

LEGISLATIVE ASSEMBLY OF ALBERTA  
Member EDR 2016-17  
063 - Highwood - Anderson, Wayne  
For Expenses Processed Jan 1 to Mar 31, 2017

	Budget	Used this Quarter	Used To-Date
<b>Financial Reporting - \$ (Receipts attached)</b>			
<b>Transportation</b>			
Fuel and Minor Maintenance - \$		\$1,052.13	\$3,487.09
MLA Parking Cap - \$	\$900.00	\$98.24	\$205.37
Other Travel - Parking - \$		\$83.86	\$111.82
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$			\$118.58
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$		\$123.60	\$123.60
Member Travel (Meal Per Diems) - \$		\$784.95	\$2,447.42
<b>Accommodation</b>			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,400.00	\$19,800.00
Travel Accommodations Allowance			\$239.20
Travel Accommodations Allowance (days; 10 max) - NF	10.0		2.0
<b>Other</b>			
Hosting - \$		\$454.34	\$1,301.73
<b>Non-Financial Reporting</b>			
<b>Use of Private Automobile (43.5 cents per km)</b>			
Constituency Travel (Kilometres) - NF	80,000.0	11,134.0	41,743.0
Special Trips (5 trips per year) - NF	5.0	1.0	3.0
<b>Travel To and From the Capital</b>			
Travel by Air, Bus or Train (Unlimited Trips) - NF			
Use of a Private Automobile (52 trips per year) - NF	52.0	4.0	13.0
<b>Other Travel</b>			
Vehicle Rental (5 Days maximum anywhere in Alberta) - NF	5.0		

\$ - Reported on CAD dollar amount of actual expense

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

Budget reported is the maximum annual amount that may be claimed

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

# Element Fleet Management



BDF290001

FLEET MANAGEMENT SERVICES DETAIL  
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-63-W ANDERSON
- - - - -

CLIENT NO. NO DU CLIENT	
INVOICE DATE	01/01/17
DATE DE LA FACTURE	
INVOICE NO.	0006708797
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
	ANDERSON				000448007169 12/19/16	SHELL CANADA INC OKOTOKS AB	REGULAR DIESEL GST-HST / TPS-TVH MISCELLANEOUS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	48.2 1.0	1.09 12.99	49.94 12.99	2.50 3.15 .65 3.15	66.08 66.08
					000448016616 12/13/16	SHELL CANADA INC OKOTOKS AB	REGULAR DIESEL GST-HST / TPS-TVH MISCELLANEOUS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	79.7 1.0	1.09 12.99	82.66 12.99	4.13 .65 4.78	100.43 100.43
					000448090809 12/05/16	SHELL CANADA INC OKOTOKS AB	REGULAR DIESEL GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	72.2	1.09	74.85	3.74 3.74	78.59 78.59
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	200.1		233.43	11.67	245.10
	BKDN TOTALS / TOTAUX CODIFICATION 01-63		UNITS / VEHIC	1			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	200.1		233.43	11.67	
							BKDN TOTALS / TOTAUX CODIFICATION					245.10

BLE871

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

# Element Fleet Management



BDF290001

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-63-W ANDERSON	
-	-
-	-
-	-
-	-

CLIENT NO.	
NO DU CLIENT	
INVOICE DATE	02/01/17
DATE DE LA FACTURE	
INVOICE NO.	0006726634
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
	ANDERSON				000449380682 01/17/17	SHELL CANADA INC OKOTOKS AB	REGULAR DIESEL GST-HST / TPS-TVH MISCELLANEOUS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	71.0 1.0	1.15 12.99	77.69 12.99	3.88 4.53 .65 4.53	95.21 95.21
					000449249426 01/15/17	SHELL CANADA INC OKOTOKS AB	REGULAR DIESEL GST-HST / TPS-TVH MISCELLANEOUS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	31.7 1.0	1.15 12.99	34.63 12.99	1.73 .65 2.38	50.00 50.00
					000449417376 11/24/16	SHELL CANADA INC OKOTOKS AB	REGULAR DIESEL GST-HST / TPS-TVH MISCELLANEOUS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	95.2 1.0	1.09 12.99	98.70 12.99	4.94 .65 5.59	117.28 117.28
				UNIT TOTAL / TOT UNITE			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	197.9		249.99	12.50	262.49
	BKDN TOTALS / TOTAUX CODIFICATION 01-63		UNITS / VEHIC	1			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	197.9		249.99	12.50	
							BKDN TOTALS / TOTAUX CODIFICATION					262.49

BLE871

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

FLEET MANAGEMENT SERVICES DETAIL  
DETAILS SERVICES DE GESTION DE PARC

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY  
DIV-63-W ANDERSON  
- -  
- -  
- -  
- -

CLIENT NO. [REDACTED]  
NO DU CLIENT [REDACTED]  
INVOICE DATE 03/01/17  
DATE DE LA FACTURE  
INVOICE NO. 0006743067  
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
[REDACTED]	ANDERSON	[REDACTED]	[REDACTED]	[REDACTED]	000449850080 01/27/17	SHELL CANADA INC OKOTOKS AB	REGULAR DIESEL GST-HST / TPS-TVH MISCELLANEOUS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	64.8 1.0	1.15 12.99	70.89 12.99	3.54 4.20 .66 4.20	88.08 88.08
UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	64.8		83.88	4.20	88.08
BKDN TOTALS / TOTAUX CODIFICATION 01-63							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	64.8		83.88	4.20	
BKDN TOTALS / TOTAUX COD FICATION												88.08

# Element Fleet Management



BDFD290001

FLEET MANAGEMENT SERVICES DETAIL  
 DETAILS SERVICES DE GESTION DE PARC

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION	
SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY DIV-63-W ANDERSON - - - - - - - -	

CLIENT NO.	
NO DU CLIENT	
NVOICE DATE	04/01/17
DATE DE LA FACTURE	
NVOICE NO.	0006772011
NO DE LA FACTURE	

UNIT NO NO. D'UNITE	DRIVER NAME DRIVER ID. NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V.I.N. NO. DE SERIE	CARD NO. NO. DE CARTE	KM AUTHORIZE KM AUTORISE	REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION DESCRPTION DES FRAIS	QTY QTE	UNIT COST COUT UNIT	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DUE MONTANT TOTAL DU
	ANDERSON				000455758376 03/18/17	SHELL CANADA INC OKOTOKS AB	REGULAR DIESEL GST-HST / TPS-TVH MISCELLANEOUS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	53.0 1.0	1.15 12.99	58.04 12.99	2.90 3.55 65 3.55	74.58 74.58
					000455010352 03/11/17	SHELL CANADA INC OKOTOKS AB	REGULAR DIESEL GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	73.4	1.15	80.32	4.02 4.02	84.34 84.34
					000454259454 03/05/17	SHELL CANADA INC EDMONTON AB	REGULAR DIESEL GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	75.5	1.13	81.19	4.06 4.06	85.25 85.25
					000453447433 02/24/17	SHELL CANADA INC OKOTOKS AB	REGULAR DIESEL GST-HST / TPS-TVH MISCELLANEOUS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	85.4 1.0	1.15 12.99	93.46 12.99	4.67 65 5.32	111.77 111.77
					000452780289 02/15/17	SHELL CANADA INC OKOTOKS AB	REGULAR DIESEL GST-HST / TPS-TVH MISCELLANEOUS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	87.5 1.0	1.15 12.99	95.76 12.99	4.79 65 5.44	114.19 114.19
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	374.8		447.74	22.39	470.13
	BKDN TOTALS / TOTAUX CODIFICATION 01-63		UNITS / VEHIC	1			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	374.8		447.74	22.39	
							BKDN TOTALS / TOTAUX CODIFICATION					470.13

BLE871

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

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Wayne Anderson

Claimant Name: \_\_\_\_\_

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

- ☒ Individual Constituent(s)  
☐ Individual Stakeholder(s)  
☐ Group: \_\_\_\_\_

Purpose:

Diesel Exhaust Fluid  
\$10.99

TRANSACTION RECORD

NAPA OKOTOKS (2011)  
 82 FISHER PLACE T1S1B2  
 OKOTOKS AB  
 21295659

|||| PURCHASE ||||

10-24-2016 14:57:03

Acct # [REDACTED]

Account Chequing Card Type DP

AG000002771010 Interac

Trace # 180045

FS1123665901

Inv # 32130

RRN G01601045

Total \$11.54

(00) APPROVED-THANK YOU

Retain this copy for your records  
 Customer copy



050001159  
 NAPA OKOTOKS  
 82 FISHER PLACE  
 PO BOX 1148  
 OKOTOKS, AB T1S 1B2  
 (403) 938-7157  
 GST #: 863381265

Time: 14:46

Invoice Number 159-683652

Date: 10/24/2016

Page: 1/1

SOLD TO

0  
 Valued Customer  
 Thank You for Your Patronage!  
 Okotoks, AB

Employee: 14, Jason  
 Sales Rep: 0, Salesman  
 Accounting Day: 19

Part Number	Line	Description	Quantity	Price	Net	Total	
55-125AIRX48	RCO	DIESEL EXHAUST FLUID (conv) Above Item on Sale	1.00	19.09	10.9900	10.99	T

Delivery:  
 Attention:  
 Tax Exemption:  
 PO#:  
 Terms: SVC CHG

Subtotal 10.99  
 GST 863381265 5.0000% 0.55

Total 11.54

PINDebit 11.54

Customer Signature

ALL GOODS RETURNED MUST BE ACCOMPANIED BY THIS INVOICE  
 I agree to pay total amount  
 according to card issuer agreement.

Returns must have a  
 receipt. May be subject  
 to a restocking fee.

CUSTOMER COPY

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Wayne Anderson

Claimant Name: \_\_\_\_\_

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

- ☒ Individual Constituent(s)  
☐ Individual Stakeholder(s)  
☐ Group: \_\_\_\_\_

Purpose:

Diesel Exhaust Fluid  
  
**\$19.64**

REACTION R. RD

NAPA OKOTOKS (2011)  
82 FISHER PLACE T1S1B2  
OKOTOKS AB  
21295659

|||| PURCHASE ||||

12-19-2016 15:58:09

Acct # \_\_\_\_\_

Account Chequing Card Type DP  
A0000002771010 Interac

Trace # 660055

FS2129565901

Inv. # 34924

RRN 001729055

Total \$20.62

( 00 ) APPROVED-THANK YOU

Retain this copy for your  
records  
Customer copy



STORE  
050001159  
NAPA OKOTOKS  
82 FISHER PLACE  
PO BOX 1148  
OKOTOKS, AB T1S 1B2  
(403) 938-7157  
GST #: 863381265

Time: 15:46 Invoice Number 159-691749  
Date: 12/19/2016  
Page: 1/1

SOLD TO

0  
Valued Customer  
Thank You for Your Patronage!  
Okotoks, AB

Employee: 4, Glenn  
Sales Rep: 0, Salesman  
Accounting Day: 16

Part Number	Line	Description	Quantity	Price	Net	Total	
55-125AIRX48	RCO	DIESEL EXHAUST FLUID (conv)	1.00	19.09	16.0500	16.05	T
49302	RCO	NAPA W W FLUID -40 (CONV)	1.00	3.99	3.5900	3.59	T

Delivery:  
Attention:  
Tax Exemption:  
PO#:  
Terms: SVC CHG

Subtotal	19.64
GST 863381265 5.0000%	0.98
<b>Total</b>	<b>20.62</b>
PINDebit	20.62

Customer Signature

ALL GOODS RETURNED MUST BE ACCOMPANIED BY THIS INVOICE  
I agree to pay total amount  
according to card issuer agreement.

Returns must have a  
receipt. May be subject  
to a restocking fee.

CUSTOMER COPY

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Wayne Aderson

Claimant Name: \_\_\_\_\_

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

\$16.46

4950 Calgary Trail  
Edmonton AB T6H5H5

**ESSO EXPRESS PAY**

7 ELEVEN STORE 37825  
00302341  
4950 CALGARY TRAIL N  
EDMONTON, AB T6H 5H  
URN:R119335453  
02/01/2017 865051525  
04:03:36 PM

PUMP# 3  
EREG 7.454L  
PRICE/L \$0.909  
FUEL TOTAL \$ 6.78

GST in fuel \$ 0.32  
INTERAC \$ 6.78

TYPE: PURCHASE  
ACCOUNT: INTERAC CHEQUING \$6.78

INVOICE: TFD63575

CARD NUMBER: C \*\*\*\*\*

DATE/TIME: 2017/02/01 16:03:35

REFERENCE: 36708822-001-104-014-0 C

00 APPROVED - THANK YOU 001

VERIFIED BY PIN

A- Interac

B- A0000002771010

LOYALTY: NO

Thank You

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Wayne Anderson

Claimant Name: \_\_\_\_\_

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

\$2.62

GARY PARKING AUTHORITY (403) 537-7000

CAL

Terminal: 481

Plate: [REDACTED]

Zone: 4869

Valid through:

TUESDAY 17 JAN 17  
11:05 AM

AMOUNT PAID: \$2.75 (GST incl.)

Start Time: 1/17/2017 9:53 AM

Receipt No: 23274

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

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Wayne Anderson

Claimant Name: \_\_\_\_\_

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

\$21.90

ALGARY PARKING AUTHORITY (403) 537-7000

Terminal: 862

Main Parkade Zone 9054

Valid through:

WEDNESDAY 18 JAN 17

6:00 PM

AMOUNT PAID: \$23.00 (GST incl.)

START TIME: 1/18/2017 7:42 AM

RECEIPT NO: 77100

E Battery Boosting & Tire Inflation Services (403) 537-7006 FRI

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Wayne Anderson

Claimant Name: \_\_\_\_\_

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

\$18.10

RECEIPT  
DEVICE: 4  
CREDIT CARD 000000  
FROM: 19/01/17 08:32A  
TO: 19/01/17 04:25P  
CREDIT CARD  
19/01/17 04:25P  
PRICE: CAD19.00

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Wayne Anderson

Claimant Name: \_\_\_\_\_

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

\$9.52

THIS IS YOUR RECEIPT  
THIS IS YOUR RECEIPT  
THIS IS YOUR RECEIPT  
THIS IS YOUR RECEIPT  
Terminal: Art-03\_CWT  
Space: 1622  
Valid through:  
THURSDAY 19 JAN17  
11:59 PM  
AMOUNT PAID: \$10.00 RECEIPT NO: 48639  
ENTRY TIME: 1/19/2017 5:06 PM  
TRN: D3085FCD7EF3528D  
6967  
Terminal: Art-03\_CWT  
Space: 1622  
VALID THROUGH:  
19JAN17  
11:59 PM  
AMOUNT PAID: \$10.00  
ENTRY TIME:  
1/19/2017  
5:06 PM  
RECEIPT NO:48639  
UNIVERSITY OF CALGARY

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Wayne Anderson

Claimant Name: \_\_\_\_\_

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

\$18.10

RECEIPT  
DEVICE: 4  
CREDIT CARD 000000  
FROM: 20/01/17 08:23A  
TO: 20/01/17 03:03P  
CREDIT CARD  
20/01/17 03:03P  
PRICE: CAD19.00

GST REG #R102466000

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Wayne Anderson

Claimant Name: \_\_\_\_\_

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

\$16.00

PLACE FACE UP ON DASH

Expiration Date/Time

**EXP 09:27PM  
JAN 31, 2017**

Purchase Date/Time: 07:27pm Jan 31, 2017

Total Parking: \$16.00

Total GST: \$0.80

Total Due: \$16.80

Total Paid: \$16.80

Rate: \$8.00 PER HOUR

Payment Type: Card

Ticket #: 20015201

S/N #: 100008500063

Setting: C222

Mach Name: C222

RECEIPT

Expiration Date/Time: 09:27pm Jan 31, 2017

Purchase Date/Time: 07:27pm Jan 31, 2017

Total Parking: \$16.00

Total GST: \$0.80

Total Due: \$16.80

Total Paid: \$16.80

Rate: \$8.00 PER HOUR

Payment Type: Card

Visa

Ticket #: 20015201

Setting: C222

Mach Name: C222

RECEIPT

PARKING RECEIPT

PARKING RECEIPT

PARKING RECEIPT



# The American Express® Corporate Card Statement of Account

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

Prepared For  
**WAYNE ANDERSON**  
**LEGIS ASSEMBLY OF AB**

Membership Number

Date  
**February 16, 2017**

Page 1 of 3

Previous Balance	Payments and Credits	New Charges including Delinquency Assessment, if any	New Balance \$
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Statement includes payments and charges received by February 16, 2017

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

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

## Credit Limit Summary On February 16, 2017

Total Credit Limit \$ Available Credit Limit \$

Listing of Charges and Credits

Amount \$

## New Transactions for WAYNE ANDERSON

Amount \$

February 1 **CALGARY AIRPORT EXIT CALGARY**  
**GOVERNMENT SERVICES**

88.05

**Total New Transactions for WAYNE ANDERSON**

\$83.86

↑ Please detach here ↑

## AMERICAN EXPRESS®

### Payment Options

PLEASE ALLOW 3 TO 5 BUSINESS DAYS FOR YOUR PAYMENT  
TO BE PROCESSED BY YOUR FINANCIAL INSTITUTION AND  
SENT TO US. See the About Your Payment Section.

- Phone and Internet banking arranged through your financial institution
- Your local bank branch
- Automatic banking machines

**Do Not Enclose Cash**



000121  
**WAYNE ANDERSON**  
**LEGIS ASSEMBLY OF AB**  
**4TH FLR 9820 107 ST**  
**EDMONTON AB**  
**T5K 1E9**

Membership Number

Amount Due \$

Amount Paid \$

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





# The American Express® Corporate Card Statement of Account

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

Prepared For  
**WAYNE ANDERSON**  
**LEGIS ASSEMBLY OF AB**

Membership Number

Date  
**February 16, 2017**

Page 1 of 3

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

Statement includes payments and charges received by February 16, 2017

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

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

## Credit Limit Summary On February 16, 2017

Total Credit Limit \$

Available Credit Limit \$

Listing of Charges and Credits

Amount \$

## New Transactions for WAYNE ANDERSON

Amount \$

February 1	NATIONAL CAR RENTAL LEDUC		129.78
	Rental:	Location	Date
	Return:	Leduc	30/01/17
	Agreement 171072197	Leduc	01/02/17

\$123.60

↑ Please detach here ↑

## AMERICAN EXPRESS®

### Payment Options

PLEASE ALLOW 3 TO 5 BUSINESS DAYS FOR YOUR PAYMENT  
TO BE PROCESSED BY YOUR FINANCIAL INSTITUTION AND  
SENT TO US. See the About Your Payment Section.

- Phone and Internet banking arranged through your financial institution
- Your local bank branch
- Automatic banking machines

Do Not Enclose Cash



000121  
**WAYNE ANDERSON**  
**LEGIS ASSEMBLY OF AB**  
**4TH FLR 9820 107 ST**  
**EDMONTON AB**  
**T5K 1E9**

Membership Number

Amount Due \$

Amount Paid \$

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





# 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: Anderson, Wayne

Constituency: Highwood

For the Month of: January

Year: 2017

Employee #: [REDACTED]

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5			<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			<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
31	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
Grand Total						\$79.14	\$3.96	\$83.10

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

Member Signature

Date

02/13/17



# 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: Anderson, Wayne

Constituency: Highwood

For the Month of: February

Year: 2017

Employee #: [REDACTED]

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5			<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	Travel to/from Capital	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						\$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

2/6/17



# 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:** Anderson, Wayne

**Constituency:** Highwood

**For the Month of:** March

**Year:** 2017

**Employee #:** [REDACTED]

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
2	Travel to/from Capital	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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
6	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
7	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
8	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
9	Travel to/from Capital	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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
13	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
14	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
15	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
16	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
20	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
21	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
22	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
23	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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						\$666.24	\$33.31	\$699.55

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



## 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:** Anderson, Wayne

**Constituency:** Highwood

**Employee #:** [REDACTED]

**Date:** 1/9/2017

**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
January	2017	1,800.00
[REDACTED]	29-063-320-2706	Grand Total
		\$1,800.00

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.

JANUARY 2017

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: Anderson, Wayne

Constituency: Highwood

Employee #: [REDACTED]

Date: 2/13/2017

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

## Temporary Residence Accommodation Allowance in Edmonton - Claimed by Month

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

Month	Year	Monthly Claim Amount
February	2017	1,800.00
[REDACTED] 29- -320-2706	Grand Total	\$1,800.00

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

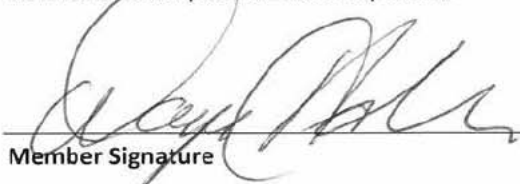
☐ No

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.

FEBRUARY 2017

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: Anderson, Wayne

Constituency: Highwood

Employee #: [REDACTED]

Date: 3/4/2017

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

## Temporary Residence Accommodation Allowance in Edmonton - Claimed by Month

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

Month	Year	Monthly Claim Amount
March	2017	1,800.00
29-063-320-2706		Grand Total
		\$1,800.00

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.

MARCH 2017

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

GOVERNMENT OF ALBERTA  
Expense Claim Receipt Description

Name: Wayne Anderson

Phone: \_\_\_\_\_

Category: Hosting

Hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

Lunch with Constituent

\$50.50

**BROWNS SOCIALHOUSE**

restaurant . bar . socialize

Browns Socialhouse Okotoks  
601-200 Southridge Dr  
Okotoks AB T1S 0B2  
(403) 995-8535  
GST# 84044-0374 RT0001  
www.brownsocialhouse.com

Tbl:73

Ref:109446

Chk:159151

Kathleen14

12/14/2016 12:35 pm

	JUICE W/SODA	4.00
salad	CAESAR: BLK CHICK	16.95
	COFFEE: REG	3.50
	BEEF DIP	18.45
	\$add mushrooms	1.95

SubTotal	44.85
GST	2.24

Total 47.09

Total Due 47.09

JOIN US FOR BRUNCH  
SAT/SUN & HOLIDAYS -10am to 2pm  
OKOTOKS BEST BRUNCH!  
See you this weekend!



BROWNS OKOTOKS  
200 SOUTH RIDGE DR UNIT  
60  
OKOTOKS AB

CARD

CARD TYPE INTERAC

ACCOUNT TYPE CHEQUING

DATE 2016/12/14

TIME 6075 13:30:14

CLERK ID 14

RECEIPT NUMBER

C85020317-001-243-004-0

PURCHASE

AMOUNT \$47.09

TIP \$5.65

TOTAL

\$52.74

Interac

A0000002771010

B59EE06D9974D875

8080008000-6800

4B216A0AAA77F81E

8080008000-7800

**APPROVED**

00-001

THANK YOU

CARDHOLDER COPY

LIBLY OF ALBERTA  
Use Claim Receipt Description

Name: Wayne Anderson

Name:

Category: Hosting

hosting, select one:

- ☒ Individual Constituent(s)  
☐ Individual Stakeholder(s)  
☐ Group: \_\_\_\_\_

Purpose:

Breakfast with Constituent

\$31.67

TRANSACTION RECORD  
RICKY'S ALL DAY GRILL  
747-201 SOUTHRIDGE T151E2  
OKOTOKS AB  
22996942  
PURCHASE  
01-06-2017 10:04:35  
Account Chequing Card Type DP  
A0000002771010 Interac  
Trace # 410008  
FS2299694201  
Inv. # 89047  
RRN 001202008  
Purchase \$28.72  
Tip \$4.31  
Total \$33.03

( 00 ) APPROVED-THANK YOU

Retain this copy for your  
records  
Customer copy

*Thank you !!!*

\*\*\*\*\*  
CHECK # 438434 DATE 1/06/17  
TABLE # 74 TIME 9:48AM  
\*\*\*\*\*

-- RICKY'S : JOSEPHINE --

ITEMS ORDERED	AMOUNT
1 DBL EGG TST BACN	10.49
1 DBL EGG TST HAM	10.49
2 COFFEE	6.38

\*\*\*\*\*

SUBTOTAL	27.36
TAX	1.36

-----  
TOTAL DUE 28.72  
-----

RICKY'S ALL DAY GRILL  
Okotoks, Alberta  
GST# 896334109

\*\* Please pay cash to your server \*\*

THANK-YOU!!

ASSEMBLY OF ALBERTA  
Expense Claim Receipt Description

Name: Wayne Anderson

Contact Name: Melissa Whitney

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group:

Purpose:

Provide coffee to constituents and stakeholders when they are in the office for meetings.

\$37.88



WAL\*MART  
WE SELL FOR LESS  
(403)-995-1371  
OKOTOKS, AB

ST# 05708 DP# 009048 TE# 48 TR# 09523

SBUX HC KC	076211108043	\$8.97	D
SBUX HC KC	076211108043	\$8.97	D
TWINING KCUP	007017751673	\$9.97	D
TWINING KCUP	007017751673	\$9.97	D

Visa Credit \*\*\*\* \*  
REF # 001001140  
TRANS ID - 467016708673152

AID A0000000031010  
TC D7C01C9F8DE62762  
TERMINAL # WMT CJ022200  
\*Pin Verified

01/16/17 12:41:09

CHANGE DUE \$0.00  
GST/HST 137466199 RT 0001  
QST 1016551356 TQ 0001

# ITEMS SOLD

TC# 2300 6461 8709 5481 9165



New Thursday flyer start date  
Circulaire maintenant en vigueur Jeudi  
01/16/17 12:41:10

\*\*\*CUSTOMER COPY\*\*\*

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Wayne Anderson

Claimant Name: Melissa Whitney

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

Coffee and pop for Mr. Anderson's Okotoks, High River and Edmonton offices to be used when hosting constituents, stakeholders etc.

*\$40.35*



OKOTOKS, AB #1069

52	CLASSIC COKE	6.89	G
	DEPOSIT	2.40	
	ENVIRO FEE W	.24	G
313936	PPARTY PACK	11.89	G
	DEPOSIT	3.20	
	ENVIRO FEE W	.32	G
313936	PPARTY PACK	11.89	G
	DEPOSIT	3.20	
	ENVIRO FEE W	.32	G

SUBTOTAL	40.35
**** GST 5%	1.58

TOTAL	41.93
VF MasterCard	41.93

REFERENCE#: 66231181-0010019060 T  
03/13/17 15:45:45  
Invoice#: 45826

COSTCO WHOLESALE #1069  
202-104 SOUTHBANK BLVD  
OKOTOKS AB T1S 0K4

PURCHASE - MasterCard  
01 APPROVED - THANK YOU 027  
AMOUNT: \$41.93

1069 006 0000000005 0225

IMPORTANT - retain this copy for your record.

\*\*\* CARDHOLDER COPY \*\*\*

CHANGE .00

TOTAL NUMBER OF ITEMS SOLD = 3  
CASHIER: REBECCA T REG# 6  
2017/03/13 15:45 1069 06 0225 5

GST/HST #121476329  
THANK YOU!  
PLEASE COME AGAIN

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Wayne Anderson

Claimant Name: Melissa Whitney

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

Coffee and pop for Mr. Anderson's Okotoks, High River and Edmonton offices to be used when hosting constituents, stakeholders etc.

\$293.94



Warehouse Savings

Find a Warehouse ▾

Get Email Offers ▾

Customer Service |



undefined ▾

EN ▾

Search Costco



My Account ▾



Cart

[All Departments](#) [Business Centre](#) [Pharmacy](#) [Services](#) [Photo](#) [Travel](#) [Optical](#) [Membership](#) [Locations](#)

## Thank You For Your Order

Your Order Confirmation number is: 643591327

[Print Order Confirmation](#)

Please check your inbox for an order confirmation email with shipping information specific to your order.

*Received*Placed On  
03/14/2017Payment Method  
VISA \*\*\*\*\*

Membership Number

## Order Details

Description	Shipping Address	Delivery Options	Qty	Price	Item Total
 McCafe Premium Roast Coffee, 72-count Item # 1126350	Legislative Assembly Office Ground Wayne Anderson, MLA Constituency Office #5, 49 Elizabeth Street Okotoks AB T1S 1A7 (403) 995-5488 highwood@assembly.ab.ca		6	\$48.99	\$293.94
Subtotal:					\$293.94
Shipping & Handling:					\$0.00
GST ::					\$0.00
HST ::					\$0.00
PST ::					\$0.00
QST ::					\$0.00
Order Total:					\$293.94



## Careers

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## Kirkland Signature

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## The Costco Connection

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