LEGISLATIVE ASSEMBLY OF ALBERTA Member EDR 2017-18 052 - Bonnyville-Cold Lake - Cyr, Scott For Expenses Processed Oct 1 - Dec 31, 2017

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)	U		
Transportation Fuel and Minor Maintenance - \$ MLA Parking Cap - \$ Other Travel - Parking - \$ Member Travel (overnight stay in constituency) - \$ Taxi, Bus Travel - \$ Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$	\$900.00		
Member Travel (Meal Per Diems) - \$			\$1,044.61
Accommodation Edmonton Accommodation Allowance (\$23,160.00/yr max) Travel Accommodations Allowance Travel Accommodations Allowance (days; 10 max) - NF	\$23,160.00 10.0	\$5,790.00	\$17,370.00
Other Hosting - \$		\$173.30	\$497.30
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km) Constituency Travel (Kilometres) - NF Special Trips (5 trips per year) - NF	80,000.0 5.0		1,334.0
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		9.0
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



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	Const	tituency: Bonnyville-Cold Lake	
Employee #:	Date:	: 4/1/2017	
Claim Type: Temporary Residence Accommodation Allo	wance in Edmonton -	Claimed Annually	
Temporary Residence Accommodation Allowance in Ed Maximum of \$23,160 per fiscal year.	monton - Claimed Anı	nually	
Fiscal Year: 2017-2018			
Have you provided documents evidencing your Tempor Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please attach		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 suppor	t the annual amount identified above.	
Claim Payment Authorization (please check)		ayments monthly payments in the amount specified above fo ear. This monthly amount is static for the entire fisca	

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

OCTOBER 2017

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

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NOVEMBER 2017

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

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Monthly Amount (maximum \$1,930 or less)	\$ 1,930.00	x 12 = \$ 23,160.00
Please Note: The Member is responsible for retaining	g all records which support the	e annual amount identified above.
Claim Payment Authorization (please check)	✓ 12 Monthly Paym	ients

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

DECEMBER 2017

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.

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

/E ASSEMBLY OF ALBERTA al Expense Claim Receipt Description

.nber Name: Scott Cyr

Jaimant Name: Julie Krawiec

Expense Category: Hosting

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group:

Purpose:

coffee creamer for office

\$4.38



RCWC 6717 - 5101 46ST BONNYVILLE, AB (780)812-3956 INVOICE #:0671704130978432

CASH SALES Account # : 101

1000uiit # . 10

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

22-DATRY

2.87 0.04
0.04
0.10
1.27
4.38
4.38
5.00 (4.40) 0.60

GST # 12223-5922 RT0001 THANK YOU FOR SHOPPING RCWC MANAGER: CURTIS Thank You, Come Again ! BUY MORE PAY LESS! THANK YOU FOR SHOPPING RCWC 6717 HANK YOU FOR SHOPING RCWC 6717 HANK YOU FOR SHOPPING RCWC 6717 HANK YOU FOR SHOPPING RCWC 6717 HANK YOU FOR SHOPING RCWC 6717 HANK YOU FOR HANK YOU FOR H

IVE ASSEMBLY OF ALBERTA nal Expense Claim Receipt Description

ember Name: Scott Cyr

Claimant Name: Julie Krawiec

Expense Category: Hosting

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group:

Purpose:

supplies for office

\$18.74

fice Supples Scbeys Bonnyville 1 4501-50 Ave 0 780.826.3548 GST #102 624 897 RP0002 Served by: Shelly 1Welcome to Scheys 0 GROCERY \$3.19 GC Chocolate Toffee \$3.19 GC Chocolate Toffee \$2.69 GC Wenthers Cancy 0 Sof \$2.69 GC Wenthers Cancy (Sof \$1.89 C Half & Half Crm 10% \$0.10 R +Deposit BAKERY \$4.99 C Muffin Assorted 6Pk YOU SAVED \$1.00 1 Miles 1 Reward for Every \$20 \$18.74 SUBTOTAL \$0.59 5% GST \$19.33 TOTAL TENDER \$19.33 Visa \$0.00 CHANGE Cash NUMBER OF ITEMS 6 \$1.00 Discounts & Specials lyour Total Savings \$1.000 5% Percentage Savings TAPPED CLIENT ID 9803 TERMINAL ID OC1 ** \$ 19.33 ** PURCHASE RCPT 8683000 CARD Visa RESP 000 TIME 15:38:19 DATE 09/26/2017 REF # 00000039 AFPL. VISA CREDIT AID A0C00000C31010 TVR 0000000000 TSI APPROVED NO SIGNATURE REQUIRED I AGREE TO PAY THE ABOVE TOTAL AMOUNT ACCORDING TO THE CARD ISSUER AGREEMENT (MERCHANT AGREEMENT IF CREDIT VOUCHER) 09/26/17 Oper Tran Store Term 15:38:21

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

3158

8683

1

********** Sobeys West Customer Care 1-800-723-3929

123

.FIVE ASSEMBLY OF ALBERTA Jnal Expense Claim Receipt Description

Aember Name: Scott Cyr

Claimant Name: Julie Krawiec

Expense Category: Hosting

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group:

Purpose:

supplies for office

\$46.11



R.UC 6717 - 5101 46ST BONNYVILLE, AB (780)812-3956 -400ICE #:0671705291070235

CASH SALES Hocount # : 101

1) -Tobacco Fax # : PST # : Pnyment Due : 0 Days

Velcome

21-GROCERY		
05980057958 NESTLE FVRT SNK \$18.38 1mt 4, \$21.98 ea	GR	
1 @ \$18.98 ea		18.98
(2)06625904250 JOLLY RNCHR ASST	GR	
2 @ \$3.00		6.00
ARCP: 50.00% (\$6.00)		-3.00
(4)07279932978 WERTHER'S ORIG	GR	
4 0 \$2.97		11.88
ARCP: 50.00% (\$11.88)		-5,96
(2)07279937700 CAMPINO STRWBRRY	GR	
2 @ \$2.47		4.94
ARCP: 50.00% (\$4.94)		-2.48
(7)07279953030 WERTHER CREME	GR	
7 0 32.28		15.96
ARCP: 50.00% (\$15.96)		-7.98
(2)07279977197 FUDGE CARAMELS	GR	
2 @ \$2.28		4.56
ARCP: 50.00% (\$4.56)		-2.28
22-DAIRY		1.04
	RQ	
\$3.95 Int 2, \$4.57 ea		0.00
1 3 \$3.98 ea		3.98
BEU. RECYCLING FEE		0.04
DEPOSIT 1		0.10
	RQ	1.27
DEPOSIT 1		0.10
G=6SF 5% 40.62 0 5.000%		46.11
TOTAL	-	48.14
Himber of Itens: 20	5	
-TRANSACTION RECORD -DBAL PAYNENTS MERCHANT # 5202130 Sitail RCWC Sid1 46 St Banoyville AB TERM 20671705C SLIP # 23500 RETAIN THIS COPY FOR YOUR RECORDS ** Purchase ** Proximity EXP **/**		

Mastercaro REF # 162001001020 AID: A000000041010 TSI 6800 TVR 000008000 10/29/2017 14:25:58 \$ APPROVED \$ 48.14

No Signature Required

CREDIT TN PC Plus Closing Balance

LEGISLATIVE ASSEMBLY OF ALBERTA Personal Expense Claim Receipt Description

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

Claimant Name: Bonnyville Water Conditioning

Expense Category: Hosting

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group:

Purpose:

Water for water dispenser - Constituency Office



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

INVOIC

EC	5	3	1	7	

NAME Scott Cyr-MLA	DATE	Ne	N 2-1	7
ADDRESS				
P.O.#				
GST # R100580331				
ARTICLE				
water	DELIVER			
DATE WANTED	DELIVER			
A Water @ 6.09			- 12	00
Acontainers @ 14-1				_
				~~~
Returns:				
		-		
Lontainers @ 14,70		$\subset$		/
		-		
1				
/				
Payment Method:	/ M/w	SUB-TOTAL	12	00
	M	G.S.T.	/	
	$b_k$	TOTAL		
Authorization:		DEPOSIT		
1111110		BALANCE	19	QC
TERMS - CASH ON INSTALLATION				
White	e - Customer Copy	Yello	ow - Office C	07

# LEGISLATIVE ASSEMBLY OF ALBERTA Personal Expense Claim Receipt Description

Member Name: Scott Cyr

Claimant Name: Julie Krawiec

Expense Category: Hosting

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group:

#### Purpose:

Creamers for office	
	\$5.40



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

Served by: Jenniffer

#### Welcome to Sobeys

GROCERY French Vanilla F +EHC +Deposit Half & Half Crm +Deposit		\$3.29 \$0.04 \$0.10 \$1.89 \$0.10	C R R C R
SUBT		\$5.42	
TOTA	L_TAX	\$0.00	
TOTAL		\$5.42	
Cash Rounding	TENDER	\$0.02	
Cash	TENDER	\$5.50	
Cash	CHANGE	\$0.10	

NUMBER OF ITEMS

Term Tran Store Öper 30 4844 3158 101



2

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

# LEGISLATIVE ASSEMBLY OF ALBERTA Personal Expense Claim Receipt Description

Member Name: Scott Cyr

Claimant Name: Julie Krawiec

Expense Category: Hosting

#### For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)  $\square$ 

Group: 

#### Purpose:

Creamers for office



RCWC 6717 - 5101 46ST BONNYVILLE, AB (780)812-3956 INVOICE #:0671704141170466

CASH SALES

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



GLOBAL PAYMENTS MERCHANT # 5202130 Retail RCWC 5101 46 St Bonnyville AB TERM Z0671704C SLIP # 46601 RETAIN THIS COPY FOR YOUR RECORDS

chaso	CUPY	FUN	YUUK	RE	CORDS
LUNED			3	KX.	Proxinity
					EXP **/**
ard					Put costana

AUD: A0000000041010 TSI 6800 TVR 00000068000 11/14/2017 12:56:06 s APPROVED 4.38

No Signature Required

CREDIT TN PC Plus Closing Balance

XX Du

Idster

4.38



G&T	An 🕻	Offic	e def	D. Com	pany	CENTR	e bill	ING RI	EPORT	S
					REQUISITION REPO	ORT				
SOLD T	O ACCC	UNT	NO.		B GISLATIVE ASSEMBLY (ML ICIAL MGMT & ADMIN SERV		G.S.T. Q.S.T		R894032 10016407	192 701TQ0009
				9820 1 4TH F	107 ST NW			D ENDING MGR NO.	G 11/	30/2017
INVOICE COST CE			L6750	50	SHIP TO ACCOUNT NO.		BONN 2-4428	VILLE CO 50 AVE	TIVE ASSEM OLD LAKE B T9N 2G4	BLY
		TY /O	U/M	PRODUCT NO.	DESCRIPTION	REGU	LAR D	SCOUNT	NET	AMOUNT TX
REQ NO	G31942	В	DATE	11/29/2017 ATT	ENTION Bonnyville Cold Lake	P.O.# MLA	204880 /	~	G&T ORDE	R NO 714001-00
3	3	0	BX	74-01104	K CUP TM HAZELNUT 24'S	1	2.59 CC	NTRACT	12.59	37.77 -
1	1	0	вх	81-04917	<b>BIGELOW K CUP EARL GREY 24 CT</b>			NTRACT	13.04	13.04
1	1	0	BX	74-09572	STARBUCKS PIKE PLACE KCUP 24BX	1	5.74 CC	NTRACT	15.74	15.74
1	1	0	BX	74-09573	STARBUCKS DECAF PIKE KCUP	1	5.74 CC	NTRACT	15.74	15.74

-Hosting = \$82.29

COST CENTRE DEPT.