

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2018-19
063 - Highwood - Anderson, Wayne
For Expenses Processed Oct 1 - Dec 31 2018

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$1,535.84	\$4,397.04
MLA Parking Cap - \$	\$900.00		\$16.76
Other Travel - Parking - \$		\$119.95	\$359.86
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$		\$350.54	\$573.14
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$756.38	\$2,357.19
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,619.75	\$16,859.25
Travel Accommodations Allowance			
Travel Accommodations Allowance (days; 10 max) - NF	10.0		
Other			
Hosting - \$		\$36.53	\$462.53
Event Tickets Disclosable - \$			
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel MLA (KM) - NF	80,000.0	8,738.0	21,749.0
Constituency Travel Staff (KM) - NF			
Total Constituency Travel (KM) - NF	80,000.0	8,738.0	21,749.0
Special Trips (5 trips per year) - NF	5.0		
Travel To and From the Capital			
Travel by Air, Bus or Train (Unlimited Trips) - NF		3.0	4.0
Use of a Private Automobile (52 trips per year) - NF	52.0	1.5	8.5
Other Travel			
Vehicle Rental (5 Days maximum anywhere in Alberta) - NF	5.0		

\$ - Reported on CAD dollar amount of actual expense

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

Budget reported is the maximum annual amount that may be claimed

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

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]
 NVOICE DATE 11/01/18
 DATE DE LA FACTURE
 NVOICE NO. 0007247545
 NO DE LA FACTURE

UNIT NO NO. D'UNITE	DRIVER NAME DRIVER I.D. 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			0138857	000512812870 10/14/18	SHELL CANADA INC OKOTOKS	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	77.8 1.0	1.41 13.99	104.41 13.99	5.22 5.92 .70 5.92 124.32 124.32	
				0138063	000512285012 10/05/18	SHELL CANADA INC OKOTOKS	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	72.3 1.0	1.40 13.99	96.38 13.99	4.82 5.52 .70 5.52 115.89 115.89	
				0137393	000511226949 09/26/18	SHELL CANADA INC OKOTOKS	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	81.2 1.0	1.39 13.99	107.40 13.99	5.37 6.07 6.07 127.46 127.46	
				UNIT TOTAL / TOT UNITE			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	231.3		350.16	17.51	367.67
BKDN TOTALS / TOTAUX CODIFICATION 01-63			UNITS / VEHIC	1			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	231.3		350.16	17.51	
BKDN TOTALS / TOTAUX CODIFICATION												367.67

Element Fleet Management



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.
NO DU CLIENT
NVOICE DATE 10/01/18
DATE DE LA FACTURE
NVOICE NO. 0007240158
NO DE LA FACTURE

UNIT NO NO. D'UNITE	DRIVER NAME DRIVER I.D. 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			0136582	000510113304 09/15/18	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	76.3	1.40	101.65	5.08 5.08	106.73 106.73
				0135779	000509387528 09/08/18	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	85.9 1.0	1.40 13.99	114.45 13.99	5.72 .70 6.42	134.86 134.86
				0134836	000509000617 09/04/18	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	31.9	1.40	42.43	2.12 2.12	44.55 44.55
				0134534	000508989920 08/31/18	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	82.6 1.0	1.36 13.99	106.95 13.99	5.35 .70 6.05	126.99 126.99
				0133656	000507961717 08/22/18	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	77.2 1.0	1.36 13.99	99.97 13.99	5.00 .70 5.70	119.66 119.66
				UNIT TOTAL / TOT UNITE			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	353.9		507.42	25.37	532.79
BKDN TOTALS / TOTAUX CODIFICATION 01-63			UNITS / VEHIC	1			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	353.9		507.42	25.37	
BKDN TOTALS / TOTAUX COD FICATION												532.79

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

Element Fleet Management



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 12/01/18
DATE DE LA FACTURE
INVOICE NO. 0007291286
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]	0141875	000516137094 11/15/18	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	70.9 1.0	1.39 13.99	93.85 13.99	4.69 5.39 .70 5.39 113.23 113.23	
				0141111	000514783454 11/03/18	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	83.1	1.41	111.51	5.58 5.58 117.09 117.09	
				0140214	000514168028 10/27/18	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	5.2 1.0	1.41 13.99	6.98 13.99	.35 .70 1.05 22.02 22.02	
				000514168030	000514168030 10/27/18	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	4.5	1.41	6.05	.30 .30 6.35 6.35	
				0140218	000514168049 10/27/18	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	78.0	1.41	104.72	5.24 5.24 109.96 109.96	
				0139360	000513554821 10/19/18	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	50.9 1.0	1.41 13.99	68.32 13.99	3.42 .70 4.12 86.43 86.43	
				UNIT TOTAL / TOT UNITE			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	292.6		433.40	21.68 455.08	
BKDN TOTALS / TOTAUX CODIFICATION 01-63				UNITS / VEHIC		1	FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	292.6		433.40	21.68	

BLE871

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

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

CLIENT NO. NO DU CLIENT	
INVOICE DATE	12/01/18
DATE DE LA FACTURE	
INVOICE NO.	0007291286
NO DE LA FACTURE	

UNIT NO ----- NO. D'UNITE	DRIVER NAME DRIVER ID. ----- NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V.I.N. ----- NO. DE SERIE	CARD NO. ----- NO. DE CARTE	KM AUTHORIZE ----- KM AUTORISE	REFERENCE NO ACTIVITY DATE ----- NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION ----- NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION ----- DESCRIPTION DES FRAIS	QTY ----- QTE	UNIT COST ----- COUT UNIT	EXTENDED PRICE ----- TOTAL	GST-HST PST/QST ----- TPS-TVH TVP/TVQ	TOTAL DUE ----- MONTANT TOTAL DU
BKDN TOTALS / TOTAUX CODIFICATION												
BKDN TOTALS / TOTAUX CODIFICATION							455.08					

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:

Dreams Eco Xpress Car Wash
78 Fisher Place
Okotoks AB T1S 1B2
2018-10-19 12:05:41 PM

Heavenly Wash \$19.05

Subtotal \$19.05

GST \$0.95

Total Cost \$20.00

Credit Card [REDACTED] \$20.00

Total Credits \$20.00

TRANSACTION RECORD

Dreams Eco Xpress Car Wash
78 Fisher Place
Okotoks AB T1S 1B2

INTERAC PURCHASE

Acct: FLASH DEFAULT

AMOUNT \$20.00

Card #: [REDACTED]

Date: 2018/10/19 Time: 12:05:36

Ref. #: 66290452 0010013620 H

Invoice: 0020069625

Interac

A0000002771010

TUR: 8000008000

00 APPROVED - THANK YOU 001

--IMPORTANT--

Retain this copy for your records

CUSTOMER COPY

TRN:2:69625

GST # 743783490RT0001
Grand Opening Celebration - Saturday S
dreamscarwash.ca

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:



CHRYSLER DODGE Jeep RAM

Old Town

Ag

Grande Central

Across

ELK

12 Southridge Drive, Okotoks, AB T1S 1N1

Phone: 403-938-8632 • Fax: 403-938-8635

Toll Free: 1-877-938-3636

Promised: 10/24/2018 5:00:00 PM



Page 1

Fleet:

Tag #:

*** Service Invoice Customer Copy ***

SO #: 790007

Customer No:

WAYNE
ANDERSON

Advisor: Dan W

Invoice Date:

10/24/2018

Term:

CASH

Email:

Request/Concern

			Type	CSR#	Amount
1	MAINT1	MAINTENANCE SERVICE PACKAGE 1			
	MAINT1	MAINTENANCE SERVICE PACKAGE 1	C	213	38.02
1	68229402AA	OIL FILTER	CRO		40.00
1	ECO003	ECO FILTER ENVIRO FEE (UNDER 203MM)	CRO		0.50
10	68232237CB	T6 5W40	CRO		130.50
10	ECO002	BULK OIL (PER LITRE)	CRO		0.50

Technician 149 Chris

Cause: MAINTENANCE SERVICE PACKAGE 1 (DIESEL ENGINE)

Correction: MAINTENANCE SERVICE PACKAGE 1 (DIESEL ENGINE)

Request Total

209.52

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

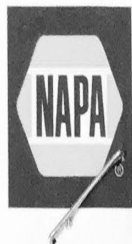
The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes 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
ME00040 - Members' Other Expenses Claim Form

Receipt Description	Diesel Exhaust Fluid
Member Name	Wayne Anderson
Claimant	Wayne Anderson
Expense Category	Fuel and Minor Maintenance



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

Time: 12:45 Invoice Number 159-78698
Date: 09/28/2018
Page: 1/1

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

Employee: 6 , Mike
Sales Rep: 0 , Salesman
Accounting Day: 23

Part Number	Line	Description	Quantity	Price	Net	Total	
55-125AIRX48	RCO	DIESEL EXHAUST FLUID	1.00	17.79	16.2900	16.29	T

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

Subtotal 16.29
GST 863381265 5.0000% 0.81

Total 17.10

PINDebit 17.10

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

I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to me or on my behalf.



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



Membership Number [REDACTED] Date November 16, 2018

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 November 16, 2018

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 November 16, 2018

Total Credit Limit \$ _____ **Available Credit Limit \$** _____

New Transactions for WAYNE ANDERSON

Amount \$

November 8 **CALGARY AIRPORT EXIT CALGARY**
GOVERNMENT SERVICES

125.95

Other Parking = \$119.95 + GST

↑ 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



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

000123

Membership Number

Membership Number [REDACTED]		
	Amount Due \$ [REDACTED]	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
December 16, 2018

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 December 16, 2018

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 December 16, 2018

Total Credit Limit \$

Available Credit Limit \$

Listing of Charges and Credits

Amount \$

November 29 Payment Received Thank You

New Transactions for WAYNE ANDERSON

Amount \$

November 18	AIRPORT TAXI SERVICE EDMONTON TAXICABS AND LIMOUSINES		55.00
November 21	UBER TRIP BYJVVY HELP.UBER.COM TAXICABS AND LIMOUSINES	CA	13.68
November 23	UBER TRIP PNSEK HELP.UBER.COM TAXICABS AND LIMOUSINES	CA	7.49
November 23	UBER TRIP YKFLO HELP.UBER.COM TAXICABS AND LIMOUSINES	CA	7.97
November 26	UBER TRIP NK52G HELP.UBER.COM TAXICABS AND LIMOUSINES	CA	10.40
December 2	GREATER EDMONTON TAX EDMONTON TAXICABS AND LIMOUSINES		55.00
December 2	UBER TRIP STTTH HELP.UBER.COM TAXICABS AND LIMOUSINES	CA	7.02

† 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

000126



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

Date: December 16, 2018

Page 2 of 3

New Transactions for WAYNE ANDERSON Continued

Amount \$

December 2	UBER TRIP UPZX5 HELP.UBER.COM CA TAXICABS AND LIMOUSINES	8.96
December 7	UBER TRIP YR10H HELP.UBER.COM CA TAXICABS AND LIMOUSINES	48.40

Total New Transactions for WAYNE ANDERSON

\$203.73 + GST



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
November 16, 2018



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 November 16, 2018

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 November 16, 2018

Total Credit Limit \$

Available Credit Limit \$

New Transactions for WAYNE ANDERSON

Amount \$

November 4	GREATER EDMONTON TAX EDMONTON TAXICABS AND LIMOUSINES	55.00
November 5	UBER TRIP VXGVL HELP.UBER.COM CA TAXICABS AND LIMOUSINES	9.77
November 5	UBER TRIP Z5KZY HELP.UBER.COM CA TAXICABS AND LIMOUSINES	10.21
November 6	GREATER EDMONTON TAX EDMONTON TAXICABS AND LIMOUSINES	14.40
November 7	UBER TRIP GZZLP HELP.UBER.COM CA TAXICABS AND LIMOUSINES	12.98
November 9	UBER TRIP ZJTBK HELP.UBER.COM CA TAXICABS AND LIMOUSINES	51.77

Total Taxi/Bus = \$146.80 + GST

↑ Please detach here ↑

AMERICAN EXPRESS®

Payment Options

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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



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

000123

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: October

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			<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
29	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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						\$149.52	\$7.48	\$157.00



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

Nov 1/18



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)

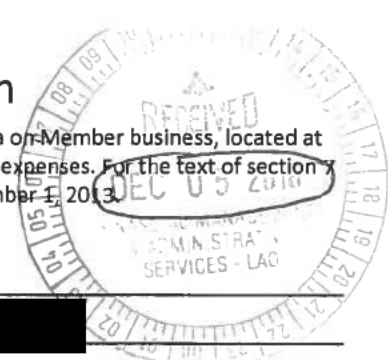
Member Name: Anderson, Wayne

Constituency: Highwood

For the Month of: November

Year: 2018

Employee #: [REDACTED]

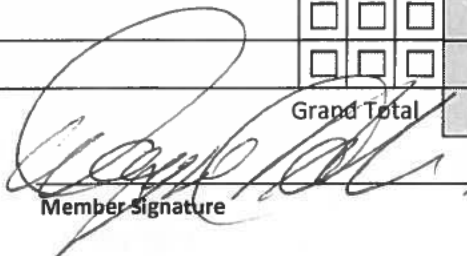


Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
2			<input type="checkbox"/>	<input type="checkbox"/>	<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 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			<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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
19	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
26	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
27	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
28	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
29	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$606.86	\$30.34	\$637.20

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

 Dec 7/18



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.

October 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.

November 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.

DECEMBER 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
ME00040 - Members' Other Expenses Claim Form

Receipt Description	Breakfast with Constituent
Member Name	Wayne Anderson
Claimant	Wayne Anderson
Expense Category	Hosting - Individual Constituent(s) Hosting Purpose - Breakfast

TRANSACTION RECORD
RICKY'S ALL DAY GRILL
747-501 SOUTHBRIDGE T1S1E2
OKOTOKS
22996942
FS2299694201

/10/18
3:45AM
=====

**** PURCHASE ****

10-10-2018 09:31:38
Acct # [REDACTED] C AMOUNT
Account Chequing Card Type DP
A00000002771010 Interac 12.59
12.59
6.38

Trace # 750004
Inv. # 4862
Auth # [REDACTED] RRN 001924004 *****

Purchase \$33.14 56
Tip \$4.97 58
Total \$38.11
14

(00) APPROVED-THANK YOU

Retain this copy for your

I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to me or on my behalf.



Legislative Assembly of Alberta
ME00040 - Members' Other Expenses Claim Form

Receipt Description	Breakfast with Constituent
Member Name	Wayne Anderson
Claimant	Wayne Anderson
Expense Category	Hosting - Individual Constituent(s) Hosting Purpose - Breakfast

CHECK # 49888.2
TABLE # 73
TIME 8:45AM

--- RICKY'S : CHARLYN ---

ITEMS ORDERED	AMOUNT
1 DBL EGG TST BACN	12.59
1 DBL EGG TST SAUS	12.59
2 COFFEE	6.38

SUBTOTAL 31.56

I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to me or on my behalf.