

LEGISLATIVE ASSEMBLY OF ALBERTA  
Member EDR 2023-24  
051 - Bonnyville-Cold Lake-St. Paul - MLA Scott Cyr  
For Expenses Processed Oct 1 - Dec 31, 2023

|  | Budget      | Reimbursed<br>This Qtr | Reimbursed<br>To-Date |
|--|-------------|------------------------|-----------------------|
| <b>Financial Reporting - \$ (Receipts attached)</b>        |             |                        |                       |
| <b>Transportation</b>                                      |             |                        |                       |
| Fuel and Minor Maintenance - \$                            |             |                        |                       |
| MLA Parking Cap - \$                                       | \$900.00    | \$82.29                | \$82.29               |
| Other Travel - Parking - \$                                |             |                        |                       |
| Member Travel (overnight stay in constituency) - \$        |             |                        |                       |
| Taxi, Bus Travel - \$                                      |             |                        |                       |
| Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$ |             |                        |                       |
| Member Travel (Meal Per Diems) - \$                        |             | \$679.31               | \$679.31              |
| <b>Accommodation</b>                                       |             |                        |                       |
| Edmonton Accommodation Allowance (\$23,160.00/yr max)      | \$23,160.00 | \$7,720.00             | \$7,720.00            |
| Travel Accommodations Allowance                            |             | \$953.52               | \$953.52              |
| Travel Accommodations Allowance (days; 10 max) - NF        | 10.0        | 4.0                    | 4.0                   |
| <b>Other</b>   |             |                        |                       |
| Hosting - \$   |             | \$113.05               | \$354.76              |
| Event Tickets Disclosable - \$                             |             |                        |                       |
| <b>Non-Financial Reporting</b>                             |             |                        |                       |
| <b>Use of Private Automobile (50.5 cents per km)</b>       |             |                        |                       |
| Constituency Travel MLA (KM) - NF                          | 80,000.0    | 6,903.0                | 6,903.0               |
| Constituency Travel Staff (KM) - NF                        |             |                        |                       |
| Total Constituency Travel (KM) - NF                        | 80,000.0    | 6,903.0                | 6,903.0               |
| Special Trips (5 trips per year) - NF                      | 5.0         | 2.0                    | 2.0                   |
| <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                   | 10.0                  |
| <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

**Note:**

Expenses are reported in the Quarter the expense is reimbursed and not necessarily the Quarter the expense was incurred.

The reader should take this into account when reviewing the disclosure



**Legislative Assembly of Alberta**  
**ME29726 - Members' Other Expenses Claim Form**

MLA Parking Cap: \$38.00 + GST

|                     |                             |
|---------------------|-----------------------------|
| Receipt Description | Parking Expense in Red Deer |
| Member Name         | Scott Cyr                   |
| Claimant            | Scott Cyr                   |
| Expense Category    | Member Parking              |

**RECEIPT**

License Plate Number: [REDACTED]

#\*Expiration Date/Time\*#

**06:00 PM**  
**JUN 02, 2023**

Purchase Date/Time: 10:56am Jun 02, 2023  
Total Parking: \$38.00  
Total Federal: \$1.90  
Total Due: \$39.90

Rate: \$38 - 6 pm  
Pmt Type: CC (Swipe)

Ticket #: 57056012  
S/N #: 501013240932  
Setting: Lot 175  
Mach Name: Lot 175-1

[REDACTED] [REDACTED]

GST REG #887315635

PARKING RECEIPT

I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to me or on my behalf.



# Legislative Assembly of Alberta

## MR29822 - Members' Temporary Accommodation Allowance Claim Form

MLA Parking Cap: \$10.00 + GST

|                     |               |
|---------------------|---------------|
| Receipt Description |               |
| Member Name         | Scott Cyr     |
| Claimant            | Scott Cyr     |
| Expense Category    | Member Travel |

### Coast Calgary Downtown Hotel & Suites by APA



610 4th Ave. SW  
Calgary, Alberta  
T2P 0K1  
Phone: 403-231-1000  
Email: ccd.reservations@coasthotels.com

### Guest Folio

Scott Cyr

Arrival Date: 09 Jul 2023  
Departure Date: 10 Jul 2023

Room Type: Coast Premium King-K

Folio: [REDACTED]

Room: 0804

CC Number: [REDACTED]

| Date        | Folio | Reference           | Amount  | Tax    | Total   |
|-------------|-------|---------------------|---------|--------|---------|
| 09 Jul 2023 | 1     | Parking Book Direct | \$10.00 | \$0.50 | \$10.50 |
| Balance     |       |                     |         |        | \$0.00  |

Reg # 101035467 RT 0023

Signature \_\_\_\_\_

Thank you for choosing the Coast Calgary Downtown Hotel and Suites by APA as your home away from home!

10 Jul 2023 09:04

I certify that I have met the requirements of the Members' Allowances Order, RMSC 1992, c. M-1, as amended, have incurred accommodation expenses on the dates or months selected, and have not previously claimed or been paid for these expenses.

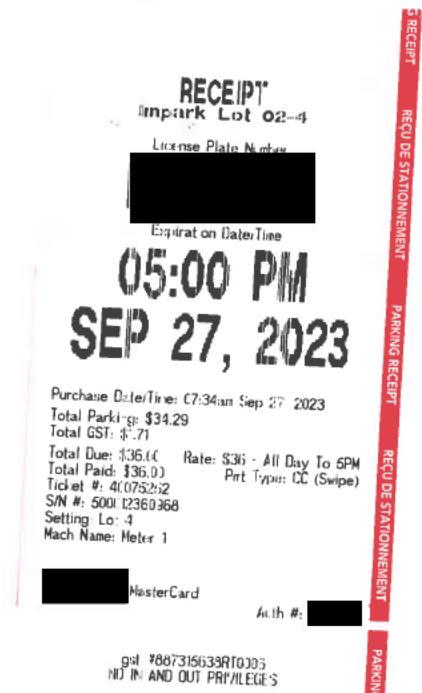


# Legislative Assembly of Alberta

## ME31383 - Members' Other Expenses Claim Form

MLA Parking Cap: \$34.29 + GST

|                     |                           |
|---------------------|---------------------------|
| Receipt Description | Impark Parking - Edmonton |
| Member Name         | Scott Cyr                 |
| Claimant            | Scott Cyr                 |
| Expense Category    | Member Parking            |



I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to me or on my behalf.



# Legislative Assembly of Alberta

## MP29722 - Members' Travel Expense Per-Diems Expense Claim Form

|                 |  |
|-----------------|--|
| Form Type       | Members' Travel Expenses Per-Diems Claim     |
| Form ID         | MP29722                                      |
| Description     | June 2023 - Per-Diems                        |
| Claimant        | Scott Cyr                                    |
| Employee Number |  |
| Constituency    | Bonnyville-Cold Lake-St. Paul 51 (Scott Cyr) |
| Date Submitted  | October 2, 2023                              |
| Date Received   | October 3, 2023                              |
| Mailing Address |  |

B = Breakfast | L = Lunch | D = Dinner

| ID   | Date         | Reason for Travel      | Meal Purchase Location(s) | B | L | D | Subtotal | G.S.T. | Total  |
|------|--------------|------------------------|---------------------------|---|---|---|----------|--------|--------|
| 1068 | Jun 1, 2023  | 60 km from Perm. Res.  | Red Deer                  |   | X | X | 30.81    | 1.54   | 32.35  |
| 1069 | Jun 2, 2023  | 60 km from Perm. Res.  | Calgary                   | X | X |   | 19.81    | 0.99   | 20.80  |
| 1070 | Jun 7, 2023  | 60 km from Perm. Res.  | Edmonton                  |   | X |   | 11.05    | 0.55   | 11.60  |
| 1071 | Jun 19, 2023 | Travel to/from Capital | Edmonton                  |   |   | X | 19.76    | 0.99   | 20.75  |
| 1072 | Jun 20, 2023 | Travel to/from Capital | Edmonton                  |   |   | X | 19.76    | 0.99   | 20.75  |
| 1073 | Jun 21, 2023 | 60 km from Perm. Res.  | St. Paul                  |   | X |   | 11.05    | 0.55   | 11.60  |
| 1074 | Jun 28, 2023 | Travel to/from Capital | Edmonton                  |   |   | X | 19.76    | 0.99   | 20.75  |
| 1075 | Jun 29, 2023 | Travel to/from Capital | Edmonton                  | X |   | X | 28.52    | 1.43   | 29.95  |
|      |              |                        |                           |   |   |   | 160.52   | 8.03   | 168.55 |

This Claim Form has been certified by the Member to 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.



# Legislative Assembly of Alberta

## MP29815 - Members' Travel Expense Per-Diems Expense Claim Form

|                 |  |
|-----------------|--|
| Form Type       | Members' Travel Expenses Per-Diems Claim     |
| Form ID         | MP29815                                      |
| Description     | July 2023 - Per-Diems                        |
| Claimant        | Scott Cyr                                    |
| Employee Number |  |
| Constituency    | Bonnyville-Cold Lake-St. Paul 51 (Scott Cyr) |
| Date Submitted  | October 5, 2023                              |
| Date Received   | October 6, 2023                              |
| Mailing Address |  |

B = Breakfast | L = Lunch | D = Dinner

| ID   | Date         | Reason for Travel     | Meal Purchase Location(s) | B | L | D | Subtotal | G.S.T. | Total |
|------|--------------|-----------------------|---------------------------|---|---|---|----------|--------|-------|
| 1126 | Jul 9, 2023  | 60 km from Perm. Res. | Calgary                   |   | X | X | 30.81    | 1.54   | 32.35 |
| 1127 | Jul 10, 2023 | 60 km from Perm. Res. | Calgary                   |   | X | X | 30.81    | 1.54   | 32.35 |
| 1128 | Jul 26, 2023 | 60 km from Perm. Res. | Glendon                   |   |   | X | 19.76    | 0.99   | 20.75 |
|      |              |                       |                           |   |   |   | 81.38    | 4.07   | 85.45 |

This Claim Form has been certified by the Member to 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.



# Legislative Assembly of Alberta

## MP29817 - Members' Travel Expense Per-Diems Expense Claim Form

|                 |  |
|-----------------|--|
| Form Type       | Members' Travel Expenses Per-Diems Claim     |
| Form ID         | MP29817                                      |
| Description     | August 2023 - Per-Diems                      |
| Claimant        | Scott Cyr                                    |
| Employee Number |  |
| Constituency    | Bonnyville-Cold Lake-St. Paul 51 (Scott Cyr) |
| Date Submitted  | October 5, 2023                              |
| Date Received   | October 6, 2023                              |
| Mailing Address |  |

B = Breakfast | L = Lunch | D = Dinner

| ID   | Date         | Reason for Travel      | Meal Purchase Location(s) | B | L | D | Subtotal | G.S.T. | Total  |
|------|--------------|------------------------|---------------------------|---|---|---|----------|--------|--------|
| 1129 | Aug 16, 2023 | Travel to/from Capital | Edmonton                  |   |   | X | 19.76    | 0.99   | 20.75  |
| 1130 | Aug 17, 2023 | Travel to/from Capital | Edmonton                  |   | X | X | 30.81    | 1.54   | 32.35  |
| 1131 | Aug 23, 2023 | Travel to/from Capital | Edmonton                  |   |   | X | 19.76    | 0.99   | 20.75  |
| 1132 | Aug 24, 2023 | 60 km from Perm. Res.  | Edmonton                  | X | X | X | 39.57    | 1.98   | 41.55  |
| 1133 | Aug 25, 2023 | Travel to/from Capital | Edmonton                  | X | X | X | 39.57    | 1.98   | 41.55  |
| 1134 | Aug 28, 2023 | Travel to/from Capital | Edmonton                  |   |   | X | 19.76    | 0.99   | 20.75  |
| 1135 | Aug 29, 2023 | 60 km from Perm. Res.  | Edmonton                  |   |   | X | 19.76    | 0.99   | 20.75  |
| 1136 | Aug 30, 2023 | Travel to/from Capital | Edmonton                  | X | X |   | 19.81    | 0.99   | 20.80  |
|      |              |                        |                           |   |   |   | 208.80   | 10.45  | 219.25 |

This Claim Form has been certified by the Member to 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.



# Legislative Assembly of Alberta

## MP31381 - Members' Travel Expense Per-Diems Expense Claim Form

|                 |  |
|-----------------|--|
| Form Type       | Members' Travel Expenses Per-Diems Claim     |
| Form ID         | MP31381                                      |
| Description     | September 2023 - Per-Diems                   |
| Claimant        | Scott Cyr                                    |
| Employee Number |  |
| Constituency    | Bonnyville-Cold Lake-St. Paul 51 (Scott Cyr) |
| Date Submitted  | November 7, 2023                             |
| Date Received   | November 8, 2023                             |
| Mailing Address |  |

B = Breakfast | L = Lunch | D = Dinner

| ID   | Date         | Reason for Travel      | Meal Purchase Location(s) | B | L | D | Subtotal | G.S.T. | Total |
|------|--------------|------------------------|---------------------------|---|---|---|----------|--------|-------|
| 2494 | Sep 20, 2023 | Travel to/from Capital | Edmonton                  |   | X | X | 30.81    | 1.54   | 32.35 |
| 2495 | Sep 28, 2023 | 60 km from Perm. Res.  | Edmonton                  |   |   | X | 19.76    | 0.99   | 20.75 |
| 2496 | Sep 29, 2023 | 60 km from Perm. Res.  | Edmonton                  | X | X | X | 39.57    | 1.98   | 41.55 |
|      |              |                        |                           |   |   |   | 90.14    | 4.51   | 94.65 |

This Claim Form has been certified by the Member to 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.





# Legislative Assembly of Alberta

## MP31387 - Members' Travel Expense Per-Diems Expense Claim Form

|                 |  |
|-----------------|--|
| Form Type       | Members' Travel Expenses Per-Diems Claim     |
| Form ID         | MP31387                                      |
| Description     | October 2023 - Per-Diems                     |
| Claimant        | Scott Cyr                                    |
| Employee Number |  |
| Constituency    | Bonnyville-Cold Lake-St. Paul 51 (Scott Cyr) |
| Date Submitted  | November 7, 2023                             |
| Date Received   | November 8, 2023                             |
| Mailing Address |  |

B = Breakfast | L = Lunch | D = Dinner

| ID   | Date         | Reason for Travel      | Meal Purchase Location(s) | B | L | D | Subtotal | G.S.T. | Total  |
|------|--------------|------------------------|---------------------------|---|---|---|----------|--------|--------|
| 2501 | Oct 4, 2023  | Travel to/from Capital | Edmonton                  |   | X | X | 30.81    | 1.54   | 32.35  |
| 2502 | Oct 25, 2023 | 60 km from Perm. Res.  | Edmonton                  | X |   | X | 28.52    | 1.43   | 29.95  |
| 2503 | Oct 30, 2023 | 60 km from Perm. Res.  | Edmonton                  | X | X | X | 39.57    | 1.98   | 41.55  |
| 2504 | Oct 31, 2023 | 60 km from Perm. Res.  | Edmonton                  | X | X | X | 39.57    | 1.98   | 41.55  |
|      |              |                        |                           |   |   |   | 138.47   | 6.93   | 145.40 |

This Claim Form has been certified by the Member to 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.



# Legislative Assembly of Alberta

## MR29626 - Members' Temporary Accommodation Allowance Claim Form

|                 |  |
|-----------------|--|
| Form Type       | Members' Temporary Accommodation Allowance Claim |
| Form ID         | MR29626  |
| Description     |  |
| Claimant        | Scott Cyr  |
| Employee Number |  |
| Constituency    | Bonnyville-Cold Lake-St. Paul 51 (Scott Cyr)     |
| Date Submitted  | September 28, 2023                               |
| Date Received   |  |
| Mailing Address |  |

| Month     | Year        | Monthly Claim Amount |
|-----------|-------------|----------------------|
| October   | 2023        | 1930.00              |
| September | 2023        | 1930.00              |
|           | Grand Total | 3860.00              |

|                 |  |
|-----------------|--|
| Office Use Only |  |
|-----------------|--|

I confirm that I have completed declarations evidencing: (1) my current permanent residence and (2) my current temporary residence, with supporting documentation as required, and have either provided these documents to Financial Management.

Pursuant to section 6.1 of the Members' Allowance Order [Short-term Rental of Temporary Residence], I confirm that I have not, during the period for which the allowance is claimed, used any commercial service through which I, or a third party on my behalf, has rented out my temporary residence for a fee as a vacation rental or any other type of short-term accommodation.

I confirm that the amount being claimed does not exceed my costs of maintaining the temporary residence and acknowledge that I will be personally responsible for reimbursing the Legislative Assembly Office for any payment received that exceeds this amount.

I certify that I have met the requirements of the Members' Allowances Order, RMSC 1992, c. M-1, as amended, have incurred accommodation expenses on the dates or months selected, and have not previously claimed or been paid for these expenses.



# Legislative Assembly of Alberta

## MR31238 - Members' Temporary Accommodation Allowance Claim Form

|                 |  |
|-----------------|--|
| Form Type       | Members' Temporary Accommodation Allowance Claim |
| Form ID         | MR31238  |
| Description     | Temporary Accommodation Allowance - November     |
| Claimant        | Scott Cyr  |
| Employee Number |  |
| Constituency    | Bonnyville-Cold Lake-St. Paul 51 (Scott Cyr)     |
| Date Submitted  | November 2, 2023                                 |
| Date Received   | November 6, 2023                                 |
| Mailing Address |  |

| Month    | Year        | Monthly Claim Amount |
|----------|-------------|----------------------|
| November | 2023        | 1930.00              |
|          | Grand Total | 1930.00              |

|                 |  |
|-----------------|--|
| Office Use Only |  |
|-----------------|--|

I confirm that I have completed declarations evidencing: (1) my current permanent residence and (2) my current temporary residence, with supporting documentation as required, and have either provided these documents to Financial Management.

Pursuant to section 6.1 of the Members' Allowance Order [Short-term Rental of Temporary Residence], I confirm that I have not, during the period for which the allowance is claimed, used any commercial service through which I, or a third party on my behalf, has rented out my temporary residence for a fee as a vacation rental or any other type of short-term accommodation.

I confirm that the amount being claimed does not exceed my costs of maintaining the temporary residence and acknowledge that I will be personally responsible for reimbursing the Legislative Assembly Office for any payment received that exceeds this amount.

I certify that I have met the requirements of the Members' Allowances Order, RMSC 1992, c. M-1, as amended, have incurred accommodation expenses on the dates or months selected, and have not previously claimed or been paid for these expenses.



# Legislative Assembly of Alberta

## MR31762 - Members' Temporary Accommodation Allowance Claim Form

|                 |  |
|-----------------|--|
| Form Type       | Members' Temporary Accommodation Allowance Claim |
| Form ID         | MR31762  |
| Description     | 2023 December                                    |
| Claimant        | Scott Cyr  |
| Employee Number | [REDACTED]                                       |
| Constituency    | Bonnyville-Cold Lake-St. Paul 51 (Scott Cyr)     |
| Date Submitted  | December 1, 2023                                 |
| Date Received   | December 4, 2023                                 |
| Mailing Address | [REDACTED]                                       |

| Month    | Year        | Monthly Claim Amount |
|----------|-------------|----------------------|
| December | 2023        | 1930.00              |
|          | Grand Total | 1930.00              |

|                 |            |
|-----------------|------------|
| Office Use Only | [REDACTED] |
|-----------------|------------|

I confirm that I have completed declarations evidencing: (1) my current permanent residence and (2) my current temporary residence, with supporting documentation as required, and have either provided these documents to Financial Management.

Pursuant to section 6.1 of the Members' Allowance Order [Short-term Rental of Temporary Residence], I confirm that I have not, during the period for which the allowance is claimed, used any commercial service through which I, or a third party on my behalf, has rented out my temporary residence for a fee as a vacation rental or any other type of short-term accommodation.

I confirm that the amount being claimed does not exceed my costs of maintaining the temporary residence and acknowledge that I will be personally responsible for reimbursing the Legislative Assembly Office for any payment received that exceeds this amount.

I certify that I have met the requirements of the Members' Allowances Order, RMSC 1992, c. M-1, as amended, have incurred accommodation expenses on the dates or months selected, and have not previously claimed or been paid for these expenses.



# Legislative Assembly of Alberta

## MR29820 - Members' Temporary Accommodation Allowance Claim Form

Travel Accommodation Allowance: \$144.56 + GST

|                     |               |
|---------------------|---------------|
| Receipt Description |               |
| Member Name         | Scott Cyr     |
| Claimant            | Scott Cyr     |
| Expense Category    | Member Travel |



Scott Cyr



Room No. : 436  
Arrival : 06-01-23  
Departure : 06-02-23  
Page No. : 1 of 1  
Folio No. :   
Conf. No. :   
Cashier No. : 4

### INFORMATION INVOICE

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

09-17-23 07:29:24 PM EST

| Date     | Text           | Charges | Credits |
|----------|----------------|---------|---------|
| 06-01-23 | Room           | 139.00  |         |
| 06-01-23 | GST Tax        | 6.95    |         |
| 06-01-23 | Tourism Levy   | 5.56    |         |
| 06-02-23 | Mastercard<br> |         | 151.51  |
| Total    |                | 151.51  | 151.51  |
| Balance  |                |         | 0.00    |

Earn Reward Nights at Choice Hotels.  
Join Choice Privileges today at [www.choicehotels.com/choice-privileges](http://www.choicehotels.com/choice-privileges)

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.  
GST NO: 887336063 RT 0001

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

Radisson Hotel Red Deer  
6500 67 Street  
Red Deer, AB T4P 1A2  
Telephone: (403) 342-6567 Fax: (403) 343-3600  
GST #R121526081

I certify that I have met the requirements of the Members' Allowances Order, RMSC 1992, c. M-1, as amended, have incurred accommodation expenses on the dates or months selected, and have not previously claimed or been paid for these expenses.



# Legislative Assembly of Alberta

## MR29822 - Members' Temporary Accommodation Allowance Claim Form

Travel Accommodation Allowance: \$535.28 + GST

|                     |               |
|---------------------|---------------|
| Receipt Description |               |
| Member Name         | Scott Cyr     |
| Claimant            | Scott Cyr     |
| Expense Category    | Member Travel |

### Coast Calgary Downtown Hotel & Suites by APA



610 4th Ave. SW  
Calgary, Alberta  
T2P 0K1  
Phone: 403-231-1000  
Email: ccd.reservations@coasthotels.com

### Guest Folio

Scott Cyr

Arrival Date: 09 Jul 2023  
Departure Date: 10 Jul 2023

Room Type: Coast Premium King-K

Folio: [REDACTED]

Room: 0804

CC Number: [REDACTED]

| Date        | Folio | Reference                  | Amount           | Tax      | Total    |
|-------------|-------|----------------------------|------------------|----------|----------|
| 09 Jul 2023 | 1     | Best Available Room Charge | 5% GST = \$24.95 | \$499.00 | \$560.23 |
| Balance     |       |                            |                  |          | \$0.00   |

Reg # 101035467 RT 0023

Signature \_\_\_\_\_

Thank you for choosing the Coast Calgary Downtown Hotel and Suites by APA as your home away from home!

10 Jul 2023 09:04

I certify that I have met the requirements of the Members' Allowances Order, RMSC 1992, c. M-1, as amended, have incurred accommodation expenses on the dates or months selected, and have not previously claimed or been paid for these expenses.




# Legislative Assembly of Alberta

## MR31382 - Members' Temporary Accommodation Allowance Claim Form

Travel Accommodation Allowance: \$273.68 + GST

|                     |               |
|---------------------|---------------|
| Receipt Description |               |
| Member Name         | Scott Cyr     |
| Claimant            | Scott Cyr     |
| Expense Category    | Member Travel |

|   |   |
|---|---|
|  | <b>Red Deer Resort and Casino</b><br>3310 50 <sup>th</sup> Avenue Red Deer, Alberta T4N 3X9<br>Telephone: (403) 346-2091<br>Reservations: (403) 755-8830<br>Fax: (403) 755-1166<br>Email: reservations@rdrcasino.ca<br>www.rdrcasino.ca |
|---|---|

Scott Cyr



Room No. : 0801  
Arrival : 09-13-23  
Departure : 09-15-23  
Page No. : 1 of 2  
Folio No. :  
Conf. No. :  
Cashier No. : 6  
Custom Ref. :

### INFORMATION INVOICE

Company Name : UC CAUCUS  
Group Name : UCP Caucus  
Guest Name :

| Date     | Description                   | Charges       | Credits |
|----------|-------------------------------|---------------|---------|
| 09-13-23 | Room Charge                   | 129.00        |         |
| 09-13-23 | Destination Marketing Fee     | 2.58          |         |
| 09-13-23 | Tourism Levy                  | 5.26          |         |
| 09-13-23 | Room GST 5% 71125-2676 RT0001 | 6.58          |         |
| 09-14-23 | Room Charge                   | 129.00        |         |
| 09-14-23 | Destination Marketing Fee     | 2.58          |         |
| 09-14-23 | Tourism Levy                  | 5.26          |         |
| 09-14-23 | Room GST 5% 71125-2676 RT0001 | 6.58          |         |
| 09-15-23 | MasterCard                    |               | 286.84  |
|          |                               | Total Charges | 286.84  |
|          |                               | Total Credits | 286.84  |
|          |                               | Balance       | 0.00    |

Merchant ID

Credit Card #



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.

I certify that I have met the requirements of the Members' Allowances Order, RMSC 1992, c. M-1, as amended, have incurred accommodation expenses on the dates or months selected, and have not previously claimed or been paid for these expenses.





**Legislative Assembly of Alberta**  
**SE31626 - Staff Other Expenses Claim Form**

Hosting: \$2.85

|                     |   |
|---------------------|---|
| Receipt Description | Sobey's - Coffee Creamer for Office Use |
| Member Name         | Scott Cyr                               |
| Claimant            | Julie Krawiec                           |
| Expense Category    | Other                                   |

**Sobeys**

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

Served by: Abigail

---

**GROCERY**

|                     |        |   |
|---------------------|--------|---|
| Half & Half Crm 10% | \$2.69 | C |
| +EHC                | \$0.06 | R |
| +Deposit            | \$0.10 | R |

---

|              |               |
|--------------|---------------|
| SUBTOTAL     | \$2.85        |
| TOTAL TAX    | \$0.00        |
| <b>TOTAL</b> | <b>\$2.85</b> |
| MasterCard   | TENDER \$2.85 |
| Cash         | CHANGE \$0.00 |

NUMBER OF ITEMS 1

MERCHANT 23875013 RF  
TERMINAL ID S02387501301  
\*\* Purchase \*\*\* \$ 2.85  
CARD MC RCPT 2919000  
NO. [REDACTED] RESP 001  
DATE 09/21/2023 TIME 08:46:48  
AUTH # [REDACTED]  
REF# 001479014  
APPL PC Mastercard  
AID A0000000041010

00 APPROVED - THANK YOU

---

[REDACTED] 09/21/23  
08:46:50

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

\*\*\*\*\*  
Sobeys West Customer Care  
1-866-948-0196  
\*\*\*\*\*

I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to my staff or on their behalf.





**Legislative Assembly of Alberta**  
**SE31626 - Staff Other Expenses Claim Form**

Hosting: \$4.05

|                     |   |
|---------------------|---|
| Receipt Description | Sobey's - Coffee Creamer for Office Use |
| Member Name         | Scott Cyr                               |
| Claimant            | Julie Krawiec                           |
| Expense Category    | Other                                   |

**Sobeys**

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

Served by: Mary

**GROCERY**

|                     |        |   |
|---------------------|--------|---|
| DairyLnd 18% CffCrn | \$3.89 | C |
| +EHC                | \$0.06 | R |
| +Deposit            | \$0.10 | R |

|              |               |
|--------------|---------------|
| SUBTOTAL     | \$4.05        |
| TOTAL TAX    | \$0.00        |
| <b>TOTAL</b> | <b>\$4.05</b> |
| MasterCard   | TENDER \$4.05 |
| Cash         | CHANGE \$0.00 |

NUMBER OF ITEMS 1

MERCHANT 23875013 C  
TERMINAL ID S02387501330  
\*\* Purchase \*\* \$ 4.05  
CARD MC RCPT 7814000  
NO. [REDACTED] RESP 001  
DATE 08/14/2023 TIME 09:25:56  
AUTH # [REDACTED]  
REF# 001475009  
APPL PC Mastercard  
AID A0000000041010

00 APPROVED - THANK YOU

08/14/23  
09:25:56

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

\*\*\*\*\*  
Sobeys West Customer Care  
1-866-948-0196  
\*\*\*\*\*

I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to my staff or on their behalf.



Legislative Assembly of Alberta  
SE31626 - Staff Other Expenses Claim Form

Hosting: \$35.64

|                     |  |
|---------------------|--|
| Receipt Description | Sobey's - Coffee Creamer & Coffee for Office Use |
| Member Name         | Scott Cyr  |
| Claimant            | Julie Krawiec                                    |
| Expense Category    | Other  |

**Sobeys**

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

Served by: Amanda

Member card number: [REDACTED]

**GROCERY**

|                       |         |   |
|-----------------------|---------|---|
| Coffee KCup House Bld | \$31.99 | C |
| YOU SAVED \$3.00      |         |   |
| Whipping Cream 33%    | \$3.49  | C |
| +EHC                  | \$0.06  | R |
| +Deposit              | \$0.10  | R |

|              |                |
|--------------|----------------|
| SUBTOTAL     | \$35.64        |
| TOTAL TAX    | \$0.00         |
| <b>TOTAL</b> | <b>\$35.64</b> |
| MasterCard   | \$35.64        |
| Cash         | \$0.00         |

NUMBER OF ITEMS 2

\*\*\*\*\*YOUR SAVINGS\*\*\*\*\*  
Discounts & Specials \$3.00  
Your Total Savings \$3.00  
Percentage Savings 8%

SCENE+ POINTS  
Member number: [REDACTED]  
Your SCENE+ POINTS Balance [REDACTED]

The Scotiabank Scene+ Visa card lets you earn Scene+ points on purchases every time you shop. Learn more at [scotiabank.com/earnpointsfaster](http://scotiabank.com/earnpointsfaster)

MERCHANT 23875013 C  
TERMINAL ID S02387501330  
\*\* Purchase \*\* \$ 35.64  
CARD MC RCPT 3292000  
NO. [REDACTED] RESP 001  
DATE 10/10/2023 TIME 09:00:02  
AUTH # [REDACTED]  
REF# 001532002  
APPL PC Mastercard  
AID A0000000041010

00 APPROVED - THANK YOU

[REDACTED] 10/10/23  
09:00:01

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

\*\*\*\*\*  
SHARE YOUR THOUGHTS  
FOR A CHANCE TO  
WIN 1 OF 3 \$500  
SOBEYS GIFT CARDS!

Hold on to this receipt and complete our  
online Customer Survey by visiting:

I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to my staff or on their behalf.



**Legislative Assembly of Alberta**  
**SE31626 - Staff Other Expenses Claim Form**

Hosting: \$3.25

|                     |  |
|---------------------|--|
| Receipt Description | Wholesale Club - Coffee Creamer for office use |
| Member Name         | Scott Cyr                                      |
| Claimant            | Julie Krawiec                                  |
| Expense Category    | Other  |

**wholesale club**  
WHOLESALE CLUB LOCATION #6717  
STORE TELEPHONE NUMBER 780-812-3956  
INVOICE #: 0671721310838395

**CASH  
SALES**  
Account # : 101

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

Welcome #

22-DAIRY  
06820020315 LTNT CREAM 10% RQ 3.09  
RECYCLING FEE MRJ 0.06  
DEPOSIT 1 0.10  
**SUBTOTAL 3.25**

**TOTAL 3.25**  
Number of Items: 1

Trans. Type: PURCHASE  
Account: MASTERCARD CAD\$ 3.25  
Card Type: CREDIT  
Card Number: [REDACTED]  
DateTime: 23/08/31 19:20:53  
Ref. #: 102610  
Auth #: [REDACTED]  
PC Mastercard  
A0000000041010 0000008001  
00 APPROVED - THANK YOU  
Retain this copy for statement  
validation  
\*\*\* CUSTOMER COPY \*\*\*



99671721839520230831192100  
\*\*\*\*\*  
GST # 12223-5922 RT0001  
THANK YOU FOR SHOPPING AT WHOLESALE CLUB  
STORE MANAGER CURTIS  
BUY MORE PAY LESS!  
THANK-YOU FOR SHOPPING RCWC 6717  
780-812-3956  
23/08/31 U-SCAN 1 9991 21 8395 19:21  
\*\*\*\*\*  
TELL US HOW WE DID TODAY! VISIT  
WWW.STOREOPINION.CA OR CALL  
1-800-531-2928. WIN 1 of 2 MONTHLY  
PRIZES OF 1 MILLION PC OPTIMUM POINTS  
OR \$1000 IN PC GIFT CARDS. SEE  
WWW.STOREOPINION.CA FOR FULL  
CONTEST RULES. STORE: 06717  
CODE: 083123 192121 8395 06717  
\*\*\*\*\*

I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to my staff or on their behalf.



**Legislative Assembly of Alberta**  
**SE31626 - Staff Other Expenses Claim Form**

Hosting: \$3.65

|                     |   |
|---------------------|---|
| Receipt Description | Sobey's - Coffee Creamer for Office Use |
| Member Name         | Scott Cyr                               |
| Claimant            | Julie Krawiec                           |
| Expense Category    | Other                                   |



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

Served by: Amrit

Member card number: [REDACTED]

|                  |               |
|------------------|---------------|
| <b>GROCERY</b>   |               |
| Cream Creamo 10% | \$3.49 C      |
| +EHC             | \$0.06 R      |
| +Deposit         | \$0.10 R      |
| <hr/>            |               |
| SUBTOTAL         | \$3.65        |
| TOTAL TAX        | \$0.00        |
| <b>TOTAL</b>     | <b>\$3.65</b> |
| MasterCard       | TENDER \$3.65 |
| Cash             | CHANGE \$0.00 |
| <hr/>            |               |
| NUMBER OF ITEMS  | 1             |

|                                   |
|-----------------------------------|
| <b>SCENE+ POINTS</b>              |
| Member number: [REDACTED]         |
| <b>Your SCENE+ POINTS Balance</b> |
| [REDACTED]                        |

The Scotiabank Scene+ Visa card lets you earn Scene+ points on purchases every time you shop. Learn more at [scotiabank.com/earnpointsfaster](http://scotiabank.com/earnpointsfaster)

MERCHANT 23875013 RF  
TERMINAL ID 502387501330  
\*\* Purchase \*\* \$ 3.65  
CARD MC RCPT 5425000  
NO. [REDACTED] RESP 001  
DATE 11/14/2023 TIME 20:10:57  
AUTH # [REDACTED]  
REF# 001567336  
APPL PC MasterCard  
AID A0000000041010

00 APPROVED - THANK YOU

[REDACTED] 11/14/23  
20:11:00

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

\*\*\*\*\*  
**WIN GROCERIES FOR A YEAR!**

Every scan of your registered\*  
Scene+ card enters you to win  
at any Sobeys; Safeway; IGA  
and Thrifty Foods location in  
Western Canada.

\*A Scene+ card is registered once  
it is connected to a completed  
Scene+ Profile. Register your  
Scene+ card today at [sceneplus.ca](http://sceneplus.ca)

3 prizes available.  
Contest available Oct 19 - Nov 15 2023.

I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to my staff or on their behalf.



# Legislative Assembly of Alberta

## SE31626 - Staff Other Expenses Claim Form

Hosting: \$3.25

|                     |  |
|---------------------|--|
| Receipt Description | Wholesale Club - Coffee Creamer for office use |
| Member Name         | Scott Cyr                                      |
| Claimant            | Julie Krawiec                                  |
| Expense Category    | Other  |



WHOLESALE CLUB LOCATION #6717  
STORE TELEPHONE NUMBER 780-812-3956  
INVOICE #:0671703120733371

CASH  
SALES  
Account # : 101

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

22-DAIRY  
06820020315 LTNT CREAM 10% RQ 3.09  
RECYCLING FEE 0.06  
DEPOSIT 1 0.10  
SUBTOTAL 3.25  
TOTAL 3.25  
Number of Items: 1

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

GLOBAL PAYMENTS MERCHANT # 5202130  
Retail RCNC  
5101 46 St  
Barnyville AB  
STORE 06717 REG 3  
SLIP # 337100  
RETAIN THIS COPY FOR YOUR RECORDS  
\*\* Purchase \*\* Proximity  
CARD # EXP \*\*/\*\*  
PC Mastercard  
REF # AUTH # ISO/ACI RESP  
08CD01001011 00 001  
AIC: A000600004101C  
TST E800 TVR 00C0008001  
DATE TIME AMOUNT  
07/12/2023 12:25:20 \$ 3.25 CAD  
APPROVED

No Signature Required

CREDIT TN 3.25  
\*\*\*\*\*  
# 12223-5922 RT0001  
THANK YOU FOR SHOPPING AT WHOLESALE CLUB  
STORE MANAGER CURTIS  
BUY MORE PAY LESS!  
THANK-YOU FOR SHOPPING RCNC 6717  
780-812-3956  
2023/07/12 Robin G 267 03 3371 12:23  
\*\*\*\*\*  
TELL US HOW WE DID TODAY! VISIT  
WWW.STOREOPINION.CA OR CALL  
1-800-531-2928. WIN 1 of 2 MONTHLY  
PRIZES OF 1 MILLION PC OPTIMUM POINTS  
OR \$1000 IN PC GIFT CARDS. SEE  
WWW.STOREOPINION.CA FOR FULL  
CONTEST RULES. STORE: 06717  
CODE: 071223 122503 3371 06717

I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to my staff or on their behalf.



# Legislative Assembly of Alberta

## SE31626 - Staff Other Expenses Claim Form

Hosting: \$8.90

|                     |  |
|---------------------|--|
| Receipt Description | Wholesale Club -Creamer & Water for office use |
| Member Name         | Scott Cyr                                      |
| Claimant            | Julie Krawiec                                  |
| Expense Category    | Other  |



WHOLESALE CLUB LOCATION #5717  
STORE TELEPHONE NUMBER 780-812-3956  
INVOICE #:0671703010837534

CASH  
SALES  
Account # : 101

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

Welcome #

### 21-GROCERY

|                         |            |     |      |
|-------------------------|------------|-----|------|
| 06038375938             | RC SPR WTR | NRJ |      |
| \$2.29 Int 4, \$2.29 ea |            |     |      |
| 1 @ \$2.29 ea           |            |     | 2.29 |
| RECYCLING FEE           |            |     | 0.96 |
| DEPOSIT 1               |            |     | 2.40 |

### 22-DAIRY

|               |                |    |      |
|---------------|----------------|----|------|
| 06820020315   | LTNT CREAM 10% | RQ | 3.09 |
| RECYCLING FEE |                |    | 0.06 |
| DEPOSIT 1     |                |    | 0.10 |

**SUBTOTAL 8.90**

**TOTAL 8.90**

Number of Items: 2

### -----TRANSACTION RECORD-----

GLOBAL PAYMENTS MERCHANT # 5202130  
Retail RCUC  
5101 46 St  
Brimleyville AB  
STORE 06717  
SLIP # 753400  
REG 3  
RETAIN THIS COPY FOR YOUR RECORDS  
\*\* Purchase \*\* Proximity  
CARD # [REDACTED] EXP \*\*/\*\*  
PC Mastercard  
REF # [REDACTED]  
095001001015 AUTH # [REDACTED] ISO/ACI RESP  
AID: A000000004101 00 001  
TSI E800 TUR 00C0008001  
DATE TIME AMOUNT  
06/01/2023 12:17:15 \$ 8.90 CAD  
**APPROVED**

No Signature Required



\*\*\*\*\*  
THANK YOU FOR SHOPPING AT WHOLESALE CLUB  
STORE MANAGER CURTIS  
BUY MORE PAY LESS!  
THANK-YOU FOR SHOPPING RCUC 6717  
780-812-3956  
2023/08/01 Jan 9811 03 7534 12:17  
\*\*\*\*\*  
TELL US HOW WE DID TODAY! VISIT  
WWW.STOREOPINION.CA OR CALL  
1-800-531-2928. WIN 1 of 2 MONTHLY  
PRIZES OF 1 MILLION PC OPTIMUM POINTS  
OR \$1000 IN PC GIFT CARDS. SEE  
WWW.STOREOPINION.CA FOR FULL  
CONTEST RULES. STORE: 06717  
CODE: 080123 121703 7534 06717  
\*\*\*\*\*

I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to my staff or on their behalf.



**Legislative Assembly of Alberta**  
**SE31626 - Staff Other Expenses Claim Form**

Hosting: \$10.49

|                     |   |
|---------------------|---|
| Receipt Description | Sobey's - Tea, Paper Towel, Tissue for office use |
| Member Name         | Scott Cyr   |
| Claimant            | Julie Krawiec                                     |
| Expense Category    | Other   |

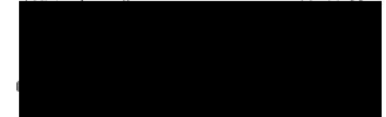
**Sobeys**

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

Served by: Jeanne

Member card number: \*\*\*\*\*775

GROCERY  
Tea KCup Orange Pekoe \$10.49 C



\*\*\*\*\*YOUR SAVINGS\*\*\*\*\*



\*\*\*\*\*Percentage Savings\*\*\*\*\*

|                            |  |
|----------------------------|--|
| SCENE+ POINTS              |  |
| Member number:             |  |
| Your SCENE+ POINTS Balance |  |
| Scene+ Balance             |  |

The Scotiabank Scene+ Visa card lets you earn Scene+ points on purchases every time you shop. Learn more at [scotiabank.com/earnpointsfaster](http://scotiabank.com/earnpointsfaster)

MERCHANT 23875013 RF  
TERMINAL ID S02387501330  
\*\* Purchase  
CARD MC RCPT 1872000  
NO. RESP 001  
DATE 11/08/2023 TIME 20:18:59  
AUTH #  
REF# 001561306  
APPL PC Mastercard  
AID A0000000041010

00 APPROVED - THANK YOU

11/08/23  
20:19:03

Thank you for shopping at

I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to my staff or on their behalf.



## COST CENTRE BILLING REPORT

### REQUISITION REPORT

SOLD TO ACCOUNT NO.

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

G.S.T.  
Q.S.T

PERIOD ENDING  
ACCT MGR NO.

11/30/2023

INVOICE NO.  
COST CENTRE

U386170

SHIP TO ACCOUNT NO.

AB LEGISLATIVE ASSEMBLY  
BONNYVILLE-COLD LAKE-ST. PAUL  
4428 - 50 AVENUE  
#2  
BONNYVILLE, AB T9N 2G4

| QTY<br>ORD | QTY<br>SHIP | QTY<br>B/O | U/M        | PRODUCT NO. | DESCRIPTION  | REGULAR | DISCOUNT | NET          | AMOUNT    | TX |
|------------|-------------|------------|------------|-------------|--|---------|----------|--------------|-----------|----|
| REQ NO.    | G427962     | DATE       | 11/06/2023 | ATTENTION   | bonnyville.csp@assem   | P.O.#   | 427962   | G&T ORDER NO | 203149-00 |    |
| 1          | 1           | 0          | BX         | 81-12817    | KCUP TETLEY PEPPERMINT TEA<br>Tetley Tea Single-Serve K-Cup<br>t Herbal Tea, Box of 24 | 16.99   | SALE     | 16.99        | 16.99     |    |
| 2          | 2           | 0          | BX         | 96-06784    | K CUP TM HAZELNUT 24'S<br>Timothy's® Single-Serve Coffe<br>ut Flavoured, Box of 24     | 11.99   | SALE     | 11.99        | 23.98     |    |

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

0.00  
0.00  
0.00