

LEGISLATIVE ASSEMBLY OF ALBERTA  
Member EDR 2016-17  
083 - Strathmore-Brooks - Fildebrandt, Derek  
For Expenses Processed Jan 1 to Mar 31, 2017

	Budget	Used this Quarter	Used To-Date
<b>Financial Reporting - \$ (Receipts attached)</b>			
<b>Transportation</b>			
Fuel and Minor Maintenance - \$		\$2,753.47	\$7,640.57
MLA Parking Cap - \$	\$900.00	\$143.88	\$424.18
Other Travel - Parking - \$		\$8.52	\$66.47
Member Travel (overnight stay in constituency) - \$			\$214.68
Taxi, Bus Travel - \$		\$8.82	\$45.85
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$1,558.67	\$4,590.25
<b>Accommodation</b>			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$7,720.00	\$23,160.00
Travel Accommodations Allowance		\$108.12	\$1,201.44
Travel Accommodations Allowance (days; 10 max) - NF	10.0	1.0	9.0
<b>Other</b>			
Hosting - \$		\$733.24	\$1,489.07
<b>Non-Financial Reporting</b>			
<b>Use of Private Automobile (43.5 cents per km)</b>			
Constituency Travel (Kilometres) - NF	80,000.0	4,716.0	18,019.0
Special Trips (5 trips per year) - NF	5.0	1.0	4.0
<b>Travel To and From the Capital</b>			
Travel by Air, Bus or Train (Unlimited Trips) - NF			
Use of a Private Automobile (52 trips per year) - NF	52.0	10.0	29.0
<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

# 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	01/01/17
INVOICE NO. 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 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				000448018835 12/12/16	SHELL CANADA INC AIRDRIE AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	120.4	.87	100.18	5.01 5.01	105.19 105.19
					000447766598 12/02/16	PETRO CANADA CHESTERMERE AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	127.0	.96	115.96	5.80 5.80	121.76 121.76
					000447766599 11/28/16	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	123.4	.78	91.56	4.58 4.58	96.14 96.14
					000446901798 11/25/16	FASGAS SPEDDEN 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	124.0	.90	106.15	5.31 5.31	111.46 111.46 1.24- 110.22
					000447557703 11/19/16	IMPERIAL OIL CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH CAR WASH GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	127.0 1.0	.82 12.99	99.05 12.99	4.95 .65 5.60	117.64 117.64
					000447557702 11/15/16	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	105.5	.87	87.30	4.37 4.37	91.67 91.67
					000446896398 11/04/16	FASGAS STRATHMORE 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	114.2	.95	103.19	5.16 5.16	108.35 108.35 1.14- 107.21
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH	841.5		716.38	35.83	

BLE871

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

FLEET MANAGEMENT SERVICES DETAIL  
DETAILS SERVICES DE GESTION DE PARC

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DE

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY  
DIV-83-D FLDEBRANDT  
- -  
- -  
- -  
- -

CLIENT NO. [REDACTED]  
NO DU CLIENT [REDACTED]  
INVOICE DATE 01/01/17  
DATE DE LA FACTURE [REDACTED]  
INVOICE NO. [REDACTED]  
NO DE LA FACTURE [REDACTED]

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
F LDEBRANDT							UNIT TOTAL / TOT UNITE DISCOUNT / RABAIS TOTAL / TOTAL				752.21 2.38- 749.83	
BKDN TOTALS / TOTAUX CODIFICATION 01-83							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	841.5		716.38	35.83	
							BKDN TOTALS / TOTAUX COD FICATION DISCOUNT / RABAIS TOTAL / TOTAL				752.21 2.38- 749.83	

# Element Fleet Management



BFD290001

FLEET MANAGEMENT SERVICES DETAIL  
DETAILS SERVICES DE GESTION DE PARC

PAGE - 223 OF 239  
DE

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	02/01/17
INVOICE NO. 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 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				000448993172 01/04/17	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	60.1	1.13	64.57	3.23 3.23	67.80 67.80
					000449100890 01/04/17	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	80.2	1.03	78.98	3.95 3.95	82.93 82.93
					000448529802 12/20/16	SHELL CANADA INC STRATHMORE AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	111.6	1.04	110.38	5.52 5.52	115.90 115.90
					000449100889 12/15/16	PETRO CANADA EDMONTON AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH MISCELLANEOUS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	110.8 1.0	.92 12.99	97.52 12.99	4.88 .65 5.53	116.04 116.04
					000448680401 12/04/16	FASGAS BOWDEN 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	100.0	.89	84.65	4.23 4.23	88.88 88.88 1.00- 87.88
	UNIT TOTAL / TOT UNITE											
	BKDN TOTALS / TOTAUX CODIFICATION 01-83					UNITS / VEHIC 1						

BLE871

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

\$448.09



FLEET MANAGEMENT SERVICES DETAIL  
 DETAILS SERVICES DE GESTION DE PARC

PAGE - 224 OF 239  
 DE

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 02/01/17  
 DATE DE LA FACTURE  
 INVOICE NO.  
 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 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
BKDN TOTALS / TOTAUX CODIFICATION												

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:

503 - Highway 1  
Strathmore AB T1P1C1

**ESSO EXPRESS PAY**

7 ELEVEN STORE 37833  
00302529  
503 HIGHWAY 1  
STRATHMORE, AB T1P  
URN:R119335453  
02/15/2017 313822821  
10:51:33 AM

PUMP# 3  
REGLR 119.211L  
PRICE/L \$0.969  
FUEL TOTAL \$ 115.52

GST in fuel \$ 5.50  
CREDIT \$ 115.52

TYPE: PURCHASE  
ACCOUNT: MASTERCARD \$115.52  
INVOICE: TUT66181

VERIFIED BY PIN  
A- MasterCard  
B- A0000000041010  
01 Approved - Thank You 027  
LOYALTY: NO  
IMPORTANT - retain this copy for your records

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:

Eastside Gas King  
#150  
210 N. Hayer Hagrath  
Lethbridge AB  
T1K 3P7  
403-326-6686

Inv#: 9048565  
Trans: Pre Auth  
Completion

\*\*\* C

MasterCard

AID: A0000000041910

Seq#: 416001001001

Terminal ID: GE15PC#1

AC1/ISO: 001/00

Date: 08/02/2017

Time: 11:00:06 AM

TUR0000000000

TST E800

APPROVED

Pump # : 1-REG

Vol : 100.377L

Price/L : \$0.969

Total : \$97.27

Fuel Includes:

GST(5.0%): \$4.63

Tax Total: \$4.63

GST # R101957306

Pump # : 1-REG

Vol : 100.377L

Price/L : \$0.969

Total : \$97.27

Fuel Includes:

GST(5.0%): \$4.63

Tax Total: \$4.63

GST # R101957306

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:

PETRO-CANADA  
6206 104 STREET  
EDMONTON  
ALBERTA T6H 2K7  
(780) 434-9710

GST 856305073  
PC0063420:8442201  
TERMINAL: 028442251  
PAYPOINT: 028442201

2017-02-03 08:51

PUMP	01
REGULAR	
LITRES	L 85.335
PRICE/L	\$ 1.019
FUEL SALES	\$ 86.96*

TOTAL OWED \$ 86.96

TOTAL PAID  
CREDIT CARD \$ 86.96

\* GST INCL. \$ 4.14

MASTERCARD

PURCHASE  
C 0010010010 00 027

MASTERCARD  
A00000000041010  
00000008000  
E800  
INVOICE 344852

VERIFIED BY PIN

00 APPROVED  
THANK YOU 027

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& 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:

DES PETROPOINTS  
RECEIPT  
140 CHESTERMERE WY  
CHESTERMERE  
ALBERTA T1X 0A9  
(403) 248-0354

GST 816887913 >  
PC0260469:3893701  
TERMINAL: 023893751  
PAYPOINT: 023893701

2017-01-26 14:43

PUMP 01  
REGULAR  
LITRES L124.692  
PRICE/L \$ 1.059  
FUEL SALES \$132.05\*

TOTAL OWED \$132.05

TOTAL PAID  
CREDIT CARD \$132.05

\* GST INCL. \$ 6.29

MASTERCARD  
[REDACTED] C

PURCHASE  
C 0010010010 00 027

MASTERCARD  
A00000000041010  
0000000000  
E800  
INVOICE 415693

VERIFIED BY PIN

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SURVEY! EARN POINTS  
& CHANCE TO WIN GAS  
1-866-826-7779 OR  
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:

PETRO-CANADA  
604 WESTMOUNT RD  
STRATHMORE  
Alberta T1P 1W8

GST: 805244209 (780) 000-0000  
2017-01-21 PC0275729:3898901 21:33  
TERMINAL: 023898953 OPER: A  
PAYPOINT: 023898901

FUEL	(L)	(\$/L)	(\$)
Pump 3			
REGULAR	85.940	1.019	87.57*

Total Owed 87.57

**TOTAL PAID**  
**CREDIT CARD \$ 87.57**

\*TAXES INCL. #TAXES EXCL.

GST TOTAL \$ 4.17

Purchase  
C 0010010010 00 027  
MasterCard  
AID: A00000000041010  
0000008000  
E800

VERIFIED BY PIN

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Survey! Earn Points  
& chance to win gas  
[petro-canada.ca/hero](http://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:

Husky



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: 00517 6787-3

Batch: 1512-102

2017/01/24 17:08:29

Pump# 3

Eth Regular \$87.84

80.660 L x \$1.089/L

AMOUNT \$87.84

GST(Inc Pump) \$4.18

Pre Auth Completion

MasterCard

AID: A0000000041010

EXP: \*\*/\*\*

Date: 01/24/2017

Time: 17:08:29

5203001001010 00 000

TUR: 0000000000 TSI: E000

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:

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\*\*\* BONUS POINTS \*\*\*  
IF APPLICABLE, WILL  
BE UPDATED LATER

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

PETRO-CANADA  
604 WESTMOUNT RD  
STRATHMORE  
ALBERTA T1P 1W8  
(780) 000-0000

GST 805244209  
PC0272283:3898901  
TERMINAL: 023898956  
PAYPOINT: 023898901

2017-01-12 22:02

PUMP 06  
REGULAR  
LITRES L116.558  
PRICE/L \$ 1.109  
FUEL SALES \$129.26\*

TOTAL OWED \$129.26

TOTAL PAID  
CREDIT CARD \$129.26

\* GST INCL. \$ 6.16

MASTERCARD

PURCHASE  
C 0010010010 00 027

MASTERCARD  
A00000000041010



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:

PETRO-CANADA  
604 WESTMOUNT RD  
STRATHMORE  
ALBERTA T1P 1W8  
(780) 000-0000

GST 805244209  
PC0285507:3898901  
TERMINAL: 023898956  
PAYPOINT: 023898901

2017-02-17 19:52

PUMP 06  
REGULAR  
LITRES L109.362  
PRICE/L \$ 0.969  
FUEL SALES \$105.97\*

TOTAL OWED \$105.97

TOTAL PAID  
CREDIT CARD \$105.97

\* GST INCL. \$ 5.95

MASTERCARD

PURCHASE  
C 0010010010 00 027

MASTERCARD  
A00000000041010  
0000008000  
E800  
INVOICE 209057

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THANK YOU 027

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& 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:

PETRO-CANADA  
37553 HWY 2 SOUTH  
RED DEER  
ALBERTA T4E 1B1  
(403) 347-6556

GST 856305073 E  
PC0107259:8564601  
TERMINAL: 028564657  
PAYPOINT: 028564601

2017-02-27 13:49

PUMP 07  
REGULAR  
LITRES L123.992  
PRICE/L \$ 0.999  
FUEL SALES \$123.87\*

TOTAL OWED \$123.87

TOTAL PAID  
CREDIT CARD \$123.87

\* GST INCL. \$ 5.90

MASTERCARD

PURCHASE  
C 0010010010 00 027

MASTERCARD  
A0000000041010  
0000008000  
E800  
INVOICE 853171

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SURVEY? EARN POINTS  
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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:

WELCOME

Shell Canada  
310 RIDGE ROAD  
T1P 1S6

STRATHMORE AB  
(403) 824-2288

MASTER CARD  
PURCHASE C

INV No. 4410790445  
2017/03/04 17:42  
MasterCard  
AID A00000000041010  
TVR 00000000000  
TSI E800

Bronze  
PUMP No. 01  
LITRES 108.345  
PRICE/L \$1.029  
TOTAL FUEL \$111.49  
01 APPROVED - THANK

TERMINAL NO.  
89441070  
VERIFIED BY PIN

IMPORTANT  
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your records

FUEL INCLUDES  
GST ~ Fuel \$5.31  
No. 137400032RT

TOTAL SALE \$111.49

STORE: C44107  
TRAN: 3006158  
2017/03/04 17:47:07

YOUR OPINION COUNTS  
Tell us about your  
recent visit at  
[www.shell.ca/opinion](http://www.shell.ca/opinion)  
and you could win a  
\$500 Shell Gift Card  
\*Receipt Required

THANK YOU  
Questions?  
1-800-661-1600

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:

4444 16 Ave NW  
Calgary AB \_\_\_\_\_

DATE: 2017-03-11 TIME: 17:23  
STORE #: 26509 TRANS #: 086368  
Paypoint: 07C  
PST: R119335453

\*\*\* DUPLICATE \*\*\*

FUEL	(L)	(\$/L)	(\$)
Pump 7			
Regular	110.011	0.909	100.00

TOTAL CAD \$ 100.00

CREDIT CARD \$ 100.00

\* PST INCLUDED IN FUEL \$ 4.76

Purchase

MasterCard

AID: A0000000041010  
INVOICE NO: 000971  
TERMID: 26509SEC  
MERCHANT #: 40673055704

REF: 421001001113  
ACI/ISO 001/00

\*\*\* DUPLICATE \*\*\*

Thank You

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:

4950 Calgary Trail  
Edmonton AB T6H5H5

**ESSO EXPRESS PAY**

7 ELEVEN STORE 37825  
00302341  
4950 CALGARY TRAIL N  
EDMONTON, AB T6H 5H  
URN:R119335453  
03/16/2017 865075147  
05:50:50 PM

PUMP# 8  
EREG 85.426L  
PRICE/L \$0.904  
FUEL TOTAL \$ 77.23

GST in fuel \$ 3.68  
CREDIT \$ 77.23

TYPE: PURCHASE  
ACCOUNT: MASTERCARD \$77.23

VERIFIED BY PIN  
A- MasterCard  
B- A0000000041010  
01 Approved - Thank You 027  
LOYALTY: NO  
IMPORTANT - retain this copy for your  
records

Thank You

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:

7 Eleven Store 37797  
Crossfield AB T0M0S0

**ESSO EXPRESS PAY**

7 ELEVEN STORE 37797  
00302537  
HWY 2 N  
CROSSFIELD, AB T0M  
URN:R119335453  
03/19/2017 126410532  
08:15:54 PM

PUMP# 7  
REGLR 51.584L  
PRICE/L \$1.019  
FUEL TOTAL \$ 52.56

GST in fuel \$ 2.50  
CREDIT \$ 52.56

TYPE: PURCHASE  
ACCOUNT: MASTERCARD \$52.56

VERIFIED BY PIN  
A- MasterCard  
B- A0000000041010  
01 Approved - Thank You 027  
LOYALTY: NO  
IMPORTANT - retain this copy for your  
records

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:

Calgary Co-op  
Montgomery Gas Bar  
4608 16th Avenue NW  
Calgary Alberta  
(403) 299-2602  
GST# R100730894

\*\* WASH CODE 21758 \*\*

Valid To 2017-May-01  
This Location Only

\*\*\*If not used by valid  
to date, exchange  
for a new code\*\*\*

Member # 0000076

Pump	Litres	Price/L
7	70.755	\$0.979

Product	Amount
Regular	\$69.27

GST (Inc Pumps) \$3.30

Purchase  
MASTERCARD

DATE: 01/31/2017  
TIME: 10:43:29  
REF: 0010680420  
TERM: 35240122

RESP: 027 ISO:01

MasterCard  
AC000000041010  
0400008000  
VERIFIED BY PIN

Approved - Thank you

IMPORTANT:  
retain this copy  
for your records

\*\*\*CUSTOMER COPY\*\*\*

Store # 33  
Receipt # 84600

Thank You !!!

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:

71 00 10 000000 00  
CALGARY, AB T3B 0N1

2017-03-30 12:15:15

TRANS #: 004866  
STATION#: 00302333  
GST #: R119335453

PUMP 6  
REGLR \$111.51  
105.294L AT \$1.059

GST INCLUDED \$ 5.31  
FULL WSH DEAL  
1 10.99 10.99  
FULL WASH  
1 @ \$ 10.99 B  
GST 5% 0.55

TOTAL \$123.05

TYPE: PURCHASE  
MASTERCARD

INVOICE NO: TTB92082

MASTERCARD  
A0000000041010  
0000008000  
E800

01 APPROVED - TH  
ANK YOU 027

VERIFIED BY PIN

LOYALTY: NO

YOU COULD HAVE  
EARNED 125 ESSO  
EXTRA POINTS. YOUR  
FIRST REWARD STARTS  
AT 150 POINTS.  
PICK ONE UP IN STORE  
OR VISIT  
ESSOEXTRA.COM

RECONCILIATION ID:  
TTB917033012105646

-- IMPORTANT --  
RETAIN THIS COPY  
FOR YOUR RECORDS

- CUSTOMER'S COPY -



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:

LUB: - STORE#20  
616A WESTRIDGE T1P1H8  
STRATHMORE AB  
22127753  
PURCHASE  
02-15-2017 13:26:15  
C  
Exp Date 11/11 Card Type MC  
Name: DEREK FILDEBRANDT  
A0000000041010 MasterCard  
Trace # 600007  
FS2212775301  
Inv. # 13396  
RRN 001411007  
Total \$78.81  
( 00 ) APPROVED-THANK YOU  
Retain this copy for your  
records  
Customer copy



616A WESTRIDGE ROAD  
STRATHMORE AB T1P 1H8

"A Change For The Better" 1-855-643-5823

GST#R96127677

INVOICE NO.

TRANSACTION NO.

EMPLOYEES

DATE 02/15/2017 13:26

00020-157634

17021500157634

HAU01C DOM01C HAU01

### CUSTOMER INFORMATION

Derek Fildebrandt

### VEHICLE INFORMATION

### SERVICE HISTORY

MAINTENANCE#  
VIN#  
CARD LIMIT  
COMPANY NAME  
AUTHORIZATION#  
FUEL#

DATE 02/15/17 MILEAGE 32621 FS SERVICES

### SERVICE CHECKLIST

- |                            |            |
|----------------------------|------------|
| 1. BRAKE FLUID*            | FULL       |
| 2. POWER STEERING FLUID    | FULL       |
| 3. WASHER FLUID            | FILLED     |
| 4. BATTERY HYDROMETER EYE  | APPEARS OK |
| 5. AIR FILTER              | APPEARS OK |
| 6. BREATHER ELEMENT        | APPEARS OK |
| 7. PCV VALVE               | N/A        |
| 8. WIPER BLADES*           | APPEARS OK |
| 9. SERPENTINE BELT*        | APPEARS OK |
| 10. ENGINE COOLANT         | -10 DEGS.C |
| 11. TRANSMISSION*          | APPEARS OK |
| 12. REAR DIFFERENTIAL*     | APPEARS OK |
| 13. FRONT DIFFERENTIAL*    | APPEARS OK |
| 14. TRANSFER CASE*         | APPEARS OK |
| 15. EXTERIOR LIGHTS        | APPEARS OK |
| 16. VACUUM/AIR FRESHENER   | DONE/DECL  |
| 17. WINDOWS/LUBRICATE HNGE | DONE/DECL  |
| 18. TIRE PRESSURE          | F40 R40    |
| 19. UNDER CARRIAGE VISUAL* | APPEARS OK |
| 20. LEAKS*                 | APPEARS OK |

### DESCRIPTION

### QTY.

### PRICE

FULL SERVICE OIL CHANGE	1.00	64.99
OF2222 OIL FILTER	1.00	0.00
MOBIL SUPER 1000 5W30	5.70	4.19
OIL LEVEL FULL ON ARRIVAL	1.00	0.00
CHASSIS SEALED-NO LUBE	1.00	0.00
A CHANGE FOR THE BETTER	1.00	0.00
BATTERY TEST PASSED	1.00	0.00
EMAIL SAVINGS PROGRAM-YES	1.00	0.00
VACUUM DONE	1.00	0.00
ENVIRO/SHOP SUPPLIES FEE	1.00	4.99

### COMMENTS

thank you for coming in

SUBTOTAL	74.17
CARBON LEVY (1.2%)	0.89
GST (5%)	3.75
TOTAL	78.81
CCARD	78.81

### MESSAGES

Recommend next service on 05/16/2017 or 37621 km.  
FOR COMPLETE DETAILS OF THE CARBON LEVY, VISIT:  
[www.alberta.ca/climate-carbon-pricing.aspx](http://www.alberta.ca/climate-carbon-pricing.aspx)

MASTERCARD

A:084149



"A Change For The Better"

VEHC. I

NEXT SERVICE DATE

NEXT SERVICE MILEAGE

LAST OIL USE

visit [www.lubecity.com](http://www.lubecity.com) for savings



Members of  
Central, Northern  
& Southern Alberta



### OIL WARNING!

If your oil warning light comes on (or your gauge loses pressure) **STOP** your car immediately! **NEVER** operate your engine when the oil warning light is on!

### DOING SO WILL VOID WARRANTY!

See Over For Additional Information

X

I have authorized the work to be performed without a written estimate  
See reverse of invoice for Personal Information Protection Policy

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:

*Carot*

PETRO-CANADA  
6206 104 STREET  
EDMONTON  
ALBERTA T6H 2K7  
(780) 434-9710

GST 856305073  
PC0040863:8442201  
TERMINAL: 028442255  
PAYPOINT: 028442201

2017-01-11 09:51

PUMP 05  
REGULAR  
LITRES L121.157  
PRICE/L \$ 1.014  
FUEL SALES \$122.85\*

TOTAL OWED \$122.85

TOTAL PAID  
CREDIT CARD \$122.85

\* GST INCL. \$ 5.85

MASTERCARD

AUTH [REDACTED]  
PURCHASE  
C 0010010010 00 027

MASTERCARD  
A00000000041010  
0000000000  
E800  
INVOICE 326936

VERIFIED BY PIN

00 APPROVED  
THANK YOU 027

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

5 WASHES FOR \$50!  
ASK ABOUT WASH & GO.

MLA Derek Fildebrandt

There is a credit for \$ 32.54 for fuel & minor maintenance

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:

\$7.14

11/15/16 09:3999 MC 0.00 7.50

INSERT  
THIS SIDE UP

KEEP TICKET WITH YOU. DO NOT FOLD.

1. When leaving, use this ticket to pay on Level P1, P2 or P3 Lobbies.  
(Cash and credit card payment accepted at paystations prior to exit)

2. Once paid, insert this ticket at the parking lot exit.  
(You'll have 20 minutes to vacate the lot once the ticket is paid for)

Please keep ticket away from cell phones or other magnetic devices.

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:

\$6.21

7000

CALGARY PARKING AUTHORITY (403) 537

Terminal: 701

Zone: 2539

Valid through:

**WEDNESDAY 16 NOV 16**

**3:30 PM**

AMOUNT PAID: \$6.52 (GST incl.)

Start Time: 11/16/2016 1:58 PM

Receipt No: 20899

537-7006 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:

<p style="text-align: center;">\$10.00</p>
--

RECEIPT

License Plate Number



\*Expiration Date/Time\*

**02:25 PM**  
**NOV 16, 2016**

Purchase Date/Time: 12:25pm Nov 16, 2016

Total Parking: \$10.00

Total FEDERAL: \$0.50

Total Due: \$10.50

Total Paid: \$10.50

Ticket #: 00002728

S/N #: 520116210797

Setting: Lot 394

Mach Name: Lot 394

Rate: 2 HOURS  
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:

<div></div> <div>\$12.61</div>
--------------------------------

AUTHORITY (403) 537-7000

Terminal: 777

CALGARY PARKIN

Zone: 9007

Valid through:

MONDAY 30 JAN 17  
3:19 PM

AMOUNT PAID: \$13.25 (GST incl.)

Start Time: 1/30/2017 1:40 PM

re Inflation Services (403) 537-7006

Receipt No: 151981

FREE Battery Boosting &



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:

\$3.81

SIDE UP - ON DASH

THIS SIDE UP - ON DASH

THIS SIDE UP - ON DASH

THIS SIDE UP -

LOT 283  
INDIGO  
PARKING PERMIT

THIS IS YOUR RECEIPT  
GST 120996095RT0004  
Meter# 00000000  
Trans# 009785  
Purchase Time:  
11:00AM Jan 31 2017  
Price: \$ 4.00

VALID UNTIL:  
Jan31 2017  
12:00PM Tue

PLACE TICKET 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:

--

\$3.81

RY PARKING AUTHORITY (403) 537-7000 CALG

Terminal: 650

Zone: 9023

Valid through:

MONDAY 13 FEB 17  
1:29 PM

AMOUNT PAID: \$4.00 (GST incl.)

Start Time: 2/13/2017 11:53 AM

Receipt No: 15785

ry Boosting & Tire Inflation Services (403) 537-7006 FREE Bat

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:

<div></div> <div>\$21.90</div>
--------------------------------

INDIGO

Lct #016

PARKING

2017/01/20 15:30

Paid: \$ 23.00

Ticket: BB8PQTLCH7

End: 21/01/2017 09:26

Thank you  
GST # 12099-6095

(403) 296-1820  
(Exit3)

JET Tech Inc. JET Tech Inc. JET Tech Inc.

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:

\$19.05

INDIGO

Lct #016

PARKING

2017/01/19 16:15

Paid: \$ 20.00

Ticket: BB1LM1LPH2  
End: 2017/01/20 08:45

Thank you  
GST # 12099-6095

(403) 296-1820  
(Exit 3)

LCT Tech Inc. | www.parknet.net | LCT Tech Inc.

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:

\$4.29

AUTHORITY (403) 537-7000

Terminal: 489

Valid through:  
**MONDAY 16 JAN 17**  
**1:56 PM**

AMOUNT PAID: \$4.50 (GST incl.)  
Start Time: 1/16/2017 11:56 AM  
e Inflation Services (403) 537-7006

CALGARY PARKING

Zone: 4719

Receipt No: 24131  
FREE Battery Boosting & 1

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:

\$28.00

Indigo Park Lot #45  
Petroleum Club  
MONTHLY PARKING AVAILABLE

License Plate #:

Expiration Time and Date

06:20 PM  
JAN 18, 2017

Purchase Time: 04:20pm Jan 18, 2017  
Total Due: \$29.40      Rate: Hourly \$ 14  
Total Paid: \$29.40      Payment Type: Card  
Ticket #: 86022230  
S/N #: 500012040112  
Setting: Petroleum  
Mach Name: Petroleum 12

MasterCard

GST # 12099-6096  
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:

DISPLAY TICKET ON DASH

\*Expiration Date/Time\*

08:00 AM  
JAN 18, 2017

Purchase Date/Time: 04:38pm Jan 17, 2017

Total Parking: \$8.00

Total FEDERAL: \$0.40

Total Due: \$8.40

Total Paid: \$8.40

Ticket #: 00099410

S/N #: 300011220084

Setting: Lot 471

Mach Name: Lot 471-2

Rate: HOCKEY GAME RATE

Payment Type: Card

MasterCard

GST REG #R102466000

RECEIPT

\*Expiration Date/Time\*: 08:00am Jan 18, 2017

Purchase Date/Time: 04:38pm Jan 17, 2017

Total Parking: \$8.00

Total FEDERAL: \$0.40

Total Due: \$8.40

Total Paid: \$8.40

Ticket #: 00099410

Setting: Lot 471

Mach Name: Lot 471-2

Rate: HOCKEY GAME RATE

Payment Type: Card

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:

--

\$19.05

INDIGO

Lot #016

PARKING

2017/01/18 16:13

Paid: \$ 20.00

Ticket: BB49K1LTHY  
End: 15/01/2017 08:33

Thank you  
GST # 12099-6095

(403) 296-1820  
(Exit3)

LOT Tech Inc. www.parknet.net LOT Tech Inc.





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:

\$8.82

GREATER EDMONTON TAXI

SERVICE

10135 31 AVE NW

EDMONTON AB

CARD TYPE MASTERCARD

DATE 2016/10/13

TIME 3956 11:29:37

INVOICE # 853254

RECEIPT NUMBER

C85053091-001-001-010-0

PURCHASE

AMOUNT \$8.00

TIP \$1.20

TOTAL

\$9.20

MasterCard

A0000000041010

A40F09BA5F3E922B

0000008000-E800

940440AB9C6517BE

APPROVED

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

YELLOW CAB 780.462.3456  
BARREL TAXI 780.489.7777  
EDMTAXI.COM  
GST 100403070



# 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:** December

**Year:** 2016

**Employee #:**

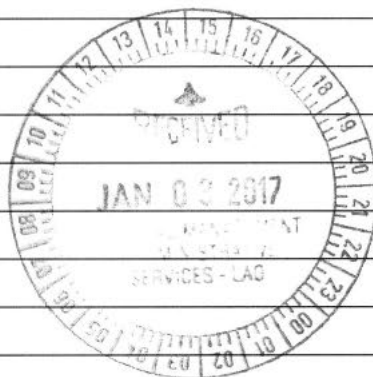
Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
2	Travel to/from Capital	Edmonton / Brooks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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	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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
14	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
15	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$415.48	\$20.77	\$436.25

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

Dec 20, 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:** January

**Year:** 2017

**Employee #:**

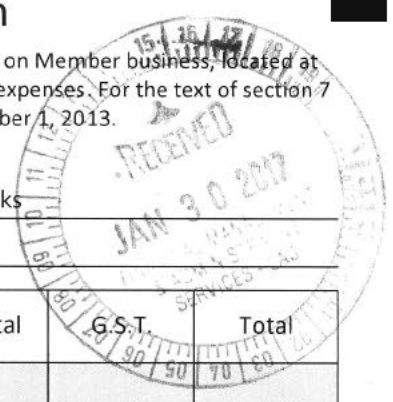
Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
4	Travel to/from Capital	Edmonton/Bassano	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
11	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
12	60 km from Perm. Res.	Brooks	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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		<b>In September 2017 the following was repaid: January 25 - Lunch</b>	<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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
24	Travel to/from Capital	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.	Bassano	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
26	60 km from Perm. Res.	Brooks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.76	0.44	9.20
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
31			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Grand Total</b>						<b>\$239.67</b>	<b>\$11.98</b>	<b>\$251.65</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**

Jan. 26/17





# 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: February

Year: 2017

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.	Lethbridge	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
2	60 km from Perm. Res.	lethbridge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.76	0.44	9.20
3	60 km from Perm. Res.	Coaldale	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
4	60 km from Perm. Res.	Medicine Hat	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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			<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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$79.14	\$3.96	\$83.10

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

March 9, 2017





# 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:** February

**Year:** 2017

**Employee #:**

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
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	60 km from Perm. Res.	Lethbridge	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
8	60 km from Perm. Res.	Lethbridge/Taber	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
9	60 km from Perm. Res.	Medicine Hat/Brooks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
10		<b>In September 2017 the following was repaid:</b> <b>February 1 - Dinner</b> <b>February 2 - Breakfast</b> <b>February 3 - Lunch</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15	60 km from Perm. Res.	Brooks	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17	60 km from Perm. Res.	Brooks	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
28	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
29			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Grand Total</b>						<b>\$287.95</b>	<b>\$14.40</b>	<b>\$302.35</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**

*March 21, 2017*



# 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:** March

**Year:** 2017

**Employee #:**

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T. (VAT)	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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
16	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
20	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
21	Travel to/from Capital	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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31	60 km from Perm. Res.	Brooks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
<b>Grand Total</b>						<b>\$536.43</b>	<b>\$26.82</b>	<b>\$563.25</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

March 30/17



## 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:** 12/20/2016

**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
December	2016	1,930.00
	-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:** 1/26/2017

**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
January	2017	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:** 3/10/2017

**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
February	2017	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:** 3/10/2017

**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
March	2017	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



526 Mayor Magrath Drive South  
Lethbridge, AB T1J 3M2  
Phone: (403) 327-5701 FAX: (403) 327-5075

Mr Derek Fildebrandt

## Receipt

Invoice date 3/9/2017  
Our reference [REDACTED]  
GST Number GST # 848475554RP0001

Guest	Mr Derek Fildebrandt		Arrival	2/7/2017	Departure	2/8/2017	Room	[REDACTED]
Date	Description	Ref.	Quantity	Unit Price	Total (CAD)			
2/7/2017	Room Charge		1	102.00	102.00			
2/7/2017	GST Taxes		1	5.41	5.41			
2/7/2017	Levy Taxes		1	4.08	4.08			
2/7/2017	Marketing Fee		1	2.04	2.04			

Total invoice

2/8/2017

Total Paid

Total Due

0.00

Total GST

I agree that my liability for any charges incurred by me is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the full amount of these charges. Interest will be charged on any overdue balance.

Signature X

For reservations: [www.coasthotels.com](http://www.coasthotels.com) or 1-800-663-1144

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:

To discuss constituency concerns.

\$45.10

Montana's  
119-15th Ave W  
Brooks, AB, T1R 0V5

TRANSACTION RECORD

Trans# 911  
Card #: [REDACTED]  
Card Entry: CHIP Account: MASTERCARD  
Trans: PURCHASE Amount: \$55.07  
Total: \$63.33  
Sequence #: 000006  
Term ID: 004  
Server: Alexandr Table: 95  
Date: 16/11/14 Time: 17:52:21

APPROVED \$47.05

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

Application Label: MasterCard  
TVR: 0000000000  
AID: A0000000041010 TSI: 6800  
IC: 4282FAEF99F80B98

\*\*\* CUSTOMER COPY \*\*\*



Montana's  
119-15th Ave W  
Brooks, AB, T1R 0V5  
777645326rt0001

20 ALEX

Tbl 90/1

Chk 911  
Nov 14 '16 05:03PM

Bar

1 Fire Burger	15.99
Fire Burger	
Beef Patty	
w/Fries	
1 Steak Fajita	21.99
Med Rare	
Tex Bold(1)	
Guacamole	0.99

Rounded if Paying Cash

38.97

95

40.92

## LEGISLATIVE ASSEMBLY OF ALBERTA

## Personal Expense Claim Receipt Description

Member Name: Derek FildebrandtClaimant Name: Derek FildebrandtExpense Category: Hosting

For hosting, select one:

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

Purpose:

Meeting with community representative.

\$43.11

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

1007 KIM

Check: 2452

Guests: 3

Table: 2-1

11/15/2016 12:08PM

1	ICE TEA	3.25
1	WATER	0.00
1	POUTINE FRIES	9.50
1	COUNTRY CLUB	14.50
1	SIDE GRAVY	2.00
1	FRENCH ONION SOUP	8.00

Subtotal 37.24

G.S.T. 1.86

Total Due \$39.10

\*\*\*PLEASE PAY SERVER\*\*\*

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

ROAD HOUSE RESTAURANT  
LTD.  
510 HWY 1  
STRATHMORE AB

CARD TYPE MASTERCARD  
DATE 2016/11/15  
TIME 2689 12:34:58  
RECEIPT NUMBER  
C85045376-001-047-006-0

PURCHASE  
AMOUNT \$39.10  
TIP \$5.87  
TOTAL

\$44.97

MasterCard  
A0000000041010  
92E8E09011683971  
0000008000-E800  
14C339C527190B41

APPROVED

01-027

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

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:

Staff meeting.

ALLEGRO ITALIAN KITCHEN  
10011 109 STREET  
EDMONTON AB

CARD [REDACTED]  
CARD TYPE MASTERCARD  
DATE 2016/11/30  
TIME 0180 22:04:44  
RECEIPT NUMBER  
C82036351-001-039-027-0

PURCHASE  
AMOUNT \$159.55  
TIP \$23.93  
TOTAL

**\$183.48**

MasterCard  
A0000000041010  
98FD71FDEB29524A  
0000008000-E800  
CBC0E7A61D1CABB6

**APPROVED**

01-027

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

Allegro Italian Kitchen  
10011-109th Street  
Edmonton, Alberta  
780-424-6644

Your GST# 896140894

66 NORMAN

Check: 734

Table: 8-1

Guests: 1

11/30/2016 06:38PM

1	SOUP OF THE DAY	8.95
3	ENTREE SP	96.00
1	PASTA SPECIAL	26.00
1	PENNE CON SALSICIA	21.00

Subtotal

151.95

G.S.T.

7.60

**Total Due**

**\$159.55**

\*\*Please Pay Server\*\*

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:

Supplies for constituents meeting in Gem.



Terashita's nofrills  
731 St West, Brooks, AB

21-GROCERY

(2)06038375938	RC SPR WTR	R	
2 @ \$2.67			5.34
ECOLOGY FEE			
2@ \$0.96			1.92
DEPOSIT 1			
2@ \$2.40			4.80

22-DAIRY

06820051114	HALF&HALF CRM	RQ	2.97
DEPOSIT 1			0.10

SUBTOTAL 15.13

TOTAL 15.13

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

GLOBAL PAYMENTS MERCHANT # 6432364  
NF Brooks  
731 Alberta St. W  
Brooks AB  
STORE 03445 TERM 20344505  
SLIP # 264600 REG 5  
RETAIN THIS COPY FOR YOUR RECORDS  
\*\* Purchase \*\* Chip  
Chequing

Interac  
REF # AUTH # RESP 001

AID: A0000002771010  
TSI F800 TVR 0080008000

DATE	TIME	AMOUNT
01/24/2017	13:04:23	\$ 15.13

APPROVED

DEBIT TND 15.13

\*\*\*\*\*  
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\*\*  
2017/01/24

Tani 213

\*\*\*\*\*  
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: 012417 130405 2646 03445  
\*\*\*\*\*

13:04  
05 2646



### Personal Expense Claim Receipt Description

Expense Category: Hosting

For hosting, select one:

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

**Purpose:**

Constituent meeting to discuss local issues.

Wendys 6834  
1303 2nd Street West  
Survey Site #00006834 / 403-362-5575  
Brooks, AB T1R 0V5

Open Till 12 am Everyday

1	Bacon Deluxe Single	\$6.09
1	Bacon Deluxe Single	\$6.09
1	Chicken Strips	\$6.29
1	Heartland Ranch	\$0.00
1	Heartland Ranch	\$0.00
1	*no onion	\$0.00
1	*no onion	\$0.00

Subtotal:	\$18.47
-----------	---------

GST: \$0.92

Total: \$19.39

Grand total: \$19.39

## Drive Thru

Order #: 356

Thank You! Please Come Again!!!

GST 81592 9740RT004

Order Started: 12:38:14 PM

Wed Jan 25, 2017 12:38:29

Cashier: Ruben

Guest Copy

VERSO ★ SEE BACK ★ VOIR AU VERSO ★ SEE BACK ★  
VOIR AU VERSO ★ SEE BACK ★ VOIR AU VERSO ★ SEE BACK ★

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:

Supplies for constituents meeting in Gem.

*Tim Hortons*

Tim Hortons  
1315 - 2nd St. W., Brooks, AB T1R 1P7  
Always There. Since 1964

1 Asrt Dozen	\$8.99
1 Asrt Dozen	\$8.99
1 LG Original Blend	\$1.81
1 Double Double	
1 Large Iced Cappuccino	\$3.49
1 Cream	
1 X-Espr Shot	\$0.70
Subtotal:	\$23.98
GST:	\$0.30 PST: \$0.00
GrandTotal:	\$24.28
Debit:	\$24.28
Change Due:	\$0.00

Take Out # 410 100 Cashier

Thanks for stopping by!

Tell us how we did at

[www.telltimhortons.com](http://www.telltimhortons.com) 1-888-601-1616

Wed Jan 25, 2017 12:34:50

Receipt #: 1875854

GST #885135996 RP0001

DEBIT	
Account:	CHEQUING
Card Entry:CHIP	Sequence:000001
Trans Type:Purchase	\$24.28
Merchant #:	030000034497
Term #:	204
Ref #:	00000001
Trace #:	00244425
Application Label:	Interac
AID #:	A0000002771010
TVR #:	0080008000
TSI #:	F800

By entering a verified PIN, cardholder agrees  
pay issuer such total in accordance with issuers  
reement with CardHolder.

Guest Copy

REPRINT RECEIPT

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 to discuss local issues.

*Ricky's*

-All Day Grill-  
PHONE # (403)793-8000  
1119 2nd Steet West  
Brooks, AB  
GST# 844909119

1044 MICHELLE

Tbl 34/1 Chk 3667 Gst 2  
20Dec'16 12:01PM

1 CalifornSalad 16.99  
1 Quin&Kale 13.99  
1 Add2ChkTendr 4.49

Subtotal 35.47  
GST Tax 1.77  
12:48PM Total 37.24

Your Feedback is Important!  
Check out our website at  
[www.gotorickys.com](http://www.gotorickys.com)  
Thank you for your patronage!

Please Pay Your  
Server

RICKY'S ALL DAY GRILL  
1119-2ND STREET W T1R0N9  
BROOKS AB  
20219667

1111 PURCHASE 1111

12-20-2016 12:49:09

Exp Date 12/20/16 Card Type MC  
Name: DEREK FILDEBRANDT  
A0000000041010 MasterCard

Trace # 200005 Operator 124  
FB2021966701

Inv. # 1266  
RRN 001971005

Purchase \$37.24  
Tip \$5.99  
Total \$42.83

( 00 ) APPROVED-THANK YOU

Retain this copy for your  
records  
Customer copy

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 to discuss local issues.

ROADHOUSE RESTAURANT  
LTD.  
510 HWY 1  
STRATHMORE AB

CARD TYPE MASTERCARD  
DATE 2016/12/21  
TIME 6649 12:48:42  
RECEIPT NUMBER  
C85045376-001-083-003-0

PURCHASE  
AMOUNT \$63.00  
TIP \$9.45  
TOTAL

**\$72.45**

MasterCard  
A0000000041010  
026988204EB7A90C  
000008000-E800  
F350A14F95302908

**APPROVED**

01-027

THANK YOU

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Road House  
Restaurant & Saloon  
Fresh Country Cookin'  
(403)934-6469  
GST NO RT0001 139864183

1016 DAWN

Check: 1429 Guests: 5  
Table: 51-1  
12/21/2016 12:08PM

1	DENVER SAND	12.00
2	SEAFOOD CAESAR	28.00
2	HALF SEAFOOD CAESER	20.00
5	WATER	0.00

Subtotal 60.00  
G.S.T. 3.00

**Total Due \$63.00**

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

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 with a constituency stakeholder to discuss a local matter.

MOXIE'S -020  
888 7 AVENUE SW  
CALGARY AB T2P 3J3  
(403) 234 - 7507

SALE

Server #: 000531  
MID: 4291347  
TID: N4291347 REF#: 00000007  
Batch #: 029 SEQ: 029001001007  
01/06/17 12:31:12

MASTERCARD

\*/\*\*

AMOUNT	\$35.43
TIP	\$5.31
TOTAL	\$40.74

00 - APPROVED - 001

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

CUSTOMER COPY

Thank you!!  
234-7507 - online  
7th Ave. Downtown Calgary

0032 Table 155 #Party 2  
CHLOE T SvrCk: 2 11:48 01/06/17

POP, root beer (3.49)	3.49
POP, ice tea (3.75)	3.75
SOUP/SALAD COMBO,	
w/ full broc (1.00)	13.75
1/2 CLUB/SOUP	12.75

Sub Total: 33.74

GST : 1.69

01/06 12:27 TOTAL: 35.43

GST# 868413642

PLEASE PAY SERVER

If Charging To Room Please Present  
Room Charge Card To Your Server

We want to hear from you!  
[www.moxies.ca/contact-us](http://www.moxies.ca/contact-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:

Discussion of constituent concern.

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

CARD/ [REDACTED]  
CARD TYPE MASTERCARD  
DATE 2017/01/12  
TIME 3240 12:37:36  
RECEIPT NUMBER  
C82002029-001-001-002-0

PURCHASE  
TOTAL

**\$38.20**

MasterCard  
A0000000041010  
D01337A80F725D59  
0000008000-E800  
8A809F3BEFB8E4E5

**APPROVED**

01-027

THANK YOU

CARDHOLDER COPY

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COPY FOR YOUR RECORDS

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

**S E R V I C E**

Server: JANINE  
Guest:

Table #413

2 x LARGE POP @ 1.95	3.90
BEEF DIP SPEC	8.95
THE WORKS	3.95
BEEF DIP SPEC	9.95
THE WORKS	3.95
CORNER BEEF SAND	7.50

<b>Total</b>	<b>38.20</b>
Net Sales	36.38
Total Tax	1.82
12:35 PM 1/12/2017	

**THANK YOU!**  
**PLEASE PAY SERVER**

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 with constituency stakeholder regarding local concerns.

Exp Date \_\_\_\_\_ Card Type MC  
Name: DEREK FILDEBRANDT  
A0000000041010 MasterCard  
Trace # 420005 Operator 106  
FB2021966703  
Inv. # 1546

RRN 001906005

Purchase \$37.76  
Tip \$5.66  
Total \$43.42

( 00 ) APPROVED-THANK YOU

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records  
Customer copy

**Rickys**

-All Day Grill-  
PHONE # (403)793-8000  
1119 2nd Street West  
Brooks, AB  
GST# 844909119

1060 JollyRos

Tbl 10/1 Chk 6191 Gst 2  
17Feb'17 12:17PM

1 Quin&Kale	13.99
1 AddChkBlk	4.99
1 MediterrMeal	11.99
1 Add2ChkGrilld	4.99

Subtotal	35.96
GST Tax	1.80
01:02PM Total	37.76

Your Feedback is Important!  
Check out our website at  
[www.gotorickys.com](http://www.gotorickys.com)  
Thank you for your patronage!

Please Pay Your  
Server

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 with constituency stakeholder regarding local concerns.

NIKO'S BISTRO  
1241 KENSINGTON RD. NW  
CALGARY AB

CARD TYPE MASTERCARD  
DATE 2017/02/16  
TIME 0808 13:03:51  
RECEIPT NUMBER  
C82024388-001-093-003-0

\$21.90  
\$1.10 - GST

PURCHASE  
AMOUNT \$23.00  
TIP \$4.14  
TOTAL

\$27.14

MasterCard  
A0000000041010  
099C3C4FAF57A189  
0000008000-E800  
59B7679DFEB14305

APPROVED

THANK YOU

01-027

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

NIKO'S BISTRO

Customer Copy  
SERVER: NIKO  
TABLE: 9  
GST # 837852169rt0001

FOOD

Open Food  
Spaghetti Aglio  
Coffee  
Cappuccino  
Subtotal

GST.....  
Total  
12:50 PM 2/16/2017



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:

Breakfast meeting with caucus.

RAMADA HOTEL  
708 8 AVE S.W.  
CALGARY AB

CARD TYPE: MASTERCARD  
DATE: 2017/01/18  
TIME: 5415 08:48:21  
CLERK ID: 6701  
RECEIPT NUMBER  
C82017411-001-826-004-0

PURCHASE  
AMOUNT \$13.65  
TIP \$2.05  
TOTAL

**\$15.70**

MasterCard  
A0000000041010  
113B23F118201DF0  
0000008000-E800  
043EC7F566068BC2

APPROVED

01-027

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

\*\*\*\*\*  
CHECK # 7846 DATE 1/18/17  
TABLE # 15 TIME 8:48AM  
\*\*\*\*\*

CHEERS : LUCY

ITEMS ORDERED AMOUNT

1 RHODA BUFFET BREAKFAST 13.00

\*\*\*\*\*

SUBTOTAL 13.00  
GST PLUS 0.65

TOTAL DUE 13.65

GRATUITY: \_\_\_\_\_

TOTAL: \_\_\_\_\_

ROOM NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

Please Print

SIGNATURE: \_\_\_\_\_

GST #R808732705

THANK YOU

RAMADA HOTEL DOWNTOWN CALGARY  
708 Eighth Avenue SW

www.ramadacalgary.com

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:

Breakfast meeting with caucus.

RAMADA HOTEL  
708 8 AVE S.W.  
CALGARY AB

CARD TYPE      MASTERCARD  
DATE            2017/01/19  
TIME            0109 09:01:47  
CLERK ID        6701  
RECEIPT NUMBER  
C82017411-001-827-005-0

PURCHASE  
AMOUNT            \$13.65  
TIP                \$2.05  
TOTAL

**\$15.70**

MasterCard  
A0000000041010  
BFEE2958289ECCEF  
0000008000-E800  
C5DF59C84D9E6041

APPROVED

01-027

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

\*\*\*\*\*

CHECK # 8026

DATE 1/19/17

TABLE # 26

TIME 8:58AM

CHEERS : LUCY

SEAT#	ITEMS ORDERED	AMOUNT
2	RHCDA BUFFET BREAKFAST	13.00
	SUBTOTAL	13.00
	GST PLUS	0.65
		13.65

TOTAL 13.65

\*\*\*\*\*

SUBTOTAL 13.00  
GST PLUS 0.65

TOTAL DUE 13.65

GRATUITY: \_\_\_\_\_

TOTAL: \_\_\_\_\_

ROOM NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

Please Print

SIGNATURE: \_\_\_\_\_

GST #R808732705

THANK YOU

RAMADA HOTEL DOWNTOWN CALGARY  
708 Eighth Avenue SW

www.ramadacalgary.com

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:

To discuss issues pertaining to portfolio.

Edelweiss Imports Ltd.  
1921 - 20th Ave N.W.  
Calgary, AB T2M 1H6  
403-282-6600  
403-282-0342

Mar 10 2017 12:31 pm Trans# R4-576934

TRANSACTION RECORD

0000000041010 Card Type: MC  
MasterCard  
Trans Type : PURCHASE  
Card Entry : RF

Sequence # : 001084040  
Merchant ID : 22610691  
Terminal # : RC2261069105  
Date : 03-10-2017  
Time : 12:31:18

Amount : \$43.29

00 APPROVED - THANK YOU

Retain this copy for your  
records

\*\*\* CUSTOMER COPY \*\*\*

Edelweiss Imports Ltd.  
1921 - 20th Ave. N.W.  
Calgary, AB T2M 1H6  
403-282-6600  
403-282-0342

Sales Receipt

Transaction #: 1672846  
Date: 10/03/2017 Time: 12:31:27 PM  
Cashier: 80 Register #: 4

Item	Description	Amount
EV15	Village Cabbage Roll	\$5.95
EV60	Park Schnitzel	\$7.95
EV46	Sauerkraut or Red Cabba	\$4.25
7851F2650351	Glacéau Smart Water 591 591ml	\$2.50
EV19	24pc in case	
06746403	Village Combo	\$17.95
	Coca-Cola Diet Coke 500 500ml	\$2.75

Sub Total \$41.35  
GST \$1.94  
Total \$43.29

Master Card Tendered \$43.29  
Change Due \$0.00

Thank you for shopping at Edelweiss Imports Ltd.  
We hope you'll come back soon!  
or Store credit only with receipt within  
15 days of purchase  
ST# 880304027

## Personal Expense Claim Receipt Description

Member Name: Derek Fildebrandt

Claimant Name: Liz McConnell

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

Coffee for office



## Thank You for Your Order

For complete details, including estimated tax and shipping information, keep an eye out for an email from Staples at [teammc@telus.net](mailto:teammc@telus.net) with your complete order details. For items being picked up, please don't go to the store yet. We'll send you an email when it's ready for pick up.

If you have any questions about your order, please visit our Help Centre.

Order date: March 28, 2017

You'll also find complete details of this order in the Order Status section of My Account on Staples.ca®.

**Deliver to:** Liz McConnell, 510 Highway 1 Bay A1, Strathmore, AB T1P1G9

**Expected Delivery :**Wednesday, March 29

Item No.	Item Name	Item Price	Qty	Coupons & Rewards	Subtotal
333813	Van Houtte French Roast K-Cup Refills	\$13.85 18/Pack	1.0	\$0.00	<b>Price:</b> <b>\$13.86</b>
1242188	Van Houtte Colombian K-Cup Coffee, 30 Refills	\$16.94 30/Pack	1.0	\$0.00	<b>Price:</b> <b>\$16.94</b>
272224	Van Houtte House Blend K-Cup Refills	\$16.94 30/Pack	1.0	\$0.00	<b>Price:</b> <b>\$16.94</b>

**Expected Delivery :**Thursday, March 30

### Billing Address

Liz McConnell  
MLA Derek Fildebrandt  
510 Highway 1 Bay A1  
Strathmore, AB, T1P1G9  
(403) 700-1197

Subtotal:  
Coupons:  
Estimated GST (or HST):  
Shipping:  
Total:  
Remaining Balance:  
Remaining Balance will be applied to following:

If you have any questions or concerns about your order, please call 1-877-360-8500 or email [hd.website@orders.staples.com](mailto:hd.website@orders.staples.com)

Important information concerning coupons and sales tax can be found at: [coupons and sales tax](#)

The tax shown is estimated. **Your Order Confirmation Email** will include shipment details, product availability and estimated tax.

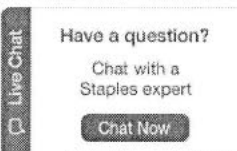
Important information concerning return policy can be found at: [return policy](#).

For complete order details like sales tax, shipping info and Software Download instructions, keep an eye out for an email from Staples at the address above. You'll also find complete details of this order in the Order Status section of My Account on Staples.ca®.

Sign up to receive Staples emails with great online and in-store offers and exclusive money-saving discounts.

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of  
ALBERTA  
Claim Receipt Description

Derek Fildebrandt

Name: Heather Pigott

Use Category: Hosting

For hosting, select one:

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

Purpose:

Meeting to discuss provincial constituency concern.

LOCAL PUBLIC  
EATERY  
579 3RD STREET SE  
MEDICINE HAT, AB  
403.487.5600

25 Brittany

Tbl 73/1 Chk 1982 Gst 2  
Jan26'17 03:17PM

2 AHI TUNA SAND	33.50
SUBTTL	33.50
TAX GST 5%	1.68
03:52PM TOTAL	35.18

Follow, Share, Like and Post

@localmedhat  
WWW.LOCALMEDHAT.COM

LOCAL PUBLIC EATERY  
579 SE 3rd Street  
Medicine Hat, AB  
T1A 0H2  
403-487-5600

\*\* TRANSACTION RECORD \*\*

Tran. #: 19958  
RUC: DINING  
Table #: 73  
Check #: 1982  
Group #: 1  
Employee #: 25  
Employee Name: Brittany

Interac Purchase  
From Savings

AID: A0000002771010

Amount \$35.18

Tip \$5.28

=====

TOTAL CAD\$40.46

00-001 193112  
LP01WS03/LP01WD03  
001001001009  
2017/01/26 15:52:53

TUR: 0080008000  
TS1: F800

Customer Copy