

LEGISLATIVE ASSEMBLY OF ALBERTA - 29th LEG
Member EDR 2015-16 - 29th Leg
040 - Edmonton-Mill Creek - Woollard, Denise
For Expenses Processed July 1 - September 30, 2015

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$284.96	\$284.96
MLA Parking Cap - \$	\$900.00	\$25.00	\$25.00
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Member Travel (Extraordinary Accommodation) - \$		\$191.74	\$191.74
Taxi, Bus Travel - \$			
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$19.76	\$19.76
Other			
Hosting - \$			
Non-Financial Reporting			
Member Travel - Accommodation			
Edmonton Accommodation Allowance (days; 120 max)			
Travel Accommodations Allowance (days; 10 max)	10	1	1
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	35,000		
Special Trips (5 trips per year) - NF	5	1	1
Travel To and From the Capital			
Travel by Air, Bus or Train (Unlimited Trips) - NF			
Use of a Private Automobile (52 trips per year) - NF			
Other Travel			
Vehicle Rental (5 Days maximum anywhere in Alberta) - NF	5		

\$ - Reported on CAD dollar amount of actual expense

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

Budget reported is the maximum annual amount that may be claimed

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

Element Fleet Management



BDFD290001

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
DIV-40-D WOOLLARD
-
-
-
-
-

CLIENT NO.
NO DU CLIENT
INVOICE DATE
DATE DE LA FACTURE
INVOICE NO.
NO DE LA FACTURE
10/01/15
0006310417

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	WM AUTHORISE WM 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 TVQ/TVQ	TOTAL DUE MONTANT TOTAL DU
	D WOOLLARD				000422050915 09/08/15	HUSKY OIL RED DEER AB	ETHANOL BLEND GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT DISCOUNT / RABAIS TOTAL / TOTAL	32.1	1.03	31.50	1.53 1.53	33.03 33.03 32.71
					000420622372 08/20/15	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	23.7	1.14	25.72	1.29 1.29	27.01 27.01
					000422199836 08/19/15	PETRO CANADA AIRDRIE AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	30.3	1.16	33.33	1.67 1.67	35.00 35.00
					000422039915 08/18/15	HUSKY OIL RED DEER AB	ETHANOL BLEND GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT DISCOUNT / RABAIS TOTAL / TOTAL	32.8	1.22	38.14	1.86 1.86	40.00 40.00 39.67
					000422038311 08/15/15	HUSKY OIL EDMONTON AB	ETHANOL BLEND GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT DISCOUNT / RABAIS TOTAL / TOTAL	48.8	1.19	55.31	2.70 2.70	58.01 58.01 57.52
					000421762028 08/07/15	IMPERIAL OIL EDMONTON AB	ETHANOL REGULAR GRADE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	52.2	1.05	52.39	2.62 2.62	55.01 55.01
					000421808510 07/31/15	SEVEN ELEVEN EDMONTON AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	51.1	1.00	48.57	2.43 2.43	51.00 51.00
UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH	271.0		284.96	14.10	

BIG871

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

Personal Expense Claim Receipt Description

Member Name: Denise Woollard

Claimant Name:

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group:

Purpose:

Stampede Breakfast



Ramada Hotel Downtown Calgary
708 8th Avenue SW
Calgary, Alberta Canada T2P 1H2
Tel: (403) 263-7600 Fax: (403) 237-6127
GST Reg. #R808732705

07-06-15

Denise Woollard

Folio No. : 163904
A/R Number :
Group Code : CGZ016
Company : NDP Caucus
Wyndham Rewards :
Invoice No. :

Room No. : 728
Arrival : 07-05-15
Departure : 07-06-15
Conf. No. : 15580872
Rate Code :
Page No. : 1 of 1

Date	Description	Charges	Credits
07-05-15	Guest Parking	25.00	
07-05-15	GST 5%	1.25	

Balance 0.00

Guest Signature: _____

This property is privately owned and the management reserves the right to refuse service to anyone and will not be responsible for accidents, injury to guest, loss of money, jewelry or valuables of any kind.

Thank you for staying with us.
It was our pleasure to serve you.



Ramada Hotel Downtown Calgary
708 8th Avenue SW
Calgary, Alberta Canada T2P 1H2
Tel: (403) 263-7600 Fax: (403) 237-6127
GST Reg. #R808732705

07-06-15

Denise Woollard	Folio No. :	163904	Room No. :	728
	A/R Number :		Arrival :	07-05-15
	Group Code :	CGZ016	Departure :	07-06-15
	Company :	NDP Caucus	Conf. No. :	15580872
	Wyndham Rewards :		Rate Code :	
	Invoice No. :		Page No. :	1 of 1

Date	Description	Charges	Credits
07-05-15	Room Charge	179.00	
07-05-15	DMF 3%	5.37	
07-05-15	Tourism Levy 4%	7.37	
07-05-15	GST 5%	9.22	

Guest Signature: _____

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**Thank you for staying with us.
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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: Woollard, Denise

Constituency: Edmonton-Mill Creek

For the Month of: July

Year: 2015

Employee #: [REDACTED]

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	60 km from Perm. Res.	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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			



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 \$19.76 \$0.99 \$20.75
Member Signature *Denise Woollard* Date *Aug. 17, 2015*