

LEGISLATIVE ASSEMBLY OF ALBERTA  
 Member EDR 2024-25  
 051 - Bonnyville-Cold Lake-St. Paul - MLA Scott Cyr  
 For Expenses Processed Oct 1 - Dec 31, 2024

	Budget	Reimbursed This Qtr	Reimbursed To-Date
<b>Financial Reporting - \$ (Receipts attached)</b>			
<b>Transportation</b>			
Fuel and Minor Maintenance - \$			
MLA Parking Cap - \$	\$900.00	\$153.20	\$176.77
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$			
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$		\$717.18	\$1,498.15
Member Travel (Meal Per Diems) - \$			
<b>Accommodation</b>			
Edmonton Accommodation Allowance (\$26,400.00/yr max)	\$23,160.00	\$5,790.00	\$17,370.00
Travel Accommodations Allowance		\$570.34	\$1,644.87
Travel Accommodations Allowance (days; 10 max) - NF	10.0	4.0	8.0
<b>Other</b>			
Hosting - \$		\$130.42	\$142.77
Event Tickets Disclosable - \$			\$830.00
<b>Non-Financial Reporting</b>			
<b>Use of Private Automobile (50.5 cents per km)</b>			
Constituency Travel MLA (KM) - NF	80,000.0	3,320.0	10,485.0
Constituency Travel Staff (KM) - NF			
Total Constituency Travel (KM) - NF	<u>80,000.0</u>	<u>3,320.0</u>	<u>10,485.0</u>
<b>Adverse Driving Conditions</b>			
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	3.0	13.0
<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.

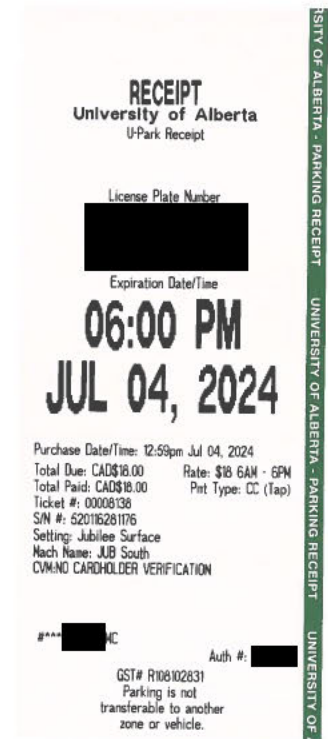
The reader should take this into account when reviewing the disclosure



**Legislative Assembly of Alberta**  
**ME46759 - Members' Other Expenses Claim Form**

MLA Parking Cap: \$17.14 + GST

Receipt Description	July Parking - Jubilee - \$18.00
Member Name	Scott Cyr
Claimant	Scott Cyr
Expense Category	Member Parking



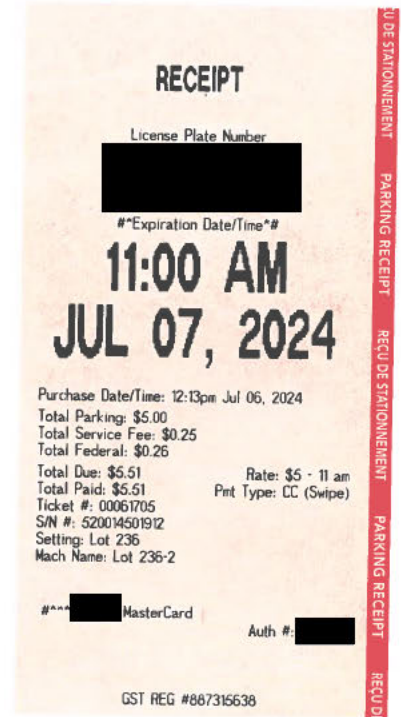
I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to me or on my behalf.



**Legislative Assembly of Alberta**  
**ME46759 - Members' Other Expenses Claim Form**

MLA Parking Cap: \$5.25 + GST

Receipt Description	Parking in Calgary - \$5.51
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**  
**ME46759 - Members' Other Expenses Claim Form**

Receipt Description	July Parking - Calgary Stampede - \$30.00
Member Name	Scott Cyr
Claimant	Scott Cyr
Expense Category	Member Parking

MLA Parking Cap: \$28.57 + GST



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**  
**ME46759 - Members' Other Expenses Claim Form**

MLA Parking Cap: \$3.81 + GST

Receipt Description	July Parking - Calgary - \$4.00
Member Name	Scott Cyr
Claimant	Scott Cyr
Expense Category	Member Parking

Plate: [REDACTED]  
 Zone: **3127**

Valid through:  
**MONDAY**  
**08 JUL 24**  
**11:00 AM**

START TIME: 7/7/2024 4:13 PM  
 AMOUNT PAID: \$4.00 (GST Incl.)  
 C \*\*\*\*\* [REDACTED]  
 Auth No: [REDACTED]  
 Trm No: 0011970010-H  
 Terminal: 1323  
 Receipt No: 23732

Pay for your parking online: [www.parkplus.ca](http://www.parkplus.ca)

CALGARY PARKING (403) 537-7000

Mastercard AID: A0000000041010  
 TVR: 090000001151: 8806  
 01027 APPROVED - Thank YOU  
 - IMPORTANT - Retain this copy for your records  
 CARDHOLDER COPY

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**  
**ME49870 - Members' Other Expenses Claim Form**

MLA Parking Cap: \$27.00 + GST

Receipt Description	Impark Parking - Edmonton - \$28.35
Member Name	Scott Cyr
Claimant	Scott Cyr
Expense Category	Member Parking

**RECEIPT**

License Plate Number  
XXXXXXXXXX

#\*Expiration Date/Time\*#  
**06:00 PM**  
**OCT 09, 2024**

Purchase Date/Time: 10:09am Oct 09, 2024  
Total Parking: \$27.00  
Total Federal: \$1.35  
Total Due: \$28.35      Rate: \$27 - 6 pm  
Total Paid: \$28.35      Pmt Type: CC (Swipe)  
Ticket #: 00051165  
SN #: 520014391490  
Setting: Lot 31  
Mach Name: Lot 31-1

XXXXXXXXXX MasterCard      Auth #: XXXXXXXXXX

GST REG #367316636

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**  
**ME49870 - Members' Other Expenses Claim Form**

MLA Parking Cap: \$23.81 + GST

Receipt Description	Impark Parking - Edmonton - \$25
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**  
**ME49870 - Members' Other Expenses Claim Form**

MLA Parking Cap: \$23.81 + GST

Receipt Description	Impark Parking - Edmonton - \$25
Member Name	Scott Cyr
Claimant	Scott Cyr
Expense Category	Member Parking

**RECEIPT**  
**Impark Lot 02-383**  
 License Plate Number  
 [REDACTED]  
 Expiration Date/Time  
**06:00 AM**  
**OCT 19, 2024**  
 Purchase Date/Time: 06:40pm Oct 18, 2024  
 Total Parking: \$23.81  
 Total GST: \$1.15  
 Total Due: \$25.00      Rate: \$25 - All Evening  
 Total Paid: \$25.00      Pmt Type: CC (Swipe)  
 Ticket #: 10033390  
 S/N #: 520116211012  
 Setting: Lot 383  
 Mach Name: Meter 1

[REDACTED] MasterCard      Auth #: [REDACTED]  
 gst #667315638RT0006  
 NO IN AND OUT PRIVILEGES

RECEIPT  
 REÇU DE STATIONNEMENT  
 PARKING RECEIPT  
 REÇU DE STATIONNEMENT  
 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**  
**ME49870 - Members' Other Expenses Claim Form**

MLA Parking Cap: \$23.81 + GST

Receipt Description	Impark Parking - Edmonton - \$25
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

## MP46757 - Members' Travel Expense Per-Diems Expense Claim Form

Form Type	Members' Travel Expenses Per-Diems Claim
Form ID	MP46757
Description	July 2024 - Per-Diems
Claimant	Scott Cyr
Employee Number	██████████
Constituency	Bonnyville-Cold Lake-St. Paul 51 (Scott Cyr)
Date Submitted	September 30, 2024
Date Received	October 2, 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
10791	Jul 4, 2024	60 km from Perm. Res.	Edmonton	X	X	X	54.29	2.71	57.00
10792	Jul 5, 2024	60 km from Perm. Res.	Edmonton	X	X	X	54.29	2.71	57.00
10793	Jul 6, 2024	60 km from Perm. Res.	Edmonton & Calgary	X	X	X	54.29	2.71	57.00
10794	Jul 9, 2024	60 km from Perm. Res.	Calgary & Edmonton	X	X	X	54.29	2.71	57.00
10795	Jul 10, 2024	60 km from Perm. Res.	Edmonton	X	X		28.57	1.43	30.00
							245.73	12.27	258.00

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

## MP49196 - Members' Travel Expense Per-Diems Expense Claim Form

Form Type	Members' Travel Expenses Per-Diems Claim
Form ID	MP49196
Description	September 2024 - Per-Diems
Claimant	Scott Cyr
Employee Number	██████████
Constituency	Bonnyville-Cold Lake-St. Paul 51 (Scott Cyr)
Date Submitted	October 16, 2024
Date Received	October 22, 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
10968	Sep 26, 2024	60 km from Perm. Res.	Red Deer	X			12.38	0.62	13.00
10969	Sep 27, 2024	60 km from Perm. Res.	Red Deer	X			12.38	0.62	13.00
							24.76	1.24	26.00

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

## MP49869 - Members' Travel Expense Per-Diems Expense Claim Form

Form Type	Members' Travel Expenses Per-Diems Claim
Form ID	MP49869
Description	October 2024 - Per-Diems
Claimant	Scott Cyr
Employee Number	██████████
Constituency	Bonnyville-Cold Lake-St. Paul 51 (Scott Cyr)
Date Submitted	November 25, 2024
Date Received	November 28, 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
11741	Oct 9, 2024	Travel to/from Capital	Edmonton	X	X	X	54.29	2.71	57.00
11742	Oct 18, 2024	60 km from Perm. Res.	Edmonton	X	X	X	54.29	2.71	57.00
11743	Oct 19, 2024	60 km from Perm. Res.	Edmonton	X			12.38	0.62	13.00
11744	Oct 20, 2024	60 km from Perm. Res.	Edmonton	X	X	X	54.29	2.71	57.00
11745	Oct 23, 2024	60 km from Perm. Res.	Lethbridge - Edmonton	X	X	X	54.29	2.71	57.00
11746	Oct 27, 2024	Travel to/from Capital	Edmonton			X	25.71	1.29	27.00
11747	Oct 28, 2024	60 km from Perm. Res.	Edmonton	X	X		28.57	1.43	30.00
11748	Oct 29, 2024	60 km from Perm. Res.	Edmonton	X	X	X	54.29	2.71	57.00
11749	Oct 30, 2024	60 km from Perm. Res.	Edmonton	X	X	X	54.29	2.71	57.00
11750	Oct 31, 2024	60 km from Perm. Res.	Edmonton	X	X	X	54.29	2.71	57.00
							446.69	22.31	469.00

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

## MR47963 - Members' Temporary Accommodation Allowance Claim Form

Form Type	Members' Temporary Accommodation Allowance Claim
Form ID	MR47963
Description	October 2024 - Temporary Accommodations
Claimant	Scott Cyr
Employee Number	[REDACTED]
Constituency	Bonnyville-Cold Lake-St. Paul 51 (Scott Cyr)
Date Submitted	September 30, 2024
Date Received	October 2, 2024
Mailing Address	[REDACTED]

Month	Year	Monthly Claim Amount
October	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

## MR49369 - Members' Temporary Accommodation Allowance Claim Form

Form Type	Members' Temporary Accommodation Allowance Claim
Form ID	MR49369
Description	2024 November Temporary Accomodation
Claimant	Scott Cyr
Employee Number	[REDACTED]
Constituency	Bonnyville-Cold Lake-St. Paul 51 (Scott Cyr)
Date Submitted	October 28, 2024
Date Received	November 5, 2024
Mailing Address	[REDACTED]

Month	Year	Monthly Claim Amount
November	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

## MR49865 - Members' Temporary Accommodation Allowance Claim Form

Form Type	Members' Temporary Accommodation Allowance Claim
Form ID	MR49865
Description	2024 December Temporary Accommodation
Claimant	Scott Cyr
Employee Number	██████████
Constituency	Bonnyville-Cold Lake-St. Paul 51 (Scott Cyr)
Date Submitted	November 25, 2024
Date Received	November 28, 2024
Mailing Address	██████████ ██████████

Month	Year	Monthly Claim Amount
December	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

## MR49197 - Members' Temporary Accommodation Allowance Claim Form

Travel Accommodations Allowance: \$153.82 + GST

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



4 09-27-24

<b>Scott Cyr</b> [Redacted]	Folio No. : <b>202829</b>	Room No. : <b>412</b>
	A/R Number :	Arrival : <b>09-26-24</b>
	Group Code :	Departure : <b>09-27-24</b>
	Company : <b>Government Canada</b>	Conf. No. : <b>69227402</b>
	Membership No. : <b>PC</b> [Redacted]	Rate Code : <b>IMCGV</b>
	Invoice No. :	Page No. : <b>1 of 1</b>

Date	Description	Charges	Credits
09-26-24	*Accommodation	145.00	
09-26-24	DMF 2%	2.90	
09-26-24	Tourism Levy 4%	5.92	
09-26-24	GST 5%	7.40	
09-27-24	MasterCard XXXXXXXXX [Redacted]		161.22
<b>Total</b>		<b>161.22</b>	<b>161.22</b>
<b>Balance</b>		<b>0.00</b>	

Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - [www.ihg.com/reviews](http://www.ihg.com/reviews). We look forward to welcoming you back soon.

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

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Holiday Inn Hotel & Suites Red Deer South  
 33 Petrolia Dr  
 Red Deer County, AB T4E 1B3  
 Telephone: (403) 348-8485 Fax: (403) 348-8495  
 GST# 878160969 RT0007  
 (Owned and Operated by Zainul & Shazma Holdings LTD.)

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

## MR49871 - Members' Temporary Accommodation Allowance Claim Form

Travel Accommodation Allowance: \$416.52 + GST

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



**INFORMATION INVOICE**

**Sandman Signature Lethbridge Lodge**

Scott Cyr  
XXXXXXXXXX

Print Date 10/23/24  
 Page No. 1 of 2  
 Room No. 416  
 Arrival 10/20/24  
 Departure 10/23/24  
 Conf. No. 506400564  
 Folio No.  
 GST No. 121767065 RT 0001

Group Code: UCP2024

Date	Description	Charges CAD	Credits CAD
10/20/24	Room Charge	129.00	
10/20/24	Room - DMF	2.58	
10/20/24	Room - GST	6.58	
10/20/24	Tourism Levy	5.26	
10/20/24	ECO Fees	2.00	
10/20/24	GST - ECO Fees	0.10	
10/21/24	Room Charge	129.00	
10/21/24	Room - DMF	2.58	
10/21/24	Room - GST	6.58	
10/21/24	Tourism Levy	5.26	
10/21/24	ECO Fees	2.00	
10/21/24	GST - ECO Fees	0.10	
10/22/24	Room Charge	129.00	
10/22/24	Room - DMF	2.58	
10/22/24	Room - GST	6.58	
10/22/24	Tourism Levy	5.26	
10/22/24	ECO Fees	2.00	
10/22/24	GST - ECO Fees	0.10	
10/23/24	MasterCard XXXXXXXXXX <span style="background-color: black; color: black;">XXXXXX</span>		436.56

<b>Total</b>	<b>436.56</b>	<b>436.56</b>
<b>Balance</b>	<b>0.00</b>	<b>CAD</b>

Net Amount	387.00	CAD
Room - GST	20.04	CAD
Tourism Levy	15.78	CAD
Room - DMF	7.74	CAD
ECO Fees	6.00	CAD
<b>Total incl. vat</b>	<b>436.56</b>	<b>CAD</b>

Sandman Signature Lethbridge Lodge | 320 Scenic Drive S. | Lethbridge, AB, T1J 4B4  
 Reservations: 1-800-SANDMAN | Telephone: 403-238-4422 | Fax: 403-238-0001 | Email: reservations\_lethbridge@sandmanhotels.com | www.sandmanhotels.com

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

## MR49871 - Members' Temporary Accommodation Allowance Claim Form

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



### INFORMATION INVOICE

### Sandman Signature Lethbridge Lodge

Scott Cyr



Print Date 10/23/24  
 Page No. 2 of 2  
 Room No. 416  
 Arrival 10/20/24  
 Departure 10/23/24  
 Conf. No. 506400564  
 Folio No.  
 GST No. 121767065 RT 0001

Group Code: UCP2024

I agree to be personally liable should the indicated company or person fail to pay for any part of the total charges.

Guest Signature

Merchant ID  
 Transaction ID  
 Approval Code  
 Approval Amount

11841280  
 436.56

Credit Card #  
 Credit Card Expiry  
 Capture Method  
 Transaction Amount

XXXXXXXXXX  
 XX/XX  
 Swiped  
 436.56

Sandman Signature Lethbridge Lodge | 320 Scenic Drive S. | Lethbridge, AB, T1J 4B4

Reservations: 1-800-SANDMAN | Telephone: 403-228-4122 | Fax: 403-228-2003 | Email: reservations\_lethbridge@sandman.com | www.sandmanhotels.com

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**  
**SE48054 - 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	Other

Office Use  
**Sobeys**

Sobeys Bonnyville  
 4501 50 Ave  
 780.626.3548  
 GST #102 524 897 180002

Served @: Thickette

Member card number: \*\*\*\* [REDACTED]

GROCERY  
 Deductible 18% (11/0/0m) \$9.99  
 +TIC \$0.06  
 +Deposit \$0.10  
  
 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: \*\*\*\* [REDACTED]  
 Your SCENE POINTS Balance [REDACTED]  
 Scene Balance [REDACTED]

Earn 2 Sobeys points for every \$1 spent plus using the Scotiabank Scene+ Visa card. Learn more at [scotiabank.ca/2/the-points](http://scotiabank.ca/2/the-points).

MERCHANT 24375013 IP  
 TERMINAL ID 502357501339  
 \*\* Purchase \*\* \$ 4.15  
 CARD NO. [REDACTED] RESP 6880000  
 NO. [REDACTED] RESP 001  
 DATE 07/15/2024 TIME 08:52:22  
 AUTH # [REDACTED]  
 REF# 001507010  
 APP PC MasterCard  
 AID 68000000001010

DO APPROVED - THANK YOU

Term Tran Store Oper 07/15/2  
 36 6860 3158 124 08:52:1

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**  
**SE48054 - 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	Other

Office Use  
**Sobeys**

Sobeys, Bonnyville  
 4801-80 Ave  
 700.826.3548  
 GST #R122 624 897 RP0002

Served by: Scott

Member's card number: \*\*\*\*\*

GROCERY  
 Delivered 18% off list \$6.99 C  
 FEES \$0.00 D  
 \*Deposit \$0.10 R

NET TOTAL \$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: \*\*\*\*\*

Each 2 Scene+ points for every \$1 spent when using the Scotiabank Scene+ Visa Card. Learn more at [scotiabank.com/25thepoints](http://scotiabank.com/25thepoints)

MERCHANT 23675013 RF  
 TERMINAL ID 502307501300  
 \*\* Purchase \*\* \$ 4.15  
 CARD NO \*\*\*\*\* ECPT 2762000  
 NO: \*\*\*\*\* PESP 001  
 DATE 06/24/24 TIME 08:41:31  
 AUTH # \*\*\*\*\*  
 REF# 00178008  
 APPL PG Mastercard  
 AID A0000000041010

00 APPROVED - THANK YOU

Ter In Store Open 06/24/24  
 \$0 2762 3153 109 08:41:28

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

\*\*\*\*\*  
 Sobeys West Customer Care  
 1-866-943-0195  
 \*\*\*\*\*

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**  
**SE48054 - Staff Other Expenses Claim Form**

Hosting: \$74.98

Receipt Description	Costco - Coffee K-Cup Pods for office use
Member Name	Scott Cyr
Claimant	Julie Krawiec
Expense Category	Other



Sherwood Park #544  
 2201 Broadmoor Blvd  
 Sherwood Park, AB T8H 0A1

FH Member: [REDACTED]  
 266556 VAN HOUTTE 43.99  
 1869279 TPD/266556 9.00-  
 4272377 KS BB KCUPS 39.99  
 TOTAL NUMBER OF ITEMS SOLD = 2  
 SUBTOTAL 74.98  
 TAX 0.00  
 \*\*\*\* TOTAL 74.98

*Office Supplies*

XXXXXXXXXX [REDACTED]  
 ACCT: MASTERCARD  
 REFERENCE #: 0010017760 H  
 AUTH #: [REDACTED] 2024/09/01 11:44:04  
 Invoice Number: 007776  
 Purchase - PC Mastercard  
 A0000000041010  
 0000008000 E800  
 01 APPROVED - THANK YOU 027  
 AMOUNT: \$74.98

IMPORTANT - retain this copy  
 for your records  
 CUSTOMER COPY  
 MasterCard 74.98  
 CHANGE 0.00

TOTAL NUMBER OF ITEMS SOLD = 2  
 TOTAL DISCOUNT(S) \$ 9.00  
 2024/09/01 11:44:03 544 7 105 26



22054400701052409011144  
 OP#: 26 Name: Amelita A

Thank You!  
 Please Come Again

G = GST P=PST  
 GST #121476329RT  
 Whse:544 Trn:7 Trn:105 OP:26

**Items Sold: 2**  
**FH 2024/09/01 11:44**

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**  
**SE48054 - 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	Other



Sobeys Bonnyville  
 4501-50 Ave  
 760-826-3548  
 GST #102 624 897 RP0002

Served by: Charlotte

Member card number: \*\*\*\* [REDACTED]

GROCERY  
 Dairy/Ind 18% Off Crm \$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: \*\*\*\* [REDACTED]  
 Your SCENE+ POINTS Balance [REDACTED]  
 Scene+ Balance [REDACTED]

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

MERCHANT 23875013 RF  
 TERMINAL ID 902387501303  
 \*\* Purchase \*\* \$ 4.15  
 CARD MC RCPT 9377000  
 NO \*\*\*\*\* RESP 001  
 DATE 09/26/2024 TIME 10:49:23  
 AUTH # [REDACTED]  
 REF# 001856010  
 APPL PC Mastercard  
 AID A0000000041010

00 APPROVED - THANK YOU

Term Tran Store Oper 09/26/24  
 3 9377 3158 124 10:49:25

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**  
**SE48054 - 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	Other

Office Use  
**Sobeys**

Sobeys Bennyville  
 4801-50 Ave  
 780.525.3548  
 GST #102 924 897 400002

Served by: (staff)

Member card number: \*\*\*\* [REDACTED]

**GROCERY**  
 Dairy/Lpd 12% Off crm \$5.99 C  
 +EHC \$0.00 R  
 +Deposit \$0.10 R  
  
 SUBTOTAL \$6.09  
 TOTAL TAX \$0.06  
**TOTAL \$6.15**  
 Cash TENDER \$6.15  
 Cash CHANGE \$0.00

NUMBER OF ITEMS 1

**SCENEY POINTS**  
 Member number: \*\*\*\* [REDACTED]  
 Your SCENEY POINTS Balance [REDACTED]  
 Sceney Balance [REDACTED]

Earn 2 Sceney points for every \$1 spent when using the Scotiabank Sceney Visa Card. Learn more at [scotiabank.com/2/thePoints](http://scotiabank.com/2/thePoints)

Ter: Fran Store Oper 09/04/24  
 1 3221 3158 116 08:57:05

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

\*\*\*\*\*  
 Sobeys Host Customer Line  
 1-866-948-0106  
 \*\*\*\*\*

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**  
**SE48054 - Staff Other Expenses Claim Form**

Hosting: \$21.98

Receipt Description	Sobey's - Tea - KCup 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: Charlotte

Member card number: \*\*\*\* [REDACTED]

**GROCERY**  
 Tea KCup Orange Pekoe \$10.99 C  
 Tea KCup Orange Pekoe \$10.99 C  
 SUBTOTAL \$21.98  
 TOTAL TAX \$0.00  
**TOTAL \$21.98**  
 MasterCard TENDER \$21.98  
 Cash CHANGE \$0.00  
 NUMBER OF ITEMS 2

SCENE+ POINTS  
 Member number: \*\*\*\* [REDACTED]  
 Your SCENE+ POINTS Balance [REDACTED]  
 Scene+ Balance [REDACTED]

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

MERCHANT 238/5013 RF  
 TERMINAL ID 50238/501302  
 \*\* Purchase \*\* \$ 21.98  
 CARD MC RCPT 891000  
 NO \*\*\*\*\* [REDACTED] RESP 001  
 DATE 10/03/2024 TIME 14:10:16  
 AUTH # [REDACTED]  
 REF# 001891050  
 APPL PC Mastercard  
 ATD A0000000041010

00 APPROVED - THANK YOU

Term Item Store Oper 10/03/24  
 2 551 3158 124 14:10:13

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:

[www.Sobeys.com/MySobeys](http://www.Sobeys.com/MySobeys)

NO PURCHASE NECESSARY.

Rules on Contest website. Open to residents over the age of majority in Manitoba; Saskatchewan; Alberta and British Columbia. Contest ends Nov 2 2024. Correctly answered skill testing question is required.

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**  
**VF30388 - Vendor Payment Submission Form**

Hosting: \$16.86 + GST

Member Name	Scott Cyr
Claimant	Scott Cyr
Expense Category	Other

You could give your people



GST# 757895891 RT0001

**INVOICE**

**Remit Payment to:**

2567658 ALBERTA LTD.  
 6021 50 Avenue  
 Bonnyville, AB  
 T9N 2L3  
 P: 780-826-4418  
 E: [accounting@culliganww.ca](mailto:accounting@culliganww.ca)

**Invoice #:** 93824TN  
**Invoice Date:** 10/15/2024  
**Shipped:** 10/15/2024  
**PO No:**  
**Customer No:** 6002081  
**Due Date:** 11/14/2024

**Balance: \$17.00**

**Billing Address:**

MLA Bonnyville - Cold Lake - St. Paul  
 Box 5160  
 Bonnyville AB T9N 2G4

**Location Address:**

MLA Bonnyville - Cold Lake - St. Paul  
 Bonnyville AB T9N 2G4

Past due accounts will be charged based on an Annual Percentage of 18%

**Comments:**

R-1081449

Service Date	Description	Comments	Reference	Qty.	Price	Amount
10/15/2024	Delivery Fee			1	2.86	2.86
10/15/2024	Sales Tax				0.14	0.14
10/15/2024	18L RO Water Delivered			2	7.00	14.00
10/15/2024	Bottle Deposit	Dp: 2 Rt:2			0.00	0.00

**Please include Customer No. and Invoice No. with your payment.**

Page 1 of 1

**Sub-Total: \$17.00**

**Total: \$17.00**

Etransfers sent to [accounting@culliganww.ca](mailto:accounting@culliganww.ca)  
 Cheques – Payable to: 2567658 AB LTD or Culligan Lloydminster  
 On line banking – Culligan Lloydminster  
 Credit Card – Visa and Mastercard please call the office to process

**Customer No: 6002081**  
**Invoice No: 93824TN**

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.