

LEGISLATIVE ASSEMBLY OF ALBERTA - 29th LEG
Member EDR 2015-16 - 29th Leg
052 - Bonnyville-Cold Lake - Cyr, Scott
For Expenses Processed JAN 1 - MAR 31, 2016

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$			
MLA Parking Cap - \$	\$900.00		\$79.00
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$		\$276.37	\$1,529.66
Member Travel (Extraordinary Accommodation) - \$			\$61.76
Taxi, Bus Travel - \$			
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$		\$1,009.19	\$1,725.18
Member Travel (Meal Per Diems) - \$			
Other			
Hosting - \$		\$278.75	\$1,225.87
Non-Financial Reporting			
Member Travel - Accommodation			
Edmonton Accommodation Allowance (days; 120 max)	120	30	80
Travel Accommodations Allowance (days; 10 max)	10	2	10
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	80,000	3,577	7,420
Special Trips (5 trips per year) - NF	5		5
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	9	20
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

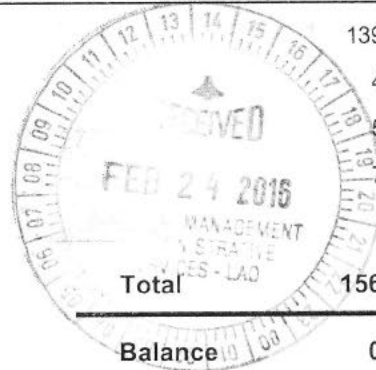


Ramada Plaza Downtown Calgary
 708 8th Avenue SW
 Calgary, Alberta Canada T2P 1H2
 Tel: (403) 263-7600 Fax: (403) 237-6127
 GST Reg. #R808732705

11-29-15

Scott Cyr CA	Folio No. :	Room No. :	
	A/R Number :	Arrival :	11-28-15
	Group Code :	Departure :	11-29-15
	Company :	Conf. No. :	
	Wyndham Rewards :	Rate Code :	
	Invoice No. :	Page No. :	1 of 1

Date	Description	Charges	Credits
11-28-15	Seasonal Best Rate	139.00	
11-28-15	DMF 3%	4.17	
11-28-15	Tourism Levy 4%	5.73	
11-28-15	GST 5%	7.16	
11-29-15	Master Card		156.06
As a Wyndham Rewards member you could have earned 1390 points for this stay.			
Total		156.06	156.06
Balance		0.00	



\$148.90

Guest Signature: _____

This property is privately owned and the management reserves the right to refuse service to anyone and will not be responsible for accidents, injury to guest, loss of money, jewelry or valuables of any kind.

Thank you for staying with us.
 It was our pleasure to serve you.



Scott Cyr
Canada

Room No. :
Arrival : 02-29-16
Departure : 03-02-16
Page No. : 1 of 1
Folio No. :
Conf. No. :
Cashier No. : 11

INFORMATION INVOICE

Membership No. :
A/R Number :
Group Code :
Company Name :

03-02-16 03:03:09 AM EST

Date	Text	Charges	Credits
02-29-16	Room	119.00	
02-29-16	Destination Marketing Fee	3.57	
02-29-16	GST Tax	6.13	
02-29-16	Alberta Tourism Levy	4.90	
03-01-16	Room	119.00	
03-01-16	Destination Marketing Fee	3.57	
03-01-16	GST Tax	6.13	
03-01-16	Alberta Tourism Levy	4.90	
03-02-16	Mastercard		267.20
		\$254.94	
Total		267.20	267.20
Balance			0.00

Club Carlson: A faster way to a free night stay at over 1000 Carlson hotels worldwide.
Enroll and learn more at the front desk or at clubcarlson.com

Thank You For Staying With Us

I agree that my liability for this bill is not waived and agree to be held personally responsible in the event that the indicated person, company or association fails to pay for any portion or the full amount of these charges.

Guest Signature _____

Radisson Hotel & Conference Centre Calgary Airport East
6620 36th Street NE
Calgary, AB T3J 4C8
Telephone: (403) 475-1111 Fax: (403) 719-3855
GST #: 82338 3401 RT0001

SCOTT CYR, MLA

NOTE: A credit adjustment of \$127.47 is included in the reported amount for the category, "Member Travel (Extraordinary Accommodation)".



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: Cyr, Scott

Constituency: Bonnyville-Cold Lake

For the Month of: November

Year: 2015

Employee #: [REDACTED]

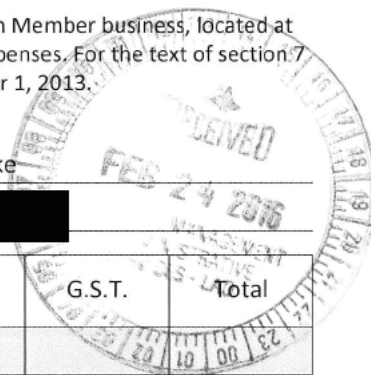
Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
3	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
4	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
5	60 km from Perm. Res.	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			<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	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
17	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
18	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
19	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
20	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.76	0.44	9.20
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
24	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
25	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
26	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
27	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.76	0.44	9.20
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$433.14	\$21.66	\$454.80

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

Feb 22, 2016





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: Cyr, Scott

Constituency: Bonnyville-Cold Lake

For the Month of: December

Year: 2015

Employee #: [REDACTED]

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
2	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
3	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
8	60 km from Perm. Res.	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
9	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
10	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$248.48	\$12.42	\$260.90

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

Feb 22, 2016



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: Cyr, Scott

Constituency: Bonnyville-Cold Lake

For the Month of: March

Year: 2016

Employee #: [REDACTED]

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1	60 km from Perm. Res.	Calgary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
2	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
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	60 km from Perm. Res.	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
8	60 km from Perm. Res.	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
9	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
10	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
15	60 km from Perm. Res.	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
16	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
17	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$327.57	\$16.38	\$343.95

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: Scott Cyr, MLA

Claimant Name: Bonnyville Water Conditioning Ltd

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Water for constituency office / constituent visit usage.

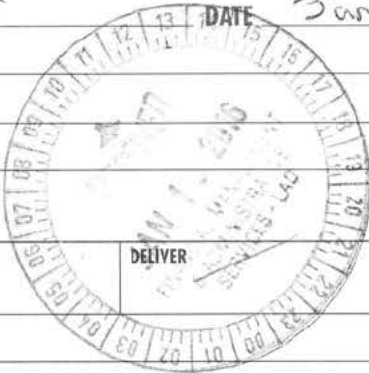


**BONNYVILLE
WATER CONDITIONING LTD.**

6021 - 50 th Avenue
Bonnyville, Alberta T9N 2L3
Ph. 826-4418 Fax: 826-3603
email: bwc1@telus.net

INVOICE K 1590

NAME Scott Cyr DATE Jan 12-16
ADDRESS MLA
P.O.# _____
GST # R100580331
ARTICLE Water
DATE WANTED _____



2 Water @ 6.00

12.00

Returns:

Payment Method:

Authorization:

Carmen Bannan

TERMS - CASH ON INSTALLATION

SUB-TOTAL	12.00
G.S.T.	
TOTAL	
DEPOSIT	
BALANCE	12.00

White - Customer Copy

Yellow - Office Copy

Personal Expense Claim Receipt Description

Member Name: Scott CyrClaimant Name: Bonnyville Water Conditioning Ltd.Expense Category: Hosting

For hosting, select one:

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

Purpose:

Water for constituency office/constituent visit usage.**BONNYVILLE
WATER CONDITIONING LTD.**

6021 - 50 th Avenue
Bonnyville, Alberta T9N 2L3
Ph. 826-4418 or 1-800-661-8235
Fax: 826-3603
email: bwc1@telus.net

INVOICE A 10205NAME CYR MLA

ADDRESS _____

P.O.# _____

GST # R100580331

ARTICLE _____

DATE WANTED _____

DELIVER _____

2 water @ \$6 ⁰⁰	12 ⁰⁰
-----------------------------	------------------

Payment Method: franchise

Authorization: _____

SUB-TOTAL	12 ⁰⁰
G.S.T.	
TOTAL	
DEPOSIT	
BALANCE	12 ⁰⁰

TERMS - CASH ON INSTALLATION

White - Customer Copy

Yellow - Office Copy



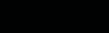
GRAND&TOY ® MD

An **Office DEPOT**®, Inc. Company
une société d'**Office DEPOT**®, Inc

COST CENTRE BILLING REPORT

REQUISITION REPORT

SOLD TO ACCOUNT NO.



ALTA LEGISLATIVE ASSEMBLY M
9718 107 ST NW
9TH FLR
EDMONTON, AB T5K 1E4

G.S.T.

R894032192

Q.S.T.

1001640701TQ0009

PERIOD ENDING
ACCT MGR NO.

01/31/2016



INVOICE NO.

J210991

SHIP TO ACCOUNT NO.



ALTA LEGISLATIVE ASSEMBLY
BONNYVILLE COLD LAKE
2-4428 50 AVE
BONNYVILLE, AB T9N 2G4

QTY ORD	QTY SHIP	QTY B/O	U/M	PRODUCT NO.	DESCRIPTION	REGULAR	DISCOUNT	NET	AMOUNT	TX
REQ NO.	G66522		DATE	01/12/2016	ATTENTION	Bonnyville Cold Lake	P.O.#	MLA163257 ✓	† G&T ORDER NO	600609-00

3	3	0	BX	74-01104	K CUP TM HAZELNUT 24'S	15.51	NET	15.51	46.53	
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LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Scott Cyr, MLA for Bonnyville-Cold Lake

Claimant Name: Julie Krawiec

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Coffee Supplies for hosting constituents in the office.



Welcome to Sobeys

GROCERY

Cream Creamo 10%	\$2.29	C
+Deposit	\$0.10	R

SUBTOTAL \$2.39

TOTAL TAX \$0.00

TOTAL \$2.39

Cash	TENDER	\$2.40
------	--------	--------

Rounding	TENDER	-\$0.01
----------	--------	---------

Cash	CHANGE	\$0.00
------	--------	--------

NUMBER OF ITEMS 1

AIR MILES

Member number: [REDACTED]

Your AIR MILES Balances

Cash Miles [REDACTED]

Dream Miles [REDACTED]

Term	Tran	Store	Oper	10/23/15
30	642	3158	130	09:13:28

Thank you for shopping at
Sobeys

Better Food For All
PLEASE COME AGAIN

Sobeys West Customer Care
1-888-476-2397

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Scott Cyr, MLA for Bonnyville-Cold Lake

Claimant Name: Julie Krawiec

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Coffee Supplies for hosting constituents in the office.



Sobeys Bonnyville
4501-50 Ave
780.826.3548
GST #102 624 897 RP0002

Served by: Michelle

Welcome to Sobeys

GROCERY

French Vanilla F/F	\$3.49	C
+EHC	\$0.02	R
+Deposit	\$0.10	R
Cream Creamo 10%	\$2.29	C
+Deposit	\$0.10	R

SUBTOTAL	\$6.00
TOTAL TAX	\$0.00
TOTAL	\$6.00
Visa	TENDER \$6.00
Cash	CHANGE \$0.00

NUMBER OF ITEMS 2

AIR MILES	
Member number:	[REDACTED]
Your AIR MILES Balances	
Cash Miles	[REDACTED]
Dream Miles	[REDACTED]

CLIENT ID 9803	TAPPED
TERMINAL ID 005	
** PURCHASE	** \$ 6.00
CARD Visa	RCPT 1886000
NO. ***** [REDACTED]	RESP 000
DATE 12/10/2015	TIME 12:50:20
[REDACTED]	REF # 00000069
APPL. VISA CREDIT	
AID A0000000031010	
TVR 0000000000	TSI

APPROVED

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Scott Cyr, MLA for Bonnyville-Cold Lake

Claimant Name: Julie Krawiec

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Coffee Supplies for hosting constituents in the office.

\$4.60

wholesale club

RCUC 6717 - 5101 46ST BONNYVILLE, AB
(780)812-3956
INVOICE #:0671704040164418

CASH
SALES

Account # : 101

0 -
Tax Exempt # :
Expiry :
Payment Due : 0 Days

Welcome #

Card#: [REDACTED]

22-DAIRY

04127102518	FAT FREE FR VAN	RQ	3.17
	ECOLOG FEE		0.02
	DEPOSIT 1		0.10
06620020305	LTNT CREAM 10%	RQ	1.19
	DEPOSIT 1		0.10

SUBTOTAL 4.58

TOTAL 4.58

Number of Items: 2

CASH	10.00
ROUNDED 0.02	(4.60)
CHANGE DUE	5.40

PC Plus
Closing Balance [REDACTED]



8867170441620160104

GST # 12223-5922 RT0001

THANK YOU FOR SHOPPING RCUC
MANAGER: CURTIS
Thank You, Come Again !
BUY MORE PAY LESS!
THANK-YOU FOR SHOPPING RCUC 6717
HOPE TO SEE YOU SOON!
2016/01/04
Shelby 9801

12:48
04 4418

TELL US HOW WE DID TODAY!
MONTHLY CHANCES TO WIN \$5000
VISIT WWW.STOREOPINION.CA
OR CALL 1-877-234-2322
SEE CUSTOMER SERVICE DESK FOR FULL
CONTEST RULES OR WWW.STOREOPINION.CA
STORE: 06717
CODE: 010416 124804 4418 06717

[Handwritten signature]

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Scott Cyr, MLA for Bonnyville-Cold Lake

Claimant Name: Julie Krawiec

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Coffee Supplies for hosting constituents in the office.



Sobeys Bonnyville
4501-50 Ave
780.326.3548
GST #102 624 897 RP0002

Served by: Charlotte

Welcome to Sobeys

GROCERY

Cof Whittr FrenVan	\$3.99	C
YOU SAVED \$1.50		
+EHC	\$0.02	R
+Deposit	\$0.10	R
Cream 18%	\$2.49	C
+Deposit	\$0.10	R

SUBTOTAL	\$6.70
TOTAL TAX	\$0.00

TOTAL \$6.70

Visa	TENDER	\$6.70
Cash	CHANGE	\$0.00

NUMBER OF ITEMS 2

*****YOUR SAVINGS*****
Discounts & Specials \$1.50
Your Total Savings \$1.50
Percentage Savings 18%

AIR MILES	
Member number:	[REDACTED]
Your AIR MILES Balances	
Cash Miles	0
Dream Miles	[REDACTED]

CLIENT ID 9803
TERMINAL ID 007
** PURCHASE
CARD Visa
NO. *****
DATE 02/24/2016

TAPPED
** \$ 6.70
RCPT 5860000
RESP 000
TIME 16:45:35
REF # 00000085

APPL. VISA CREDIT
AID A0000000031010
TVR 0000000000

TSI

APPROVED

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Scott Cyr

Claimant Name: Carmen Banman

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

To host constituents when in the office during the holiday season.
Christmas
New Years

\$28.43

wholesaleTM
club

RCWC 6717 - 5101 46ST BONNYVILLE, AB
(780)812-3956
INVOICE #:0671705191151212

CASH
SALES

Account # : [REDACTED]

() -
Tobacco Tax # :
PST # :
Payment Due : 0 Days

GROCERY

05660039236	HRSHY NUT ASSORT	GR	
	\$5.98 ea or 2/\$10.00		
1 @ \$5.98 ea			5.98
05679700005	MILK CHOC BALLS	GR	
	\$2.78 ea or 2/\$5.00		
1 @ \$2.78 ea			2.78
05980045107	QUALITY STREET	GR	17.98
06820020315	LTNT CREAM 10%	R	1.59
*44000493652	DEPOSIT	R	0.10

-----TRANSACTION RECORD-----

GLOBAL PAYMENTS MERCHANT # 5202130
Retail RCWC
5101 46 St
Bonnyville AB
STORE 06717 TERM 20671705
SLIP # 121200 REG 5
RETAIN THIS COPY FOR YOUR RECORDS
** Purchase ** Chip
Savings
CARD # ***** [REDACTED]
INTERAC

AID: A0000002771010
TSI E800 TVR 0000008000

DATE TIME AMOUNT
11/19/2015 12:39:57 \$ [REDACTED]

APPROVED

DEBIT TND [REDACTED]

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Scott Cyr

Claimant Name: Carmen Banman

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

To host constituents when in the office during the holiday season.
Christmas
New Years



Sobeys Bonnyville
4501-50 Ave
730.826.3543
GST #102 624 897 RP0002

Served by: Charlotte

GROCERY

Cream 10% Organic	\$2.49	C
+Deposit	\$0.10	R

SUBTOTAL	\$2.59
TOTAL TAX	\$0.00

TOTAL	\$2.59
Cash	TENDER \$2.60
Rounding	TENDER -\$0.01
Cash	CHANGE \$0.00

NUMBER OF ITEMS 1

Term	Tran	Store	Open	01/12/16
30	9002	3158	124	12:55:11

Thank you for shopping at
Sobeys
Better Food For All
PLEASE COME AGAIN

Sobeys West Customer Care
1-888-476-2397



An **Office DEPOT**, Inc. Company
une société d'**Office DEPOT**, Inc

COST CENTRE BILLING REPORT

REQUISITION REPORT

SOLD TO ACCOUNT NO.

ALTA LEGISLATIVE ASSEMBLY M
9718 107 ST NW
9TH FLR
EDMONTON, AB T5K 1E4

G.S.T.

R894032192

Q.S.T.

1001640701TQ0009

PERIOD ENDING

02/29/2016

ACCT MGR NO.

INVOICE NO.
COST CENTRE

J331808

SHIP TO ACCOUNT NO.

ALTA LEGISLATIVE ASSEMBLY
BONNYVILLE COLD LAKE
2-4428 50 AVE
BONNYVILLE, AB T9N 2G4

QTY ORD	QTY SHIP	QTY B/O	U/M	PRODUCT NO.	DESCRIPTION	REGULAR	DISCOUNT	NET	AMOUNT	TX
REQ NO.	G67286		DATE	02/23/2016	ATTENTION	Bonnyville Cold Lake	P.O.#	MLA163260	G&T ORDER NO.	880007-00

1	1	0	BX	74-01104	K CUP TM HAZELNUT 24'S	47.96	CONTRACT	47.96	47.96	
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1	1	0	BX	40-09717	K CUP VH HAZELNUT DEC 24'S	13.59	SALE	13.59	13.59	
---	---	---	----	----------	----------------------------	-------	------	-------	-------	--

1	1	0	BX	74-09572	STARBUCKS PIKE PLACE RST KCUP	14.99	CONTRACT	14.99	14.99	
1	1	0	BX	40-33717	K CUP VH COLUMBIAN MED 24'S	11.99	CONTRACT	11.99	11.99	

1	1	0	BX	74-01141	TM K CUP FLAV KAHLOA 24	11.99	CONTRACT	11.99	11.99	
1	1	0	BX	40-39717	K CUP VH VAN HAZELNUT 24'S	11.99	CONTRACT	11.99	11.99	

\$112.51

Personal Expense Claim Receipt Description

Member Name: Scott Cyr

Claimant Name: Bonnyville Neighbourhood Inn

Expense Category: Hosting

For hosting, select one:

- ☐ Individual Constituent(s)
- ☐ Individual Stakeholder(s)
- ☒ Group: Mayors ,Fire Chiefs , Reeve and EMS

Purpose:

Meeting regarding Ambulance service for the Bonnyville-Cold Lake
Constituency

N
NEIGHBOURHOOD
INN

Scott Cyr
Canada

Guest Name :
Company Name :
Group Name :
Room No. : 9012



Arrival : 12-18-15
Departure : 12-18-15
Folio No. :
AR No. :
Conf. No. :
Cashier No. : 22
PO No. :
Custom Ref. :
Page No. : 1 of 1

INFORMATION INVOICE

Date	Description	Charges	Credits
12-18-15	Banquets Coffee Break	45.00	
		Total Charges	
		Total Credits	0.00
		Balance	

Guest Signature:

[Handwritten Signature]

Date:

Dec. 18/15

I agree that I am personally liable for payment of this account, and if this person, company or association indicated does not settle within a reasonable period, my liability for payment should be joint and several with such person, company or association.

Bonnyville Neighbourhood Inn | 5011 - 66 Street | Bonnyville, Alberta T9N 2L9

Telephone: 780-826-3300
www.neighbourhoodinn.com