

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2017-18
072 - Medicine Hat - Wanner, Robert
For Expenses Processed Oct 1 - Dec 31, 2017

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$513.13	\$1,481.69
MLA Parking Cap - \$	\$900.00	\$3.80	\$3.80
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$		\$240.00	\$887.45
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$		\$1,332.00	\$3,552.00
Member Travel (Meal Per Diems) - \$			\$254.86
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,790.00	\$17,370.00
Travel Accommodations Allowance			
Travel Accommodations Allowance (days; 10 max) - NF	10.0		
Other			
Hosting - \$		\$633.15	\$1,230.67
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			1.0
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



BDF290001

FLEET MANAGEMENT SERVICES DETAIL
DETAI LS 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. [REDACTED]
NO DU CLIENT [REDACTED]
NVOICE DATE 10/01/17
DATE DE LA FACTURE
NVOICE NO. 0006922798
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 ----- DESCR PTION 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]	000473047067 08/27/17	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	55.8 1.0	1.00 9.01	53.11 9.01	2.66 3.11 .45 3.11	65.23 65.23
					000472388706 08/20/17	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	58.2	1.01	55.93	2.80 2.80	58.73 58.73
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	114.0		118.05	5.91	123.96
					BKDN TOTALS / TOTAUX CODIFICATION 01-72	UNITS / VEHIC 1	FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	114.0		118.05	5.91	
							BKDN TOTALS / TOTAUX CODIFICATION					123.96

Element Fleet Management



BDFD290001

FLEET MANAGEMENT SERVICES DETAIL
DETAI LS 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 11/01/17
DATE DE LA FACTURE
NVOICE NO. 0006948261
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				000476788229 09/28/17	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	54.6	.99	51.43	2.57 2.57	54.00 54.00
					000477514903 09/27/17	HUSKY OIL EDMONTON 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	46.9	1.00	44.65	2.17 2.17	46.82 46.82 .47- 46.35
					000477381836 09/21/17	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	45.6	.97	42.10	2.10 2.10	44.20 44.20
					000475292597 09/16/17	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	62.5	1.02	60.68	3.03 3.03	63.71 63.71
				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	209.6		198.86	9.87	208.73 208.73 .47- 208.26
BKDN TOTALS / TOTAUX CODIFICATION 01-72				UNITS / VEHIC	1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH BKDN TOTALS / TOTAUX COD FICATION DISCOUNT / RABAIS TOTAL / TOTAL	209.6		198.86	9.87	208.73 208.73 .47- 208.26

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
DETAI LS 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
NVOICE DATE 12/01/17
DATE DE LA FACTURE
NVOICE NO. 0006971879
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				000480409127 11/09/17	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	42.3	1.20	48.27	2.41 2.41	50.68 50.68
					000479111021 10/28/17	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	39.6	1.00	37.70	1.89 1.89	39.59 39.59
					000479438756 10/27/17	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	58.8	1.05	58.81	2.94 2.94	61.75 61.75
					000478325928 10/18/17	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	54.6	.99	51.44	2.57 2.57	54.01 54.01
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	195.3		196.22	9.81	206.03
	BKDN TOTALS / TOTAUX CODIFICATION 01-72				1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	195.3		196.22	9.81	
							BKDN TOTALS / TOTAUX COD FICATION					206.03

BLE871

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

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Robert Wanner

Claimant Name: Robert Wanner

Expense Category: Member Parking

For hosting, select one:

- ☐ Individual Constituent(s)
☐ Individual Stakeholder(s)
☐ Group: _____

Purpose:

Awards Presentation Parking
\$ 3.80

THIS SIDE UP ON DASH

318

THIS SIDE UP ON DASH

THIS SIDE UP ON DASH

Medicine Hat
College

THIS SIDE UP ON DASH

Machine #: 6
Transaction: 12645006
Date: NOV/14/17
Time: 12:06 PM

Paid: \$4.00

THIS SIDE UP ON DASH

Ticket Expires:

NOV/14/17

11:59 PM

THIS SIDE UP ON DASH



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, 2017



Page 1 of 2

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

Statement includes payments and charges received by November 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.

0979

Credit Limit Summary On November 16, 2017

Total Credit Limit \$

Available Credit Limit \$

New Transactions for ROBERT E. WANNER

Amount \$

October 23	GREATER EDMONTON TAX EDMONTON TAXICABS AND LIMOUSINES	63.00
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Total New Transactions for ROBERT E. WANNER	63.00
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Taxi, Bus Travel = \$ 60.00

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

Amount Due \$

63.00

Amount Paid \$



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

000137

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, 2017

Date

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 December 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 On December 16, 2017

Total Credit Limit \$

Available Credit Limit \$

Listing of Charges and Credits

Amount \$

December 4 Payment Received Thank You

CR

New Transactions for ROBERT E. WANNER

Amount \$

November 20	AIRPORT TAXI SERVICE EDMONTON TAXICABS AND LIMOUSINES	65.00
November 27	AIRPORT TAXI SERVICE EDMONTON TAXICABS AND LIMOUSINES	65.00
December 15	CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES	59.00

Total New Transactions for ROBERT E. WANNER

Taxi, Bus Travel \$180.00 + GST

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

000134

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

Government of Alberta

Payable To: Government of Alberta

Please Remit To:

Service Alberta

PO BOX 1041 STN MAIN

EDMONTON AB T5J 2M1

RECEIVED

OCT 03 2017

FMAS-

Page:

1 of 1

Invoice:

288LA016665

Invoice Date:

October/03/2017

Customer No:

Payment Terms: 30 Days

Period Covered:

September/01/2017 - September/30/2017

Due Date:

November/02/2017

Bill To:

LEGISLATIVE ASSEMBLY OF ALBERTA

FINANCIAL MANAGEMENT AND

ADMINISTRATIVE SERVICES

FB4103-9820 107 ST NW

EDMONTON AB T5K 1E7

Canada

AMOUNT DUE:

Amount Remitted

Please cut along line and return top portion with payment

For billing questions, please call: 780-422-6571

For a Toll Free Connection, Dial 310-0000

Invoice Number	Invoice Date	Customer Number	Payment Terms	Period Covered	Due Date
288LA016665	October/03/2017		30 Days	September/01/2017 - September/30/2017	November/02/2017

Line	Description	Quantity	UOM	Unit Amt	GST Amt	Extended Amount
	Contract No.	Order No.	Order Date	PO Reference No.		
1	EVF Revenue - Rent		1.00 EA			

320 - 3, 963-37

Last Name	First Name	Coding	Basic Rent
WANNER	ROBERT	29 072 320 4030	444.00

Vehicle Lease/Rental = \$ 444.00

Government of Alberta

Payable to: Government of Alberta
Please Remit To:
Service Alberta
PO BOX 1041 STN MAIN
EDMONTON AB T5J 2M1

INVOICE

Page: 1 of 1
Invoice: 288LA016721
Invoice Date: November/03/2017
Customer No: [REDACTED]
Payment Terms: 30 Days
Period Covered: October/01/2017 - October/31/2017
Due Date: December/03/2017

Bill To:
LEGISLATIVE ASSEMBLY OF ALBERTA
FINANCIAL MANAGEMENT AND
ADMINISTRATIVE SERVICES
FB4103-9820 107 ST NW
EDMONTON AB T5K 1E7
Canada

AMOUNT DUE: [REDACTED]

Amount Remitted

Please cut along line and return top portion with payment

For billing questions, please call: (780) 422-6571
For a Toll Free Connection, Dial 310-0000

Invoice Number	Invoice Date	Customer Number	Payment Terms	Period Covered	Due Date
288LA016721	November/03/2017	[REDACTED]	30 Days	October/01/2017 - October/31/2017	December/03/2017

Line	Description	Quantity	UOM	Unit Amt	GST Amt	Extended Amount
Contract No.		Order No.		PO Reference No.		
1	EVF RENT	1.00	EA	[REDACTED]	0.00	[REDACTED]

Subtotal:

Total (GST)

AMOUNT DUE:

Last Name	First Name	Coding	Amount	Total
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Wanner	Robert	29 072	320 4030 444.00	[REDACTED]

INVOICE

Government of Alberta

Payable to: Government of Alberta

Please Remit To:

Service Alberta

PO BOX 1041 STN MAIN

EDMONTON AB T5J 2M1

Page:

1 of 1

Invoice:

288LA016754

Invoice Date:

December/04/2017

Customer No:

Payment Terms: 30 Days

Period Covered:

November/01/2017 - November/30/2017

Due Date:

January/03/2018

Bill To:

LEGISLATIVE ASSEMBLY OF ALBERTA

FINANCIAL MANAGEMENT AND

ADMINISTRATIVE SERVICES

FB4103-9820 107 ST NW

EDMONTON AB T5K 1E7

Canada



AMOUNT DUE:

Amount Remitted

Please cut along line and return top portion with payment

For billing questions, please call: 780-422-7810

For a Toll Free Connection, Dial 310-0000

Invoice Number	Invoice Date	Customer Number	Payment Terms	Period Covered	Due Date
288LA016754	December/04/2017		30 Days	November/01/2017 - November/30/2017	January/03/2018

Line	Description	Quantity	UOM	Unit Amt	GST Amt	Extended Amount
Contract No.		Order No.		PO Reference No.		
1	EVO RENT	1.00	EA		0.00	

Subtotal:

Total (GST):

AMOUNT DUE:

Last Name	First Name	Coding				Basic Rent
WANNER	ROBERT	29	072	320	4030	\$444.00



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 #: [REDACTED]

Date: 4/1/2017

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: 2017-2018



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. October 2017

☒ 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.

OCTOBER 2017

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: 4/1/2017

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: 2017-2018



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. November 2017

☒ 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.

NOVEMBER 2017

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 #: [REDACTED]

Date: 4/1/2017

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: 2017-2018



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.

December 2017

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: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: MH Constituents

Purpose:

People coming and going

\$ 12.49



MEDICINE HAT #593

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

15071 K.S. COFFEE 12.49

TOTAL 12.49
Penny Rounding .01-
Cash 20.00
CHANGE 7.50

TOTAL NUMBER OF ITEMS SOLD = 1
CASHIER: KAREN F REG# 9
2017/09/25 17:50 0593 09 0253 41

GST/HS 21476329
SHOP WWW.COSTCO.CA

GST# 121416329RT
THANK YOU - PLEASE COME AGAIN

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: Medicine Hat Constituents

Purpose:

Constituency Social Event

\$ 15.99

Les articles dans une armoire d'urgence ne sont pas remboursés. Un reçu est requis et retourné dans les 15 jours après la date d'achat. Merci d'être responsable de vos consommations et d'éviter au besoin de renouveler l'urgence. Au 1181-828-2222.

CANADIAN TIRE #328

MEDICINE HAT, AB (403) 526-6644

THANK YOU FOR SHOPPING WITH US TODAY!

REG #:3 11/20/2017 20:10:26 TRANS #:95

OPERATOR #: 170 Float: 001

043-0480-4 CAFE CUP 4PK AS \$ 15.99

SUBTOTAL \$ 15.99

5% GST \$ 0.80

TOTAL \$ 16.79

DEBIT CARD #

CHIP CARD

Approval #:

DEBIT TEND \$ 16.79

CHANGE \$ 0.00

BASE CT MONEY \$ 0.10

Register for a My CT 'Money' account.
Collect e-CT 'Money' to redeem at
Canadian Tire. Visit us online at
canadiantire.ca or download the
Canadian Tire Mobile App.

DEBIT CARD TRANSACTION RECORD

CANADIAN TIRE # 328
1971 STRACHAN ROAD S.E.
MEDICINE HAT, ALBERTA
T1B 0G4

OPERATOR: 170 REG #:3 TRANS #:95

TYPE: PURCHASE

ACCT: INTERAC FLASH DEFAULT

\$ 16.79

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: MH Constituents

Purpose:

Winter Social Event food

\$ 126.87



MEDICINE HAT #593

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

MEMBER

31062	NANAIMO BARS	12.99
31062	NANAIMO BARS	12.99
882666	DARE CRACKER	8.99
882666	DARE CRACKER	8.99
853624	RICE CRACKER	9.99
853624	RICE CRACKER	9.99
882666	DARE CRACKER	8.99

14576	PEPPER CANDY	9.99 G
14576	PEPPER CANDY	9.99 G
418949	HELIVA GOOD	6.49
1210816	TPD/418949	2.00-
418949	HELIVA GOOD	6.49
1210816	TPD/418949	2.00-
435164	RO GLC HUMMS	6.99
283112	DESSERT BARS	17.99

SUBTOTAL
**** GST 5%

TOTAL
VF Interac

ACCT: CHECKING
REFERENCE#: 66231678-0010011300 C
AUTH#: 11/21/17 14:40:04
Invoice#: 10419

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: Constituency

Purpose:

People coming and going

\$ 31.37



MEDICINE HAT #593

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

MEMBER [REDACTED] R5

I **Begin Bottom of Basket
339029 NPL W/DEAL 3.99
DEPOSIT 3.50
ENVIRO FEE N 1.40
[REDACTED]

I *Bottom of Basket Item Count - 2

17996 KS DECAF 12.49
874659 MJB COFFEE 9.99

SUBTOTAL
**** GST 5%

TOTAL
Penny Rounding
Cash
CHANGE
TOTAL DISCOUNT(S)

TOTAL NUMBER OF ITEMS SOLD = 4
CASHIER: LAUREL E REG# 9
2017/10/25 17:25 0593 09 0325 802

GST/HST #121476329
SHOP WWW.COSTCO.CA

GST# 121476329RT
THANK YOU - PLEASE COME AGAIN

PC

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: Medicine Hat Constituents

Purpose:

Constituency Winter Social Event

\$ 318.65



MEDICINE HAT #593

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

MEMBER

I **Begin Bottom of Basket
4 @ 14.99 247988 FRUIT TRAY 59.96 G
5 @ 36.99 10683 PARTY TRAY. 184.95 G
4 @ 14.99 248011 VEGGIE TRAY 59.96 G
2 @ 6.89 100778 MUNCHIES MIX 13.78 G

SUBTOTAL
**** GST 5%

TOTAL
VF MasterCard

REFERENCE#: 66231674-0010012400 C
AUTH#: 11/22/17 14:17:11
Invoice#: 12/33

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

PURCHASE - MASTERCARD
CAPITAL ONE
A0000000041010
0000008000 E800

01 APPROVED - THANK YOU 027
AMOUNT:

0593 003 0000000033 0178

IMPORTANT - retain this copy for your record.

*** CARDHOLDER COPY ***

CHANGE .00

TOTAL NUMBER OF ITEMS SOLD = 16
CASHIER: VANESSA M REG# 3
2017/11/22 14:17 0593 03 0178 33

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 Wanner

Expense Category: Hosting

For hosting, select one:

- ☐ Individual Constituent(s)
- ☐ Individual Stakeholder(s)
- ☒ Group: Medicine Hat Constituents

Purpose:

Constituency Winter Social Event
\$ 90.00

Shirley's Gluten Free Baking & Shipley Designs

217 - 4 Street N.W., P.O. Box 796
Redcliff, Alberta T0J 2P0

(403) 866-0953

SOLD TO:

Laura - Medicine Hat Conservatives
403 527-5622

INVOICE NUMBER | 2017-0237

INVOICE DATE | November 22, 2017

SHIPPED TO:

Pick-up

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
2	Nanaimo Bar	25.00	\$50.00
2	Buttertart Square	20.00	\$40.00
		SUBTOTAL	90.00
		TAX	
		FREIGHT	
			\$90.00
			PAY THIS AMOUNT

DIRECT ALL INQUIRIES TO:

Shirley Shipley
403 866-0953
shipleydesigns@hotmail.com
www.facebook.com/shipleydesigns

MAKE ALL CHECKS PAYABLE TO:

Shirley & or Garry Shipley
217 - 4 Street NW
P.O. Box 796
Redcliff, Alberta, T0J 2P0

THANK YOU FOR YOUR BUSINESS!

Pd Cash
Thankyou!

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: Senior's Condo Town Hall Meeting

Purpose:

\$ 37.78

Tim Hortons Store 912
2355 Trans Canada HWY SE
Medicine Hat Alberta
T1B 4E9
403-528-9797

GST# 899304695
Oct 16 2017 09:58 am Trans# 1767458

TRANSACTION RECORD

Card Type : DEBIT
Card Entry : TAP CHIP
Account Type : CHEQUING
Trans Type : PURCHASE
Amount : \$ 19.67

Sequence # : 000049
Reference # : 00000049
Trace # : 00299885
Term ID : 201
Date : 17/10/16
Time : 09:57:53

APPROVED

Application Label: Interac
AID: A0000002771010
TUR: 8000008000
TSI: 2800

Tim Hortons #912
2355 TransCanada Way SE
Medicine Hat, AB
GST#899304695

Take-out

Order #

017458

1 Take 12 Original Blend Coffee	18.89
1 Take 12 Original Blend Coffee	18.89
Subtotal	37.78
GST	1.89
Total	39.67
Cash	20.00
	19.67

Monday October 16, 2017
Shift # 2 Reg. # 1

09:58:05
Trans # 1767458

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

Thank You for your patronage.