

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2018-19
072 - Medicine Hat - Wanner, Robert
For Expenses Processed Jan. 1 - Mar 31, 2019

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$1,224.66	\$4,689.40
MLA Parking Cap - \$	\$900.00		\$8.58
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$		\$409.28	\$1,384.26
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$		\$1,852.00	\$5,556.00
Member Travel (Meal Per Diems) - \$		\$400.10	\$1,171.53
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,042.90	\$22,412.90
Travel Accommodations Allowance		\$170.01	\$170.01
Travel Accommodations Allowance (days; 10 max) - NF	10.0	1.0	1.0
Other			
Hosting - \$		\$2,079.06	\$2,176.88
Event Tickets Disclosable - \$			\$275.00

Non-Financial Reporting

Use of Private Automobile (43.5 cents per km)			
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		
Travel To and From the Capital			
Travel by Air, Bus or Train (Unlimited Trips) - NF		1.0	1.5
Use of a Private Automobile (52 trips per year) - NF	52.0		
Other Travel			
Vehicle Rental (5 Days maximum anywhere in Alberta) - NF	5.0		

\$ - Reported on CAD dollar amount of actual expense

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

Budget reported is the maximum annual amount that may be claimed

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

Element Fleet Management



BFD290001

FLEET MANAGEMENT SERVICES DETAIL
DETAI LS SERVICES DE GESTION DE PARC

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

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

CLIENT NO.
NO DU CLIENT
NVOICE DATE 01/01/19
DATE DE LA FACTURE
NVOICE NO. 0007336223
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 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				000518492432 12/09/18	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	35.3 1.0	.99 8.99	33.34 8.99	1.67 .45 2.12 2.12	 44.45 44.45
		0013000	000518434782	IMPERIAL OIL CROSSF ELD	11/25/18	AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	31.8	1.10	33.33	1.67 1.67	 35.00 35.00
		000517220955	FEDERATED COOPERATIVES LIMITED 11/24/18	MEDICINE HAT	AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	15.0	1.08	15.49	.77 .77	 16.26 16.26	
		000516741675	FEDERATED COOPERATIVES LIMITED 11/17/18	MEDICINE HAT	AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	26.5	1.13	28.58	1.43 1.43	 30.01 30.01	
	UNIT TOTAL / TOT UNITE						FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	108.6		119.73	5.99	125.72
BKDN TOTALS / TOTAUX CODIFICATION 01-72			UNITS / VEHIC	1			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	108.6		119.73	5.99	
							BKDN TOTALS / TOTAUX COD FICATION					125.72

Element Fleet Management



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FLEET MANAGEMENT SERVICES DETAIL
DETAI LS SERVICES DE GESTION DE PARC

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SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
DIV-72-R WANNER
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CLIENT NO.
NO DU CLIENT
NVOICE DATE 02/01/19
DATE DE LA FACTURE
NVOICE NO. 0007379415
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				000520884367 SHELLCAN 01/13/19		FUELCHARGE / FR CARBURANT GST-HST / TPS-TVH	52.0		47.62	2.38	50.00
							REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL				2.38	50.00
					000520884370 SHELLCAN 01/13/19		FUELCHARGE / FR CARBURANT GST-HST / TPS-TVH	52.0		47.62	2.38	50.00
							REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL				2.38	50.00
					000520884379 SHELLCAN 01/13/19		FUELCHARGE / FR CARBURANT GST-HST / TPS-TVH	42.0		37.91	1.90	39.81
							REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL				1.90	39.81
					000519703334 FEDERATED COOPERATIVES LIMITED 12/21/18 MEDICINE HAT AB		UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	38.4	1.02	37.33	1.87	39.20
					0016800 000520645208 IMPERIAL OIL 12/09/18 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	39.0	1.09	40.48	2.02	42.50
							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	77.4		115.72	5.79	121.51
					BKDN TOTALS / TOTAUX CODIFICATION 01-72	UNITS / VEHIC 1	FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	77.4		115.72	5.79	
							BKDN TOTALS / TOTAUX COD FICATION					121.51

Marine fuel is actually vehicle fuel

BLE871

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

Element Fleet Management



BDFD290001

FLEET MANAGEMENT SERVICES DETAIL
DETAI LS SERVICES DE GESTION DE PARC

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SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
DIV-72-R WANNER
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CLIENT NO.
NO DU CLIENT
NVOICE DATE 03/01/19
DATE DE LA FACTURE
NVOICE NO. 0007423305
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			0022000	000523498486 02/11/19	SHELL CANADA INC CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	64.6	.93	57.14	2.86 2.86	60.00 60.00
				000523498503	02/11/19	SHELL CANADA INC CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	32.9-	.93	29.14-	1.46- 1.46-	30.60- 30.60-
				000524038177	02/09/19	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	47.5 2.0	.99 1.59	44.76 3.18	2.24 .16 2.40	50.34 50.34
				0020661 PM24924	120016421139 02/08/19	PARKCITY TOYOTA MEDICINE HAT AB	ENG NE BLOCK HEATER/INOPERATI GST-HST / TPS-TVH LABOR - ENG NE BLOCK HEATER/I REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	1.0 1.0	100.00 350.00	100.00 350.00	22.50 22.50	472.50 472.50
				000523229810	02/02/19	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	16.1	.99	15.24	.76 .76	16.00 16.00
				0019800	000523888846 01/24/19	IMPERIAL OIL STRATHMORE AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	45.5	.99	43.10	2.15 2.15	45.25 45.25
				000522034782	01/17/19	FEDERATED COOPERATIVES LIMITED MEDICINE HAT AB	MISCELLANEOUS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	3.0	2.66	7.99	.40 .40	8.39 8.39
				000522035239	01/17/19	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	44.1	.93	39.05	1.95 1.95	41.00 41.00

BLE871

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

Element Fleet Management



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FLEET MANAGEMENT SERVICES DETAIL
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CLIENT NO.
NO DU CLIENT
NVOICE DATE 03/01/19
DATE DE LA FACTURE
NVOICE NO. 0007423305
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			0018560	000523888845 01/17/19	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	33.4	.99	31.49	1.57 1.57	33.06 33.06
				000521469286	01/12/19	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	30.2	.96	27.62	1.38 1.38	29.00 29.00
				0078600	000523888844 01/04/19	IMPERIAL OIL STRATHMORE AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	36.1	.97	33.33	1.67 1.67	35.00 35.00
UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	284.6		723.76	36.18	759.94
BKDN TOTALS / TOTALX CODIFICATION 01-72							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	284.6		723.76	36.18	
							BKDN TOTALS / TOTALX COD FICATION					759.94

**** Marine fuel is actually vehicle fuel****

BLE871

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

Element Fleet Management



BDFD290001

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

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SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
DIV-72-R WANNER
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CLIENT NO. [REDACTED]
NO DU CLIENT [REDACTED]
INVOICE DATE 04/01/19
DATE DE LA FACTURE
INVOICE NO. 0007468371
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				000526692002 03/15/19	SHELL CANADA INC EDMONTON AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	7.6-	1.18	8.57- .43- .43- 9.00- 9.00-		
					0023700 000526691995 03/14/19	SHELL CANADA INC EDMONTON AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	42.4	1.18	47.62 2.38 2.38 50.00 50.00		
					0023400 000525904703 03/10/19	SHELL CANADA INC STRATHMORE AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	40.2	1.12	42.86 2.14 2.14 45.00 45.00		
					000525904712 03/10/19	SHELL CANADA INC STRATHMORE AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	8.5-	1.13	9.11- .46- .46- 9.57- 9.57-		
					000526502508 03/07/19	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	43.7	1.03	42.86 2.14 2.14 45.00 45.00		
					000525186409 02/27/19	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	34.1	1.03	33.48 1.67 1.67 35.15 35.15		
					000525171097 02/22/19	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	25.2 1.0	.99 10.99	23.81 10.99 .55 1.74 36.54 36.54	1.19	
					000524610784 02/16/19	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	24.2 1.0	.99 1.59	22.86 1.59 .08 1.22 25.67 25.67	1.14	

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 NO.
NO DU CLIENT
INVOICE DATE 04/01/19
DATE DE LA FACTURE
INVOICE NO. 0007468371
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			0021500	000526444273 02/16/19	IMPERIAL OIL STRATHMORE AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	38.4	1.04	38.10 1.90 1.90 40.00 40.00		
UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	232.1		246.49 12.30		258.79
BKDN TOTALS / TOTAUX CODIFICATION 01-72							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	232.1		246.49 12.30		
BKDN TOTALS / TOTAUX CODIFICATION												258.79

Remit To ARI F NANCIAL SERVICES T4616
PO BOX 46163
POSTAL STATION A
TORONTO ON M5W4K9

Mail To MANUAL BILLING
BONAVENTURE BU LD NG
12944 - 146 STREET NW
EDMONTON AB T5L2H7

Lessee Code [REDACTED]
Invoice # MFZF4Q
Invoice Date 12/26/2018
Due Date 1/31/2019

Lessee Code	Vehicle #	Invoice #	Yr Month	Account Description	GL Code	Reference Date	Description	Total	Invoice Ref #	Vendor Name
[REDACTED]	[REDACTED]	MFZF4Q								
			201901	TMS	541030	1/1/2019	JE- 2655989 MTHLY TMS CHRG	6.32	1003250430	ARI
							Vehicle Total	6.32		
		MFZF4Q					Invoice Total	[REDACTED]		

Remit To ARI F NANCIAL SERVICES T46163
PO BOX 46163
POSTAL STATION A
TORONTO ON M5W4K9

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

Lessee Code [REDACTED]
Invoice # MF1FJR
Invoice Date 1/26/2019
Due Date 2/28/2019

Invoice #	Yr Month	Account Description	GL Code	Reference Date	Description	Total	Invoice Ref #	Vendor Name
[REDACTED]								
	201902	TMS	541030	2/1/2019	JE- 2670796 MTHLY TMS CHRG	6.32	1011733640	ARI
					Vehicle Total	6.32		
MF1FJR					Invoice Total	[REDACTED]		

Remit To: ARI FINANCIAL SERVICES T46163
PO BOX 46163
POSTAL STATION A
TORONTO ON M5W4K9

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

Lessee Code [REDACTED]
Invoice # MF2DKR
Invoice Date 2/26/2019
Due Date 3/31/2019

Vehicle #	Invoice #	Yr Month	Account Description	GL Code	Reference Date	Description	Total	Business Unit	Invoice Ref #	Vendor Name
		201903	TMS	541030	3/1/2019	JE- 2685444 MTHLY TMS CHRG	6.32		1021086749	ARI
						Vehicle Total:	6.32			
	MF2DKR					Invoice Total:				



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
February 16, 2019

ALL RECEIPTS &
APPROVE FOR PAYMENT

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Previous Balance	Payments and Credits	New Charges including Delinquency Assessment, if any	New Balance \$
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[Redacted balance information]

Statement includes payments and charges received by February 16, 2019

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.

DATE _____

SIGNATURE _____
RETURN TO 4th Floor, 9820 - 107 street

Credit Limit Summary
On February 16, 2019

Total Credit Limit \$

Available Credit Limit \$

New Transactions for ROBERT E. WANNER

Amount \$

January 28	GREATER EDMONTON TAXI EDMONTON TAXICABS AND LIMOUSINES	65.00
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January 28	CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES	17.60
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January 31	CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES	58.00
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February 4	AIRPORT TAXI SERVICE EDMONTON TAXICABS AND LIMOUSINES	65.00
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Taxi, Bus Travel \$195.81 + GST

1 Please detach here 1

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

000126



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: February 16, 2019

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New Transactions for ROBERT E. WANNER Continued

Amount \$

February 6	DELUXE CENTRAL TAXI MEDICINE HAT Goods or Services	19.70
February 6	CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES	58.00
Total New Transactions for ROBERT E. WANNER		

Taxi, Bus Travel \$74.00 + GST



The American Express® Corporate Card Statement of Account

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

Prepared For
ROBERT E. WANNER
LEGIS ASSEMBLY OF AB

Membership Number

Date
March 18, 2019



Page 1 of 2

Previous Balance	Payments and Credits	New Charges including Delinquency Assessment, if any	New Balance \$
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Statement includes payments and charges received by March 18, 2019

Please see "About Your Statement" section for important information.

Please pay your balance in full upon receipt of statement. Thank you for your ongoing membership.

Credit Limit Summary On March 18, 2019

Total Credit Limit \$

Available Credit Limit \$

Listing of Charges and Credits

Amount \$

March 11	Payment Received Thank You	
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New Transactions for ROBERT E. WANNER

Amount \$

March 3	AIRPORT TAXI SERVICE EDMONTON TAXICABS AND LIMOUSINES	65.00
March 4	CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES	11.64
March 4	CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES	11.80
March 5	CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES	58.00
Total New Transactions for ROBERT E. WANNER		146.44

Taxi, Bus Travel \$139.47 + 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 U.S. 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

000129

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



Government of Alberta

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

INVOICE

Page: 1 of 1
Invoice: 288LA017057
Invoice Date: January/01/2019
Customer No: [REDACTED]
Payment Terms: 30 Days
Period Covered: -
Due Date: January/31/2019

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
288LA017057	January/01/2019	[REDACTED]	30 Days	-	January/31/2019

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:

Billing Month	Journal ID	GoA Billing Date	Ministry Code	Vehicle Number	First Name	Last Name	Transaction Type	Transaction Date	Vendor	Total Amount
201812	FM267352	4/10/2018	LEG1	[REDACTED]	ROBERT	WANNER	INTERNAL RENTAL	12/26/2018	SERVICE ALBERTA	\$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: 288LA017096
Invoice Date: February/01/2019
Customer No: [REDACTED]
Payment Terms: 30 Days
Period Covered: -
Due Date: March/03/2019

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
288LA017096	February/01/2019	[REDACTED]	30 Days	-	March/03/2019

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	Total
Robert	Wanner	Internal Rental	1/26/2019	Service Alberta	\$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: 288LA017105
Invoice Date: March/01/2019
Customer No: [REDACTED]
Payment Terms: 30 Days
Period Covered: -
Due Date: March/31/2019

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
288LA017105	March/01/2019	[REDACTED]	30 Days	-	March/31/2019

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	02/26/19	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: 288LA017127
Invoice Date: March/21/2019
Customer No: [REDACTED]
Payment Terms: 30 Days
Period Covered: -
Due Date: April/20/2019

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
288LA017127	March/21/2019	[REDACTED]	30 Days	-	April/20/2019

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: \$463.00 [REDACTED]



Members' Travel Expenses Per-Diems Claim Form

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

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

Member Name: Wanner, Robert

Constituency: Medicine Hat

For the Month of: December

Year: 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	Travel to/from Capital	drive Edmonton to MH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11	Travel to/from Capital	fly MH to Edmonton via Calgary	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
12	Travel to/from Capital	fly Edmonton to MH via Calgary	<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			<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"/>			
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19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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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						\$41.86	\$2.09	\$43.95

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

R. E. Wanner

Date

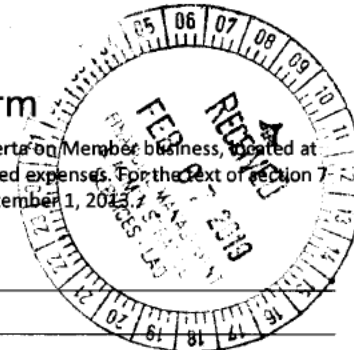
Jan 12, 2019



Members' Travel Expenses Per-Diems Claim Form

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

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



Member Name: Wanner, Robert

Constituency: Medicine Hat

For the Month of: January

Year: 2019

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	60 km from Perm. Res.	Drive MH to Calgary	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
4	60 km from Perm. Res.	Drive Calgary to MH	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13	Travel to/from Capital	Drive MH to Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17	Travel to/from Capital	Drive Edmonton to MH	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
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	60 km from Perm. Res.	Drive MH to Calgary	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
25	60 km from Perm. Res.	Calgary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
26	60 km from Perm. Res.	Drive Calgary to MH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.76	0.44	9.20
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28	Travel to/from Capital	Fly MH to Edmonton via Calgary	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
29			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31	Travel to/from Capital	Fly Edmonton to MH via Calgary	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
Grand Total						\$169.29	\$8.46	\$177.75

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

R. E. Wanner
Member Signature

Feb 6, 2019
Date



Members' Travel Expenses Per-Diems Claim Form

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

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

Member Name: Wanner, Robert

Constituency: Medicine Hat

For the Month of: February

Year: 2019

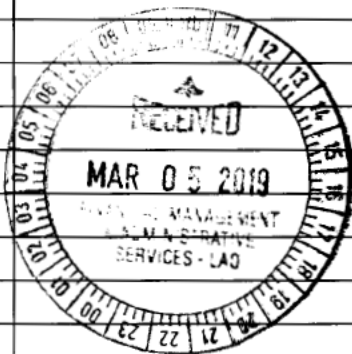
Employee #:

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	60 km from Perm. Res.	Flight MH to Calgary	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
4	Travel to/from Capital	Flight Calgary to Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.76	0.44	9.20
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6	Travel to/from Capital	Flight Edmonton to MH via Calgary	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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	Travel to/from Capital	Drive Calgary to Edmonton	<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	Drive Edmonton to MH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$98.86	\$4.94	\$103.80

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

Member Signature

Date



R. W. Wanner

March 4/19



Members' Travel Expenses Per-Diems Claim Form

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

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

Member Name: Wanner, Robert

Constituency: Medicine Hat

For the Month of: March

Year: 2019

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	flight MH to YEG via Calgary	<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	Travel to/from Capital	flight YEG to MH via Calgary	<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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10	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
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19	Travel to/from Capital	drive Edmonton to MH	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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		Meals \$90.09 + GST	<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								
29			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30								
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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.

Grand Total
R. E. Wanner
Member Signature

April 5, 2019
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.

January 2019

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, under the *Members' Allowances Order*, the temporary residence allowance (in or near Edmonton [ss.5-6]), the temporary accommodation allowance (excludes in or near Edmonton, maximum 10 days per fiscal year [s. 7(1)]), and meal per diems (while travelling [s. 7(2)]). Only claims supported by the required documentation will be processed. For the relevant sections of the *Members' Allowances Order* see reverse. For information on form completion go to OurHouse – Forms – Expense Claim Forms.

Effective date: June 21, 2018

Member Name: Wanner, Robert

Constituency: Medicine Hat

Employee #:

Date: February 25, 2019

Claim Type: Temporary Residence Accommodation Allowance in Edmonton - Claimed by Month

Temporary Residence Accommodation Allowance in Edmonton - Claimed by Month

Monthly maximum of \$1,930 per month. Total maximum of \$23,160 per fiscal year.

Month	Year	Monthly Claim Amount
February	2019	1,930.00
Grand Total		\$1,930.00

Please Note:

- (1) The Member is responsible for retaining all records that support the payment identified above.
- (2) The Member must advise the Clerk in writing of any changes to the Member's permanent or temporary residence at the time it occurs.

- ☒ I confirm that I have completed declarations evidencing: (1) my current permanent residence and (2) my current temporary residence, with supporting documentation as required, and have either provided these documents to FMAS or attached them here.
- ☒ Pursuant to section 6.1 of the *Members' Allowance Order* (Short-term Rental of Temporary Residence), I confirm that I have not, during the period for which the allowance is claimed, used any commercial service through which I, or a third party on my behalf, has rented out my temporary residence for a fee as a vacation rental or any other type of short-term accommodation.
- ☒ I confirm that the amount being claimed does not exceed my costs of maintaining the temporary residence and acknowledge that I will be personally responsible for reimbursing the Legislative Assembly Office for any payment received that exceeds this amount.

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

R. E. Wanner

Member Signature

Updated June 2018





Members' Temporary Accommodation Allowance Claim Form

Note to MLAs: Forms accessed online can be used to claim, under the *Members' Allowances Order*, the temporary residence allowance (in or near Edmonton [ss.5-6]), the temporary accommodation allowance (excludes in or near Edmonton, maximum 10 days per fiscal year [s. 7(1)]), and meal per diems (while travelling [s. 7(2)]). Only claims supported by the required documentation will be processed. For the relevant sections of the *Members' Allowances Order* see reverse. For information on form completion go to OurHouse – Forms – Expense Claim Forms.

Effective date: June 21, 2018

Member Name: Wanner, Robert

Constituency: Medicine Hat

Employee #:

Date: March 29, 2019

Claim Type: Temporary Residence Accommodation Allowance in Edmonton - Claimed by Month

Temporary Residence Accommodation Allowance in Edmonton - Claimed by Month

Monthly maximum of \$1,930 per month. Total maximum of \$23,160 per fiscal year.

Month	Year	Monthly Claim Amount
March	2019	1,182.90
Grand Total		\$1,182.90

Please Note:

(1) The Member is responsible for retaining all records that support the payment identified above.

(2) The Member must advise the Clerk in writing of any changes to the Member's permanent or temporary residence at the time it occurs.

- ☒ I confirm that I have completed declarations evidencing: (1) my current permanent residence and (2) my current temporary residence, with supporting documentation as required, and have either provided these documents to FMAS or attached them here.
- ☒ Pursuant to section 6.1 of the *Members' Allowance Order* [Short-term Rental of Temporary Residence], I confirm that I have not, during the period for which the allowance is claimed, used any commercial service through which I, or a third party on my behalf, has rented out my temporary residence for a fee as a vacation rental or any other type of short-term accommodation.
- ☒ I confirm that the amount being claimed does not exceed my costs of maintaining the temporary residence and acknowledge that I will be personally responsible for reimbursing the Legislative Assembly Office for any payment received that exceeds this amount.

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

R.E.W.

Member Signature

Updated June 2018



The American Express® Corporate Card Statement of Account

www.americanexpress.ca

Date: February 16, 2019

Page 2 of 4

New Transactions for ROBERT E. WANNER Continued

Amount \$

February 4	DELTA HOTELS BY MARR CALGARY	178.51
	Arrival	Departure
	03/02/19	04/02/19

Total New Transactions for ROBERT E. WANNER

Travel Accommodations Allowance \$170.01 + GST

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Robert Wanner

Claimant Name: Della Kirkham

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

\$5.11



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

Served by: Ana A

Welcome to Safeway

GROCERY	
IntDelgt Fr/Van F/Fr	\$4.99 C
YOU SAVED \$0.50	
+EHC	\$0.02 R
+Deposit	\$0.10 R
<hr/>	
SUBTOTAL	\$5.11
TOTAL TAX	\$0.00
TOTAL	\$5.11
Debit	TENDER \$5.11
Cash	CHANGE \$0.00

NUMBER OF ITEMS 1
*****YOUR SAVINGS*****
Discounts & Specials \$0.50
Your Total Savings \$0.50
Percentage Savings 9%

AIR MILES

Member number: [REDACTED]

Your AIR MILES

Cash Miles

Dream Miles

MERCHANT 22265793 RF
TERM SB2226579302 RCPT 5847000

** Purchase ** 5.11
MERCHANT 22265793 RF
DEBIT #***** [REDACTED] *****
ACCOUNT RESP 001
DATE 11/14/2018 TIME 15:52:30
AUTH # [REDACTED] REF# 001356056
APPL. Interac
AID A0000002771010

00 APPROVED - THANK YOU

I AGREE TO PAY THE ABOVE TOTAL AMOUNT
ACCORDING TO THE CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

Retain this copy for your record

Term	Tran	Store	Oper	11/14/18
2	5847	8915	147	15:52:29

Thank you for shopping at Our Store
Come Again Soon

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Robert Wanner

Claimant Name: Della Kirkham

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

\$47.78



Medicine Hat #593
2350 Box Springs Blvd
Medicine Hat, AB T1C 0C8

1557557 TH DECAFE 72 38.99
500666 KSWR40/500* 3.99
ENVIRO FEE N 0.80
DEPOSIT 4.00

SUBTOTAL
TAX
**** TOTAL

ACCT: MASTERCARD
REFERENCE #: 66292726-0010017810 C
AUTH #: 2018/12/16 12:56:15
Invoice Number: 004781
Purchase - MasterCard
A0000000041010
0000008000 E800

01 APPROVED - THANK YOU 027
AMOUNT:

IMPORTANT - retain this copy
for your records
CUSTOMER COPY
MasterCard
CHANGE

G GST 5%
TOTAL NUMBER OF ITEMS SOLD
2018/12/16 12:53:18 593 4 125 82

SEASONS GREETINGS & HAPPY HOLIDAYS

OP#: 82 Name: SHIRLEY B

Thank You!
Please Come Again

Sabai Infusion Thai Restaurant

638 2 nd Street SE
Medicine Hat T1A 0C9

INVOICE

Invoice No.: 5
Date: Dec 17, 2018
Ship Date:
Page: 1
Re: Order No.

Sold to:

Medicine Hat Constituency
Medicine Hat MLA Bob Wanner
Medicine Hat, Alberta

Ship to:

Medicine Hat Constituency
Medicine Hat MLA Bob Wanner
Medicine Hat, Alberta

Business No.:

Quantity	Description	Tax	Unit Price	Amount
	Winter Social Event - 100 people at \$20 per person			2,000.00
Shipped By: Tracking Number:			Total Amount	2,000.00
Comment: GST exempt			Amount Paid	0.00
Sold By:			Amount Owing	2,000.00

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Robert Wanner

Claimant Name: Della Kirkham

Expense Category: Hosting

For hosting, select one:

- ☐ Individual Constituent(s)
☐ Individual Stakeholder(s)
☒ Group: Medicine Hat constituents/stakeholders

Purpose:

people coming and going

\$5.61



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

Served by: Brenda Cr

Welcome to Safeway

GROCERY

IntDelgt Fr/Van F/Fr	\$5.49	C
+EHC	\$0.02	R
+Deposit	\$0.10	R

AIR MILES Base Offer 1 Miles

SUBTOTAL		\$5.61
TOTAL TAX		\$0.00
TOTAL		\$5.61
Cash Rounding	TENDER	\$0.01
Cash	TENDER	\$20.00
Cash	CHANGE	\$14.40

NUMBER OF ITEMS 1

AIR	
Member number:	
Total Miles Earned	
Your AIR MILES	
Cash Miles	
Dream Miles	

Term	Tran	Store	Oper	03/04/19
1	5397	8915	138	14:10:28

Thank you for shopping at Our Store
Come Again Soon