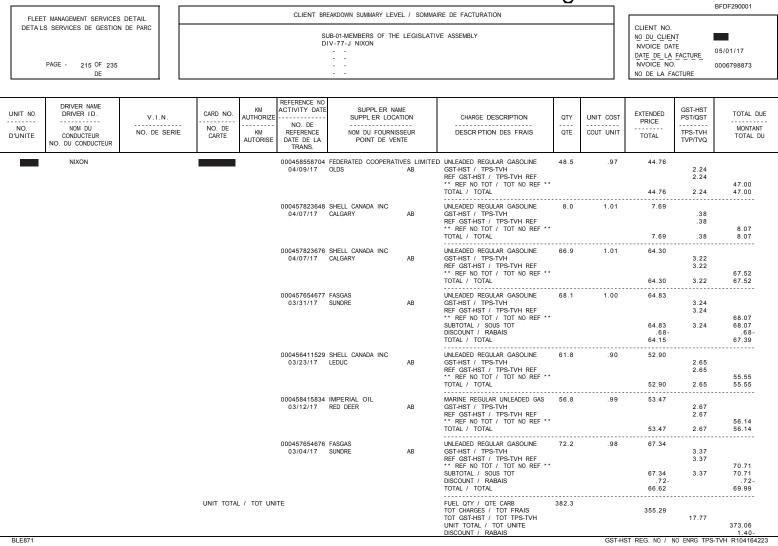
#### LEGISLATIVE ASSEMBLY OF ALBERTA Member EDR 2017-18 077 - Rimbey-Rocky Mountain House-Sundre - Nixon, Jason For Expenses Processed Apr 1 to Jun 30, 2017

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$1,183.39	\$1,183.39
MLA Parking Cap - \$	\$900.00		
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$ Taxi, Bus Travel - \$			
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$			
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,790.00	\$5,790.00
Travel Accommodations Allowance	420,100.00	40,100.00	\$0,100.00
Travel Accommodations Allowance (days; 10 max) - NF	10.0		
Other			
Hosting - \$		\$142.87	\$142.87
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)	80,000,0		
Constituency Travel (Kilometres) - NF Special Trips (5 trips per year) - NF	80,000.0 5.0		
Special trips (5 trips per year) - M	5.0		
Travel To and From the Capital			
Travel by Air, Bus or Train (Unlimited Trips) - NF			
Use of a Private Automobile (52 trips per year) - NF	52.0		
Other Travel			
Vehicle Rental (5 Days maximum anywhere in Alberta) - NF	5.0		
Departed on CAD dollar amount of actual evenesses			
\$ - Reported on CAD dollar amount of actual expense NF - Reported based on number of trips, number of kilometres, or number of	davs		

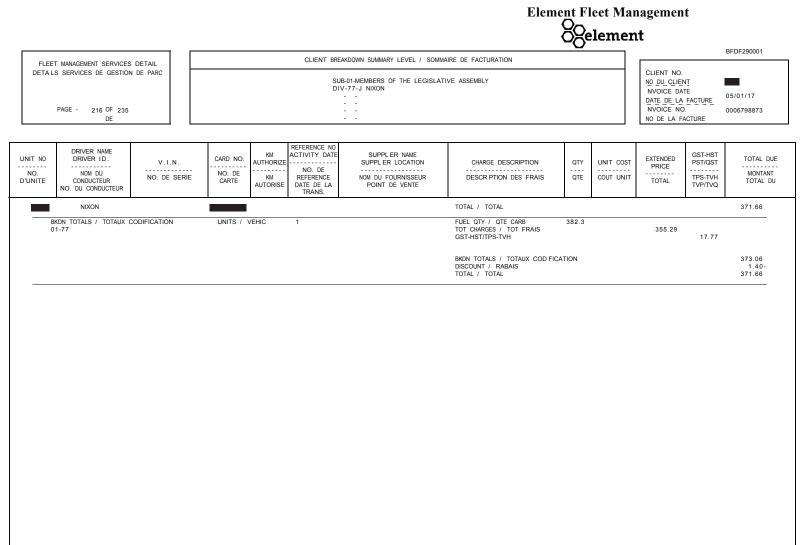
NF - Reported based on number of trips, number of kilometres, or number of days Budget reported is the maximum annual amount that may be claimed

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

# Element Fleet Management Relement



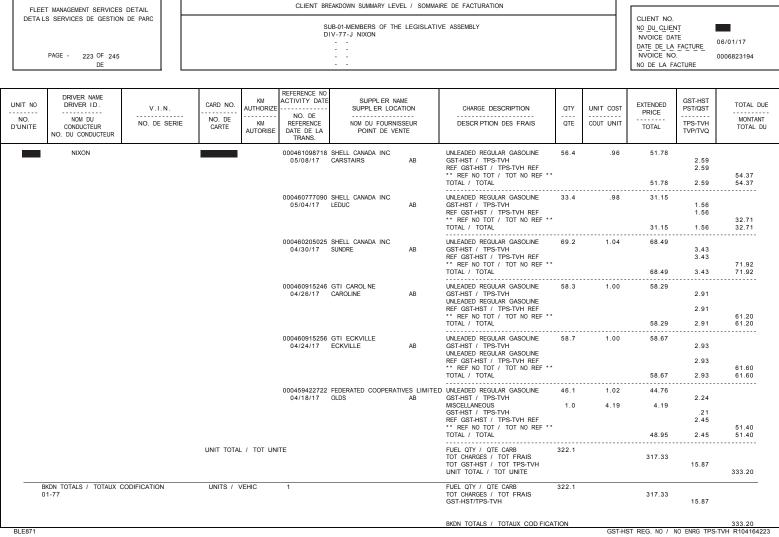
QST ID. NO / NO ID TVQ 1001439118



GST-HST REG. NO / NO ENRG TPS-TVH R104164223 QST ID. NO / NO ID TVQ 1001439118

# Element Fleet Management Relement

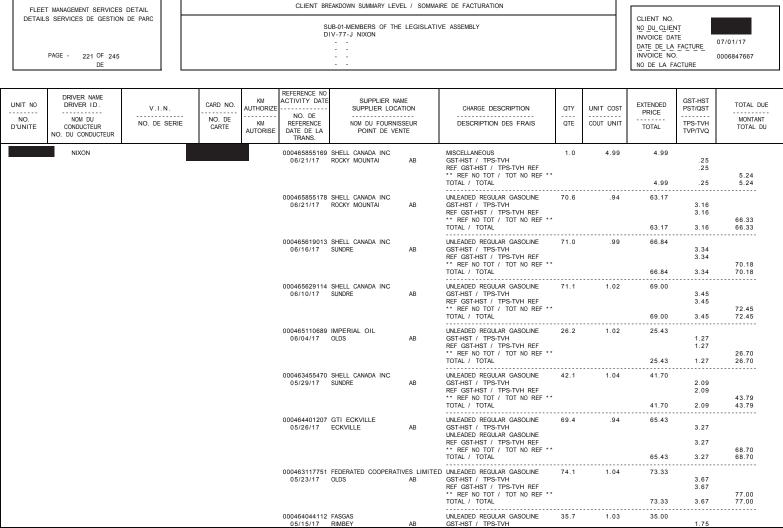
BFDF290001



QST ID. NO / NO ID TVQ 1001439118

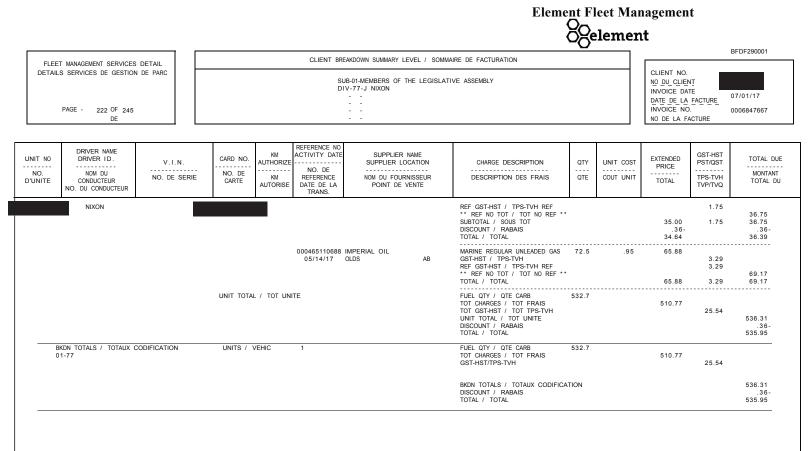
### Element Fleet Management Selement

BFDF290001



R104164223

QST ID. NO / NO ID TVQ 1001439118



GST-HST REG. NO / NO ENRG TPS-TVH R104164223 QST ID. NO / NO ID TVQ 1001439118



## 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: A/1.1 /2017
Claim Type: Temporary Residence Accommodation Allo	owance in Edmonton - Claimed Annually
Temporary Residence Accommodation Allowance in Ed	
Maximum of \$23,160 per fiscal year.	April 2017
Fiscal Year:	
Have you provided documents evidencing your Tempor	rarv C
Residence i.e. lease agreement (Lease or Rental) or	_/
Certificate of Title (Own) to FMAS? If not, please attach	n. VYes No
Monthly Amount (maximum \$1,930 or less)	\$ 1,930 x12 = \$ 0.00
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.

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: A//	1.1/2017
Claim Type: Temporary Residence Accommodation A	llowance in Edmonton - Claimed	Annually
<b>Temporary Residence Accommodation Allowance in</b> Maximum of \$23,160 per fiscal year.	Edmonton - Claimed Annually	
Fiscal Year:		
Have you provided documents evidencing your Temp Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please atta		MAY 2017
Monthly Amount (maximum \$1,930 or less)	\$ 1,930	<b>x 12 = \$</b> 0.00
Please Note: The Member is responsible for retaining a	all records which support the an	nual amount identified above.
Claim Payment Authorization (please check)	12 Monthly Payments	payments in the amount specified above for the
		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.

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	Constituence	y: Rimbey-Rocky Mountain House-Sundre
Employee #:	Date: A	1.1/2017
Claim Type: Temporary Residence Accommodation	n Allowance in Edmonton - Claime	d Annually
Temporary Residence Accommodation Allowance Maximum of \$23,160 per fiscal year.	in Edmonton - Claimed Annually	
Fiscal Year:		
Have you provided documents evidencing your Ter Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please at		No
Monthly Amount (maximum \$1,930 or less)	\$ 1,930	x 12 = \$ 0.00
Please Note: The Member is responsible for retaining	ng all records which support the a	nnual amount identified above.
Claim Payment Authorization (please check)		ts Iy payments in the amount specified above for the is 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 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

ASSEMBLY OF ALBERTA

Member Name: Claimant Name: avlene ston Expense Category:

For hosting, select one:

📋 Individual Constituent(s)

[] Individual Stakeholder(s)

[] Group

Purpose:

Kimibey Trados W

\$20.94

BARGAIN BROWZER 204 CENTRÉ ST NORTH SUNDRE, AB TOM 1X0 403-638-9308

#### DEBIT SALE

MID: 8027733297 TID: 0089250008027733297153 REF#: 00000007 Batch #: 896 RRN: 000478520421 04/21/17 10:17:32

Trace: / DEBIT/CHEQUING

Chip

AMOUNT

APPROVED - 00

Interac AID A0000002771010 TVR: 80 00 00 80 00 TSL 68 00

THANK YOU / MERCI

CUSTOMER COPY

BARGAIN BROWZER 204 CENTRE ST SUNDRE ALBERTA PH 403 638 9308 GST R862171188 11:15 04-21-2017 MC NO.1001 7136 BARB

3×	03.49
CANDYORPOP	\$10.4711
CANDYORPOP	\$3.4911
2×	03.49
CANDYORPOP	\$6.9871
	50

SUBTOTAL TAX1 TOTAL-TAX

LOTAL CHECK

14DAY RETURN POLICY WITH PECEIPT PACKAGE INTACT SOME RESTRICTIONS OR EXCEPTIONS MAY APPLY SEE IN STORE FOR DETAILS

#### LEGISLATIVE ASSEMBLY OF ALBERTA Personal Expense Claim Receipt Description

Member Name: Claimant Name: Expense Category: N

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group

Purpose:

Sundre tradeshow Supplies Member card humber: AIR MILES earned this visit Your AIR MILES Balances Cash Miles Dream Miles You could have earned an additional 12 AIR MILES with a BMO Sobeys AIR MILES MasterCard Apply today at bmosobeys.com CLIENT ID 9803 INSERTED TERMINAL ID 005 \*\* PURCHASE 125.93 \*\* \$ CARD MasterCard RCPT 3968000 RESP 000 NO. TIME 13:41:25 DATE 05/09/2017 AUTH # REF # 00000035 MasterCard APPL. AID A0000000011010 TVR 000008000 ISI E800 APPROVED NO SIGNATURE REQUIRED BY ENTERING A VERIFIED PIN, CARDA DER AGREES TO PAY ISSUER SUCH TOTAL IN ACCORDANCE WITH ISSUER'S AGREEMENT WITH CARDHOLDER Oper 05/09/17 Store Tran Term 13:41:34 118 5055 3968 5 Thank you for shopping at Solvys IGA PLEAS COME AGAIN

[5]	;
Sundre IGA 557 Main Ave W 403.638.3886 GST # 1036338	
Served by: Sara	
Member card number:	
Mints Chocolate Mints Chocolate Eclairs Black Label Eclairs Black Label Eclairs Black Label	\$5.49 GC \$5.49 GC \$5.49 GC \$5.49 GC \$5.49 GC \$5.49 GC
Eclairs Black Label Gatorade Lemon Lime => BONUS EARNED YOU SAVED \$2.50 +EHC +Deposit	\$5.49 GC \$4.99 GC \$0.24 GR
YOU SAVED \$2.50	\$0.60 R \$4.99 GC
+EHC +Deposit G2 Grape 6Pk YOU SAVED \$2.50	\$0.24 GR \$0.60 R \$4.99 GC
+EHC +Deposit Gatorade Orange YOU SAVED \$2.50 +EHC	\$0.24 GR \$0.60 R \$4.99 GC
+Deposit G2 Grape 6Pk YOU SAVED \$2.50 +EHC	\$0.24 GR \$0.60 R \$4.99 GC
*Deposit Spr Water 500ML 24PK +EHC *Deposit Spr Water 500ML 24Pk +EHC *Deposit Gatorade Blue Rasp YOU SAVED \$2.50 *EHC	\$0.24 GR \$0.60 R \$5.49 C \$0.96 R \$2.40 R \$5.49 C \$0.96 R \$2.40 P \$2.40 P \$4.99 GC
+Deposit G2 Fruit Punch YOU SAVED \$2.50 +EHC	\$0.24 GR \$0.60 R \$4.99 GC
+Deposit Gatorade Blue Rasp YOU SAVED \$2.50 +EHC	\$0.24 GR \$0.60 R \$4.99 GC
+Deposit Lunch Bags 50EA Lunch Bags 50EA Butter Old Fashioned Yellw Popcorn 1.81KG Yellw Popcorn 1.81KG COUPON 118 1 Reward for Every \$20 => BONUS EARNED 5 Miles	\$0.24 GR \$0.60 R \$2.59 GC \$5.49 C \$6.99 C \$6.99 C \$0.00 C
<pre>Spend \$100 Earn 100 AM =&gt; BONUS EARNED</pre>	Τ,
Cash CHANGE	\$121.93 \$4.00 5.93 \$125.93 \$0.00
NUMBER OF ITEMS	22
**************************************	\$20.00 \$20.00 14%