

LEGISLATIVE ASSEMBLY OF ALBERTA
 Member EDR 2024-25
 051 - Bonnyville-Cold Lake-St. Paul - MLA Scott Cyr
 For Expenses Processed APR 1 - JUN 30, 2024

	Budget	Reimbursed This Qtr	Reimbursed To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$			
MLA Parking Cap - \$	\$900.00		
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$			
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$		\$522.86	\$522.86
Member Travel (Meal Per Diems) - \$			
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,790.00	\$5,790.00
Travel Accommodations Allowance			
Travel Accommodations Allowance (days; 10 max) - NF	10.0		
Other			
Hosting - \$		\$12.35	\$12.35
Event Tickets Disclosable - \$		\$500.00	\$500.00
Non-Financial Reporting			
Use of Private Automobile (50.5 cents per km)			
Constituency Travel MLA (KM) - NF	80,000.0	1,600.0	1,600.0
Constituency Travel Staff (KM) - NF			
Total Constituency Travel (KM) - NF	<u>80,000.0</u>	<u>1,600.0</u>	<u>1,600.0</u>
Adverse Driving Conditions			
Special Trips (5 trips per year) - NF	5.0		
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	7.0	7.0
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

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

MP40849 - Members' Travel Expense Per-Diems Expense Claim Form

Form Type	Members' Travel Expenses Per-Diems Claim
Form ID	MP40849
Description	April 2024 - Per-Diems
Claimant	Scott Cyr
Employee Number	██████████
Constituency	Bonnyville-Cold Lake-St. Paul 51 (Scott Cyr)
Date Submitted	May 13, 2024
Date Received	May 14, 2024
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
7628	Apr 7, 2024	Travel to/from Capital	Edmonton			X	25.71	1.29	27.00
7629	Apr 8, 2024	60 km from Perm. Res.	Edmonton	X	X	X	54.29	2.71	57.00
7630	Apr 9, 2024	60 km from Perm. Res.	Edmonton	X	X		28.57	1.43	30.00
7631	Apr 10, 2024	60 km from Perm. Res.	Edmonton	X	X		28.57	1.43	30.00
7632	Apr 11, 2024	60 km from Perm. Res.	Edmonton			X	25.71	1.29	27.00
7633	Apr 12, 2024	60 km from Perm. Res.	Edmonton	X		X	38.10	1.90	40.00
7634	Apr 14, 2024	Travel to/from Capital	Edmonton			X	25.71	1.29	27.00
7635	Apr 15, 2024	60 km from Perm. Res.	Edmonton	X	X		28.57	1.43	30.00
7636	Apr 16, 2024	60 km from Perm. Res.	Edmonton	X		X	38.10	1.90	40.00
7637	Apr 17, 2024	60 km from Perm. Res.	Edmonton	X	X	X	54.29	2.71	57.00
7638	Apr 18, 2024	60 km from Perm. Res.	Edmonton	X	X	X	54.29	2.71	57.00
7639	Apr 21, 2024	Travel to/from Capital	Edmonton			X	25.71	1.29	27.00
7640	Apr 22, 2024	60 km from Perm. Res.	Edmonton	X			12.38	0.62	13.00
7641	Apr 24, 2024	60 km from Perm. Res.	Edmonton	X	X		28.57	1.43	30.00
7642	Apr 25, 2024	60 km from Perm. Res.	Edmonton	X	X	X	54.29	2.71	57.00
							522.86	26.14	549.00

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

MR41105 - Members' Temporary Accommodation Allowance Claim Form

Form Type	Members' Temporary Accommodation Allowance Claim
Form ID	MR41105
Description	June 2024 - Temporary Accommodation
Claimant	Scott Cyr
Employee Number	██████████
Constituency	Bonnyville-Cold Lake-St. Paul 51 (Scott Cyr)
Date Submitted	May 28, 2024
Date Received	May 28, 2024
Mailing Address	██████████ ██████████

Month	Year	Monthly Claim Amount
June	2024	1930.00
	Grand Total	1930.00

Office Use Only	██████████
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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

MR41105 - Members' Temporary Accommodation Allowance Claim Form

Form Type	Members' Temporary Accommodation Allowance Claim
Form ID	MR41105
Description	June 2024 - Temporary Accommodation
Claimant	Scott Cyr
[Redacted]	
Constituency	Bonnyville-Cold Lake-St. Paul 51 (Scott Cyr)
Date Submitted	May 28, 2024
Date Received	May 28, 2024
[Redacted]	

Month	Year	Monthly Claim Amount
June	2024	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

MR39185 - Members' Temporary Accommodation Allowance Claim Form

Form Type	Members' Temporary Accommodation Allowance Claim
Form ID	MR39185
Description	2024 April
Claimant	Scott Cyr
Employee Number	[REDACTED]
Constituency	Bonnyville-Cold Lake-St. Paul 51 (Scott Cyr)
Date Submitted	April 8, 2024
Date Received	April 12, 2024
Mailing Address	[REDACTED]

Month	Year	Monthly Claim Amount
April	2024	1930.00
	Grand Total	1930.00

Office Use Only	[REDACTED]
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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
SE41470 - Staff Other Expenses Claim Form

Hosting - 5.05

Receipt Description	Sobey's - Coffee Creamer for Office Use
Member Name	Scott Cyr
Claimant	Julie Krawiec
Expense Category	Hosting - Individual Constituent(s)

Office Use
Sobeys

Sobeys Bonnyville
 4501-50 Ave
 780.326.3548
 GST #102 624 897 RPO002

Served by: Jeanne
 Member card number: *****
GROCERY
 Whipping Cream \$4.89 C
 *EHC \$0.06 R
 *Deposit \$0.10 R
 SUBTOTAL \$5.05
 TOTAL TAX \$0.00
TOTAL \$5.05
 MasterCard TENDER \$5.05
 Cash CHANGE \$0.00
 NUMBER OF ITEMS 1

SCENE+ POINTS
 Member number: *****
 Your SCENE+ POINTS Balance
 Scene+ Balance

Earn 2 Scene+ points for every \$1 spent when using the Scotiabank Scene+ Visa Card. Learn more at scotiabank.com/2xthepts

MERCHANT 23875013 RF
 TERMINAL ID 502387501003
 ** Purchase ** \$ 5.05
 CARD MC RCPT 1268000
 NO. ***** RESP 001
 DATE 04/19/2024 TIME 12:04:16
 AUTH #
 REF# 001726037
 APPL PC Mastercard
 AID A000000041010

00 APPROVED - THANK YOU

Term Tran Store Oper 04/19/24
 3 1268 3158 126 12:04:06

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
SE41470 - Staff Other Expenses Claim Form

Table with 2 columns: Receipt Description, Member Name, Claimant, Expense Category. Row 1: Wholesale Club - Coffee Creamer for office use, Scott Cyr, Julie Krawiec, Hosting - Individual Constituent(s)

Receipt from Wholesale Club. Includes handwritten 'Office Use', QR code, and printed details: WHOLESALE CLUB LOCATION #6717, STORE TELEPHONE NUMBER 780-812-3956, INVOICE #: 06717031E0546057. Itemized list: 22-DAIRY, LTNT WHIP CRM, \$2.99, 1 @ \$2.99 ea, RECYCLING FEE 0.06, DEPOSIT 1 0.10, SUBTOTAL 3.15, TOTAL 3.15. Payment method: CREDIT TN. Includes promotional text: 'THANK YOU FOR SHOPPING AT WHOLESALE CLUB' and 'BUY MORE PAY LESS!'.

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
SE41470 - Staff Other Expenses Claim Form

Hosting - 4.15

Receipt Description	Sobey's - Coffee Creamer for Office Use
Member Name	Scott Cyr
Claimant	Julie Krawiec
Expense Category	Hosting - Individual Constituent(s)

Office Use
Sobeys

Sobeys Bennyville
 4501-50 Ave
 790.826.3543
 GST #102 624 897 RPU002

Served by: Paula

Member Card number: *****

GROCERY
 DairyLnd 18% CffCrn \$3.99 C
 +EHC \$0.06 R
 +Deposit \$0.10 R
 SUBTOTAL \$4.15
 TOTAL TAX \$0.00
TOTAL \$4.15
 MasterCard TENDER \$4.15
 Cash CHANGE \$0.00

NUMBER OF ITEMS 1

SCENE+ POINTS
 Member number: *****
 Your SCENE+ POINTS Balance
 Scene+ Balance

Earn 2 Scene+ points for every \$1 spent
 when using the Scotiabank Scene+
 Visa Card. Learn more at
scotiabank.com/2xthepoints

MERCHANT 23875013 RF
 TERMINAL ID S02387501330
 ** Purchase ** \$ 4.15
 CARD MC RCPT 6361000
 NO. ***** RESP 001
 DATE 05/31/2024 TIME 08:33:30
 AUTH #
 REF# 001762002
 APPL. PG Mastercard
 AID A0000000041010

GO APPROVED - THANK YOU

Term Tran Store Oper 05/31/24
 30 6361 3158 125 08:33:30

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

VF23514 - Vendor Payment Submission Form

Member Name	Scott Cyr
Claimant	Scott Cyr
Expense Category	Other

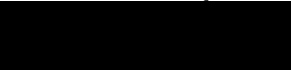
Hearts for Healthcare
 PO Box 209, #208-4807 51 Street
 Cold Lake AB T9M 1P1
 1-780-812-1312
 coordinator@heartsforhealthcare.ca



INVOICE

BILL TO
 Mr Scott Cyr
 MLA for Bonnyville-Cold Lake-
 St. Paul Constituency

INVOICE # 1494
DATE 03/26/2024
DUE DATE 04/10/2024
TERMS Net 15



DATE	ACTIVITY	DESCRIPTION	TAX	QTY	RATE	AMOUNT
03/26/2024	Gala Tickets	Tickets for H4H Annual Gala 2024	Zero-rated	2	125.00	250.00

Thank you so much for the support!
 No Tax Receipt Will Be Issued

GST @ 0% 0.00
 TOTAL 250.00
 BALANCE DUE **\$250.00**

TAX SUMMARY

RATE	TAX	NET
GST @ 0%	0.00	250.00

I certify that the items listed on this invoice were received as ordered, have not been submitted for payment before and are now approved for payment.



Legislative Assembly of Alberta VF25097 - Vendor Payment Submission Form

Member Name	Scott Cyr
Claimant	Scott Cyr
Expense Category	Other

mail - Draft Fwd 2 Tickets for Clayton Bellamy Foundation Gala

<https://mail.google.com/mail/u/0/?ik=399dc9f7f1&view=pt&search=...>

INVOICE



Clayton Bellamy Foundation for the Arts
 Box 4907,
 Bonnyville AB
 T9N 0H3

BILL TO

Scott Cyr, MLA
 Bonnyville-Cold Lake-St. Paul
 [Redacted]

INVOICE # 202404
INVOICE DATE 22/05/2024

DESCRIPTION	AMOUNT
2 tickets to Clayton Bellamy Gala August 30 at the Bonnyville C2 no drink tickets or tax receipts included.	250.00
TOTAL	\$ 250.00

For MLA Scott Cyr & Mrs. Megan Cyr

GST # 77443 5069

Thank you | **TERMS & CONDITIONS**
 Payment is due within 15 days

I certify that the items listed on this invoice were received as ordered, have not been submitted for payment before and are now approved for payment.