

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2016-17
054 - Chestermere-Rocky View - Aheer, Leela
For Expenses Processed Oct 1 - Dec 31, 2016

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$1,859.58	\$4,444.86
MLA Parking Cap - \$	\$900.00	\$238.05	\$317.82
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$		\$281.91	\$422.87
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$813.43	\$2,559.99
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$9,948.18	\$13,503.18
Travel Accommodations Allowance			
Travel Accommodations Allowance (days; 10 max) - NF	10.0		
Other			
Hosting - \$		\$64.83	\$64.83
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	80,000.0	3,419.0	10,492.0
Special Trips (5 trips per year) - NF	5.0	1.0	1.0
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	17.0
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



BFDF290001

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

PAGE - 197 OF 253
DE

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION	
SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY DIV-54-L AHEER	
-	-
-	-
-	-
-	-

CLIENT NO.	
NO DU CLIENT	
INVOICE DATE	10/01/16
DATE DE LA FACTURE	
INVOICE NO.	0006467039
NO DE LA FACTURE	

UNIT NO	DRIVER NAME DRIVER ID.	V.I.N.	CARD NO.	KM AUTHORIZE	REFERENCE NO ACTIVITY DATE	SUPPLIER NAME SUPPLIER LOCATION	CHARGE DESCRIPTION	QTY	UNIT COST	EXTENDED PRICE	GST-HST PST/QST	TOTAL DUE
NO. D'UNITE	NOM DU CONDUCTEUR	NO. DE SERIE	NO. DE CARTE	KM AUTORISE	NO. DE REFERENCE DATE DE LA TRANS.	NOM DU FOURNISSEUR POINT DE VENTE	DESCRIPTION DES FRAIS	QTE	COUT UNIT	TOTAL	TPS-TVH TVP/TVQ	MONTANT TOTAL DU
	AHEER				000441825283 09/01/16	SHELL CANADA INC FORT MCMURRAY AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	61.3	1.22	71.18	3.56 3.56	74.74 74.74
					000442457758 09/01/16	PETRO CANADA CHESTERMERE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	69.1	1.15	75.66	3.78 3.78	79.44 79.44
					000442374668 08/28/16	SEVEN ELEVEN EDMONTON AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	71.9	1.04	71.16	3.56 3.56	74.72 74.72
					000442117149 08/23/16	CENTEX CHESTERMERE CHESTERMERE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	75.5	1.08	81.23	4.06 4.06	85.29 85.29
					000442457759 08/19/16	PETRO CANADA CANMORE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	27.1	1.28	32.97	1.65 1.65	34.62 34.62
					000442117148 08/18/16	CENTEX CHESTERMERE CHESTERMERE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	75.0	1.00	75.01	3.75 3.75	78.76 78.76
					000442165654 08/14/16	XTR ENERGY LTD CHESTERMERE AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	80.3	.90	68.81	3.44 3.44	72.25 72.25
					000442117145 08/11/16	CENTEX CHESTERMERE CHESTERMERE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	66.6	1.07	70.97	3.55 3.55	74.52 74.52
					000442116986 08/08/16	CENTEX CHESTERMERE CHESTERMERE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF	73.7	.99	72.92	3.65 3.65	

BLG871

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

FLEET MANAGEMENT SERVICES DETAIL
 DETAILS SERVICES DE GESTION DE PARC

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
 54-L AHEER
 - -
 - -
 - -
 - -

CLIENT NO.
 NO DU CLIENT
 INVOICE DATE 10/01/16
 DATE DE LA FACTURE
 INVOICE NO. 0006467039
 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
	AHEER						** REF NO TOT / TOT NO REF ** TOTAL / TOTAL			72.92	3.65	76.57 76.57
					000442116984 08/03/16	CENTEX CHESTERMERE CHESTERMERE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	69.3	.98	67.99	3.40 3.40	71.39 71.39
					000442116983 07/28/16	CENTEX CHESTERMERE CHESTERMERE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	68.0	1.02	69.23	3.46 3.46	72.69 72.69
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	738.0		757.13	37.86	794.99
	BKDN TOTALS / TOTAUX CODIFICATION 01-54				1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	738.0		757.13	37.86	
							BKDN TOTALS / TOTAUX CODIFICATION					794.99

Element Fleet Management



BDFD290001

FLEET MANAGEMENT SERVICES DETAIL
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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION	
SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY DIV-54-L AHEER	
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-	-
-	-
-	-

CLIENT NO.	
NO DU CLIENT	
INVOICE DATE	11/01/16
DATE DE LA FACTURE	
INVOICE NO.	0006478695
NO DE LA FACTURE	

UNIT NO	DRIVER NAME DRIVER ID.	V.I.N.	CARD NO.	KM AUTHORIZE	REFERENCE NO ACTIVITY DATE	SUPPLIER NAME SUPPLIER LOCATION	CHARGE DESCRIPTION	QTY	UNIT COST	EXTENDED PRICE	GST-HST PST/QST	TOTAL DUE
NO. D'UNITE	NOM DU CONDUCTEUR	NO. DE SERIE	NO. DE CARTE	KM AUTORISE	NO. DE REFERENCE DATE DE LA TRANS.	NOM DU FOURNISSEUR POINT DE VENTE	DESCRIPTION DES FRAIS	QTE	COUT UNIT	TOTAL	TPS-TVH TVP/TVQ	MONTANT TOTAL DU
	AHEER				000443224566 09/26/16	SHELL CANADA INC RED DEER AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	68.0	1.15	74.43	3.72 3.72	78.15 78.15
					000443138246 09/24/16	SHELL CANADA INC CALGARY AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	47.0	1.12	50.12	2.51 2.51	52.63 52.63
					000443924885 09/23/16	CENTEX CHESTERMERE CHESTERMERE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	70.7	.97	68.66	3.43 3.43	72.09 72.09
					000443924883 09/13/16	CENTEX CHESTERMERE CHESTERMERE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	64.8	.93	60.43	3.02 3.02	63.45 63.45
					000443924881 09/11/16	CENTEX CHESTERMERE CHESTERMERE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	62.2	.94	58.63	2.93 2.93	61.56 61.56
					000443924707 08/27/16	CENTEX CHESTERMERE CHESTERMERE AB	DIESEL LOW SULPHUR GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	90.0	.84	75.38	3.77 3.77	79.15 79.15
					000443924706 08/26/16	CENTEX CHESTERMERE CHESTERMERE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	63.9	1.02	65.13	3.26 3.26	68.39 68.39
UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	466.8		452.78	22.64	475.42
BKDN TOTALS / TOTAUX CODIFICATION 01-54							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	466.8		452.78	22.64	

BLG871

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

FLEET MANAGEMENT SERVICES DETAIL
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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION
SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY DIV-54-L AHEER - - - - - - - -

BDF290001

CLIENT NO.
NO DU CLIENT
INVOICE DATE
DATE DE LA FACTURE
INVOICE NO.
NO DE LA FACTURE

11/01/16
0006478695

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
BKDN TOTALS / TOTAUX CODIFICATION						BKDN TOTALS / TOTAUX CODIFICATION						475.42

Element Fleet Management



BDFD290001

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION	
SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY DIV-54-L AHEER	
-	-
-	-
-	-
-	-

CLIENT NO.	
NO DU CLIENT	
INVOICE DATE	12/01/16
DATE DE LA FACTURE	
INVOICE NO.	0006490543
NO DE LA FACTURE	

UNIT NO	DRIVER NAME DRIVER ID.	V.I.N.	CARD NO.	KM AUTHORIZE	REFERENCE NO ACTIVITY DATE	SUPPLIER NAME SUPPLIER LOCATION	CHARGE DESCRIPTION	QTY	UNIT COST	EXTENDED PRICE	GST-HST PST/QST	TOTAL DUE
NO. D'UNITE	NOM DU CONDUCTEUR	NO. DE SERIE	NO. DE CARTE	KM AUTORISE	NO. DE REFERENCE DATE DE LA TRANS.	NOM DU FOURNISSEUR POINT DE VENTE	DESCRIPTION DES FRAIS	QTE	COUT UNIT	TOTAL	TPS-TVH TVP/TVQ	MONTANT TOTAL DU
	AHEER				000446071289 11/15/16	SHELL CANADA INC RED DEER AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	51.7	1.09	53.57	2.68 2.68	56.25 56.25
					000446018703 10/30/16	HUSKY OIL CALGARY 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	56.9	1.17	63.41	3.09 3.09	66.50 66.50 .57- 65.93
					000445494001 10/23/16	CENTEX CHESTERMERE CHESTERMERE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	72.8	.97	70.72	3.54 3.54	74.26 74.26
					000445659660 10/15/16	IMPERIAL OIL CHESTERMERE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	65.9	1.18	73.96	3.70 3.70	77.66 77.66
					000445659659 10/12/16	IMPERIAL OIL RED DEER AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	60.4	1.19	68.41	3.42 3.42	71.83 71.83
					000445659658 10/05/16	IMPERIAL OIL RED DEER COUN AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	55.9	1.19	63.31	3.17 3.17	66.48 66.48
					000445493998 10/03/16	CENTEX CHESTERMERE CHESTERMERE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	66.0	.96	63.46	3.17 3.17	66.63 66.63
UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE DISCOUNT / RABAIS TOTAL / TOTAL	429.7		456.84	22.77	479.61 .57- 479.04

BLG871

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



BFD290001

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-54-L AHEER - - - - - - - -

CLIENT NO.	
NO DU CLIENT	
INVOICE DATE	12/01/16
DATE DE LA FACTURE	
INVOICE NO.	0006490543
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
BKDN TOTALS / TOTAUX CODIFICATION 01-54					1	FUEL QTY / QTE CARB 429.7 TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH 456.84 22.77 BKDN TOTALS / TOTAUX CODIFICATION 479.61 DISCOUNT / RABAIS .57- TOTAL / TOTAL 479.04						

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Leela Sharon Aheer

Claimant Name: _____

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Maintenance on vehicle

VALENTINE VOLVO
11 RICHARD HAY SW
CALGARY, AB

ID: 28217582

Purchase

MASTERCARD

Entry Method: C

Invoice #: 295629

Total: \$ 202.48

2016/11/29

11:54:02

Seq #: 001-001578-0

Appr Code:

Resp Code: 01/027

MASTERCARD

0000000041010

01 05 0B 43 0B 99 F0 26

00 00 00 00 00

00 00

10 40 15 78 34 CF AC AB

APPROVED

Thank You

Customer Copy

- IMPORTANT -
retain this copy for your records

Customer Number: [REDACTED]

Invoice No: 295629

Valentine Volvo

INVOICE

PAGE 1

11 Richard Way S.W., Calgary, Alberta T3E 7M8
 Service: (403) 217-7484 Fax: (403) 217-7475
 Website: www.valentinevolvo.com
 service@valentinevolvo.com

Home: [REDACTED] Bus: [REDACTED]

Email: email [REDACTED]

Cell: [REDACTED]

SERVICE ADVISOR: 43 KEVIN TAN

COLOUR	YEAR	MAKE/MODEL	VIN	LICENSE	KILOMETRES IN/ OUT	TAG	
DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
31MAY13		30MAY2017	WAIT 29NOV16		0.00	CASH	29NOV16
R.O. OPENED		READY	OPTIONS: DLR:0 ENG:3.0_Liter_Turbo				
10:40 29NOV16		11:24 29NOV16					

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
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A SYNTHETIC 104000KM SERVICE, LUBE OIL & FILTER, SAFETY INSPECTION, BRAKE INSPECTION AND ROAD TEST.

K104S SYNTHETIC 104000KM SERVICE, LUBE OIL & FILTER, SAFETY INSPECTION, BRAKE INSPECTION AND ROAD TEST.

328 CR
283 CR

96.99 96.99

1 30750013 OIL FILTER INSERT

14.50 14.50 14.50

1 977751 GASKET

1.75 1.75 1.75

38 8888SYN SYN MOTOR OIL

1.85 1.85 70.30

EF ENVIRO FEE

99 CEF

2.50 2.50

PARTS: 86.55 LABOR: 99.49 OTHER: 0.00 TOTAL LINE A: 186.04

,,,105886 PERFORMED SAFETY WITH TECH 283 104K SERVICE. WT 12,12. B

,,,10,10. P 36,36. A -40.

B PERFORM VEHICLE INSPECTION WITH A,B,C,D,E SERVICES.

MPI PERFORM VEHICLE INSPECTION WITH A,B,C,D,E SERVICES.

328 CM

0.00 0.00

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00

,,,105886 PERFORMED SAFETY WITH TECH 283 PERFORMED SAFETY WITH TECH

,,,283. COMPLETED REPORT.

EST: 210.00

29NOV16 10:40 SA: 43

CUSTOMER PAY SHOP MATERIALS FOR REPAIR ORDER

6.79

*****10/10*****

IF YOU CANNOT RATE OUR SERVICE

10/10 PLEASE LET US KNOW.

WE SINCERLY APPRECIATE YOUR PATRONAGE,

YOUR VALENTINE VOLVO SERVICE TEAM!

DESCRIPTION	TOTALS
LABOUR AMOUNT	
PARTS AMOUNT	
GAS, OIL, LUBE	
SUBLET AMOUNT	
MISC. CHARGES	
TOTAL CHARGES	
LESS INSURANCE	
TAX	
PLEASE PAY THIS AMOUNT	

"At Your Service"

Monday to Friday
7:00 AM - 5:30 PM

Saturday
9:00 AM - 4:00 PM

VOLVO
GENUINE PARTS
 Nothing can replace them.™

Customer Number: [REDACTED]

Invoice No: 295629

Valentine Volvo

INVOICE

PAGE 2

11 Richard Way S.W., Calgary, Alberta T3E 7M8
 Service: (403) 217-7484 Fax: (403) 217-7475
 Website: www.valentinevolvo.com
 service@valentinevolvo.com

Home: [REDACTED] Bus: [REDACTED]

Cell: [REDACTED]

Email: email [REDACTED]

SERVICE ADVISOR: 43 KEVIN TAN

COLOUR	YEAR	MAKE/MODEL	VIN	LICENSE	KILOMETRES IN/ OUT	TAG	
DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
31MAY13		30MAY2017	WAIT 29NOV16		0.00	CASH	29NOV16
R.O. OPENED		READY	OPTIONS: DLR:0 ENG:3.0_Liter_Turbo				
10:40 29NOV16		11:24 29NOV16					
LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL

10% OFF**DETAILING**

WITH COUPON

Expires: 27Feb2017

SOME RESTRICTIONS APPLY. MUST BE PRESENTED
 AT TIME OF SERVICE. NOT VALID WITH ANY OTHER
 DISCOUNTS. LIMIT ONE COUPON PER CUSTOMER.
 COUPON HAS NO CASH VALUE

SEE CLEARLY**\$50 OFF**

**WINDSHIELD
 REPLACEMENT OFFER
 WITH FACTORY GLASS**

WITH COUPON

SOME RESTRICTIONS APPLY. MUST BE PRESENTED
 AT TIME OF SERVICE. NOT VALID WITH ANY OTHER
 DISCOUNTS. LIMIT ONE COUPON PER CUSTOMER.
 COUPON HAS NO CASH VALUE

GST TO

(#: R102248705)

9.65

VOLVO
GENUINE PARTS
 Nothing can replace them.™

"At Your Service"

Monday to Friday
 7:00 AM - 5:30 PM

Saturday
 9:00 AM - 4:00 PM

DESCRIPTION	TOTALS
LABOUR AMOUNT	\$ 99.49
PARTS AMOUNT	\$ 86.55
GAS, OIL, LUBE	\$ 0.00
SUBLET AMOUNT	\$ 0.00
MISC. CHARGES	\$ 6.79
TOTAL CHARGES	\$ 192.83
LESS INSURANCE	\$ 0.00
TAX	\$ 9.65
PLEASE PAY THIS AMOUNT	\$ 202.48

GST # R102248705

Customer Copy

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LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Leela Sharon Aheer

Claimant Name: _____

Expense Category: Member Parking

For hosting, select one:

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

Purpose:

Parking in Downtown Calgary for a meeting on August 16, 2016

\$4.29

PARKING AUTHORITY (403) 537-7000

CALGAR

Terminal: 169

Plate: [REDACTED]

Zone: 1960

Valid through:

TUESDAY 16 AUG 16
1:49 PM

AMOUNT PAID: \$4.50 (GST incl.)

Start Time: 8/16/2016 12:49 PM

Auth No: [REDACTED]

Receipt No: 19387

loosting & Tire Inflation Services (403) 537-7006

FREE Battery

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Leela Sharon Aheer

Claimant Name: _____

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Parking in Downtown Calgary for a meeting on August 16, 2016

\$4.29

Y PARKING AUTHORITY (403) 537-7000

CALGAF

Terminal: 169

Zone: 1960

Plate: [REDACTED]

Valid through:

TUESDAY 16 AUG 16
2:58 PM

AMOUNT PAID: \$4.50 (GST incl.)

Auth No: [REDACTED]

Start Time: 8/16/2016 1:58 PM

Receipt No: 19388

Boosting & Tire Inflation Services (403) 537-7006 FREE Batter

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Leela Sharon Aheer

Claimant Name: _____

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Parking for event attended by MLA

\$1.43

10 CALGARY PARKING AUTHORITY (403) 537-70

Terminal: 641

Zone: 1025

Valid through:

SATURDAY 24 SEP 16

2:24 PM

AMOUNT PAID: \$1.50 (GST incl.)

Start Time: 9/24/2016 1:24 PM

Receipt No: 15345

7006 FREE Battery Boosting & Tire Inflation Services (403) 537

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Leela Sharon Aheer

Claimant Name: Leela Sharon Aheer

Expense Category: Member Parking

For hosting, select one:

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

Purpose:

Parking at an event attended

\$16.00

RECEIPT

License Plate Number

[REDACTED]

Expiration Date/Time

02:16 PM
OCT 19, 2016

Purchase Date/Time: 12:16pm Oct 19, 2016
Total Parking: \$16.00
Total Federal: \$0.80
Total Due: \$16.80
Total Paid: \$16.80
Ticket #: 00018513
S/N #: 500012260473
Setting: Lot 80
Mach Name: Lot 80-2

Rate: 2 HOURS
Payment Type: Card

[REDACTED] MasterCard [REDACTED]

GST REG #102466000

PG RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT

Personal Expense Claim Receipt Description

Member Name: Leela Sharon Aheer

Claimant Name: _____

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Parking for event attended

\$4.76

www.calgaryzoo.com

www.calgaryzoo.com

Terminal: 664

Plate: [REDACTED]

Zone: Plate : 8301

Valid through:

WEDNESDAY 23 DEC 15
6:00 AM

AMOUNT PAID: \$5.00 (GST incl.)

Start Time: 12/22/2015 5:55 PM

[REDACTED]
Receipt No: 27197

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Leela Sharon Aheer

Claimant Name: _____

Expense Category: Member Parking

For hosting, select one:

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

Purpose:

Parking for event attended

\$5.71

DISPLAY THIS SIDE UP ON DASHBOARD		DETACH RECEIPT FROM TICKET		
EXPIRATION DATE	EXPIRATION TIME	DATE ISSUED	TIME ISSUED	AMOUNT PAID
05/03/16	06:00	04/03/16	19:29	\$ 6.00
AMOUNT PAID \$ 6.00 974200000 19:29		CREDIT CARD NUMBER LOT3036		CC
				
CHARGES ARE FOR THE USE OF THE PARKING SPACE ONLY. WE WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS, HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO FIRE, THEFT OR COLLISION				
NON TRANSFERABLE 91129050		RECEIPT		91129050

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Leela Sharon Aheer

Claimant Name: _____

Expense Category: Member Parking

For hosting, select one:

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

Purpose:

Parking for event attended
\$14.29

WELCOME TO
CALGARY EXHIBITION &
STAMPEDE LTD.

Station : Booth 10
Cashier : pearly
Trans# : 48471
Ticket : 592058273
Time in : 07/09/2016 09:08:41
Paid to : 07/09/2016 23:59:59
Duration : 14:51:17
Plate :

BMOC : \$ 14.29
Subtotal : \$ 14.29
*GST : \$ 0.71
Total : \$ 15.00
CC/DB : \$ 15.00

TYPE : PURCHASE
DATE/TIME : 07 Sep 2016 09:08:48
CARD NUMBER : *****
ACCOUNT : MASTERCARD
REFERENCE # : 66252347 0012370310 C
AUTH # :
MASTERCARD
A0000000041010
0000008000 E800

01 APPROVED - THANK YOU 027

IMPORTANT - retain this copy for your record
s



ENJOY YOUR STAY
GST#R118823467
ONE ENTRY ONLY

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Leela Sharon Aheer

Claimant Name: _____

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Parking for event attended

\$7.62



LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Leela Sharon Aheer

Claimant Name: _____

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Parking for event attended

\$13.33



LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Leela Sharon Aheer

Claimant Name: _____

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Parking for event attended

\$13.33



LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Leela Sharon Aheer

Claimant Name: _____

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Parking for event attended

\$19.05



LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Leela Sharon Aheer

Claimant Name: _____

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Parking for event attended

\$7.38

Y (403) 537-7000

CALGARY PARKING AUTHORITY

Terminal: 109

Zone: 2427

Valid through:

MONDAY 03 OCT 16
1:36 PM

AMOUNT PAID: \$7.75 (GST Incl.)

Start Time: 10/3/2016 11:58 AM

Receipt No: 25360

Services (403) 537-7006 FREE Battery Boosting & Tire Inflation Service

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Leela Sharon Aheer

Claimant Name: _____

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Parking for event attended

\$5.00

AUTHORITY (403) 537-7000

CALGARY PARKING

Terminal: 460

Zone: 3929

Valid through:

TUESDAY 04 OCT 16
1:12 PM

AMOUNT PAID: \$5.25 (GST incl.)

Start Time: 10/4/2016 10:50 AM
ation Services (403) 537-7006

Receipt No: 14565

FREE Battery Boosting & T

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Leela Sharon Aheer

Claimant Name: _____

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Parking for event attended

\$4.05

NG AUTHORITY (403) 537-7000

CALGARY PARK

Terminal: 460

Zone: 3929

Valid through:

TUESDAY 04 OCT 16
2:37 PM

AMOUNT PAID: \$4.25 (GST incl.)

Start Time: 10/4/2016 12:44 PM

& Tire Inflation Services (403) 537-7006

Receipt No: 14573

FREE Battery Boosting

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Leela Sharon Aheer

Claimant Name: _____

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Parking for event attended

\$19.05

PLACE ON DASH FACE UP	PLACE ON DASH FACE UP
Terminal: <u>1C CWT</u>	TERMINAL: <u>1C CWT</u>
Plate: <u>[REDACTED]</u>	<u>[REDACTED]</u>
Valid through:	VALID THROUGH:
FRIDAY 14 OCT16	14OCT16
11:59 PM	11:59 PM
AMOUNT PAID: \$20.00 RECEIPT NO: 22836	AMOUNT PAID: \$20.00
ENTRY TIME: 10/14/2016 12:31 PM	ENTRY TIME: 10/14/2016 12:31 PM
<u>[REDACTED]</u>	RECEIPT NO: 22836
TRN: 72D6049E87B316C4	
P	P
	P 0030-0048 P

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Leela Sharon Aheer

Claimant Name: _____

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Parking for event attended

\$4.76

RECEIPT

License Plate Number

12:12 PM

OCT 18, 2016

Purchase Date/Time: 10:12am Oct 18, 2016

Total Due: \$5.00 Rate: 2 HOURS

Total Paid: \$5.00 Payment Type: Card

Ticket #: 43054071

S/N #: 500012411006

Setting: Lot 284

Mach Name: Lot 284-1

MasterCard

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Leela Sharon Aheer

Claimant Name: _____

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Parking for event attended

\$4.76

RECEIPT

License Plate Number
[REDACTED]

Expiration Date/Time

01:53 PM
OCT 18, 2016

Purchase Date/Time: 11:53am Oct 18, 2016
Total Due: \$5.00 Rate: 2 HOURS
Total Paid: \$5.00 Payment Type: Card
Ticket #: 03440771
S/N #: 600012411006
Setting: Lot 284
Mach Name: Lot 284-1

[REDACTED] MasterCard [REDACTED]

RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Leela Sharon Aheer

Claimant Name: _____

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Parking for event attended

\$2.14

RITY (403) 537-7000

CALGARY PARKING AUTH

Terminal: 164

Zone: 1786

Valid through:

TUESDAY 18 OCT 16
3:37 PM

AMOUNT PAID: \$2.25 (GST incl.)

Start Time: 10/18/2016 3:07 PM

Receipt No: 17014

on Services (403) 537-7006 FREE Battery Boosting & Tire Infla

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Leela Sharon Aheer

Claimant Name: _____

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Parking for event attended

\$2.14

ORITY (403) 537-7000

CALGARY PARKING AUT

Terminal: 164

Zone: 1786

Valid through:

TUESDAY 18 OCT 16

4:06 PM

AMOUNT PAID: \$2.25 (GST incl.)

Start Time: 10/18/2016 3:36 PM

Receipt No: 17015

tion Services (403) 537-7006 FREE Battery Boosting & Tire Inf

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Leela Sharon Aheer

Claimant Name: _____

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Parking for event attended

\$28.00

PARKING RECEIPT

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imparK

Expiration Date/Time

09:29 AM
OCT 20, 2016

Purchase Date/Time: 07:29am Oct 20, 2016
Total Parking: \$28.00
Total FEDERAL: \$1.40
Total Due: \$29.40
Total Paid: \$29.40
Ticket #: 00074410
ID #: 300010300165
Location: Westin Hotel Lot 1
Machine Name: Lot 1-1

Rate: 2 HOURS
Payment Type: Card

GST REG #102466000

RECEIPT

Expiration Date/Time: 09:29am Oct 20, 2016
Purchase Date/Time: 07:29am Oct 20, 2016
Total Parking: \$28.00
Total FEDERAL: \$1.40
Total Due: \$29.40
Total Paid: \$29.40
Ticket #: 00074410
Location: Westin Hotel Lot 1
Machine Name: Lot 1-1

Rate: 2 HOURS
Payment Type: Card

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Leela Sharon Aheer

Claimant Name: _____

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Parking for event attended

\$15.00

PLACE RECEIPT ON DASH
INDIGO PARK LOT #80

SERVICE #: 403-269-7275
MONTHLY PARKING AVAILABLE

License Plate #:



Expiration Time and Date

12:35 PM
OCT 20, 2016

Purchase Time: 11:35am Oct 20, 2016

Total Parking: \$15.00

Total GST: \$0.75

Total Due: \$15.75

Total Paid: \$15.75

Ticket #: 20075141

S/N #: 500013180702

Setting: Aquitaine

Mach Name: Aquitaine 1

Rate: \$15 - 1 hour

Payment Type: Card

GST # 12099-6095

Thank you
Indigo Park

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Leela Sharon Aheer

Claimant Name: _____

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Parking for event attended

\$35.00

RECEIPT

License Plate Number

Expiration Date/Time

06:00 PM
NOV 17, 2016

Purchase Date/Time: 07:25am Nov 17, 2016

Total Parking: \$35.00

Total Federal: \$1.75

Total Due: \$36.75

Total Paid: \$36.75

Ticket #: 00020285

S/N #: 500012260460

Setting: Lot 31

Mach Name: Lot 31-2

Rate: EARLY BIRD RATE

Payment Type: Card

GST REG #102466000

PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Leela Sharon Aheer

Claimant Name: _____

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Parking for event attended

\$4.05

000

CALGARY PARKING AUTHORITY (403) 537

Terminal: 419

Zone: 3141

Valid through:

FRIDAY 18 NOV 16
12:21 PM

AMOUNT PAID: \$4.25 (GST incl.)

Start Time: 11/18/2016 10:56 AM

Receipt No: 9504

7-7006

FREE Battery Boosting & Tire Inflation Services (403)

Personal Expense Claim Receipt Description

Member Name: Leela Sharon Aheer

Claimant Name: _____

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Parking for event attended

\$2.62

37-7000

CALGARY PARKING AUTHORITY (403) 5

Terminal: 739

Zone: 9020

Valid through:

FRIDAY 18 NOV 16
2:20 PM

AMOUNT PAID: \$2.75 (GST Incl.)

Start Time: 11/18/2016 12:58 PM

Receipt No: 26892

3) 537-7006 FREE Battery Boosting & Tire Inflation Services (4

Personal Expense Claim Receipt Description

Member Name: Leela Sharon Aheer

Claimant Name: Leela Sharon Aheer

Expense Category: Taxi, Bus Travel

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Red Aarow bus to Edmonton and back to Calgary
\$140.95

Chestermere Rockyview

From: Red Arrow Reservations <itinerary@redarrow.ca>
Sent: Tuesday, October 25, 2016 1:58 PM
To: Chestermere Rockyview
Subject: Invoice

INVOICE

Date: 2016-10-25

You can reach us at:

Website User

Corporate Sales

ORDER#	ORDERED	CUSTOMER#	P.O.	GROUP NAME	DEPARTING	RETURNING	SALES REP	SALES AGENT
1588587	2016-10-25				2016-10-27	2016-10-27	-	Website User

Travellers:

Aheer/Leela

PRODUCT DESCRIPTION	DURATION	OCCUPANCY	QTY	PRICE/UNIT	BILLED
CEEXP 06:00 Assigned to: 04B Departs Calgary (CALTO / Calgary Ticket Office) at 06:00 on 2016-10-27. Arrives Edmonton (EDMTO / Edmonton Ticket Office) at 09:20 on 2016-10-27. (3 hrs 20 mins)	3 hrs 20 mins	Adult	1	\$ 70.48	\$ 74.00
EDMCAL 18:30 Assigned to: 04B Departs Edmonton (EDMTO / Edmonton Ticket Office) at 18:30 on 2016-10-27. Arrives Calgary (CALTO / Calgary Ticket Office) at 22:00 on 2016-10-27. (3 hrs 30 mins)	3 hrs 30 mins	Adult	1	\$ 70.48	\$ 74.00

Round trip

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Leela Sharon Aheer

Claimant Name: Leela Sharon Aheer

Expense Category: Taxi, Bus Travel

For hosting, select one:

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

Purpose:

Red Aarow bus to Edmonton
\$70.48

Nicole Johnson

From: LEELA AHEER <singleela@shaw.ca>
Sent: Sunday, October 30, 2016 2:46 PM
To: Nicole Johnson; Peter Tindall; Chestermere Rockyview
Subject: Fwd: Invoice

Cheers,
Leela

Begin forwarded message:

From: Red Arrow Reservations <itinerary@redarrow.ca>
Date: October 30, 2016 at 10:17:07 AM MDT
To: [REDACTED]
Subject: Invoice

INVOICE



Date: 2016-10-30

You can reach us at

Leela Aheer

Lethbridge Ticket Office
Lethbridge,

ORDER#	ORDERED	CUSTOMER#	P.O.	GROUP NAME	DEPARTING	RETURNING	SALES REP	SALES AGENT
1590269	2016-10-30	[REDACTED]			2016-10-30	2016-10-30	-	SUSAN

Travellers:

Aheer/Leela

PRODUCT DESCRIPTION	DURATION	OCCUPANCY	QTY	PRICE/UNIT	BILLED
CALEDM 18:30 YYC Assigned to: 13C Departs Calgary (CGYNORTH / Calgary North) at 18:45 on 2016-10-30. Arrives Edmonton (EDMTO / Edmonton)	3 hrs 30 mins	Adult	1	\$ 70.48	\$ 74.00

One Way

Personal Expense Claim Receipt Description

Member Name: Leela Sharon Aheer

Claimant Name: Peter Tindall

Expense Category: Member Travel

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: _____

Purpose:

Red Arrow Ticket for Leela to Edmonton

\$70.48

Pete

red arrow

Corporate

Travel Agents

Charter

User Name

Password

Login

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2. Select Trip

3. Checkout

Help

Order Summary

Trip 1

Leaving From: Calgary (CALTO / Calgary Ticket Office)

Going To: Edmonton (EDMTO / Edmonton Ticket Office)

Leela Sharon
Aheer

\$74.00

Route	Date	Departure	Arrival	Trip Time
CALEDM 18:30 YYC	April 20, 2016	18:30	22:15	3 hrs 45 mins

Ticket Total	\$70.48
Discount	(\$0.00)
Taxes	\$3.52
Total Due	\$74.00

Apply Coupon

Billing Address

Credit Card Information

☒ I Agree to Terms and ConditionsComplete Your
Order

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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: Aheer, Leela

Constituency: Chestermere-Rocky View

For the Month of: August

Year: 2016

Employee #:

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21			<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	60 km from Perm. Res.	Fort McMurray for Caucus Retreat	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
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						\$30.81	\$1.54	\$32.35

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


Member Signature


Date



Members' Travel Expenses Per-Diems Claim Form

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

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

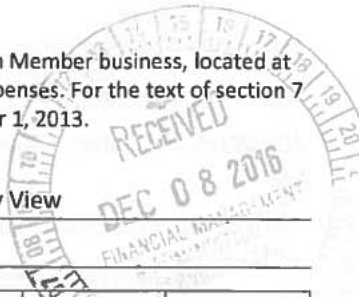
Member Name: Aheer, Leela

Constituency: Chestermere-Rocky View

For the Month of: September

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.	Return Fort McMurray to Chestermere	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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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"/>			
Grand Total						\$39.57	\$1.98	\$41.55

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

Member Signature

Date

Oct 31/16



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: Aheer, Leela

Constituency: Chestermere-Rocky View

For the Month of: October

Year: 2013

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	Travel to/from Capital	Red Deer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
13	Travel to/from Capital	Red Deer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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						\$178.05	\$8.90	\$186.95

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

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: Aheer, Leela

Constituency: Chestermere-Rocky View

For the Month of: November

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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
3	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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			<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.	Sylvan Lake, Red Deer	<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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
21	60 km from Perm. Res.	Edmonton	<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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
28	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
29	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
30	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$565.00	\$28.25	\$593.25

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



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: Aheer, Leela

Constituency: Chestermere-Rocky View

Employee #:

Date: October 27, 2016

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
June	2016	1,664.23
Grand Total		\$1,664.23

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

Please Note:

- (1) The Member is responsible for retaining all records which support the payment identified above.
- (2) 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 requirements of sections 5, 6, 7, and/or 8 of the *Members' Allowances Order*, RMSC 1992, c. M-1, as amended, have incurred accommodations expenses on the dates or months selected, and have not previously claimed or been paid for these expenses.

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: Aheer, Leela

Constituency: Chestermere-Rocky View

Employee #:

Date: October 27, 2016

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
July	2016	1,658.74
Grand Total		\$1,658.74

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

Please Note:

- (1) The Member is responsible for retaining all records which support the payment identified above.
- (2) 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 requirements of sections 5, 6, 7, and/or 8 of the *Members' Allowances Order*, RMSC 1992, c. M-1, as amended, have incurred accommodations expenses on the dates or months selected, and have not previously claimed or been paid for these expenses.

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: Aheer, Leela

Constituency: Chestermere-Rocky View

Employee #:

Date: October 27, 2016

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
August	2016	1,661.87
29- -320-2706		Grand Total
		\$1,661.87

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

Please Note:

- (1) The Member is responsible for retaining all records which support the payment identified above.
- (2) 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 requirements of sections 5, 6, 7, and/or 8 of the *Members' Allowances Order*, RMSC 1992, c. M-1, as amended, have incurred accommodations expenses on the dates or months selected, and have not previously claimed or been paid for these expenses.

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: Aheer, Leela

Constituency: Chestermere-Rocky View

Employee #:

Date: October 27, 2016

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
September	2016	1,655.39
	29- -320-2706	Grand Total
		\$1,655.39

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

Please Note:

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

SEPTEMBER 2016

I certify that I have met the requirements of sections 5, 6, 7, and/or 8 of the *Members' Allowances Order*, RMSC 1992, c. M-1, as amended, have incurred accommodations expenses on the dates or months selected, and have not previously claimed or been paid for these expenses.

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: Aheer, Leela

Constituency: Chestermere-Rocky View

Employee #:

Date: October 27, 2016

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
October	2016	1,652.59
29- -320-2706		Grand Total
		\$1,652.59

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

Please Note:

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

OCTOBER 2016

I certify that I have met the requirements of sections 5, 6, 7, and/or 8 of the *Members' Allowances Order*, RMSC 1992, c. M-1, as amended, have incurred accommodations expenses on the dates or months selected, and have not previously claimed or been paid for these expenses.

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: Aheer, Leela

Constituency: Chestermere-Rocky View

Employee #:

Date: Dec. 6, 2016 MTAA

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
December	2016	1,655.36
29-054320-2706		Grand Total
		\$1,655.36

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

Please Note:

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



I certify that I have met the requirements of sections 5, 6, 7, and/or 8 of the *Members' Allowances Order*, RMSC 1992, c. M-1, as amended, have incurred accommodations expenses on the dates or months selected, and have not previously claimed or been paid for these expenses.

Member Signature

Updated April 2016

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Leela Sharon Aheer

Claimant Name: Peter Tindall

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Synergy, FCSS for AARC Seminar Leela org

Purpose:

Supplies to make food tray

\$34.83



ERIC'S NOFRILLS
100 RAINBOW ROAD
CHESTERMERE, AB
T1X 0V3
Welcome #
Card#: *****
21-GROCERY
06672100117 CHR CHUNKS AH R 2.97
06672102035 CHRISTIE TRIS OL R 1.97
06780000301 PITTED OLIVE R
1 @ 4/\$5.00 1.25
27-PRODUCE
(3)03338320027 STRAWBERRIES 1LB R 6.66
3 @ \$2.22
(2)71651901407 VEGTRY 1134G GR 21.98
2 @ \$10.99
SUBTOTAL 34.83
G-GST 5% 21.98 @ 5.000% 1.10
TOTAL 35.93

-----TRANSACTION RECORD-----

GLOBAL PAYMENTS MERCHANT # 56846595704
Eric s NF Chesternare
100 Rainbow RD SE
Chestermere AB
STORE 03432 TERM 20343204C
SLIP # 579500 REG 4
RETAIN THIS COPY FOR YOUR RECORDS
** Purchase ** Proximity
CARD # ***** EXP **/**
MasterCard
REF # AUTH # RESP 001
134001001028 ISO 00
AID: A0000000041010
TSI 6800 TVR 0000008000

DATE TIME AMOUNT
06/10/2016 10:47:32 \$ 35.93

APPROVED

No Signature Required

CREDIT TN 35.93

PC Plus
Closing Balance



88343204579520160610

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Leela Sharon Aheer

Claimant Name: Peter Tindall

Expense Category: Hosting

For hosting, select one:

- ☐ Individual Constituent(s)
☐ Individual Stakeholder(s)
☒ Group: Synergy, FCSS re AARC Seminar

Purpose:

Coffee
\$30.00

SAFEWAY

Safeway Chestermere Station
100-135 Chestermere Stn Way Chestermere
Phone: 403.410.9700
GST# 817093735

Served by: Trixie R

OTHER

Coffee Traveller	\$15.00 G
Coffee Traveller	\$15.00 G

SUBTOTAL	\$30.00
5% GST	\$1.50

TOTAL \$31.50

Visa	TENDER	\$31.50
Cash	CHANGE	\$0.00

NUMBER OF ITEMS 2

CLIENT ID 9803	TAPPED
TERMINAL ID 095	
** PURCHASE	** \$ 31.50
CARD Visa	RCPT 3925000
NO. *****	RESP 000
DATE 06/10/2016	TIME 14:32:54
AUTH #	REF # 00000022
APPL. VISA CREDIT	
AID A0000000031010	
TVR 0000000000	TSI

APPROVED

NO SIGNATURE REQUIRED

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

Term	Trans	Store	Oper	06/10/16
95	3925	8991	192	14:32:55

Thank you for shopping at Our Store
Come Again Soon