

LEGISLATIVE ASSEMBLY OF ALBERTA  
Member EDR 2017-18  
052 - Bonnyville-Cold Lake - Cyr, Scott  
For Expenses Processed Jan 1 - Mar 31, 2018

	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	\$22.00	\$22.00
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$			
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$835.62	\$1,880.23
<b>Accommodation</b>			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,790.00	\$23,160.00
Travel Accommodations Allowance		\$582.73	\$582.73
Travel Accommodations Allowance (days; 10 max) - NF	10.0	4.0	4.0
<b>Other</b>			
Hosting - \$		\$319.18	\$816.48
<b>Non-Financial Reporting</b>			
<b>Use of Private Automobile (43.5 cents per km)</b>			
Constituency Travel (Kilometres) - NF	80,000.0	1,830.0	3,164.0
Special Trips (5 trips per year) - NF	5.0	1.0	1.0
<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	52.0	10.0	19.0
<b>Other Travel</b>			
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

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Scott Cyr

Claimant Name: Scott Cyr

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

\$22.00

D  
DELTA  
HOTELS  
MARRIOTT

CALGARY DOWNTOWN

209 - 4th Avenue S.E., Calgary, Alberta, T2G 0C6  
Tel: 403-266-1980 Fax: 403-205-5460

Scott Cyr  
[REDACTED]

Room: 1506  
Folio: 94402  
Cashier: 19  
Arrival: 07-04-17  
Departure: 07-05-17

Date	Description	Additional Information	Charges	Credits
[REDACTED]				
07-04-17	Self Parking		22.00	
07-04-17	Parking GST		1.10	

GST Summary  
Registration No: 826085417

Other 1.10

Total [REDACTED]

Balance Due 0.00 CDN

Guest Signature: \_\_\_\_\_

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



# 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: July

Year: 2017

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			<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	60 km from Perm. Res.	Calgary	<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"/>			
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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"/>			

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

Grand Total      \$39.57      \$1.98      \$41.55  
Date February 26, 2018





# 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: August

Year: 2017

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			<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"/>			
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26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28	60 km from Perm. Res.	Olds Alberta	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
29	60 km from Perm. Res.	Olds Alberta	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$79.14	\$3.96	\$83.10

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

FEBRUARY 26, 2018



# 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: September

Year: 2017

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			<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	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
7	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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"/>			
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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.

Grand Total \$59.29 \$2.96 \$62.25

Member Signature

Date

February 23, 2018



# 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

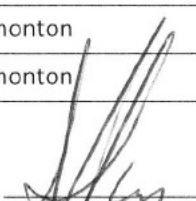
**For the Month of:** October

**Year:** 2017

**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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
31	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
Grand Total						\$50.62	\$2.53	\$53.15

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



# 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:** Cyr, Scott

**Constituency:** Bonnyville-Cold Lake

**For the Month of:** November

**Year:** 2017

**Employee #:** [REDACTED]

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 type="checkbox"/>	19.81	0.99	20.80
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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 type="checkbox"/>	19.81	0.99	20.80
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 type="checkbox"/>	19.81	0.99	20.80
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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
15	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
16	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.76	0.44	9.20
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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
29	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
30	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$367.29	\$18.36	\$385.65

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 23, 2018





# 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:** Cyr, Scott

**Constituency:** Bonnyville-Cold Lake

**For the Month of:** December

**Year:** 2017

**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			<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
5	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
6	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
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			<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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
12	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
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"/>			
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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						\$239.71	\$11.99	\$251.70

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

FEBRUARY 26, 2018



## 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 #: [REDACTED]

Date: 4/1/2017

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: 2017-2018

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.

JANUARY 2018

I certify that I have met the eligibility criteria (see back of form) for the Temporary Residence Accommodation Allowance and am authorizing that the amount specified above be paid each month during the fiscal period noted above. I acknowledge and agree to immediately notify the Clerk, in writing, if there are any changes to either my Permanent or Temporary Residence that may affect my eligibility to claim this allowance. Furthermore, I agree to immediately reimburse any accommodation allowance payments made to me during a period within which I was ineligible to receive these payments.

  
Member Signature



## Members' 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 #: [REDACTED]

Date: 4/1/2017

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: 2017-2018

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.

FEBRUARY 2018

I certify that I have met the eligibility criteria (see back of form) for the Temporary Residence Accommodation Allowance and am authorizing that the amount specified above be paid each month during the fiscal period noted above. I acknowledge and agree to immediately notify the Clerk, in writing, if there are any changes to either my Permanent or Temporary Residence that may affect my eligibility to claim this allowance. Furthermore, I agree to immediately reimburse any accommodation allowance payments made to me during a period within which I was ineligible to receive these payments.

  
Member Signature



## Members' 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 #: [REDACTED]

Date: 4/1/2017

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: 2017-2018

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.

MARCH 2018

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



D  
DELTA  
HOTELS  
MARRIOTT

CALGARY DOWNTOWN

209 - 4th Avenue S.E., Calgary, Alberta, T2G 0C6  
Tel: 403-266-1980 Fax: 403-205-5460

Scott Cyr

Room: 1506  
Folio: 94402  
Cashier: 19  
Arrival: 07-04-17  
Departure: 07-05-17

Date	Description	Additional Information	Charges	Credits
07-04-17	Room Charge		169.00	
07-04-17	Destination Marketing Fee (DMF)		5.07	
07-04-17	Rooms - Federal Tax - GST	\$181.03	8.70	
07-04-17	Tourism Levy		6.96	

GST Summary

Registration No: 826085417  
Room 8.70

Total

Balance Due

0.00 CDN

Guest Signature: \_\_\_\_\_

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



**GO ON *extend* YOUR STAY**

**CONTACT US**

Scott Cyr  
[REDACTED]

Folio #: 56698  
Room Number: 223  
Pay Method: MC  
[REDACTED]

Arrival Date: 08/27/2017  
Departure Date: 08/30/2017

Confirmation #: 35119

Date	Code	Reference	Room	Amount
08/27/2017	ROOM	ROOM CHARGE	223	125.00
08/27/2017	DMF	DMF FEE	223	3.75
08/27/2017	HT	HOTEL TAX	223	0.15
08/27/2017	HT	HOTEL TAX	223	5.00
08/28/2017	ROOM	ROOM CHARGE	223	125.00
08/28/2017	DMF	DMF FEE	223	3.75
08/28/2017	HT	HOTEL TAX	223	0.15
08/28/2017	HT	HOTEL TAX	223	5.00
08/29/2017	ROOM	ROOM CHARGE	223	125.00
08/29/2017	DMF	DMF FEE	223	3.75
08/29/2017	HT	HOTEL TAX	223	0.15
08/29/2017	HT	HOTEL TAX	223	5.00
08/30/2017	MC	MASTERCARD- MasterCard [REDACTED]	223	401.70
		<b>Subtotal</b>		375.00
		<b>Taxes</b>		26.70
		<b>Total Due</b>		401.70
		<b>Payment</b>		401.70
		<b>Balance Due</b>		0.00

Thank you for staying with us! We look forward to welcoming you back soon.

**\$401.70 no GST**

Have a safe and pleasant journey to your next destination.

Warmest Regards,

Doug Parcells  
General Manager

Pomeroy Inn & Suites at Olds College  
4601 46th Avenue  
Olds, Alberta T4H 1P5

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

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

Claimant Name: Bonnyville Neighbourhood Inn

Expense Category: Hosting

For hosting, select one:

- ☐ Individual Constituent(s)
- ☐ Individual Stakeholder(s)
- ☒ Group: Bonnyville-Cold Lake Constituency Pharmacists

Purpose:

March 16, 2018 - Luncheon Meeting with the Bonnyville-Cold Lake Constituency Pharmacists to discuss the newly proposed Pharmacy Funding Changes being made.

\$175.88





**Scott Cyr, MLA**  
**Box 5160**  
**Bonnyville AB T9N 2G4**  
**Canada**

Guest Name :  
Company Name : Scott Cyr, MLA  
Group Name :  
Room No. : 9000

Arrival : 03-16-18  
Departure : 03-16-18  
Folio No. :  
AR No. :  
Conf. No. : 27860744  
Cashier No. : 2048  
PO No. :  
Custom Ref. :  
Page No. : 1 of 1

**INFORMATION INVOICE**

Date	Description	Charges	Credits
03-16-18	Banquets Lunch	152.91 *	
	Daily Buffet x 970038		
03-16-18	GST 5% Food & Beverage	7.65	
	70038		
03-16-18	Banquet Gratuities	22.97 *	
	Auto Grat: 15% on Food & Beverage70038		
		<b>Total Charges</b>	183.53
		<b>Total Credits</b>	0.00
		<b>Balance</b>	<b>183.53</b>

\$175.88

**Guest Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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

**INVOICE C 7048**

NAME Scott Cyr - MLA DATE Mar 19-18

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:

Authorization: 

TERMS - CASH ON INSTALLATION

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

White - Customer Copy

Yellow - Office Copy

**GRAND&TOY** ®MDAn **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

12/31/2017

ACCT MGR NO. [REDACTED]

INVOICE NO.  
COST CENTRE

L797522 [REDACTED]

SHIP TO ACCOUNT NO. [REDACTED]

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.	G319428	DATE	11/29/2017	ATTENTION	Bonnyville Cold Lake	P.O.#	MLA204880	G&T ORDER NO	714001-01	
1	1	0	BX	40-33917	KCUP VH COLUMB MED 24BX Approved By: Diana de Ocampo >Due to product integrity, Gra will not accept returns on foo For item 40-33917 74-01104 81- >This extended delivery produc 3-5 days. For item 40-33917 74-01104 Acknowledged by: Bonnyville Co * For balance of order see ref 714002 714003	12.59	CONTRACT	12.59	12.59	

REQ TOTAL	12.59
HST TOTAL	0.00
PST TOTAL	0.00
SUB-TOTAL	12.59
GST TOTAL	0.00
TOTAL THIS ORDER	12.59

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

**INVOICE C 5953**

NAME Scott Cyr-MLA DATE Jan 18-18

ADDRESS \_\_\_\_\_

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

GST # R100580331

ARTICLE

Water  
DATE WANTED



2 Water @ 6.00

2 Containers @ 14.70

12.00

Returns:

2 Containers @ 14.70

Payment Method:

Authorization: [Signature]

TERMS - CASH ON INSTALLATION

SUB-TOTAL

G.S.T.

TOTAL

DEPOSIT

BALANCE

12.00

12.00

White - Customer Copy

Yellow - Office Copy

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:

Office Supplies - Coffee Creamers for individual constituent use in the Bonnyville-Cold Lake Constituency Office.

\$1.35

**wholesale<sup>+</sup>  
club**

RCWC 6717 - 5101 46ST BONNYVILLE, AB  
(780)812-3956  
INVOICE #:0671706141272849

CASH  
SALES

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

22-DAIRY  
06820020305 LTNT CREAM 10% RQ 1.27  
DEPOSIT 1 0.10  
SUBTOTAL 1.37  
TOTAL 1.37  
Number of Items: 1

CASH 1.50  
ROUNDED 0.02  
CHANGE DUE (1.35)  
0.15

\*\*\*\*\*  
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  
HOPE TO SEE YOU SOON!  
2017/12/14 Ashlin 361 06 2849 17:07  
\*\*\*\*\*  
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: 121417 170706 2849 06717  
\*\*\*\*\*



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:

Office Supplies - Coffee Creamers for individual constituent use in the Bonnyville-Cold Lake Constituency Office.

\$5.50

**wholesale club**

RCVC 6717 - 5101 46ST BONNYVILLE, AB  
(780)812-3956  
INVOICE #:0671706190189603

CASH  
SALES

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

Welcome #

22-DAIRY

04127102619	FAT FREE FR VAN	RQ	
\$3.98 Int 2, \$4.57 ea			
1 @ \$3.98 ea			3.98
BEV. RECYCLING FEE			0.04
DEPOSIT 1			0.10
06820020305	LTNT CREAM 10%	RQ	1.27
DEPOSIT 1			0.10
<b>SUBTOTAL</b>			<b>5.49</b>
<b>TOTAL</b>			<b>5.49</b>
Number of Items:	2		

CASH 10.00  
ROUNDED 0.01 (5.50)  
**CHANGE DUE** 4.50  
PC Plus  
Closing Balance



88671706960320180119

\*\*\*\*\*  
GST # 12223-5922 RT0001  
THANK YOU FOR SHOPPING RCVC  
MANAGER: CURTIS  
Thank You, Come Again!  
BUY MORE PAY LESS!  
THANK-YOU FOR SHOPPING RCVC 6717  
HOPE TO SEE YOU SOON!  
2018/01/19 Caroline 9842 06 9603 12:46  
\*\*\*\*\*  
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: 011918 124606 9603 06717  
\*\*\*\*\*

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:

Office Supplies - Coffee Creamers for individual constituent use in the Bonnyville-Cold Lake Constituency Office.

\$4.08

**Wholesale+**  
**club**

RCVC 6717 - 5101 46ST BONNYVILLE, AB  
(780)812-3956  
INVOICE #:0671705310186707

CASH  
SALES

Tabacco Tax # :  
PST # :  
Payment Due : 0 Days

Welcome #

22-DAIRY

04127102518	FAT FREE FR VAN	RQ	2.87
	BEV. RECYCLING FEE		0.04
	DEPOSIT 1		0.10
06820020315	LTNT CREAM 10%	RQ	1.97
	DEPOSIT 1		0.10

Manufacturer/Store Coupons  
MFR CPN

-1.00

SUBTOTAL

G=GST 5%

TOTAL

Number of Items: 3

CASH

CHANGE DUE

PC Plus

Balance Unavailable

Your account will be updated  
within 24 hours.

Please call our PC Plus member  
services at 1-855-6PC-Plus



88671705670720180131

\*\*\*\*\*

GST # 12223-5922 RT0001

THANK YOU FOR SHOPPING RCVC

MANAGER: CURTIS

Thank You, Come Again !

BUY MORE PAY LESS!

THANK-YOU FOR SHOPPING RCVC 6717

HOPE TO SEE YOU SOON!

2018/01/31 Dawn 324 05 6707 12:59

\*\*\*\*\*

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: 013118 125905 6707 06717

\*\*\*\*\*

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:

Office Supplies - Coffee Creamers for individual constituent use in the Bonnyville-Cold Lake Constituency Office.

\$4.15

**Sobeys**

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

Served by: Brenda

Welcome to Sobeys

<b>GROCERY</b>	
French Vanilla F/F	\$2.00 C
YOU SAVED \$1.29	
+EHC	\$0.04 R
+Deposit	\$0.10 R
Half & Half Crm 10%	\$1.89 C
+Deposit	\$0.10 R

SUBTOTAL	\$4.13
TOTAL TAX	\$0.00

**TOTAL \$4.13**

Cash Rounding	TENDER	-\$0.02
Cash	TENDER	\$10.00
Cash	CHANGE	\$5.85

NUMBER OF ITEMS 2

\*\*\*\*\*YOUR SAVINGS\*\*\*\*\*  
Discounts & Specials \$1.29  
Your Total Savings \$1.29  
Percentage Savings 24%  
\*\*\*\*\*

Term	Tran	Store	Oper	01/02/18
30	6617	3158	121	12:48:15

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

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

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:

Office Supplies - Coffee Creamers for individual constituent use in the Bonnyville-Cold Lake Constituency Office.

\$7.45



RCVC 6717 - 5101 46ST BONNYVILLE, AB  
(780)812-3956  
INVOICE #:0671703230282460

CASH  
SALES

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

Welcome #

22-DAIRY

(2)04127102562	ID FRENCH VANLLA RQ	
2 @ \$2.87		5.74
BEV. RECYCLING FEE		
2@0.02		0.04
DEPOSIT 1		
2@0.10		0.20
05820020305	LTNT CREAM 10% RQ	1.35
BEV. RECYCLING FEE		0.02
DEPOSIT 1		0.10

SUBTOTAL 7.45  
TOTAL 7.45

Number of Items: 3

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

GLOBAL PAYMENTS MERCHANT # 5202130

Retail RCVC

5101 46 St

Bonnyville AB

TERM 20671703C SLIP # 246000

RETAIN THIS COPY FOR YOUR RECORDS

\*\* Purchase \*\* Proximity  
EXP \*\*/\*\*

MasterCard

REF # 663001001006

AID: 0000000041010

TSI 6800 TUR 0000008000

02/23/2018 12:46:52 \$ 7.45

APPROVED

No Signature Required

CREDIT IN

7.45



99671703246020180223124652

\*\*\*\*\*  
GST # 12223-5922 RT0001

THANK YOU FOR SHOPPING RCVC

MANAGER: CURTIS

Thank You, Come Again !

BUY MORE PAY LESS!

THANK-YOU FOR SHOPPING RCVC 6717

HOPE TO SEE YOU SOON!

2018/02/23 Leslie 9856 03 2460 12:46

\*\*\*\*\*  
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: 022318 124603 2460 06717  
\*\*\*\*\*

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:

Office Supplies - Coffee Creamers for individual constituent use in the Bonnyville-Cold Lake Constituency Office.

\$7.65

**Wholesale<sup>+</sup>  
club**

RCVC 6717 - 5101 46ST BONNYVILLE, AB  
(780) 812-3956  
INVOICE #: 0671705080387365

CASH  
SALES

(1) -  
Tobacco Tax # :  
PST # :  
Payment Due : 0 Days

Balance #

22-DAIRY

(2)04127102518	FAT FREE FR VAN RQ	5.94
2 @ \$2.97		
BEV. RECYCLING FEE		0.04
2@ \$0.02		
DEPOSIT 1		0.20
2@ \$0.10		
06820020305	LTNT CREAM 10% RQ	1.35
BEV. RECYCLING FEE		0.02
DEPOSIT 1		0.10

SUBTOTAL

G=GST 5%

TOTAL

Number of Items: 4

CASH

ROUNDED 0.02

CHANGE DUE

PC Optimin  
Points Redeemed  
Closing Balance



99671705736520180308173555

\*\*\*\*\*  
GST # 12223-5922 RT0001

THANK YOU FOR SHOPPING RCVC

MANAGER: CURTIS

Thank You, Come Again!

BUY MORE PAY LESS!

THANK-YOU FOR SHOPPING RCVC 6717

HOPE TO SEE YOU SOON!

2018/03/08 Ethan 9855

05 7365 17:35

\*\*\*\*\*  
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: 030818 173505 7365 06717

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COST CENTRE BILLING REPORT

**REQUISITION REPORT**

SOLD TO ACCOUNT NO.

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

03/31/2018

ACCT MGR NO.

INVOICE NO.

M134598

SHIP TO ACCOUNT NO.

ALTA LEGISLATIVE ASSEMBLY

COST CENTRE

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.	G326580		DATE	03/13/2018	ATTENTION	Bonnyville Cold Lake	P.O.#	MLA204885	G&T ORDER NO	344966-00

3	3	0	BX	74-01104	K CUP TM HAZELNUT 24'S	11.77	CONTRACT	11.77	35.31	
1	1	0	BX	77-09681	RED ROSE ORANGE PEKOE BLK	12.74	CONTRACT	12.74	12.74	
1	1	0	BX	40-09917	K CUP VH COL DARK 24'S	12.74	CONTRACT	12.74	12.74	
1	1	0	BX	74-09572	STARBUCKS PIKE PLACE KCUP 24BX	15.74	CONTRACT	15.74	15.74	

Hasting \$ 76.53