

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2016-17
058 - Fort McMurray-Conklin - Jean, Brian
For Expenses Processed Jan 1 to Mar 31, 2017

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$123.28	\$155.87
MLA Parking Cap - \$	\$900.00		
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$			
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			\$6,778.92
Member Travel (Meal Per Diems) - \$		\$1,800.53	\$5,896.20
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$23,160.00	\$23,160.00
Travel Accommodations Allowance			
Travel Accommodations Allowance (days; 10 max) - NF	10.0		
Other			
Hosting - \$		\$399.24	\$1,847.50
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	80,000.0	4,475.0	4,889.0
Special Trips (5 trips per year) - NF		1.0	6.0
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	52.0	1.0	1.5
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

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Brian Jean

Claimant Name: Brian Jean

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

\$123.28

WELCOME

Shell Canada
9824 FRANKLIN AVE
T9H 2K3
FORT MCMURRAY AB
(780) 791-0161
XXXXXXXXXXXX [REDACTED]
VISA
PURCHASE C

INV No. 0748697635
2017/02/05 14:33
VISA CREDIT
AID A0000000031010
TVR 0080008000
TSI F800

Bronze
PUMP No. 02
LITRES 117.780
PRICE/L \$1.099
TOTAL FUEL \$129.44
01 APPROVED - THANK
YOU 001 [REDACTED]

APPROVAL No. [REDACTED]
TERMINAL No. *\$129.44*
89074860
VERIFIED BY PIN

IMPORTANT
retain this copy for
your records

FUEL INCLUDES
GST - Fuel \$6.16
No. 137400032RT

TOTAL SALE \$129.44

STORE: C07486 *02/05/2017*
TRAN: 6056320
2/5/2017 2:38:36

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THANK YOU
Questions?
1-800 661-1600



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: Jean, Brian

Constituency: Fort McMurray-Conklin

For the Month of: December

Year: 2016

Employee #:

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
2	60 km from Perm. Res.	Edmonton, Calgary, Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
3	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
6	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
7	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
8	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
9	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
13	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
14	60 km from Perm. Res.	Edmonton, Calgary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
15	60 km from Perm. Res.	Calgary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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						\$474.86	\$23.74	\$498.60

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

Member Signature

Date

Jan 16 / 17



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: Jean, Brian

Constituency: Fort McMurray-Conklin

For the Month of: January

Year: 2017

Employee #:

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17	60 km from Perm. Res.	Calgary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
18	60 km from Perm. Res.	Calgary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
19	60 km from Perm. Res.	Calgary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
20	60 km from Perm. Res.	Calgary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
21	60 km from Perm. Res.	Wainwright	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
22	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
23	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
24	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
25	60 km from Perm. Res.	Calgary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
26	60 km from Perm. Res.	Calgary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
27	60 km from Perm. Res.	Calgary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
28	60 km from Perm. Res.	Calgary, Innisfail	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
29	60 km from Perm. Res.	Toronto	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
30	60 km from Perm. Res.	Toronto	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
31	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
Grand Total						\$593.57	\$29.68	\$623.25

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

Member Signature

Date

March 18/17



Members' Travel Expenses Per-Diems Claim Form

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

Member Name: Jean, Brian

Constituency: Fort McMurray-Conklin

For the Month of: February

Year: 2017

Employee #:

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
2	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
3	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
4	Travel to/from Capital	Edmonton/Fort McMurray	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
5	Travel to/from Capital	Fort/McMurray/Morinville/Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
6	60 km from Perm. Res.	Edmonton/Camrose/Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
7	60 km from Perm. Res.	Edmonton/Blackfalds/Lacombe/Ponoka/Edm	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
8	60 km from Perm. Res.	Edmonton/Rimby/Sundre/Calgary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
9	60 km from Perm. Res.	Calgary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
10	60 km from Perm. Res.	Calgary/Lethbridge	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
11	60 km from Perm. Res.	Lethbridge	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15	60 km from Perm. Res.	Needlerlandia/Barrhead/Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
16	60 km from Perm. Res.	Edmonton/Stony Plain	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
17	60 km from Perm. Res.	Smoky Lake/Lac La Biche	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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.	Calgary/Grande Prairie	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
25	60 km from Perm. Res.	Grande Prairie	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
26	60 km from Perm. Res.	Grande Prairie/Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
27	60 km from Perm. Res.	Edmonton/Olds/Three Hills	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
28	60 km from Perm. Res.	Three Hills/Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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						\$732.10	\$36.60	\$768.70

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

March 18/17



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: BRIAN JEAN Constituency: FORT McMURRAY – CONKLIN
Employee #: [REDACTED] Date: Feb 3, 2017
Claim Type: Temporary Residence Accommodation Allowance in Edmonton – Claimed Annually

Temporary Residence Accommodation Allowance in Edmonton – Claimed Annually
Maximum of \$23,160 per fiscal year.

Fiscal Year: 2017

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 x 12 = ~~\$ 0.00~~ \$ 23,160

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.

APRIL 2016

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.

[Signature]
Member Signature

Updated April 2016



Members' Temporary Accommodation Allowance Claim Form

Note to MLAs: Forms accessed online can be used to claim either the temporary residence accommodations allowance under sections 5 and 6 and meal expenses under section 7 of the *Members' Allowance Order*. Only claims supported by the required documentation will be processed. For the text of sections 5, 6, 7, and 8 of the *Members' Allowance Order*, see reverse. For information on form completion, go to OurHouse – Forms – Expense Claim Forms. Effective date: April 1, 2016

Member Name: BRIAN JEAN Constituency: FORT McMURRAY – CONKLIN
Employee #: [REDACTED] Date: Feb 3, 2017
Claim Type: Temporary Residence Accommodation Allowance in Edmonton – Claimed Annually

Temporary Residence Accommodation Allowance in Edmonton – Claimed Annually
Maximum of \$23,160 per fiscal year.

Fiscal Year: 2017

Have you provided documents evidencing your Temporary Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FIMAS? If not, please attach.

☒ Yes

☐ No

Monthly Amount (maximum \$1,930 or less) \$ 1930 x 12 = ~~\$ 0.00~~ \$ 23,160

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.

MAY 2016

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.

[Signature]
Member Signature

Updated April 2016



Members' Temporary Accommodation Allowance Claim Form

Note to MLAs: Forms accessed online can be used to claim either the temporary residence accommodations allowance under sections 5 and 6 and meal expenses under section 7 of the *Members' Allowance Order*. Only claims supported by the required documentation will be processed. For the text of sections 5, 6, 7, and 8 of the *Members' Allowance Order*, see reverse. For information on form completion, go to OurHouse – Forms – Expense Claim Forms. Effective date: April 1, 2016

Member Name: BRIAN JEAN Constituency: FORT McMURRAY – CONKLIN
Employee #: [REDACTED] Date: Feb 3, 2017
Claim Type: Temporary Residence Accommodation Allowance in Edmonton – Claimed Annually

Temporary Residence Accommodation Allowance in Edmonton – Claimed Annually
Maximum of \$23,160 per fiscal year.

Fiscal Year: 2017

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

x 12 = ~~\$-0.00~~ \$ 23,160

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

Claim Payment Authorization (please check)

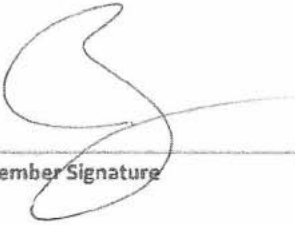
☒ 12 Monthly Payments

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.

JUNE 2016

I certify that I have met the eligibility criteria (see back of form) for the Temporary Residence Accommodation Allowance and am authorizing that the amount specified above be paid each month during the fiscal period noted above. I acknowledge and agree to immediately notify the Clerk, in writing, if there are any changes to either my Permanent or Temporary Residence that may affect my eligibility to claim this allowance. Furthermore, I agree to immediately reimburse any accommodation allowance payments made to me during a period within which I was ineligible to receive these payments.


Member Signature

Updated April 2016



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: BRIAN JEAN Constituency: FORT McMURRAY – CONKLIN
Employee #: [REDACTED] Date: Feb 3, 2017
Claim Type: Temporary Residence Accommodation Allowance in Edmonton – Claimed Annually

Temporary Residence Accommodation Allowance in Edmonton – Claimed Annually
Maximum of \$23,160 per fiscal year.

Fiscal Year: 2017

Have you provided documents evidencing your Temporary Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FIMAS? If not, please attach.

☒ Yes

☐ No

Monthly Amount (maximum \$1,930 or less) \$ 1930 x 12 = ~~\$ 0.00~~ \$ 23,160

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

Claim Payment Authorization (please check)

☒ 12 Monthly Payments

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

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

JULY 2016

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.

[Signature]
Member Signature

Updated April 2016



Members' Temporary Accommodation Allowance Claim Form

Note to MLAs: Forms accessed online can be used to claim either the temporary residence accommodations allowance under sections 5 and 6 and meal expenses under section 7 of the *Members' Allowance Order*. Only claims supported by the required documentation will be processed. For the text of sections 5, 6, 7, and 8 of the *Members' Allowance Order*, see reverse. For information on form completion, go to OurHouse – Forms – Expense Claim Forms. Effective date: April 1, 2016

Member Name: BRIAN JEAN Constituency: FORT McMURRAY – CONKLIN
Employee #: [REDACTED] Date: Feb 3, 2017
Claim Type: Temporary Residence Accommodation Allowance in Edmonton – Claimed Annually

Temporary Residence Accommodation Allowance in Edmonton – Claimed Annually
Maximum of \$23,160 per fiscal year.

Fiscal Year: 2017

Have you provided documents evidencing your Temporary Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FIMAS? If not, please attach.

☒ Yes

☐ No

Monthly Amount (maximum \$1,930 or less) \$ 1930 x 12 = ~~\$ 0.00~~ \$ 23,160

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

Claim Payment Authorization (please check)

☒ 12 Monthly Payments

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

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

AUGUST 2016

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.

[Signature]
Member Signature

Updated April 2016



Members' Temporary Accommodation Allowance Claim Form

Note to MLAs: Forms accessed online can be used to claim either the temporary residence accommodations allowance under sections 5 and 6 and meal expenses under section 7 of the *Members' Allowance Order*. Only claims supported by the required documentation will be processed. For the text of sections 5, 6, 7, and 8 of the *Members' Allowance Order*, see reverse. For information on form completion, go to OurHouse – Forms – Expense Claim Forms. Effective date: April 1, 2016

Member Name: BRIAN JEAN Constituency: FORT McMURRAY – CONKLIN
Employee #: [REDACTED] Date: Feb 3, 2017
Claim Type: Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually
Maximum of \$23,160 per fiscal year.

Fiscal Year: 2017

Have you provided documents evidencing your Temporary Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FIMAS? If not, please attach.

☒ Yes

☐ No

Monthly Amount (maximum \$1,930 or less)

\$ 1930

x 12 = ~~\$-0.00~~ \$ 23,160

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

Claim Payment Authorization (please check)

☒

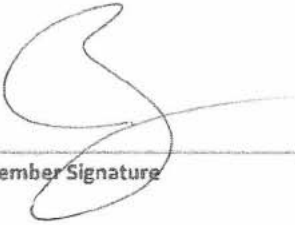
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SEPTEMBER 2016

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Member Signature

Updated April 2016



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Fiscal Year: 2017

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☒ Yes

☐ No

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Claim Payment Authorization (please check)

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OCTOBER 2016

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[Signature]
Member Signature

Updated April 2016



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Employee #: [REDACTED] Date: Feb 3, 2017
Claim Type: Temporary Residence Accommodation Allowance in Edmonton – Claimed Annually

Temporary Residence Accommodation Allowance in Edmonton – Claimed Annually
Maximum of \$23,160 per fiscal year.

Fiscal Year: 2017

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☒ Yes

☐ No

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Claim Payment Authorization (please check)

☒ 12 Monthly Payments

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NOVEMBER 2016

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[Signature]
Member Signature

Updated April 2016



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Member Name: BRIAN JEAN Constituency: FORT McMURRAY – CONKLIN
Employee #: [REDACTED] Date: Feb 3, 2017
Claim Type: Temporary Residence Accommodation Allowance in Edmonton – Claimed Annually

Temporary Residence Accommodation Allowance in Edmonton – Claimed Annually
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Fiscal Year: 2017

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☒ Yes

☐ No

Monthly Amount (maximum \$1,930 or less) \$ 1930 x 12 = ~~\$ 0.00~~ \$ 23,160

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Claim Payment Authorization (please check)

☒ 12 Monthly Payments

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DECEMBER 2016

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[Signature]
Member Signature

Updated April 2016



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Member Name: BRIAN JEAN Constituency: FORT McMURRAY – CONKLIN
Employee #: [REDACTED] Date: Feb 3, 2017
Claim Type: Temporary Residence Accommodation Allowance in Edmonton – Claimed Annually

Temporary Residence Accommodation Allowance in Edmonton – Claimed Annually
Maximum of \$23,160 per fiscal year.

Fiscal Year: 2017

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Claim Payment Authorization (please check) ☒ 12 Monthly Payments
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JANUARY 2017

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[Signature]
Member Signature

Updated April 2016



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Member Name: BRIAN JEAN Constituency: FORT McMURRAY – CONKLIN
Employee #: [REDACTED] Date: Feb 3, 2017
Claim Type: Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually
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☒ Yes

☐ No

Monthly Amount (maximum \$1,930 or less)

\$ 1930

x 12 = ~~\$-0.00~~ \$ 23,160

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

Claim Payment Authorization (please check)

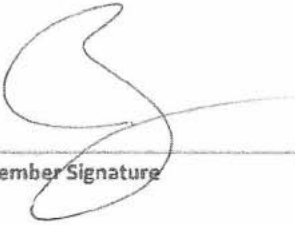
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FEBRUARY 2017

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Member Signature

Updated April 2016



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Member Name: BRIAN JEAN

Constituency: FORT McMURRAY – CONKLIN

Employee #: [REDACTED]

Date: Feb 3, 2017

Claim Type: Temporary Residence Accommodation Allowance in Edmonton – Claimed Annually

Temporary Residence Accommodation Allowance in Edmonton – Claimed Annually
Maximum of \$23,160 per fiscal year.

Fiscal Year: 2017

Have you provided documents evidencing your Temporary Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FIMAS? If not, please attach.

☒ Yes

☐ No

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Claim Payment Authorization (please check)

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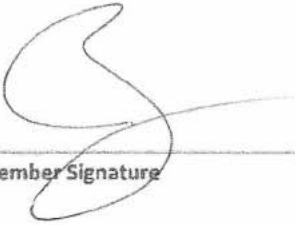
12 Monthly Payments

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March 2017

I certify that I have met the eligibility criteria (see back of form) for the Temporary Residence Accommodation Allowance and am authorizing that the amount specified above be paid each month during the fiscal period noted above. I acknowledge and agree to immediately notify the Clerk, in writing, if there are any changes to either my Permanent or Temporary Residence that may affect my eligibility to claim this allowance. Furthermore, I agree to immediately reimburse any accommodation allowance payments made to me during a period within which I was ineligible to receive these payments.


Member Signature

Updated April 2016

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Brian Jean

Claimant Name: Brian Jean

Expense Category: Hosting

For hosting, select one:

- ☐ Individual Constituent(s)
- ☐ Individual Stakeholder(s)
- ☒ Group: RMWB residents & First Responders

Purpose:

Share of cost for the Heroes Community Barbecue held Canada Day for Regional Municipality of Wood Buffalo residents and as a thank you to first responders.

\$359.00



Regional Recreation Corporation

1 C.A. Knight Way
Fort McMurray, AB T9H 5C5
Canada
Phone: 780-791-0070 ext 5049

Fax: 780-792-5050

Number: IN000001488
Page: 1
Date: 7/1/2016

Sold To:
Brian Jean
MLA Fort McMurray - Conklin
102 9912 Franklin Ave
AB, T9H 2K4

Ship To:
MLA Fort McMurray - Conklin
102 9912 Franklin Ave
AB, T9H 2K4



Reference - P.O. No.	Customer No.	Salesperson	Ship Via	Terms Code
	BRIJEA			

Description/Comments							Amount
Hero's Community BBQ - Food							359.00
Due Date	Amount Due	Disc. Date	Disc. Amount				
7/31/2016	359.00		0.00				

Comments: Hero's Community BBQ

Make cheque payable to:

Regional Recreation Corporation of Wood Buffalo
1 C.A. Knight Way
Fort McMurray, AB T9H 5C5
Canada

Subtotal before taxes	359.00
Total taxes	0.00
Total amount	359.00
Payment received	0.00
Discount taken	0.00
Amount due	359.00

Invoice

GST 8102 88332 RT0001



GRAND&TOY ® MD

An **Office DEPOT**®, Inc. Company
une société d'**Office DEPOT**®, Inc

COST CENTRE BILLING REPORT

REQUISITION REPORT

SOLD TO ACCOUNT NO.

AB LEGISLATIVE ASSEMBLY (ML
FINANCIAL MGMT & ADMIN SERV
9820 107 ST NW
4TH FLR
EDMONTON, AB T5K 1E7

G.S.T.

R894032192

Q.S.T.

1001640701TQ0009

PERIOD ENDING

02/28/2017

ACCT MGR NO.

INVOICE NO.

K672337

SHIP TO ACCOUNT NO.

ALTA LEGISLATIVE ASSEMBLY
FORT MCMURRAY CONKLIN
102-9912 FRANKLIN AVE
FORT MCMURRAY, AB T9H 2K4

COST CENTRE

QTY ORD	QTY SHIP	QTY B/O	U/M	PRODUCT NO.	DESCRIPTION	REGULAR	DISCOUNT	NET	AMOUNT	TX
REQ NO.	G300283		DATE	02/21/2017	ATTENTION Fort McMurray Conkli	P.O.#	MLA202220		G&T ORDER NO	035926-00
1	1	0	EA	11001016	COFFEEMATE ORIGINAL WHITENER	2.47	CONTRACT	2.47	2.47	
1	1	0	BX	74-01121	K CUP TM XBOLD NICAR FTO 24'S	12.59	CONTRACT	12.59	12.59	
1	1	0	BX	74-01106	K CUP TM DK RST FR RST 24'S	12.59	CONTRACT	12.59	12.59	
1	1	0	BX	74-01111	TIMOTHY'S FRENCH VANILLA K-CUP	12.59	CONTRACT	12.59	12.59	
1	1	0	EA	ADV-MAIN-E-17	2017 MAIN ORDER GUIDE ENGLISH	0.00	99%	0.00	0.00	

Approved By: Diana de Ocampo

>Due to product integrity, Gra
will not accept returns on foo
For item 11001016 74-01121 74-
>This extended delivery produc
3-5 days.
For item 74-01121 74-01106

REQ TOTAL 40.24
HST TOTAL 0.00
PST TOTAL 0.00
SUB-TOTAL 40.24
GST TOTAL 0.00
TOTAL THIS ORDER 40.24

COST CENTRE DEPT.

NET TOTAL COST CENTRE 40.24
PST TOTAL 0.00
SUB-TOTAL 40.24
GST TOTAL 0.00
HST TOTAL 0.00

TOTAL 40.24

YEAR-TO-DATE TOTAL 40.24