

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2016-17
053 - Cardston-Taber-Warner - Hunter, Grant
For Expenses Processed Oct 1 - Dec 31, 2016

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$675.34	\$1,949.96
MLA Parking Cap - \$	\$900.00	\$75.47	\$126.33
Other Travel - Parking - \$			\$119.95
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$		\$453.96	\$1,421.85
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$875.62	\$2,578.66
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$3,011.75	\$8,211.75
Travel Accommodations Allowance			\$911.04
Travel Accommodations Allowance (days; 10 max) - NF	10.0		7.0
Other			
Hosting - \$		\$89.61	\$687.15
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	80,000.0	8,645.0	23,165.0
Special Trips (5 trips per year) - NF	5.0		
Travel To and From the Capital			
Travel by Air, Bus or Train (Unlimited Trips) - NF		5.0	13.0
Use of a Private Automobile (52 trips per year) - NF	52.0		
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: Grant Hunter

Claimant Name: _____

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

\$33.30

2016/09/19 17:01:42

3824 5

42376

MERCHANT # 40221545704

ExtraFoods GasBar#3824

120 2nd St E

Cardston AB

Pump 5

REGULAR

\$34.96

37.429L x 0.934\$/L

TOTAL

\$34.96

Taxes included in fuel:

GST# 122235922 \$1.66

Approved

Pre Auth Completion

Interac

AID: A00000002771010

ACCT: Debit Chequing

EXP: **/**

Host Date: 09/19/2016

Host Time: 17:05:07

AUTHCODE: *****

S003001001049 00 000

TUR: 8000008000 TSI: 6800

3824-5

Rct#42376 Rcpt

Batch# 1476-99

TELL US HOW WE DID TODAY
MONTHLY CHANCES TO WIN \$5000
VISIT WWW.STOREOPINION.CA
OR CALL 1-877-234-2322
FULL CONTEST RULES AT
WWW.STOREOPINION.CA

STORE: 03824

CODE: 091916 170505 2376 03824

Sales Receipt ID:

26317050505

Questions? Comments?

Contact us at

1-866-999-9890

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Grant Hunter

Claimant Name: _____

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

\$34.74

Extra Foods GasBar
1906 8th Ave
Fort MacLeod, AB

Your attendant is Daniel

Pump 3 38.845L @ 0.939 \$/Litre
REGULAR 36.48

Balance Due 36.48

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

GLOBAL PAYMENTS MERCHANT # 51629535704
ExtraFoods GasBar#3810

1906 8th Ave
Fort Macleod AB

STORE 03810

TERM V0381091C

SLIP # 652714

REG 91

RETAIN THIS COPY FOR YOUR RECORDS

** Purchase

** Proximity

CARD # *****

EXP **/**

VISA

REF #

AUTH #

RESP 001

609001001004

AID: A0000000031010

TSI 0000 TVR 0000000000

DATE	TIME	AMOUNT
09/22/2016	09:24:58	\$ 36.48
APPROVED		

No Signature Required

Credit Card 36.48

Change Due 0.00

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Grant Hunter

Claimant Name: _____

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

\$21.11

2016/09/22 17:21:33

3824 1 42889

MERCHANT # 40221545704

ExtraFoods GasBar #3824

120 2nd St E

Cardston AB

Pump 1

REGULAR \$22.17

24.261L x 0.914\$/L

TOTAL \$22.17

Taxes included in fuel:

GST# 122235922 \$1.06

Approved

Pre Auth Completion

VISA

EXP: **/**

Host Date: 09/22/2016

Host Time: 17:23:38

AUTHCODE:

S256001001008 00 000

3824-1

Rct#42889 Rcpt

Batch# 1479-114

TELL US HOW WE DID TODAY
MONTHLY CHANCES TO WIN \$5000

VISIT WWW.STOREOPINION.CA

OR CALL 1-877-234-2322

FULL CONTEST RULES AT

WWW.STOREOPINION.CA

STORE: 03824

CODE: 092216 172301 2889 03824

Sales Receipt ID:

26617233701

Questions? Comments?

Contact us at

1-866-999-9890

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Grant Hunter

Claimant Name: _____

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

\$36.10

2016/09/24 17:24:51

3824 6

43256

MERCHANT # 40221545704

ExtraFoods GasBar#3824

120 2nd St E

Cardston AB

Pump 6

REGULAR \$37.90

41.470L x 0.914\$/L

TOTAL \$37.90

Taxes included in fuel:

GST# 122235922 \$1.80

Approved

Pre Auth Completion

Interac

AID: A0000002771010

ACCT: Debit Chequing

EXP: **/**

Host Date: 09/24/2016

Host Time: 17:27:05

AUTHCODE:

S298001001009 00 000

TUR: 8000008000 TSI: 6800

3824-6

Rct#43256 Rcpt

Batch# 1481-128

TELL US HOW WE DID TODAY
MONTHLY CHANCES TO WIN \$5000
VISIT WWW.STOREOPINION.CA
OR CALL 1-877-234-2322
FULL CONTEST RULES AT
WWW.STOREOPINION.CA

STORE: 03824

CODE: 092416 172706 3256 03824

Sales Receipt ID:

26817270306

Questions? Comments?

Contact us at

1-866-999-9890

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Grant Hunter

Claimant Name: _____

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

\$33.00

292298 Costco #160
3200 Mayor Magrath
Lethbridge
T1K6Y6

TYPE: PURCHASE

ACCT: MasterCard

PUMP: 4
GRADE: Unleaded
L: 38.976
\$/L: \$ 0.889
FUEL SALE: \$ 34.65

CARD NUMBER:

DATE: 09/28/2016
TIME: 17:48
REFERENCE:
36626460 0010013830 C
AUTH#:
TRANSACTION#: 35378

MasterCard
A0000000041010
0000000000 E800

GST INCLUDED = \$ 1.65
GST #121476329

VERIFIED BY PIN

01 APPROVED-THANK YOU 027

- IMPORTANT -
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FOR YOUR RECORDS

WE APPRECIATE YOUR COSTCO
MEMBERSHIP.

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Grant Hunter

Claimant Name: _____

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

\$30.39

2016/10/03 11:13:59

3824 6 44610

MERCHANT # 40221545704

ExtraFoods GasBar#3824

120 2nd St E

Cardston AB

Pump 6

REGULAR \$31.91

34.915L x 0.914\$/L

TOTAL \$31.91

Taxes included in fuel:

GST# 122235922 \$1.52

Approved

Pre Auth Completion

Interac

AID: A0000002771010

ACCT: Debit Chequing

EXP: **/**

Host Date: 10/03/2016

Host Time: 11:16:25

S307001001007 00 000

TUR: 8000008000 TSI: 6800

3824-6

Rct#44610 Rcpt

Batch# 1490-44

TELL US HOW WE DID TODAY
MONTHLY CHANCES TO WIN \$5000
VISIT WWW.STOREOPINION.CA
OR CALL 1-877-234-2322
FULL CONTEST RULES AT
WWW.STOREOPINION.CA

STORE: 03824

CODE:100316 111606 4610 03824

Sales Receipt ID:

27711162306

Questions? Comments?

Contact us at

1-866-999-9890

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Grant Hunter

Claimant Name: _____

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

\$38.25

284134 Costco #164
162 Leva Avenue
Red Deer
T4E1B9

TYPE: PURCHASE

ACCT: MasterCard

PUMP: 12
GRADE: Unleaded
L: 42.320
\$/L: \$ 0.949
FUEL SALE: \$ 40.16

CARD NUMBER:
[REDACTED]

DATE: 10/07/2016
TIME: 10:58
REFERENCE:
36683143 0010015220 C
AUTH#: [REDACTED]
TRANSACTION#: 42477

MasterCard
A0000000041010
0000008000 E800

GST INCLUDED = \$ 1.91
GST #121476329

VERIFIED BY PIN

01 APPROVED-THANK YOU 027

- IMPORTANT -
RETAIN THIS COPY
FOR YOUR RECORDS

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MEMBERSHIP.

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Grant Hunter

Claimant Name: _____

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

\$29.77

2016/10/11 09:46:06

3824 6 45866

MERCHANT # 40221545704

ExtraFoods GasBar#3824

120 2nd St E

Cardston AB

Pump 6

REGULAR \$31.26

31.288L x 0.999\$/L

TOTAL \$31.26

Taxes included in fuel:

GST# 122235922 \$1.49

Approved

Pre Auth Completion

Interac

AID: A0000002771010

ACCT: Debit Chequing

EXP: **/**

Host Date: 10/11/2016

Host Time: 09:48:33

S315001001007 00 000

TUR: 8000008000 TSI: 6800

3824-6

Rct#45866 Rcpt

Batch# 1498-20

TELL US HOW WE DID TODAY
MONTHLY CHANCES TO WIN \$5000
VISIT WWW.STOREOPINION.CA
OR CALL 1-877-234-2322
FULL CONTEST RULES AT
WWW.STOREOPINION.CA

STORE: 03824

CODE:101116 094806 5866 03824

Sales Receipt ID:

28509483006

Questions? Comments?

Contact us at

1-866-999-9890

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Grant Hunter

Claimant Name: _____

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

\$29.41

2016/10/18 09:25:47

3824 6 46989

MERCHANT # 40221545704

ExtraFoods GasBar #3824

120 2nd St E

Cardston AB

Pump 6

REGULAR \$30.88

30.909L x 0.999\$/L

TOTAL \$30.88

Taxes included in fuel:

GST# 122235922 \$1.47

Approved

Pre Auth Completion

Interac

AID: A00000002771010

ACCT: Debit Chequing

EXP: **/**

Host Date: 10/18/2016

Host Time: 09:27:56

S322001001005 00 000

TUR: 8000008000 TSI: 6800

3824-6

Rct#46989 Rcpt

Batch# 1505-16

TELL US HOW WE DID TODAY
MONTHLY CHANCES TO WIN \$5000
VISIT WWW.STOREOPINION.CA
OR CALL 1-877-234-2322
FULL CONTEST RULES AT
WWW.STOREOPINION.CA

STORE: 03824

CODE:101816 092706 6989 03824

Sales Receipt ID:

29209275406

Questions? Comments?

Contact us at

1-866-999-9890

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Grant Hunter

Claimant Name: _____

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

<p style="text-align: center;">\$34.24</p>
--

Fas Gas Cardston
192 Main Street
Cardston, Alberta
403-653-1319
GST# R101745552

Tran# :0055345

REGULAR ETHANOL \$35.95

Pump: 5
37.095L @ \$0.969/L

GST4(5%) : \$1.71

PURCHASE

\$35.95

INTERAC/CHEQUING

DATE 16/10/25

TIME 16:03:30

REFERENCE #
35290147 0013860240 C

AUTH#

INVOICE # 0055345

Interac
A0000002771010
8000008000

VERIFIED BY PIN

00/000
APPROVED - THANK YOU

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CUSTOMER COPY

THANK YOU
for fueling at
Fas Gas Plus!

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Grant Hunter

Claimant Name: _____

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

\$27.00

Fas Gas Cardston
192 Main Street
Cardston, Alberta
403-653-1319
GST# R101745552

Tran# :0055781

REGULAR ETHANOL \$28.35

Pump: 5
29.262L @ \$0.969/L

GST4(5%) : \$1.35

PURCHASE

\$28.35

CARD *****

INTERAC/CHEQUING
DATE 16/10/28

TIME 04:44:46

REFERENCE #
35290147 0013890040 C

AUTH#

INVOICE # 0055781

Interac
A00000002771010
8000008000

VERIFIED BY PIN

00/000
APPROVED - THANK YOU

-- IMPORTANT --
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CUSTOMER COPY

THANK YOU
for fueling at
Fas Gas Plus!

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Grant Hunter

Claimant Name: _____

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

\$31.18

4940 1ST
CLARESHOLM AB T0L-0T0

ESSO EXPRESS PAY

MAC'S CONVENIENCE ST
00303575
HWY. #2 & 50TH AVE
CLARESHOLM, AB T0L
URN:r104855408
11/08/2016 818011220
09:13:45 AM

PUMP# 5
REGLR 34.868L
PRICE/L \$0.939
FUEL TOTAL \$ 32.74

GST1 in fuel \$ 1.56
CREDIT \$ 32.74

TYPE: PURCHASE
ACCOUNT: VISA \$32.74

INVOICE: TX084995

CARD NUMBER: C **** * * * *

VERIFIED BY PIN

A- VISA

B- A000000031010

01 Approved - Thank You 027

LOYALTY: NO

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records

THANK YOU

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Grant Hunter

Claimant Name: _____

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

\$20.75

WELCOME

Shell Canada
5830 104 STREET
16H 2K3

EDMONTON AB
(780) 437-2220
XXXXXXXXXXXX
VISA
PURCHASE C

INV No 0004595512
2016/11/10 07:33
VISA
AID A0000000031010
TVR 0080008000
TSI F800
AIR MILES

Term: 00045
Appr: 20033348400011
6111010053087
Reference: 200333484

Miles received: [REDACTED]

* You got 2X Miles
on your purchase of
Shell Fuels!

* You have filled 27
.097 L this month -
get 10 Bonus Miles
@ 225 L = 15 Bonus
Miles @ 500 L with
Refuel Rewards!**

**Visit
roadtorwards.ca
for details.

Bronze
PUMP No. 01
LITRES 27.097
PRICE L \$0.804
TOTAL FUEL \$21.79
01 APPROVED - THANK
YOU 001
APPROVAL No. [REDACTED]
TERMINAL No.
89000450
VERIFIED BY PIN

IMPORTANT
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your records

FUEL INCLUDES
GST - Fuel \$1.04
No. 137400032RT

TOTAL SALE \$21.79

STORE C00045
TRAN: 2228041
2016/11/10 07:37:01

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

1-866-999-9898

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Grant Hunter

Claimant Name: _____

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

\$35.81

Fas Gas Raymond Service

189 W - 200 North

Raymond, AB, T0K 2S0

403-752-4928

GST/HST# R101745552

Store Code: 40166

Date / Time: 18-Nov-2016 11:43 AM

Receipt# : 60499085

Sales ID : KEN Drawer : REG2

=====

Pump# 3	*ETHANOL BLEND	
43.020 L	@ \$ 0.874 / L	37.60
Sub Total		37.60

Total		37.60
VISA		37.60
Change		0.00

=====

*GST Inclusive 1.79

***** [REDACTED] \$37.60

Visa C Purchase

Authorization Number [REDACTED]

0016090550 02-194963 66181233

11/18/16 11:45:53

01/027 APPROVED - THANK YOU

VISA A0000000031010

0080008000 F800

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Tell us how we're
doing & you could
WIN 1 OF 20
\$100 GIFT CARDS

Visit
TELLFASGASPLUS.CA
for full details

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Grant Hunter

Claimant Name: _____

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

\$30.88

2016/11/25 12:22:03

3824 5 5431

MERCHANT # 40221545704

ExtraFoods GasBar#3824

120 2nd St E

Cardston AB

Pump #5

REGULAR \$32.42

37.095 Litres @ \$0.87

TOTAL \$32.42

Taxes included in fuel:

GST# 122235922 \$1.54

Approved

Pre Auth Completion

Interac

AID: 00000002771010

ACCT: Debit Chequing

EXP: **/**

Host Date: 11/25/2016

Host Time: 12:24:12

U0382405

S370001001025 00 000

TUR: 8000000000 FSI:

3824-5

Rct#52431 Rcpt

Batch# 1543-53

TELL US HOW WE DID DAY

MONTHLY CHANCES TO WIN \$5000

VISIT WWW.STOREOPINION.CA

OR CALL 1-877-234-2322

FULL CONTEST RULES AT

WWW.STOREOPINION.CA

STORE: 03824

CODE:112516 122405 2431 03824

Sales Receipt ID

33012241005

Questions? Comments?

Contact us at

1-866-999-9890

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Grant Hunter

Claimant Name: _____

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

\$33.49

285305 Costco #1069

202-104 Southbank

Okotoks

T1S 0K4

TYPE: PURCHASE

ACCT: MasterCard

PUMP: 10
GRADE: Unleaded
L: 42.414
\$/L: \$ 0.829
FUEL SALE: \$ 35.16

CARD NUMBER:

DATE: 11/26/2016

TIME: 18:24

REFERENCE:

36653519 0010015640 C

AUTH#:

TRANSACTION#: 93342

MasterCard

A0000000041010

0000000000 E800

GST INCLUDED = \$ 1.67

GST #121476329

VERIFIED BY PIN

01 APPROVED-THANK YOU 027

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MEMBERSHIP.

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Grant Hunter

Claimant Name: _____

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

\$21.63

Fas Gas Cardston
192 Main Street
Cardston AB
T0K 0K0

2016-12-01 20:11:29

STORE #: 40240
TERM ID: 2E220186
TRANS #: 004592
GST #: R101797532

INTERAC
CST INCLUDED \$ 1.00
TOTAL \$ 20.71

Type: PURCHASE
INTERAC

ACCOUNT TYPE:
CHEQUING
REFERENCE #:
35320186 0010080190 C
AUTH
Interac
A0000002771010
8000008000
6800

VERIFIED BY PIN

00/001 APPROVED
THANK YOU

IMPORTANT
Retain This Copy
For Your Records
- Customer's Copy -

Tell us how we're
doing & you could
WIN 1 OF 20
\$100 GIFT CARD
visit
TELLFASGASPLUS.CA
for full details.

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Grant Hunter

Claimant Name: _____

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:



12/2/2016 Fri 3:21 PM
GREETER: Auto CTN: 465504
PWC: 65020
FLEX1001

ORIGINAL MINT	9.99
SUB TOTAL	9.99
RegionalTaxes	0.51
TOTAL	10.50
AMOUNT TENDERED	10.50
CHANGE	0.00

PAYMENT METHOD: DebitInterac
Account : 6272
Approval : [REDACTED]

INTERAC PURCHASE
Acct: Chequing

AMOUNT \$10.50

Card #: [REDACTED]

Date: 2016/12/02
Time: 15:21:15
Ref. #: 662586840010013140 C
Auth. #: [REDACTED]

Interac
A0000002771010
TUR: 8000008000 TSI: 6800

00 APPROVED - THANK YOU 001
VERIFIED BY PIN

*IMPORTANT - retain this copy
for your records

**** CUSTOMER COPY ****

1909- 3rd Ave South.
Lethbridge, AB T1J 0L7

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Grant Hunter

Claimant Name: _____

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

\$114.98

MR. LUBE #054
2024 - 3RD AVE S
LETHBRIDGE AB

CARD [REDACTED]
CARD TYPE INTERAC
ACCOUNT TYPE CHEQUING
DATE 2016/12/03
TIME 0947 16:40:37
RECEIPT NUMBER
C85011792-001-001-100-0

PURCHASE
TOTAL

\$120.73

Interac
A0000002771010
5E4CBCC7C9407BD4
8000008000-6800
8A24F02C926687A4

APPROVED

THANK YOU

CARDHOLDER COPY

00-001

MR. LUBE.

Invoice

**MR. LUBE #54**

PRAIRIE LUBE LTD O/A MR. LUBE
2024 3RD AVENUE SOUTH
LETHBRIDGE, AB T1J0L8
403-320-9575

Page 1 of 1

Date 12/3/2016 4:40 PM

Invoice # 5447656

Transaction # 16120305447656

Employees BREND AUSTIN BREND

Customer Information

Grant Hunter

Vehicle Information

Fleets

Service History

DATE	KILOMETERS	SERVICES
12/3/16	71649	OC4 WW
8/23/16	56757	OC4 WW
6/18/16	47635	OC4 WW

I have agreed to the information contained on this invoice.

Courtesy Check

CHECK:	
-Air Filter	APPEARS OK
-Cabin Air Filter	NO CHECK
-Emission (PCV) Valve	NO CHECK
-Diff Fld Level-Front/Rear	N/A-COMNTS
-Emission (PCV) Filter	NO CHECK
-Lights	CHECKED OK
-Wiper Blades	APPEARS OK
-Serpentine Belt	APPEARS OK
-Battery	APPEARS OK
-Leaks (Fluid, Oil)	APPEARS OK
-Tire Pressure	NO CHECK
-Windshield	APPEARS OK
-Tire Inspection	INSPECT OK
-COMPLIMENTARY SERVICES:	
-Wash Windows	COMPLETED
-Lubricate Door Hinges	COMPLETED
-Check & Top Up Fluids	COMPLETED

Description

QTY

Price

PREMIUM SYN PACKAGE	1.00	109.99
SHOP SUPPLIES	1.00	4.99
COURTESY CHECK	1.00	0.00
OIL FILTER PH2808	1.00	0.00
MOBIL 1 5W20 1L	4.00	0.00
NO TIRE CHK PER CUSTOMER	1.00	0.00
NO REAR TIRE CHK P/CUST.	1.00	0.00
FACTORY SEALED VEHICLE	1.00	0.00
FREE WASHER FLUID TOP-UP	1.00	0.00
BULK WASHER FLUID	2.00	0.00
BATTERY TEST PASSED	1.00	0.00

SALE

\$114.98

TAXABLE

114.98

R131404386

5.75

TOTAL

\$120.73

120.73

Service Comments

Messages

Recommend next service on 03/03/2017 or 76649 km.

TELL US ABOUT YOUR RECENT EXPERIENCE. VISIT - tellmrlube.com

The following parts have been double-checked to ensure that they are secure:

Oil Pan Drain Plug ☐ Check
Oil Filter ☐ Check
Oil Light Reset ☐ Check

Front Differential Plug ☐ Check ☐ Drain
Rear Differential Plug ☐ Check ☐ Drain
Transfer Case Plug ☐ Check ☐ Drain

Transmission/Transaxle Plug ☐ Check ☐ Drain
Fuel Filter ☐ Check
Splash Shield ☐ Check



✓ You talk

✓ We listen

✓ You can win

Rate us at www.tellmrlube.com, scan our QR code or call 1-866-681-4932 and you could win a free oil change weekly!

Plus receive chances to win daily cash and other great prizes by scanning our QR code or visiting www.tellmrlube.com. Or 1 chance to win cash daily by calling 1-866-681-4932.

Survey Code:
TJ2X1MXCW

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Grant Hunter

Claimant Name: _____

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

<p style="text-align: right;">\$45.00</p>



10041-106 Street
Edmonton, Alberta T5J 1G3
Tel: 780-423-1925 Fax: 780-424-5302
Web: www.daysinn-downtownedmonton.com - GST#: 828171926

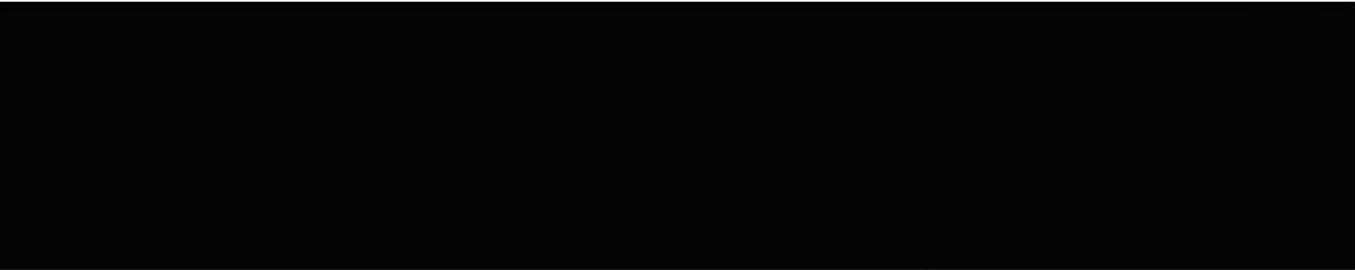
10-07-16

Grant Hunter	Folio No. : 71874	Room No. : 220
	A/R Number :	Arrival : 10-03-16
	Group Code :	Departure : 10-06-16
	Company : BOOKING.COM BV_1	Conf. No. : 33610990
	Wyndham Rewards :	Rate Code : SBK5
	Invoice No. :	Page No. : 1 of 2

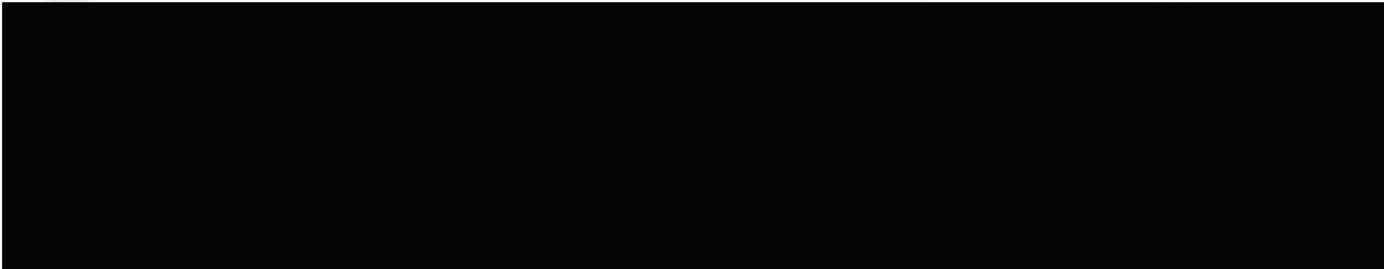
Date	Description	Charges	Credits
------	-------------	---------	---------



10-03-16	Parking - Guest	15.00	
10-03-16	GST 5%	0.75	



10-04-16	Parking - Guest	15.00	
10-04-16	GST 5%	0.75	





10041-106 Street
Edmonton, Alberta T5J 1G3
Tel: 780-423-1925 Fax: 780-424-5302
Web: www.daysinn-downtownedmonton.com - GST#: 828171926

10-07-16

Grant Hunter	Folio No. : 71874	Room No. : 220
	A/R Number :	Arrival : 10-03-16
	Group Code :	Departure : 10-06-16
	Company : BOOKING.COM BV_1	Conf. No. : 33610990
	Wyndham Rewards :	Rate Code : SBK5
	Invoice No. :	Page No. : 2 of 2

Date	Description	Charges	Credits
10-05-16	Parking - Guest	15.00	
10-05-16	GST 5%	0.75	
10-06-16	Visa		
Total			
Balance			0.00

Guest Signature: _____

Please contact the Manager about and issues with your stay. Days Inn or affiliates may contact you about goods and services unless you call 877-222-3297 or write to Wyndham Worldwide Hotels, Inc. 1 Sylvan Way, Parsippany, NJ 07054 to opt out. View our Days Inn website about privacy.

Thank you for staying with us.
It was our pleasure to serve you.

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Grant Hunter

Claimant Name: _____

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

\$13.33

RECEIPT
NO IN AND OUT PRIVILEGES
LOT 1
License Plate Number
[REDACTED]
Expiration Date/Time
09:33 AM
OCT 07, 2016
Purchase Date/Time: 07:33am Oct 07, 2016
Total Parking: \$13.33
Total gst: \$0.67
Total Due: \$14.00
Total Paid: \$14.00
Ticket #: 90569106
S/N #: 520014461782
Setting: Lot 1
Mach Name: Meter 1
Rate: \$14.00 - 2 hours
Payment Type: Card
[REDACTED]
[REDACTED]
GST #88731563870006

PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Grant Hunter

Claimant Name: _____

Expense Category: Member Parking

For hosting, select one:

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

Purpose:

\$1.90

IS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT T

CITY OF EDMONTON

Terminal: 3015

Zone: 3015

99 AVE From 108 ST to 107 ST South Side

Valid through:

FRIDAY 07 OCT 16

9:34 AM

Amount Paid: \$2.00 (GST incl.)

Start Time: 10/7/2016 8:57 AM

Trn: 37e21cd7b09f9e56

Receipt No: 4408

IS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT T

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Grant Hunter

Claimant Name: _____

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

\$15.24

RECEIPT	
NO IN AND OUT PRIVILEGES IMPARK LOT 4	
License Plate Number <div style="background-color: black; width: 150px; height: 30px; margin: 0 auto;"></div>	
Expiration Date/Time 11:00 PM NOV 15, 2016	
Purchase Date/Time: 06:24pm Nov 15, 2016	
Total Parking: \$15.24	
Total GST: \$0.76	
Total Due: \$16.00	Rate: \$15- until 11pm
Total Paid: \$16.00	Payment Type: Card
Ticket #: 10335680	
S/N #: 500012451105	
Setting: Lot 4	
Mach Name: Meter 2	
<div style="background-color: black; width: 100px; height: 20px; margin: 0 auto;"></div> <div style="background-color: black; width: 80px; height: 20px; margin: 0 auto;"></div>	
GST #887315536RT0006	

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Grant Hunter

Claimant Name: _____

Expense Category: Taxi, Bus Travel

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

\$52.00

AIRPORT TAXI SERVICE
4608 101 ST.
(7808907070)
EDMONTON AB

CARD 
CARD TYPE VISA
DATE 2016/10/11
TIME 5652 18:12:30
INVOICE # 404
RECEIPT NUMBER
C85013867-001-050-010-0

PURCHASE
TOTAL

\$52.00

VISA
A0000000031010
CE11B8ABE7E0229C
0080008000-E800
4521C7A70ACBF54C
0080008000-F800

APPROVED


THANK YOU

01-027

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Grant Hunter

Claimant Name: _____

Expense Category: Taxi, Bus Travel

For hosting, select one:

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

Purpose:

\$50.71

AIRPORT TAXI SERVICE
4608 101 ST.
(7808907070)
EDMONTON AB

CARD [REDACTED]
CARD TYPE VISA
DATE 2016/10/14
TIME 1457 16:08:52
INVOICE # 33
RECEIPT NUMBER
C85000454-001-288-033-0

PURCHASE
AMOUNT \$48.00
TIP \$5.00
TOTAL

\$53.00

VISA
A0000000031010
4C4A5EAB79836F57
0080008000-E800
B0DEFB57245BAF5D
0080008000-F800

APPROVED

[REDACTED] 01-027
THANK YOU

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GST#833763998

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Grant Hunter

Claimant Name: _____

Expense Category: Taxi, Bus Travel

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

\$19.00

(780) 425-2525

www.co-optaxi.com

Terminal 294/66234978
Driver 4332
16/10/14 09:37:17

VISA

Card : XXXXXXXXXX

VISA

CHIP CARD

A00000000031010

0080008000

Ref # 0010010920 C

Auth # XXXXXXXXXX

		PURCHASE
FARE	: \$	19.00
TOTAL	: \$	19.00

APPROVED - THANK YOU
(01-027)

IMPORTANT: Retain this
copy for your records

Customer Copy

Thank you for choosing
Co-op taxi

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Grant Hunter

Claimant Name: _____

Expense Category: Taxi, Bus Travel

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

\$10.40

RECEIPT
REÇU

RECEIVED FROM REÇU DE		DATE <u>Oct 13/16</u>
<u>Grant Hunter</u>		\$ <u>10.40</u>
<u>Ten</u>		<u>40</u> 100 DOLLARS
FOR POUR	<u>Alberta Co-op Taxi Line Ltd.</u>	
	<u>p/u - Rocky Mountain Icehouse.</u>	
TAX REG. NO. N° DE TAXE	<u>10011 608 RT0001</u>	BY PAR <u>M. [Signature]</u>
		SDC715E

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Grant Hunter

Claimant Name: _____

Expense Category: Taxi, Bus Travel

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

\$52.38

AIRPORT TAXI SERVICE

4608 101 ST.

(7808907070)

EDMONTON

AB

CARD

CARD TYPE

VISA

DATE

2016/10/31

TIME

1556 10:08:22

INVOICE #

203

RECEIPT NUMBER

CB5000569-001-118-002-0

PURCHASE

TOTAL

\$55.00

VISA

A0000000031010

D44923DBF99D3617

00B000B000-EB00

F4074E5821BECFCB

00B000B000-FB00

APPROVED

01-027

THANK YOU

VERIFIED BY PIN

MERCHANT COPY

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Grant Hunter

Claimant Name: _____

Expense Category: Taxi, Bus Travel

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

\$50.71

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

Terminal 284/66234926
Driver 2064
16/11/03 16:47:23

VISA
Card : *****
VISA
CHIP CARD

A0000000031010
0080008000

VERIFIED BY PIN
Ref # 0010017480 C
Auth #

		PURCHASE
FARE	: \$	48.00
TIP	: \$	5.00

TOTAL	: \$	53.00

APPROVED - THANK YOU
(01-027)

IMPORTANT: Retain this
copy for your records

Merchant Copy

Thank you for choosing
Co-op taxi

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Grant Hunter

Claimant Name: _____

Expense Category: Taxi, Bus Travel

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

\$4.95

Co-op Taxi Line
(780) 425-2525

www.co-optaxi.com

Terminal 093/66234799
Driver 1708
16/11/15 08:40:39

VISA

Card : ***** [REDACTED]

VISA

CHIP CARD

A0000000031010

0080008000

Ref # 0010014180 C

Auth # [REDACTED]

PURCHASE

FARE : \$ 5.20

TOTAL : \$ 5.20

APPROVED - THANK YOU
(01-027)

IMPORTANT: Retain this
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Customer Copy

Thank you for choosing
Co-op taxi

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Grant Hunter

Claimant Name: _____

Expense Category: Taxi, Bus Travel

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

\$52.38

AIRPORT TAXI SERVICE
4608 101 ST.
(7808907070)
EDMONTON AB

CARD *****
CARD TYPE VISA
DATE 2016/11/21
TIME 5270 08:45:35
INVOICE # 506
RECEIPT NUMBER
C85020420-001-085-011-0

PURCHASE
TOTAL

\$55.00

VISA
A0000000031010
C97786B83429E5AC
0080008000-E800
E12EA4CBB7B668CF
0080008000-F800

APPROVED

THANK YOU

01-027

CARDHOLDER COPY

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GST#812912889

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Grant Hunter

Claimant Name: _____

Expense Category: Taxi, Bus Travel

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

\$45.71

Co-op Taxi Line

(780) 425-2525

www.co-optaxi.com

Terminal 356/66233644

Driver 4158

16/11/24 17:12:45

VISA

Card : *****

VISA

CHIP CARD

A0000000031010

0080008000

VERIFIED BY PIN

Ref # 0010016000 C

Auth #

PURCHASE

FARE : \$ 48.00

TOTAL : \$ 48.00

APPROVED - THANK YOU
(01-027)

IMPORTANT: Retain this
copy for your records

Merchant Copy

Thank you for choosing
Co-op taxi

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Grant Hunter

Claimant Name: _____

Expense Category: Taxi, Bus Travel

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

\$52.38

AIRPORT TAXI SERVICE

4608 101 ST.

(7808907070)

EDMONTON AB

CARD

CARD TYPE INTERAC

ACCOUNT TYPE CHEQUING

DATE 2016/11/28

TIME 0656 10:15:36

INVOICE # 125

RECEIPT NUMBER

C85015669-001-061-005-0

PURCHASE

TOTAL

\$55.00

Interac

A0000002771010

8566DCED5D857856

8000008000-6800

ECC0C4420021937B

APPROVED

00-001

THANK YOU

VERIFIED BY PIN

MERCHANT COPY

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Grant Hunter

Claimant Name:

Expense Category: Taxi, Bus Travel

For hosting, select one:

- ☐
- Individual Constituent(s)

- ☐
- Individual Stakeholder(s)

- ☐ Group:

Purpose:

\$5.34

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

```
Terminal      050/66233697
Driver                5188
16/11/29        07:18:35
```

VISA
Card : *****
VISA
CHIP CARD

A0000000031010
0080008000

Ref # 0010012570 C
Auth #

FARE	:	\$	PURCHASE 5.60

TOTAL	:	\$	5.60

APPROVED - THANK YOU
(01-027)

IMPORTANT: Retain this
copy for your records

Customer Copy

Thank you for choosing
Co-op taxi

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Grant Hunter

Claimant Name: _____

Expense Category: Taxi, Bus Travel

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

\$6.29

GREATER EDMONTON TAXI
SERVICE
10135 31 AVE NW
EDMONTON AB

CARD *****
CARD TYPE VISA
DATE 2016/12/01
TIME 1844 07:25:27
INVOICE # 481513
RECEIPT NUMBER
C85052837-001-001-336-0

PURCHASE
TOTAL

\$6.60

VISA
A0000000031010
2CEED955165C6562
0080008000-E800
6F9A6BDC9827C224
0080008000-F800

APPROVED

01-027

THANK YOU

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YELLOW CAB 780.462.3456
BARREL TAXI 780.489.7777
EDMTAXI.COM
GST 100403070

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Grant Hunter

Claimant Name: _____

Expense Category: Taxi, Bus Travel

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

\$51.71

AIRPORT TAXI SERVICE
4608 101 ST.
<7808907070>
EDMONTON AB

CARD *****
CARD TYPE VISA
DATE 2016/12/01
TIME 1243 16:16:54
INVOICE # 221
RECEIPT NUMBER
CB5009462-001-071-004-0

PURCHASE
AMOUNT \$48.00
TIP \$6.00
TOTAL

\$54.00

VISA
A0000000031010
72BFCC8795A6EF3B
0080008000-E800
DAB52F058136EB44
0080008000-F800

APPROVED

THANK YOU

CARDHOLDER COPY

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COPY FOR YOUR RECORDS

GST#B36360909



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: Hunter, Grant

Constituency: Cardston-Taber-Warner

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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	60 km from Perm. Res.	Lethbridge	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12	60 km from Perm. Res.	Lethbridge	<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	60 km from Perm. Res.	Lethbridge	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
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	60 km from Perm. Res.	Taber	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22	60 km from Perm. Res.	Calgary	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
23	60 km from Perm. Res.	Hanna	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
26	60 km from Perm. Res.	Taber	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
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.	Lethbridge	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$143.05	\$7.15	\$150.20

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

Sept 30 / 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: Hunter, Grant

Constituency: Cardston-Taber-Warner

For the Month of: October

Year: 2016

Employee #:

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
4	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
7	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
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 type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
14	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
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	60 km from Perm. Res.	Stirling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27	60 km from Perm. Res.	Magrath	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
Grand Total						\$318.81	\$15.94	\$334.75

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

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: Hunter, Grant

Constituency: Cardston-Taber-Warner

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	Travel to/from Capital	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 type="checkbox"/>	19.81	0.99	20.80
3	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
4	60 km from Perm. Res.	Lethbridge	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
8	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
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	On August 16, 2017 the following was paid back:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13	November 16 - Lunch		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
15	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
16	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18	60 km from Perm. Res.	Raymond	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
22	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
23	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
24	Travel to/from Capital	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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
29	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
30	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$413.76	\$20.69	\$434.45

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

Member Signature

Date

[Signature]

Dec. 9 / 16



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

Constituency: Cardston-Taber-Warner

Date: 10/28/2016

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

Daily maximum of \$193 per day. Total maximum of \$23,160 per fiscal year.

Taber-Warner

RECEIVED
NOV 01 2016
MINNESOTA
LABORATORY

Total-Daily Claim Amount
(Including G.S.T.)

3 116.2

1061.23

OCT03-13/16m744

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: Hunter, Grant

Constituency: Cardston-Taber-Warner

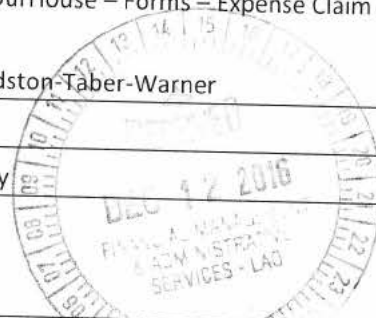
Employee #:

Date: 12/7/2016

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

Temporary Residence Accommodation Allowance in Edmonton - Claimed by Day

Daily maximum of \$193 per day. Total maximum of \$23,160 per fiscal year.



Specific Date of Temporary Residency

Total Daily Claim Amount
(Including G.S.T.)

✓ October 31, 2016

162.79

✓ November 1, 2016

162.79

✓ November 2, 2016

162.79

✓ November 8, 2016

161.67

✓ November 9, 2016

161.67

✓ November 14, 2016

161.67

✓ November 15, 2016

161.67

✓ November 21, 2016

161.67

✓ November 22, 2016

161.67

✓ November 23, 2016

161.67

✓ November 28, 2016

161.67

✓ November 29, 2016

161.67

✓ November 30, 2016

161.67

RD DEC 14 2016 2

29-053-320-2706

G.S.T.

\$105.25

Grand Total

\$2,105.07

In order to ensure payment, please attach all supporting documentation (**detailed accommodation receipts**).

\$1999.82

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

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Grant Hunter

Claimant Name: _____

Expense Category: Hosting

For hosting, select one:

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

Purpose:

Stakeholder Outreach

\$48.34

SHARK CLUB - 048
7995 SE 11th Street
Calgary AB T2H 0B8
403-250-5973

** TRANSACTION RECORD **

Tran. #: 1585
Check #: 51
Employee #: 247
Employee Name: *247AMANDA

VISA Purchase
XXXXXXXXXXXX
AID: A0000000031010

Amount \$45.93
Tip \$4.60
=====

TOTAL CAD\$50.53

APPROVED
00-001 065844
048SCS15/048SCC15
020001001012
2016/11/16 13:55:54

TVR: 0080008000
TSI: F800

Customer Copy

THANK YOU
Come Again

SHARK CLUB

sports bar grill

403.250.5973

7995 11TH ST SE T2H 0B8

0051 TABLE # 15

*247AMANDA SvrCk: 8 12:35p 11/16/16

1 AQUA PANNA 500ml	3.99
1 PEPSI	3.25
1 STEAK SANDWICH,	
add saut mushrms (1.00),	
add saut onions (1.00)	20.75
1 SHARK BURGER	15.75
2 PEPSI REFILL	0.00

Sub Total: 43.74

GST : 2.19

11/16 1:48pTOTAL: 45.93

** PLEASE PAY YOUR SERVER **
GST R8734463550002R1

Thank you for joining us at Shark Club!

HAPPY HOUR

Monday - Friday
3PM - 7PM

We look forward to seeing you again soon

JOIN US FOR BRUNCH!

Weekends & Holidays
Served until 3:00PM

Thanks.
Amanda

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Grant Hunter

Claimant Name: Angela Wolgen-Strojwas

Expense Category: [REDACTED] Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

\$41.27

**HOW DID WE
DO TODAY?**

Complete our short customer survey
at SURVEY.WALMART.CA for a

monthly chance to
WIN \$1000

Rules and regulations apply. See contest rules for details.

Walmart 

WE SELL FOR LESS ALWAYS

TABER, ALBERTA T1G 0A4

STORE # 1046

ST# 01046 DP# 000044 TE# 03 TR# 03801

GV 12X500ML	060538888030	\$2.27	D
AB BEV CRF	000030635228	\$0.48	H
AB DEPOSIT	068113171075	\$1.20	H
GV 12X600ML	060538888030	\$2.27	D
AB BEV CRF	000030635228	\$0.48	H
AB DEPOSIT	068113171075	\$1.20	H
GV 12X500ML	060538888030	\$2.27	D
AB BEV CRF	000030635228	\$0.48	H
AB DEPOSIT	068113171075	\$1.20	H
GV 12X500ML	060538888030	\$2.27	D
AB BEV CRF	000030635228	\$0.48	H
AB DEPOSIT	068113171075	\$1.20	H
GV 12X500ML	060538888030	\$2.27	D
AB BEV CRF	000030635228	\$0.48	H
AB DEPOSIT	068113171075	\$1.20	H
SUBTOTAL		\$19.80	
TOFFEE	006190152538	\$4.26	J
TOFFEE	006190152538	\$4.26	J
LS PEPOM BAG	006490040946	\$4.56	J
LS WNTGN BAG	006490040947	\$4.56	J

KRFT CARAMEL 060069905971

SUBTOTAL

GST 5%

TOTAL

DEBIT TEND

CHANGE DUE

GST/HST 137466199 RT 0001

QST 1016561356 TQ 0001

TRANSACTION RECORD PURCHASE

CHEQUING

RRN # 0010015

AUTH #

TERMINAL ID WHTCJ013602

00 APPROVED-THANK YOU

Interac

AID A0000002771010

TC A3FA49D86C459251

*PIN VERIFIED

12/06/16 08:11:13

ITEMS SOLD [REDACTED]

TC# 4431 4617 0065 5917 0426



New Thursday flyer start date
Circulaire maintenant en vigueur Jeudi
12/06/16 08:11:19