

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2016-17
077 - Rimbey-Rocky Mountain House-Sundre - Nixon, Jason
For Expenses Processed July 1 - September 30, 2016

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$1,297.11	\$2,066.92
MLA Parking Cap - \$	\$900.00	\$47.62	\$47.62
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$			
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$1,627.34	\$1,627.34
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$11,580.00	\$11,580.00
Travel Accommodations Allowance		\$249.60	\$249.60
Travel Accommodations Allowance (days; 10 max) - NF	10	2	2
Other			
Hosting - \$		\$278.01	\$398.16
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	80,000	10,618	10,618
Special Trips (5 trips per year) - NF	5		
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	13	13
Other Travel			
Vehicle Rental (5 Days maximum anywhere in Alberta) - NF	5		

\$ - 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: Jason Nixon

Claimant Name: Jason Nixon

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Fas Gas Plus
FAS GAS BATTLE RIVER
SERVICE

5301 HIGHWAY 2A
PONOKA AB
T4J1H7
4837835316
GST:849831067

DATE: 2016-05-27
SITE ID: 58009

TIME: 15:50:50

PURCHASE

REGULAR 56.50/L 54.95/L

TOTAL \$54.85

GST 5.00% INCLUDED \$2.61

TAXES INCLUDED

ENTRY METHOD: C

DATE: 05-27

TIME: 15:51:43

SEQ: 28790173

RESP CODE: 01-027

BATCH#: 211

VISA

0000000031010

0019 0000 489AFF

000000 0000

007100 0000A7905

1 0000

APPROVED - THANK YOU

- IMPORTANT -
RETAIN THIS COPY FOR YOUR RECORDS

CUSTOMER COPY

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Jason Nixon

Claimant Name: Jason Nixon

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

You're at home here.



Westview Gas Bar
5328 46th Street
Olds, Alberta
T4H 1P6
GST# R103985859

Number: NO MBR INFO

Type: SALE

Qty	Name	Price	Total
1	REGULAR GASOLINE	\$ 0.979	\$ 69.00
	Pump:	5	
	Litres:	70.475	
	Price / Litre:	\$ 0.979	

Subtotal	\$ 69.00
GST [Incl Pumps]	\$ 3.29
Total	\$ 69.00

ORIGINAL

TYPE: Purchase

ACCT: VISA \$ 69.00

CARD NUMBER: [REDACTED]
DATE/TIME: 05/29/2016 18:03:59
REFERENCE #: 0011301880 C
TERM: 66253259

AID: A0000000031010
TVR: 0080008000
TSI: F800

VISA
01 APPROVED - THANK YOU 027

IMPORTANT:
retain this copy for your records

CUSTOMER COPY

5/29/16 6:04:04 PM Receipt# 71051383
Pos:71 Cashier:6 Store:193402

Thank you for your purchase
Have a great day!

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Jason Nixon

Claimant Name: Jason Nixon

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Hwy 2 South
Red Deer AB T4E1B2

ESSO EXPRESS PAY

WESTSIDE ESSO
00302540
37416 HWY #2
RED DEER, AB T4E 1B
URN:R121461107
05/31/2016 923927889
09:59:35 AM

PUMP# 12
EREG 62.352L
PRICE/L \$0.959
FUEL TOTAL \$ 59.80

GST in fuel \$ 2.85
CREDIT \$ 59.80

TYPE: PURCHASE
ACCOUNT: VISA (\$59.80)

VERIFIED BY PIN
A- VISA
B- A0000000031010
01 Approved - Thank You 027
LOYALTY: N0
IMPORTANT - retain this copy for your records

Thank You
Please Come Again

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Jason Nixon

Claimant Name: Jason Nixon

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

GTI PETROLEUM
5020-48TH ST.
EDMONTON, AB T6M 2X8
GTI PETROLEUM

Card No: 94267440 BATCH#: 651
SHIFT#: 001

Sale
INVO#: 0000000108
VISA
SED#: 651001001106

FUEL PRODUCT	LITRES	PRICE/L	AMOUNT
REGULAR	68.806	1.049	70.08

Total: CAD\$ 70.08

12.45 ON TANK LITRES OF FUEL
LIT = 12.45 PST = \$0.00

TX: 0001 (VARIABLE 1) (00)
GST: 12453762

05-JUN-16 19:53:21

CUSTOMER COPY
THANK YOU
DRIVE SAFELY
PLEASE COVER AREA

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Jason Nixon

Claimant Name: Jason Nixon

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

SHELL CANADA PRODUCTS
5205 DISCOVERY WAY
LEDDUC, AB T9E 8N4
(780) 980-6250

Tax Description	Qty	Amount
F Bronze No6		
50.225 L @ \$1.069/ L		\$53.69
AIR MILES	1	\$0.00
Sub Total		\$53.69
5.0% GST tax on		\$0.00
0.0% PST tax on		\$0.00
TOTAL		\$53.69
Debit:		\$53.69
Change		\$0.00

00 APPROVED - THANK YOU 001

INTERAC
CHEQUING
PURCHASE

TRV No. 2100000000

INTERAC
AID A00000002771010
TRV 80000008000
TID 6800

VERIFIED BY PIN

IMPORTANT

Keep this copy for your records

* EXCLUSIVE OFFER: You have completed 1
0 purchases of Shell Fuels - get 25
Bonus Miles on your 5th purchase of
Shell Fuels. See how to claim your bonus
!

Personal Expense Claim Receipt Description

Member Name: Jason Nixon

Claimant Name: Jason Nixon

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

WELCOME

Shell Canada
HWY 22 & HWY 567
T4C 1A1
COCHRANE AB
(403) 932-2010

VISA
PURCHASE C

INV No. 2261393580
2016/06/17 12:57
VISA
AID A0000000031010
TVR 0080008000
TSI F800

Bronze
PUMP No. 12
LITRES 70.807
PRICE/L \$1.109
TOTAL FUEL \$78.52
01 APPROVED - THANK

TERMINAL No.
80226130
VERIFIED BY PIN

IMPORTANT
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your records

FUEL INCLUDES
GST - Fuel \$3.74
No. 137400032RT

TOTAL SALE \$78.52

STORE: C22613
TRAN: 3103849
2016/06/17 13:00:19

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: Jason Nixon

Claimant Name: Jason Nixon

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

REPRINT
MERCHANT COPY

Fas Gas Sundre Service
105 Main Avenue East
Sundre, AB T0M 1X0
403-638-3677
GST/HST# R101745552
Store Code: 40153

22-Jun-2016 08:43 AM
Receipt#: 22220469
Sales ID : PAP Drawer : REG2
Date : 22-Jun-2016 Orig. Time: 08:21 AM

C \$53.46
Purchase
Authorization Number
0060 0059829 35/09/15
0060 16/06/22 08:26:19

Cardholder will pay card issuer above
amount pursuant to Cardholder
Agreement.

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Jason Nixon

Claimant Name: Jason Nixon

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

GTI PETROLEUM
5000-48TH ST.
EDMONTON, AB T6N 0X0
GTI PETROLEUM

TERM ID: J4257443 BADLIN: 671
SHIFT: 001

Sale

INVTN: 00000000000000000000
VISA Chip
SLOT: 671001001214

Application Label: VISA
AID: A0000000000000000000
TVR:00 00 00 00 00 00

[REDACTED]

FUEL PRODUCT	LITRES	PRICE/L	AMOUNT
REGULAR	73.147	1.053	76.83
PRODUCT	QUANTITY	PRICE	AMOUNT
MISC	1	4.18	4.18

Total: CAD\$ 80.18

TAXES ON 73.147 LITRES OF REGULAR
GST = \$3.62 PST = \$0.00

TAXES ON PRODUCTS
GST = \$0.00 PST = \$0.00

(*) = NON-TAXABLE ITEM
GST: 121973702

[REDACTED]

18:13:00

CUSTOMER COPY
THANK YOU!
DRIVE SAFELY
PLEASE USE AGAIN

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Jason Nixon

Claimant Name: Jason Nixon

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Fas Gas Sundre Serv
105 Main Avenue East
Sundre, Alberta
403-638-3677
GST# R101745552

Tran# :0060914

REGULAR ETHANOL \$66.71
Pump: 6
66.442L @ \$1.004/L

GST3(5%) : \$3.18

PURCHASE

\$66.71

CARD

VISA
DATE

16/06/28

TIME

11:32:45

REFERENCE #
35770172 0012060040 C

AUTH#

INVOICE #

0060914

VISA
0000000031010
0080008000

VERIFIED BY PIN

01/027
APPROVED - THANK YOU

-- IMPORTANT --
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For Your Records

CUSTOMER COPY

THANK YOU
for fueling at
Fas Gas Plus!

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Jason Nixon

Claimant Name: Jason Nixon

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

GTI PETROLEUM
5008-48TH ST.
EDMONTON, AB T6M 0X0
GTI PETROLEUM

TERM ID: J4257440 BATCH#: 000
SHIFT#: 001

Sale
INVT: 0000000056
VISA CARD: 006001001056
Application Label: VISA
AID: A0000000031010
TVR:00 00 00 00 00

FUEL PRODUCT	LITRES	PRICE/L	AMOUNT
REGULAR	53.043	0.999	52.99
PRODUCT	QUANTITY	PRICE	AMOUNT
MISC	1	7.57	7.57

Total:CAD\$ 60.56

TAXES ON 53.043 LITRES OF FUEL
GST = \$2.52 PST = \$0.00

TAXES ON PRODUCTS
GST = \$0.00 PST = \$0.00

(* - NON-TAXABLE ITEM)
GST: 121973762 PST: 0

01-Jul-16 11:10:13

CUSTOMER COPY
THANK YOU!
DRIVE SAFELY
PLEASE FUEL AGAIN

Personal Expense Claim Receipt Description

Member Name: Jason Nixon

Claimant Name: Jason Nixon

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Sundre
Car Wash

29-Jun-2016 3:53 PM

Purchase Txn: 0:9847
Platinum

\$ 14.00

Payment:

\$ 14.00

Change:

\$ 0.00

Thank-you for
using our wash.
Please come again!

Personal Expense Claim Receipt Description

Expense Category: Fuel and Minor Maintenance

☐ Group:

Fuel.

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

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Jason Nixon

Claimant Name: Jason Nixon

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Fuel.

Fas Gas
RIMBEY FAS GAS
SERVICE #100255

4039 50 ST
RIMBEY AB
T8C8J0
40394024
UNIT 828420005

DATE: 2016-11-05 TIME: 12:45:10
SITE ID: 50255

PURCHASE

42.25 42.25 42.25 42.25

TOTAL \$42.19

5.00% INCLUDED 92

TAXES INCLUDED

ENTRY METHOD: C

2016-07-05 12:50:02

REF#: 28759870 SEQ#: 0001480140

RECEIPT#: 00000000 RESP CODE: 01-027

VISA BATCH#: 148

00000000000000000000

00000000000000000000

00000000000000000000

1202495C1A682A4

F800

APPROVED - THANK YOU

RETAILER: RETAIN THIS COPY FOR YOUR RECORDS

Personal Expense Claim Receipt Description

Member Name: Jason Nixon

Claimant Name: Jason Nixon

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Fuel.

WELCOME

Shell Canada
606 MAIN AVENUE
TOM IXO

SUNDRE AB
(403) 638 1205

VISA
PURCHASE C

INV No. 2212294655
2016/07/13 12:33

VISA
AID A0000000031010
TVR 0080008000
TSI F800

Bronze
PUMP No. 03
LITRES 73.157
PRICE/L \$0.969
TOTAL FUEL \$70.89
01 APPROVED - THANK
YOU 001

TERMINAL No.
89221220
VERIFIED BY PIN

IMPORTANT
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your records

TOTAL INCLUDES
GST - Fuel \$3.38
No. 137400032RT

TOTAL SALE \$70.89

STORE: C22122
TRAN: 3342943
2016/07/13 12:35:57

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recent visit at
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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: Jason Nixon

Claimant Name: Jason Nixon

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Fuel.

Fas Gas Sundre Serv
105 Main Avenue East
Sundre, Alberta
403-638-3677
GST# R101745552

Tran# :0044489

REGULAR ETHANOL \$61.26
Pump: 4
64.555L @ \$0.949/L

GST3(5%) : \$2.92

PURCHASE

\$61.26

CARD

VISA
DATE

16/07/1

TIME

09:10:0

REFERENCE #

35330141 0014020020

AUTH#

INVOICE #

00444E

VISA

A0000000031010
0080008000

VERIFIED BY PIN

01/027

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: Jason Nixon

Claimant Name: Jason Nixon

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Fuel.

WELCOME

Shell Canada
606 MAIN AVENUE
TOM 1X0

SUNDRE AB
(403) 528-1205

VISA
PURCHASE C

INV No. 2212297867
2016/07/28 17:06

VISA
AID A0000000031010
TVR 0080008000
ISI F800

Bronze
PUMP No. 01
LITRES 70.692
PRICE/L \$0.949
TOTAL FUEL \$67.09
01 APPROVED - THANK
YOU

TERMINAL No.
89221220
VERIFIED BY PIN

IMPORTANT
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your record

FUEL INCLUDES
GST - Fuel 13.19
No. 137400032RT

TOTAL SALE \$67.09

STORE: C22122
TRAN: 3364424
2016/07/28 17:11:40

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THANK YOU
Questions?
1-800-661-1600

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Jason Nixon

Claimant Name: Jason Nixon

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Fuel.

WELCOME

Shell Canada
4645 VARSITY DR NW
T3A 0Z7
Calgary AB
(403) 247-8652

VISA
PURCHASE C

INV No. 0188592961
016/07/06 20:32

VISA
AID A0000000031010
IDB 0080008000
ISS F800

Size
PUMP No. 03
LITRES 46.552
PRICE/L \$0.934
TOTAL FUEL \$43.48
APPROVED - THANK
YOU

CARDINAL NO.
89018850
VERIFIED BY PIK

IMPORTANT
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your records

FUEL INCLUDES
GST - Fuel \$2.07
No. 137400032RT

TOTAL SALE \$43.48

STORE: C01885
TRAN: 1535143
016/07/06 20:34:45

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recent visit at
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\$500 Shell Gift Card
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THANK YOU
Questions?
1-800-661-1600

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Jason Nixon

Claimant Name: Jason Nixon

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Fuel

Fas Gas Sundre Serv
105 Main Avenue East
Sundre, Alberta
403-638-3677
GST# R101745552

Tran# :0062116

REGULAR ETHANOL \$46.50
PUMP: 6
47.497L @ \$0.979/L
GST3(5%) : \$2.21

PURCHASE

\$46.50

CARD

VISA
DATE

16/07/04

TIME

15:32:20

REFERENCE #

35770172 0012120080 C

AUTH#

INVOICE #

0062116

VISA
A0000000031010
0080008000

VERIFIED BY PIN

01/027

APPROVED - THANK YOU

-- IMPORTANT --
Retain This Copy
For Your Records

CUSTOMER COPY

THANK YOU
for fueling at
Fas Gas Plus!

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Jason Nixon

Claimant Name: Jason Nixon

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Fuel.

WELCOME

Shell Canada
606 MAIN AVENUE
TOM 1X0

SUNDRE AB

PURCHASE

C

INV No. 2212298324
2016/07/29 22:49

VISA
AID A0000000031010
P/R 0080008000
P/I F800

BLONZE
PUMP No. 01
LITRES 48.662
PRICE/L \$0.949
TOTAL FUEL \$46.18
01 APPROVED - THANK
YOU 001

TERMINAL NO.
89221220

VERIFIED BY PIN

IMPORTANT
retain this copy for
your records

FUEL INCLUDES
GST - Fuel \$2.20
No. 137400032RT

TOTAL SALE \$46.18

STORE: C22122
TRAN: 3366902
2016/07/29 22:52:07

YOUR OPINION COUNTS
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\$500 Shell Gift Card
*Receipt Required

THANK YOU
Questions?
1-800-661-1600

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Jason Nixon
Claimant Name: Jason Nixon
Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

Fuel.

SHELL CANADA PRODUCTS
606 MAIN AVENUE
SUNDRE, AB T0M 1X0
(403) 638-1205

Tax Description	Qty	Amount
F Bronze No1 68.325 L @ \$0.949/ L		\$64.84
Sub Total		\$64.84
5.0% GST tax on		\$0.00
0.0% PST tax on		\$0.00
TOTAL		\$64.84
VISA:		\$64.84
Change		\$0.00

01 APPROVED - THANK YOU 001

VISA

TERMINAL NO. 69221222
C

PURCHASE

INV No. 2212221751

VISA

AID A0000000031010

TVR 0080008000

TSI E800

VERIFIED BY PIN

IMPORTANT

retain this copy for your records

e1 Includes GST 5.0% \$3.09
e1 Includes PST 0.0% \$0.00
- Fuel - AB No.

***** YOUR OPINION COUNTS *****

tell us about your recent visit at

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you could win a \$500 Shell Gift Card

*Receipt Required

THANK YOU

Questions? 1-800-661-1600

REG: 2 CSH: Lee, Sang TRAN: 3373376
2016/08/03 11:42:57 ST: C22122

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Jason Nixon

Claimant Name: Jason Nixon

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Fuel.

WELCOME

Shell Canada
606 MAIN AVENUE
TOM 1X0
SUNDRE AB
(403) 638-1205

VISA
PURCHASE C

INV No. 2212299719
2016/08/04 22:36
VISA
AID A0000000031010
TVR 0080008000
TSI F800

Bronze
PUMP No. 01
LITRES 61.817
PRICE/L \$0.949
TOTAL FUEL \$58.66
01 APPROVED - THANK
YOU 001

TERMINAL No.
89221220
VERIFIED BY PIN

IMPORTANT
Retain this copy for
your records

FUEL INCLUDES
GST - Fuel \$2.79
No. 137400032RT

TOTAL SALE \$58.66

STORE: C22122
TRAN: 3375471
2016/08/04 22:39:45

YOUR OPINION COUNTS
Tell us about your
recent visit at
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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: Jason Nixon

Claimant Name: Jason Nixon

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Fuel.

WELCOME

Shell Canada
606 MAIN AVENUE
TOM 1X0

SUNDRE AB
(403) 628-1205

PURCHASE

INV No. 2212290096
2016/08/06 14:13

VISA
AID A00000000031010
TVR 0080008000
TSI F800

Bronze
PUMP No. 08
LITRES 59.727
PRICE/L \$0.949
TOTAL FUEL \$56.68
GI APPROVED - THANK
YOU 001

TERMINAL NO.
8921220
VERIFIED BY PIN

IMPORTANT
retain this copy for
your records

FUEL INCLUDES
GST - Fuel \$2.70
No. 137400032RT

TOTAL SALE \$56.68

STORE: C22122
TRAN: 3378078
2016/08/06 14:18:04

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: Jason Nixon

Claimant Name: Jason Nixon

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Car Maintenance

MR LUBE #175
4765 49 AVE
RED DEER AB

CARD TYPE VISA
DATE 2016/07/22
TIME 4365 09:34:02
RECEIPT NUMBER
C84037267-001-123-003-0

PURCHASE
TOTAL

VISA
A00000000031010
69A7BA8034383BF6
0080008000-E800
AA6C0BF68C91D6A2
0080008000-F800

APPROVED

01-027

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

MR. LUBE

Invoice

**MR. LUBE STORE #175**RC Partnership Ltd.
4705 49th Ave
Red Deer, AB T4N 3W9
(403) 346-2266

Page 1 of 1

Date 7/22/2016 9:34 AM

Invoice # 17520019

Transaction # 16072217520019

Employees ALIYAH BRENT ALIYAH

Customer Information

Jason Nixon

Vehicle Information

Fleets

Service History

DATE
7/22/16KILOMETERS
66949SERVICES
OC7 WW CAB

I have agreed to the information contained on this invoice.

Courtesy Check

CHECK:

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

Description

QTY

Price

SYNTHETIC PACKAGE	1.00	79.99
SHOP SUPPLIES	1.00	4.99
COURTESY CHECK	1.00	0.00
OIL FILTER PH500	1.00	0.00
MOBIL SUPER 3000 5W30 D1	5.70	0.00
TIRE PRESSURE IS ==>	35.35	0.00
FACTORY SEALED VEHICLE	1.00	0.00
FREE WASHER FLUID TOP-UP	1.00	0.00
BULK WASHER FLUID	1.00	0.00
BATTERY NO ACCESS/DECLINE	1.00	0.00

SALE

831770441-RT0001

TOTAL

Service Comments

Thank You!

Messages

Recommend next service on 10/20/2016 or 71949 km.Please tell us about your experience; call 403-346-2266 or complete our quality survey at www.tellmrlube.com!
Thank-you for choosing Mr. Lube; please tell a friend! Underhood fluid top-ups are free between services too!!

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

Oil Pan Drain Plug	<input type="checkbox"/> Check
Oil Filter	<input checked="" type="checkbox"/> Check
Oil Light Reset	<input type="checkbox"/> Check

Front Differential Plug	<input type="checkbox"/> Check	<input type="checkbox"/> Drain
Rear Differential Plug	<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Drain
Transfer Case Plug	<input type="checkbox"/> Check	<input type="checkbox"/> Drain

Transmission/Transaxle Plug	<input type="checkbox"/> Check	<input type="checkbox"/> Drain
Fuel Filter	<input type="checkbox"/> Check	
Splash Shield	<input type="checkbox"/> 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.

Personal Expense Claim Receipt Description

Member Name: Jason Nixon

Claimant Name: Jason Nixon

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Parking.

STAMPEDE PARKING
DEPARTMENT
1410 OLYMPIC WAY SE
CALGARY AB

CARD [REDACTED]
CARD TYPE VISA
DATE 2016/07/08
TIME 1364 13:29:45
RECEIPT NUMBER
C85008683-001-174-009-0

PURCHASE
TOTAL

\$25.00

VISA
A0000000031010
0FBE88E5AF0A0141
0080008000-E800
516545D283522B0C
0080008000-F800

APPROVED

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

Personal Expense Claim Receipt Description

Member Name: Jason Nixon

Claimant Name: Jason Nixon

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Parking

STAMPEDE PARKING
DEPARTMENT
1410 OLYMPIC WAY SE
CALGARY AB



CARD [REDACTED]
CARD TYPE VISA
DATE 2016/07/11
TIME 6651 19:58:24
RECEIPT NUMBER
H85027692-001-043-005 0

PURCHASE
TOTAL

\$25.00

VISA
A00000000031010
84B3F439395EE0AE
0000000000-

APPROVED

[REDACTED] 01-027

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

**Black Knight Inn (ST105)**

2929 50 Th Ave
Red Deer, AB T4R 1H1
(403) 343-6666
llarsen@blackknightinn.ca

Date: 7/22/16

Arrival Date: 7/20/16

Departure Date: 7/22/16

Check In Time: 7/20/16 5:35 PM

Check Out Time:

Rewards Program ID:

You were checked out by:

You were checked in by: kmartin3

Total Balance Due: 0.00

Nixon, Jason

Post Date	Description	Comment	Amount
7/20/16	Room Charge	Nixon, Jason	120.00
7/20/16	Tourism Levy		4.80
7/20/16	GST		6.00

7/21/16	Room Charge	Nixon, Jason	120.00
7/21/16	Tourism Levy		4.80
7/21/16	GST		6.00
7/22/16	Visa Payment		

\$249.60

Folio Summary 7/20/16 - 7/22/16

240.00

12.00

9.60

Balance Due: 0.00

BLACK KNIGHT INN
2929 50TH AVENUE
RED DEER AB

CARD [REDACTED]
CARD TYPE VISA
DATE 2016/07/22
TIME 11:55:03:18
CLERK ID A
RECEIPT NUMBER
CB4041045-001-852-006-0

PRE-AUTH COMPLETION
TOTAL

\$279.60

VISA
A0000000031010

APPROVED

THANK YOU

01-027

CARDHOLDER COPY



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: Nixon, Jason

Constituency: Rimbey-Rocky Mountain House-Sundre

Employee #:

Date: 6/30/2016

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

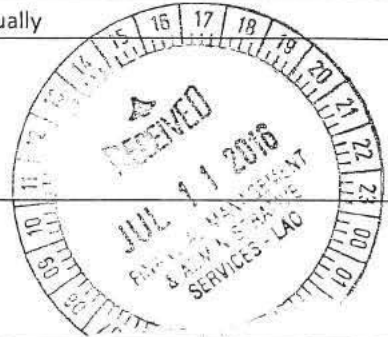
Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually
Maximum of \$23,160 per fiscal year.

Fiscal Year: 2016-2017

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)

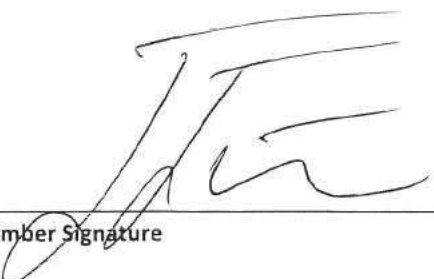
☒ **12 Monthly Payments**

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 changes to their permanent or temporary residence at the time it occurs.

APRIL 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: Nixon, Jason

Constituency: Rimbey-Rocky Mountain House-Sundre

Employee #:

Date: 6/30/2016

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

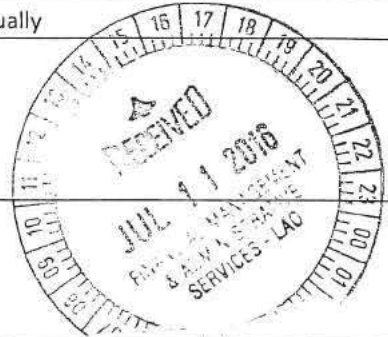
Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually
Maximum of \$23,160 per fiscal year.

Fiscal Year: 2016-2017

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)

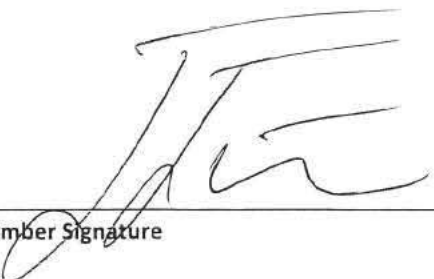
☒ **12 Monthly Payments**

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 changes to their permanent or temporary residence at the time it occurs.

MAY 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: Nixon, Jason

Constituency: Rimbey-Rocky Mountain House-Sundre

Employee #:

Date: 6/30/2016

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

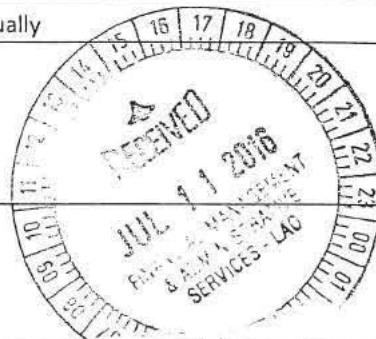
Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually
Maximum of \$23,160 per fiscal year.

Fiscal Year: 2016-2017

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 changes to their permanent or temporary residence at the time it occurs.

JUNE 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: Nixon, Jason

Constituency: Rimbey-Rocky Mountain House-Sundre

Employee #:

Date: 6/30/2016

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

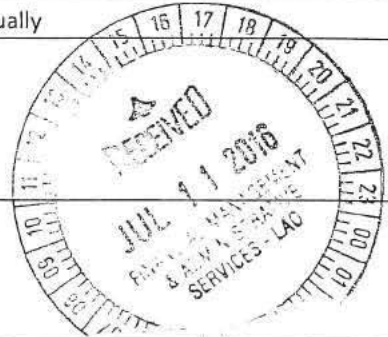
Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually
Maximum of \$23,160 per fiscal year.

Fiscal Year: 2016-2017

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)

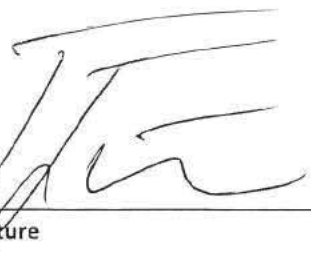
☒ **12 Monthly Payments**

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 changes to their permanent or temporary residence at the time it occurs.

JULY 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



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: Nixon, Jason

Constituency: Rimbey-Rocky Mountain House-Sundre

Employee #:

Date: 6/30/2016

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

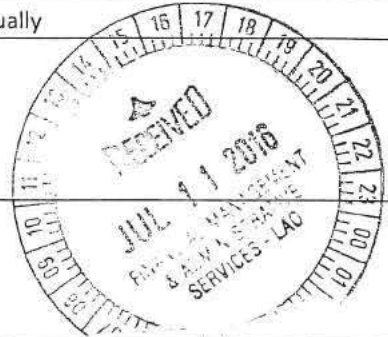
Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually
Maximum of \$23,160 per fiscal year.

Fiscal Year: 2016-2017

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 changes to their permanent or temporary residence at the time it occurs.

August 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: Nixon, Jason

Constituency: Rimbey-Rocky Mountain House-Sundre

Employee #:

Date: 6/30/2016

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

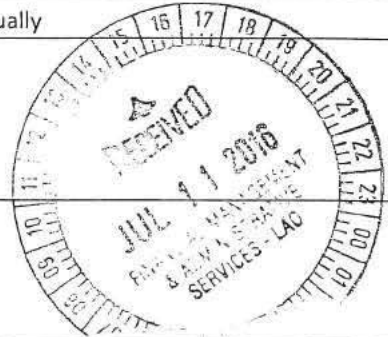
Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually
Maximum of \$23,160 per fiscal year.

Fiscal Year: 2016-2017

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)

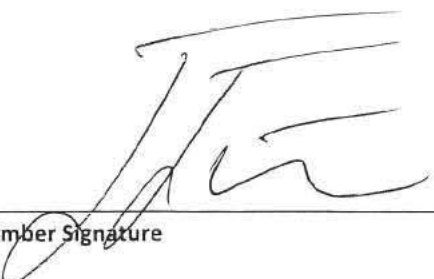
☒ **12 Monthly Payments**

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 changes to their permanent or temporary residence at the time it occurs.

SEPT. 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' 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: Nixon, Jason

Constituency: Rimbey-Rocky Mountain House-Sundre

For the Month of: June

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 checked="" type="checkbox"/>	39.57	1.98	41.55
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17	60 km from Perm. Res.	Eckville	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19	60 km from Perm. Res.	Rimbey	<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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29	60 km from Perm. Res.	Rocky Mountain House	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
30	60 km from Perm. Res.	Rocky Mountain House	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$233.29	\$11.66	\$244.95

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

June 30/16



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: Nixon, Jason

Constituency: Rimbey-Rocky Mountain House-Sundre

For the Month of: May

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
2	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
3	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
4	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
16	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
17	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
18	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
19	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
24	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
25	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
26	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
27	60 km from Perm. Res.	Ponoka	<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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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						\$793.62	\$39.68	\$833.30

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

June 30/16



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: Nixon, Jason

Constituency: Rimbey-Rocky Mountain House-Sundre

For the Month of: April

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.	Rimbey	<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	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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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 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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
11	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
12	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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
18	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
19	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
20	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
21	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
22			<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.	Rimbey	<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.	Rocky Mountain House	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
30	60 km from Perm. Res.	Rocky Mountain House	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$600.43	\$30.02	\$630.45

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

2016

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Jason Nixon

Claimant Name: Jason Nixon

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

GRILLERS STEAKHOUSE
4819 45TH STREET
ROCKY MOUNTAIN AB
T4T 1L8
(403) 844-4430

SALE

Clerk #: 008888
Table #: 0005
Check #: 0000646312
MID: 4320471
TID: 04320471 REF#: 00000009
Batch #: 295 SEQ: 295001001009
06/22/16 12:51:30
CVC: Y

VISA

AMOUNT \$52.23
TIP \$7.83
TOTAL \$60.06

00 - APPROVED - 001

VISA
AID: A0000000031010
TVR: 00 80 00 80 00
TSI: F8 00

CUSTOMER COPY

CHECK # 646312 DATE 6/22/16
TABLE # 5 TIME 12:49PM

DINING : SHANTA

ITEMS ORDERED

AMOUNT

1 TACO CHIK SALAD	14.00
1 TACO BEEF SALAD	14.00
1 CHICKEN SOUVLAKI	12.00
1 DIET PEPSI	3.25
1 SODA	3.25
1 ICED TEA	3.25

SUBTOTAL 49.75
GST PLUS 2.48

TOTAL DUE 52.23

Tip: _____
Total: _____

Name:(Print) _____
Room #: _____

Name:(Sign) _____

Name:(Sign) _____

GSI#: 90545 2074 RT0001

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Jason Nixon

Claimant Name: Charlene Preston

Expense Category: hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Coffee for Rocky
Office.



Sobeys Rocky Mountain House
4419-52 Ave.
403.845.3371
GST #12211 2717 RT 0001

Served by: Chanace

Welcome to Sobeys

GROCERY

M. Cafe Pods Prem Rst \$9.99 R
YOU SAVED \$1.40

SUBTOTAL \$9.99
TOTAL TAX \$0.00

TOTAL \$9.99

Cash	TENDER	\$10.00
Rounding	TENDER	-\$0.01
Cash	CHANGE	\$0.00

NUMBER OF ITEMS 1

*****YOUR SAVINGS*****
On counts & Specials \$1.40
Your Total Savings \$1.40
Percentage Savings 12%



Term	Tran	Store	Oper	06/14/16
5	7223	3149	126	11:36:12

Thank you for shopping at
Rocky Mtn. House Sobeys
See us for all your
entertaining needs!

Sobeys West Customer Care
1-800-723-3929

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Jason Nixon

Claimant Name: Jason Nixon

Expense Category: Hosting

For hosting, select one:

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

Purpose:

Lunch w.
Constituents

Original T's Restaurant
401 Main Ave. W, Box 354
Sundre, AB T0M 1X0
Ph: (403) 638-2233
Table #22

Trans #: 191295 Serv: Shea
Date: 7/2016 1:00 PM # Cust:4

Qty	Descript	Cost
1	Coffee	\$2.25
2	Sm. Choc Milk	\$4.50
1	Sm. Citrus Chicken Sa	\$15.00
1	Sm. Buffalo Wrap	\$12.00
1	Sm. Burger	\$30.00

Net Total: \$63.75
GST \$3.19

TOTAL: \$66.94
Amount Due: \$66.94

Food: \$57.00

Beverage: \$6.75

Watch for New
Daily Specials ..
GST#R1: ..

ORIGINAL T'S RESTAURANT
401 MAIN AVE WEST
SUNDRE AB

CARD [REDACTED]
CARD TYPE VISA
DATE 2016/07/28
TIME 6458 13:01:24
RECEIPT NUMBER
C85045461-001-001-375-0

PURCHASE
AMOUNT \$66.94
TIP \$10.04
TOTAL

\$76.98

VISA
A0000000031010
C74EAA6551FD0EC4
0080008000-E800
7122A655BCC2665A
0080008000-F800

APPROVED

01-027

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Jason Nixon

Claimant Name: Jason Nixon

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Hosting - meeting
w
Constituents

Original T's Restaurant
401 Main Ave, W, Box 354
Sundre, AB T0M 1X0
Ph: (403) 638-2233

Table #23

Trans #: 190491 Serv: Shasta
07/07/2016 6:02 PM # Cust:4

Descript	Cost
2 Choc Milk	\$7.00
2 Coffee	\$4.50
1 Citrus Chicken Sa	\$15.00
1 Quesadilla Burger	\$16.00
1 Side Gravy	\$2.00
1 Big Crunch Burger	\$16.00
1 OT Burger	\$16.00

Net Total: \$76.50
GST \$3.83

TOTAL: \$80.33
Amount Due: \$80.33

Food: \$65.00

Beverage: \$11.50

Watch for New
Daily News
GST

ORIGINAL T'S RESTAURANT

SUNDRE AB

CARD TYPE VISA
DATE 2016/07/07
TIME 1466 18:07:09
RECEIPT NUMBER
C85045461-001-001-049-0

PURCHASE
AMOUNT \$80.33
TIP \$12.00
TOTAL

\$92.38

VISA
A0000000031010
A621345AC1E53D71
0080008000-E800
35664LAF8E667F8
0080008000-F800

APPROVED

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Jason Nixon
Claimant Name: Jason Nixon
Expense Category: Hosting

For hosting, select one:

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

Purpose:

*lunch w
Hosting Constituents*

GRILLERS STEAKHOUSE
4819 45TH STREET
ROCKY MOUNTAIN AB
T4T 1L8
(403) 844-4430

SALE

Clerk #: 001418
Table #: 0004
Check #: 0000651551
MID: 4320471
TID: 04320471 REF#: 00000007
Batch #: 329 SEQ: 329001001007
07/26/16 12:59:26
CVC: Y

VISA

AMOUNT \$30.24
TIP \$4.54
TOTAL \$34.78

00 - APPROVED - 001

VISA
AID: A0000000031010
TVR: 00 80 00 80 00
TSI: F8 00

CUSTOMER COPY

CHECK # 651551 DATE 7/26/16
TABLE # 4 TIME 12:56PM

DINING : KARIANNE

ITEMS ORDERED	AMOUNT
1 TACO BEEF WRAP	12.50
1 CHICKEN CLB WRAP	12.50
2 COFFEE	3.80

SUBTOTAL 28.80
GST PLUS 1.44

TOTAL DUE 30.24

Tip: _____
Total: _____

Name: (Print) _____
Room #: _____

Name: (Sign) _____

Name: (Sign) _____
GST#: 80645 2074 RT0001

Personal Expense Claim Receipt Description

Member Name: Jason Nixon
Claimant Name: Charlene Preston
Expense Category: Office Supply

For hosting, select one:

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

Purpose:

STAPLES Canada

Store # 334

6700 46 Street

Olds, AB T4H0A2

403-507-4595

Sale

00094 4 004 54645

0334 09/02/16 06:31

ENTER TO WIN!

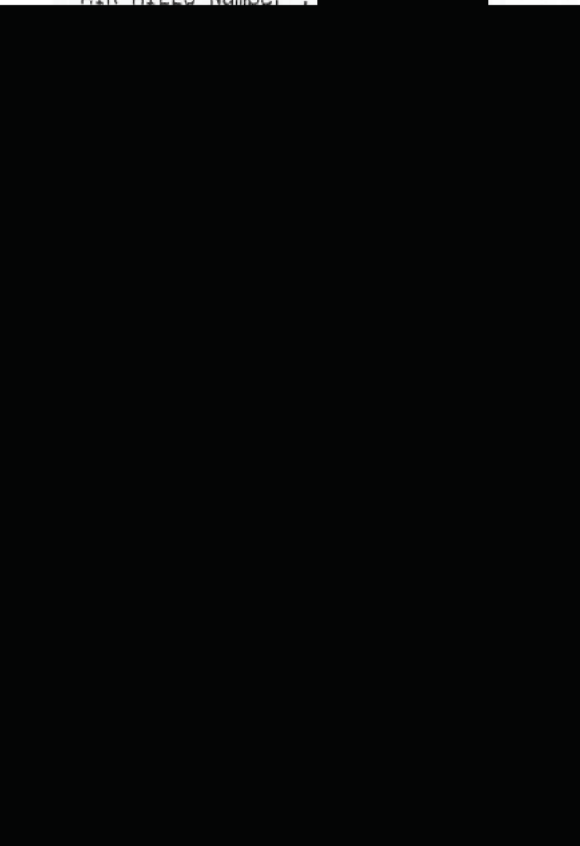
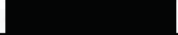
\$1,000 STAPLES SHOPPING SPREE

Staples listens and values your feedback.
Tell us how we did today!

Visit www.StaplesListens.ca

Your Survey Code: Barcode at the bottom

Expires: 09/09/2016

AIR MILES Number : 

1 KCUP STARBUCKS HOU N
099555095364

14.76N

Subtotal

GST 5.00%

Total

MasterCard

Mastercard C
Authorization Number

Purchase

66164353

18:31:09

94 09/02/16
01/027 APPROVED - THANK YOU

MasterCard

0000008000 E800

1010