

LEGISLATIVE ASSEMBLY OF ALBERTA  
Member EDR 2017-18  
072 - Medicine Hat - Wanner, Robert  
For Expenses Processed Jan 1 - Mar 31, 2018

	Budget	Used this Quarter	Used To-Date
<b>Financial Reporting - \$ (Receipts attached)</b>			
Transportation			
Fuel and Minor Maintenance - \$		\$694.76	\$2,176.45
MLA Parking Cap - \$	\$900.00	\$3.81	\$7.61
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$		\$260.96	\$1,148.41
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$		\$1,776.00	\$5,328.00
Member Travel (Meal Per Diems) - \$		\$501.20	\$756.06
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,790.00	\$23,160.00
Travel Accommodations Allowance			
Travel Accommodations Allowance (days; 10 max) - NF	10.0		
Other			
Hosting - \$		\$314.67	\$1,545.34
<b>Non-Financial Reporting</b>			
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		2.0	3.0
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



BDFD290001

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 01/01/18  
DATE DE LA FACTURE  
INVOICE NO. 0006993645  
NO DE LA FACTURE

UNIT NO NO. D'UNITE	DRIVER NAME DRIVER I.D. 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				000484544414 12/09/17	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	1.04	55.52	2.78 2.78	58.30 58.30
					000484237010 12/08/17	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	.95	42.44	2.06 2.06	44.50 44.50 .47- 44.03
					000484547956 11/25/17	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	60.5 1.0	1.14 9.01	65.71 9.01	3.29 .45 3.74	78.46 78.46
					000481458809 11/17/17	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	56.0	1.18	62.86	3.14 3.14	66.00 66.00
					000483446122 11/12/17	CENTEX CHESTERMERE CHESTERMERE AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH UNLEADED REGULAR GASOLINE REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	28.8	1.10	31.61	1.58 1.58	33.19 33.19
					000481342688 11/11/17	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	48.4	1.24	57.14	2.86 2.86	60.00 60.00
				0046999 ND01330	120015104923 09/20/17	GERSHAW AUTO MEDICINE HAT AB	LUBRICATE-CHANGE OIL & FILTER GST-HST / TPS-TVH LABOR - LUBRICATE-CHANGE OIL REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	1.0 1.0	48.80 61.50	48.80 61.50	5.52 5.52	115.82 115.82
				UNIT TOTAL / TOT UNITE			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH	296.7		434.59	21.68	

BLE871

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



BPDF290001

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 01/01/18  
DATE DE LA FACTURE  
INVOICE NO. 0006993645  
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						UNIT TOTAL / TOT UNITE DISCOUNT / RABAIS TOTAL / TOTAL					456.27 .47- 455.80
	BKDN TOTALS / TOTALS CODIFICATION 01-72		UNITS / VEHIC	1			FUEL QTY / QTE CARB 296.7 TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH			434.59	21.68	
							BKDN TOTALS / TOTALS CODIFICATION DISCOUNT / RABAIS TOTAL / TOTAL					456.27 .47- 455.80

# Element Fleet Management



BDFD290001

FLEET MANAGEMENT SERVICES DETAIL  
DETAILS SERVICES DE GESTION DE PARC

PAGE - 198 OF 230  
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]  
INVOICE DATE 02/01/18  
DATE DE LA FACTURE  
INVOICE NO. 0007019898  
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]	000486489369 01/10/18	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	58.1	1.11	61.41	3.07 3.07	64.48 64.48
					000485248463 12/26/17	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	63.7	1.13	68.57	3.43 3.43	72.00 72.00
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	121.8		129.98	6.50	136.48
	BKDN TOTALS / TOTAUX CODIFICATION 01-72		UNITS / VEHIC	1			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	121.8		129.98	6.50	
							BKDN TOTALS / TOTAUX CODIFICATION					136.48



# Element Fleet Management



BDFD290001

FLEET MANAGEMENT SERVICES DETAIL  
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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 03/01/18  
DATE DE LA FACTURE  
INVOICE NO. 0007042854  
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		████		000488245071 01/29/18	FEDERATED COOPERATIVES LIMITED STRATHMORE AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	32.7	1.13	35.24	1.76 1.76	37.00 37.00
					000489843893 01/16/18	IMPERIAL OIL CROSSFIELD AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	35.9	1.09	37.16	1.86 1.86	39.02 39.02
					000487207181 01/15/18	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	27.6	1.11	29.21	1.46 1.46	30.67 30.67
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	96.2		101.61	5.08	106.69
BKDN TOTALS / TOTAUX CODIFICATION 01-72		UNITS / VEHIC		1			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	96.2		101.61	5.08	
BKDN TOTALS / TOTAUX CODIFICATION												106.69



# 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, 2018**



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 March 18, 2018

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 March 18, 2018

Total Credit Limit \$

Available Credit Limit \$

Listing of Charges and Credits

Amount \$

March 8 Payment Received Thank You

## New Transactions for ROBERT E. WANNER

Amount \$

March 4 Shell Canada C10626 RED DEER  
SERVICE STATIONS

30.00

## Total New Transactions for ROBERT E. WANNER

Fuel \$28.58 +GST

↑ 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**



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

000133

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



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:

Conference Parking - Medicine Hat College

\$3.81+GST





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Prepared For  
**ROBERT E. WANNER**  
**LEGIS ASSEMBLY OF AB**

Membership Number

Date  
**January 16, 2018**



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 January 16, 2018

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 January 16, 2018

Total Credit Limit \$

Available Credit Limit \$

Listing of Charges and Credits

Amount \$

January 3 Payment Received Thank You

CR

for ROBERT E. WANNER

Amount \$

December 11 AIRPORT TAXI SERVICE EDMONTON  
TAXICABS AND LIMOUSINES

63.00

Total New Transactions for ROBERT E. WANNER

63.00

Taxi, Bus Travel \$60.00 + GST

↑ 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



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**



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 February 16, 2018

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 February 16, 2018

Total Credit Limit \$

Available Credit Limit \$

Listing of Charges and Credits

Amount \$

January 29 Payment Received Thank You

## New Transactions for ROBERT E. WANNER

Amount \$

January 28	AIRPORT TAXI SERVICE EDMONTON TAXICABS AND LIMOUSINES	65.00
January 31	GREATER EDMONTON TAXI EDMONTON TAXICABS AND LIMOUSINES	65.00
February 2	AIRPORT TAXI SERVICE EDMONTON TAXICABS AND LIMOUSINES	16.00

Taxi, Bus Travel \$139.05 + GST

† Please detach here †

## AMERICAN EXPRESS®

### Payment Options

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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



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

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







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Prepared For  
**ROBERT E. WANNER**  
**LEGIS ASSEMBLY OF AB**

Membership Number

Date  
**March 18, 2018**



Page 1 of 2

Previous Balance	Payments and Credits	New Charges including Delinquency Assessment, if any	New Balance \$
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[REDACTED]			
------------	--	--	--

Statement includes payments and charges received by March 18, 2018

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 March 18, 2018

Total Credit Limit \$ Available Credit Limit \$

Listing of Charges and Credits

Amount \$

March 8	Payment Received Thank You
---------	----------------------------

## New Transactions for ROBERT E. WANNER

Amount \$

February 22	AIRPORT TAXI SERVICE EDMONTON TAXICABS AND LIMOUSINES
-------------	--

65.00

Total New Transactions for ROBERT E. WANNER

Taxi, Bus Travel \$61.91 +GST

↑ 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



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

000133

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



# 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: 288LA016767  
Invoice Date: December/22/2017

RECEIVED

DEC 22 2017

FMAS-

Payment Terms: 30 Days  
Period Covered: December/01/2017 - December/31/2017  
Due Date: January/21/2018

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
288LA016767	December/22/2017		30 Days	December/01/2017 - December/31/2017	January/21/2018

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:

0019070

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

# 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: 288LA016799  
Invoice Date: February/01/2018  
Customer No: [REDACTED]  
Payment Terms: 30 Days  
Period Covered: January/01/2018 - January/31/2018  
Due Date: March/03/2018

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

RECEIVED

FEB 02 2018

FMAS-

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
288LA016799	February/01/2018	[REDACTED]	30 Days	January/01/2018 - January/31/2018	March/03/2018

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				Basic Rent
WANNER	ROBERT	29	072	320	4030	\$444.00

Original



# 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: 288LA016815  
Invoice Date: March/01/2018  
Customer No: [REDACTED]  
Payment Terms: 30 Days  
Period Covered: February/01/2018 - February/28/2018  
Due Date: March/31/2018

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
288LA016815	March/01/2018	[REDACTED]	30 Days	February/01/2018 - February/28/2018	March/31/2018

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				Basic Rent
WANNER	ROBERT	29	072	320	4030	\$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: 288LA016823  
Invoice Date: March/22/2018  
Customer No: [REDACTED]  
Payment Terms: 30 Days  
Period Covered: March/01/2018 - March/31/2018  
Due Date: April/21/2018

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
288LA016823	March/22/2018	[REDACTED]	30 Days	March/01/2018 - March/31/2018	April/21/2018

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			Basic Rent
WANNER	ROBERT	29	072	320 4030	\$444.00



# Members' Travel Expenses Per-Diems Claim Form

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

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

Member Name: Wanner, Robert

Constituency: Medicine Hat

For the Month of: June

Year: 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 Edm 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	Travel to/from Capital	Fly Edm to MH	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15			<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						\$39.52	\$1.98	\$41.50

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

Jan 29/18



# 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: July

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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3	Travel to/from Capital	Fly MH to Edm via Clgry	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
4	Travel to/from Capital	Fly Edm to MH	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15	60 km from Perm. Res.	Drive MH to Clgry / Fly Clgry to Wnpg	<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	60 km from Perm. Res.	Fly Wnpg to Clgry	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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

*R. Z. Wanner*

*Jan 29/18*



# Members' Travel Expenses Per-Diems Claim Form

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

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

**Member Name:** Wanner, Robert

**Constituency:** Medicine Hat

**For the Month of:** August

**Year:** 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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<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	Fly MH to Edm via Cgry	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
21	Travel to/from Capital	Fly Edm to Lthbr	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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						\$30.81	\$1.54	\$32.35

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*

*Jan 29/18*



# 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

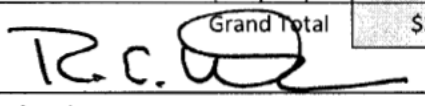
**For the Month of:** September

**Year:** 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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14	Travel to/from Capital	Fly Edm to MH	<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	Travel to/from Capital	Drive Edm to MH	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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						\$39.52	\$1.98	\$41.50

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

Jan 29 / 18





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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:** 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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<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	Travel to/from Capital	Drive Clgry to Edm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.76	0.44	9.20
20	Travel to/from Capital	Drive Edm to MH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
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	Drive MH to Edm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
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						\$30.86	\$1.54	\$32.40

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*

*Jan 29/18*



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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:** 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			<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	Travel to/from Capital	Drive Edm 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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13	Travel to/from Capital	Drive MH to Edm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16	Travel to/from Capital	Drive Edm to MH	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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	Travel to/from Capital	Drive Edm to MH	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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"/>			
<b>Grand Total</b>						<b>\$70.33</b>	<b>\$3.52</b>	<b>\$73.85</b>

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.

R. E. Wanner  
Member Signature

Jan 29/18  
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: December

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			<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	Drive Edm to MH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15	Travel to/from Capital	Fly Edm to MH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.76	0.44	9.20
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						\$19.81	\$0.99	\$20.80

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

R. E. S.

Jan 29/18



# 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:** January

**Year:** 2018

**Employee #:**

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16	Travel to/from Capital	Drive from MH to Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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	Travel to/from Capital	Drive from Edm to MH	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31	Travel to/from Capital	Flight MH to Edm via Calgary	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
Grand Total						\$59.29	\$2.96	\$62.25

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.

R. E. Wanner  
Member Signature

Feb 23, 2018  
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: February

Year: 2018

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	Flight from Edm 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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15			<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	Flight from MH to Edm via Cgy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
23	Travel to/from Capital	Drive from Edm to MH	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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						\$59.29	\$2.96	\$62.25

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.

R.E. Wanner  
Member Signature

March 6 / 2018  
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:** 2018

**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	Travel to/from Capital	Drive from MH to Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
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	Drive from Edmonton to MH	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11	Travel to/from Capital	Drive from MH to Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22	Travel to/from Capital	Drive from Edmonton to MH	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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						\$61.67	\$3.08	\$64.75

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

*Robert Wanner*

*April 4, 2018*



## 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.

**January 2018**

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.

*P. 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 #: [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.

February 2018

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.

*P. 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

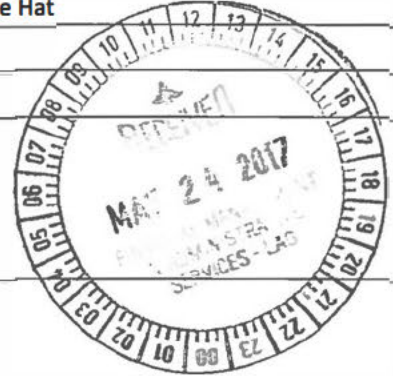
Employee #: [REDACTED]

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.

March 2018

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:

Meetings with constituents

\$9.99



MEDICINE HAT #593

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

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

MEMBER

874659 MJB COFFEE 9.99

TOTAL 9.99  
VF Interac 9.99

CHANGE .00

TOTAL NUMBER OF ITEMS SOLD = 1

CASHIER: SUSAN S REG# 7  
2017/12/11 20:10

GST/HST #121476329

SHOP [WWW.COSTCO.CA](http://WWW.COSTCO.CA)

GST# 121476329RT

THANK YOU - PLEASE COME AGAIN



LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Robert Wanner

Claimant Name: Costco (Medicine Hat)

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

Water for office

\$8.79

**COSTCO**  
WHOLESALE

MEDICINE HAT #593

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

MEMBER

500666 KSWTR40/500\* 3.99  
DEPOSIT 4.00  
ENVIRO FEE N 80

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

TOTAL  
Purchase Orders

TOTAL NUMBER OF ITEMS SOLD -  
CASHIER: JUDY R REG# 7  
2018/02/01 13:43 0593 07 0129 14

GST/HST #121476329  
SHOP **WWW.COSTCO.CA**  
GST# 121476329RT  
THANK YOU - PLEASE COME AGAIN

\$3.99  
+4.00  
+0.80  
=\$8.79

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Robert Wanner

Claimant Name: Robert Wanner

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☒ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

Stakeholder meeting
\$17.95 +GST

THE HEARTWOOD CAFE  
403 North Railway Street S  
MEDICINE HAT AB T1A 2Z3  
587-2892898

Thu 03/01/2018 9:06 AM

Order ID: #e23e51d2

Order Number: 104

ham breakfast	\$9.00
muffin	\$3.25
Coffee (2)	\$5.70
Size-12oz	

Sub Total:	\$17.95
Tax:	\$0.89

Received:	\$22.00
Change:	\$3.16

Txn ID:	#38666247
Type:	CASH

Sale

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: People coming and going

Purpose:

Constituent and stakeholder meetings

\$277.94 + GST



MEDICINE HAT #593

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

500666	KSCTR40/500*	3.99
	DEPOSIT	4.00
	ENVIRO FEE N	.80
500666	KSCTR40/500*	3.99
	DEPOSIT	4.00
	ENVIRO FEE N	.80
500666	KSCTR40/500*	3.99
	DEPOSIT	4.00
	ENVIRO FEE N	.80
500666	KSCTR40/500*	3.99
	DEPOSIT	4.00
	ENVIRO FEE N	.80
1447447	TH DECAF 72	38.99
1447447	TH DECAF 72	38.99

324143	PURE PROTEIN	19.89 G
1139698	MIND VARIETY	21.99 G
387647	PRANA TRL MX	12.99 G
15071	K.S. COFFEE	11.99
17996	KS DECAF	12.99
15071	K.S. COFFEE	11.99
5288	KS NUTS UNSL	23.99 G
15071	K.S. COFFEE	11.99
34806	TRAIL MIX	12.99 G
5288	KS NUTS UNSL	23.99 G

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

TOTAL  
Purchase Orders

TOTAL NUMBER OF ITEMS SOLD -  
CASHIER: DIANA G REG# 2  
2018/03/08 14:08 0593 02 0102 20

GST/HST #121476329  
SHOP WWW.COSTCO.CA

GST# 121476329RT  
THANK YOU - PLEASE COME AGAIN