

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2017-18
061 - Grande Prairie-Smoky - Loewen, Todd
For Expenses Processed Oct 1 - Dec 31, 2017

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$367.26	\$1,104.52
MLA Parking Cap - \$	\$900.00	\$100.00	\$100.00
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$			
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$277.48	\$2,232.43
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,520.00	\$16,560.00
Travel Accommodations Allowance		\$445.48	\$445.48
Travel Accommodations Allowance (days; 10 max) - NF	10.0	4.0	4.0
Other			
Hosting - \$		\$1,166.35	\$1,166.35
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	80,000.0	6,121.0	15,245.0
Special Trips (5 trips per year) - NF	5.0	2.0	4.0
Travel To and From the Capital			
Travel by Air, Bus or Train (Unlimited Trips) - NF			
Use of a Private Automobile (52 trips per year) - NF	52.0	1.0	14.0
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

JF ALBERTA
Claim Receipt Description

Todd Loewen

Todd Loewen

Category: Fuel and Minor Maintenance

ing, select one:

Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Fuel Expenses

\$38.02

Used for
constit
expenses

BG Fuels Gas Bar #1744
100-12225 99th Street
Grande Prairie AB
T8V 6X9

Pump #4
REGULAR \$39.92
42.289 Litres @ \$0.944/L

TOTAL \$39.92

Taxes included in fuel:

GST# 733514327 \$1.90

Approved

Pre Auth Completion

MASTERCARD

EXP: **/**

Host Date: 08/01/2017

Host Time: 20:41:40

1744-4

Rct#53579 Rcpt

Batch# 332-561

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: 01744

CODE:080117 204104 3579 01744

Sales Receipt ID:

.+BARCODECODE39

213204138046\ -BARCODE

Please come again!

Sales Receipt ID:



2 1 3 2 0 4 1 3 8 0 4

----- Reprint -----

OF ALBERTA
Claim Receipt Description

odd Loewen

dd: Todd Loewen

egory: Fuel and Minor Maintenance

sting, select one:

Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group:

Purpose:

Fuel Expenses

\$81.19

Used for
constit
expenses

280317 Costco #254
9901 116th Street
Grande Prairie
T8U 5W3

TYPE: PURCHASE

ACCT: MasterCard

PUMP: 13
GRADE: Unleaded
L: 92.764
\$/L: \$ 0.919
FUEL SALE: \$ 85.25

CARD NUMBER:

DATE: 08/18/2017
TIME: 14:02
REFERENCE:
36685007 0010012700 T

TRANSACTION#: 34324

GST INCLUDED = \$ 4.06
GST #121476329

01 APPROVED-THANK YOU 027

- IMPORTANT -
RETAIN THIS COPY
FOR YOUR RECORDS

WE APPRECIATE YOUR COSTCO
MEMBERSHIP.

Y OF ALBERTA
e Claim Receipt Description

Todd Loewen

me: Todd Loewen

Category: Fuel and Minor Maintenance

hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Fuel Expenses

\$104.54

used for
constit
expenses
WELCOME

Shell Canada
5205 DISCOVERY WAY
T9E 8N4
LEDUC AB
(780) 980-6250

Bronze
PUMP No. 05
LITRES 112.127
PRICE/L \$0.979
TOTAL FUEL \$109.77

TOTAL SALE \$109.77
MASTERCARD \$109.77

FUEL INCLUDES
GST - Fuel \$5.23
No. 137400032RT

01 APPROVED - THANK
YOU 001

APPROVAL No. [REDACTED]

TERMINAL No. [REDACTED]

89219930

VERIFIED BY PIN

IMPORTANT
retain this copy for
your records

MASTERCARD
PURCHASE

C

INV No. 2199398097

2017/10/04 05:26

MasterCard

AID A00000000041010

TVR 0000008000

TSI E800

ASSEMBLY OF ALBERTA
Expense Claim Receipt Description

Name: Todd Loewen

Print Name: Todd Loewen

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Fuel Expenses

\$38.52

Used
For Constit
expenses

279966 Costco #154
12450 149th Stre
N Edmonton
T5U1G9

TYPE: PURCHASE

ACCT: MasterCard

PUMP: 5
GRADE: Unleaded
:: 40.491
\$/L: \$ 0.999
FUEL SALE: \$ 40.45

CARD NUMBER:

DATE: 09/01/2017
TIME: 16:33

REFERENCE:

36695001 0010019980 C

AUTH#:

TRANSACTION#: 72640

MasterCard

10000000041010

0000008000 E800

TAX INCLUDED = \$ 1.93

TAX #121476329

VERIFIED BY PIN

01 APPROVED-THANK YOU 027

- IMPORTANT -
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WE APPRECIATE YOUR COSTCO
MEMBERSHIP.

SEMBLY OF ALBERTA
Expense Claim Receipt Description

Name: Todd Loewen

Print Name: Todd Loewen

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

Fuel Expenses

\$104.99

✓ used for const. expenses
280317 Costco #254
9901 116th Street
Grande Prairie
T8U 5W3

TYPE: PURCHASE

ACCT: MasterCard

PUMP: 13
GRADE: Unleaded
L: 110.347
\$/L: \$ 0.999
FUEL SALE: \$ 110.24

CARD NUMBER:

DATE: 09/06/2017
TIME: 16:19
REFERENCE:
36685007 0010015530 C
AUTH#:
TRANSACTION#: 68151

MasterCard
A0000000041010
0000008000 E800

GST INCLUDED = \$ 5.25
GST #121476329

VERIFIED BY PIN

01 APPROVED-THANK YOU 027

- IMPORTANT -
RETAIN THIS COPY
FOR YOUR RECORDS

WE APPRECIATE YOUR COSTCO
MEMBERSHIP.

Personal Expense Claim Receipt Description

Member Name: Todd Loewen

Claimant Name: Todd Loewen

Expense Category: Member Parking

For hosting, select one:

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

Purpose:

--



Parking = \$100.00 + gst

Ramada Plaza Downtown Calgary
708 8th Avenue SW
Calgary, Alberta Canada T2P 1H2
Tel: (403) 263-7600 Fax: (403) 237-6127
GST Reg. #R808732705

01-20-17

Mr. Todd Loewen
CA
CA

Folio No. :
A/R Number :
Group Code : **CGZ109**
Company :
Wyndham Rewards :
Invoice No. :

Room No. : **806**
Arrival : **01-17-17**
Departure : **01-20-17**
Conf. No. : **80963EC**
Rate Code :
Page No. : **1 of 2**

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

01-17-17 Guest Parking 25.00

01-17-17 GST 5% 1.25

01-18-17 Guest Parking 25.00

01-18-17 GST 5% 1.25

01-19-17 Guest Parking 25.00

01-19-17 GST 5% 1.25

01-19-17 Guest Parking 25.00

01-19-17 GST 5% 1.25



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: Loewen, Todd

Constituency: Grande Prairie-Smoky

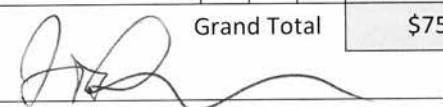
For the Month of: August

Year: 2017

Employee #:

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3	60 km from Perm. Res.	Grande Prairie	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
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.	Grande Prairie	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
10	60 km from Perm. Res.	Grande Prairie	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
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	60 km from Perm. Res.	Debolt	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24	60 km from Perm. Res.	Grande Prairie	<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	60 km from Perm. Res.	Sexsmith	<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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$75.00	\$3.75	\$78.75

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

Sept. 22/17
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: Loewen, Todd

Constituency: Grande Prairie-Smoky

For the Month of: September

Year: 2017

Employee #:

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3			<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.	Grande Prairie	<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.	Grande Prairie	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
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	60 km from Perm. Res.	Grande Prairie	<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	60 km from Perm. Res.	Grande Prairie	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
29			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$44.19	\$2.21	\$46.40

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

Oct. 27/17



Members' Travel Expenses Per-Diems Claim Form

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

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

OCT 2017 MEALS
RECEIVED NOV 28 2017
FINANCIAL SERVICES LAB
D 001 S

Constituency: Grande Prairie-Smoky

Member Name: Loewen, Todd

For the Month of: October

Year: 2017

Employee #:

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5	60 km from Perm. Res.	Calgary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
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	60 km from Perm. Res.	Grande Prairie	<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	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						\$158.29	\$7.91	\$166.20

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



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: Loewen, Todd

Constituency: Grande Prairie-Smoky

Employee #:

Date: 4/1/2017

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: 2017/18

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)

\$ 1,840.00

x 12 = \$ 22,080.00

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.

OCTOBER 2017

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: Loewen, Todd

Constituency: Grande Prairie-Smoky

Employee #:

Date: 4/1/2017

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: 2017/18

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)

\$ 1,840.00

x 12 = \$ 22,080.00

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.

NOVEMBER 2017

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: Loewen, Todd

Constituency: Grande Prairie-Smoky

Employee #:

Date: 4/1/2017

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: 2017/18

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)

\$ 1,840.00

x 12 = \$ 22,080.00

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 2017

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



Ramada Plaza Downtown Calgary
708 8th Avenue SW
Calgary, Alberta Canada T2P 1H2
Tel: (403) 263-7600 Fax: (403) 237-6127
GST Reg. #R808732705

01-20-17

Mr. Todd Loewen
CA
CA

Folio No. :
A/R Number :
Group Code : **CGZ109**
Company :
Wyndham Rewards :
Invoice No. :

Room No. : **806**
Arrival : **01-17-17**
Departure : **01-20-17**
Conf. No. : **80963EC**
Rate Code :
Page No. : **1 of 2**

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

01-17-17	Room Charge	99.00	
01-17-17	DMF 3%	2.97	
01-17-17	Tourism Levy 4%	4.08	
01-17-17	GST 5%	5.10	

Caucus meetings

01-18-17	Room Charge	99.00	
01-18-17	DMF 3%	2.97	
01-18-17	Tourism Levy 4%	4.08	
01-18-17	GST 5%	5.10	

01-19-17	Room Charge	99.00	
01-19-17	DMF 3%	2.97	
01-19-17	Tourism Levy 4%	4.08	
01-19-17	GST 5%	5.10	


Accommodations = \$318.15 + gst



Ramada Plaza Downtown Calgary
708 8th Avenue SW
Calgary, Alberta Canada T2P 1H2
Tel: (403) 263-7600 Fax: (403) 237-6127
GST Reg. #R808732705

01-20-17

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CA
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Folio No. :
A/R Number :
Group Code : **CGZ109**
Company : 
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Invoice No. :

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Rate Code :
Page No. : **2 of 2**

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

01-20-17 Master Card

To become a Wyndham Rewards member, visit us at wyndhamrewards.com or call 1-866-WYN-RWDS.

Total

Balance

Guest Signature: _____

This property is privately owned and the management reserves the right to refuse service to anyone and will not be responsible for accidents, injury to guest, loss of money, jewelry or valuables of any kind.

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

ric

[Redacted]



Quality Inn & Suites (CN961)
9704, 97 Street
High Level, AB T0H 1Z0
(780) 926-4222
GM.CN961@choicehotels.com

Date: 6/30/17
Room: 194 BAR
Arrival Date: 6/29/17
Departure Date: 6/30/17
Check In Time: 6/30/17 12:40 AM
Check Out Time: 6/30/17 9:18 AM

Loen, Todd

[Redacted]

Rewards Program ID:
You were checked out by: rharri
You were checked in by: jbeker
Total Balance Due: 0.00

Post Date	Description	Comment	Amount
6/29/17	Room Charge	#194 Loen, Todd	119.00
6/29/17	Tourism Levy		4.76
6/29/17	City / County Tax		3.57
6/29/17	Goods & Services Tax		5.95
6/30/17	Master Card	[Redacted]	(133.28)

Speaking at a Trappers Convention

Folio Summary 6/29/17 - 6/30/17

Room Charge	119.00
Goods & Services Tax	5.95
City / County Tax	3.57
Tourism Levy	4.76
Master Card	(133.28)
Balance Due:	0.00

\$127.33

This rate is eligible for partner rewards. If this rate is changed, you may no longer be entitled to partner rewards.
GST: 10337-7933 RT

x _____



You could be earning free nights and other great rewards. Join Choice Privileges today, at www.choiceprivileges.co
Thank you for your stay. Visit ChoiceHotels.com/RealGuestReviews to post your comments about your recent experience.

QUALITY INN & SUITES
9704 97 ST SS 1
HIGH LEVEL AB T0H 1Z0
(780) 926 4222

TERM ID: 67532205 BATCH#: 209
SHIFT#: 000

Completion
INVT: 000002290
MCARD: CHIP
SE01: 209001001015
Application Label: MasterCard
AID: A0000000041010
TVR: 00 00 00 80 00
ISI: 68 00

Total: CAD\$ 133.28

APPROVED: [Redacted]
30-Jun-17 09:18:16

CUSTOMER COPY
THANK YOU
COME AGAIN

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Todd Loewen

Claimant Name: Todd Loewen

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Community Events

Purpose:

Parade Candy, [REDACTED]

\$ 1166.35

GREEN VALLEY VENTURES
4902 50 ST
VALLEYVIEW, AB. T0H 3N0
780-524-6830

SALE

Batch #: 595 REF#: 00000022
08/11/17 16:23:06
APPR CODE: [REDACTED]
Trace: 22
MASTERCARD Chip
[REDACTED] **/**

AMOUNT \$1,224.67

APPROVED

VERIFIED BY PIN

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

CARDHOLDER ACKNOWLEDGES RECEIPT OF GOODS
AND/OR SERVICES IN THE AMOUNT OF THE
TOTAL SHOWN HEREON

THANK YOU / MERCI

MERCHANT COPY

GREEN VALLEY VENTURES
4902 50 ST

Green Valley Ventures
Howdy !

Date: 05/08/17 10:23A

#27458, Reg No. 1

CLIENT: Loewen Todd

PRODUCTS:

926016180(13) Salt Water Taffy (200) B	201.50
1988132270(2) Warhead Extreme Sour Tub	51.00
1988133720(2) Parade Mary Janes 240 Ct	55.00
1988131880(2) Parade Tootsie Roll Midg	27.00
Product Discount	-40.30
Product Discount	-10.20
Product Discount	-11.00
Product Discount	-5.40

SUB TOTAL \$ 267.60

Sales Tax \$ 13.38

TOTAL \$ 280.98

Paid On Account \$ 280.98

Thank you for your patronage
GST # 863976684

Total
\$ 1224.67

Green Valley Ventures
Howdy !

Date: 10/08/17 09:34A

#27561, Reg No. 1

CLIENT: Loewen Todd

MERCHANDISE RETURN:

1988133720 (-1) Parade Mary Janes 240

-22.00

MERCHANDISE RETURN:

926016180 (-3) Salt Water Taffy (200)

-37.20

1988131860(1) Parade Jolly Ranchers

23.85

1988132480(1) War Head Short Circuit G

23.50

1988131850(1) Parade Root Beer Barrels

24.00

1988131870(3) Parade Fruitfuls

28.80

1988132280(1) Double Bubble Tub 300

20.50

926012770(1) Laffy Taffy Tub 145 Ct

16.25

1988132260(1) Frooties Watermelon

12.50

SUB TOTAL \$ 90.20

Sales Tax \$ 4.51

TOTAL \$ 94.71

Put Credit On-Account \$ 94.71

Thank you for your patronage
GST # 863976684

Green Valley Ventures
Howdy !

Date: 05/07/17 12:49P

#26594, Reg No. 1

CLIENT: Loewen Todd [REDACTED]

PRODUCTS:

926016180(2) Salt Water Taffy (200) B
1988132490(30) Parade Candy Bulk Per Lb

22.00

117.00

SUB TOTAL \$ 139.00

Sales Tax \$ 6.95

TOTAL \$ 145.95

Paid On Account \$ 145.95

Thank you for your patronage
GST # 863976684

Green Valley Ventures
Howdy !

Date: 05/07/17 12:43P

#26592, Reg No. 1

CLIENT: Loewen Todd

PRODUCTS:

491470(3) Butterscotch Light	9.00
497720(1) Light Smoothie Candies	3.00
490550(5) Light Fruit Mix Candy	15.00
490930(3) Striped Mints Light	9.00
497650(1) Caramel Latte / Mocha La	3.00
496590(3) Light Chocolate Mints	9.00
497580(1) Chia Latte - Green Tea L	3.00
926016180(10) Salt Water Taffy (200) B	160.00
1988131900(2) Parade Blow Pop Berry	19.20
1988131910(2) Parade Blow Pop Blu Rasp	19.20
1988131930(2) Parade Blow Pop Melon	19.20
1988131920(2) Parade Blow Pops Berry B	19.20
1988131870(2) Parade Fruitfuls	19.20
1988131860(3) Parade Jolly Ranchers	71.55
1988131850(1) Parade Root Beer Barrels	24.00
1988131880(2) Parade Tootsie Roll Midg	25.00
1988131890(2) Parade Wildberry Pops	57.00
1988132260(3) Frooties Watermelon	37.50
926016180(1) Salt Water Taffy (200) B	16.00
921570(1) Dubble Bubble Dug Out Gu	2.50
1988132280(1) Double Bubble Tub 300	20.50
1988132270(1) Warhead Extreme Sour Tub	24.50
926012830(1) Tootsie Roll Migees	11.50
926016010(1) Sour Soda Bottles	16.50
926012770(2) Laffy Taffy Tub 145 Ct	32.50
1988132480(1) War Head Short Circuit G	23.50

SUB TOTAL \$ 669.55

Sales Tax \$ 33.48

TOTAL \$ 703.03

Paid On Account \$ 703.03

Thank you for your patronage
GST # 863976684