

LEGISLATIVE ASSEMBLY OF ALBERTA  
 Member EDR 2016-17  
 052 - Bonnyville-Cold Lake - Cyr, Scott  
 For Expenses Processed April 1 - June 30, 2016

	Budget	Used this Quarter	Used To-Date
<b>Financial Reporting - \$ (Receipts attached)</b>			
<b>Transportation</b>			
Fuel and Minor Maintenance - \$			
MLA Parking Cap - \$	\$900.00		
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$			
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$			
<b>Accommodation</b>			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,790.00	\$5,790.00
Travel Accommodations Allowance			
Travel Accommodations Allowance (days; 10 max) - NF	10		
<b>Other</b>			
Hosting - \$		\$23.84	\$23.84

<b>Non-Financial Reporting</b>
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<b>Use of Private Automobile (43.5 cents per km)</b>			
Constituency Travel (Kilometres) - NF	80,000		
Special Trips (5 trips per year) - NF	5		
<b>Travel To and From the Capital</b>			
Travel by Air, Bus or Train (Unlimited Trips) - NF			
Use of a Private Automobile (52 trips per year) - NF	52		
<b>Other Travel</b>			
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



# 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:** Cyr, Scott

**Constituency:** Bonnyville-Cold Lake

**Employee #:**

**Date:** 6/15/2016

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

RECEIVED

**Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually**

JUN 17 2016

*Maximum of \$23,160 per fiscal year.*

FMAS-

**Fiscal Year:** 2016-2017

**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



Please Note: The Member is responsible for retaining all records which support the annual amount identified above.

**Claim Payment Authorization (please check)**



**Please Note:** The Member must advise the Clerk in writing of any changes to their permanent or temporary residence at the time it occurs.

APRIL 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



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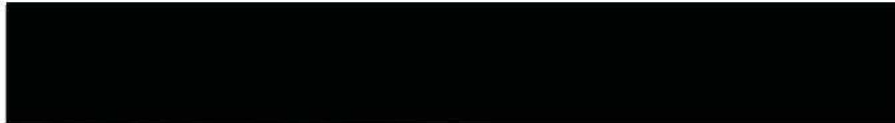
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MAY 2016

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Member Signature





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

COST CENTRE BILLING REPORT

**REQUISITION REPORT**

SOLD TO ACCOUNT NO. [REDACTED]

AB LEGISLATIVE ASSEMBLY (ML  
 FINANCIAL MGMT & ADMIN SERV  
 9820 107 ST NW  
 4TH FLR  
 EDMONTON, AB T5K 1E7

G.S.T. R894032192  
 Q.S.T 1001640701TQ0009

PERIOD ENDING 05/31/2016  
 ACCT MGR NO. [REDACTED]

INVOICE NO. **J684631**

SHIP TO ACCOUNT NO. [REDACTED]

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

COST CENTRE [REDACTED]

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 880007-01
1	1	0	BX	77-09681	RED ROSE ORANGE PEKOE BLK Approved By: Diana de Ocampo >Due to product integrity, Gra will not accept returns on foo For item 74-01104 40-09717 40- 40-39717 >This extended delivery produc 3-5 days. For item 74-01104 40-09717 40- 40-39717 Acknowledged by: Bonnyville Co * For balance of order see ref 880008	11.84	CONTRACT	11.84	11.84	

REQ TOTAL 11.84  
 HST TOTAL 0.00  
 PST TOTAL 0.00  
 SUB-TOTAL 11.84  
 GST TOTAL 0.00  
 TOTAL THIS ORDER 11.84

COST CENTRE DEPT.

NET TOTAL COST CENTRE 11.84  
 PST TOTAL 0.00  
 SUB-TOTAL 11.84  
 GST TOTAL 0.00  
 HST TOTAL 0.00

TOTAL 11.84



Personal Expense Claim Receipt Description

Member Name: Scott Cyr, MLA

Claimant Name: Bonnyville-Cold Lake Constituency

Expense Category: Hosting

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group: \_\_\_\_\_

Purpose:

Water for water dispenser - 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

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**INVOICE K 3513**

NAME Scott Cyr MLA DATE June 8-16

ADDRESS \_\_\_\_\_

P.O.# \_\_\_\_\_

GST # R100580331

ARTICLE Water

DATE WANTED \_\_\_\_\_ DELIVER

|                      |       |
|----------------------|-------|
| 2 Water @ 6.00       | 12.00 |
| 2 Containers @ 14.70 |       |
|                      |       |

Returns:

|                      |  |
|----------------------|--|
| 2 Containers @ 14.70 |  |
|                      |  |

|                                                                                                     |           |       |
|-----------------------------------------------------------------------------------------------------|-----------|-------|
| Payment Method:  | SUB-TOTAL | 12.00 |
|                                                                                                     | G.S.T.    | /     |
|                                                                                                     | TOTAL     | /     |
|                                                                                                     | DEPOSIT   | /     |
|                                                                                                     | BALANCE   | 12.00 |

Authorization: Carmen Baxman

TERMS - CASH ON INSTALLATION

White - Customer Copy      Yellow - Office Copy