

LEGISLATIVE ASSEMBLY OF ALBERTA
 Member EDR 2016-17
 073 - Olds-Didsbury-Three Hills - Cooper, Nathan
 For Expenses Processed Jan 1 to Mar 31, 2017

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$1,750.64	\$6,125.25
MLA Parking Cap - \$	\$900.00	\$90.24	\$161.67
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) - \$		\$1,488.20	\$4,630.01
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,790.00	\$20,640.00
Travel Accommodations Allowance		\$318.15	\$854.79
Travel Accommodations Allowance (days; 10 max) - NF	10.0	3.0	7.0
Other			
Hosting - \$		\$1,216.26	\$1,768.88
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	80,000.0	6,133.0	29,739.0
Special Trips (5 trips per year) - NF	5.0		2.0
Travel To and From the Capital			
Travel by Air, Bus or Train (Unlimited Trips) - NF			
Use of a Private Automobile (52 trips per year) - NF	52.0	16.0	43.0
Other Travel			
Vehicle Rental (5 Days maximum anywhere in Alberta) - NF	5.0		

\$ - Reported on CAD dollar amount of actual expense

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

Budget reported is the maximum annual amount that may be claimed

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

FLEET MANAGEMENT SERVICES DETAIL
 DETAILS SERVICES DE GESTION DE PARC

PAGE - 239 OF
 DE

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
 DIV-73-N COOPER
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CLIENT NO. [REDACTED]
 NO DU CLIENT [REDACTED]
 INVOICE DATE 01/01/17
 DATE DE LA FACTURE
 INVOICE NO. [REDACTED]
 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]	000447860905 12/10/16	FEDERATED COOPERATIVES LIMITED OLDS AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	65.5	.85	53.01	2.65 2.65	55.66 55.66
					000447193107 12/04/16	FEDERATED COOPERATIVES LIMITED OLDS AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	92.3	.86	75.57	3.78 3.78	79.35 79.35
					000446200638 11/16/16	FEDERATED COOPERATIVES LIMITED CARSTAIRS AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	96.6	.86	79.05	3.95 3.95	83.00 83.00
					000446195408 11/12/16	FEDERATED COOPERATIVES LIMITED OLDS AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	111.1	.86	90.95	4.55 4.55	95.50 95.50
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	365.5		298.58	14.93	313.51
					BKDN TOTALS / TOTAUX CODIFICATION 01-73	UNITS / VEHIC 1	FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	365.5		298.58	14.93	
							BKDN TOTALS / TOTAUX CODIFICATION					313.51

Element Fleet Management



BFD290001

FLEET MANAGEMENT SERVICES DETAIL
 DETAILS SERVICES DE GESTION DE PARC

PAGE - 207 OF 239
 DE

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

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

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CLIENT NO. [REDACTED]
 NO DU CLIENT [REDACTED]
 INVOICE DATE 02/01/17
 DATE DE LA FACTURE
 INVOICE NO. [REDACTED]
 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]	000449185853 01/11/17	FEDERATED COOPERATIVES LIMITED OLDS AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	55.1	1.07	56.19	2.81 2.81	59.00 59.00
					000448691058 01/05/17	FEDERATED COOPERATIVES LIMITED CARSTAIRS AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	97.7	1.09	101.43	5.07 5.07	106.50 106.50
					000448206339 12/22/16	FEDERATED COOPERATIVES LIMITED CARSTAIRS AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	82.3	1.04	81.52	4.08 4.08	85.60 85.60
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	235.1		239.14	11.96	251.10
BKDN TOTALS / TOTALS CODIFICATION 01-73			UNITS / VEHIC	1			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	235.1		239.14	11.96	251.10
							BKDN TOTALS / TOTALS COD FICATION					251.10

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PAGE - 209 OF 239
DE

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

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 DIV-73-N COOPER
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CLIENT NO. [REDACTED]
 NO DU CLIENT [REDACTED]
 INVOICE DATE 03/01/17
 DATE DE LA FACTURE
 INVOICE NO. 0006743067
 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]	000449848442 01/23/17	FEDERATED COOPERATIVES LIMITED OLDS AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	98.1	1.02	95.24	4.76 4.76	100.00 100.00
					000449528247 01/15/17	FEDERATED COOPERATIVES LIMITED OLDS AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	77.3	1.03	76.19	3.81 3.81	80.00 80.00
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	175.4		171.43	8.57	180.00
BKDN TOTALS / TOTAUX CODIFICATION 01-73			UNITS / VEHIC		1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	175.4		171.43	8.57	180.00
BKDN TOTALS / TOTAUX CODIFICATION												180.00

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PAGE - 209 OF 238
 DE

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 DIV-73-N COOPER

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CLIENT NO. [REDACTED]
 NO DU CLIENT [REDACTED]
 NVOICE DATE 04/01/17
 DATE DE LA FACTURE
 NVOICE NO. 0006772011
 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
[REDACTED]	COOPER	[REDACTED]	[REDACTED]	[REDACTED]	000455743937 03/14/17	FEDERATED COOPERATIVES LIMITED OLDS AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	80.6	.95	72.86	3.64 3.64	76.50 76.50
					000455748626 03/12/17	FEDERATED COOPERATIVES LIMITED OLDS AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	111.7	.96	102.05	5.10 5.10	107.15 107.15
					000454884977 03/04/17	FEDERATED COOPERATIVES LIMITED OLDS AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	108.7	.96	99.29	4.96 4.96	104.25 104.25
					000454130705 02/28/17	FEDERATED COOPERATIVES LIMITED OLDS AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	105.3	.96	96.18	4.81 4.81	100.99 100.99
					000453389247 02/23/17	FEDERATED COOPERATIVES LIMITED OLDS AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	92.4	.96	84.43	4.22 4.22	88.65 88.65
					000453386100 02/20/17	FEDERATED COOPERATIVES LIMITED OLDS AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	73.2	.96	66.90	3.35 3.35	70.25 70.25
					000453389561 02/17/17	FEDERATED COOPERATIVES LIMITED OLDS AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	105.1	1.00	100.00	5.00 5.00	105.00 105.00
					000452792298 02/10/17	FEDERATED COOPERATIVES LIMITED OLDS AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	104.1	.92	91.14	4.56 4.56	95.70 95.70
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH	781.1		712.85	35.64	

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PAGE - 210 OF 238
 DE

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CLIENT NO. [REDACTED]
 NO DU CLIENT [REDACTED]
 NVOICE DATE 04/01/17
 DATE DE LA FACTURE [REDACTED]
 NVOICE NO. 0006772011
 NO DE LA FACTURE [REDACTED]

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
[REDACTED]	COOPER	[REDACTED]	[REDACTED]									UNIT TOTAL / TOT UNITE 748.49
	BKDN TOTALS / TOTAUX CODIFICATION 01-73		UNITS / VEHIC	1			FUEL QTY / QTE CARB 781.1 TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH			712.85	35.64	BKDN TOTALS / TOTAUX CODIFICATION 748.49

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 to and from Edmonton and around the constituency

37820
3615 Calgary Trail
Edmonton, AB

ESSO EXPRESS PAY

7 ELEVEN STORE 37820
00302326
3615 CALGARY TRAIL N
EDMONTON, AB T6J 5M
URN:R119335453
01/06/2017 302097414
04:20:01 PM

PUMP# 1

EREG 57.455L

PRICE/L \$1.034

FUEL TOTAL \$ 59.41

GST in fuel \$ 2.83

INTERAC \$ 59.41

TYPE: PURCHASE

ACCOUNT: INTERAC CHEQUING \$59.41

DATE/TIME: 2017/01/06 16:20:00

REFERENCE: 36727808-001-073-022-0 C

00 APPROVED - THANK YOU 001

VERIFIED BY PIN

A- Interac

B- A000002771010

LOYALTY: NO

Thank You

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:

Westview Co-op - fuel for travel to and from Edmonton and around the constituency

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	\$ 1.139	\$ 50.00
	Pump:	5	
	Litres:	43.900	
	Price / Litre:	\$ 1.139	
Subtotal			\$ 50.00
GST [Incl Pumps]			\$ 2.38
Total			\$ 50.00

ORIGINAL

TYPE: Purchase INTERAC
ACCT: Chequing \$ 50.00

DATE/TIME: 01/03/2017 13:12:23
REFERENCE #: 0013481030 C
TERM: 56252250

Interac
TVR: 8080008000
TSI: 7800

00 APPROVED - THANK YOU 001

CUSTOMER COPY

1/3/17 1:12:30 PM Receipt# 71136648
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:

PetroCanada - fuel for travel to and from Edmonton and around the constituency

TRANSACTION RECORD

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

GST: 888837606 (780) 434-2180
2017-02-13 PC0662608:3674401 18:34
TERMINAL: 023674401 OPER: A
PAYPOINT: 023674401

FUEL	(L)	(\$/L)	(\$)
Pump 8			
Regular	79.254	0.884	70.06*
Total Owed			70.06

TOTAL PAID
DEBIT CARD \$ 70.06

*TAXES INCL. #TAXES EXCL.
GST TOTAL \$ 3.34

DEBIT [REDACTED]
REF 043639 [REDACTED]

Purchase
S/N 45001544
FROM CHEQUING

Interac
A0000002771010
8080008000
7800

VERIFIED BY PIN

00 APPROVED - THANK YOU

-- IMPORTANT --
Retain This Copy For Your Records

CUSTOMER COPY

Survey! Earn Points
& 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:

Jiffy Lube - oil change on vehicle

JIFFY LUBE
6700 46 ST UNIT 650
OLDS AB

CARD [REDACTED]
CARD TYPE INTERAC
ACCOUNT TYPE CHEQUING
DATE 2017/02/16
TIME 6506 12:50:14
RECEIPT NUMBER
CB2015067-001-756-011-0

PURCHASE
TOTAL [REDACTED]

Interac
A0000002771010
BD9EBFB561177CC2
8080008000-6800
7E1186ECE1D56A6B
8080008000-7800

APPROVED

[REDACTED] 00-001

THANK YOU

CARDHOLDER COPY



JIFFY LUBE #1034

GST# 806615480 RT00001
 650-6700-46 ST.
 OLDS, AB T4H 0A2
 (403) 507-4121

DATE 2/16/2017 12:49 PM
 TRANSACTION NO 17021600085468
 INVOICE NO 01034-85468
 VEHICLE ID AB-BTY2781

Customer Information				Service History		
Nathan Cooper				DATE	KILOMETERS	SERVICES
[REDACTED]				2/16/17	188193	FS OF AF RTC RLB
[REDACTED]				9/21/16	171000	FS OF RTC LGT RAF
Vehicle Information				[REDACTED]		

Employees				Service Comments		
UPPER	LOWER	ASST.	CASHIER	OIL LEVEL FULL ON ARRIVAL		
JE	GM	DB	JE	third brake lamp out		
				REAR PINION SEAL SEEPAGE		
				FRONT AXLE SEEPAGE		
				THANK YOU!		

Service Checklist			Description	Qty.	Price
1. AIR FILTER		REPLACED	FULL SERVICE 4X4	1.00	55.99
2. CABIN AIR FILTER		N/A	pof2500 oil filter	1.00	0.00
3. PCV VALVE		N/A	Pennzoil 5/20 SN GF-5	5.70	0.00
4. BRAKE FLUID		CHECKED	Shop supplies/Enviro chrg	1.00	6.49
5. POWER STEERING FLUID		CHECKED	Winter washer fluid	1.00	0.00
6. TRANS/TRANSAXLE FLUID		CHECKED	[REDACTED]		
7. FRONT DIFF FLUID		CHECKED	REC. TRANSFER CASE SERV	1.00	0.00
8. REAR DIFF FLUID		CHECKED	REC. LIGHT BULB	1.00	0.00
9. TRANSFER CASE FLUID		REC REPLCD	SUBTOTAL		
10. WINDOW WASH FLUID		ADDED	SALE		\$62.48
11. ENGINE COOLANT		-43°C	TAXABLE PARTS		
12. WIPER BLADES		CHECKED	GST TAX		
13. HEAD/TAIL LIGHT		REC REPLCD	TOTAL		
14. BELTS		APPEARS OK	[REDACTED]		
15. SHOCKS/STRUT		APPEARS OK	CHANGE		\$0.00
16. EXHAUST SYSTEM		APPEARS OK			
17. U-JOINTS		APPEARS OK			
18. AXLE BOOTS		APPEARS OK			
19. TIRE WEAR/PRESSURE		F40 R40			
20. LUBE CHASSIS		SEALED			

Please check your vehicle for leaks & report to us. Work warranted for 90 days or OEM intervals
 Store hours, Mon-Fri 8-6. Sat. 9-4

Recommend next service on 05/17/2017 or 193193 km.

X
 Cardholder acknowledges receipt of goods and/or services in the amount shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.

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:

PetroCan - fuel for travel to and from Edmonton and around the constituency

PETRO-CANADA
3003 CALGARY TR. S
EDMONTON
ALBERTA T6J 5X8
(780) 434-2180

GST 888837606
PC0665618:3674401
TERMINAL: 023674456
PAYPOINT: 023674401

2017-02-18 09:29

PUMP 06
REGULAR
LITRES L 67.875
PRICE/L \$ 0.884
FUEL SALES \$ 60.00*

TOTAL OWED \$ 60.00

TOTAL PAID
DEBIT CARD \$ 60.00

* GST INCL. \$ 2.86

INTERAC
[REDACTED] C
REF046327
[REDACTED]
FROM CHEQUING
S/N SP716987

PURCHASE

INTERAC
A0000002771010
8080008000
7800

VERIFIED BY PIN

APPROVED
THANK YOU

-- IMPORTANT --
RETAIN THIS COPY
FOR YOUR RECORDS
- CUSTOMER'S COPY -

SURVEY! EARN POINTS
& 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:

Mac's - fuel for travel to and from Edmonton and around the constituency

\$38.10

Mac's
520 - 10th Avenue
Carstairs, AB T0M 0N0
403-337-2960

Date: 12/15/2016 Time: 9:47:34 PM

Register : 2 #72555
Cashier : Manager, Store

1 FUEL TAX INCL//EACH	\$40.00
S-Total	\$40.00
GST	\$0.00
PST	\$0.00
Total	\$40.00
Debit:	\$40.00
Balance	\$0.00

151/GST:R104533408

THANK YOU FOR
SHOPPING AT
Mac's

TYPE: PURCHASE

INTERAC Flash Default

AMOUNT: \$ 40.00
DATE: 2016/12/16
TIME: 21:48:27
TERMINAL: 66242987
REFERENCE #: 0015540070 H

Interac
AID: A0000002771010
TVR: 8080008000

00 APPROVED - THANK YOU 001

*** MERCHANT COPY ***

Personal Expense Claim Receipt Description

Member Name: NATHAN COOPER

Claimant Name: NATHAN COOPER

Expense Category: Member Parking

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group: _____

Purpose:

HOTEL PARKING


RAMADA
 PLAZA

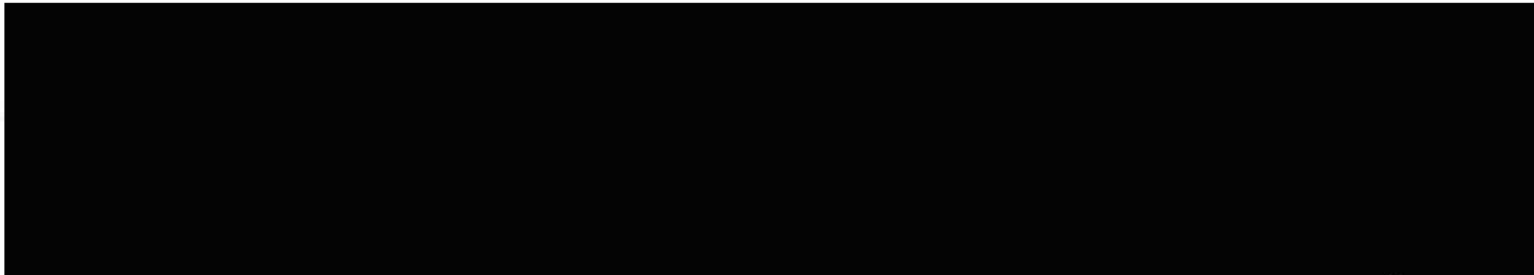
Ramada Plaza Downtown Calgary
 708 8th Avenue SW
 Calgary, Alberta Canada T2P 1H2
 Tel: (403) 263-7600 Fax: (403) 237-6127
 GST Reg. #R808732705

01-20-17

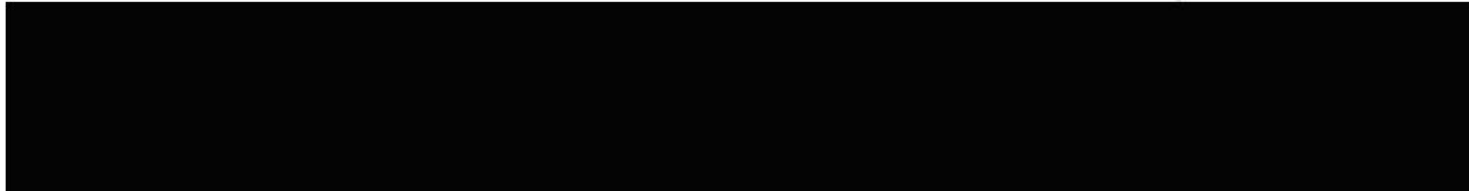
Nathan Cooper 	Folio No.  A/R Number : Group Code  Company  Wyndham Rewards : Invoice No. :	Room No. :  Arrival : 01-17-17 Departure : 01-20-17 Conf. No.  Rate Code : Page No. : 1 of 2
--	--	--

Date	Description	Charges	Credits
------	-------------	---------	---------

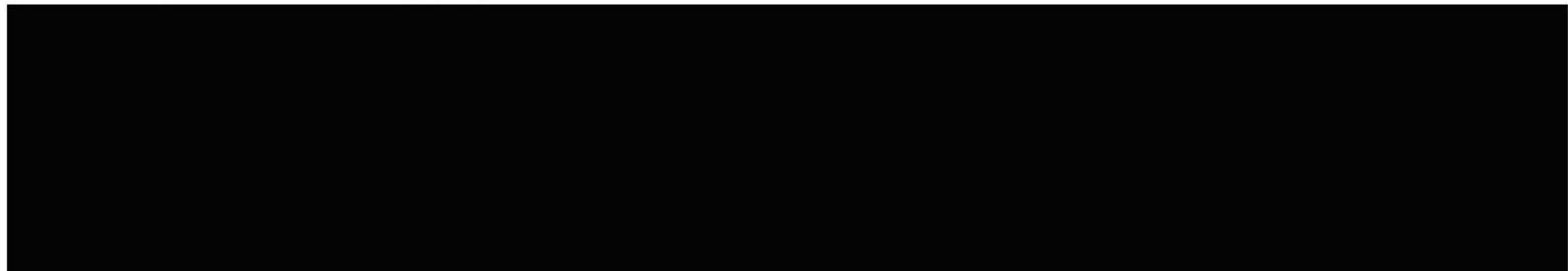
01-17-17	Guest Parking	25.00 ✓	
01-17-17	GST 5%	1.25	



01-18-17	Guest Parking	25.00 ✓	
01-18-17	GST 5%	1.25	



01-19-17	Guest Parking	25.00 ✓	
01-19-17	GST 5%	1.25	





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: December

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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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"/>			

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.

Nathan Cooper
Member Signature

Grand Total \$356.10 \$17.80 \$373.90

Jan 06/2017
Date



Members' Travel Expenses Per-Diems Claim Form

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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: January

Year: 2017

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			<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	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	60 km from Perm. Res.	calgary	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
18	60 km from Perm. Res.	Calgary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
19	60 km from Perm. Res.	calgary	<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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
24	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
25			<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						\$228.62	\$11.43	\$240.05

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

Feb 17/2017
Date



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: February

Year: 2017

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			<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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
13	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
14	60 km from Perm. Res.	three Hills	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16	60 km from Perm. Res.	Irricana	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
17	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
18	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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	60 km from Perm. Res.	Acme	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
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			<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						\$259.38	\$12.97	\$272.35

RECEIVED
MAR 07 2016
FMAS-

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

March 7/17
Date



Members' Travel Expenses Per-Diems Claim Form

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

Member Name: Cooper, Nathan

Constituency: Olds-Didsbury-Three Hills

RECEIVED
APR 05 2017
FMAS-

For the Month of: March

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
13	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
14	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$644.10	\$32.20	\$676.30

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

March 30/17
Date



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: 1/2/2017

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

Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Jan. 2017

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)

\$ 1,930.00

x 12 = \$ 23,160.00

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

Updated April 2016



Members' Temporary Accommodation Allowance Claim Form

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

Member Name: Cooper, Nathan

Constituency: Olds-Didsbury-Three Hills

Date: 1/2/2017

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

Feb. 2017

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

\$ 1,930.00

x 12 = \$ 23,160.00

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

Updated April 2016



Members' Temporary Accommodation Allowance Claim Form

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

Member Name: Cooper, Nathan

Constituency: Olds-Didsbury-Three Hills

Date: 1/2/2017

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.

March 2017

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)

\$ 1,930.00

x 12 = \$ 23,160.00

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

Updated April 2016

RAMADA[®]

P L A Z A

Ramada Plaza Downtown Calgary
 708 8th Avenue SW
 Calgary, Alberta Canada T2P 1H2
 Tel: (403) 263-7600 Fax: (403) 237-6127
 GST Reg. #R808732705

01-20-17

Nathan Cooper

Folio No. : [REDACTED]	Room No. : [REDACTED]
A/R Number : [REDACTED]	Arrival : 01-17-17
Group Code : [REDACTED]	Departure : 01-20-17
Company : [REDACTED]	Conf. No. : [REDACTED]
Wyndham Rewards : [REDACTED]	Rate Code :
Invoice No. :	Page No. : 1 of 2

Date	Description	Charges	Credits
[REDACTED]			
01-17-17	Room Charge	99.00	
01-17-17	DMF 3%	2.97	
01-17-17	Tourism Levy 4%	4.08	
01-17-17	GST 5%	5.10	
[REDACTED]			
01-18-17	Room Charge	99.00	
01-18-17	DMF 3%	2.97	
01-18-17	Tourism Levy 4%	4.08	
01-18-17	GST 5%	5.10	
[REDACTED]			
01-19-17	Room Charge	99.00	
01-19-17	DMF 3%	2.97	
01-19-17	Tourism Levy 4%	4.08	
01-19-17	GST 5%	5.10	
01-20-17	Debit / Interac [REDACTED]	\$318.15	

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:

Catering and location for Christmas community open house meet and greet.

LEGISLATIVE ASSEMBLY OF ALBERTA
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:

Tim Horton's - Coffee for public townhall meetings with the MLA to discuss current issues

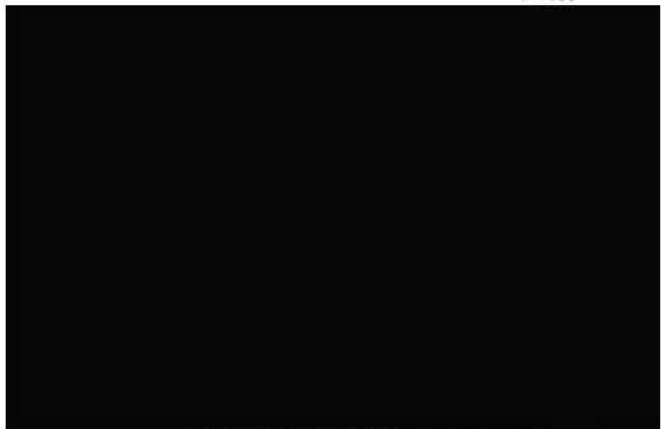
\$55.68

*Three Hill
Town Hall Feb 14/17*

Tim Hortons

5508 - 46th Street
Olds, AB T4H 1B8

2 Take 12 Original Blend \$37.70
2 Asrt Dozen \$17.98



Thanks for stopping by!
Tell us how we did at
1-888-601-1616
Tue Feb 14, 2017 17:14:37 *\$55.68*
Receipt #: 11148033
GST 867796310 RT0001

Card Entry:CHIP Sequence:000064

Term #: 203
Ref #: 00000054
Application Label: MasterCard
AID #: A000000041010
TUR #: 0000008000
TSI #: E800
APPROVED

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

Guest Copy

REPRINT RECEIPT

LEGISLATIVE ASSEMBLY OF ALBERTA
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:

Tim Horton's - Coffee/doughnuts for public townhall meetings with the MLA to discuss current issues



5508 - 46th Street
Olds, AB T4H 1B8

2 Take 12 Original Blend \$37.70
Subtotal: \$37.70
GST: \$1.89 PST: \$0.00
GrandTotal: \$39.59
Debit: \$39.59
Change Due: \$0.00

Take Out # 446 100 Cashier

Thanks for stopping by!
Tell us how we did at
1-888-601-1616
Tue Feb 21, 2017 17:48:59
Receipt #: 6482134
GST 867796310 RT0001

Account: CHEQUING
Card Entry:CHIP Sequence:000049
Trans Type:Purchase \$39.59
Merchant #: 030000021816
Term #: 204
Ref #: 00000049
Trace #: 00304345
Application Label: Interac
AID #: A0000002771010
TVR #: 0060008000
TSI #: 5800

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

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REPRINT RECEIPT

LEGISLATIVE ASSEMBLY OF ALBERTA
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:

Tim Horton's - Coffee/doughnuts for public townhall meetings with the MLA to discuss current issues

*Aricana
Town hall*
Tim Hortons

5508 - 46th Street
Eds. AB T4H 1B8

Feb 16

1 Take 12 Original Blend	\$18.85
1 Asrt Dozen	\$8.99
Subtotal:	\$27.84
GST: \$0.94 PST:	\$0.00
GrandTotal:	\$28.78
Debit:	\$28.78
Change Due:	\$0.00
Take Out	# 313 100 Cashier

Thanks for stopping by!
Tell us how we did at
1-888-601-1616

Thu Feb 16, 2017 16:51:53
Receipt #: 11154353
GST 867796310 RT0001

Account: CHEQUING
Card Entry:TAP_ICC Sequence:000069
Trans Type:Purchase \$28.78
Merchant #: 030000021816
Term #: 203
Ref #: 00000069
Trace #: 00320397
Application Label: Interec
AID #: A0000002771010
TVR #: 8000008000
TSI #: 2800

Guest Copy

REPRINT RECEIPT

LEGISLATIVE ASSEMBLY OF ALBERTA
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: _____

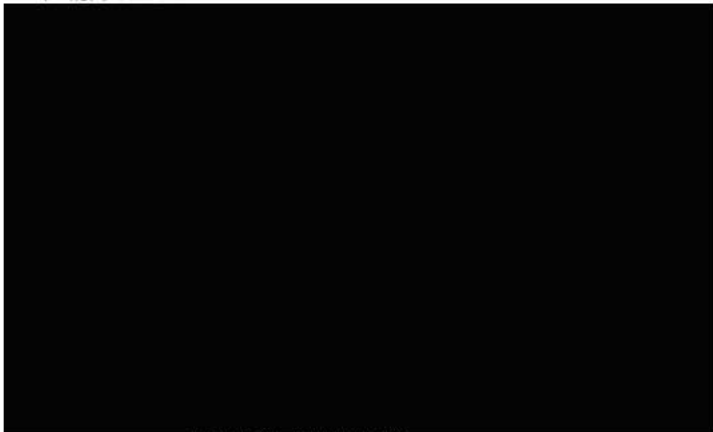
Purpose:

Tim Horton's - Coffee/doughnuts for public townhall meetings with the MLA to discuss current issues

*Acme
Townhall*
Tim Hortons

5508 - 46th Street
Eds, AB T4H 1B8

1	Take 12 Original Blend	\$18.85
2	20 Tinbits	\$7.98
1	Asrt Tinbits	



Thanks for stopping by!

Tell us how we did at

1-888-601-1616

Wed Feb 22, 2017 17:03:02

Receipt #: 11174273

GST 867796310 RT0001

\$ 21.83

Account:	CHEQUING
Card Entry:TAP_ICC	Sequence:000066
Trans Type:Purchase	\$32.09
Merchant #:	030000021816
Term #:	203
Ref #:	00000066
Trace #:	00435656
Application Label:	Interac
AID #:	A0000002771010
TUR #:	8000008000
TSI #:	2800

Guest Copy

REPRINT RECEIPT

LEGISLATIVE ASSEMBLY OF ALBERTA
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:

Sobeys - Cookies for public townhall meetings with the MLA to discuss current issues



Sobeys Olds
#300, 6700-46 St T4H 0A2
(403) 556-3113
GST 877128827RT

Served by: Rachele

Welcome to Sobeys

GROCERY

Energize \$6.99 GC

YOU SAVED \$2.00

BAKERY

Bttr Toff Crnch 12Pk \$5.49 C

Monster \$5.49 C

Chocolate Chip \$5.49 C

DulChcChnk \$5.49 C

Scotch Baps \$3.59 C

Cookies Vanilla 425G \$4.29 C

Cookies Vanilla 425G \$4.29 C

1 Reward for Every \$20 2 Miles

SUBTOTAL \$41.12

5% GST \$0.35

TOTAL \$41.47

Cash TENDER \$42.00

Rounding TENDER \$0.02

Cash CHANGE \$0.55

NUMBER OF ITEMS 8

*****YOUR SAVINGS*****

Discounts & Specials \$2.00

Your Total Savings \$2.00

Percentage Savings 5%



LEGISLATIVE ASSEMBLY OF ALBERTA
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:

Coffee for Didsbury Townhall meeting

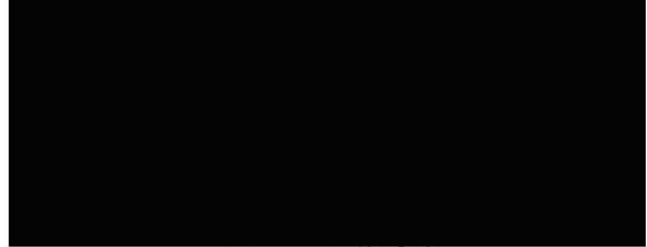
*Didsbury
Townhall
Tim Hortons*

5508 - 46th Street
Eds, AB T4H 1B8



1 Take 12 Original Blend

\$18.85



Tell us how we did at
1-888-601-1616

Thu Feb 23, 2017 17:50:46

Receipt # : 11177623

GST 867796310 RT0001

Guest Copy

REPRINT RECEIPT

LEGISLATIVE ASSEMBLY OF ALBERTA
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:

Coffee and doughnuts for Carstairs Townhall meeting

*Carstairs
Townhall*
Tim Hortons

5508 - 46th Street
01ds, AB T4H 1B8

2 Asrt Dozen		\$17.98
1 Take 12 Original Blend		\$18.85
1 Take 12 Decaf		\$18.85
Subtotal:		\$55.68
GST:	\$1.89 PST:	\$0.00
GrandTotal:		\$57.57
Master Card:		\$57.57
Change Due:		\$0.00

Take Out # 312 100 Cashier

Thanks for stopping by!

Tell us how we did at

1-888-601-1616

Tue Feb 28, 2017 17:27:12

Receipt #: 11192343

GST 867796310 RT0001

Card Entry:CHIP Sequence:000060
Trans Type:Purchase \$57.57
Term #: 203
Ref #: 00000060
Application Label: MasterCard
AID #: A0000000041010
TVR #: 0000008000
TSI #: E800

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

Guest Copy

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:

Olds College Business Services - MLA hosted luncheon for members of Olds Chamber of Commerce, Uptowne Olds, Rotary, Olds College, Olds Regional Exhibition

Please remit payment to
 Olds College
 Business Services
 Attn : Accounts Receivable
 4500-50th Street
 Olds AB T4H 1R6



Invoice Number: OC001810ADJ

PO Reference: [REDACTED]

Invoice Date: March 09, 2017

Payment Terms: NET 30

Due Date:

Billing Department: Conference Services

Billing Inquiries: 403-556-8330

Payment Inquiries: Ken Kroetsch
 403 556 8212

KKroetsch@oldscollege.ca

Bill To:

Nathan Cooper

Description	Quantity	Price	Net Amount	Amount
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FS 37592 MLA LUNCH MEETING
 FEBRUARY 27, 2017

RECEIVED

MAR 20 2017

FMAS-

LUNCH 4730826	1.00 EA	306.00	306.00	15.30	321.30
---------------	---------	--------	--------	-------	--------

Subtotal
 GST
 Total Due

GST Registration Number 107794158

Remittance Slip - Please Return with Payment

Amount Due:

Amount Paid:

Include reference number
 with all payments:

OC001810ADJ

Please remit payment to :

Olds College
 Business Services
 Attn : Accounts Receivable
 4500-50th Street
 Olds AB T4H 1R6

Original

LEGISLATIVE ASSEMBLY OF ALBERTA
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:

Sobeys - Coffee/tea for constituency office

\$86.15



Sobeys Olds
#300, 6700-46 St T4H 0A2
(403) 556-3113
GST 877128827RT

Served by: Kathy

Welcome to Sobeys

GROCERY

Colombian Med KCup	\$19.19	C
Colombian Med KCup	\$19.19	C
Coffee Decaf Med	\$19.19	C
KCup VanBisct	\$16.99	C
Chai Tea Decaf	\$4.99	C
Tea Chamomil 20EA	\$3.79	C
IntDelgt Crml	\$2.69	C
+EHC	\$0.02	R
+Deposit	\$0.10	R

SUBTOTAL \$86.15
TOTAL TAX \$0.00

TOTAL \$86.15
Master Card TENDER \$86.15
Cash CHANGE \$0.00

NUMBER OF ITEMS 7