

LEGISLATIVE ASSEMBLY OF ALBERTA  
Member EDR 2016-17  
083 - Strathmore-Brooks - Fildebrandt, Derek  
For Expenses Processed Oct 1 - Dec 31, 2016

	Budget	Used this Quarter	Used To-Date
<b>Financial Reporting - \$ (Receipts attached)</b>			
<b>Transportation</b>			
Fuel and Minor Maintenance - \$		\$2,152.68	\$4,887.10
MLA Parking Cap - \$	\$900.00	\$130.68	\$280.30
Other Travel - Parking - \$		\$57.95	\$57.95
Member Travel (overnight stay in constituency) - \$			\$214.68
Taxi, Bus Travel - \$		\$37.03	\$37.03
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$1,417.96	\$3,031.58
<b>Accommodation</b>			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,790.00	\$15,440.00
Travel Accommodations Allowance		\$307.08	\$1,093.32
Travel Accommodations Allowance (days; 10 max) - NF	10.0	2.0	8.0
<b>Other</b>			
Hosting - \$		\$318.06	\$755.83
<b>Non-Financial Reporting</b>			
<b>Use of Private Automobile (43.5 cents per km)</b>			
Constituency Travel (Kilometres) - NF	80,000.0	4,159.0	13,303.0
Special Trips (5 trips per year) - NF	5.0	2.0	3.0
<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	9.0	19.0
<b>Other Travel</b>			
Vehicle Rental (5 Days maximum anywhere in Alberta) - NF	5.0		

\$ - Reported on CAD dollar amount of actual expense

NF - Reported based on number of trips, number of kilometres, or number of days

Budget reported is the maximum annual amount that may be claimed

GST is not included in the \$ amounts as the Legislative Assembly is GST/HST - exempt

FLEET MANAGEMENT SERVICES DETAIL  
DETAILS SERVICES DE GESTION DE PARC

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY

CLIENT NO. [REDACTED]  
NO DU CLIENT [REDACTED]  
INVOICE DATE [REDACTED]  
DATE DE LA FACTURE [REDACTED]  
INVOICE NO. 0006467039  
NO DE LA FACTURE

UNIT NO	DRIVER NAME DRIVER ID.	V.I.N.	CARD NO.	KM AUTHORIZE	REFERENCE NO ACTIVITY DATE	SUPPLIER NAME SUPPLIER LOCATION	CHARGE DESCRIPTION	QTY	UNIT COST	EXTENDED PRICE	GST-HST PST/QST	TOTAL DUE
NO. D'UNITE	NOM DU CONDUCTEUR NO. DU CONDUCTEUR	NO. DE SERIE	NO. DE CARTE	KM AUTORISE	NO. DE REFERENCE DATE DE LA TRANS.	NOM DU FOURNISSEUR POINT DE VENTE	DESCRIPTION DES FRAIS	QTE	COUT UNIT	TOTAL	TPS-TVH TVP/TVQ	MONTANT TOTAL DU
[REDACTED]	F LDEBRANDT	[REDACTED]	[REDACTED]		000442608652 08/17/16	IMPERIAL OIL STRATHMORE AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	115.8	.97	106.89	5.34 5.34	112.23 112.23
					000442608651 08/10/16	IMPERIAL OIL BASSANO AB	ETHANOL REGULAR GRADE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	115.2	1.00	109.57	5.48 5.48	115.05 115.05
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	231.0		216.46	10.82	227.28
	BKDN TOTALS / TOTAUX CODIFICATION 01-83		UNITS / VEHIC	1			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	231.0		216.46	10.82	
							BKDN TOTALS / TOTAUX CODIFICATION					227.28

# Element Fleet Management



BFD290001

FLEET MANAGEMENT SERVICES DETAIL  
DETAILS SERVICES DE GESTION DE PARC

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION
SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY DIV-83-D FLDEBRANDT - - - - - - - -

CLIENT NO. NO DU CLIENT	
INVOICE DATE DATE DE LA FACTURE	11/01/16
INVOICE NO. NO DE LA FACTURE	0006478695

UNIT NO NO. D'UNITE	DRIVER NAME DRIVER ID. NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V.I.N. NO. DE SERIE	CARD NO. NO. DE CARTE	KM AUTHORIZE KM AUTORISE	REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION DESCRIPTION DES FRAIS	QTY QTE	UNIT COST COUT UNIT	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DUE MONTANT TOTAL DU
	FLDEBRANDT				00044228472 10/13/16	PETRO CANADA EDMONTON AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	95.9	.93	84.83	4.24 4.24	89.07 89.07
					00044319368 10/08/16	HUSKY OIL BROOKS AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT DISCOUNT / RABAIS TOTAL / TOTAL	110.3	1.04	109.25	5.31 5.31	114.56 114.56 1.10- 113.46
					000443459120 10/01/16	SHELL CANADA INC CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	120.1	.93	106.22	5.31 5.31	111.53 111.53
					000443690307 09/29/16	FASGAS MCLENNAN AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT DISCOUNT / RABAIS TOTAL / TOTAL	64.6	1.00	61.33	3.07 3.07	64.40 64.40 .65- 63.75
					000444108798 09/27/16	IMPERIAL OIL FAIRV EW AB	ETHANOL REGULAR GRADE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	121.9	.99	114.79	5.74 5.74	120.53 120.53
					000444108797 09/25/16	IMPERIAL OIL CROSSF ELD AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	116.7	.89	99.34	4.97 4.97	104.31 104.31
					00044228471 09/20/16	PETRO CANADA STRATHMORE AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	91.8	1.00	87.36	4.37 4.37	91.73 91.73
					000443693372 09/19/16	FASGAS CLUNY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT	123.0	1.00	117.01	5.85 5.85	122.86 122.86

BLG871

GST-HST REG. NO / NO ENRG TPS-TVH RT04164223  
QST ID. NO / NO ID TVQ 1001439118

FLEET MANAGEMENT SERVICES DETAIL  
 DETAILS SERVICES DE GESTION DE PARC

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION	
SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY DIV-83-D FLDEBRANDT - - - - - - - -	

CLIENT NO.	
NO DU CLIENT	
INVOICE DATE	11/01/16
DATE DE LA FACTURE	
INVOICE NO.	0006478695
NO DE LA FACTURE	

UNIT NO NO. D'UNITE	DRIVER NAME DRIVER ID. NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V.I.N. NO. DE SERIE	CARD NO. NO. DE CARTE	KM AUTHORISE KM AUTORISE	REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION DESCRIPTION DES FRAIS	QTY QTE	UNIT COST COUT UNIT	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DUE MONTANT TOTAL DU
	FLDEBRANDT				000444108796 09/16/16	IMPERIAL OIL CROSSF ELD AB	DISCOUNT / RABAIS TOTAL / TOTAL			1.23- 115.78		1.23- 121.63
							UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	117.8 .87		97.51 4.88 4.88 97.51		102.39 102.39
							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE DISCOUNT / RABAIS TOTAL / TOTAL	962.1		877.64 43.74		921.38 2.98- 918.40
	BKDN TOTALS / TOTAUX CODIFICATION 01-83				1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	962.1		877.64 43.74		921.38 2.98- 918.40

# Element Fleet Management



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FLEET MANAGEMENT SERVICES DETAIL  
DETAILS SERVICES DE GESTION DE PARC

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION	
SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY DIV-83-D FLDEBRANDT	
-	-
-	-
-	-
-	-

CLIENT NO.	
NO DU CLIENT	
INVOICE DATE	12/01/16
DATE DE LA FACTURE	
INVOICE NO.	0006490543
NO DE LA FACTURE	

UNIT NO D'UNITE	DRIVER NAME DRIVER ID. NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V. I. N. NO. DE SERIE	CARD NO. NO. DE CARTE	KM AUTHORIZE KM AUTORISE	REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION DESCRIPTION DES FRAIS	QTY QTE	UNIT COST COUT UNIT	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DUE MONTANT TOTAL DU
	F LDEBRANDT				000445899701 11/11/16	PETRO CANADA STRATHMORE AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	123.2	.90	105.47	5.27 5.27	110.74 110.74
				0017133 LB92528	120013980616 11/04/16	LUBE CITY #20 STRATHMORE AB	LUBRICATE-CHANGE OIL & FILTER/ GST-HST / TPS-TVH DISPOSAL FEES/DISPOSAL FEE//DI AIR FILTER ELEMENT/DIRTY//REPL REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	1.0 1.0	78.76 4.99 30.99	78.76 4.99 30.99	5.74 5.74	120.48 120.48
					000445659423 10/30/16	IMPERIAL OIL CROSSFELD AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	81.7	.90	69.95	3.50 3.50	73.45 73.45
					000446018072 10/27/16	HUSKY OIL RED DEER AB	ETHANOL BLEND GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT DISCOUNT / RABAIS TOTAL / TOTAL	129.5	.99	122.13	5.93 5.93	128.06 128.06 1.30- 126.76
					000445659422 10/20/16	IMPERIAL OIL STRATHMORE AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	117.8	.95	106.50	5.32 5.32	111.82 111.82
					000444818485 10/16/16	LOBLAWS NC STETTLER AB	UNLEADED REGULAR GASOLINE ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	115.8	.98	113.90		113.90 113.90
	UNIT TOTAL / TOT UNITE						FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE DISCOUNT / RABAIS TOTAL / TOTAL	568.0		632.69	25.76	658.45 1.30- 657.15
BKDN TOTALS / TOTAUX CODIFICATION 01-83							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	568.0		632.69	25.76	
BKDN TOTALS / TOTAUX CODIFICATION											658.45	

BLG871

GST-HST REG. NO / NO ENRG TPS-TVH R104164223  
QST ID. NO / NO ID TVQ 1001439118

FLEET MANAGEMENT SERVICES DETAIL  
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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION	
SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY DIV-83-D FLDEBRANDT - - - - - - - -	

CLIENT NO.	
NO DU CLIENT	
INVOICE DATE	12/01/16
DATE DE LA FACTURE	
INVOICE NO.	0006490543
NO DE LA FACTURE	

UNIT NO	DRIVER NAME DRIVER ID.	V.I.N.	CARD NO.	KM AUTHORIZE	REFERENCE NO ACTIVITY DATE	SUPPLIER NAME SUPPLIER LOCATION	CHARGE DESCRIPTION	QTY	UNIT COST	EXTENDED PRICE	GST-HST PST/QST	TOTAL DUE
NO. D'UNITE	NOM DU CONDUCTEUR NO. DU CONDUCTEUR	NO. DE SERIE	NO. DE CARTE	KM AUTORISE	NO. DE REFERENCE DATE DE LA TRANS.	NOM DU FOURNISSEUR POINT DE VENTE	DESCRIPTION DES FRAIS	QTE	COUT UNIT	TOTAL	TPS-TVH TVP/TVQ	MONTANT TOTAL DU
BKDN TOTALS / TOTAUX CODIFICATION							DISCOUNT / RABAIS TOTAL / TOTAL	1.30- 657.15				

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Derek Fildebrandt

Claimant Name: Derek Fildebrandt

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

*Credit*

PO Box 750, Hwy 1 East  
Bassano AB T0J0B0

**ESSO EXPRESS PAY**

**EMME'S ESSO**

**00304131**

**TRANS CANADA HIGHWAY**

**BASSANO, AB T0J 0B0**

**URN:R861912798**

**09/07/2016 965954597**

**09:12:10 PM**

**PUMP# 7**

**EREG 127.195L**

**PRICE/L \$0.979**

**FUEL TOTAL \$ 124.52**

**GST in fuel \$ 5.93**

**CREDIT \$ 124.52**

TYPE: PURCHASE

ACCOUNT: MASTERCARD \$124.52

INVOICE: TNXA7294

VERIFIED BY PIN

A- MasterCard

B- A000000041010

01 Approved - Thank You 027

LOYALTY: NO

IMPORTANT - retain this copy for your records

THANK YOU  
PLEASE COME AGAIN

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Derek Fildebrandt

Claimant Name: Derek Fildebrandt

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

Credit card

PETRO-CANADA  
148 LEVA AVE  
RED DEER  
ALBERTA T4E 0A5  
(403) 348-5003

GST 8233050650  
PC0743320:3800001  
TERMINAL: 023800055  
PAYPOINT: 023800001

2016-09-10 15:59

PUMP 05  
REGULAR  
LITRES L126.944  
PRICE/L \$ 0.979  
FUEL SALES \$124.28\*

TOTAL OWED \$124.28

TOTAL PAID  
CREDIT CARD \$124.28

\* GST INCL. \$ 5.92

MASTERCARD

PURCHASE  
C 0010010010 00 027

MASTERCARD  
A0000000041010  
0000008000  
E800  
INVOICE 280241

VERIFIED BY PIN

00 APPROVED  
THANK YOU 027

-- IMPORTANT --  
RETAIN THIS COPY  
FOR YOUR RECORDS  
- CUSTOMER'S COPY -

SURVEY? EARN POINTS  
& CHANCE TO WIN GAS  
PETRO-CANADA.CA/HERO



LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Derek Fildebrandt

Claimant Name: Derek Fildebrandt

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

- ☐ Individual Constituent(s)
- ☐ Individual Stakeholder(s)
- ☐ Group: \_\_\_\_\_

Purpose:



Want great rewards? Visit [myHuskyRewards.ca](http://myHuskyRewards.ca)

Red Deer Husky/Smitty's  
102 - 135 Leva Ave  
Red Deer AB  
(403) 343-2691  
GST# 898490735  
Retailer ID 6787  
Rct:73420 6787-15  
Batch:1402-141

2016/10/06 15:22:05

Pump# 15  
Eth Regular \$86.86  
86.083 L x \$1.009/L  
AMOUNT \$86.86  
GST(Inc Pump) \$4.14

Pre Auth Completion  
MasterCard  
AID: A0000000041010

EXP: \*\*/\*\*

Date: 10/06/2016

Time: 15:22:05

S093001001014 00 000

TUR: 0000008000 TSI: E800

Approved



PLEASE TELL US  
HOW WE DID!  
[myHusky.ca/feedback](http://myHusky.ca/feedback)

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Derek Fildebrandt

Claimant Name: Derek Fildebrandt

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

- ☐ Individual Constituent(s)  
☐ Individual Stakeholder(s)  
☐ Group: \_\_\_\_\_

Purpose:

CHINI KI GAS BAR *Ered: L*  
GST# 896551322RT0001  
BOX 360

MORLEY AB TOL 1N0

PHONE# 403-881-2765

PRODUCT-----QTY--X--PRICE----AMOUNT

#8@1=REGULAR GAS

120.057L x\$0.929/L \$111.53

SUB-TOTAL => \$111.53

TOTAL => \$111.53

Payment at Pump ==> \$111.53

#2481304R10000101C0098 2016-11-06 12:52

THANK YOU  
PLEASE COME AGAIN

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Derek Fildebrandt

Claimant Name: Derek Fildebrandt

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

Meeting with stakeholder.

**RECEIPT**

Keep Ticket with you

Indigo Park  
Aquitaine Lot #80  
MONTHLY PARKING AVAILABLE

License Plate #: \_\_\_\_\_

Expiration Time and Date

**01:27 PM**  
**AUG 02, 2016**

Purchase Time: 11:27am Aug 02, 2016

Total Parking: \$30.00

Total GST: \$1.50

Total Due: \$31.50

Total Paid: \$31.50

Ticket #: 29050041

S/N #: 500013180702

Setting: Aquitaine

Mach Name: Aquitaine 1

Rate: \$30 - 2 hours

Payment Type: Card

MasterCard

GST # 12099-6095

Thank you  
Indigo Park  
403 269 7275

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Derek Fildebrandt

Claimant Name: Derek Fildebrandt

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

Meeting with stakeholder.

UTHORITY (403) 537-7000

CALGARY PARKING A

Terminal: 550

Zone: 3894

Valid through:

**TUESDAY 16 AUG 16**  
**1:49 PM**

AMOUNT PAID: \$8.91 (GST incl.)

Start Time: 8/16/2016 10:49 AM

Inflation Services (403) 537-7006

Receipt No: 4888

FREE Battery Boosting & Tire

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Derek Fildebrandt

Claimant Name: Derek Fildebrandt

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

Meeting with stakeholder.

000

CALGARY PARKING AUTHORITY (403) 537-7

Terminal: 509

Zone: 2497

Valid through:

TUESDAY 02 AUG 16

1:58 PM

AMOUNT PAID: \$10.00 (G: incl.)

Start Time: 8/2/2016 11:58 M

Receipt No: 16576

7-7006

FREE Battery Boosting & Tire Inflation Services (403) 53

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Derek Fildebrandt

Claimant Name: Derek Fildebrandt

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

LOT 096  
Indigo  
PARKING PERMIT

THIS IS YOUR RECEIPT  
GST #120996095RT0004  
Meter# 03012357  
Trans# 010092  
Purchase Time:  
12:57PM Sep 13 2016  
Price: \$26.00

VALID UNTIL:  
Sep 13 2016  
2:57PMTue

PLACE RECEIPT FACE UP  
ON DASH BOARD!  
THANK YOU

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Derek Fildebrandt  
Claimant Name: Derek Fildebrandt  
Expense Category: Member Parking

For hosting, select one:

- ☐ Individual Constituent(s)  
☐ Individual Stakeholder(s)  
☐ Group: \_\_\_\_\_

Purpose:

PRIORITY (403) 537-7000

CALGARY PARKING AUTHORITY

Terminal: 701

Zone: 2539

Valid through:

**THURSDAY 15 SEP 16**  
**12:48 PM**

AMOUNT PAID: \$9.00 (GST incl.)

Start Time: 9/15/2016 10:48 AM

Receipt No: 19962

on Services (403) 537-7006 FREE Battery Boosting & Tire Inflat

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Derek Fildebrandt

Claimant Name: Derek Fildebrandt

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

RECEIPT

License Plate Number

\*Expiration Date/Time\*  
**06:00 AM**  
**SEP 22, 2016**

Purchase Date/Time: 06:19pm Sep 21, 2016

Total Parking: \$10.00

Total Federal: \$0.50

Total Due: \$10.50

Total Paid: \$10.50

Ticket #: 00028746

S/N #: 500012260461

Setting: Lot 80

Mach Name: Lot 80-1

Rate: EVENING  
Payment Type: Card

MasterCard

GST REG # 02466000



LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Derek Fildebrandt

Claimant Name: Derek Fildebrandt

Expense Category: Member Parking

For hosting, select one:

- ☐ Individual Constituent(s)
- ☐ Individual Stakeholder(s)
- ☐ Group: \_\_\_\_\_

Purpose:

Impark Lot 354

06:00 PM  
OCT 06, 2016

Purchase Date/Time: 07:29am Oct 06, 2016

Total Parking: \$10.48

Total GST: \$0.52

Total Due: \$11.00

Total Paid: \$11.00

Ticket #: 10077571

V #: 100008460024

Setting: Lot 354a

Machine Name: Meter 1

Rate: \$11 - Early Bird  
Payment Type: Card

MasterCard

GST #887315638RT0006  
NO IN AND OUT PRIVILEGES

\*RECEIPT

Impark Lot 354

06:00pm Oct 06, 2016

Purchase Date/Time: 07:29am Oct 06, 2016

Total Parking: \$10.48

Total GST: \$0.52

Total Due: \$11.00

Total Paid: \$11.00

Ticket #: 10077571

Setting: Lot 354a

Machine Name: Meter 1

Rate: \$11 - Early Bird  
Payment Type: Card

MasterCard

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Derek Fildebrandt

Claimant Name: Derek Fildebrandt

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

7000

CALGARY PARKING AUTHORITY (403) 53

Terminal: 563

Zone: 3464

Valid through:

**TUESDAY 11 OCT 16** \$3.10  
**1:30 PM**

AMOUNT PAID: \$3.25 (GST incl.)

Start Time: 10/11/2016 12:25 PM

37-7006

FREE Battery Boosting & Tire Inflation Services (403)

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Derek Fildebrandt

Claimant Name: Derek Fildebrandt

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

Terminal: 125

Zone: 2653

Valid through:

**TUESDAY 18 OCT 16**  
**6:01 PM**

\$6.19

AMOUNT PAID: \$6.50 (GST incl.)

Start Time: 10/18/2016 4:42 PM

Receipt No.: 18901

E Battery Boosting & Tire Inflation Services (403) 537-7006 FR

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Derek Fildebrandt

Claimant Name: Derek Fildebrandt

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

RECEIPT

\*Expiration Date/Time\*

01:39 PM  
OCT 21, 2016

Purchase Date/Time: 11:39am Oct 21, 2016

Total Parking: \$16.00

Total Federal: \$0.80

Total Due: \$16.80

Total Paid: \$16.80

Ticket #: 00032536

S/N #: 500012260461

Setting: Lot 80

Mach Name: Lot 80-1

Rate: 2 HOURS  
Payment Type: Card

MasterCard

GST REG # 02466000

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Derek Fildebrandt

Claimant Name: Derek Fildebrandt

Expense Category: Member Parking

For hosting, select one:

- ☐ Individual Constituent(s)
- ☐ Individual Stakeholder(s)
- ☐ Group: \_\_\_\_\_

Purpose:

ARY PARKING AUTHORITY (403) 537-7000

CALC

Terminal: 360

Zone: 4309

Valid through:

**MONDAY 24 OCT 16**  
**2:15 PM**

\$3.57

AMOUNT PAID: \$3.75 (GST incl.)

Start Time: 10/24/2016 12:35 PM

Receipt No: 71652

tery Boosting & Tire Inflation Services (403) 537-7006 FREE Ba

## Personal Expense Claim Receipt Description

Member Name: Derek FildebrandtClaimant Name: Derek FildebrandtExpense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)☐ Individual Stakeholder(s)☐ Group: \_\_\_\_\_

Purpose:

Caucus meeting.

Sep 01 2016 05:08 PM

## TRANSACTION RECORD

Card Number : [REDACTED]  
Account : MASTERCARD  
Trans Type : PURCHASE  
Amount : \$60.85

Auth # : [REDACTED]  
Date : Sep01/16  
Time : 17:08:51  
Reference# : 39591

055715 Approved

-- IMPORTANT --  
Retain This Copy For Your Records

\*\*\* Customer Copy \*\*\*

**Park & Jet  
Calgary**

Transaction No. 39591  
Ticket No. 189394

[Lane - 2]

In: 2:36 pm Aug28/16  
Out: 5:08 pm Sep01/16

1 Amount Charged \$57.95

GST \$2.90

BALANCE DUE \$60.85  
CREDIT CARD \$60.85  
CARD # [REDACTED]

GST Number: 827463571RT0001

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Derek Fildebrandt

Claimant Name: Derek Fildebrandt

Expense Category: Taxi, Bus Travel

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

Caucus meeting.



Safe, Courteous  
Taxi Service

**780-743-1234**

**CHARGE SLIP**

DATE Sept 7 TRIP I.D. # \_\_\_\_\_ TIME 21 ☐ AM ☒ PM

COMPANY: \_\_\_\_\_

DEPT. \_\_\_\_\_

AUTHORIZED BY \_\_\_\_\_ REF. # \_\_\_\_\_

FROM Quality TO Airport

PASSENGER(S) \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

DRIVER JS CAR # 201

FARE \$ 28.38 G.S.T. \_\_\_\_\_

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Derek Fildebrandt  
Claimant Name: Derek Fildebrandt  
Expense Category: Taxi, Bus Travel

For hosting, select one:

- ☐ Individual Constituent(s)  
☐ Individual Stakeholder(s)  
☐ Group: \_\_\_\_\_

Purpose:

Co-op Taxi Line  
(780) 425-2525  
www.co-optaxi.com

Terminal 355/66234970  
Driver 2030  
16/10/13 12:56:57

MASTERCARD

MasterCard  
CHIP CARD

A0000000041010  
0000008000

VERIFIED BY PIN

Ref # 0010017560 C

		PURCHASE
FARE	: \$	8.40
TIP	: \$	2.00
-----		
TOTAL	: \$	10.40

APPROVED - THANK YOU  
(01-027)

IMPORTANT: Retain this  
copy for your records

Merchant Copy

Thank you for choosing  
Co-op taxi





# Members' Travel Expenses Per-Diems Claim Form

**Note to MLAs:** Meal allowances may be claimed only for days when you were travelling in Alberta on Member business, located at least 60 kms by primary highway from your declared permanent residence, and you had incurred expenses. For the text of section 7 of the *Members' Allowances Order* and details on form completion, see reverse. Effective September 1, 2013.

B = Breakfast (\$9.20) | L = Lunch (\$11.60) | D = Dinner (\$20.75)

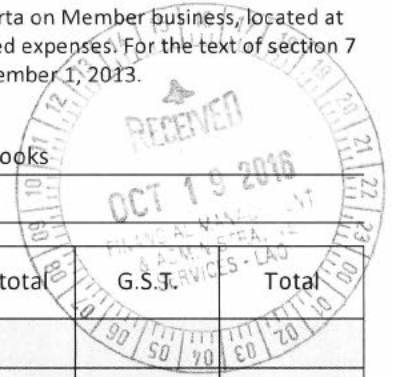
**Member Name:** Fildebrandt, Derek

**Constituency:** Strathmore-Brooks

**For the Month of:** August

**Year:** 2016

**Employee #:**



Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4	60 km from Perm. Res.	Brooks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10	60 km from Perm. Res.	Brooks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
11		<b>In September 2017 the following was repaid: August 10 - Lunch</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28	60 km from Perm. Res.	Fort McMurray	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
29	60 km from Perm. Res.	Fort McMurray	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
30	60 km from Perm. Res.	Fort McMurray	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Grand Total</b>						<b>\$81.38</b>	<b>\$4.07</b>	<b>\$85.45</b>

I certify that I have met the requirements of section 7 of the *Members' Allowances Order, RMSC 1992, c. M-1*, as amended, have incurred meal expenses on the dates selected, and have not previously claimed or been paid for these expenses.

Member Signature

Date



# Members' Travel Expenses Per-Diems Claim Form

**Note to MLAs:** Meal allowances may be claimed only for days when you were travelling in Alberta on Member business, located at least 60 kms by primary highway from your declared permanent residence, and you had incurred expenses. For the text of section 7 of the *Members' Allowances Order* and details on form completion, see reverse. Effective September 1, 2013.

B = Breakfast (\$9.20) | L = Lunch (\$11.60) | D = Dinner (\$20.75)

**Member Name:** Fildebrandt, Derek

**Constituency:** Strathmore-Brooks

**For the Month of:** September

**Year:** 2016

**Employee #:**

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
11	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
26	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
27	60 km from Perm. Res.	Fairview	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
28	60 km from Perm. Res.	Grande Prairie	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
29	60 km from Perm. Res.	High Prairie	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
30	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$257.24	\$12.86	\$270.10

I certify that I have met the requirements of section 7 of the *Members' Allowances Order*, RMSC 1992, c. M-1, as amended, have incurred meal expenses on the dates selected, and have not previously claimed or been paid for these expenses.

Member Signature

Date

at 8/20/16



# Members' Travel Expenses Per-Diems Claim Form

**Note to MLAs:** Meal allowances may be claimed only for days when you were travelling in Alberta on Member business, located at least 60 kms by primary highway from your declared permanent residence, and you had incurred expenses. For the text of section 7 of the *Members' Allowances Order* and details on form completion, see reverse. Effective September 1, 2013.

B = Breakfast (\$9.20) | L = Lunch (\$11.60) | D = Dinner (\$20.75)

**Member Name:** Fildebrandt, Derek

**Constituency:** Strathmore-Brooks

**For the Month of:** October

**Year:** 2016

**Employee #:**

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
4	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
5	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
6	Travel to/from Capital	Edmonton, Red Deer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8	60 km from Perm. Res.	Brooks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
12	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
13	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
31	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
Grand Total						\$367.10	\$18.35	\$385.45

I certify that I have met the requirements of section 7 of the *Members' Allowances Order*, RMSC 1992, c. M-1, as amended, have incurred meal expenses on the dates selected, and have not previously claimed or been paid for these expenses.

Member Signature

Date

Nov. 14, 2016



# Members' Travel Expenses Per-Diems Claim Form

**Note to MLAs:** Meal allowances may be claimed only for days when you were travelling in Alberta on Member business, located at least 60 kms by primary highway from your declared permanent residence, and you had incurred expenses. For the text of section 7 of the *Members' Allowances Order* and details on form completion, see reverse. Effective September 1, 2013.

B = Breakfast (\$9.20) | L = Lunch (\$11.60) | D = Dinner (\$20.75)

**Member Name:** Fildebrandt, Derek

**Constituency:** Strathmore-Brooks

**For the Month of:** November

**Year:** 2016

**Employee #:**

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
2	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
3	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
4	60 km from Perm. Res.	Brooks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
5	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
6	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
7	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
8	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
9	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
10	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14	60 km from Perm. Res.	Brooks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.76	0.44	9.20
15		<b>In September 2017 the following was repaid: November 30 - Dinner</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
21	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
22	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
23	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
24	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
25	60 km from Perm. Res.	Cold Lake / Bonnyville	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
28	60 km from Perm. Res.	Edmonton / Slave Lake	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
29	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
30	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55

I certify that I have met the requirements of section 7 of the *Members' Allowances Order, RMSC 1992, c. M-1*, as amended, have incurred meal expenses on the dates selected, and have not previously claimed or been paid for these expenses.

Grand Total

Member Signature

Date

\$712.24



# 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:** Fildebrandt, Derek

**Constituency:** Strathmore-Brooks

**Employee #:**

**Date:** 9/30/2016

**Claim Type:** Temporary Residence Accommodation Allowance in Edmonton - Claimed by Month

## Temporary Residence Accommodation Allowance in Edmonton - Claimed by Month

Monthly maximum of \$1,930 per month. Total maximum of \$23,160 per fiscal year.

Month	Year	Monthly Claim Amount
September	2016	1,930.00
Grand Total		\$1,930.00

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

Please Note:

- (1) The Member is responsible for retaining all records which support the payment identified above.
- (2) The Member must advise the Clerk in writing of any changes to their permanent or temporary residence at the time it occurs.

I certify that I have met the requirements of sections 5, 6, 7, and/or 8 of the *Members' Allowances Order*, RMSC 1992, c. M-1, as amended, have incurred accommodations expenses on the dates or months selected, and have not previously claimed or been paid for these expenses.

Member Signature

Updated April 2016





## 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:** Fildebrandt, Derek

**Constituency:** Strathmore-Brooks

**Employee #:**

**Date:** 10/31/2016

**Claim Type:** Temporary Residence Accommodation Allowance in Edmonton - Claimed by Month

### Temporary Residence Accommodation Allowance in Edmonton - Claimed by Month

Monthly maximum of \$1,930 per month. Total maximum of \$23,160 per fiscal year.

Month	Year	Monthly Claim Amount
October	2016	1,930.00
29- -320-2706	Grand Total	\$1,930.00

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

Please Note:

(1) The Member is responsible for retaining all records which support the payment identified above.

(2) The Member must advise the Clerk in writing of any changes to their permanent or temporary residence at the time it occurs.

I certify that I have met the requirements of sections 5, 6, 7, and/or 8 of the *Members' Allowances Order*, RMSC 1992, c. M-1, as amended, have incurred accommodations expenses on the dates or months selected, and have not previously claimed or been paid for these expenses.

Member Signature

Updated April 2016



## 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:** Fildebrandt, Derek

**Constituency:** Strathmore-Brooks

**Employee #:**

**Date:** 11/9/2016

**Claim Type:** Temporary Residence Accommodation Allowance in Edmonton - Claimed by Month

### Temporary Residence Accommodation Allowance in Edmonton - Claimed by Month

Monthly maximum of \$1,930 per month. Total maximum of \$23,160 per fiscal year.

Month	Year	Monthly Claim Amount
November	2016	1,930.00
29- -320-2706	Grand Total	\$1,930.00

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

Please Note:

(1) The Member is responsible for retaining all records which support the payment identified above.

(2) The Member must advise the Clerk in writing of any changes to their permanent or temporary residence at the time it occurs.

I certify that I have met the requirements of sections 5, 6, 7, and/or 8 of the *Members' Allowances Order*, RMSC 1992, c. M-1, as amended, have incurred accommodations expenses on the dates or months selected, and have not previously claimed or been paid for these expenses.

Member Signature

Updated April 2016

**DUNVEGAN INN & SUITES**

**P.O. Box 1938  
9812 - 113th Street  
Fairview, Alberta  
T0H 1L0**

**Telephone: (780)835-5100 Fax: (780)835-5686**

Derek Fildebrandt

Edmonton, AB

Page #

1

Res. #

Checked in

Tue Sep 27/16 - 3:36pm

Checked out

Wed Sep 28/16 - 8:47am

Nights

1

Room Rate

149.00

Room

Date	Description	Reference	Charges	Credits
Sep27	Room Charges- Corporate/Gov't		149.00	
Sep27	GST on Rooms		7.45	
Sep27	Tourism Levy		5.96	162.41
Sep28	PAID BY MASTERCARD - Thank you		-----	-----
			0.00	162.41

*Your "Home Away from Home" in the heart of the Peace Country  
Management & Staff thank you for your patronage.*

*3-Star. Good Housekeeping Award Winning Accommodation*

*Our G.S.T. # is R134 884 204*

Charge Summary:

Room Charges- Corporate/G	149.00
GST on Rooms	7.45
Tourism Levy	5.96

DUNVEGAN INN  
& SUITES FRONT DES  
9812 113 STREET  
FAIRVIEW AB T0H 1L0  
(780) 835-5100

**SALE**

Clerk #: 000002  
MID: 5760048 GST: 13488420480001  
TID: A5760048 REF#: 00000004  
Batch #: 098 SEQ: 098001000003  
09/28/16 08:48:02

MASTERCARD

**AMOUNT \$162.41**

00 - APPROVED - 001

THANK YOU

CUSTOMER COPY





Cashier No. : 24  
Page No. : 1 of 1

Reference No. :

Derek Fildebrandt

Arrival : 09-28-16  
Departure : 09-29-16

Date	Description	Additional Information	Charges	Credits
09-28-16	Room-Sus		144.00	
09-28-16	GST		7.20	
09-28-16	Tourism Levy		5.76	
09-28-16	Sustainability Levy		2.16	
09-28-16	GST-SUS		0.11	
09-28-16	TLT-SUS		0.09	
09-29-16	Mastercard	XX/XX		159.32
Total			159.32	159.32
Balance Due			0.00	

**Tax Summary**

GST Redemption#:  
858317167RT0017

GST	7.20
TLT	5.76

<b>Total</b>	<b>15.12</b>
--------------	--------------

**Guest Signature**

*By signing this I agree that the above charges are correct.*

**BEST WESTERN Grande Prairie Hotel & Suites**  
10745 117 Ave. Grande Prairie, AB T8V 7N6  
ph: 780-402-2378 fax: 780-402-8026  
[www.bwgrandeprairie.com](http://www.bwgrandeprairie.com)

Each Best Western® branded hotel is independently owned and operated.

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Derek Fildebrandt

Claimant Name: Derek Fildebrandt

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

Meeting regarding constituent concerns.

BROOKS HOTEL (TAVERN)  
111 1ST ST. WEST  
BROOKS AB

CARD TYPE      MASTERCARD  
DATE            2016/11/14  
TIME            2374 12:28:55  
RECEIPT NUMBER  
C82017643-001-216-002-0  
-----  
PURCHASE  
AMOUNT            \$19.95  
TIP                \$2.99  
TOTAL

**\$22.94**  
-----

MasterCard  
A0000000041010  
59121B3A6438E21E  
0000008000-E800  
F103C74CEE2EAB6E

**APPROVED**

01-027

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

BROOKS HOTEL  
BROOKS  
(403) 362-2588  
GST# 867332033

**I N V O I C E**

Server: JANINE

Guest:

**Table #405**

2 x BOWL CREAM SOUP @ 4.50	9.00
LARGE POP	1.95
2 x 1/2 CORN BF SAND @ 4.50	9.00

<b>Total</b>	<b>19.95</b>
Net Sales	19.00
Total Tax	0.95
<b>Cash</b>	<b>19.95</b>
12:25 PM 11/14/2016	

4

**THANK YOU!**

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Derek Fildebrandt  
Claimant Name: Derek Fildebrandt  
Expense Category: Hosting

For hosting, select one:

- ☐ Individual Constituent(s)  
☒ Individual Stakeholder(s)  
☐ Group: \_\_\_\_\_

Purpose:

Stakeholder meeting regarding constituency issues.

DENNYS 03 133 BROOKS FJ  
1260 CASSILS ROAD  
BROOKS AB T1R 1B7  
(403) 362 - 4886

SALE

MID: 4299337  
TID: A4299337 REF#: 00000017  
Batch #: 083 SEQ: 083001001017  
11/05/16 10:12:24

MASTERCARD

AMOUNT \$38.89  
TIP \$5.83  
TOTAL \$44.72

00 - APPROVED - 001

MasterCard  
AID: A0000000041010  
TVR: 00 00 00 80 00  
TS: E8 00

THANK YOU

CUSTOMER COPY

DENNY'S - #8866  
1260 EAST CASSILS RD, BROOKS 403-362-4886  
0032 Table 17 #Party 3  
KATHERINE H SvrCk: 1 9:15 11/05/16

1 SIGNATURE ROAST 2.89  
1 55+ WAFFLE SLAM 7.99  
Sub Total: 10.88  
GST : 0.54  
Guest 1 TOTAL: 11.42

1 SIGNATURE ROAST 2.89  
1 1/2 CLASS BENNY 8.49  
Sub Total: 11.38  
GST : 0.57  
Guest 2 TOTAL: 11.95

1 SIGNATURE ROAST 2.89  
1 AMERICAN SLAM 11.89  
Sub Total: 14.78  
GST : 0.74  
Guest 3 TOTAL: 15.52

Sub Total: 37.04  
GST : 1.85  
11/05 09:59 TOTAL: 38.89

PLEASE PAY CASHIER

GST# 121767065  
VISIT US AT [www.dennys.ca](http://www.dennys.ca)  
CUSTOMER COMMENTS  
(604)700-6620

\*\*\*\*\*  
\* We value your Opinion. \*  
\* Go to [www.DENNYSLISTENS.com](http://www.DENNYSLISTENS.com) \*  
\* or call 1-403-266-9255 \*  
\* within 2 days and tell us \*  
\*\*\*\*\*

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Derek Fildebrandt  
Claimant Name: Derek Fildebrandt  
Expense Category: Hosting

For hosting, select one:

- ☐ Individual Constituent(s)  
☒ Individual Stakeholder(s)  
☐ Group: \_\_\_\_\_

Purpose:

Stakeholder meeting regarding constituency issues.

ROADHOUSE RESTAURANT  
LTD.  
510 HWY 1  
STRATHMORE AB

CARD TYPE MASTERCARD  
DATE 2016/11/04  
TIME 3:32 17:59:08  
RECEIPT NUMBER  
C85014867-001-393-029-0

PURCHASE  
AMOUNT  
TIP  
TOTAL

MasterCard  
A0000000041010  
7D9AD9A62FF35585  
0000008000-E800  
46EC0AAC1ED2604D

APPROVED

01-027

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

Road House  
Restaurant & Saloon  
Fresh Country Cooking  
(403)934-6466  
GST NO RTOC 11 139964133

81 JESSICA

Check: 2461  
Table: 8-1  
Guests: 1  
table 5  
11/04/2016 05:11 PM

1	SOFT DRINK	3.25
1	WRANGLER SPECIAL	15.50
1	8" 2 TOPPING PIZZA	11.50

Subtotal  
G.S.T.  
Total Due

\*\*\*PLEASE PAY SERVER\*\*\*  
Try Our Sunday Brunch 10am-2pm  
and Dinner Buffet 4pm-9pm

\$30.25  
\$1.51 - GST  
\$4.54 - Tip  
\$36.30

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Derek Fildebrandt

Claimant Name: Derek Fildebrandt

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☒ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

Stakeholder meeting regarding constituency issues.

BLINK RESTAURANT & BAR  
111 8th Avenue SW  
Calgary, AB  
T2P 1B4  
403-263-5330

## TRANSACTION RECORD ##

Trans. #: 10547  
RUC: Restaurant  
Table #: 57  
Check #: 2001  
Group #: 1  
Employee #: 24  
Employee Name: Marc A

MasterCard

Pre-Auth. Purchase

Card: 888888888841010

Amount \$59.80

Tip \$8.82

=====

TOTAL CAD\$67.62

00-001 094809  
BLINKWS2/BLINKWC2  
020001001002  
2016/10/21 12:43:17

TUR: 0000008000  
TSI: E800

Customer Copy

THANK YOU  
Come Again

Blink Restaurant

111 8th ave SW, Calgary AB  
403 263 5330

24 Marc A

Tbl 57/1 Chk 2001 Gst 2  
Oct21'16 11:54AM

1 PEPSI	4.00
1 COFFEE	3.75
1 CAPPUCCINO	4.25
1 BURGER	19.00
1 TUNA	25.00

Subtotal 56.00

56.00 GST 2.80

12:40PM Amount Due 58.80

Book your next reservation  
with us online at  
[www.blinkcalgary.com](http://www.blinkcalgary.com)  
GST # 131221467

ASSEMBLY OF ALBERTA  
Expense Claim Receipt Description

Card Name: Derek Fildebrandt

Cardholder Name: Derek Fildebrandt

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☒ Individual Stakeholder(s)

☐ Group:

Purpose:

To discuss constituency issues.

ROADHOUSE RESTAURANT  
LTD.  
510 HWY 1  
STRATHMORE AB

CARD TYPE MASTERCARD  
DATE 2016/09/06  
TIME 2003 12:31:56  
RECEIPT NUMBER  
C85016250-001-333-002-0

PURCHASE  
AMOUNT \$77.20  
TIP \$13.90  
TOTAL

\$91.10

MasterCard  
A0000000041010  
63 8F43DF7A6B688  
0 0008000-E800  
9205DF63D4C1DA04

APPROVED

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

Road House  
Restaurant & Saloon  
Fresh Country Cooking  
(403)934-6469  
GST NO RT0001 139964183

7228 RACHEL

Check: 1433

Guests: 1

Table: 37-1

09/06/2016 12:00PM

2	SOFT DRINK	6.50
1	BEEF DIP	14.50
1	SEAFOOD CEASA	14.00
1	HOT TURKEY	14.00
1	COUNTRY CLUB	14.50
1	FRENCH ONION SOUP	8.00
1	GARLIC TOAST	2.00

Subtotal 73.50

G.S.T. 3.68

Total Due \$77.20

\*\*\*PLEASE TIP SERVER\*\*\*

Try Our Sunday Brunch 10am-2pm  
and Dinner Buffet 4pm-9pm

ASSEMBLY OF ALBERTA  
Expense Claim Receipt Description

Server Name: Derek Fildebrandt

Client Name: Derek Fildebrandt

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☒ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

To discuss constituency issues.

STRATHMORE STATION REST  
& PUB  
3 RIDGE ROAD  
STRATHMORE AB

CARD TYPE MASTERCARD  
DATE 2016/07/27  
TIME 2136 12:48:05  
INVOICE # 1038180  
RECEIPT NUMBER  
C85016542-001-003-001-0

PURCHASE  
AMOUNT \$18.38  
TIP \$2.76  
TOTAL

**\$21.14**

MasterCard  
A00000000041010  
C1117 0000559396E  
0000008000-E800  
066DF9B32CC0E738

APPROVED

THANK YOU

STAKEHOLDER

IMPORTANT - RETAIN  
COPY FOR YOUR RECORDS

\*\*\*\*\*  
CHECK # 1038 DATE 7/27/16  
TABLE # 50 TIME 12:40PM  
\*\*\*\*\*

-- RESTAURANT : ANNE --

ITEMS ORDERED	AMOUNT
1 CLUBHOUSE	14.00
1 LG POP	3.50

\*\*\*\*\*

SUBTOTAL 17.50  
GST PLUS 0.88

TOTAL DUE 18.38

ROUNDED TOTAL 18.40

# OF GUESTS 1

\*\*\*\* \*\*\*\*\*Please Pay Server\*\*\*\*\*  
Gift Cards available Anytime  
for a great gift idea!!  
Join us for Brunch every Sunday  
10 am - 2 pm

Thank You for your Patronage.  
The Strathmore Station Restaurant & Pub  
330 Ridge Road Strathmore AB T1P 1B5  
\*\*\*\*\*GST # 873232623RT0001\*\*\*\*\*

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Derek Fildebrandt

Claimant Name: Heather Pigott

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Stakeholders and Constituents

Purpose:

General hosting supplies.



Terashita's nofrills  
731 St West, Brooks, AB

21-GROCERY

06038375938	RC SPR WTR	R	2.67
ECOLOGY FEE			0.48
DEPOSIT 1			2.40

SUBTOTAL 5.55

TOTAL 5.55

CASH 5.55

\*\*\*\*\*  
GST # 78935-1129 RT0001  
\*\*\*\*\*  
VISIT US AT WWW.NOFRILLS.CA  
Like us on Facebook:  
www.facebook.com/nofrillsCA  
Follow us on Twitter: @nofrillsCA  
\*\*\*\*\*  
THANK YOU FOR SHOPPING  
Steve Terashita  
Thank You, Come Again!  
\*\*USE YOUR PCF CARD\*\*  
TO COLLECT POINTS!!  
\*\*REDEEM HERE FOR FREE GROCERIES\*\*  
2016/08/29 12:33  
SANDRA 211 05 8880

\*\*\*\*\*  
TELL US HOW WE DID TODAY!  
MONTHLY CHANCES TO WIN \$5000  
VISIT WWW.STOREOPINION.CA  
OR CALL 1-877-234-2322  
SEE CUSTOMER SERVICE DESK FOR FULL  
CONTEST RULES OR WWW.STOREOPINION.CA  
STORE: 03445  
CODE: 082916 123305 8880 03445  
\*\*\*\*\*



LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Derek Fildebrandt

Claimant Name: Heather Pigott

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Stakeholders and Constituents

Purpose:

General hosting supplies.



Safeway Brooks  
550 Cassils Road West Brooks AB  
Phone: 403.362.6851  
GST# 817093735

Served by: Raeanne J

Welcome to Safeway

GROCERY

Sugar Fine Gran 1KG \$1.69 C

SUBTOTAL \$1.69

TOTAL TAX \$0.00

**TOTAL \$1.69**

Cash TENDER \$2.00

Rounding TENDER -\$0.01

Cash CHANGE \$0.30

NUMBER OF ITEMS 1

ATP MILES

Term	Tran	Store	Oper	09/03/16
2	2174	8896	135	13:59:52

Thank you for shopping at Our Store  
Come Again Soon

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Derek Fildebrandt

Claimant Name: Heather Pigott

Expense Category: Hosting

For hosting, select one:

- ☐ Individual Constituent(s)  
☐ Individual Stakeholder(s)  
☒ Group: Stakeholders and Constituents

Purpose:

General hosting supplies.



Safeway Brooks  
550 Cassils Road West Brooks AB  
Phone: 403.362.6851  
GST# 817093735

Served by: Sherry R

Welcome to Safeway

GROCERY

Coke Classic 355ML	\$3.66	GC
1 @ 3/ \$10.98		
YOU SAVED \$2.33		
+EHC	\$0.12	GR
+Deposit	\$1.20	R
Spr Water 500ML 24Pk	\$4.49	C
+EHC	\$0.96	R
+Deposit	\$2.40	R

AIR MILES Base Offer 1 Miles

SUBTOTAL	\$12.83
5% GST	\$0.19
<b>TOTAL</b>	<b>\$13.02</b>
Debit	TENDER \$13.02
Cash	CHANGE \$0.00

NUMBER OF ITEMS 2

\*\*\*\*\*YOUR SAVINGS\*\*\*\*\*  
Discounts & Specials \$2.33  
Your Total Savings \$2.33  
Percentage Savings 15%  
\*\*\*\*\*

MERCHANT ID 040080036896 INSERTED  
CLIENT ID 9803 RECEIPT# 5123000  
TERMINAL ID 003 TRACE# 00383390

\*\* PURCHASE \*\* \$ 13.02

ACCOUNT Chequing RESP 000  
DATE 10/02/2016 TIME 14:32:57  
REF # 00000082

APPL. Interac  
AID A0000002771010  
TVR 0080008000 TSI F800

APPROVED

BY ENTERING A VERIFIED PIN, CARDHOLDER  
AGREES TO PAY ISSUER SUCH TOTAL IN  
ACCORDANCE WITH ISSUER'S AGREEMENT WITH  
CARDHOLDER

Term	Tran	Store	Oper	10/02/16
3	5123	8896	132	14:33:02

Thank you for shopping at Our Store  
Come Again Soon

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Derek Fildebrandt

Claimant Name: Heather Pigott

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

Office supplies for constituency office meetings.

\*\*\*\*\*  
ENTER FOR A CHANCE TO WIN 1 OF 3  
\$1000 CDN WAL-MART GIFT CARDS

To enter, please complete a survey  
about today's store visit at:

<http://survey.walmart.ca>

\*\*\*\*\*  
WE WANT TO KNOW HOW  
WE'RE DOING!

No purchase necessary. Math skill  
testing question required. Open to  
Canadian residents of the age of  
majority. Survey must be taken  
within 2 weeks of today. Odds of  
winning depend on the number of  
eligible entries received. Full  
rules available in store at  
the customer service desk  
and online at

<http://survey.walmart.ca>

Please retain this receipt for the  
purposes of completing  
the online survey

Your STORE CODE is: 3658

Your opinion counts  
(Le sondage est également offert  
en français).

**HOW DID WE  
DO TODAY?**

Complete our short customer survey  
at [SURVEY.WALMART.CA](http://SURVEY.WALMART.CA) for a  
**monthly chance to  
WIN \$1000**

Rules and regulations apply. See contest rules for details.

**Walmart**   
Supercentre

WAL\*MART  
WE SELL FOR LESS  
(403) 793-2111  
BROOKS, ALBERTA

ST# 03658	OP# 000500	TE# 01	TR# 04154
GV 24X500ML	060538887928		\$2.97 D
AB BEV CRF	000030635235		\$0.96 H
AB DEPOSIT	068113171083		\$2.40 H
VH FRENCH R	006215177778		\$11.97 D
DL 10 CREAM	006870010044		\$1.47 D
AB DEP MILK	000009066428		\$0.10 H
COOKIES	062883472810		\$3.00 D
BROWNIES	077098109495		\$2.97 D
	SUBTOTAL		\$25.84
	TOTAL		\$25.84

GST/HST 137466155 RT 0001  
QST 1016551356 TQ 0001

# ITEMS SOLD 8  
TC# 1821 4344 0167 5137 4035



New Thursday flyer start date  
Circulaire maintenant en vigueur Jeudi  
11/14/16 08:57:02