

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2018-19
063 - Highwood - Anderson, Wayne
For Expenses Processed July 1 - Sep 30 2018

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$1,125.82	\$2,861.20
MLA Parking Cap - \$	\$900.00	\$12.00	\$16.76
Other Travel - Parking - \$			\$239.91
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$			\$222.60
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$197.86	\$1,600.81
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,619.75	\$11,239.50
Travel Accommodations Allowance			
Travel Accommodations Allowance (days; 10 max) - NF	10.0		
Other			
Hosting - \$		\$376.33	\$426.00
Event Tickets Disclosable - \$			
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel MLA (KM) - NF	80,000.0	10,211.0	13,011.0
Constituency Travel Staff (KM) - NF			
Total Constituency Travel (KM) - NF	80,000.00	10,211.00	13,011.00
Special Trips (5 trips per year) - NF	5.0		
Travel To and From the Capital			
Travel by Air, Bus or Train (Unlimited Trips) - NF			1.0
Use of a Private Automobile (52 trips per year) - NF	52.0	1.0	7.0
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



BFD290001

FLEET MANAGEMENT SERVICES DETAIL
DETAI LS SERVICES DE GESTION DE PARC

PAGE - 203 OF 245
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 08/01/18
DATE DE LA FACTURE
NVOICE NO. 0007161443
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			0130500	000504631224 07/18/18	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	76.5 1.0	1.33 13.99	96.88 13.99	4.84 5.54 116.41	116.41
				0129888	000503785829 07/11/18	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	86.5 1.0	1.33 13.99	109.52 13.99	5.48 6.18 129.69	129.69
				0128578	000503302594 07/05/18	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	75.5 1.0	1.30 13.99	93.41 13.99	4.67 5.37 112.77	112.77
				0127850	000502616061 06/27/18	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	64.7 1.0	1.33 13.99	81.90 13.99	4.10 4.80 100.69	100.69
				UNIT TOTAL / TOT UNITE			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	303.2		437.67	21.89	459.56
	BKDN TOTALS / TOTALX CODIFICATION 01-63			UNITS / VEHIC	1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	303.2		437.67	21.89	
							BKDN TOTALS / TOTALX COD FICATION					459.56

BLE871

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

Element Fleet Management



BDFD290001

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

PAGE - 190 OF 230
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 09/01/18
DATE DE LA FACTURE
INVOICE NO. 0007184348
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				0132832 000507017719 08/14/18	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	63.9 1.0	1.36 13.99	82.64 13.99	4.13 4.83 .70 4.83	101.46 101.46
					0132236 000506622180 08/09/18	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	74.9 1.0	1.36 13.99	96.91 13.99	4.85 .70 5.55	116.45 116.45
					0131800 000505801325 08/01/18	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	72.5 1.0	1.33 13.99	91.70 13.99	4.59 .70 5.29	110.98 110.98
					0130800 000505138601 07/24/18	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	1.33 13.99	85.11 13.99	4.26 .70 4.96	104.06 104.06
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	278.6		412.32	20.63	432.95
	BKDN TOTALS / TOTALS CODIFICATION 01-63				UNITS / VEHIC 1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	278.6		412.32	20.63	
							BKDN TOTALS / TOTALS CODIFICATION					432.95

BLE871

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



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

Time: 10:48 Invoice Number 159-771287
Date: 06/20/2018
Page: 1/1

SOLD TO 0
Valued Customer
Thank You for Your Patronage!
Okotoks, AB
Employee: 2 , Gord
Sales Rep: 0 , Salesman
Accounting Day: 17

Part Number	Line	Description	Quantity	Price	Net	Total
55-125AIR	RCO	DIESEL EXHAUST FLUID	1.00	19.99	18.2900	18.29 T

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

Subtotal 18.29
GST 863381265 5.0000% 0.91

Total 19.20

PINDebit

19.20

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!

NAPA OKOTOKS (2011)
82 FISHER PLACE T1S1B2
OKOTOKS AB
21295659
GZ2129565901

**** PURCHASE ****

06-20-2018 10:49:14
Acct # [REDACTED] C
Card Type DP Account Chequing
Name: WAYNE ANDERSON
A0000002771010 Interac

Trace # 4539
Inv. # 4772
Auth # [REDACTED] RRN 001064012

Total \$19.20

(001) 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: Wayne Anderson

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

\$ 246.95

MURRAY OKOTOKS, CHRYSLER
12 SOUTHRIDGE DR T1S1N1
OKOTOKS AB
23454991
GZ2345499101

**** PURCHASE ****

08-02-2018 15:55:09
Acct # [REDACTED] C
Card Type DP Account Chequing
Name: WAYNE ANDERSON
A0000002771010 Interac

Trace # 1211
Inv. # 788628
Auth [REDACTED] RRN 001103016

Total \$259.30

(001) APPROVED-THANK YOU

Retain this copy for your
records
Customer copy



12 Southridge Drive, Okotoks, AB T1S 1N1
Phone: 403-938-8632 • Fax: 403-938-8635
Toll Free: 1-877-938-3636

From: COMEBACK



Page 1

Fleet:

Tag #:

*** Service Invoice Customer Copy ***

SO #: 788628

Customer No:

WAYNE
ANDERSON

Advisor: PAIGE

Invoice Date:

08/02/2018

Term:

CASH

Request/Concern

			Type	CSR#	Amount
1	MAINT1	MAINTENANCE SERVICE PACKAGE 1			
	MAINT1D	MAINTENANCE DIESEL SERVICE PACKAGE #1	C	9653	54.95
	1	68229402AA OIL FILTER	CRO		40.00
	1	ECO003 ECO FILTER ENVIRO FEE (UNDER 203MM)	CRO		0.50
	10	68232237CB T6 5W40	CRO		145.00
	10	ECO002 BULK OIL (PER LITRE)	CRO		0.50

Technician 149 Chris

Cause: MAINTENANCE SERVICE PACKAGE 1

Correction: Completed Diesel MAINTENANCE SERVICE PACKAGE

1
0.6

Request Total 240.95

2 09 CHECK FOR TOE IN /TOE OUT- SEE HISTORY- CUSTOMER STATES THAT IT KEEPS GOING OUT OF ALIGNMENT

09 CHECK FOR TOE IN /TOE OUT- SEE HISTORY- CUSTOMER STATES THAT IT KEEPS GOING OUT OF ALIGNMENT

I 9653

Technician 149 Chris

Cause: CHECK FOR TOE IN /TOE OUT- SEE HISTORY- CUSTOMER STATES THAT IT KEEPS GOING OUT OF ALIGNMENT

Correction: Completed wheel alignment with vehicle settings in alignment mode.

1.6

Request Total 0.00

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.

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

Promised: COMEBACK



Page 2

Fleet:
Tag #:

*** Service Invoice Customer Copy ***

SO #: 788628

Customer No:

WAYNE
ANDERSON

Advisor: PAIGE

Invoice Date: 08/02/2018 Term: CASH

Request/Concern

Type	CSR#	Amount
LABOUR		\$54.95
PARTS		\$186.00
SUPPLIES		\$6.00
SUBTOTAL		\$246.95
Gst		\$12.35
TOTAL INVOICE		\$259.30

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.

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(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON

(DATE)

Customer Signature _____ Date _____

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Wayne Anderson
Claimant Name: Wayne Anderson
Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

\$ 10.59

NAPA OKOTOKS (2011)
82 FISHER PLACE T1S1B2
OKOTOKS AB
21295659
GZ2129565901

**** PURCHASE ****

08-01-2018 12:15:59
Acct # [REDACTED] C
Card Type DP Account Chequing
Name: WAYNE ANDERSON
A0000002771010 Interac

Trace # 7013
Inv. # 7405
Auth # [REDACTED] RRN 001099020

Total \$11.12

(001) APPROVED-THANK YOU

Retain this copy for your
records
Customer copy



50001159
NAPA OKOTOKS
82 FISHER PLACE
PO BOX 1148
OKOTOKS, AB T1S 1B2
(403) 938-7157
GST #: 863381265

Time: 12:15 Invoice Number 159-778099
Date: 08/01/2018
Page: 1/1

SOLD TO

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

Employee: 4 , Glenn
Sales Rep: 0 , Salesman
Accounting Day: 1

Part Number	Line	Description	Quantity	Price	Net	Total	
55-125AIRX48	RCO	DIESEL EXHAUST FLUID Above Item on Sale	1.00	17.79	10.5900	10.59	T

Anticipated Time:
Attention:
Tax Exemption:
PO#:
Terms: SVC CHG

Subtotal 10.59
GST 863381265 5.0000% 0.53

Total 11.12

PINDebit 11.12

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!

STORE COPY

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Wayne Anderson

Claimant Name: Wayne Anderson

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

im park **DISPLAY TICKET ON DASH**

#*Expiration Date/Time*#

04:05 PM
JUL 10, 2018

Purchase Date/Time: 02:35pm Jul 10, 2018

Total Parking: \$12.00

Total FEDERAL: \$0.60

Total Due: \$12.60

Rate: \$12 - 1 hr 30 Min

Total Paid: \$12.60

Pmt Type: CC (Swipe)

Ticket #: 00074741

S/N #: 30001170043

Setting: Lot 274

Mach Name: Lot 274-2

im park MasterCard

Auth

GST REG #887315638

RECEIPT

#*Expiration Date/Time*#: 04:05pm Jul 10, 2018

Purchase Date/Time: 02:35pm Jul 10, 2018

Total Parking: \$12.00

Total FEDERAL: \$0.60

Total Due: \$12.60

Rate: \$12 - 1 hr 30 Min

Total Paid: \$12.60

Pmt Type: CC (Swipe)

Ticket #: 00074741

Setting: Lot 274

Mach Name: Lot 274-2

im park 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: 2018

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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
4	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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 checked="" type="checkbox"/>	39.57	1.98	41.55
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						\$197.86	\$9.89	\$207.75

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 6/08



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: 5/3/2018

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

Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Maximum of \$23,160 per fiscal year.

Fiscal Year:

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

☒ Yes

☐ No

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

\$ 1,873.25

x 12 = \$ 22,479.00

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

Claim Payment Authorization (please check)

☒ **12 Monthly Payments**

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

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

JULY 2018

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


Member Signature



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: 5/3/2018

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

Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Maximum of \$23,160 per fiscal year.

Fiscal Year:

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

☒ Yes

☐ No

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

\$ 1,873.25

x 12 = \$ 22,479.00

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

Claim Payment Authorization (please check)

☒ 12 Monthly Payments

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

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

AUGUST 2018

JUNE 2018

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


Member Signature

Updated April 2016



Members' Temporary Accommodation Allowance Claim Form

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

Member Name: Anderson, Wayne

Constituency: Highwood

Employee #: [REDACTED]

Date: 5/3/2018

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

Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Maximum of \$23,160 per fiscal year.

Fiscal Year:

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

☒ Yes

☐ No

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

\$ 1,873.25

x 12 = \$ 22,479.00

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

Claim Payment Authorization (please check)

☒ 12 Monthly Payments

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

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

September 2018

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


Member Signature

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 Constituent

\$ 25.98

HUMPTY'S FAMILY
RESTAURANT #05

14315 MACLEOD TRAIL SW
CALGARY AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2018/06/14
TIME 2217 09:22:08
CLERK ID 3
RECEIPT NUMBER
C82021286-001-027-002-0

PURCHASE

AMOUNT \$22.94
TIP \$4.13
TOTAL

\$27.07

MASTERCARD
A0000000041010
18E47BC5EE495946
0000008000-E800
FA54C00554C704C3

APPROVED

AUTH# [REDACTED] 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

HUMPTY'S
14315 MACLEOD TRAIL SOUTH
CALGARY, AB
403-254-6990
GST# 892362559

S E R V I C E

Table #54

Guests: 2

COFFEE	3.10
2 EGGS & TOAST	7.75
HERBAL TEA	3.25
2 EGGS & TOAST	7.75

GST Txbl Total	21.85
GST	1.09
Total	22.94
5.03 AM 6/14/2018 3 NICOLE	

1

THANK YOU!
PLEASE PAY SERVER

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 and Mayor \$ 61.12
BLACK DIAMOND BAR &
HOTEL
BOX 418
BLACK DIAMONDAB

CARD [REDACTED]
CARD TYPE INTERAC
ACCOUNT TYPE CHEQUING
DATE 2018/06/28
TIME 8796 12:27:39
SERV. ID 460
CHECK # 718056
TABLE # 3
RECEIPT NUMBER
C82030073-001-387-002-0

PURCHASE
AMOUNT \$55.44
TIP \$8.32
TOTAL

\$63.76

Interac
A0000002771010
120FB5D34C7BDD86
8080008000-6800
2C580E873A07C62D
080008000-7800

APPROVED

AUTH# [REDACTED] 00-001
THANK YOU

VERIFIED BY PIN

MERCHANT COPY

**WINDOW
#3**

Black Diamond Hotel
105 Centre Avenue
Black Diamond, AB T0L 0H0
Phone (403)933-4656
Business # GST # 123041196

=====

Date: Jun 28, 2018 Time: 12:20PM
Server: Elaine
Bill: 0008 Table : 3

2	Ginger Ale	5.00
1	Soda Water	2.50
1	Coffee	2.50
1	Bowl of Soup 1	5.45
1	B.L.T.	9.45
1	Diamond Clubhouse	13.95
1	6oz. Steak Special (M-F)	10.95
2	Pop Refill	3.00

Subtotal	52.80
GST	2.64

Total 55.44

Open Time : Jun 28, 2018 11:40AM

Printed By : Elaine

Thank you for choosing
The Black Diamond Hotel
PLEASE PAY YOUR SERVER

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 Constituent

\$ 30.81

TRANSACTION RECORD

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

|||| PURCHASE ||||

06-28-2018 09:14:38
Acct # [REDACTED] C
Account Chequing Card Type DP
A0000002771010 Interac

Trace # 840003

FS2299694201

Inv. # 127786

Auth # [REDACTED] RRN 001820003

Purchase \$28.94
Tip \$3.25
Total \$32.19

(00) APPROVED-THANK YOU

Retain this copy for your
records
Customer copy

Thank You

CHECK # 489704 DATE 6/28/18
TABLE # 40 TIME 9:10AM

-- RICKY'S : CHARL'N --

ITEMS ORDERED AMOUNT

1 DBL EGG TST BACN 12.59

1 QUICK COMMUTE 8.59

2 COFFEE 6.38

SUBTOTAL 27.56
TAX 1.38

TOTAL DUE 28.94

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: _____

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Breakfast With Constituent

\$ 35.84

RICKY'S ALL DAY GRILL
277 SHAWVILLE BLVD T2Y3Z9
CALGARY AB
23499012
GW2349901204

**** PURCHASE ****

07-18-2018 09:18:36
Acct # [REDACTED] C
Card Type DP Account Chequing
Name: WAYNE ANDERSON
A0000002771010 Interac

Trace # 35
Inv. # 49
Auth [REDACTED] RRN 001003009

Purchase \$32.51
Tip \$4.88
Total \$37.39

(001) APPROVED-THANK YOU

Retain this copy for your
records
Customer copy

Rickey's All Day Grill
RICKY'S ALL DAY GRILL
16 227 SHAWVILLE BLVD SE
CALGARY, AB T2Y 3H9
(403) 543-7200
G.S.T. #746874924

Date: Jul 18, 2018 09:18:18

Table: 61

TableTransId: 19237186

TransId: 19257471

Server: Maria

Start Date: Jul 18, 2018 08:33:12

2 COFFEE 6.78
2 DOUBLE EGGER 24.18
1 bacon(3)
1 bacon(3)

Subtotal 30.96
GST 1.55
Total 32.51
Balance 32.51

THANK YOU
&
PLEASE PAY
YOUR SERVER

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:

To provide beverages to constituents/ stakeholders who attend meetings in the Okotoks and High River constituency offices.

\$ 46.60

Highwood

COSTCO
WHOLESALE

Okotoks #1069

202-104 Southbank Blvd
Okotoks, AB T1S 0K4

W1 Member

500666 KSWTR40/500* 3.19

ENVIRO FEE N 0.80

DEPOSIT 4.00

500666 KSWTR40/500* 3.19

ENVIRO FEE N 0.80

DEPOSIT 4.00

313936 PARTY PACK 11.79 G

ENVIRO FEE W 0.32 G

DEPOSIT 3.20

84 COKE 11.79 G

ENVIRO FEE W 0.32 G

DEPOSIT 3.20

SUBTOTAL

TAX

**** TOTAL

ACCT: MASTERCARD

REFERENCE #: 66292836-0010019260 T

AUTH #: 2018/08/16 10:54:04

Invoice Number: 003926

Purchase

01 APPROVED - THANK YOU 027

AMOUNT:

IMPORTANT - retain this copy

for your records

CUSTOMER COPY

MasterCard

CHANGE

0.00

G GST 5%

TOTAL NUMBER OF ITEMS SOLD - 5

TOTAL DISCOUNT(S)

2018/08/16 10:54:03 1069 3 37 301

OP#: 301 Name: SARAH C

Thank You!

Please Come Again

G = GST P=PST

GST #121476329RT

Whse:1069 Trm:3 Trn:37 OP:301

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:

To provide beverages to constituents/ stakeholders who attend meetings in the Okotoks and High River constituency offices.

\$ 175.96

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Order Details

Order Number

719847807

Order Date

08/20/2018

Membership Number

[REDACTED]

Shipping Address

Melissa Whitney

Billing Address

Melissa Whitney

Payment Method

Visa ending [REDACTED]
Expire [REDACTED]

If you need to return, cancel or change your order, email Customer Service.

☐ All

McCafe Premium Roast Coffee, 2 x 72 pods

Item #1252815

\$87.99

Quantity

2

Ground : Free

Order Received

[Write a Review](#)

Total

\$175.98

Order Summary

Subtotal (1 Items)	\$175.98
Shipping	\$0.00
GST	\$0.00
HST	\$0.00
PST	\$0.00
QST	\$0.00
Order Total	\$175.98