

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2017-18
083 - Strathmore-Brooks - Fildebrandt, Derek
For Expenses Processed Jul 1 - Sep 30, 2017

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$568.81	\$1,791.38
MLA Parking Cap - \$	\$900.00	\$173.60	\$201.60
Other Travel - Parking - \$			\$57.14
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$			
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$239.67	\$844.19
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$6,745.00	\$10,605.00
Travel Accommodations Allowance			
Travel Accommodations Allowance (days; 10 max) - NF	10.0		
Other			
Hosting - \$		\$1,421.80	\$3,015.98
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	80,000.0	3,318.0	5,518.0
Special Trips (5 trips per year) - NF	5.0		
Travel To and From the Capital			
Travel by Air, Bus or Train (Unlimited Trips) - NF			
Use of a Private Automobile (52 trips per year) - NF	52.0	1.0	9.0
Other Travel			
Vehicle Rental (5 Days maximum anywhere in Alberta) - NF	5.0		

\$ - Reported on CAD dollar amount of actual expense

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

Budget reported is the maximum annual amount that may be claimed

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

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:

<p style="text-align: right;">\$76.54</p>

Fas Gas Plus
Cluny Fas Gas

Hwy 1 & Hwy 842
Cluny AB
T6J0S0
4067343856
GST: 806121875

DATE: 2017-06-24
SITE ID: 50591

TIME: 09:04:42

PURCHASE

PRODUCT	QUANTITY	PRICE	TOTAL
REGULAR	80.450L	\$0.999/L	\$80.3711

TOTAL \$80.37

GST 5.00% INCLUDED \$3.83

11 = TAXES INCLUDED

MASTERCARD

ENTRY METHOD: 11

2017-06-24
REF#: 28080563
AUTH#:
RECEIPT#: 00007955
MasterCard
A0000000041010
E36A4806333AC400
000A00000
E36A4806333AC400
C000

09:05:02
SEQ #: 0010650070
RESP CODE: 01/027
BATCH#: 065

APPROVED - THANK YOU

- IMPORTANT -
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: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

\$73.84

Crossfield Esso

7 ELEVEN STORE 37797

HWY 2 N

CROSSFIELD, AB TOM OSO

DATE: 2017-06-30 TIME: 10:22:59

Paypoint: 11C TRANS #: 024338
Station#: 00302537 Cashier: manager
GST: R119335453

*** DUPLICATE ***

FUEL	(L)	(\$/L)	(\$)
Pump 11			
REGLR	77.606	0.999	77.53
TOTAL	CAD	\$	77.53
CREDIT CARD		\$	77.53

* GST INCLUDED IN FUEL \$ 3.69

PURCHASE

MASTERCARD
INVOICE NO: TEAE7729
AUTH #:

MasterCard
A0000000041010
0000008000
E800

01 Approved - Thank You 027

VERIFIED BY PIN

Reconciliation ID: TEAE17063010225936

-- IMPORTANT --

Retain This Copy For Your Records

- Customer's Copy -

*** DUPLICATE ***

You could have earned 77 Esso Extra points. Your first reward starts at 150 points.

Pick one up in store or visit
essoextra.com

B - &GST, - , G - GST

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:

\$72.23

Calgary Co-op
Edgefield Gas Bar
140 Edgefield Place
Strathmore Alberta
(403) 361-2600
GST# R100730894

Member # [REDACTED]

Pump	Litres	Price/L
1	83.427	\$0.909
Product		Amount
Regular		\$75.84

Total \$75.84

GST (Inc Pumps) \$3.61

Purchase
MASTERCARD

DATE: 07/01/2017
TIME: 14:00:53
REF: 0010012880 C
TERM: 35802Y3R
AUTH: [REDACTED]
RESP: 027 ISO:01

MasterCard
A00000000041010
TVR: 0000008000
TSI: E800
VERIFIED BY PIN

Approved - Thank you

IMPORTANT:
retain this copy
for your records

CUSTOMER COPY

Store # 25
Receipt # 08277

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:

\$68.97

STRATHMORE ESSO

7 ELEVEN STORE 37833
503 HIGHWAY 1
STRATHMORE, AB T1P 1C1

ESSO EXPRESS PAY

2017-07-06 10:07:41

TRANS #: 020639
STATION#: 00302529
GST #: R119335453

PUMP 5
REGLR \$ 72.42
79.666L AT \$0.909/
L

GST INCLUDED \$ 3.45

TOTAL \$ 72.42

TYPE: PURCHASE
MASTERCARD

INVOICE NO: TUT81321
AUTH: [REDACTED]

MASTERCARD
A00000000041010
0000000000
E800

01 APPROVED - TH
ANK YOU 027

VERIFIED BY PIN

LOYALTY: NO

YOU COULD HAVE
EARNED 72 ESSO EXTRA
POINTS. YOUR FIRST
REWARD STARTS AT 150
POINTS.
PICK ONE UP IN STORE
OR VISIT
ESSOEXTRA.COM

RECONCILIATION ID:
TUT817070610044530

-- IMPORTANT --
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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:

\$108.27

STRATHMORE ESSO

7 ELEVEN STORE 37833
503 HIGHWAY 1
STRATHMORE, AB T1P 1C1

DATE: 2017-07-18 TIME: 11:13:00

Paypoint: 07C TRANS #: 027965
Station#: 00302529 Cashier: manager
GST: R119335453

*** DUPLICATE ***

FUEL	(L)	(\$/L)	(\$)
Pump 7			
REGLR	118.541	0.959	113.68

TOTAL CAD \$ 113.68

CREDIT CARD \$ 113.68

* GST INCLUDED IN FUEL \$ 5.41

PURCHASE

MASTERCARD
INVOICE NO: TVTA9451
AUTH #: [REDACTED]

MasterCard
AC000000041010
0000008000
E800

01 Approved - Thank You 027

VERIFIED BY PIN

Reconciliation ID: TVTA17071811130002

-- IMPORTANT --

Retain This Copy For Your Records

- Customer's Copy -

*** DUPLICATE ***

You could have earned 113 Esso Extra points. Your first reward starts at 150 points.
Pick one up in store or visit
essoextra.com

B - &GST, - , G - GST

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:

\$94.29

MONA ROYAL AND DARRYL MCDONALD

GST# R000000000

M&R GAS STATION

BOX 1665 PH: 403-734-2644

SIKSIKA AB T0J 3W0

PRODUCT-----QTY--x--PRICE----AMOUNT

#601=. .REGULAR GASOLINE

103.231L x\$0.959/L \$99.00

SUB-TOTAL => \$99.00

TOTAL => \$99.00

MASTER CARD \$99.00

#756834 R10002501 C80002017-07-21 18:47

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:

\$74.67

STRATHMORE ESSO

7 ELEVEN STORE 37833
503 HIGHWAY 1
STRATHMORE, AB T1P 1C1

ESSO EXPRESS PAY

2017-08-04 11:31:01

TRANS #: 038326
STATION#: 00302529
GST #: R119335453

PUMP 6
REGLR \$ 78.40
74.734L AT \$1.049/L

GST INCLUDED \$ 3.73

TOTAL \$ 78.40

TYPE: PURCHASE
MASTERCARD

INVOICE NO: TUT95232
AUTH: [REDACTED]

MASTERCARD
A0000000041010
0000000000
E800

01 APPROVED - TH
ANK YOU 027

VERIFIED BY PIN

LOYALTY: NO

YOU COULD HAVE
EARNED 78 ESSO EXTRA
POINTS. YOUR FIRST
REWARD STARTS AT 150
POINTS.
PICK ONE UP IN STORE
OR VISIT
ESSOEXTRA.COM

RECONCILIATION ID:
TUT917080411272404

-- IMPORTANT --
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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: Member Parking

For hosting, select one:

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

Purpose:

\$22.00

INDIGO PARK LOT #80

SERVICE #: 403-269-7275
MONTHLY PARKING AVAILABLE

License Plate #:



Expiration Time and Date

05:54 PM
JUN 14, 2017

Purchase Time: 04:24pm Jun 14, 2017

Total Due: \$23.10 Rate: \$22+ GST - 1.5 hours

Total Paid: \$23.10 Payment Type: Card

Ticket #: 92016301

S/N #: 600013180702

Setting: Aquitaine

Mach Name: Aquitaine 1

Card: MasterCard

Auth #

GST # 12099-6095

Thank you
Indigo Park

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:

\$14.29



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>\$1.83</div>

6	FREE Battery Boosting & Tire Inflation Services (403) 537-7006	6
	Plate: [REDACTED] Zone: 2522	
	Valid through: FRIDAY 16 JUN 17 6:01 PM	
	START TIME: 6/16/2017 5:37 PM AMOUNT PAID: \$1.92 (GST Incl.) Auth No: [REDACTED] Trn No: baf7f4de00a5461c Terminal: 1027 Receipt No: 598	
FREE Bat		CALG

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:

\$4.76



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:

\$18.10

KEEP TICKET WITH YOU

Indigo Lot #48
DELTA CALGARY DOWNTOWN

License Plate #:



Expiration Time and Date

06:00 PM
JUL 05, 2017

Purchase Time: 08:12am Jul 05, 2017

Total Due: \$19.00 Rate: \$19 EarlyBird to 6pm


Total Paid: \$19.00 Payment Type: Card

Ticket #: 63015801

S/N #: 520014260579

Setting: Delta Calgary DT

Machine Name: Delta 1

Card  MasterCard

Auth # 

GST # 12099-6095

Service: 403-269-7276

www.parkindigo.ca

MONTHLY PARKING AVAILABLE

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:

\$ 23.81

DISPLAY THIS SIDE UP ON DASHBOARD		DETACH RECEIPT FROM TICKET	
EXPIRATION DATE	EXPIRATION TIME	DATE ISSUED	TIME ISSUED
07/07/17 18:00		06/07/17 18:36	
AMOUNT PAID		AMOUNT PAID	
\$ 25.00 89080000 18:36		\$ 25.00	
LOT3001		CC	
PRECISE PARKLINK™ WEST LTD.		PRECISE PARKLINK™ WEST LTD.	
CHARGES ARE FOR THE USE OF THE PARKING SPACE ONLY. WE WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS, HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO FIRE, THEFT OR COLLISION		RECEIPT	
NON TRANSFERABLE 0561526		0561526	

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:

\$23.81

WELCOME TO
CALGARY EXHIBITION &
STAMPEDE LTD.

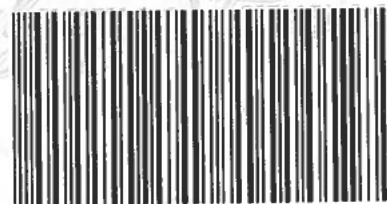
Station : Booth 13A
Cashier : sheryl
Trans# : 79346
Ticket : 452427781
Time in : 07/07/2017 17:35:49
Paid to : 07/07/2017 23:59:59
Duration : 06:24:09
Plate :

BMOC : \$ 23.81
Subtotal : \$ 23.81
*GST : \$ 1.19
Total : \$ 25.00
CC/DB : \$ 25.00

TYPE : PURCHASE
DATE/TIME : 07 Jul 2017 17:36:03
CARD NUMBER :
ACCOUNT : MASTERCARD
REFERENCE # : 66252346 0013070590 C
AUTH # :
MasterCard
A0000000041010
0000008000 E800

01 APPROVED - THANK YOU 027

IMPORTANT - retain this copy for your record
s



ENJOY YOUR STAY
GST#R118823467
ONE ENTRY ONLY

Calgary Stampede

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:

\$9.00

PARKING RECEIPT

imark

RECEIPT

License Plate Number

Expiration Date/Time

02:59 PM

JUL 11, 2017

Purchase Date/Time: 11:59am Jul 11, 2017

Total Parking: \$9.00

Total FEDERAL: \$0.45

Total Due: \$9.45

Rate: \$9 - 3 Hours Special

Total Paid: \$9.45

Payment Type: Card

Ticket #: 00037271

S/N #: 500012260462

Setting: Lot 178

Mach Name: Lot 178-1

MasterCard

Auth #:

GST REG #R102466000

imark

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:

\$ 18.00

PARKING RECEIPT

im park

DISPLAY TICKET ON DASH

Expiration Date/Time

05:57 PM

JUL 13, 2017

im park

Purchase Date/Time: 02:57pm Jul 13, 2017

Total Parking: \$18.00

Total FEDERAL: \$0.90

Total Due: \$18.90

Total Paid: \$18.90

Ticket #: 59005150

S/N #: 300011480234

Setting: Lot 243

Machine Name: Lot 243-1

Rate: 3 HOURS

Payment Type: Card

im park

MasterCard

Auth #:

GST REG #102456000

RECEIPT

im park

Expiration Date/Time*: 05:57pm Jul 13, 2017

Purchase Date/Time: 02:57pm Jul 13, 2017

Total Parking: \$18.00

Total FEDERAL: \$0.90

Total Due: \$18.90

Total Paid: \$18.90

Ticket #: 59005150

Setting: Lot 243

Machine Name: Lot 243-1

Rate: 3 HOURS

Payment Type: Card

im park

MasterCard

Auth #:

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:

\$26.00

KEEP TICKET WITH YOU

Indigo Park Lot #82

License Plate #:

Expiration Time and Date

08:00 PM
JUL 19, 2017

Purchase Time: 12:03pm Jul 19, 2017

Total Parking: \$26.00

Total GST: \$1.30

Total Due: \$27.30

Total Paid: \$27.30

Ticket #: 01495120

S/N #: 520014230576

Setting: Cowboys

Match Name: Cowboys 2

Rate: Day Max \$ 26

Payment Type: Card

Card: [REDACTED] MasterCard

Auth #: [REDACTED]

GST # 12099-6095

Thank you

www.park.indigo.ca

403 269 7275

Personal Expense Claim Receipt Description

Expense Category: Member Parking

☐ Group: _____

\$12.00

PARKING RECEIPT

PARKING RECEIPT

PARKING RECEIPT

Diamond Service
SINCE 1922

License Plate Number [REDACTED]

Expiration Date/Time

10:44 AM
JUL 27, 2017

"Family Owned & Operated"

Purchase Date/Time: 08:44am Jul 27, 2017

Total Parking: \$12.00
Total GST: \$0.60
Total Due: \$12.60
Ticket #: 27052091
Setting: G016
Mach Name: G016

Rate: \$12.00 - 2 HOURS
Pmt Type: CC (Swipe)

Parking Receipt # [REDACTED]

[REDACTED] MasterCard AUTH # [REDACTED]

FAMILY OWNED & OPERATED

DEREK FILDEBRANDT, MLA

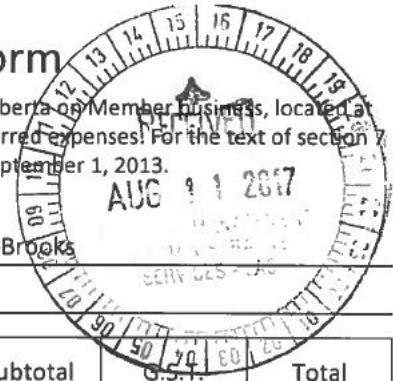
The category Member Travel (Meal Per Diems) has been reduced by \$ 41.86 to reflect a repayment of a prior expense from Q1.



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: June

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
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	60 km from Perm. Res.	Brooks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
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	60 km from Perm. Res.	Bassano	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
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						\$189.10	\$9.45	\$198.55

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.

 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: July

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.	Strathmore/Rosemary	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
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			<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	60 km from Perm. Res.	Brooks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
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	60 km from Perm. Res.	Rockyford	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$92.43	\$4.62	\$97.05

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

As 8/20/17



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: 6/9/2017

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
June	2017	1,930.00
29- -325-8831 (NF)	29- 083 320-2706	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.

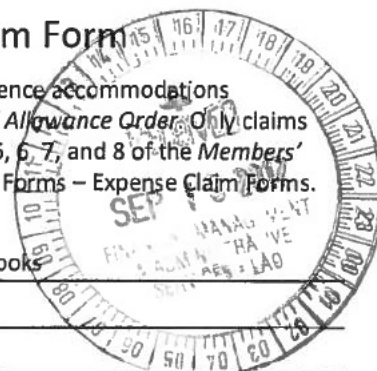
Member Signature

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: 9/14/2017

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
July		2017	1,605.00
29-083-325-8831 (NF)	29-083-320-2706	Grand Total	\$1,605.00

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: 9/14/2017

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
August		2017	1,605.00
29 083-325-8831 (NF)	29 083-320-2706	Grand Total	\$1,605.00

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



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: 9/14/2017

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
September	2017	1,605.00
29-083-325-8831 (NF)	29-083-320-2706	Grand Total
		\$1,605.00

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

6864

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 to discuss constituency issues.

\$ 58.86

BONTERRA RESTAURANT
POSTO
1016 SW 8th Street
Calgary AB T2R 1K2
403-262-8480

** TRANSACTION RECORD **

Tran. #: 306
Check #: 018
Employee #: 465
Employee Name: ASHYA

MasterCard Purchase
AID: A00000000041010

Amount \$51.98

Tip \$9.36

=====

TOTAL CAD\$61.34

APPROVED

BONTCS14/BONTCC14
032001001002
2017/06/21 12:58:30

TVR: 0000008000
TSI: 6800

Customer Copy

THANK YOU
Come Again

POSTO
Thank You!

0018 Table 205 #Party 2
ASHYA L SvrCk: 2 12:09 06/21/17

1 2 POTATO & CREME	21.00
1 3 SPINACH & CHAN	21.00
1 FERRARELLE SPARK	7.50

Sub Total: 49.50

GST : 2.48

Sub Total: 51.98

06/21 12:56 TOTAL: 51.98

(403) 263-4876
GST# 868000522RT0001

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 constituency issues.

\$19.10

Road House
Restaurant & Lounge
Fresh Country Cooking
(403) 934-6469
12110 139964183

2 MEGAN

heck: 2006

Guests: 1

able: 30-9

06/22/201 10:47PM

COUNTRY CLUB 14.50
SIDES GRAVY 2.00

Subtotal \$16.50

G.S.T. \$.83

Total Due \$17.33

PLEASE PAY SERVER
Try Our Sunday Brunch 10
and Dinner Buffet 4pm

ROADHOUSE RESTAURANT

LTD.

510 HWY 1

STRATHMORE AB

CARD

CARD TYPE MASTERCARD

DATE 2017/06/22

TIME 5240 22:54:03

RECEIPT NUMBER

C85022594-001-617-055-0

PURCHASE

AMOUNT

\$17.33

TIP

\$2.60

TOTAL

\$

\$19.93

MasterCard

A0000000041010

CE6E656F2F33A828

0000008000-E800

1746DB3606F21FD3

APPROVED

AUTH#

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:

Stakeholder meeting to discuss constituency issues.

\$14.93

CADENCE
CALGARY, AB
(403) 247-9955
GST# 868496431

R E C E I P T

Server: AM CLERK

Guest:

BREAKFAST CLUB	9.95
SNAPPLE	2.95

Total	13.55
Net Sales	12.90
Total Tax	0.65
Debit	13.55

9 38 AM 6/26/2017

100

ORDER # 3

THANK YOU!

CADENCE COFFEE
6407 BUSINESS RD NW
CALGARY, AB T3B 0E6
(403) 247-9955

TERM ID: G4378052

BATCH#: 245
SHIFT#: 001

Sale

INVT: 000000043

MCARD

Chip

STMT: 245001001043

Application Label: Master Card

ATD: 0000000041010

TVR: 00 00 00 00 00

TSR: 68 00

Amount: \$ 13.55
Tip: \$ 2.03

Total: CAD\$ 15.58

APPROVED

001/00

NO SIGNATURE REQUIRED

26-Jun -17

09:37:22

MERCHANT COPY
THANK YOU
COME AGAIN!

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 to discuss constituency issues.

\$18.50


DELTA
HOTELS AND RESORTS

DELTA CALGARY DOWNTOWN
**** BISTRO ****

54724 Alison

CHK 1102 TBL 35/1
GST 3

5 JUL '17 8:31 AM

1 BERRIES YOGURT	11.25
1 COFFEE	4.25

FOOD	\$15.50
Tax:	\$0.78

9:01 AM

TOTAL DUE: \$16.28

GST# 74189 9496 RT001
PLEASE COMPLETE FOR ROOM CHARGES

GRATUITY 3.00

TOTAL 19.28

ROOM NUMBER _____

PRINT LAST NAME _____

SIGNATURE 

DELTA CALGARY
DOWNTOWN FB
209- 4TH AVENUE SE
CALGARY AB T2G0C6
4032661980

SALE

Server #: 054724

MID: 6032180

TID: 006

REF#: 00000017

Batch #: 175

07/05/17

09:08:32

APPR CODE

MASTERCARD

Chip
/

AMOUNT \$19.28

APPROVED

MasterCard

AID: A0000000041010

TVR: 00 00 00 80 00

TSI: E8 00

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

THANK YOU/MERCE!

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:

Discussion of constituency issues.

\$ 37.64

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

228 RACHEL

check: 2036 Guests: 1
table: 37-1
07/18/2017 12:44PM

SOFT DRINK	6.50
HALF SEAFOOD CAESER	10.00
HALF SPINACH SALAD	10.00
ADD SHRIMP	6.00

Subtotal	32.50
G.S.T.	1.63
Total Due	\$34.15

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

ROADHOUSE RESTAURANT
LTD.

510 HWY 1
STRATHMORE AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2017/07/18
TIME 6296 12:58:18
CLERK ID 02
RECEIPT NUMBER
C85022594-001-643-005-0

PURCHASE
AMOUNT \$34.15
TIP 1.12
TOTAL

\$39.27

\$ 5.12

MasterCard
A000000004
1323C0B4E41 83
0000008000 00
D551F57E6F 7

APPROVED

AUTH# [REDACTED] 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: Heather Pigott

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☒ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Stakeholder meeting to discuss constituency issues.

\$ 23.77

PITA PIT
#1 - 322 8th Ave W
Brooks, Alberta T1R 1B8
ph. 403-501-5595
fax 403-501-5596

Tbl:0

Ref:331258

Chk:331264

Troy

6/20/2017 5:19 pm

Souvlaki Reg	8.99
2 Souvlaki Pt	14.78

SubTotal	23.77
GST	1.19

Total	24.96
-------	-------

Cash	25.00
------	-------

Amount Paid	25.00
Change	0.05
Rounding	-0.01

PITA PIT
#1 - 322 8th Ave W
Brooks, Alberta T1R 1B8
ph. 403-501-5595
fax 403-501-5596

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:

MLA BBQ

\$ 8.49



MEDICINE HAT #593

2350 Box Springs Blvd
Medicine Hat, AB T1C 0C8
(403) 581-5700

MEMBER [REDACTED]

VO

VF

ACCT: CHECKING

REFERENCE#: 66231674-0010014180

AUTH# [REDACTED] 07/25/17 15:44:14

Invoice#: 31447

COSTCO WHOLESALE #593

2350 BOX SPRINGS BLVD

MEDICINE HAT, AB T1C 0C8

PURCHASE - INTERAC

Interac

A0000002771010

0080008000 F800

00 APPROVED - THANK YOU 001

0593 003 0000000072 0252

*** CARDHOLDER COPY ***

CHANGE .00
TOTAL DISCOUNT(S)

CASHIER: SHARLYNN C REG# 3
2017/07/25 15:44 0593 03 0252 72

GST/HST #121476329
SHOP **WWW.COSTCO.CA**

GST# 121476329RT
THANK YOU - PLEASE COME AGAIN

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Derek FildebrandtClaimant Name: Elizabeth McConnellExpense Category: Hosting

For hosting, select one:

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

Purpose:

MLA BBQ

\$ 503.47

WE SELL FOR LESS

200 RANCH MARKET

STRATHMORE, AB

(403) 934-9776

ST# 01049	DP# 002108	TE# 91	TR# 02224
GV 24X500ML	060538887928		\$2.97 D
AB BEV CRF	000030635235		\$0.96 H
AB DEPOSIT	068113171083		\$2.40 H
GV 24X500ML	060538887928		
12 AT	\$2.97		\$35.64 D
AB BEV CRF	000030635235		
12 AT	\$0.96		\$11.62 H
AB DEPOSIT	068113171083		
12 AT	\$2.40		\$28.80 H
HLMS MAYO	006840061620		
8 AT	\$4.97		\$39.76 D
KETCHUP 1.5L	005700006308		\$4.97 D
KETCHUP 1.5L	005700006308		\$4.97 D
FRN YELL SQZ	005620076217		\$1.93 D
FRN YELL SQZ	005620076217		\$1.93 D
FRN YELL SQZ	005620076217		\$1.93 D

DT COLA 12PK	060538876505		\$2.97 J
ACAN 1CRT12	000030894407		\$0.12 J
AB DEP CAN	000030050832		\$1.20 H
DT COLA 12PK	060538876505		\$2.97 J
ACAN 1CRT12	000030894407		\$0.12 J
AB DEP CAN	000030050832		\$1.20 H
DT COLA 12PK	060538876505		\$2.97 J
ACAN 1CRT12	000030894407		\$0.12 J
AB DEP CAN	000030050832		\$1.20 H
GRAPE 12PK	060538876547		\$2.97 J
ACAN 1CRT12	000030894407		\$0.12 J
AB DEP CAN	000030050832		\$1.20 H
GRAPE 12PK	060538876547		\$2.97 J
ACAN 1CRT12	000030894407		\$0.12 J
AB DEP CAN	000030050832		\$1.20 H
G/ALE 12PK	060538876508		\$2.97 J
ACAN 1CRT12	000030894407		\$0.12 J
AB DEP CAN	000030050832		\$1.20 H
G/ALE 12PK	060538876508		\$2.97 J
ACAN 1CRT12	000030894407		\$0.12 J
AB DEP CAN	000030050832		\$1.20 H
LEM/ADE 12P	060538886600		\$2.97 J
ACAN 1CRT12	000030894407		\$0.12 J
AB DEP CAN	000030050832		\$1.20 H
LEM/ADE 12P	060538886600		\$2.97 J
ACAN 1CRT12	000030894407		\$0.12 J
AB DEP CAN	000030050832		\$1.20 H
ICE TEA 12PK	060538880479		\$2.97 D
ABCAN 1CRT12	000030894408		\$0.12 D
AB DEP CAN	000030050841		\$1.20 H
ICE TEA 12PK	060538880479		\$2.97 D
ABCAN 1CRT12	000030894408		\$0.12 D
AB DEP CAN	000030050841		\$1.20 H
RTBEER 12PK	060538876533		\$2.97 J
ACAN 1CRT12	000030894407		\$0.12 J
AB DEP CAN	000030050832		\$1.20 H
RTBEER 12PK	060538876533		\$2.97 J
ACAN 1CRT12	000030894407		\$0.12 J
AB DEP CAN	000030050832		\$1.20 H
ORANGE 12PK	060538876514		\$2.97 J
ACAN 1CRT12	000030894407		\$0.12 J
AB DEP CAN	000030050832		\$1.20 H
ORANGE 12PK	060538876514		\$2.97 J
ACAN 1CRT12	000030894407		\$0.12 J
AB DEP CAN	000030050832		\$1.20 H
COLA 12PK	060538876492		\$2.97 J
10 AT	\$2.97		\$29.70 J
ACAN 1CRT12	000030894407		
10 AT	\$0.12		\$1.20 J
AB DEP CAN	000030050832		
10 AT	\$1.20		\$12.00 H
GV CHIPS	062891508414		
52 AT	\$4.97		\$258.44 J

SUBTOTAL

GST 5%

TOTAL

MCARD TEND

MASTERCARD

APPROVAL #

REF # 721600624269

PAYMENT SERVICE - A

AID A0000000041010

TC 2E8338866B9D69CE

TERMINAL # WHTCJ020743

*Pin Verified

08/04/17

14:34:37

CHANGE DUE

\$0.00

GST/HST 137466199 RT 0001

GST 1016551356 TO 0001

