LEGISLATIVE ASSEMBLY OF ALBERTA

Member EDR 2018-19

052 - Bonnyville-Cold Lake - Cyr, Scott For Expenses Processed Oct 1 - Dec 31 2018

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)	-		
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) - \$			\$1,255.28
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 \$143.38 1.0
Other Hosting - \$ Event Tickets Disclosable - \$		\$12.00	\$464.04
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km) Constituency Travel MLA (KM) - NF Constituency Travel Staff (KM) - NF	80,000.0	150.0	2,030.0
Total Constituency Travel (KM) - NF	80,000.0	150.0	2,030.0
Special Trips (5 trips per year) - NF	5.0		1.0
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	stituency: Bonnyville-Cold Lake
Employee #:	Date:	e: 4/23/2018
Claim Type: Temporary Residence Accommodation A	llowance in Edmonton -	- Claimed Annually
Temporary Residence Accommodation Allowance in E Maximum of \$23,160 per fiscal year.	dmonton - Claimed Anr	inually
Fiscal Year: 2018-2019		
Have you provided documents evidencing your Tempo Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please attac	[] _V	□ No
Monthly Amount (maximum \$1,930 or less)	\$ 1,930.00	x 12 = \$ 23,160.00
Please Note: The Member is responsible for retaining a	III records which support	rt the annual amount identified above.
Claim Payment Authorization (please check)		Payments 2 monthly payments in the amount specified above for the lear. This monthly amount is static for the entire fiscal yea
	Andrewischen und der State auf	

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 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.

Nember Signature



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Employee #:	Date:	4/23/2018
Claim Type: Temporary Residence Accommodation Allowa	ance in Edmonton - Cl	aimed Annually
Temporary Residence Accommodation Allowance in Edmo Maximum of \$23,160 per fiscal year.	onton - Claimed Annu	ally
Fiscal Year: 2018-2019		
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 rec	cords which support t	he annual amount identified above.
Claim Payment Authorization (please check)	12 Monthly Payr	ments onthly 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.

November 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.

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Claim Type: Temporary Residence Accommodation	Allowance in Edmonton - Claimed Annually	
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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)	12 Monthly Payments I authorize 12 monthly payments in the amount specified above entire fiscal year. This monthly amount is static for the entire	

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 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.

Nember Signature

LEGISLATIVE ASSEMBLY OF ALBERTA Personal Expense Claim Receipt Description

Member Name: Scott Cyr, MLA Bonnyville-Cold La	ke Constituency	
Claimant Name: Bonnyville Water Conditioning		
Expense Category: Hosting		
For hosting, select one: Individual Constituent(s)	As a	
Individual Stakeholder(s)		
Group:	BONNYVILLI	
Purpose:	WATER CONDITION 6021 - 50 th Ave	nue
Water for water dispenser - Constituency Office	Bonnyville, Alberta Ph. 826-4418 Fax: 8 email: bwc2@telu	26-3603
	INVOICE D 114	8
	NAME Scott Cyr MLA DATE S	upt 25-18
	ADDRESS	
	P.O.#	
	GST # R100580331 ARTICLE	
	DATE WANTED DELIVER	
	→ Water @ 6.03	1700
	2 Containers @ 14.70	
	Returns:	
	2 Containers @ 147	
	- Variable	
	Payment Method: SUB-TOTAL	
	Payment Method: SUB-TOTAL	1400
	G.S.T.	
	TOTAL	
	Authorization: DEPOSIT	
	BALANCE	1200

TERMS - CASH ON INSTALLATION

Yellow - Office Copy

White - Customer Copy