

LEGISLATIVE ASSEMBLY OF ALBERTA  
Member EDR 2018-19  
072 - Medicine Hat - Wanner, Robert  
For Expenses Processed Oct 1 - Dec 31 2018

	Budget	Used this Quarter	Used To-Date
<b>Financial Reporting - \$ (Receipts attached)</b>			
<b>Transportation</b>			
Fuel and Minor Maintenance - \$		\$2,516.29	\$3,464.74
MLA Parking Cap - \$	\$900.00	\$6.67	\$8.58
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$		\$689.06	\$974.98
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$		\$1,852.00	\$3,704.00
Member Travel (Meal Per Diems) - \$		\$287.77	\$771.43
<b>Accommodation</b>			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,790.00	\$17,370.00
Travel Accommodations Allowance			
Travel Accommodations Allowance (days; 10 max) - NF	10.0		
<b>Other</b>			
Hosting - \$			\$97.82
Event Tickets Disclosable - \$		\$125.00	\$275.00

**Non-Financial Reporting**

<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	35,000.0		
Special Trips (5 trips per year) - NF	5.0		
<b>Travel To and From the Capital</b>			
Travel by Air, Bus or Train (Unlimited Trips) - NF		0.5	0.5
Use of a Private Automobile (52 trips per year) - NF	52.0		
<b>Other Travel</b>			
Vehicle Rental (5 Days maximum anywhere in Alberta) - NF	5.0		

\$ - Reported on CAD dollar amount of actual expense

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

Budget reported is the maximum annual amount that may be claimed

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

# Element Fleet Management



BDF290001

FLEET MANAGEMENT SERVICES DETAIL  
DETAI LS SERVICES DE GESTION DE PARC

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DE

## CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

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

CLIENT NO.  
NO DU CLIENT  
NVOICE DATE 10/01/18  
DATE DE LA FACTURE  
NVOICE NO. 0007240158  
NO DE LA FACTURE

UNIT NO ----- NO. D'UNITE	DRIVER NAME DRIVER ID. ----- NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V.I.N. ----- NO. DE SERIE	CARD NO. ----- NO. DE CARTE	KM AUTHORIZE ----- KM AUTORISE	REFERENCE NO ACTIVITY DATE ----- NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION ----- NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION ----- DESCR PTION DES FRAIS	QTY ----- QTE	UNIT COST ----- COUT UNIT	EXTENDED PRICE ----- TOTAL	GST-HST PST/QST ----- TPS-TVH TVP/TVQ	TOTAL DUE ----- MONTANT TOTAL DU
	WANNER				000509280903 09/05/18	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	40.0 1.0	1.25 10.99	47.63 10.99	2.38 2.93 .55 2.93	61.55 61.55
					000507468376 08/10/18	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	37.8 1.0	1.19 7.99	42.86 7.99	2.14 .40 2.54	53.39 53.39
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	77.8		109.47	5.47	114.94
	BKDN TOTALS / TOTAUX CODIFICATION 01-72				UNITS / VEHIC 1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	77.8		109.47	5.47	
							BKDN TOTALS / TOTAUX COD FICATION					114.94

BLE871

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

FLEET MANAGEMENT SERVICES DETAIL  
DETAILS SERVICES DE GESTION DE PARC

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

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

CLIENT NO.  
NO DU CLIENT  
INVOICE DATE 11/01/18  
DATE DE LA FACTURE  
INVOICE NO. 0007247545  
NO DE LA FACTURE

UNIT NO ----- NO. D'UNITE	DRIVER NAME DRIVER ID. ----- NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V.I.N. ----- NO. DE SERIE	CARD NO. ----- NO. DE CARTE	KM AUTHORIZE ----- KM AUTORISE	REFERENCE NO ACTIVITY DATE ----- NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION ----- NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION ----- DESCRPTION DES FRAIS	QTY ----- QTE	UNIT COST ----- COUT UNIT	EXTENDED PRICE ----- TOTAL	GST-HST PST/QST ----- TPS-TVH TVP/TVQ	TOTAL DUE ----- MONTANT TOTAL DU
	WANNER				000512707256 10/05/18	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	41.9	1.24	49.52 2.48 52.00	2.48 2.48	52.00 52.00
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	41.9		49.52 2.48	2.48	52.00
	BKDN TOTALS / TOTAUX CODIFICATION 01-72		UNITS / VEHIC	1			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	41.9		49.52 2.48	2.48	52.00
							BKDN TOTALS / TOTAUX COD FICATION					52.00

# Element Fleet Management



BPDF290001

FLEET MANAGEMENT SERVICES DETAIL  
DETAILS SERVICES DE GESTION DE PARC

PAGE - 199 OF 235  
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 12/01/18  
DATE DE LA FACTURE  
INVOICE NO. 0007291286  
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			0013500	000515879113 10/23/18	IMPERIAL OIL CANMORE AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	36.3	1.24	42.86	2.14 2.14	45.00 45.00
				000514064567	10/21/18	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	35.1	1.14	38.10	1.91 1.91	40.01 40.01
				0012600	000515879112 10/18/18	IMPERIAL OIL RED DEER COUN AB	MARINE REGULAR UNLEADED GAS 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
				000513455528	10/16/18	SOBEYS INC CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	44.1	1.20	50.39	2.52 2.52	52.91 52.91
				UNIT TOTAL / TOT UNITE			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	155.2		178.97	8.95	187.92
BKDN TOTALS / TOTAUX CODIFICATION 01-72			UNITS / VEHIC		1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	155.2		178.97	8.95	
BKDN TOTALS / TOTAUX CODIFICATION												187.92

\*\*Marine fuel is vehicle fuel

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Robert Wanner

Claimant Name: Robert Wanner

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

\$57.14 + GST

TRANSACTION RECORD

ESSO  
TCFIELD ESSO  
5114 - 4E AVENUE  
TCFIELD, AB T6B 4J9

DATE: 2018-01-11 TIME: 12:20

Payment: CASH  
Station#: 0051313  
SS: REC 12/27/17  
Att: Manager

\*\* FUEL ONLY \*\*

ITEM	QTY	UNIT	PRICE	TOTAL
REG	1	(\$/L)	60.00	60.00

TOTAL CAD \$ 60.00

CREDIT CARD \$ 60.00

\* GST INCLD IN FUEL \$ 2.86

PURCHASE

WAS ERCAFC

INVOICE NO. 180115

CAPITAL ONE

AC 000004101

CC 001010

EC

01 Approved - Thank You 027

--- IMPORTANT ---

Obtain This Copy For Your Records

- Customer's Copy -

Registration ID: TBR018062117205285

You could have earned 60 Esso Extra

points. Your first reward starts at 150

points.

Pick one up in store or visit

essoextra.com

E = (null)86S1, G = GST



ARI FINANCIAL SERVICES INC.  
SERVICES FINANCIERS ARI INC.  
TEL: (905) 803-8000  
Toll Free (800) 361-5882  
FAX: (905) 803-8644  
1270 CENTRAL PARKWAY WEST  
SUITE 600  
MISSISSAUGA, ONTARIO L5C4P4

# MISC. INVOICE

G.S.T. REG: #136025582RT

G.S.T. REG: #1015619615

CLIENT CODE: [REDACTED]

DUE DATE: 04/30/18

INVOICE NO.: MFM991 ✓

INVOICE DATE: 03/27/18 ✓

PAGE 0001

UNIT	ITEM	DATE	DESCRIPTION	AMOUNT
	TMS/FRAIS OCEN 5.3	605 04/01/2018	JE- 2528661 MTHLY TMS CHRG	6.32
	GST=	SUB-TOT=		6.32
	GST=	SUB-TOT=		6.32
	GST=		VEHICLE TOTAL *****	6.32
			9999 DEPTID	✓

## MAIL TO:

GOVERNMENT OF ALBERTA  
MANUAL BILLING  
BONAVENTURE BUILDING  
12944 - 146 STREET NW  
EDMONTON AB T5L-2R78

## REMIT TO:

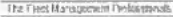
ARI FINANCIAL SERVICES T46163 ✓  
PO BOX 46163  
POSTAL STATION A  
TORONTO ON M5W1K9

CF02 (07/07)

\* DATE REPRESENTS PURCHASE DATE OR DATE PAID BY ARI / DATE REPRÉSENTANT DATE D'ACHAT OU DATE DE PAIEMENT PAR ARI

972 CANADIAN

9A



SUITE 600  
MISSISSAUGA, ONTARIO L5C4P4

Q.S.T. REG: #1015619615

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the 1990s, the number of people in the United States who are 65 years of age or older has increased by 50 percent, and the number of people 75 years of age or older has increased by 100 percent. The number of people 85 years of age or older has increased by 200 percent. The number of people 90 years of age or older has increased by 400 percent. The number of people 95 years of age or older has increased by 800 percent. The number of people 100 years of age or older has increased by 1,600 percent. The number of people 105 years of age or older has increased by 3,200 percent. The number of people 110 years of age or older has increased by 6,400 percent. The number of people 115 years of age or older has increased by 12,800 percent. The number of people 120 years of age or older has increased by 25,600 percent. The number of people 125 years of age or older has increased by 51,200 percent. The number of people 130 years of age or older has increased by 102,400 percent. The number of people 135 years of age or older has increased by 204,800 percent. The number of people 140 years of age or older has increased by 409,600 percent. The number of people 145 years of age or older has increased by 819,200 percent. The number of people 150 years of age or older has increased by 1,638,400 percent. The number of people 155 years of age or older has increased by 3,276,800 percent. The number of people 160 years of age or older has increased by 6,553,600 percent. The number of people 165 years of age or older has increased by 13,107,200 percent. The number of people 170 years of age or older has increased by 26,214,400 percent. The number of people 175 years of age or older has increased by 52,428,800 percent. The number of people 180 years of age or older has increased by 104,857,600 percent. The number of people 185 years of age or older has increased by 209,715,200 percent. The number of people 190 years of age or older has increased by 419,430,400 percent. The number of people 195 years of age or older has increased by 838,860,800 percent. The number of people 200 years of age or older has increased by 1,677,721,600 percent. The number of people 205 years of age or older has increased by 3,355,443,200 percent. The number of people 210 years of age or older has increased by 6,710,886,400 percent. The number of people 215 years of age or older has increased by 13,421,772,800 percent. The number of people 220 years of age or older has increased by 26,843,545,600 percent. The number of people 225 years of age or older has increased by 53,687,091,200 percent. The number of people 230 years of age or older has increased by 107,374,182,400 percent. The number of people 235 years of age or older has increased by 214,748,364,800 percent. The number of people 240 years of age or older has increased by 429,496,729,600 percent. The number of people 245 years of age or older has increased by 858,993,459,200 percent. The number of people 250 years of age or older has increased by 1,717,986,918,400 percent. The number of people 255 years of age or older has increased by 3,435,973,836,800 percent. The number of people 260 years of age or older has increased by 6,871,947,673,600 percent. The number of people 265 years of age or older has increased by 13,743,895,347,200 percent. The number of people 270 years of age or older has increased by 27,487,790,694,400 percent. The number of people 275 years of age or older has increased by 54,975,581,388,800 percent. The number of people 280 years of age or older has increased by 109,951,162,777,600 percent. The number of people 285 years of age or older has increased by 219,902,325,555,200 percent. The number of people 290 years of age or older has increased by 439,804,651,110,400 percent. The number of people 295 years of age or older has increased by 879,609,302,220,800 percent. The number of people 300 years of age or older has increased by 1,759,218,604,441,600 percent. The number of people 305 years of age or older has increased by 3,518,437,208,883,200 percent. The number of people 310 years of age or older has increased by 7,036,874,417,766,400 percent. The number of people 315 years of age or older has increased by 14,073,748,835,532,800 percent. The number of people 320 years of age or older has increased by 28,147,497,671,065,600 percent. The number of people 325 years of age or older has increased by 56,294,995,342,131,200 percent. The number of people 330 years of age or older has increased by 112,589,990,684,262,400 percent. The number of people 335 years of age or older has increased by 225,179,981,368,524,800 percent. The number of people 340 years of age or older has increased by 450,359,962,737,049,600 percent. The number of people 345 years of age or older has increased by 900,719,925,474,099,200 percent. The number of people 350 years of age or older has increased by 1,801,439,850,948,198,400 percent. The number of people 355 years of age or older has increased by 3,602,879,701,896,396,800 percent. The number of people 360 years of age or older has increased by 7,205,759,403,792,793,600 percent. The number of people 365 years of age or older has increased by 14,411,518,807,585,587,200 percent. The number of people 370 years of age or older has increased by 28,823,037,615,171,174,400 percent. The number of people 375 years of age or older has increased by 57,646,075,230,342,348,800 percent. The number of people 380 years of age or older has increased by 115,292,150,460,684,697,600 percent. The number of people 385 years of age or older has increased by 230,584,300,921,369,395,200 percent. The number of people 390 years of age or older has increased by 461,168,601,842,738,790,400 percent. The number of people 395 years of age or older has increased by 922,337,203,685,477,580,800 percent. The number of people 400 years of age or older has increased by 1,844,674,407,370,955,161,600 percent. The number of people 405 years of age or older has increased by 3,689,348,814,741,910,323,200 percent. The number of people 410 years of age or older has increased by 7,378,697,629,483,820,646,400 percent. The number of people 415 years of age or older has increased by 14,757,395,258,967,641,292,800 percent. The number of people 420 years of age or older has increased by 29,514,790,517,935,282,585,600 percent. The number of people 425 years of age or older has increased by 59,029,581,035,870,565,171,200 percent. The number of people 430 years of age or older has increased by 118,059,162,071,741,130,342,400 percent. The number of people 435 years of age or older has increased by 236,118,324,143,482,260,684,800 percent. The number of people 440 years of age or older has increased by 472,236,648,286,964,521,369,600 percent. The number of people 445 years of age or older has increased by 944,473,296,573,929,042,739,200 percent. The number of people 450 years of age or older has increased by 1,888,946,593,147,858,085,478,400 percent. The number of people 455 years of age or older has increased by 3,777,893,186,295,716,170,956,800 percent. The number of people 460 years of age or older has increased by 7,555,786,372,591,432,341,913,600 percent. The number of people 465 years of age or older has increased by 15,111,572,745,182,864,683,827,200 percent. The number of people 470 years of age or older has increased by 30,223,145,490,365,729,367,654,400 percent. The number of people 475 years of age or older has increased by 60,446,290,980,731,458,735,308,800 percent. The number of people 480 years of age or older has increased by 120,892,581,961,462,917,470,617,600 percent. The number of people 485 years of age or older has increased by 241,785,163,922,925,834,941,235,200 percent. The number of people 490 years of age or older has increased by 483,570,327,845,851,669,882,470,400 percent. The number of people 495 years of age or older has increased by 967,140,655,691,703,339,764,940,800 percent. The number of people 500 years of age or older has increased by 1,934,281,311,383,406,679,529,881,600 percent. The number of people 505 years of age or older has increased by 3,868,562,622,766,813,359,059,763,200 percent. The number of people 510 years of age or older has increased by 7,737,125,245,533,626,718,119,526,400 percent. The number of people 515 years of age or older has increased by 15,474,250,491,067,253,436,239,052,800 percent. The number of people 520 years of age or older has increased by 30,948,500,982,134,506,872,478,105,600 percent. The number of people 525 years of age or older has increased by 61,897,001,964,269,013,744,956,211,200 percent. The number of people 530 years of age or older has increased by 123,794,003,928,538,027,489,912,422,400 percent. The number of people 535 years of age or older has increased by 247,588,007,857,076,054,979,824,844,800 percent. The number of people 540 years of age or older has increased by 495,176,015,714,152,109,959,649,689,600 percent. The number of people 545 years of age or older has increased by 990,352,031,428,304,219,919,299,379,200 percent. The number of people 550 years of age or older has increased by 1,980,704,062,856,608,439,838,598,758,400 percent. The number of people 555 years of age or older has increased by 3,961,408,125,713,216,879,677,197,516,800 percent. The number of people 560 years of age or older has increased by 7,922,816,251,426,433,759,354,395,033,600 percent. The number of people 565 years of age or older has increased by 15,845,632,502,852,867,518,708,790,067,200 percent. The number of people 570

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ARI FINANCIAL SERVICES INC.  
SERVICES FINANCIERS ARI INC.  
TEL: (905) 803-8000  
Toll Free (800) 381-5882  
FAX: (905) 803-8844  
1270 CENTRAL PARKWAY WEST  
SUITE 600  
MISSISSAUGA, ONTARIO L5C4P4

# MISC. INVOICE

G.S.T. REG: #136025582RT

Q.S.T. REG: #1015619615

CLIENT CODE: [REDACTED]  
DUE DATE: 06/30/18

INVOICE NO.: KFQC71 ✓  
INVOICE DATE: 05/26/18 ✓

PAGE 0001

UNIT	ITEM	DATE	DESCRIPTION	AMOUNT
[REDACTED]				
	TMS/FRAIS OCPN 5.3	605	JE- 2557632 MTHLY TMS CHRG	6.32
	GST=	SUB-TOT=		6.32
	GST=	SUB-TOT=		6.32
	GST=		VEHICLE TOTAL *****	6.32
			9999 DEPTID	
[REDACTED]				

## MAIL TO:

GOVERNMENT OF ALBERTA  
MANUAL BILLING  
BONAVENTURE BUILDING  
12944 - 146 STREET NW  
EDMONTON AB T5L-2H78

## REMIT TO:

ARI FINANCIAL SERVICES T46163  
PO BOX 46163  
POSTAL STATION 1  
TORONTO ON M5W1V2

CF02 (07/07)

\* DATE REPRESENTS PURCHASE DATE / DATE REPRÉSENTANT DATE D'ACHAT  
DATE OR DATE PAID BY ARI / OU DATE DE PAIEMENT PAR ARI

972 CANADIAN

9A



G.S.T. REG: #136025582RT

INVOICE NO.: MFRD6P ✓  
INVOICE DATE: 06/26/18 ✓

PAGE 0001

MAIL TO:

GOVERNMENT OF ALBERTA  
MANUAL BILLING  
BONAVENTURE BUILDING  
12944 - 146 STREET NW  
EDMONTON AB T5L-2H78

REMIT TO:

ARI FINANCIAL SERVICES T46163 ✓  
PO BOX 46163  
POSTAL STATION A  
TORONTO ON M5T 1A9

\* DATE REPRESENTS PURCHASE DATE OR DATE PAID BY ARI / DATE REPRÉSENTANT DATE D'ACHAT OU DATE DE PAIEMENT PAR ARI

972 CANADIAN

9A



G.S.T. REG: #136025582RT

INVOICE NO.: MFTD85  
INVOICE DATE: 07/27/18

UNIT	ITEM	DATE	DESCRIPTION	AMOUNT
	TNS/FRAS OCPN 5.3	08/01/2018	JE- 2503701 MTHLY TNS CHRG	6.32
	GST=	SUB-TOT=		6.32
			SUB-TOTAL	6.32
	UNIBAN CANADA INC	VENDOR: 039543	QTY: 001.00 WINDSHIELD	PART 596.10
	INVOICE: 11120209	037 06/15/2018	QTY: 001.00 WINDSHIELD	LABOR 135.00
	EVENT: 72646987	037 06/15/2018		SUB-TOTAL 731.10
	P.O.: 00072529626	ODON: 5.689		
	GST=	SUB-TOT=		731.10
	GST=	SUB-TOT=		737.42
			VEHICLE TOTAL *****	737.42
			9999	DEPTID

GOVERNMENT OF ALBERTA  
MANUAL BILLING  
BONAVENTURE BUILDING  
12944 - 146 STREET NW  
EDMONTON AB T5L-2H78

ARI FINANCIAL SERVICES T46163  
PO BOX 46163  
POSTAL STATION A  
TORONTO ON M5E 1K3

' DATE REPRESENTS PURCHASE DATE OR DATE PAID BY ARI / DATE REPRÉSENTANT DATE D'ACHAT OU DATE DE PAIEMENT PAR ARI

9A



G.S.T. REG: #136025582RT

INVOICE NO.: MFVFTV  
INVOICE DATE: 08/27/18

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MAIL TO:

GOVERNMENT OF ALBERTA  
MANUAL BILLING  
BONAVENTURE BUILDING  
12944 - 146 STREET NW  
EDMONTON AB T5L-2H78

REMIT TO:

ARI FINANCIAL SERVICES T46163  
PO BOX 45163  
POSTAL STATION A  
TORONTO ON M5E1K9

\* DATE REPRESENTS PURCHASE DATE OR DATE PAID BY ARI / DATE REPRÉSENTANT DATE D'ACHAT OU DATE DE PAIEMENT PAR ARI

972 CANADIAN

9A

Rent To: ARI FINANCIAL SERVICES T49183  
PO BOX 44143  
POSTAL STATION A  
TORONTO ON M5W4G6

Mail To: MANUAL BILLING  
BONAVENTURE BUILDING  
12944 - 146 STREET NW  
EDMONTON AB T6L2H7

Lessee Code: [REDACTED]  
Invoice #: 071477000  
Invoice Date: 07/05/2018  
Due Date: 10/01/2018

Lesson Code	Vehicle #	Invoice #	Yr Month	Account Description	CL Code	Reference Date	Description	Total	Business Unit	Fund	Dept ID	Program Code	Project Code	Invoice Ref #	Vendor Name
			07/18	100	101000	10/12/18	JC 2018000 WHITELY TMS CRNG	8.51		01	2000	00000	Normal	071477000	ARI
							Vehicle Total:	8.51							
							Invoice Total:								

Remit To: ARI FINANCIAL SERVICES T48183  
PO BOX 48183  
POSTAL STATION A  
TORONTO ON M5W4K9

Mail To: MANUAL BILLING  
BONAVENTURE BUILDING  
12944 - 146 STREET NW  
EDMONTON AB T5L2H7

Lessee Code  
Invoice # MFXDV8  
Invoice Date 10/28/2018  
Due Date 11/30/2018

Invoice #	Yr Month	Account Description	GL Code	Reference Date	Description	Total	Business Unit
	201811	TMS	541030	11/1/2018	JE- 2627769 MTHLY TMS CHRG	6.32	
					Vehicle Total:	6.32	
MFXDV8					Invoice Total:		

Remit To: ARI FINANCIAL SERVICES T40163  
PO BOX 46163  
POSTAL STATION A  
TORONTO ON M5W4K9

Mail To: MANUAL BILLING  
BONAVENTURE BUILDING  
12044 - 148 STREET NW  
EDMONTON AB T5L2H7

Lessee Code [REDACTED]  
Invoice # MFYFP5  
Invoice Date 11/27/2018  
Due Date 12/31/2018

Lessee Code	Vehicle #	Invoice #	Yr Month	Account Description	GL Code	Reference Date	Description	Total	Business Unit	Invoice Ref #	Vendor Name
[REDACTED]	[REDACTED]	[REDACTED]	201812	GASOLINE	553380	10/25/2018	QTY: 34.000 VENDOR: PETRO CA PROV:AB CC#: 78253303049	31.15	[REDACTED]	00817986	PETRO CA

Fuel = \$31.15 plus GST

Remit To: ARI FINANCIAL SERVICES T46183  
PO BOX 48183  
POSTAL STATION A  
TORONTO ON M5W4K6

Mail To: MANUAL BILLING  
BONAVENTURE BUILDING  
12044 - 146 STREET NW  
EDMONTON AB T6L2H7

Lessee Code  
Invoice # MFYFP5  
Invoice Date 11/27/2018  
Due Date 12/31/2018

Lessee Code	Vehicle #	Invoice #	Yr Month	Account Description	GL Code	Reference Date	Description	Total	Business Unit	Invoice Ref #	Vendor Name
			201812	WASH POLISH & MISC	541030	10/25/2018	QTY: .000 VENDOR: BUBBLES PROV:AB CCA: 78253303049	53.00		1005411	BUBBLES
			201812	OIL & LUBRICATION	541030	10/29/2018	QTY: 001.00 LOF (OIL & FILTER ONLY) PM	98.00		1470053	TOYO TIRE CANAD
			201812	RECYCLING FEE	541030	10/29/2018	QTY: 004.00 ALBERTA DISPOSAL SURCHARGE	18.00		1470053	TOYO TIRE CANAD
			201812	SNOW TIRES	541030	10/29/2018	QTY: 004.00 TIRE, MUD AND SNOW PART	793.00		1470053	TOYO TIRE CANAD
			201812	TIRE BALANCE AND ROTATE	541030	10/29/2018	QTY: 001.00 TIRE MOUNT & DISMOUNT	180.00		1470053	TOYO TIRE CANAD
			201812	TIRES REPAIRS & ASSO EXPENSE	541030	10/29/2018	QTY: 001.00 TIRE STORAGE	120.00		1470053	TOYO TIRE CANAD
			201812	TMS	541030	12/1/2018	JE: 2642029 MTHLY TMS CHRG	6.32		094394049	ARI
							Vehicle Total:				
							Invoice Total:				
		MFYFP5									

Minor Maintenance = \$1267.88



# 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**

Date  
**October 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 October 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 October 16, 2018

Total Credit Limit \$ Available Credit Limit \$

Listing of Charges and Credits

Amount \$

October 2 Payment Received Thank You

## New Transactions for ROBERT E. WANNER

Amount \$

September 24	AHS MHRH PARKING LOT EDMONTON GOVERNMENT SERVICES	Parking = \$6.67 + GST	7.00
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† 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

000122



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

Membership Number

Amount Due \$	Amount Paid \$

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  
**October 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 October 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 October 16, 2018

Total Credit Limit \$

Available Credit Limit \$

Listing of Charges and Credits

Amount \$

October 2 Payment Received Thank You

## New Transactions for ROBERT E. WANNER

Amount \$

September 28	CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES	65.00
October 3	GREATER EDMONTON TAX EDMONTON TAXICABS AND LIMOUSINES	70.00
October 10	CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES	65.00
October 11	CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES	65.00

Taxi/Bus = \$252.38 + 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**

Membership Number

Amount Due \$

Amount Paid \$

000122



**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

Date: October 16, 2018

Page 2 of 3

## New Transactions for ROBERT E. WANNER Continued

Amount \$

October 15	AIRPORT TAXI SERVICE EDMONTON TAXICABS AND LIMOUSINES	65.00
October 15	CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES	58.00

## Total New Transactions for ROBERT E. WANNER

Taxi/Bus = \$117.14 + GST



# The American Express® Corporate Card Statement of Account

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Corporate Service Centre  
PO Box 7000 Station B  
Willowdale (Ontario) M2K 2R6

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

Membership Number [REDACTED] Date  
**November 16, 2018**

Page 1 of 2

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

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
------------	------------	------------	------------

Statement includes payments and charges received by November 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 November 16, 2018

Total Credit Limit \$ [REDACTED] Available Credit Limit \$ [REDACTED]

Listing of Charges and Credits

Amount \$

November 9	Payment Received Thank You	[REDACTED]
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Amount \$

## New Transactions for ROBERT E. WANNER

November 8	CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES	61.80
November 9	DELUXE CENTRAL TAXI MEDICINE HAT Goods or Services	20.70
November 13	GREATER EDMONTON TAX EDMONTON TAXICABS AND LIMOUSINES	65.00
November 14	CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES	58.00

**Total New Transactions for ROBERT E. WANNER** [REDACTED]

Taxi/Bus = \$195.72 + 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





# 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  
**December 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 December 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 December 16, 2018

Total Credit Limit \$

Available Credit Limit \$

Listing of Charges and Credits

Amount \$

November 29 Payment Received Thank You

## New Transactions for ROBERT E. WANNER

Amount \$

November 20 AIRPORT TAXI SERVICE EDMONTON  
TAXICABS AND LIMOUSINES

65.00

December 11 AIRPORT TAXI SERVICE EDMONTON  
TAXICABS AND LIMOUSINES

65.00

Total New Transactions for ROBERT E. WANNER

130.00

Taxi, Bus Travel \$123.81 + 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

000128

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: 288LA016948  
Invoice Date: August/01/2018  
Customer No: [REDACTED]  
Payment Terms: 30 Days  
Period Covered: -  
Due Date: August/31/2018

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

AMOUNT DUE: [REDACTED] CAD

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
288LA016948	August/01/2018	[REDACTED]	30 Days	-	August/31/2018

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

Subtotal:

Total (GST):

AMOUNT DUE:

First Name	Last Name	Transaction Type	Transaction Date	Vendor Account	Description	Total
Robert	Wanner	Internal Rental	7/26/2018	Service Alberta	General Services	\$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: 288LA016983  
Invoice Date: October/01/2018  
Customer No: [REDACTED]  
Payment Terms: 30 Days  
Period Covered: -  
Due Date: October/31/2018

**Bill To:**

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

**AMOUNT DUE:** [REDACTED] CAD

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
288LA016983	October/01/2018	[REDACTED]	30 Days	-	October/31/2018

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:**

First Name	Last Name	Transaction Type	Transaction Date	Vendor Account	Description	Total
Robert	Wanner	Internal Rental	9/26/2018	Service Alberta	General Services	\$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: 288LA017018  
Invoice Date: November/01/2018  
Customer No: [REDACTED]  
Payment Terms: 30 Days  
Period Covered: -  
Due Date: December/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
288LA017018	November/01/2018	[REDACTED]	30 Days	-	December/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:**

Total (GST):

**AMOUNT DUE:**

First Name	Last Name	Transaction Type	Transaction Date	Vendor	Account Description	Total
ROBERT	WANNER	INTERNAL RENTAL	10/26/2018	SERVICE ALBERTA	General Services	\$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: 288LA017039  
Invoice Date: December/01/2018  
Customer No: [REDACTED]  
Payment Terms: 30 Days  
Period Covered: -  
Due Date: December/31/2018

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

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	

Subtotal:

Total (GST):

AMOUNT DUE:

First Name	Last Name	Transaction Type	Transaction Date	Vendor	Account Description	Total
Robert	Wanner	Internal Rental	11/26/2018	Service Alberta	General Services	\$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:** September

**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	Travel to/from Capital	drive MH 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	Travel to/from Capital	fly 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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28	Travel to/from Capital	fly MH to Edmonton via Calgary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.76	0.44	9.20
29			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$48.29	\$2.41	\$50.70

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

  
Member Signature

  
Date



# Members' Travel Expenses Per-Diems Claim Form

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

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

**Member Name:** Wanner, Robert

**Constituency:** Medicine Hat

**For the Month of:** October

**Year:** 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 Edmonton to MH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
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	Travel to/from Capital	Fly from MH to Edmonton via Calgary	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
11	Travel to/from Capital	Fly from Edmonton to MH via Calgary	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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 from Edmonton to Calgary	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
16	60 km from Perm. Res.	Drive from Calgary 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			<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"/>			
<b>Grand Total</b>						<b>\$109.86</b>	<b>\$5.49</b>	<b>\$115.35</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.

Member Signature

Date Nov 8/2018



# 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: November

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	Travel to/from Capital	fly YEG to MH via YYC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12	Travel to/from Capital	fly MH to YEG via YYC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14	Travel to/from Capital	fly YEG to MH via YYC	<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	Travel to/from Capital	fly MH to YEG via YYC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22	Travel to/from Capital	fly YEG to MH via YYC	<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	Travel to/from Capital	drive MH to YEG	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27			<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						\$129.62	\$6.48	\$136.10

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

Dec 11, 2018  
Date



# 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.

October 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.

November 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.

December 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  
**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: Medicine Hat Constituents

**Purpose:**

constituency event ticket - Medalta Black and White Gala

\$125.00 + GST

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

DESCRIPTION	QTY	UNIT PRICE	TOTAL PRICE
INVOICE PAYMENT 41900100011 BOB WANNER BLACK AND WHITE 2018-388	1		

SUBTOTAL  
TOTAL  
MSTCARD  
CHANGE DUE

Items = 1

Receipt #: 48330  
Clerk: 012 - DEBBIE  
Register #: 2  
Drawer #: 1  
Date/Time: 09/13/2018 15:27:54



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