

LEGISLATIVE ASSEMBLY OF ALBERTA
 Member EDR 2016-17
 073 - Olds-Didsbury-Three Hills - Cooper, Nathan
 For Expenses Processed July 1 - September 30, 2016

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$734.16	\$1,959.08
MLA Parking Cap - \$	\$900.00	\$71.43	\$71.43
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$			\$42.90
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$1,035.62	\$1,662.24
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$4,950.00	\$9,900.00
Travel Accommodations Allowance		\$536.64	\$536.64
Travel Accommodations Allowance (days; 10 max) - NF	10	4	4
Other			
Hosting - \$		\$143.98	\$225.67
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	80,000	7,383	13,822
Special Trips (5 trips per year) - NF	5	1	2
Travel To and From the Capital			
Travel by Air, Bus or Train (Unlimited Trips) - NF			
Use of a Private Automobile (52 trips per year) - NF	52	4	12
Other Travel			
Vehicle Rental (5 Days maximum anywhere in Alberta) - NF	5		

\$ - 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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DE

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
 DIV-73-N COOPER
 - -
 - -
 - -
 - -

CLIENT NO. [REDACTED]
 NO DU CLIENT [REDACTED]
 INVOICE DATE 08/01/16
 DATE DE LA FACTURE
 INVOICE NO. 0006443170
 NO DE LA FACTURE

UNIT NO	DRIVER NAME DRIVER ID.	V. I. N.	CARD NO.	KM AUTHORIZE	REFERENCE NO ACTIVITY DATE	SUPPLIER NAME SUPPLIER LOCATION	CHARGE DESCRIPTION	QTY	UNIT COST	EXTENDED PRICE	GST-HST PST/QST	TOTAL DUE
NO. D'UNITE	NOM DU CONDUCTEUR NO. DU CONDUCTEUR	NO. DE SERIE	NO. DE CARTE	KM AUTORISE	NO. DE REFERENCE DATE DE LA TRANS.	NOM DU FOURNISSEUR POINT DE VENTE	DESCRIPTION DES FRAIS	QTE	COUT UNIT	TOTAL	TPS-TVH TVP/TVQ	MONTANT TOTAL DU
[REDACTED]	COOPER	[REDACTED]	[REDACTED]	[REDACTED]	000439386497 07/13/16	FEDERATED COOPERATIVES L MITED CARSTAIRS AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	99.9	.94	89.38	4.47 4.47	93.85 93.85
					000439384625 07/12/16	FEDERATED COOPERATIVES L MITED OLDS AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	44.7	.94	40.05	2.00 2.00	42.05 42.05
					000438837260 07/05/16	FEDERATED COOPERATIVES L MITED CARSTAIRS AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	105.7	.97	97.60	4.88 4.88	102.48 102.48
					000438840990 07/02/16	FEDERATED COOPERATIVES L MITED CARSTAIRS AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	51.0	.98	47.62	2.38 2.38	50.00 50.00
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	301.3		274.65	13.73	288.38
					BKDN TOTALS / TOTAUX CODIFICATION 01-73		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	301.3		274.65	13.73	288.38
							BKDN TOTALS / TOTAUX CODIFICATION					288.38

FLEET MANAGEMENT SERVICES DETAIL
 DETAILS SERVICES DE GESTION DE PARC

PAGE - 231 OF 262
 DE

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
 DIV-73-N COOPER

-
 -
 -
 -

CLIENT NO. [REDACTED]
 NO DU CLIENT [REDACTED]
 INVOICE DATE 09/01/16
 DATE DE LA FACTURE
 INVOICE NO. 0006455248
 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]	COOPER	[REDACTED]	[REDACTED]	[REDACTED]	000440693287 08/07/16	FEDERATED COOPERATIVES L MITED CARSTAIRS AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	73.0	.92	63.90	3.20 3.20	67.10 67.10
					000440372521 08/02/16	FEDERATED COOPERATIVES L MITED OLDS AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	96.2	.92	84.24	4.21 4.21	88.45 88.45
						UNIT TOTAL / TOT UNITE	FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	169.2		148.14	7.41	155.55
						BKDN TOTALS / TOTAUX CODIFICATION 01-73	FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	169.2		148.14	7.41	
							BKDN TOTALS / TOTAUX CODIFICATION					155.55

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Nathan Cooper

Claimant Name: Nathan Cooper

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group: _____

Purpose:

Petro-Canada Travel throughout constituency and to and from Edmonton.

PETRO-CANADA
JCTN. HWY 22 & 580
CREMONA
ALBERTA T0M 0R0
40363738040

GST 802345413
PC0845546:3687401
TERMINAL: 023687451
PAYPOINT: 023687401

2016-06-15 14:29

PUMP 01
REGULAR
LITRES L 37.769
PRICE/L \$ 1.089
FUEL SALES \$ 41.13*

TOTAL OWED \$ 41.13

TOTAL PAID
CREDIT CARD \$ 41.13

* GST INCL. \$ 1.96

MASTERCARD

INVOICE 983682 S

PURCHASE
S 0010010010 00 027
APPROVED
THANK YOU

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& CHANCE TO WIN GAS
PETRO-CANADA.CA/HERO

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Nathan Cooper

Claimant Name: Nathan Cooper

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

Petro-Canada Travel throughout constituency and to and from Edmonton.

PETRO-CANADA
3003 CALGARY TR. S
EDMONTON
ALBERTA T6J 5X8
78043421800

GST 888837606
PC0497644:3674401
TERMINAL: 023674459
PAYPOINT: 023674401

2016-06-22 15:14

PUMP 09
REGULAR
LITRES L 34.837
PRICE/L \$ 0.944
FUEL SALES \$ 32.89*

TOTAL OWED \$ 32.89

TOTAL PAID
CREDIT CARD \$ 32.89

* GST INCL. \$ 1.57

MASTERCARD
[REDACTED] C
PURCHASE
C 0010010010 00 027

MASTERCARD
A0000000041010
0000008000
E800
INVOICE 891956

VERIFIED BY PIN

00 APPROVED
THANK YOU 027

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& CHANCE TO WIN GAS
PETRO-CANADA.CA/HERO

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Nathan Cooper

Claimant Name: Nathan Cooper

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

Co-op Travel throughout constituency and to and from Edmonton.

You're at home here.



Westview Gas Bar
5328 46th Street
Olds, Alberta
T4H 1P6
GST# R103985859



Type: SALE

Qty	Name	Price	Total
1	REGULAR GASOLINE	\$ 1.049	\$ 26.00
	Pump:	5	
	Litres:	24.782	
	Price / Litre:	\$ 1.049	
Subtotal			\$ 26.00
GST [Incl Pumps]			\$ 1.24
Total			\$ 26.00

ORIGINAL

TYPE: Purchase INTERAC
ACCT: FLASH DEFAULT \$ 26.00



DATE/TIME: 06/20/2016 07:16:09
REFERENCE #: 0011520070 H
TERM: 66253259

AID: A0000002771010
Interac
TVR: 8000008000
TSI: 0000

00 APPROVED - THANK YOU 001

I agree to pay the above total amount according to the card issuer agreement (merchant agreement if credit voucher)

CUSTOMER COPY

6/20/16 7:16:11 AM Receipt# 71060722
Pos:71 Cashier:6 Store:193402

Thank you for shopping Co-op
Have a nice Day!

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Nathan Cooper

Claimant Name: Nathan Cooper

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

Shell - fuel for travel within the constituency and to and from
Edmonton

SHELL CANADA PRODUCTS
5830 104 STREET
EDMONTON, AB T6H 2K3
(780) 437-2220

Tax Description	Qty	Amount
F Bronze No3 45.377 L @ \$0.924/ L		\$41.93
	Sub Total	\$41.93
5.0% GST tax on	\$0.00	\$0.00
0.0% PST tax on	\$0.00	\$0.00
	TOTAL	\$41.93
	Debit:	\$41.93
	Change	\$0.00

00 APPROVED - THANK YOU 001

INTERAC
CHEQUING
PURCHASE
TNV No. 0004523694

XXXXXXXXXXXX
PIN/PAD No. 28120982
C

Interac
AID A0000002771010
TVR 8080008000
TSI 6000

VERIFIED BY PIN

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Fuel Includes	GST	* 5.0%	\$2.00
Fuel Includes	PST	0.0%	\$0.00

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Nathan Cooper

Claimant Name: Nathan Cooper

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

ESSO- fuel for travel within the constituency and to and from Edmonton

ESSO
TEDDS FOOD I
002 - 46 STREET
AB T4H 1A5

ESSO EXPRESS PAY

2016-06-26 07:42:17

TERM ID: 35B03TRX
TRANS #: 002889
Station#: 00303099
GST #: R105986913

** FINAL RECEIPT **

PUMP 4
REGLR \$ 25.00
25.025L AT \$0.999

GST INCLUDED \$ 1.19

TOTAL \$ 25.00

Debit \$ 25.00

Type: PURCHASE

Account: FLASH DEFAULT

TIH06479

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Nathan Cooper

Claimant Name: _____

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

Fuel July 1-15th

PETRO-CANADA
283188 RANGE R 293
ROCKYVIEW COUNTY
ALBERTA T0M 0S0
40394643540

GST 838442929P
PC0278268:7785001
TERMINAL: 027785053
PAYPOINT: 027785001

2016-07-11 23:12

PUMP 03
REGULAR
LITRES L107.643
PRICE/L \$ 0.929
FUEL SALES \$100.00*

TOTAL OWED \$100.00

TOTAL PAID
DEBIT CARD \$100.00

* GST INCL. \$ 4.76

DEBIT
[REDACTED] C
REF220160
[REDACTED]

FROM CHEQUING
S/N SP704289

PURCHASE
INTERAC
A00000002771010
8080008000
7800

VERIFIED BY PIN

APPROVED
THANK YOU

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& CHANCE TO WIN GAS
PETRO-CANADA.CA/HERO

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Nathan Cooper

Claimant Name: _____

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

Fuel July 1-15th

You're at home here.

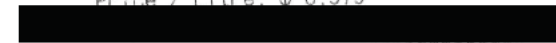


Westview Gas Bar
5328 46th Street
Olds, Alberta
T4H 1P6
GST# R103985859



Type: SALE

Qty	Name	Price	Total
1	REGULAR GASOLINE	\$ 0.979	\$ 60.00
	Pump:	7	
	Litres:	61.287	
	Price / Litre:	\$ 0.979	



Subtotal
GST [Incl Pumps] \$ 2.86
Total

ORIGINAL

TYPE: Purchase

ACCT: MASTERCARD \$ [Redacted]

DATE/TIME: 07/03/2016 16:48:58
REFERENCE #: 0011651490 T
TERM: 66253259



01 APPROVED - THANK YOU 027

NO SIGNATURE TRANSACTION

IMPORTANT:
retain this copy for your records

CUSTOMER COPY

7/3/16 4:49:01 PM Receipt# 71006624
Pos:71 Cashier:6 Store:193402

Thank you for shopping Co-op
Have a nice day!

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Nathan Cooper

Claimant Name: _____

Expense Category: Parking

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group: _____

Purpose:

WELCOME TO
CALGARY EXHIBITION &
STAMPEDE LTD.

Station : Booth 10
Cashier : raymondh
Trans# : 45420
Ticket : 587088229
Time in : 11/07/2016 20:34:45
Paid to : 11/07/2016 23:59:59
Duration : 03:25:13
Plate :

BMOC : \$ 23.81
Subtotal : \$ 23.81
*GST : \$ 1.19
Total : \$ 25.00
CASH : \$ 25.00



ENJOY YOUR STAY
GST#R118823467
ONE ENTRY ONLY

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Nathan Cooper

Claimant Name: _____

Expense Category: Parking

For hosting, select one:

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

Purpose:

F

WELCOME TO
CALGARY EXHIBITION &
STAMPEDE LTD.

Station : Booth 10
Cashier : raymondh
Trans# : 46247
Ticket : 587255907
Time in : 13/07/2016 19:09:16
Paid to : 13/07/2016 23:59:59
Duration : 04:50:42
Plate :

BMOC : \$ 23.81
Subtotal : \$ 23.81
*GST : \$ 1.19
Total : \$ 25.00
CC/DB : \$ 25.00

TYPE : PURCHASE
DATE/TIME : 13 Jul 2016 19:09:20

ACCOUNT : INTERAC CHEQUING
REFERENCE # : 66252347 0012000470 C

Interac
A0000002771010
8080008000 7800

00 APPROVED - THANK YOU 001

IMPORTANT - retain this copy for your records



ENJOY YOUR STAY
GST#R118823467
ONE ENTRY ONLY

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Nathan Cooper

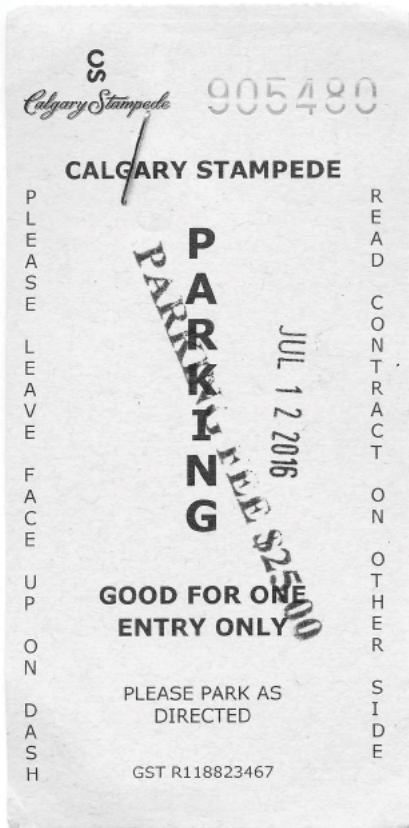
Claimant Name: _____

Expense Category: Parking

For hosting, select one:

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

Purpose:



STAMPEDE PARKING
DEPARTMENT
1410 OLYMPIC WAY SE
CALGARY AB

CARD TYPE FLASH
ACCOUNT TYPE DEFAULT
DATE 2016/07/12
TIME 4717 11:59:17
RECEIPT NUMBER
H85027642-001-302-028-0
PURCHASE
TOTAL
\$25.00

Interac
A0000002771010
0B436EE4ED5EC738
8080008000-

APPROVED

THANK YOU

CARDHOLDER COPY



**Quality Hotel & Conference Centre
GST 86554 8226 RT0001 (CN456)**

424 Gregoire Drive
Fort McMurray, AB T9H3R2
(780) 791-7200
GM.CN456@choicehotels.com

Date: 9/1/16

Arrival Date: 8/28/16

Departure Date: 9/1/16

Check In Time: 8/28/16 6:19 PM

Check Out Time:

Rewards Program ID:

You were checked out by:

You were checked in by: bbugde

Total Balance Due: 0.00

Cooper, Nathan

Post Date	Description	Comment	Amount
8/28/16	Room Charge	#252 Cooper, Nathan	129.00
8/28/16	State Tax		0.10
8/28/16	Goods & Services Tax		6.45
8/28/16	Other Tax		2.00
8/28/16	Occupancy Tax		5.16
8/29/16	Goods & Services Tax	Tax Exemption Refund	(6.45)
8/29/16	Other Tax	Tax Exemption Refund	(2.00)
8/29/16	State Tax	Tax Exemption Refund	(0.10)
8/29/16	Room Charge	#252 Cooper, Nathan	129.00
8/29/16	Occupancy Tax		5.16

8/30/16	Room Charge	#252 Cooper, Nathan	129.00
8/30/16	Occupancy Tax		5.16
8/31/16	Room Charge	#252 Cooper, Nathan	129.00
8/31/16	Occupancy Tax		5.16

536.64

9/1/16

Debit Card



73

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: Cooper, Nathan

Constituency: Olds-Didsbury-Three Hills

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: 2015-2016

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)

\$ 1,650.00

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.

RECEIVED

MAY 26 2016

FMAS-WZ

JULY 2016

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



73

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: Cooper, Nathan

Constituency: Olds-Didsbury-Three Hills

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: 2015-2016

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) \$ 1,650.00

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.

RECEIVED

MAY 26 2016

FMAS-WZ

August 2016

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



73

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: Cooper, Nathan

Constituency: Olds-Didsbury-Three Hills

Date: 5/20/2016

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: 2015-2016

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) \$ 1,650.00

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.

RECEIVED

MAY 26 2016

FMAS-WZ

SEPT 2016

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' 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: Cooper, Nathan

Constituency: Olds-Didsbury-Three Hills

For the Month of: May

Year: 2016

Employee #:

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
2	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
3	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
9	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
10	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
11	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
12	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
16	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
17	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	60 km from Perm. Res.	Three Hills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
25	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
29			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
31	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
Grand Total						\$762.76	\$38.14	\$800.90

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

Nathan Cooper

June 22/16



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)

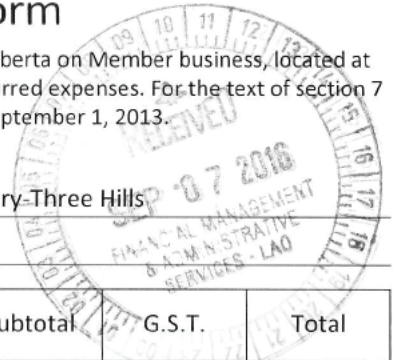
Member Name: Cooper, Nathan

Constituency: Olds-Didsbury-Three Hills

For the Month of: August

Year: 2016

Employee #:



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	60 km from Perm. Res.	Acme/Three Hills	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6	60 km from Perm. Res.	Irricana	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
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	60 km from Perm. Res.	Water Valley	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
14	60 km from Perm. Res.	Linden	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
15	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18	60 km from Perm. Res.	Three Hills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
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	60 km from Perm. Res.	Edmonton/ Ft McMurray	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
29	60 km from Perm. Res.	Ft McMurray	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
30	60 km from Perm. Res.	Ft McMurray	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
31	60 km from Perm. Res.	Ft McMurray	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
Grand Total						\$272.86	\$13.64	\$286.50

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

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Nathan Cooper

Claimant Name: Nathan Cooper

Expense Category: Hosting

For hosting, select one:

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

Purpose:

Tim Hortons Coffee for Uptowne Olds summer Oldstice. MLA meet and greet.

\$103.48

Tim Hortons

5508 - 46th Street
Olds, AB T4H 1B8

1 Cambro 70 Orig Blend \$90.00
2 Asrt Dozen \$17.98
Subtotal:
GST: \$4.50 PST:
GrandTotal:
Debit:
Change Due: \$0.00
Take Out # 305 100 Cashier

Thanks for stopping by!
Tell us how we did at
www.telltimhortons.com 1-888-601-1616
Sat Jun 18, 2016 09:32:07
Receipt #: 10392553
BST #R866381064

Account: CHEQUING
Card Entry:CHIP Sequence:000031
Trans Type:Purchase
Merchant #: 030000021816
Term #: 203
Ref #: 00000031
Trace #: 00111623
Application Label: Interac
AID #: A0000002771010
TVR #: 8080008000
TST #: 7800

By entering a verified PIN, cardholder agrees to pay issuer such total in accordance with issuers agreement with CardHolder.

Please retain receipt for refund

Guest Copy

REPRINT RECEIPT

Personal Expense Claim Receipt Description

Member Name: Nathan Cooper

Claimant Name: Brenda Berreth

Expense Category: Hosting

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group: _____

Purpose:

Olds Droplets Water - water bottles for water cooler in
Constituency office

Statement

"Olds" Droplets Water

Date

5/20/2016

To:

Nathan Cooper MLA
 Box 3909
 Olds, Alberta
 T4H 1P6

		Amount Due	Amount Enc.
		Amount	Balance
03/30/2016	Balance forward		0.00
03/31/2016	INV #17907.		
	--- Water, 1 @ \$6.50 = 6.50		
	--- Water, 1 @ \$6.50 = 6.50		
05/20/2016	PMT	-40.50	
CURRENT			
1-30 DAYS PAST DUE			
31-60 DAYS PAST DUE			
61-90 DAYS PAST DUE			
OVER 90 DAYS PAST DUE			
AMOUNT DUE			