

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2016-17
065 - Lac La Biche-St. Paul-Two Hills - Hanson, David
For Expenses Processed Oct 1 - Dec 31, 2016

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$967.72	\$4,135.23
MLA Parking Cap - \$	\$900.00		
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$		\$26.09	\$41.92
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$1,330.38	\$3,558.53
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,790.00	\$17,370.00
Travel Accommodations Allowance			\$536.64
Travel Accommodations Allowance (days; 10 max) - NF	10.0		4.0
Other			
Hosting - \$		\$22.85	\$98.13
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	80,000.0	6,551.0	19,383.0
Special Trips (5 trips per year) - NF	5.0		2.0
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	8.0	23.0
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: David Hanson

Claimant Name: David Hanson

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

\$10.48

SPEEDEE TRUCK & CAR WASH
5018 40 A STREET
ST. PAUL, AB T0A 3A2
(780) 645 - 6751

SALE

MID: 6577453
TID: A6577453 REF#: 00000013
Batch #: 018 SEQ: 018001001013
09/02/16 13:06:57
APPR CODE: [REDACTED]
MASTERCARD [REDACTED]
***** [REDACTED] ***

AMOUNT \$11.00

00 - APPROVED - 001

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

CUSTOMER COPY

Speedee Truck & Car Wash

Phone 780-645-6751 St. Paul, Alberta

CASH RECEIPT

Date Sep. 2/16

SOLD TO _____

Wash	11.00
G.S.T. #861509164	G.S.T.
Received payment with many thanks.	Total Paid 11.00

St. Paul Journal Print

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: David Hanson

Claimant Name: David Hanson

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

\$73.15

Copy this receipt here.



St Paul & District

5005 42nd Street

St Paul

TOA 3A2

GST# R105037281

Type: SALE

Qty	Desc	Price	Total
1	REGULAR GASOLINE	\$ 0.819	\$ 76.81
	Pump:	12	
	Litres:	85.442	
	Price / Litre:	\$ 0.819	

Subtotal	\$ 76.81
GST (incl Pump)	\$ 3.66

Total	\$ 76.81
-------	----------

ORIGINAL

TYPE: Purchase

CCT: MASTERCARD \$ 76.81

CARD NUMBER: [REDACTED]

DATE/TIME: 09/05/2016 14:38:11

REFERENCE #: 001404260 C

TERM: 16/03/19

AUTHOR.# : [REDACTED]

AID: A001000041010

TVR: 00000800

IST: E803

MasterCard

01 APPROB - THANK YOU 027

IMPORT/IMP

retain this copy for your records

CUSTOMER COPY

9/5/16 71691490

Pos:71 31205

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: David Hanson

Claimant Name: David Hanson

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

\$37.85

You're at home here.



St Paul & District

5005 42nd Street
ST Paul, AB
T0A 3A2

GST# R105037121

Type: SALE

Qty	Name	Price	Total
1	REGULAR GASOLINE	\$ 0.899	\$ 39.74
	Pump:	8	
	Litres:	44.210	
	Price / Litre:	\$ 0.899	
Subtotal			\$ 39.74
GST [Incl Pumps]			\$ 1.89
Total			\$ 39.74

ORIGINAL

TYPE: Purchase

ACCT: MASTERCARD \$ 39.74

CARD NUMBER: *****
DATE/TIME: 09/08/2016 12:24:33
REFERENCE #: 0014070910 C
TERM: 66209599
AUTHOR.# :
AID: A0000000041010
TVR: 0000008000
TSI: E800

MasterCard

01 APPROVED -- THANK YOU 027

IMPORTANT:
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CUSTOMER COPY

9/8/16 12:24:35 PM Receipt# 71693099
Pos: 231205

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: David Hanson

Claimant Name: David Hanson

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

\$40.96

You'll find me here.



St Paul & District

5005 42nd Street
ST Paul, AB
T0A 3A2

GST# R125037121

Type: SALE

Qty	Name	Price	Total
1	REGULAR GASOLINE	\$ 0.899	\$ 43.01
	Pump:	9	
	Litres:	47.837	
	Price / Litre:	\$ 0.899	
	Subtotal		\$ 43.01
	GST [Incl Pumps]		\$ 2.05
	Total		\$ 43.01

ORIGINAL

TYPE: Purchase

ACCT: MASTERCARD \$ 43.01

CARD NUMBER: *****
DATE/TIME: 09/10/2016 11:43:47
REFERENCE #: 0014090990 C
TERM: 66203599

AUTHOR.# :
AID: A0000000041010
TVR: 0000008000
TSI: E300

MasterCard
01 APPROVED - THANK YOU 027

IMPORTANT:
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CUSTOMER COPY

9/10/16 11:43:50 AM Receipt# 71694326
Pos:71 Store:231205

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: David Hanson

Claimant Name: David Hanson

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

\$114.29

SPEEDEE LUBE & CAR WASH
4510 50 AVE
ST PAUL AB T0A 3A2
(780) 645-6761

SALE

MID: 6577516
TID: A6577516 REF#: 00000020
Batch #: 125 SEQ: 125001001020
09/29/16 13:29:55
APPR CODE: [REDACTED]
MASTERCARD
***** [REDACTED] **/**

AMOUNT \$120.00

00 - APPROVED - 001

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

CUSTOMER COPY

Speedee Lube & Car Wash Ltd.

Phone 780-645-6761

St. Paul, Alberta

CASH RECEIPT

Date Sept 29 16

SOLD TO _____

Oil Change	\$120.00
Wash	
G.S.T. #861509164	G.S.T.
Received payment with many thanks.	Total Paid \$120.00

St. Paul Journal Print

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: David Hanson

Claimant Name: David Hanson

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

\$60.50

You're at home here



St Paul & District

5005 42nd Street
ST. Paul, AB
T0A 3A2

GST# R105037120

Type: SALE

Qty	Name	Price	Total
1	REGULAR GASOLINE	\$ 0.839	\$ 63.53
	Pump:	5	
	Litres:	70.370	
	Price / Litre:	\$ 0.839	
Subtotal			\$ 63.53
GST (incl Pump)			\$ 3.03
Total			\$ 63.53

ORIGINAL

TYPE: Purchase

ACCT: MASTERCARD \$ 63.53

CARD NUMBER: [REDACTED]

DATE/TIME: 09/29/2010 7:00:19

REFERENCE #: 0014282210 C

TERM: 66209500

AUTHOR.# : [REDACTED]

177: A00000000041010

1: 0000008000

1: E800

sterCard

OT APPROVED -- THANK YOU C27

IMPORTANT:
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CUSTOMER COPY

9/29/16 5:00:35 PM Receipt# 71705499

Pos:71 Cashier:6 Store:231205

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: David Hanson

Claimant Name: David Hanson

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

\$72.85

Shell Canada
104A ALBERTA AVENUE
TOA 2C0
LAC LA BICHE AB
(780) 623-4090
XXXXXXXXXXXX [REDACTED]
MASTERCARD
PURCHASE C

INV No. 2085099440
2016/09/30 21:14
MasterCard
AID A0000000041010
TVR 0000008000
TSI E800

Bronze
PUMP No. 04
LITRES 76.567
PRICE/L \$0.999
TOTAL FUEL \$76.49
01 APPROVED - THANK
YOU 001
APPROVAL No. [REDACTED]
TERMINAL No. 80208500

Y PIN

copy for
your records

FUEL INCLUDES
GST - Fuel \$3.64
No. 137400032RT

TOTAL SALE \$76.49

STORE: C20850
TRAN: 1340889
2016/09/30 21:17:16

YOUR OPINION COUNTS
Tell us about your
recent visit at
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: David Hanson

Claimant Name: David Hanson

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

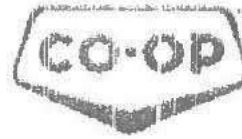
☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

\$61.92

you & your help



St Paul & District

5005 42nd Street
St Paul, AB
T0A 3A2

GST# R105037121

Type: SALE

Qty	Name	Price	Total
1	REGULAR GASOLINE	\$ 0.899	\$ 65.02
	Pump:	9	
	Litres:	72.320	
	Price / Litre:	\$ 0.899	

Subtotal	\$ 65.02
GST [Incl. Pumps]	\$ 3.10
Total	\$ 65.02

ORIGINAL

TYPE: Purchase -

ACCT: MASTERCARD \$ 65.02

CARD NUMBER:

DATE/TIME: 10/03/2016 14:25:05

REFERENCE #: 0014322280 C

TERM: 65209600

AUTHOR.#:

AID: A0000000041010

TVR: 0000008000

TSI: E800

MasterCard

01 APPROVED - THANK YOU 027

IMPORTANT:

retain this copy for your records.

CUSTOMER COPY

10/3/2016 2:25:23 PM Receipt# 72866874

Pos:7: *****

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: David Hanson

Claimant Name: David Hanson

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

\$59.16

292295 Costco #544
2201 Broadmoor B
Sherwood Park
T8H 0A1

MEMBER#

TYPE: PURCHASE

ACCT: MasterCard

PUMP: 8
GRADE: Unleaded
L: 67.591
\$/L: \$ 0.919
FUEL SALE: \$ 62.12

CARD NUMBER:

DATE: 10/07/2016
TIME: 09:49
REFERENCE:
36689632 0010019740 T
AUTH#:
TRANSACTION#: 91292

GST INCLUDED = \$ 2.96
GST #121476329

01 APPROVED-THANK YOU 027

- IMPORTANT -
RETAIN THIS COPY
FOR YOUR RECORDS

WE

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: David Hanson

Claimant Name: David Hanson

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

\$46.67

Two Hills Fas Gas
GST# 865167829
(780) 657 2331
Hwy 36 & 45 Two Hills, AB

2016-10-11 12:16:40PM MDT

GAS REG \$49.00
\$1.019/L, 48.086 L, Includes GST 5%

Sub-Total 46.67
GST 2.33

Total Due \$49.00

Master 49.00

#00019382612/9
Your Cashier is WENDY :)

Thank you.

Fas Gas
Two Hills Fas Gas

Hwy 36 & 45
Two Hills AB
T08B4K0
7806572331
GST:

DATE: 2016-10-11
SITE ID: 50168

TIME: 12:15:30

PURCHASE

PRODUCT	QUANTITY	PRICE	AMOUNT
REGULAR	48.086L	\$1.019/L	49.00H

TOTAL \$49.00

GST 5.00% INCLUDED \$2.33

H = TAXES INCLUDED

MASTERCARD

ENTRY METHOD: C

2016-10-11
REF#: 28790079
AUTHN: [REDACTED]
RECEIPT#: 00000523
MasterCard
A0000000041010
80C975530FAD2A;2
0000000000
410F22E515C21D9A
E880

12:16:14
SEQ #: 0011050030
RESP CODE: 01/027
BATCH#: 105

APPROVED - THANK YOU

- IMPORTANT -
RETAIN THIS COPY FOR YOUR RECORDS

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: David Hanson

Claimant Name: David Hanson

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

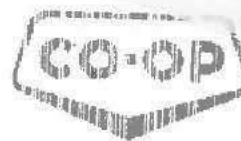
☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

\$64.68

Copy of form here.



St Paul & District

5005 42nd Street
St Paul, AB
T0A 3A2

GST# R105037121

Type: SALE

Qty	Name	Price	Total
1	REGULAR GASOLINE	\$ 0.899	\$ 67.91
	Pump:	4	
	Litres:	75.535	
	Price / Litre:	\$ 0.899	
Subtotal			\$ 67.91
GST [Incl Pumps]			\$ 3.23
Total			\$ 67.91

ORIGINAL

TYPE: Purchase

ACCT: MASTERCARD \$ 67.91

CARD NUMBER: ***** [REDACTED]

DATE/TIME: 10/14/2016 12:45:22

REFERENCE #: 0014431490 C

TERM: 66209599

AUTHOR.# : [REDACTED]

AID: A0000000011010

TVR: 0000008000

TSI: E300

MasterCard

01 APPROVED - THANK YOU 027

IMPORTANT:
retain this copy for your records

CUSTOMER COPY

10/14/16 12:45:47 PM Receipt# 71713861

Pos: 71 Cashier: 6 Store: 231205

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: David Hanson

Claimant Name: David Hanson

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

\$42.90

SQUIRRELY'S
10303, 101 Ave
LAC LA BICHE, AB
TOA 2CO
780.623.4788

DATE: 2016-10-20 TIME: 10:28:55

STORE #: 50164 TRANS #: 058837
Paypoint: 02K
GST: R775931728

FUEL	(L)	(\$/L)	(\$)
Pump 2			
Regular	44.207	1.019	45.05
TOTAL	CAD	\$	45.05
CREDIT		\$	45.05

* GST INCLUDED IN FUEL \$ 2.15

PURCHASE

MasterCard *****
REFERENCE #: 66255328 0011760160 L
AUTH #:

MasterCard
A0000000041010
0000008000
E800

01/027 APPROVED - THANK YOU

--- IMPORTANT ---
Retain This Copy For Your Records

--- Customer's Copy ---

THANK YOU!
HAVE A GREAT DAY!
PLEASE COME AGAIN!

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: David Hanson

Claimant Name: David Hanson

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

\$38.10

Two Hills Fas Gas
GST# 865167829
(780) 657 2331
Hwy 36 & 45 Two Hills, AB
2016-10-21 04:43:47PM MDT

GAS REG \$40.00
\$0.979/L, 40.858 L, Includes GST 5%

Sub-Total 38.10
GST 1.90

Total Due \$40.00

Cash 40.00

#00019435201/9
Your Cashier is PINKY :)

TWO HILLS FAS GAS
5101 54 AVE
TWO HILLS AB T8B 4K0
(780) 657-2331
TERM ID: C7607042 BATCH#: 137
SHIFT#: 002
Sale
INV#: 0000000068 Chip
MCARD SEQ#: 137001001068
Application Label: MasterCard
ATD: A0000000041010
TVR:00 00 00 00 00
TSI:68 00

Total:CAD\$ 40.00
APPROVED 001/00
21-Oct-16 16:43:15
CUSTOMER COPY
THANK YOU.
COME AGAIN!

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: David Hanson

Claimant Name: David Hanson

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

\$13.33

Speedee Lube & Car Wash Ltd.

Phone 780-645-6761

St. Paul, Alberta

CASH RECEIPT

Date Oct 21/16

SOLD TO _____

Oil Change	
Wash	14.00
G.S.T. #861509164	G.S.T.
Received payment with many thanks.	Total Paid 14.00

St. Paul Journal Print

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: David Hanson

Claimant Name: David Hanson

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

\$45.57

You're at home here.



St Paul & District

5005 42nd Street

St Paul, AB

TOA 3A2

GST# R105037121

Type: SALE

Qty Name	Price	Total
1 REGULAR GASOLINE	\$ 0.899	\$ 47.85
Pump:	10	
Litres:	53.225	
Price / Litre:	\$ 0.899	
Subtotal		\$ 47.85
GST [Incl Pumps]		\$ 2.28
Total		\$ 47.85

ORIGINAL

TYPE: Purchase

ACCT: MASTERCARD \$ 47.85

CARD NUMBER: *****
DATE/TIME: 10/22/2016 15:54:48
REFERENCE #: 0014512200 C
TERM: 66209600
AUTHOR.# :
AID: A0000000041010
TVR: 0000008000
TSI: E800

MasterCard

01 APPROVED - THANK YOU 027

IMPORTANT:
retain this copy for your records

CUSTOMER COPY

10/22/16 5:54 PM Receipt# 72877883
Pos:72 221205

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: David Hanson

Claimant Name: David Hanson

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

\$64.95

You're at home here.



St Paul & District

5005 42nd Street

St Paul, AB

T0A 3A2

GST# R105037121

Type: SALE

Qty	Name	Price	Total
1	REGULAR GASOLINE	\$ 0.899	\$ 68.20
	Pump:	9	
	Litres:	75.360	
	Price / Litre:	\$ 0.899	
Subtotal			\$ 68.20
GST [Incl Pumps]			\$ 3.25
Total			\$ 68.20

ORIGINAL

TYPE: Purchase

ACCT: MASTERCARD \$ 68.20

CARD NUMBER: *****
DATE/TIME: 10/23/2016 15:25:43
REFERENCE #: 0014521530 C
TERM: 66209600
AUTHOR.# :
AID: A0000000041010
TVR: 0000008003
TSI: E800

MasterCard

01 APPROVED - THANK YOU 027

IMPORTANT:
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10/23/16 3: 9312
Pos:72 C 3

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: David Hanson
Claimant Name: David Hanson
Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

\$41.38



Two Hills Fas Gas
GST# 865167829
(780) 657 2331
Hwy 36 & 45 Two Hills, AB
2016-10-27 09:14:00AM MDT

GAS REG \$43.44
\$0.959/L, 45.297 L, Includes GST 5%

Sub-Total	41.38
GST	2.06
Total Due	\$43.44
Debit	43.44

#00019461286/9
Your Cashier is CHARLIE :)

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: David Hanson

Claimant Name: David Hanson

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

\$78.98

WELCOME

Shell Canada
37547 HWY2
14E 1B1

RED DEER AB
(403) 343-6555

MASTERCARD
PURCHASE C

INV No. 1062698359
2016/10/28 14:31
MasterCard
AID A0000000041010
TVR 0000008000
TSI E800
ATR MILES

Term: 10626
6102810053086
Reference: 200258076

Miles received: [REDACTED]

* You have filled 84
.28 L this month -
get 10 Bonus Miles
@ 225 L + 15 Bonus
Miles @ 500 L with
Refuel Rewards!**

**Visit
roadtorewards.ca
for details.

Bronze
PUMP No. 05
LITRES 84.280
PRICE/L \$0.984
TOTAL FUEL \$82.93
01 APPROVED - THANK
YOU 001
APPROVAL No. [REDACTED]
TERMINAL No. [REDACTED]
89106260
VERIFIED BY PIN

IMPORTANT
retain this copy for
your records

FUEL INCLUDES
GST - Fuel \$3.95
No. 137400032RT
TOTAL SALE \$82.93

STORE: C10626
TRAN: 1888666
2016/10/28 14:34:15

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

THANK YOU
Questions?
1-800-661-1600

Personal Expense Claim Receipt Description

Member Name: David Hanson

Claimant Name: David Hanson

Expense Category: Taxi, Bus Travel

For hosting, select one:

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

Purpose:

\$9.52

YELLOW CAB

GST# _____

Date: 05-10-16

Driver: _____

From: [Signature]

To: _____

10135-31 Avenue, Edmonton, AB T6N 1C2

780.462.3456
edmtaxi.com

Amount: 10.00

Car#: 487



Personal Expense Claim Receipt Description

Expense Category: Taxi, Bus Travel

☐ Group:

\$7.05

GST 100403070

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: David Hanson

Claimant Name: David Hanson

Expense Category: Taxi, Bus Travel

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

\$9.52

ASSOCIATED CAB ALTA LTD
301 11 AVE NE (403) 299-1111
DRIVERS: THE PROFESSIONALS

Date: 2016/10/28
PICK-UP TIME: 12:48
DROP-OFF TIME: 12:55
TRIP ID: 8
LOCATION: 073000-45024103707
CAR NUMBER: 0597
DRIVER: 276560-45024103707
AUTH: PAY OK

10.00

FARE (\$) 10.00
EXTRA (\$) 0.00
SUBTL (\$) 10.00

TIP (\$) _____

TOTAL (\$) _____

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE @ WWW.ASSOCIATEDCAB.CA

CUSTOMER'S COPY



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: Hanson, David B.

Constituency: Lac La Biche-St. Paul-Two Hills

For the Month of: September

Year: 2016

Employee #:

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1	60 km from Perm. Res.	Fort McMurray	<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			<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			<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	60 km from Perm. Res.	Lac La Biche	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$79.14	\$3.96	\$83.10

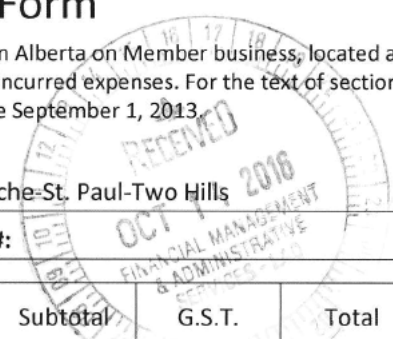
I certify that I have met the requirements of section 7 of the *Members' Allowances Order, RMSC 1992, c. M-1*, as amended, have incurred meal expenses on the dates selected, and have not previously claimed or been paid for these expenses.

Member Signature

Date

David B. Hanson

Oct 7 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: Hanson, David B.

Constituency: Lac La Biche-St. Paul-Two Hills

For the Month of: October

Year: 2016

Employee #: [REDACTED]

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5	Travel to/from Capital	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 checked="" type="checkbox"/>	39.57	1.98	41.55
7	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
12	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
13	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
14	60 km from Perm. Res.	Elk Point	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
15		[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16		[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17		[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19	60 km from Perm. Res.	Lac La Biche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
20	60 km from Perm. Res.	Lac La Biche	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
21	60 km from Perm. Res.	Willingdon	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
22	60 km from Perm. Res.	Lac La Biche	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
23	60 km from Perm. Res.	Two Hills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
24	60 km from Perm. Res.	Bonnyville	<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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
28	60 km from Perm. Res.	Calgary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
29	60 km from Perm. Res.	Calgary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
30	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
31	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
Grand Total						\$538.81	\$26.94	\$565.75

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

NOV 15/16
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: Hanson, David B.

Constituency: Lac La Biche-St. Paul-Two Hills

For the Month of: November

Year: 2016

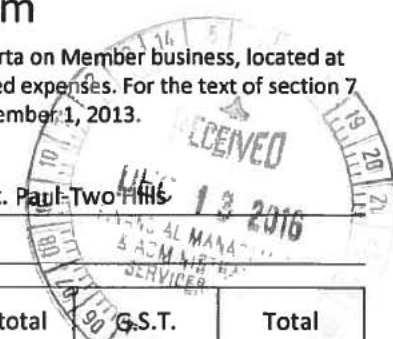
Employee #:

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
2	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
3	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
4	60 km from Perm. Res.	Lac La Biche	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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 type="checkbox"/>	19.81	0.99	20.80
9	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
10	60 km from Perm. Res.	Edmonton/Quebec	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
11	60 km from Perm. Res.	Quebec	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.76	0.44	9.20
12	60 km from Perm. Res.	Quebec/Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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.	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
16	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
17	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
18	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20	60 km from Perm. Res.	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
21	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
22	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
23	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
24	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27	60 km from Perm. Res.	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
28	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
29	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
30	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$712.43	\$35.62	\$748.05

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



Dec 9/16



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: Hanson, David B.

Constituency: Lac La Biche-St. Paul-Two Hills

Employee #:

Date: 5/2/2016

Claim Type: Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually
Maximum of \$23,160 per fiscal year.

Fiscal Year:

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



Monthly Amount (maximum \$1,930 or less)

\$ 1,930.00

Please Note: The Member is responsible for retaining all records which support the annual amount identified above.

Claim Payment Authorization (please check)

☒ 12 Monthly Payments

I authorize 12 monthly payments in the amount specified above for the entire fiscal year. This monthly amount is static for the entire fiscal year.

Please Note: The Member must advise the Clerk in writing of any change in residence at the time it occurs.

OCTOBER 2016

I certify that I have met the eligibility criteria (see back of form) for the Temporary Residence Accommodation Allowance and am authorizing that the amount specified above be paid each month during the fiscal period noted above. I acknowledge and agree to immediately notify the Clerk, in writing, if there are any changes to either my Permanent or Temporary Residence that may affect my eligibility to claim this allowance. Furthermore, I agree to immediately reimburse any accommodation allowance payments made to me during a period within which I was ineligible to receive these payments.

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: Hanson, David B.

Constituency: Lac La Biche-St. Paul-Two Hills

Employee #:

Date: 5/2/2016

Claim Type: Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

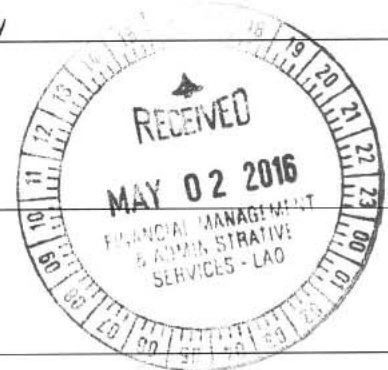
Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually
Maximum of \$23,160 per fiscal year.

Fiscal Year:

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



Monthly Amount (maximum \$1,930 or less)

\$ 1,930.00

Please Note: The Member is responsible for retaining all records which support the annual amount identified above.

Claim Payment Authorization (please check)

☒ **12 Monthly Payments**

I authorize 12 monthly payments in the amount specified above for the entire fiscal year. This monthly amount is static for the entire fiscal year.

Please Note: The Member must advise the Clerk in writing of any change in residence at the time it occurs.

NOVEMBER 2016

I certify that I have met the eligibility criteria (see back of form) for the Temporary Residence Accommodation Allowance and am authorizing that the amount specified above be paid each month during the fiscal period noted above. I acknowledge and agree to immediately notify the Clerk, in writing, if there are any changes to either my Permanent or Temporary Residence that may affect my eligibility to claim this allowance. Furthermore, I agree to immediately reimburse any accommodation allowance payments made to me during a period within which I was ineligible to receive these payments.

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: Hanson, David B.

Constituency: Lac La Biche-St. Paul-Two Hills

Employee #:

Date: 5/2/2016

Claim Type: Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually
Maximum of \$23,160 per fiscal year.

Fiscal Year:

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



Monthly Amount (maximum \$1,930 or less)

\$ 1,930.00

x 12 = \$ 23,160.00

Please Note: The Member is responsible for retaining all records which support the annual amount identified above.

Claim Payment Authorization (please check)

☒ **12 Monthly Payments**

I authorize 12 monthly payments in the amount specified above for the entire fiscal year. This monthly amount is static for the entire fiscal year.

Please Note: The Member must advise the Clerk in writing of any changes to their permanent or temporary residence at the time it occurs.

DECEMBER 2016

I certify that I have met the eligibility criteria (see back of form) for the Temporary Residence Accommodation Allowance and am authorizing that the amount specified above be paid each month during the fiscal period noted above. I acknowledge and agree to immediately notify the Clerk, in writing, if there are any changes to either my Permanent or Temporary Residence that may affect my eligibility to claim this allowance. Furthermore, I agree to immediately reimburse any accommodation allowance payments made to me during a period within which I was ineligible to receive these payments.

Member Signature

Updated April 2016

S



An **Office DEPOT**, Inc. Company
une société d'**Office DEPOT**, Inc

COST CENTRE BILLING REPORT

REQUISITION REPORT

SOLD TO ACCOUNT NO. [REDACTED]

AB LEGISLATIVE ASSEMBLY (ML
FINANCIAL MGMT & ADMIN SERV
9820 107 ST NW
4TH FLR
EDMONTON, AB T5K 1E7

G.S.T. R894032192
Q.S.T. 1001640701TQ0009

PERIOD ENDING 10/31/2016

INVOICE NO. K219378

SHIP TO ACCOUNT NO. [REDACTED]

ALTA LEGISLATIVE ASSEMBLY
LAC LA BICHE ST PAUL TWO HILL
4331-50TH AVENUE
ST PAUL, AB T0A 3A3

QTY ORD	QTY SHIP	QTY B/O	U/M	PRODUCT NO.	DESCRIPTION	REGULAR	DISCOUNT	NET	AMOUNT	TX
REQ NO. G292768 DATE 10/27/2016 ATTENTION Lac La Biche St. Pau P.O.# MLA161010 G&T ORDER NO 333497-00										



1	1	0	BX	3030382	TEA CHAMOMILE HERBAL INDIVIDUA	4.87	CONTRACT	4.87	4.87	
2	2	0	PK	07GT129	WERTHER'S CANDY 1020GR	8.99	CONTRACT	8.99	17.98	

Approved By: Diana de Ocampo
>Due to product integrity, Gra
will not accept returns on foo
For Item 3030382
Acknowledged by: Lac La Biche
* For balance of order see ref
333498

\$22.85

REQ TOTAL
HST TOTAL
PST TOTAL
SUB-TOTAL
GST TOTAL
TOTAL THIS ORDER



QTY ORD	QTY SHIP	QTY B/O	U/M	PRODUCT NO.	DESCRIPTION	REGULAR	DISCOUNT	NET	AMOUNT	TX
REQ NO. G292768 DATE 10/27/2016 ATTENTION Lac La Biche St. Pau P.O.# MLA161010 G&T ORDER NO 333498-00										



Approved By: Diana de Ocampo
>Due to product integrity, Gra
will not accept returns on foo
For Item 3030382
Acknowledged by: Lac La Biche
* For balance of order see ref
333497

REQ TOTAL
HST TOTAL
PST TOTAL
SUB-TOTAL
GST TOTAL
TOTAL THIS ORDER



COST CENTRE DEPT.

NET TOTAL COST CENTRE
PST TOTAL
SUB-TOTAL
GST TOTAL
HST TOTAL
TOTAL
YEAR-TO-DATE TOTAL