

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2017-18
063 - Highwood - Anderson, Wayne
For Expenses Processed Jul 1 - Sep 30, 2017

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$1,135.96	\$2,439.42
MLA Parking Cap - \$	\$900.00	\$23.81	\$99.04
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$			
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$219.95	\$1,693.19
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,085.00	\$10,668.99
Travel Accommodations Allowance		\$159.61	\$159.61
Travel Accommodations Allowance (days; 10 max) - NF	10.0	1.0	1.0
Other			
Hosting - \$		\$227.43	\$281.98
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	80,000.0	11,281.0	12,866.0
Special Trips (5 trips per year) - NF	5.0	2.0	2.0
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	2.0	10.0
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



BDF290001

FLEET MANAGEMENT SERVICES DETAIL
DETAI LS SERVICES DE GESTION DE PARC

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

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

CLIENT NO. [REDACTED]
NO DU CLIENT [REDACTED]
NVOICE DATE 08/01/17
DATE DE LA FACTURE
NVOICE NO. 0006873046
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
[REDACTED]	ANDERSON	[REDACTED]	[REDACTED]		000468463909 07/18/17	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	67.3 1.0	1.10 13.99	70.48 13.99	3.52 4.22 .70 4.22	88.69 88.69
					000467895137 07/12/17	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	81.1	1.08	83.38	4.17 4.17	87.55 87.55
					000467043253 07/03/17	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	67.3 1.0	1.15 13.99	73.66 13.99	3.68 4.38 4.38	92.03 92.03
					000466100745 06/24/17	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	75.6 1.0	1.15 13.99	82.77 13.99	4.14 4.84 4.84	101.60 101.60
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	291.3		352.26	17.61	369.87
	BKDN TOTALS / TOTAUX CODIFICATION 01-63				1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	291.3		352.26	17.61	
							BKDN TOTALS / TOTAUX CODIFICATION					369.87

BLE871

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

Element Fleet Management



BFD290001

FLEET MANAGEMENT SERVICES DETAIL
 DETAILS SERVICES DE GESTION DE PARC

PAGE - 193 OF 233
 DE

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	09/01/17
DATE DE LA FACTURE	
NVOICE NO.	0006898662
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				000472267377 08/23/17	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	66.7 1.0	1.11 13.99	70.48 13.99	3.52 4.22 70 4.22	88.69 88.69
					000472048179 08/18/17	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	53.4 1.0	1.12 13.99	56.95 13.99	2.85 70 3.55	74.49 74.49
					000471067743 08/11/17	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	77.1	1.12	82.57	4.13 4.13	86.70 86.70
					000470800839 07/31/17	IMPERIAL OIL EDMONTON AB	AVIATION TURBO B GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	46.1	.95	41.90	2.10 2.10	44.00 44.00
					000469344522 07/26/17	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	31.5 1.0	1.04 13.99	31.14 13.99	1.56 70 2.26	47.39 47.39
					000469232829 07/25/17	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	77.1	1.05	76.98	3.85 3.85	80.83 80.83
	UNIT TOTAL / TOT UNITE						FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	351.9		401.99	20.11	422.10
	BKDN TOTALS / TOTAUX CODIFICATION 01-63						FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	351.9		401.99	20.11	

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

PAGE - 194 OF 233
DE

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 09/01/17
DATE DE LA FACTURE
INVOICE NO. 0006898662
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 ----- DESCR PTION 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												422.10

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:

Oil Change

\$237.67

TRANSACTION RECORD

SOUTHRIDGE CHRYSLER LT
12 SOUTHRIDGE DR. T1S1N1

OKOTOKS AB

20969832

||||

PURCHASE

||||

06-12-2017

15:08:36

Acct #

C

Account Chequing Card Type DP

AG000002771010

Interac

Trace # 390009

432601430001

Inv. # 783026

Auth #

RRN 001136008

TVR 8080008000

TSI 7800

TC 6549C4AC144B29A6

Total

\$249.55

(00) APPROVED-THANK YOU

(PIN VERIFIED)

Retain this copy for your
records

Merchant copy



12 Southridge Drive, Okotoks, AB T1S 1N1
Phone: 403-938-8632 • Fax: 403-938-8635
Toll Free: 1-877-938-3636
www.southridgechrysler.com
service@southridgechrysler.com

Promised: 06/12/2017 2:00:00 PM



Page 1

Fleet:
Tag #:

*** Service Invoice Customer Copy ***

SO #: 783026

Customer No:
WAYNE
ANDERSON

Advisor: Patricia Weiss Invoice Date: 06/12/2017 Term: CASH

Request/Concern

Type CSR# TU Amount

1	MAINT1	MAINTENANCE SERVICE PACKAGE 1				
	MAINT1	MAINTENANCE SERVICE PACKAGE 1 -LOF COMPLETE. RESET OIL LIFE MONITOR. -WWF TOPPED UP AND ALL OTHER FLUID LEVELS GOOD. -ALL LIGHTS OPERATIONAL AT PRESENT TIME. -TIRE PRESSURES OK. TIRE WEAR SHOWS 11/32DF, 10/32PF, 9/32DR AND 7/32PR. RECOMMEND TO ROTATE TIRES NEXT SERVICE. - NOTHING ELSE TO REPORT. TYVM!	C	230	0.50	28.18
1		68229402AA OIL FILTER	CRO			44.00
1		ECO003 ECO FILTER ENVIRO FEE (UNDER 203MM)	CRO			0.55
2		68171006CB ROTELLA T6 5W-40 OIL	CRO			160.06
2		ECO005 5 LITRE OIL JUG	CRO			1.50

Technician 228 BARRY

Cause: MAINTENANCE SERVICE PACKAGE 1

REGULAR MAINTENANCE (DIESEL).

Correction: MAINTENANCE SERVICE PACKAGE 1

Request Total 234.29

-LOF COMPLETE. RESET OIL LIFE MONITOR.
-WWF TOPPED UP AND ALL OTHER FLUID LEVELS
GOOD.
-ALL LIGHTS OPERATIONAL AT PRESENT TIME.
-TIRE PRESSURES OK.
TIRE WEAR SHOWS 11/32DF, 10/32PF, 9/32DR AND
7/32PR. RECOMMEND TO ROTATE TIRES NEXT
SERVICE.
-NOTHING ELSE TO REPORT.

TYVM!

2	AC	COMPLEMENTARY ALIGNMENT CHECK PERFORMED ON YOUR VEHICLE THIS MORNING. RESULT: _____				
	AC	COMPLEMENTARY ALIGNMENT CHECK PERFORMED ON YOUR VEHICLE THIS MORNING. RESULT: _____	C	230	0	0.00

Technician 228 BARRY

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS ACCURATE
UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS
NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR RE-
PLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE.
RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT
THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

STATEMENT OF DISCLAIMER

The factory warranty constitutes all of the warranties with respect to the sale of this
item/items. The Seller hereby expressly disclaims all warranties either express or implied,
including any implied warranty of merchantability or fitness for a particular purpose.
Seller neither assumes nor authorizes any other person to undertake responsibility for
any liability in connection with the sale of this item/items.

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON

(DATE)

Customer Signature _____ Date _____



12 Southridge Drive, Okotoks, AB T1S 1N1
Phone: 403-938-8632 • Fax: 403-938-8635
Toll Free: 1-877-938-3636
www.southridgechrysler.com
service@southridgechrysler.com

Promised: 06/12/2017 2:00:00 PM



Page 2

Fleet:
Tag #:

*** Service Invoice Customer Copy ***

SO #: 783026

Customer No: [REDACTED]
WAYNE
ANDERSON

Advisor: Patricia Weiss

Invoice Date: 06/12/2017

Term: CASH

Request/Concern

Cause: COMPLEMENTARY ALIGNMENT CHECK
PERFORMED ON YOUR VEHICLE THIS MORNING.
RESULT: _____

VALUE ADDED SERVICE.

Correction: COMPLEMENTARY ALIGNMENT CHECK
PERFORMED ON YOUR VEHICLE THIS MORNING.
RESULT: _____

ALIGNMENT CHECK FAILED, SUGGEST ALIGNMENT.
SEE REPORT FOR MORE INFO.

TYVM!

Type CSR# TU Amount

Request Total 0.00

Added Operation

3 RRT RRT 16-020

Cause: NOT APPLICABLE AFTER 60,000KM.

Correction: NO ACTION TAKEN.

Request Total 0.00

LABOUR	\$28.18
PARTS	\$206.11
SUPPLIES	\$3.38
SUBTOTAL	\$237.67
Gst	\$11.88
TOTAL INVOICE	\$249.55

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON

(DATE)

STATEMENT OF DISCLAIMER

The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to undertake responsibility for any liability in connection with the sale of this item/items.

Customer Signature _____ Date _____

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

\$11.99

TRANSACTION RECORD

NAPA OKOTOKS (2011)
82 FISHER PLACE T1S1B2
OKOTOKS AB
21295659
QC2129565902

SALE

06-13-2017 13:52:36
Acct # [REDACTED] C
Account Chequing Card Type DP
A0000002771010
Interac

Trace # 740043
Inv. # 4878
Auth # [REDACTED] RRN 001075043
Sale \$12.59
TOTAL \$12.59

+++++
00 APPROVED-THANK YOU
+++++

Retain this copy for your
records
Customer conv



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

Time: 13:52 Invoice Number 159-716984
Date: 06/13/2017
Page: 1/1

SOLD TO

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

Employee: 1 , Randy
Sales Rep: 0 , Salesman
Accounting Day: 11

Part Number	Line	Description	Quantity	Price	Net	Total	
55-125AIRX48	RCO	DIESEL EXHAUST FLUID Above Item on Sale	1.00	17.79	11.9900	11.99	T

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

Subtotal 11.99
GST 863381265 5.0000% 0.60

Total 12.59

Discover 12.59

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

\$14.91

TRANS IN RECORD

NAPA OKOTOKS (2011) T1S1B2
82 FISHER PLACE AB
OKOTOKS
21295559
QC2129555902

SALE

07-26-2017 13:35:27 C
Acct # *
Account Chequing Card Type DP
A0000002771010
Interac

Trace # 100037
Inv. # 7469
Auth #
RRN 00111037

Sale \$15.66
TOTAL \$15.66

+++++
00 APPROVED-THANK YOU
+++++

Please use 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: 13:35

Invoice Number 159-724025

Date: 07/26/2017

Page: 1/1

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

Employee: 1 , Randy
Sales Rep: 0 , Salesman
Accounting Day: 21

Part Number	Line	Description	Quantity	Price	Net	Total	
55-125AIRX48	RCO	DIESEL EXHAUST FLUID	1.00	17.79	14.9100	14.91	T

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

Subtotal 14.91
GST 863381265 5.0000% 0.75

Total 15.66

Discover 15.66

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

Returns may be subject
to a restocking fee.
Have a good day!

CUSTOMER COPY

VE ASSEMBLY OF ALBERTA
al Expense Claim Receipt Description

ber Name: Wayne Anderson

mant Name: _____

xpense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☒ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Diesel Fuel

\$47.62

Kimmer Country Market
100-412 Pine Creek Road
De Winton, AB
T0L 0X0
CANADA

Inv#: 9593414
Trans: Pre-Auth
Completion

Interac
AID: A0000002771010
CHEQUING
Seq#: 989001001007
Terminal ID: 0019PD4

ACT/ISO: 001/00
Date: 30/04/2017
Time: 12:26:17 PM
TVR 8080008000
TSI 7800
APPROVED

Pump #: 4-Diesel
Vol : 50.050 L
Price/L: \$0.999
Total: \$50.00
Date: 04/30/17
Time: 12:28:25 PM

Fuel Includes:
GST(5%): \$2.38
Total : \$2.38

GST#R101957918
THANK YOU
Please
Come Again

IVE ASSEMBLY OF ALBERTA
al Expense Claim Receipt Description

ber Name: Wayne Anderson

imant Name:

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☒ Individual Stakeholder(s)

☐ Group:

Purpose:

Diesel Fuel

\$69.52

Kimber Country Market
100-412 Pine Creek Road
De Winton, AB
T0L 0X0
CANADA

Inv#: 9596800
Trans: Pre-Auth
Completion

Interac
AID: A0000002771010
CHEQUING
Seq#: 006001001027
Terminal ID: C0019PD3

AC1/ISO: 001/00
Date: 16/05/2017
Time: 3:17:06 PM
TVR 8080008000
TSI 7800
APPROVED

Pump # : 3-Diesel
Vol : 74.565 L
Price/L: \$0.979
Total: \$73.00
Date: 05/16/17
Time: 3:20:03 PM

Fuel Includes:
GST(5%): \$3.48
Total : \$3.48

GST#R101957918
THANK YOU
Please
Come Again

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:

Calgary Event Parking
\$23.81

ELPT	PARKING RECEIPT	ark
DISPLAY TICKET ON DASH		
Expiration Date/Time		
08:00 AM		
JUL 14, 2017		
Purchase Date/Time: 04:22pm Jul 13, 2017		
Total Due: \$25.00 Rate: \$25 - Stampede Rate		
Total Paid: \$25.00 Payment Type: Card		
Ticket #: 08291410		
Card #: 300011220084		
Billing: Lot 471		
Arch Name: Lot 471-2		
MasterCard		
Auth #: _____		
GST REG #R102466000		

RECEIPT		
Expiration Date/Time*: 08:00am Jul 14, 2017		
Purchase Date/Time: 04:22pm Jul 13, 2017		
Total Due: \$25.00 Rate: \$25 - Stampede Rate		
Total Paid: \$25.00 Payment Type: Card		
Ticket #: 08291410		
Billing: Lot 471		
Arch Name: Lot 471-2		
MasterCard		
Auth #: _____		



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)

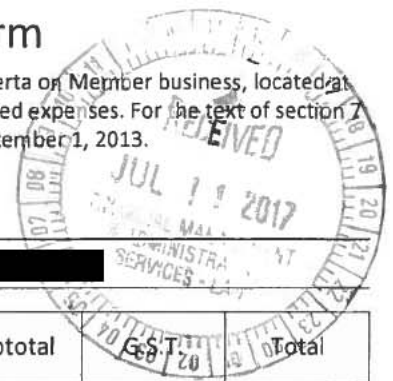
Member Name: Anderson, Wayne

Constituency: Highwood

For the Month of: June

Year: 2017

Employee #: [REDACTED]



Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	GST	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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
5	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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 type="checkbox"/>	19.81	0.99	20.80
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						\$129.76	\$6.49	\$136.25

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

Jul 3/17



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: July

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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
24	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
25	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
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						\$90.19	\$4.51	\$94.70

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

Member Signature

Date

July 31/17



Members' Temporary Accommodation Allowance Claim Form

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

Member Name: Anderson, Wayne

Constituency: Highwood

Employee #: [REDACTED]

Date: 7/3/2017

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
July		2017	1,695.00
29- -325-8831 (NF)	29- -320-2706	Grand Total	\$1,695.00

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.

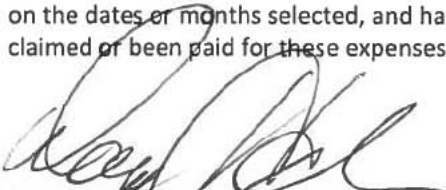
☒ Yes

☐ 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.

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



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: 7/31/2017

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
August				2017	1,695.00
29-	-325-8831 (NF)	29-	-320-2706	Grand Total	\$1,695.00

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.

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



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

RECEIVED

Member Name: Anderson, Wayne

Constituency: Highwood

Employee #: 6545334

Date: 8/31/2017

SEP 26 2017

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

FMAS-

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				2017	1,695.00
29-	-325-8831 (NF)	29-	-320-2706	Grand Total	\$1,695.00

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.

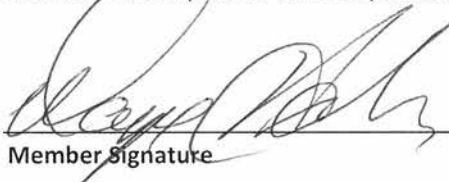
☒ Yes

☐ 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.

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

Pomeroy Inn & Suites @ Olds College

GST# 824143507

Box 3702 : 4601 46th Avenue

Olds, AB T4H 1P5

Telephone: (403)556-8815 Fax: (403)556-1056

Aug 29, 2017

7:58 am

Wayne Anderson

Folio #: 56582

Room Number: 428

Rate: \$149.00

Pay Method:

Arrival Date: Monday, August 28, 2017

Departure Date: Tuesday, August 29, 2017

Member #:

Date	Department	Reference	Voucher	Room	Debit	Credit
8/28/2017	ROOM CHARGE	Auto Posted		428	\$149.00	
8/28/2017	ROOM G.S.T.	Auto Posted		428	\$7.45	
8/28/2017	DMF FEE	Auto Posted		428	\$4.47	
8/28/2017	G.S.T.	Auto Posted		428	\$0.22	
8/28/2017	HOTEL TAX	Auto Posted		428	\$0.18	
8/28/2017	HOTEL TAX	Auto Posted		428	\$5.96	
8/29/2017	MASTERCARD	CHECKED-OUTMC		428		\$167.28

I agree that my liability for all charges is not waived

Signature _____

Tax Summary	
ROOM G.S.T.	\$7.45
G.S.T.	\$0.22
HOTEL TAX	\$6.14
DMF FEE	\$4.47

Balance: \$0.00

\$159.61

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Wayne Anderson

Claimant Name: _____

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Breakfast with Constituents

\$59.22

TRANSACTION RECORD

RICKY'S ALL DAY GRILL
747-201 SOUTHRIDGE T1S1E2
OKOTOKS AB
22996942

|||| PURCHASE ||||

06-14-2017 09:50:46
Acct # [REDACTED] C
Account Chequing Card Type DP
A0000002771010 Interac

Trace # 020003
FS2299694201
Inv. # 100740
Auth # [REDACTED] RRN 001441003

Purchase \$55.88
Tip \$6.00
Total \$61.88

(00) APPROVED-THANK YOU

Retain this copy for your
records
Customer copy

******Thank you******

CHECK # 454053 DATE 6/14/17

TABLE # 74 TIME 9:49AM

-- RICKY'S : JOSEPHINE --

ITEMS ORDERED	AMOUNT
1 ADD 3 BACON	3.59
1 ADD White Toast	2.59
1 DBL EGG TST BACN	10.49
1 STUFFED FR TOAST	12.99
1 WORKS OMELETTE x	13.99
3 COFFEE	9.57

SUBTOTAL 53.22
TAX 2.66

TOTAL DUE 55.88

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

** Please pay cash to your server **

Constantine Breffer

THANK-YOU!!

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Wayne Anderson

Claimant Name: _____

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Breakfast with Constituents

\$35.96

CHECK # 454240

DATE 6/16/17

TABLE # 51

TIME 10:03AM

=====

-- RICKY'S : MAY ANN --

ITEMS ORDERED AMOUNT

1 DBL EGG TST BACN 10.49

1 CHORIZO BOWL 14.59

2 COFFEE 6.38

SUBTOTAL 31.46

TAX 1.57

TOTAL DUE 33.03

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

** Please pay cash to your server **

THANK-YOU!!

TRANSACTION RECORD

RICKY'S ALL DAY GRILL
747-201 SOUTHRIDGE T1S1E2
OKOTOKS AB
22996942

|||| PURCHASE ||||

06-16-2017 10:14:47
Acct # [REDACTED] C
Account Chequing Card Type DP
A0000002771010 Interac

Trace # 040018
FS2299694201
Inv. # 100872
Auth # [REDACTED] RRN 001443017

Purchase \$33.03
Tip \$4.50
Total \$37.53

(00) APPROVED-THANK YOU

Retain this copy for your
records
Customer copy

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Wayne Anderson

Claimant Name: _____

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Lunch With Constituent

\$33.52

EVELYN MEMORY LANE
118 4TH AVE SW
HIGH RIVER AB

CARD [REDACTED]
CARD TYPE INTERAC
ACCOUNT TYPE CHEQUING
DATE 2017/06/21
TIME 5073 12:11:05
RECEIPT NUMBER
C85007434-001-004-477-0

PURCHASE
AMOUNT \$30.14
TIP \$4.82
TOTAL

\$34.96

Interac
A0000002771010
8928D7A42BC2C87B
8080008000-6800
8CB0D74A0A9249BA
8080008000-7800

APPROVED

AUTH# [REDACTED] 00-001
THANK YOU

CARDHOLDER COPY

CHECK # 150753 DATE 6/21/17
TABLE # 1 TIME 12:08PM

-- DINING : Rachel --

ITEMS ORDERED	AMOUNT
1 Turkey Club Croissant	7.90
1 HEALTH SANDWICH	7.00
1 Add CHICKEN	3.00
2 Add:	8.00
1 POP Bottle	2.80

SUBTOTAL 28.70
GST 1.44

TOTAL DUE 30.14

ROUNDED TOTAL 30.15

OF GUESTS 2

EVELYN'S MEMORY LANE CAFE
118 4TH AVE SW HIGH RIVER AB
403-652-1987
GST 138412861
www.mlcafe.ca
contact@mlcafe.ca

Thank You

ASSEMBLY OF ALBERTA
Expense Claim Receipt Description

Name: Wayne Anderson

Ant Name:

ense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group:

Purpose:

Breakfast with Constituents

\$28.31

TRANSA. RECORD

RICKY'S ALL DAY GRILL
747-201 SOUTHRIDGE T1S1E2
OKOTOKS AB
22996942

|||| PURCHASE ||||

08-15-2017 09:38:12

Acct #

Account Chequing Card Type DP
A0000002771010 Interac

Trace # 650005

FS2299694201

Inv. # 105267

RRN 001504005

Purchase \$25.68
Tip \$3.85
Total \$29.53

(00) APPROVED-THANK YOU

Retain this copy for your
records
Customer copy

CHECK # 459994 DATE 8/15/17
TABLE # 74 TIME 9:26AM

-- RICKY'S : JOSEPHINE --

ITEMS ORDERED	AMOUNT
1 DBL EGG TST BACN	10.49
1 QUICK COMMUTE	7.59
2 COFFEE	6.38

SUBTOTAL 24.46
TAX 1.22

TOTAL DUE 25.68

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

** Please pay cash to your server **

THANK-YOU!!

THE ASSEMBLY OF ALBERTA
Expense Claim Receipt Description

Server Name: Wayne Anderson
Diner Name: _____
Expense Category: Hosting

For hosting, select one:

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

Purpose:

Breakfast with Constituents

\$31.67

TRANSACTION RECORD

RICKY'S ALL DAY GRILL
747-201 SOUTHRIDGE T1S1E2
OKOTOKS AB
22996942

|||| PURCHASE ||||

07-26-2017 10:09:09
Acct # [REDACTED]
Account Chequing Card Type DP
A0000002771010 Interac

Trace # 450019
FS2299694201
Inv. # 103828

RRN 001484017

Purchase \$28.72
Tip \$4.31
Total \$33.03

(00) APPROVED-THANK YOU

Retain this copy for your
records
Customer copy

Thank You!

CHECK # 458166 DATE 7/26/17
TABLE # 62 TIME 9:55AM

-- RICKY'S : CHARLYN --

ITEMS ORDERED	AMOUNT
2 DBL EGG TST BACN	20.98
2 COFFEE	6.38
1 WATER	0.00

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!!

THE ASSEMBLY OF ALBERTA
Expense Claim Receipt Description

Server Name: Wayne Anderson

Attendant Name:

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group:

Purpose:

Breakfast with Constituents

\$32.25

TRANSACTION RECORD

RICKY'S ALL DAY GRILL
747-201 SOUTHRIDGE T1S1E2
OKOTOKS AB
22996942

|||| PURCHASE ||||

07-17-2017 09:35:58

Acct # [REDACTED]

Account Chequing Card Type DP
A0000002771010 Interac

Trace # 360005

FS2299694201

Inv. # 103246

RRN 001475005

Purchase \$29.25

Tip \$4.39

Total \$33.64

(00) APPROVED-THANK YOU

Retain this copy for your
records
Customer copy

Thank You

CHECK # 457370

DATE 7/17/17

TABLE # 51

TIME 9:20AM

=====

-- RICKY'S : CHARL'N --

ITEMS ORDERED AMOUNT

1 DBL EGG TST BACN 10.49

1 DBL EGG TST HAM 10.99

2 COFFEE 6.38

SUBTOTAL 27.86
TAX 1.39

TOTAL DUE 29.25

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

** Please pay cash to your server **

THANK-YOU!!

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Wayne Anderson

Claimant Name: Sandra Oleskiw

Expense Category: Hosting

For hosting, select one:

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

Purpose:

2 jugs of water for dispenser

\$6.50

 * Customer Copy *

HIGHWOOD NATURAL FOODS
 BAY 101 416 CENTER ST. S.E.

SALE

Sep 6/2017 16:41:51 #129024 1
 Clerk: JAMES Cashier : JAMES

Item #	Price	Qty	Amount
9001	3.25	2	6.50
WATER 18.9L			

Item Count : 2

 SubTotal: 6.50
 PST: 0.00
 GST: 0.00

Total due: 6.50
 Tendered : MCard: 6.50

THANK YOU FOR SUPPORTING YOUR
 LOCAL ORGANIC MARKET!!

www.highwoodnaturalfoods.com

GST #844339689