

LEGISLATIVE ASSEMBLY OF ALBERTA  
Member EDR 2018-19  
072 - Medicine Hat - Wanner, Robert  
For Expenses Processed July 1 - Sep 30 2018

	Budget	Used this Quarter	Used To-Date
<b>Financial Reporting - \$ (Receipts attached)</b>			
<b>Transportation</b>			
Fuel and Minor Maintenance - \$		\$311.83	\$948.45
MLA Parking Cap - \$	\$900.00		\$1.91
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$		\$285.92	\$285.92
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$		\$1,389.00	\$1,852.00
Member Travel (Meal Per Diems) - \$		\$228.47	\$483.66
<b>Accommodation</b>			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,790.00	\$11,580.00
Travel Accommodations Allowance			
Travel Accommodations Allowance (days; 10 max) - NF	10.0		
<b>Other</b>			
Hosting - \$		\$97.82	\$97.82
Event Tickets Disclosable - \$		\$150.00	\$150.00
<b>Non-Financial Reporting</b>			

<b>Use of Private Automobile (43.5 cents per km)</b>			
Constituency Travel MLA (KM) - NF	35,000.0		
Constituency Travel Staff (KM) - NF			
Total Constituency Travel (KM) - NF	35,000.00		
Special Trips (5 trips per year) - NF	5.0		
<b>Travel To and From the Capital</b>			
Travel by Air, Bus or Train (Unlimited Trips) - NF			
Use of a Private Automobile (52 trips per year) - NF	52.0		
<b>Other Travel</b>			
Vehicle Rental (5 Days maximum anywhere in Alberta) - NF	5.0		

\$ - Reported on CAD dollar amount of actual expense

NF - Reported based on number of trips, number of kilometres, or number of days

Budget reported is the maximum annual amount that may be claimed

GST is not included in the \$ amounts as the Legislative Assembly is GST/HST - exempt

# Element Fleet Management



BDFD290001

FLEET MANAGEMENT SERVICES DETAIL  
DETAILS SERVICES DE GESTION DE PARC

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DE

## CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

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

CLIENT NO.  
NO DU CLIENT  
INVOICE DATE 08/01/18  
DATE DE LA FACTURE  
INVOICE NO. 0007161443  
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				000503322216 07/03/18	FEDERATED COOPERATIVES LIMITED MEDICINE HATF AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	44.2	1.27	53.52	2.68 2.68	56.20 56.20
					000503143682 06/07/18	XTR ENERGY LTD YOUNGSTOWN AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	22.1	1.36	28.57	1.43 1.43	30.00 30.00
					000503143741 06/03/18	XTR ENERGY LTD YOUNGSTOWN AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	18.4	1.36	23.81	1.19 1.19	25.00 25.00
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	84.7		105.90	5.30	111.20
	BKDN TOTALS / TOTALS CODIFICATION 01-72				UNITS / VEHIC 1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	84.7		105.90	5.30	
							BKDN TOTALS / TOTALS CODIFICATION					111.20

# 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 09/01/18  
DATE DE LA FACTURE  
INVOICE NO. [REDACTED]  
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				000505372465 07/22/18	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	34.7	1.21	40.00	2.00 2.00	42.00 42.00
				0009100	000507326044 07/18/18	IMPERIAL OIL VERMILLION AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	29.0	1.30	35.90	1.79 1.79	37.69 37.69
					000507027497 07/17/18	HUSKY OIL RADWAY AB	ETHANOL BLEND GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT DISCOUNT / RABAIS TOTAL / TOTAL	24.3	1.30	30.03	1.47 1.47	31.50 31.50 .24- 31.26
				0008769	000507326043 07/15/18	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	41.5	1.33	52.38	2.62 2.62	55.00 55.00
					000505772297 07/09/18	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	39.7	1.26	47.62	2.38 2.38	50.00 50.00
				UNIT TOTAL / TOT UNITE			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE DISCOUNT / RABAIS TOTAL / TOTAL	169.2		205.93	10.26	216.19 .24- 215.95
BKDN TOTALS / TOTAUX CODIFICATION 01-72							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	169.2		205.93	10.26	
** Marine fuel is actually vehicle fuel. **							BKDN TOTALS / TOTAUX CODIFICATION DISCOUNT / RABAIS TOTAL / TOTAL					216.19 .24- 215.95

BLE871

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



# The American Express® Corporate Card Statement of Account

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



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

Membership Number

Date

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 July 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 July 16, 2018

Total Credit Limit \$

Available Credit Limit \$

## New Transactions for ROBERT E. WANNER

Amount \$

June 21	CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES	20.40
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July 4	AIRPORT TAXI SERVICE EDMONTON TAXICABS AND LIMOUSINES	65.00
--------	--	-------

Total New Transactions for ROBERT E. WANNER

Taxi, Bus Travel \$81.34 + 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

000135

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





# The American Express® Corporate Card Statement of Account

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



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

Membership Number

Date  
**September 16, 2018**

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 September 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 September 16, 2018

Total Credit Limit \$

Available Credit Limit \$

Listing of Charges and Credits

Amount \$

**September 6**      **Payment Received Thank You**

## New Transactions for ROBERT E. WANNER

Amount \$

August 22	AIRPORT TAXI SERVICE EDMONTON TAXICABS AND LIMOUSINES	65.00
August 23	CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES	65.80
September 6	GREATER EDMONTON TAX EDMONTON TAXICABS AND LIMOUSINES	65.00
September 7	CARE CABS MEDICINE H MEDICINE HAT TAXICABS AND LIMOUSINES	19.00
<b>Total New Transactions for ROBERT E. WANNER</b>		<b>214.80</b>

Taxi, Bus      \$204.58+ 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

000125

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: 288LA016896  
Invoice Date: June/01/2018  
Customer No: [REDACTED]  
Payment Terms: 30 Days  
Period Covered: -  
Due Date: July/01/2018

Bill To:  
LEGISLATIVE ASSEMBLY OF ALBERTA  
901 LEGISLATIVE ANNEX  
9718 107 ST NW  
EDMONTON AB T5K 1E4  
Canada

RECEIVED

JUN 20 2018

FMAS-

AMOUNT DUE: [REDACTED]

Amount Remitted

Please cut along line and return top portion with payment

For billing questions, please call: 780-427-7411  
For a Toll Free Connection, Dial 310-0000

Invoice Number	Invoice Date	Customer Number	Payment Terms	Period Covered	Due Date
288LA016896	June/01/2018	[REDACTED]	30 Days	-	July/01/2018

Line	Description	Contract No.	Order No.	Order Date	Quantity	UOM	Unit Amt	GST Amt	Extended Amount
1	CVO Lease				1.00	EA	0.00	0.00	[REDACTED]

Subtotal:

Total (GST):

AMOUNT DUE: [REDACTED]

Last Name	First Name	Coding	Basic Rent
WANNER	ROBERT	29 072 320 4030	\$463.00

# INVOICE

## Government of Alberta

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

RECEIVED

JUL 10 2018

FMAS-

Page: 1 of 1  
Invoice: 288LA016912  
Invoice Date: June/28/2018  
Customer No: [REDACTED]  
Payment Terms: 30 Days  
Period Covered: -  
Due Date: July/28/2018

Bill To:  
LEGISLATIVE ASSEMBLY OF ALBERTA  
901 LEGISLATIVE ANNEX  
9718 107 ST NW  
EDMONTON AB T5K 1E4  
Canada

AMOUNT DUE: [REDACTED]

Amount Remitted

Please cut along line and return top portion with payment

For billing questions, please call: 780-427-7411  
For a Toll Free Connection, Dial 310-0000

Invoice Number	Invoice Date	Customer Number	Payment Terms	Period Covered	Due Date
288LA016912	June/28/2018	[REDACTED]	30 Days	-	July/28/2018

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

Subtotal:

Total (GST):

AMOUNT DUE: [REDACTED]

Last Name	First Name	Coding	Basic Rent
WANNER	ROBERT	29 072 320 4030	\$463.00

# 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: 288LA016966  
Invoice Date: September/01/2018  
Customer No: [REDACTED]  
Payment Terms: 30 Days  
Period Covered: -  
Due Date: October/01/2018

Bill To:  
LEGISLATIVE ASSEMBLY OF ALBERTA  
901 LEGISLATIVE ANNEX  
9718 107 ST NW  
EDMONTON AB T5K 1E4  
Canada

AMOUNT DUE: [REDACTED]

Amount Remitted

Please cut along line and return top portion with payment

For billing questions, please call: 780-427-7411  
For a Toll Free Connection, Dial 310-0000

Invoice Number	Invoice Date	Customer Number	Payment Terms	Period Covered	Due Date
288LA016966	September/01/2018	[REDACTED]	30 Days	-	October/01/2018

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

Subtotal: [REDACTED]

Total (GST):

AMOUNT DUE: [REDACTED]

Robert Wanner Vehicle Lease = \$463.00





# 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: 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	Travel to/from Capital	Drive MH to Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7	Travel to/from Capital	Drive Edmonton 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	Travel to/from Capital	Fly MH to Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
21	Travel to/from Capital	Drive Edmonton 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"/>			
Grand Total						\$70.33	\$3.52	\$73.85

I certify that I have met the requirements of section 7 of the *Members' Allowances Order*, RMSC 1992, c. M-1, as amended, have incurred meal expenses on the dates selected, and have not previously claimed or been paid for these expenses.

R. C. Wanner  
Member Signature

July 5/2018  
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:** July

**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	60 km from Perm. Res.	Fly MH to Calgary	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
5	Travel to/from Capital	Fly Calgary to Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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	60 km from Perm. Res.	Drive Calgary to Medicine Hat	<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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15	Travel to/from Capital	Drive MH to Edmonton	<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	Travel to/from Capital	Drive Edmonton to Cold Lake	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21	60 km from Perm. Res.	Drive MH to Standoff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.76	0.44	9.20
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						\$118.62	\$5.93	\$124.55

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

Sept 3 / 2018



## 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: 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			<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	Travel to/from Capital	Fly MH to Edmonton	<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	Travel to/from Capital	Fly Edmonton 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						\$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

Sept 7, 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 #:

Date: 4/16/2018

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: 2018 - 2019

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)

\$ 1930.00

x 12 = \$ 0.00 23160.00

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

Claim Payment Authorization (please check)

☒ 12 Monthly Payments

I authorize 12 monthly payments in the amount specified above for the entire fiscal year. This monthly amount is static for the entire fiscal year.

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

July 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.



R. E. Wanner

Member Signature

Updated March 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 #:

Date: 4/16/2018

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: 2018 - 2019

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)

\$ 1930.00

x 12 = \$ 0.00 23160.00

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

Claim Payment Authorization (please check)

☒ 12 Monthly Payments

I authorize 12 monthly payments in the amount specified above for the entire fiscal year. This monthly amount is static for the entire fiscal year.

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

August 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.



R. E. Wanner

Member Signature

Updated March 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 #:

Date: 4/16/2018

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: 2018 - 2019

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)

\$

1930.00

x 12 =

\$ 0.00

23160.00

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.

September 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.



R. E. Wanner

Member Signature

Updated March 2018

**LEGISLATIVE ASSEMBLY OF ALBERTA**

**Claimant Name:** Robert E Wannet

**For hosting, select one:**

- Purpose:**

\$5.92



LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Robert E Wanner

Claimant Name: Robert E Wannet

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Medicine Hat Constituents

Purpose:

People coming and going

\$7.90

**SAFeway**

Safeway Division Avenue  
615 Division Avenue S. Medicine Hat AB  
Phone: 403.504.2920  
GST# 895588788RT0001

Served by: Michele B

Welcome to Safeway

**GROCERY**

Coffee Whitener 450G	\$2.89	C
IntDelgt Fr/Van F/Fr	\$4.89	C
+EHC	\$0.02	R
+Deposit	\$0.10	R

SUBTOTAL \$7.90

TOTAL TAX \$0.00

**TOTAL \$7.90**

MasterCard TENDER \$7.90

Cash CHANGE \$0.00

NUMBER OF ITEMS 2

**AIR MILES**

Member number:

Your AIR MILES Ba

Cash Miles

Dream Miles

# MARCHAND 22265793 RF  
# TERMINAL SB2226579308  
\*\* Achat \*\* \$ 7.90  
CARTE MasterCard # RECU 9364000  
NO. [REDACTED] RESP 001  
DATE 06/19/2018 TIME 10:49:41  
AUTOR [REDACTED] NO.REF 001307068  
APPL. CAPITAL ONE  
AID A0000000041010

00 APPROUVE - MERCI

JE CONSENS A PAYER CE TOTAL CONFORMEMENT  
L'ENTENTE DE L'ÉMETTEUR  
(ENTENTE MARCHAND SI NOTE CRÉDIT)

Term	Tran	Store	Oper	06/19/18
8	9364	8915	144	10:49:41

Thank you for shopping at Our Store  
Come Again Soon



LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Robert E Wanner

Claimant Name: Robert E Wannet

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Medicine Hat Constituents

Purpose:

People coming and going

\$19.23 + GST

MEDALTA  
POTTERIES/HISTORIC CLA  
713 MEDALTA AVE SE  
MEDICINE HAT AB

CARD [REDACTED]  
CARD TYPE MASTERCARD  
DATE 2018/06/26  
TIME 2879 13:14:41  
RECEIPT NUMBER  
H85024828-001-068-023-0

PURCHASE  
TOTAL

\$19.50

CAPITAL ONE  
A0000000041010  
C538A33F4268CAC7  
0000008000-

APPROVED

AUTH# [REDACTED] 01-027  
THANK YOU

NO SIGNATURE REQUIRED

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

HISTORIC CLAY  
DISTRICT  
FRIENDS OF MEDALTA  
SOCIETY  
403-529-1070

DESCRIPTION	QTY	UNIT PRICE	TOTAL PRICE
MHMT BEEF JERKY 86016370000	1	\$7.00	\$7.00
MHMT BEEF JERKY 86016370000	1	\$7.00	\$7.00
SANPEL LIMONATA 04150880044	1	\$1.90	\$1.90 G
FENTIMAN GINGER B 5029396000314	1	\$3.33	\$3.33 G

SUBTOTAL \$19.23  
GST \$0.27  
TOTAL \$19.50  
MSTCARD \$19.50  
CHANGE DUE \$0.00

Items = 4

Receipt #: 44511  
Clerk: 116 - EMMA  
Register #: 2  
Drawer #: 1  
Date/Time: 06/26/2018 13:13:41



713 MEDALTA AVE. S.E  
T1A 3K9  
VISIT OUR WEBSITE AT  
WWW.MEDALTA.ORG  
GST# 120581467

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Robert E Wanner

Claimant Name: Robert E Wannet

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Medicine Hat Constituents

Purpose:

People coming and going

\$60.77 + GST



MEDICINE HAT #593

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

15071 K.S. COFFEE 12.79

177662 KS NUTS/MAC 23.99 G

5288 KS NUTS UNSL 23.99 G

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

VF TOTAL  
Interac

ACCT: CHARGING  
REFERENCE#: 66231679-0010015290 C  
AUTH#: 06/28/18 13:52:29  
Invoice#: 33037

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

PURCHASE - INTERAC

Interac  
A0000002771010  
8080008000 7800

00 APPROVED - THANK YOU 001  
AMOUNT:

0593 008 0000000041 0069

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

CHANGE  
TOTAL DISCOUNT(S)

TOTAL NUMBER OF ITEMS SOLD -  
CASHIER: KAREN F REG# 8  
2018/06/28 13:52 0593 08 0069 41

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 Wanner

Claimant Name: Robert Wanner

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: constituent and stakeholder meetings

Purpose:

people coming and going

\$4.00

**DOLLARAMA**

1940 Strachan Rd. SE Unit 1  
Medicine Hat AB T1B 4K4  
GST 863624433

CARAMELS  
LIFESAVERS MINT

2.00 F  
2.00 F

SUBTOTAL  
GST 5%  
TOTAL  
DEBIT

TYPE: PURCHASE

ACCT: FLASH DEFAULT

AMOUNT:

\$

Card Type: Interac

CARD NUMBER: \*\*\*\*\*  
DATE/TIME: 17/08/03 13:07:50  
REFERENCE #: 66228505 0010011050 H  
AUTHOR. #:

Interac  
A0000002771010  
8080008000

00/001 APPROVED - THANK YOU

-- IMPORTANT --

Retain This Copy For Your Records

\*\*\* CUSTOMER COPY \*\*\*

NO EXCHANGE  
NO RETURN

THANK YOU FOR SHOPPING AT DOLLARAMA

CUSTOMER COPY

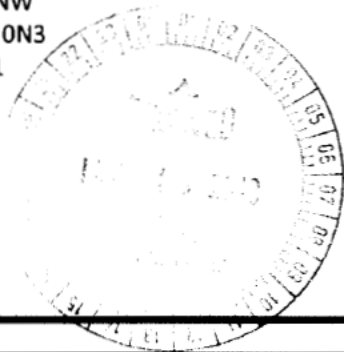
2017-08-03 13:07:56  
000583 02

5097

WWW.DOLLARAMA.COM

**Alberta's Rural Health Professions Action Plan**

Suite 2801 Telus House  
10020 - 100 Street NW  
Edmonton, AB T5J 0N3  
Tel: (780) 423-9911



**RhPAP**  
A RENEWED  
IMPACT

**Brooks, Alberta**

April 10-12, 2018


**2018  
CONFERENCE**

Stepping it

**UP****INVOICE No: AA18-003****Date: 13-Apr-2018****INVOICE TO:**

Name: Honourable Robert Wanner, MLA Medicine Hat

Email: c/o [laura.deschamps@assembly.ab.ca](mailto:laura.deschamps@assembly.ab.ca)

Item	Amount	Notes	Amount	Total
Brooks A&R conference attendance		1 April 11th conference attendance - 1 day 	\$ 150.00	\$ 150.00
Payment due upon receipt			<b>TOTAL:</b>	<b>\$ 150.00</b>

**E-Transfer Payment Option**

We are pleased to offer the E-Transfer payment option for your convenience. No cheques to worry about; no postage costs - easy as 1-2-3!

If you do your banking online then you will \*likely have access to the e-transfer option. Click the "e-transfer" button and follow the prompts on the screen. You will need the following info:

- Email: [david.rumer@rhpap.ca](mailto:david.rumer@rhpap.ca)
- Recipient Name: RhPAP
- Security Question: Enter "Invoice Number"
- Security Answer: Invoice Number (example: AA18-001)
- Invoice/Payment Amount : (total invoice value)
- Comment: Enter Invoice # Again (same as security answer)

\*\* Each financial institution's e-transfer access and procedures may differ; please contact your bank for more information on using e-transfers.

**IF PAYING BY CHEQUE, MAKE PAYABLE TO: The Alberta Rural Physician Action Plan (mail to address noted above)**