH	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12	Travel to/from Capital	Drove MH to Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22	Travel to/from Capital	Drove Edmonton to Calgary	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
23	Travel to/from Capital	Drove Calgary to MH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.76	0.44	9.20
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						\$98.86	\$4.94	\$103.80

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

April 04/2017



## 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

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.

JAN. 2017

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

x 12 = \$ 23,160.00

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.

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

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.

Feb. 2017

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

x 12 = \$ 23,160.00

Please Note: The Member is responsible for retaining all records which support the annual amount identified above.

Claim Payment Authorization (please check)

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Please Note: The Member must advise the Clerk in writing of any changes to their permanent or temporary residence at the time it occurs.

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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

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.

March 2017

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

x 12 = \$ 23,160.00

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

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Robert E. Wanner

Claimant Name: Robert E. Wannerr

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Constituency Winter Social Event

Purpose:

For people coming and going

\$35.96



2016  
Constit. Winter Social  
MEDICINE HAT #593

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

\*\*Seasons Greetings & Happy Holidays\*\*

317052 CARR TBL WTR 7.99  
317052 CARR TBL WTR 7.99  
853624 RICE CRACKER 9.99  
853624 RICE CRACKER 9.99

SUBTOTAL

\*\*\*\* GST 5%

TOTAL

VF MasterCard

REFERENCE#: 66231675-0010011950 H

12/19/16 15:51:38

Invoice#: 41618

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

PURCHASE - MASTERCARD

MasterCard

A0000000041010

0000008000

01 APPROVED - THANK YOU 027

AMOUNT:

NO SIGNATURE TRANSACTION

0593 004 0000000032 0160

IMPORTANT - retain this copy for your record.

\*\*\* CARDHOLDER COPY \*\*\*

CHANGE

TOTAL DISCOUNT(S)

.00

5.00

TOTAL NUMBER OF ITEMS SOLD = 6

CASHIER: LAUREL E

REG# 4

2016/12/19 15:51 0593 04 0160 32

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: Robert E. Wannerr

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Constituency Winter Social Event

Purpose:

For people coming and going

3 x 14.99 - 44.97

3 x 14.99 - 44.97

4 x 36.99 - 147.96

Total = \$237.90

**COSTCO**  
**WHOLESALE**  
*Constit. Winter Social*  
**MEDICINE HAT #593**  
2350 Box Springs Blvd  
Medicine Hat, AB T1C 0C8  
(403)581-5700  
\*\*Seasons Greetings & Happy Holidays\*\*

Begin Bottom of Basket  
@ 14.99  
248011 VEGGIE TRAY (3) G 44.97  
@ 14.99  
247988 FRUIT TRAY (3) G 44.97  
@ 36.99  
10683 PARTY TRAY. (4) G 147.96  
Bottom of Basket Item Co 237.90

SUBTOTAL  
\*\*\*\* GST 5% 11.90

VF TOTAL  
MasterCard 249.80

REFERENCE #: 66231679-0010010260 C  
12/20/16 15:12:26  
Invoice #: 44555

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

PURCHASE - MASTERCARD  
MasterCard  
A0000000041010  
0000008000 E800  
01 APPROVED - THANK YOU 027  
AMOUNT: [REDACTED]

0593 008 0000000032 0098

IMPORTANT - retain this copy for your record.

\*\*\* CARDHOLDER COPY \*\*\*

CHANGE .00

TOTAL NUMBER OF ITEMS SOLD = 13  
CASHIER: LAUREL E REG# 8  
2016/12/20 15:12 0593 08 0098 32

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: Robert E. Wannerr

Expense Category: Hosting

For hosting, select one:

- ☐ Individual Constituent(s)  
☐ Individual Stakeholder(s)  
☒ Group: Constituency Winter Social Event

Purpose:

For people coming and going

\$31.96

**COSTCO**  
**WHOLESALE**

*Constit. Winter Social*

MEDICINE HAT #593

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

\*\*Seasons Greetings & Happy Holidays\*\*

MEMBER [REDACTED]

853624 RICE CRACKER 9.99

2 @ 7.99

317052 CARR TBL WTR 15.98

2 @ 2.00

1126421 TPD/317052 4.00 (discount)

853624 RICE CRACKER 9.99

VF

REFERENCE#: 66231678-0010013500  
12/17/16 11:24:42

Invoice#: 34211

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

PURCHASE - MASTERCARD

MasterCard

A00000000041010

0000008000 E800

01 APPROVED - THANK YOU 027

AMOUNT: [REDACTED]

0593 007 0000000621 0017

IMPORTANT - retain this copy for your record.

\*\*\* CARDHOLDER COPY \*\*\*

CHANGE .00  
TOTAL DISCOUNT(S) 4.00

TOTAL NUMBER OF ITEMS SOLD = 12  
CASHIER: VANESSA R REG# 7  
2016/12/17 11:24 0593 07 0017 621

GST/HST #121476329  
**SHOP WWW.COSTCO.CA**

GST# 121476329RT

THANK YOU - PLEASE COME AGAIN



Y OF ALBERTA  
se Claim Receipt Description

Name: Robert E Wanner

Ant Name: Laura Deschamps

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: British Consul General Reception

Purpose:

Introduce the British Consul General to community stakeholders

ZUCCHINI BLOSSOM MARKE  
CAFE LTD T1A5L8  
MEDICINE HAT AB  
22891218

|||| PURCHASE ||||

02-09-2017 10:47:38

Exp Date \*\*/\*\* Card Type VI  
Name:

Trace # 740006  
FS2289121801

CVD Resp N  
RRN 001457006

Tip \$44.52

Retain this copy for your  
records  
Customer copy

\$276.00  
\$44.52 Tip  
\$320.52 Total

THE ZUCCHINI BLOSSOM  
MARKET AND CAFE  
62 3rd ST NE  
526-1630  
GST# 882511702

02-09-2017 MC #:0000

	12x
	4.00@
FOOD	*48.00T1
	12x
	15.00@
FOOD	*180.00T1
	12x
	4.00@
FOOD	*48.00T1
	*13.80T1

TOTAL \*289.80  
CASH \*289.80

HAVE A NICE DAY  
PLEASE COME AGAIN

ATIVE ASSEMBLY OF ALBERTA  
sonal Expense Claim Receipt Description

Member Name: Robert E Wanner

Claimant Name: Laura Deschamps

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Stakeholders and Constituents

Purpose:

People coming and going

**SAFeway**

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

Served by: Madison H

Welcome to Safeway

GROCERY  
Coffee Mate Orig  
PRODUCE

\$5.99

SUBTOTAL  
TOTAL TA  
TOTAL  
Cash  
Rounding  
Cash

NUMBER OF ITEMS

2

Term Tran Store Oper  
9 332 8801 156

01/05/17  
21:10:23

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.

Travel Immunizations including  
Yellow Fever are available at  
this store.

Please ask your Pharmacist

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Robert E Wanner

Claimant Name: Laura Deschamps

Expense Category: Hosting

For hosting, select one:

- ☐ Individual Constituent(s)  
☐ Individual Stakeholder(s)  
☒ Group: Stakeholders and Constituents

Purpose:

Winter Social 2016

**SAFEWAY**

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

Served by: Bev W

Welcome to Safeway

*Winter Social Food*

**GROCERY**

Cmbry GngrAle 2L	\$1.25 GD
1 @ 4/ \$5.00	
YOU SAVED \$0.24	
+EHC	\$0.12 G
+Deposit	\$0.25
Cmbry GngrAle 2L	\$1.25 GD
1 @ 4/ \$5.00	
YOU SAVED \$0.24	
+EHC	\$0.12 G
+Deposit	\$0.25
Cmbry GngrAle 2L	\$1.25 GD
1 @ 4/ \$5.00	
YOU SAVED \$0.24	
+EHC	\$0.12 G
+Deposit	\$0.25
Cmbry GngrAle 2L	\$1.25 GD
1 @ 4/ \$5.00	
YOU SAVED \$0.24	
+EHC	\$0.12 G
+Deposit	\$0.25
Juice Cran Rasp	\$2.59 D
+EHC	\$0.12
+Deposit	\$0.25
Juice Cran Rasp	\$2.59 D
+EHC	\$0.12
+Deposit	\$0.25
Juice Cran Rasp	\$2.59 D
+EHC	\$0.12
+Deposit	\$0.25
Cranberries 600G	\$4.99 D
Cranberry Punch	\$0.89 D
YOU SAVED \$0.30	
Cranberry Punch	\$0.89 D
YOU SAVED \$0.30	
Cranberry Punch	\$0.89 D
YOU SAVED \$0.30	
Raspberries Organic	\$10.19 D

AIR MILES Base Offer 1 Miles

SUBTOTAL	\$33.21
5% GST	\$0.27
<b>TOTAL</b>	<b>\$33.48</b>
Debit	TENDER \$33.48
Cash	CHANGE \$0.00

NUMBER OF ITEMS 12

\*\*\*\*\*YOUR SAVINGS\*\*\*\*\*  
Discounts & Specials \$1.86  
Your Total Savings \$1.86  
Percentage Savings 5%  
\*\*\*\*\*

ACTIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Robert E Wanner

Claimant Name: Laura Deschamps

Expense Category: Hosting

For hosting, select one:

- ☐ Individual Constituent(s)  
☐ Individual Stakeholder(s)  
☒ Group: Stakeholders and Constituents

Purpose:

People coming and going

**SAFEWAY**

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

Served by: Ana A

Welcome to Safeway

**GROCERY**

KCup Coffee Dark Rst	\$19.99	R
VanHoutt Kcup Hse Bl	\$19.19	C
KCup Brkfst Blnd	\$15.79	C
Crinkles Sea Salt&Lm	\$3.99	GC
Gluten Free Item		
Rice Thins 100G	\$2.79	C
Gluten Free Item		
INSTANT SAVINGS	-\$0.30	
YOU SAVED \$0.20		
Rice Thins 100G	\$2.79	C
Gluten Free Item		
INSTANT SAVINGS	-\$0.30	
YOU SAVED \$0.20		
Cream 18%	\$2.39	C
+Deposit	\$0.10	R

AIR MILES Base Offer

2 Miles

SUBTOTAL \$66.43  
5% GST \$0.20

**TOTAL \$66.63**

Debit TENDER \$66.63  
Cash CHANGE \$0.00

NUMBER OF ITEMS 7

\*\*\*\*\*YOUR SAVINGS\*\*\*\*\*  
Discounts & Specials \$1.00  
Your Total Savings \$1.00  
\*\*\*\*\*

MERCHANT ID 040080036894 TAPPED  
CLIENT ID 9803 RECEIPT# 1735000  
TERMINAL ID 008 TRACE# 00124742

\*\* PURCHASE \*\* \$ 66.63

ACCOUNT Chequing  
DATE 11/17/2017  
RESP 000  
TIME 11:26:17  
REF # 00000062

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)