

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2018-19
063 - Highwood - Anderson, Wayne
For Expenses Processed Jan. 1 - Mar 31, 2019

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$1,262.87	\$5,659.91
MLA Parking Cap - \$	\$900.00	\$9.52	\$26.28
Other Travel - Parking - \$			\$359.86
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$			\$573.14
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$118.71	\$2,475.90
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$4,951.15	\$21,810.40
Travel Accommodations Allowance			
Travel Accommodations Allowance (days; 10 max) - NF	10.0		
Other			
Hosting - \$		\$304.53	\$767.06
Event Tickets Disclosable - \$			
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel MLA (KM) - NF	80,000.0	9,152.0	30,901.0
Constituency Travel Staff (KM) - NF			
Total Constituency Travel (KM) - NF	80,000.0	9,152.0	30,901.0
Special Trips (5 trips per year) - NF	5.0		
Travel To and From the Capital			
Travel by Air, Bus or Train (Unlimited Trips) - NF			4.0
Use of a Private Automobile (52 trips per year) - NF	52.0	1.0	9.5
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
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 01/01/19
DATE DE LA FACTURE
NVOICE NO. 0007336223
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
	ANDERSON			0142481	000518470395 12/13/18	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	65.1 1.0	1.39 13.99	86.15 13.99	4.31 5.01 .70 5.01	105.15 105.15
UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	65.1		100.14	5.01	105.15
BKDN TOTALS / TOTAUX CODIFICATION 01-63							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	65.1		100.14	5.01	
BKDN TOTALS / TOTAUX COD FICATION												105.15

Element Fleet Management



BFD290001

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 02/01/19
DATE DE LA FACTURE
NVOICE NO. 0007379415
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				000520884649 01/13/19	SHELLCAN	FUELCHARGE / FR CARBURANT GST-HST / TPS-TVH	87.0		100.89	5.05	105.94	
							REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL				5.05	105.94 105.94	
				0014966	000521133587 01/09/19	PETRO CANADA CALGARY	AB	REGULAR DIESEL GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	23.0 1.09	23.81	1.19 1.19	25.00 25.00	
				0143692	000519776702 12/28/18	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	53.8 1.0	1.25 13.99	64.02 13.99	3.20 3.90	81.91 81.91
				0148173	000519401354 12/21/18	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	69.0 1.0	1.39 13.99	91.28 13.99	4.56 7.0	110.53 110.53
				UNIT TOTAL / TOT UNITE				FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	145.8	307.98	15.40	323.38	
BKDN TOTALS / TOTAUX CODIFICATION 01-63			UNITS / VEHIC	1			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	145.8		307.98	15.40		
BKDN TOTALS / TOTAUX COD FICATION												323.38	

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
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 03/01/19
DATE DE LA FACTURE
NVOICE NO. 0007423305
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			0146500	000524136900 02/15/19	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	67.6	1.29	82.92	4.15 4.15	87.07 87.07
				0146614	000522903044 02/04/19	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	81.6	1.29	100.11	5.01 5.01	105.12 105.12
				0145413	000522018721 01/24/19	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	59.5 1.0	1.20 13.99	67.96 13.99	3.40 .70 4.10	86.05 86.05
UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	208.7		264.98	13.26	278.24
BKDN TOTALS / TOTAUX CODIFICATION 01-63			UNITS / VEHIC		1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	208.7		264.98	13.26	
BKDN TOTALS / TOTAUX COD FICATION												278.24

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

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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 04/01/19
DATE DE LA FACTURE
INVOICE NO. 0007468371
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			0148650	000526690055 03/16/19	SHELL CANADA INC OKOTOKS	REGULAR DIESEL GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	55.6	1.31	69.26	3.46 3.46	72.72 72.72
				0148350	000526075967 03/11/19	SHELL CANADA INC OKOTOKS	REGULAR DIESEL GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	78.1	1.31	97.33	4.87 4.87	102.20 102.20
				0148142	000525908857 03/08/19	SHELL CANADA INC OKOTOKS	REGULAR DIESEL GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	4.7	1.30	5.81	.29 .29	6.10 6.10
				0149000	000525288919 02/28/19	SHELL CANADA INC OKOTOKS	REGULAR DIESEL GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	82.4	1.31	102.75	5.14 5.14	107.89 107.89
				UNIT TOTAL / TOT UNITE			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	220.8		275.15	13.76	288.91
BKDN TOTALS / TOTAUX CODIFICATION 01-63			UNITS / VEHIC		1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	220.8		275.15	13.76	
BKDN TOTALS / TOTAUX CODIFICATION												288.91

BLE871

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

Element Fleet Management



BDF290001

FLEET MANAGEMENT SERVICES DETAIL
 DETAILS SERVICES DE GESTION DE PARC

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

CLIENT NO.
 NO DU CLIENT
 INVOICE DATE 04/01/19
 DATE DE LA FACTURE
 INVOICE NO. 0007468371
 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

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:

Dreams Eco Xpress Car Wash
78 Fisher Place
Okotoks AB T1S 1B2
2019-03-16 3:32:38 PM

Enhanced Basic Wash	\$11.43
<hr/> Subtotal	\$11.43
GST	\$0.57

Total Cost	<hr/> \$12.00
------------	---------------

Credit Card XXXX [REDACTED]	\$12.00
<hr/> Total Credits	\$12.00

TRANSACTION RECORD

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

INTERAC PURCHASE
Acct: FLASH DEFAULT

AMOUNT	\$12.00
--------	---------

Card #: ***** [REDACTED]
Date: 2019/03/16 Time: 15:32:35
Ref. #: 66292988 0010018750 H
[REDACTED]

Invoice: 0020131692

Interac
A0000002771010
TUR: 8000008000

00 APPROVED - THANK YOU 001

--IMPORTANT--
Retain this copy for your records

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TRN:2:131692

GST # 743783490RT0001
Review us on Google or Facebook!
dreamscarwash.ca

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:

Dreams Eco Xpress Car Wash
78 Fisher Place
Okotoks AB T1S 1B2
2019-03-11 1:50:02 PM

Enhanced Basic Wash	\$11.43
Subtotal	\$11.43
GST	\$0.57

Total Cost	\$12.00
------------	---------

Credit Card XXXX [REDACTED]	\$12.00
-----------------------------	---------

Total Credits	\$12.00
---------------	---------

TRANSACTION RECORD

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

INTERAC PURCHASE
Acct: FLASH DEFAULT

AMOUNT	\$12.00
--------	---------

Card #: *****[REDACTED]
Date: 2019/03/11 Time: 13:49:58
Ref. #: 66292988 0010014660 H

[REDACTED]
Invoice: 0020129382

Interac
A0000002771010
TUR: 8000008000

00 APPROVED - THANK YOU 001

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TRN:2:129382

GST # 743783490RT0001
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dreamscarwash.ca



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

Time: 10:57
Invoice Number 159-799648
Date: 12/28/2018
Page: 1/1

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

Employee: 4 , Glenn
Sales Rep: 0 , Salesman
Accounting Day: 22

Part Number	Line	Description	Quantity	Price	Net	Total
55-125AIRX48	RCO	DIESEL EXHAUST FLUID Above Item on Sale	1.00	17.79	10.9900	10.99 T

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

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 weekend!

CUSTOMER COPY

Subtotal	10.99
GST 863381265 5.0000%	0.55
Total	11.54
PINDebit	11.54

NAPA OKOTOKS (2011)
82 FISHER PLACE T1S1B2
OKOTOKS AB
21295659
622129565901

**** PURCHASE ****

12-28-2018 10:56:24
C

Card Type DP Account Chequing
Name: WAYNE ANDERSON
A0000002771010 Interac

Trace # 6937
Inv. # 7359
RRN 001224013

Total \$11.54
(001) APPROVED-THANK YOU

Retain this copy for your
records
Customer copy



Legislative Assembly of Alberta

ME00144 - Members' Other Expenses Claim Form

Receipt Description	Car Wash
Member Name	Wayne Anderson
Claimant	Wayne Anderson
Expense Category	Fuel and Minor Maintenance

Dreams Eco Xpress Car Wash
78 Fisher Place
Okotoks AB T1S 1B2
2019-01-28 3:05:56 PM

Enhanced Basic Wash	\$11.43
Subtotal	\$11.43
GST	\$0.57
Total Cost	\$12.00
Credit Card [REDACTED]	\$12.00
Total Credits	\$12.00

TRANSACTION RECORD

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

INTERAC PURCHASE

Acct: Chequing

AMOUNT \$12.00

Card #: [REDACTED]
Date: 2019/01/28 Time: 15:05:48
Ref. #: 66292988 0010018610 C

Invoice: 0020118546

Interac
A0000002771010
TUR: 8080008000 TSI: 7800

00 APPROVED - THANK YOU 001

VERIFIED BY PIN

--IMPORTANT--
Retain this copy for your records

CUSTOMER COPY

TRN:2:118546

GST # 743783490RT0001
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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

ME00144 - Members' Other Expenses Claim Form

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

NAPA OKOTOKS (2011)
82 FISHER PLACE T1S1B2
OKOTOKS AB
21295659
6Z2129565901

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

Time: 13:45
Date: 02/04/2019
Page: 1/1

Invoice Number 159-804502

**** PURCHASE ****

02-04-2019 13:43:05
Acct # *****
Card Type DP Account Chequing
Name: WAYNE ANDERSON
A0000002771010 Interac

Trace # 8694
Inv. # 9232

RRN 001255038

Total \$38.40
(001) APPROVED-THANK YOU

Retain this copy for your
records
Customer copy

Employee: 1 , Randy
Sales Rep: 0 , Salesman
Accounting Day: 3

Description	Quantity	Price	Net	Total	
DIESEL EXHAUST FLUID	2.00	17.79	16.2900	32.58	T
NAPA W W FLUID -40	1.00	4.49	3.9900	3.99	T

Subtotal 36.57
GST 863381265 5.0000% 1.83

Total 38.40

Discover 38.40

CUSTOMER COPY

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

ME00144 - Members' Other Expenses Claim Form

Receipt Description	Oil Change
Member Name	Wayne Anderson
Claimant	Wayne Anderson
Expense Category	Fuel and Minor Maintenance



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

Promised: 01/25/2019 9:00:00 AM



Page 1

Fleet:
Tag #:

*** Service Invoice Customer Copy ***

SO #: 791309

Invoice Date: 01/25/2019 Term: CASH

WAYNE
ANDERSON
SITE 2 BOX 94 RR1
DE WINTON, AB T0L 0X0

Email:

Request/Concern

1	MAINT1	MAINTENANCE SERVICE PACKAGE 1		C	213	36.95
	MAINT1	MAINTENANCE SERVICE PACKAGE 1		CRO		40.00
	1	68229402AA	OIL FILTER	CRO		0.50
	1	ECO003	ECO FILTER ENVIRO FEE (UNDER 203MM)	CRO		130.50
	10	68232237CB	T6 5W40	CRO		0.50
	10	ECO002	BULK OIL (PER LITRE)			
		Technician	82 M82			

Correction: MAINTENANCE SERVICE PACKAGE 1

Request Total 208.45

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 _____

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

ME00144 - Members' Other Expenses Claim Form

Receipt Description	Oil Change
Member Name	Wayne Anderson
Claimant	Wayne Anderson
Expense Category	Fuel and Minor Maintenance



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

Promised: 01/25/2019 9:00:00 AM



Page 2

Fleet:
Tag #:

*** Service Invoice Customer Copy ***

SO #: 791309

Customer No: 29686
WAYNE
ANDERSON
SITE 2 BOX 94 RR1
DE WINTON, AB T0L 0X0

Advisor: Dan W

Invoice Date: 01/25/2019 Term: CASH

Email:

\$24.32

LABOUR
PARTS
SUPPLIES
SUBTOTAL
Gst
TOTAL INVOICE

TOTAL MAINTENANCE = \$232.77 + GST

MURRAY OKOTOKS CHRYSLER
12 SOUTHRIDGE DR T1S1N1
OKOTOKS AB
23454991
GZ2345499101

PURCHASE

01-25-2019

2:04:04

C

Name: WAYNE ANDERSON
A0000002771010

Interac

Trace # 2860

Inv. # 701000

RRN 001246004

Total

\$298.01

(001) APPROVED-THANK YOU

Retain this copy for your
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Customer copy

ON BEHALF OF S
UNLESS OTHERV
NO INDICATION
PLACED UNDER
RECORDS SUPP
THE SERVICING

N CONTAINED HEREIN IS ACCURATE
CHARGE TO OWNER. THERE WAS
AT ANY PART REPAIRED OR RE-
ACCIDENT, NEGLIGENCE OR MISUSE.
DATE OF PAYMENT NOTIFICATION AT
ATIVE.

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 _____

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
ME00144 - Members' Other Expenses Claim Form

Receipt Description	Parking
Member Name	Wayne Anderson
Claimant	Wayne Anderson
Expense Category	Member Parking

\$9.52 + GST

DISPLAY TICKET ON DASH

#*Expiration Date/Time*#
02:36 PM
DEC 14, 2018
Add Time#:073753

Purchase Date/Time: 12:06pm Dec 14, 2018
Total Due: \$10.00 Rate: \$10 - 2 hrs 30 Min
Total Paid: \$10.00 Pmt Type: CC (Swipe)
Ticket #: 10234340
PIN #: 300011480227
Setting: Lot 287
Each Name: Lot 287-1

Visa Auth #

GST REG #887315638

RECEIPT

#*Expiration Date/Time*#: 02:36pm Dec 14, 2018
Purchase Date/Time: 12:06pm Dec 14, 2018
Add Time#:073753
Total Due: \$10.00 Rate: \$10 - 2 hrs 30 Min
Total Paid: \$10.00 Pmt Type: CC (Swipe)
Ticket #: 10234340
Setting: Lot 287
Each Name: Lot 287-1

Visa Auth #

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.



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.

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

MR00142 - Members' Temporary Accommodation Allowance Claim Form

Form Type	Members' Temporary Accommodation Allowance Claim
Form ID	MR00142
Description	Temporary Accommodations Claim
Claimant	Wayne Anderson
Employee Number	
Constituency	Highwood 63 (Wayne Anderson)
Date Submitted	February 5, 2019
Date Received	
Mailing Address	5TH FLOOR 9820 - 107 STREET EDMONTON, AB T5K 1E7

Month	Year	Monthly Claim Amount
February	2019	1895.00
	Grand Total	1895.00

Office Use Only	
-----------------	--

I confirm that I have completed declarations evidencing: (1) my current permanent residence and (2) my current temporary residence, with supporting documentation as required, and have either provided these documents to FMAS.

Pursuant to section 6.1 of the Members' Allowance Order [Short-term Rental of Temporary Residence], I confirm that I have not, during the period for which the allowance is claimed, used any commercial service through which I, or a third party on my behalf, has rented out my temporary residence for a fee as a vacation rental or any other type of short-term accommodation.

I confirm that the amount being claimed does not exceed my costs of maintaining the temporary residence and acknowledge that I will be personally responsible for reimbursing the Legislative Assembly Office for any payment received that exceeds this amount.

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



Members' Temporary Accommodation Allowance Claim Form - Claimed by Month

Note to MLAs: Forms accessed online can be used to claim, under the *Members' Allowances Order*, the temporary residence allowance (in or near Edmonton [ss.5-6]), the temporary accommodation allowance (excludes in or near Edmonton, maximum 10 days per fiscal year [s. 7(1)]), and meal per diems (while travelling [s. 7(2)]). Only claims supported by the required documentation will be processed. For the relevant sections of the *Members' Allowances Order* see reverse. For information on form completion go to OurHouse – Forms – Expense Claim Forms.

Effective date: June 21, 2018

Member Name: Anderson, Wayne

Constituency: Highwood

Employee #: [REDACTED]

Date: March 18, 2019

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

Temporary Residence Accommodation Allowance in Edmonton - Claimed by Month

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

Month	Year	Monthly Claim Amount
March	2019	1,182.90
Grand Total		\$1,182.90

Please Note:

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

- ☒ I confirm that I have completed declarations evidencing: (1) my current permanent residence and (2) my current temporary residence, with supporting documentation as required, and have either provided these documents to FMAS or attached them here.
- ☐ Pursuant to section 6.1 of the *Members' Allowance Order* [Short-term Rental of Temporary Residence], I confirm that I have not, during the period for which the allowance is claimed, used any commercial service through which I, or a third party on my behalf, has rented out my temporary residence for a fee as a vacation rental or any other type of short-term accommodation.
- ☐ I confirm that the amount being claimed does not exceed my costs of maintaining the temporary residence and acknowledge that I will be personally responsible for reimbursing the Legislative Assembly Office for any payment received that exceeds this amount.

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

Member Signature

Updated June 2018



Members' Travel Expenses Per-Diems Claim Form

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

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

Member Name: Anderson, Wayne

Constituency: Highwood

For the Month of: March

Year: 2019

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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
18	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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			<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						\$118.71	\$5.94	\$124.65

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

March 18/19



Legislative Assembly of Alberta

ME00113 - Members' Other Expenses Claim Form

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

\$37.60 + GST

ORDER: 323357ORDER:

323357

The George
101-31 Southridge Drive
Okotoks, Alberta T1S-2N3
Phone: 413 938-5000

THE GEORGE
TRADITIONAL HOUSE
31 SOUTHRIDGE DR
SUITE 101
OKOTOKS AB T1S-2N3
(403) 538-5000

DEBIT SALE

Server #: 000041

REF#: 00000004

Batch #: 507

SEQ: 507001001004

10/15/18

13:10:23

AMOUNT \$34.10
TIP \$5.12
TOTAL \$39.22

00 - APPROVED - 001

Interac
AID: A0000002771010
TVR: 80 80 00 80 00
TST: 78 00

THANK YOU
PLEASE COME AGAIN

CUSTOMER COPY

Order 323357

KK674****

10/15/18 1:06 PM

Table 74 Cust 1

Your Server: 41 LORI

1 Coffee 2.49
1 Coke 3.99
1 Perogies And Sausage 15.00
1 Lunch Beef Dip 11.00

Taxable: 32.48

Sub-total: 32.48

GST: 1.62

Total Due 34.10

Thank you for visiting
The George Traditional House
Book your Christmas Party with us
The George loves you!

GST # 799107081

Please Pay
Your Server!

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
ME00113 - Members' Other Expenses Claim Form

Receipt Description	Lunch with Constituent
Member Name	Wayne Anderson
Claimant	Wayne Anderson

\$52.08 + GST

ORDER: 305909ORDER: - 305909

The George
101-31 Southridge Drive
Okotoks, Alberta T1S-2N3
Phone: 403 938-5000

Order 30590

****69****

07/13/18 1:35 PM
Table 69 Cust 1
Your Server: 91 JEN A

1 Gingerale 3.99
1 Lettuce Wraps 14.00
1 Lunch Beef Dip 14.00
Caesar Salad \$
1 Steak Sandwich 13.00

Taxable: 44.99

Sub-total: 44.99

GST: 2.25

Total Due: 47.24

Thank you for visiting
The George Traditional House,
Charity Golf Tournament Sept 09
The George loves YOU!

GST # 799107081

Please Pay
Your Server!

THE GEORGE
TRADITIONAL HOUSE
31 SOUTHRIDGE DR
SUITE 101
OKOTOKS AB T1S 2N3
(403) 938-5000

DEBIT SALE

Server #: 000091

REF#: 00000002

Batch #: 437 SEQ: 437001001002

07/13/18 13:38:27

APPR CODE: [REDACTED]

DEBIT/CHEQUING

AMOUNT \$47.24
TIP \$7.09
TOTAL \$54.33

00 - APPROVED - 001

Interac

AID: A0000002771010

TVR: 80 80 00 80 00

TSI: 78 00

THANK YOU
PLEASE COME AGAIN

CUSTOMER COPY



Legislative Assembly of Alberta
SE00063 - Staff Other Expenses Claim Form

Receipt Description	Food and beverages (no alcohol)
Member Name	Wayne Anderson
Claimant	Melissa Whitney
Expense Category	Hosting - Individual Constituent(s)



Okotoks #1069
202-104 Southbank Blvd
Okotoks, AB T1S 0K4

*****Bottom of Basket*****

500666 KSWTR40/500*	3.99
ENVIRO FEE N	0.80
DEPOSIT	4.00
*****BOB Count 1*****	
308636 CRUSH 32 PK	11.99 G
ENVIRO FEE W	0.32 G
DEPOSIT	3.20
84 COKE	11.79 G
ENVIRO FEE W	0.32 G
DEPOSIT	3.20
10551 ICING SUGAR	1.95
10551 ICING SUGAR	1.95
10551 ICING SUGAR	1.95
448 BUTTER 454G	3.95
448 BUTTER 454G	3.95
448 BUTTER 454G	3.95
525 CARN HC1.9KG	12.99
5000195 WHT CHOC SB	9.99
5000195 WHT CHOC SB	9.99
5000195 WHT CHOC SB	9.99
5000195 WHT CHOC SB	9.99
4743 MINI TARTS	11.99
4743 MINI TARTS	11.99
SUBTOTAL	134.24
TAX	1.22
**** TOTAL	135.46

ACCT: MASTERCARD

REFERENCE #: 66292835-0010012340 T

2018/11/15 14:04:16

Invoice Number: 002234

Purchase

01 APPROVED - THANK YOU 027

AMOUNT: \$135.46

IMPORTANT - retain this copy
for your records
CUSTOMER COPY

MasterCard	135.46
CHANGE	0.00

G GST 5% 1.22
TOTAL NUMBER OF ITEMS SOLD - 16
2018/11/15 14:03:33 1069 2-236-42
OP#: 42 Name: EMMA K

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



Legislative Assembly of Alberta
SE00063 - Staff Other Expenses Claim Form

Receipt Description	Gingerbread Men
Member Name	Wayne Anderson
Claimant	Melissa Whitney
Expense Category	Hosting - Individual Constituent(s)

Highwood

Bulk Barn*

Bulk Barn 519
105 Southbank Blvd.,
Okotoks, Alberta
(403) 939-1380
GST# B35269711RT0001
Lane: 002 Cashier: 818
Date: 11/10/2018 Time: 13:11
Transaction: 61910701039

MEDIUM GINGERBREAD MAN \$51.87D
13 @ /\$3.99/283g

Sub-Total: \$51.87
Total Amount: \$51.87
VISA \$51.87
Total Tendered: \$51.87

Items Sold: 13

G=GST B=30% TAXES

SUBSCRIBE TO THE BULK BARN EMAIL LIST
TO GET YOUR \$3 OFF \$10 COUPON AND
GREAT 30% OFF PRODUCT COUPONS
UNTIL NOV 14
bulkbar.ca/Sign-Up

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



Legislative Assembly of Alberta

SE00063 - Staff Other Expenses Claim Form

Receipt Description	Icing bags
Member Name	Wayne Anderson
Claimant	Melissa Whitney
Expense Category	Hosting - Individual Constituent(s)

11/8/2018

Amazon.com - Order 701-1030651-5259424



Details for Order #701-1030651-5259424

[Print this page for your records.](#)

Order Placed: November 8, 2018

Amazon.ca order number: 701-1030651-5259424

Order Total: CDN\$ 10.99

Preparing for Shipment

Items Ordered

1 of: *Premium Piping Bags 50 PCS - Extra Thick Tipless Pastry Bags - 15 in. Icing Bags - Large Disposable Cake Decorating Bags Frosting Bag Ties Cakes Cupcakes Cookies* **Price**
CDN\$ 10.99
Sold by: Nikcom ([seller profile](#))

Condition: New

Shipping Address:

Melissa Whitney



Shipping Speed:

Two-Day Shipping

Item(s) Subtotal: CDN\$ 10.99
Shipping & Handling: CDN\$ 0.00

Total before tax: CDN\$ 10.99
Estimated GST/HST: CDN\$ 0.00
Estimated PST/RST/QST: CDN\$ 0.00

Total for this Shipment: CDN\$ 10.99

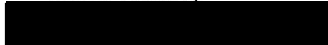
Payment information

Payment Method:

Visa | Last digits: [REDACTED]

Billing Address:

Melissa Whitney



Canada

Item(s) Subtotal: CDN\$ 10.99
Shipping & Handling: CDN\$ 0.00

Total before tax: CDN\$ 10.99
Estimated GST/HST: CDN\$ 0.00
Estimated PST/RST/QST: CDN\$ 0.00

Grand Total: CDN\$ 10.99

To view the status of your order, return to [Order Summary](#).

Please note: This is not a VAT invoice.

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https://www.amazon.ca/gp/css/summary/print.html/ref=oh_aui_pi_o00_?ie=UTF8&orderID=701-1030651-5259424

1/1

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

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 Meeting with Constituent

**YOUR RECEIPT
THANK YOU
CALL AGAIN**

REG 03-06-2019 09:27
000011

1 RESTAURANT	
T1	\$8.25
1 RESTAURANT	
T1	\$3.50
1 RESTAURANT	
T1	\$3.00
1 RESTAURANT	
T1	\$3.00

TA1	\$17.75
TX1	\$0.89

TL	\$18.64
ROUND	\$0.01
CASH	\$20.00
CG	\$1.35

**SWEETGRASS DELI
403 995 4454
805336609
RT0001**