

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2017-18
077 - Rimbey-Rocky Mountain House-Sundre - Nixon, Jason
For Expenses Processed Jan 1 - Mar 31, 2018

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$1,687.79	\$5,471.16
MLA Parking Cap - \$	\$900.00	\$117.70	\$210.03
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$			
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$2,295.00	\$3,075.39
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,250.00	\$22,440.00
Travel Accommodations Allowance		\$866.65	\$866.65
Travel Accommodations Allowance (days; 10 max) - NF	10.0	4.0	4.0
Other			
Hosting - \$		\$1,382.82	\$2,279.85
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	80,000.0	17,702.0	31,018.0
Special Trips (5 trips per year) - NF	5.0	3.0	3.0
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	26.0	43.0
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

Element Fleet Management



BDFD290001

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
DIV-77-J NIXON
- -
- -
- -
- -

CLIENT NO. [REDACTED]
NO DU CLIENT [REDACTED]
INVOICE DATE 01/01/18
DATE DE LA FACTURE
INVOICE NO. 0006993645
NO DE LA FACTURE

UNIT NO NO. D'UNITE	DRIVER NAME DRIVER ID. NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V.I.N. NO. DE SERIE	CARD NO. NO. DE CARTE	KM AUTHORIZE KM AUTORISE	REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION DESCRIPTION DES FRAIS	QTY QTE	UNIT COST COUT UNIT	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DUE MONTANT TOTAL DU
[REDACTED]	NIXON	[REDACTED]	[REDACTED]	[REDACTED]	000484224829 12/15/17	SHELL CANADA INC COCHRANE AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	67.0	1.01	64.38	3.22 3.22	67.60 67.60
					000484544260 12/10/17	FEDERATED COOPERATIVES LIMITED OLDS AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	52.0	1.04	51.48	2.57 2.57	54.05 54.05
					000484544415 12/08/17	FEDERATED COOPERATIVES LIMITED ROCKY MOUNTAIN AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH MISCELLANEOUS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	54.3 1.0	1.01 3.99	52.24 3.99	2.61 .20 2.81	59.04 59.04
					000483862524 12/02/17	PETRO CANADA CREMONA AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	72.1	1.08	74.11	3.71 3.71	77.82 77.82
					000484549773 11/26/17	FEDERATED COOPERATIVES LIMITED OLDS AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	42.4	1.06	42.86	2.14 2.14	45.00 45.00
					000484548564 11/24/17	FEDERATED COOPERATIVES LIMITED ROCKY MOUNTAIN AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	54.2	1.07	55.24	2.76 2.76	58.00 58.00
					000482786837 11/18/17	FASGAS SUNDRE AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT DISCOUNT / RABAIS TOTAL / TOTAL	51.8	1.17	57.70	2.88 2.88	60.58 60.58 .52- 60.06
					000481341856 11/13/17	FEDERATED COOPERATIVES LIMITED OLDS AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	71.6	1.16	79.05	3.95 3.95	83.00 83.00

BLE871

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

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
DIV-77-J NIXON
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- -
- -
- -

CLIENT NO.
NO DU CLIENT
INVOICE DATE 01/01/18
DATE DE LA FACTURE
INVOICE NO. 0006993645
NO DE LA FACTURE

UNIT NO ----- NO. D'UNITE	DRIVER NAME DRIVER ID. ----- NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V.I.N. ----- NO. DE SERIE	CARD NO. ----- NO. DE CARTE	KM AUTHORIZE ----- KM AUTORISE	REFERENCE NO ACTIVITY DATE ----- NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION ----- NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION ----- DESCRIPTION DES FRAIS	QTY ----- QTE	UNIT COST ----- COUT UNIT	EXTENDED PRICE ----- TOTAL	GST-HST PST/QST ----- TPS-TVH TVP/TVQ	TOTAL DUE ----- MONTANT TOTAL DU
	NIXON				/ TOT UNITE		FUEL QTY / QTE CARB 465.4 TOT CHARGES / TOT FRAIS 481.05 TOT GST-HST / TOT TPS-TVH 24.04 UNIT TOTAL / TOT UNITE 505.09 DISCOUNT / RABAIS .52- TOTAL / TOTAL 504.57					
BKDN TOTALS / TOTAUX CODIFICATION 01-77 UNITS / VEHIC 1							FUEL QTY / QTE CARB 465.4 TOT CHARGES / TOT FRAIS 481.05 GST-HST/TPS-TVH 24.04					
							BKDN TOTALS / TOTAUX CODIFICATION 505.09 DISCOUNT / RABAIS .52- TOTAL / TOTAL 504.57					

FLEET MANAGEMENT SERVICES DETAIL
 DETAILS SERVICES DE GESTION DE PARC

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
 DIV-77-J NIXON
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CLIENT NO. [REDACTED]
 NO DU CLIENT [REDACTED]
 INVOICE DATE 02/01/18
 DATE DE LA FACTURE
 INVOICE NO. 0007019898
 NO DE LA FACTURE

UNIT NO ----- NO. D'UNITE	DRIVER NAME DRIVER ID. ----- NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V.I.N. ----- NO. DE SERIE	CARD NO. ----- NO. DE CARTE	KM AUTHORIZE ----- KM AUTORISE	REFERENCE NO ACTIVITY DATE ----- NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION ----- NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION ----- DESCRIPTION DES FRAIS	QTY ----- QTE	UNIT COST ----- COUT UNIT	EXTENDED PRICE ----- TOTAL	GST-HST PST/QST ----- TPS-TVH TVP/TVQ	TOTAL DUE ----- MONTANT TOTAL DU
[REDACTED]	NIXON	[REDACTED]	[REDACTED]		000485644047 12/23/17	FASGAS SUNDRE AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT DISCOUNT / RABAIS TOTAL / TOTAL	49.4	1.17	54.97 2.75 2.75 54.97 .49- 54.48	2.75 2.75	57.72 57.72 .49- 57.23
					000486337771 12/07/17	IMPERIAL OIL EDMONTON AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	55.5	.96	50.77 2.54 2.54 50.77 2.54	2.54 2.54	53.31 53.31
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE DISCOUNT / RABAIS TOTAL / TOTAL	104.9		105.74 5.29 111.03 .49- 110.54		
	BKDN TOTALS / TOTAUX CODIFICATION 01-77		UNITS / VEHIC	1			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	104.9		105.74 5.29		
							BKDN TOTALS / TOTAUX CODIFICATION DISCOUNT / RABAIS TOTAL / TOTAL					111.03 .49- 110.54

Marine fuel is actually vehicle fuel

Element Fleet Management



BDFD290001

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
DIV-77-J NIXON
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- -

CLIENT NO. [REDACTED]
NO DU CLIENT [REDACTED]
INVOICE DATE 03/01/18
DATE DE LA FACTURE
INVOICE NO. 0007042854
NO DE LA FACTURE

UNIT NO NO. D'UNITE	DRIVER NAME DRIVER ID. NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V.I.N. NO. DE SERIE	CARD NO. NO. DE CARTE	KM AUTHORIZE KM AUTORISE	REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION DESCRIPTION DES FRAIS	QTY QTE	UNIT COST COUT UNIT	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DUE MONTANT TOTAL DU
	NIXON				000489844572 01/31/18	IMPERIAL OIL EDMONTON AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	37.1	1.16	41.00	2.05 2.05	43.05 43.05
					000489348391 01/25/18	PETRO CANADA RED DEER AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	64.5	1.12	68.72	3.44 3.44	72.16 72.16
					000489348392 01/25/18	PETRO CANADA RED DEER AB	MISCELLANEOUS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	1.0	5.79	5.79	.29 .29	6.08 6.08
					000487833332 01/24/18	FEDERATED COOPERATIVES LIMITED ROCKY MOUNTAIN AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	63.9	1.08	65.71	3.29 3.29	69.00 69.00
					000488525168 01/19/18	FASGAS SUNDRE AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT DISCOUNT / RABAIS TOTAL / TOTAL	58.8	1.10	61.50	3.08 3.08	64.58 64.58 .59- 63.99
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE DISCOUNT / RABAIS TOTAL / TOTAL	224.3		242.72	12.15	254.87 .59- 254.28
	BKDN TOTALS / TOTAUX CODIFICATION 01-77				1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	224.3		242.72	12.15	254.87 .59- 254.28

Marine fuel is actually vehicle fuel

BLE871

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

Element Fleet Management



BDFD290001

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DIV-77-J NIXON
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CLIENT NO. [REDACTED]
NO DU CLIENT [REDACTED]
INVOICE DATE 04/01/18
DATE DE LA FACTURE
INVOICE NO. 0007066291
NO DE LA FACTURE

UNIT NO NO. D'UNITE	DRIVER NAME DRIVER ID. NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V.I.N. NO. DE SERIE	CARD NO. NO. DE CARTE	KM AUTHORIZE KM AUTORISE	REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION DESCRIPTION DES FRAIS	QTY QTE	UNIT COST COUT UNIT	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DUE MONTANT TOTAL DU
[REDACTED]	NIXON	[REDACTED]	[REDACTED]	[REDACTED]	000492749020 03/11/18	FEDERATED COOPERATIVES LIMITED OLDS AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	64.6	1.10	67.62	3.38 3.38	71.00 71.00
					000492032359 03/09/18	SHELL CANADA INC LEDUC AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	64.2	1.02	62.29	3.12 3.12	65.41 65.41
					000492117835 02/20/18	PETRO CANADA OLDS AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	71.3	1.05	71.25	3.56 3.56	74.81 74.81
					000491268132 02/17/18	FASGAS SUNDRE AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT DISCOUNT / RABAIS TOTAL / TOTAL	38.2	1.08	39.24	1.96 1.96	41.20 41.20 .38- 40.82
					000491268131 02/15/18	FASGAS SUNDRE AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT DISCOUNT / RABAIS TOTAL / TOTAL	64.6	1.08	66.41	3.32 3.32	69.73 69.73 .65- 69.08
					000491265474 02/10/18	FASGAS RED DEER AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT DISCOUNT / RABAIS TOTAL / TOTAL	63.3	1.03	62.06	3.10 3.10	65.16 65.16 .63- 64.53
					000491268130 02/06/18	FASGAS SUNDRE AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT DISCOUNT / RABAIS TOTAL / TOTAL	43.1	1.10	45.12	2.26 2.26	47.38 47.38 .43- 46.95
UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB	409.3				

BLE871

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

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
DIV-77-J NIXON
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CLIENT NO. [REDACTED]
NO DU CLIENT [REDACTED]
INVOICE DATE 04/01/18
DATE DE LA FACTURE
INVOICE NO. 0007066291
NO DE LA FACTURE

UNIT NO ----- NO. D'UNITE	DRIVER NAME DRIVER ID. ----- NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V.I.N. ----- NO. DE SERIE	CARD NO. ----- NO. DE CARTE	KM AUTHORIZE ----- KM AUTORISE	REFERENCE NO ACTIVITY DATE ----- NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION ----- NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION ----- DESCRIPTION DES FRAIS	QTY ----- QTE	UNIT COST ----- COUT UNIT	EXTENDED PRICE ----- TOTAL	GST-HST PST/QST ----- TPS-TVH TVP/TVQ	TOTAL DUE ----- MONTANT TOTAL DU
[REDACTED]	NIXON	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE DISCOUNT / RABAIS TOTAL / TOTAL		413.99	20.70		434.69 2.09- 432.60
BKDN TOTALS / TOTAUX CODIFICATION 01-77							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	409.3		413.99	20.70	
							BKDN TOTALS / TOTAUX CODIFICATION DISCOUNT / RABAIS TOTAL / TOTAL					434.69 2.09- 432.60

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Jason Nixon

Claimant Name: Jason Nixon

Expense Category: Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

--

\$10.00

Sundre
Car Wash

23-Jun-2017 3:17 PM

Purchase Tax:0:14905	\$ 0.01
Silver	
Payment:	
Credit Card	\$ 10.01
Change:	\$ 0.00

Thank you for
using our wash.
Please print!

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Jason Nixon

Claimant Name: Jason Nixon

Expense Category: Fuel

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

<div></div> <div>\$68.92</div>

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

BRONZE	
PUMP No.	04
LITRES	67.697
PRICE/L	\$1.069
TOTAL FUEL	\$72.37
TOTAL SALE	\$72.37
VISA	\$72.37

FUEL INCLUDES
GST - Fuel \$3.45
No. 137400032RT

01 APPROVED - THANK
YOU 001
APPROVAL No. XXXXXXXXXX
TERMINAL No. XXXXXXXXXX
89226130
VERIFIED BY PIN

IMPORTANT
retain this copy for
your records

XXXXXXXXXX
VISA
PURCHASE C

INV No. 2261390431
2017/09/16 10:17
VISA
AID A0000000031010
TVR 0080008000
TSI r800

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

STORE: C22613
TRAN: 3615068
9/16/2017 10:20:52

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Jason Nixon

Claimant Name: Jason Nixon

Expense Category: Fuel

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

57.14

OLDS CO-OP GAS BAR QPE
5330 46TH ST
OLDS AB



CARD [REDACTED]
CARD TYPE VISA
DATE 2017/09/25
TIME 1066 10:09:40
RECEIPT NUMBER
H82003790-001-231-004-0

PURCHASE
TOTAL

\$60.00

VISA
40000000031010
9910FB8A597F15CE
0000000000-

APPROVED

AUTH# [REDACTED] 01-027
THANK YOU

NO SIGNATURE REQUIRED

MERCHANT COPY

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Jason Nixon

Claimant Name: Jason Nixon

Expense Category: Fuel

For hosting, select one:

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

Purpose:

--

\$65.84 +GST



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:

\$58.49 +GST

GTI Petroleum Eckville Gas & Snacks
5008-48 Street
Eckville, AB
TOMOXO

Jan-10-18 04:51 PM Trans# 178707

TRANSACTION RECORD

Card: VISA
Card Number: *****
Exp: **/**
AID: A0000000031010

Card Entry: CHIP
Trans Type: PURCHASE

AMOUNT: CAD\$ 61.41

ACI/ISO: 001/00
Auth #:
Seq #: 694001001032
Terminal ID: GTEK1C01
Date: 01/10/2018
Time: 16:50:50
APPROVED

CUSTOMER COPY

GTI Petroleum Eckville Gas & Snacks
5008-48 Street
Eckville, AB
TOMOXO

Tel 403-746-3220
Fax 403-746-3229
GST 138046750RT0002

SALE RECEIPT # 178707
Customer: Cash Sale
Cashier: Manager (R1/T1/S1)
10-Jan-2018 at 04:51 PM

Quantity	Reg Price	Price	Amount
REGULAR - REGULAR Pump-3			
55.375L		\$1.109/L	\$61.41
Sub Total			61.41
Total			61.41
GST (5.0%) included in \$61.41			2.92
Credit Card			61.41
Total Tendered			61.41

Thank You For Shopping at
Eckville Gas & Snacks!!

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:

\$71.43 +GST

GTI Petroleum Caroline G
as & Snacks
4903 50 Ave
Caroline
Alberta
T0M 0M0
GST:138046750RT0002

Inv#: 9012066
Trans: Pre-Auth
Completion

/ C
VISA
AID: A00000000031010
Seq#: 409001001001
Terminal ID: GTICAC05
Auth No:
ACI/ISO: 001/00
Date: 2018-01-16
Time: 12:40:30 PM
TVR 0080008000
TSI F800
APPROVED

Pump # : 5-Regular
Vol : 67.630 L
Price/L: \$1.109
Total: \$75.00

Fuel Includes:
GST(5%): \$3.57

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:

\$50.73 +GST

Westview-Old Gas Bar
5328 46th Street
Olds
T4H 1P6
(403) 556-3350
GST# R103985859

Pump	Litres	Price/L
1	47.607	\$1.119
Product		Amount
Regular		\$53.27

Total	\$53.27
-------	---------

Purchase
VISA

DATE: 01/28/2018
TIME: 12:49:04
REF: 0010170080 C
TERM: 35B0407G
AUTH:
RESP: 027 ISO:01

VISA
A00000000031010
TVR: 0080008000
TSI: F800
VERIFIED BY PIN

Approved - Thank you

IMPORTANT:
retain this copy
for your records

CUSTOMER COPY

Store # 193402
Receipt # 38187

Thank You !!!

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:

\$61.73 + GST

ANDERSON TIRE LTD
833 MAIN AVE WEST
SUNDRE, AB T0M1X0
4036383923

Merchant ID: 87396700015

Term ID: 000

Ref #: 009

Sale

VISA

Entry Method: Chip

02/17/18

12:56:46

Inv #: 000009

Appr Code: [REDACTED]

Apprvd

Batch#: 000099

Total:

\$ 64.93

By entering a verified PIN, cardholder
agrees to pay issuer such total in
accordance with issuer's agreement with
cardholder (Merchant agreement if credit
voucher).

Retain this copy for statement
verification.

Application Label: VISA

AID: A0000000031010

TVR: 00 80 00 80 00

TSI: F8 00

Customer Copy

ANDERSON TIRE
BOX 869 833 MAIN AVENUE WEST Sundre AB TOM 1X0

PH: 403-638-3923
FX: 403-638-2055

SOLD TO:

Invoice SUNR079887

SHIP TO

DATE: 18 Feb 17

AB

TEL:

FAX:

TEL:

PAGE: 1

YEAR	MAKE	MODEL	ENGINE
PLATE NO	VIN	ODOMETER	UNIT NO.
TIME IN	PROMISED	TERMS	P.O.
12:47 PM		Cash	
			WRITTEN BY
			coa
			TAG

QTY	ITEM/DESCRIPTION	SIZE	TAX	NET	EXT.PRICE
1	OIL CHANGE			55.20	55.20
5	REGULAR OIL CHANGE				
	--5W30		G		Included
1	MISC MOTOR OIL				
	--51036		G		Included
0.18h	OIL FILTER				
	ML MECHANICAL LABOUR BW KH DEAN		G		Included
	CHECK ALL GREASE ZERKS AND LUBE				
	CHECK AIR FILTER AND W/W ANTI FREEZE				
	CHECK AIR PRESSURE				
	THANK YOU FOR CHOOSING ANDERSON TIRE				
1	5W30		G	4.99	4.99
1	MISC MOTOR OIL				
	MSS		G	1.54	1.54
	MECHANICAL SHOP SUPPLIES				
	GST Registration# 85704 4697 RT0001				
	Payment Method: Visa (EFT)=64.83				
	THE WHEELS ON YOUR VEHICLE REQUIRE RE-TORQUEING WITHIN 200 KMS. THIS SERVICE IS PROVIDED FREE OF CHARGE. PLEASE SEE US TO HAVE THIS DONE. FAILURE TO DO SO MAY RESULT IN A WHEEL OFF SITUATION. AIR SET AT _____ WHEEL NUTS HAND TORQUED _____FT LBS				
	GST EXEMPT #:	PST EXEMPT #:			

PARTS:	40.89
LABOUR:	19.30
OTHER:	1.54
SUB-TOTAL:	61.73
GST:	3.10
PST:	N/C
TOTAL:	64.83

LEGISLATIVE ASSEMBLY OF ALBERTA
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:

<p style="text-align: right;">\$68.00</p>



Hyatt Regency Calgary
700 Centre St. SE
Calgary, AB T2G5P6
Canada
Tel: 403-717-1234
Fax: 403-537-4444

INVOICE

Payee MR Jason Nixon
[REDACTED]

Room No. 0413
Arrival 10-28-17
Departure 10-29-17
Page No. 1 of 1
Folio Window 1
Folio No. 688993

Confirmation No. 5521536901

Group Name

Date	Description	Charges	Credits
[REDACTED]			
10-28-17	Parking Valet	39.00	
10-29-17	Parking Overnight - Self	29.00	
[REDACTED]		[REDACTED]	[REDACTED]

Total

Guest Signature

Balance

0.00

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

WE HOPE YOU ENJOYED YOUR STAY WITH US!

World of Hyatt Summary

No Membership to be credited

Join World of Hyatt today and start earning points for stays, dining and more. Visit www.worldofhyatt.com

Thank you for choosing Hyatt Regency Calgary. Your feedback is very important to us. For any comments regarding your stay, please feel free to contact our Manager on Duty via email at calgary.regency@hyatt.com.

For inquiries concerning your bill please call 888-587-4589.

For the best rates available, please visit us at www.hyattregencycalgary.com

GST Tax Number: 859734659 RT 0002

Please remit payment to:
Hyatt Regency Calgary
Balboa Hotels Ltd.
PO Box 10104, STN A
Toronto, ON
M5W 2B1

LEGISLATIVE ASSEMBLY OF ALBERTA
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:

\$6.00 +GST

PALLISER
SQUARE

Payment Receipt

Station name: Exit 2 Mallin

Entry: 11/22/17 6:42 PM

Payment date: 11/22/17 11:00

Card no.: [REDACTED]

Net: CAD 6.30

Station: CAD 0.00

Card with: CAD 6.30

Amount change: CAD 0.00

Amount paid: CAD 0.00

[REDACTED]
sq 0010390400 66276439

urchase 17/11/22 23:58:49

uth [REDACTED]
CI/ISS 027/01

1/000 APPROVED THANK YOU

LEGISLATIVE ASSEMBLY OF ALBERTA

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:

<p style="text-align: center;">\$30.00</p>
--



Fairfield Inn & Suites®
Calgary Downtown

239 12 Ave Sw
Calgary Ab T2r 1h7
403.351.6500

J. Nixon

Room: 226

Room Type: QNQN

Number of Guests: 1

Rate: \$329.00

Clerk:

Arrive: 22Nov17

Time: 12:06AM

Depart: 23Nov17

Time:

Folio Number: 52775

Date

Description

Charges

Credits

22Nov17

Valet Parking

30.00 -

22Nov17

Sales Tax

1.50 -

As a Rewards Member, you could have earned points toward your free dream vacation today. Start earning points and elite status, plus enjoy exclusive member offers. Enroll today at the front desk.

As requested, a final copy of your bill will be emailed to you at:
XXXXXXXXXXXXXXXXXXXXXXXXXXXX@ASSEMBLY.AB.CA. See "Internet Privacy Statement" on Marriott.com.

LEGISLATIVE ASSEMBLY OF ALBERTA
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:

\$2.23 +GST



LEGISLATIVE ASSEMBLY OF ALBERTA
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:

\$7.14 +GST

Plate: [REDACTED]
Zone: 2653

Valid through:

THURSDAY
23 NOV 17
1:04 PM

START TIME: 11/23/2017 11:34 AM
AMOUNT PAID: \$7.50 (GST incl.)

Auth No: [REDACTED]

Trn No: 181984a40d496cf1

Terminal: 1004

Receipt No: 4957

LEGISLATIVE ASSEMBLY OF ALBERTA

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:

\$4.33 +GST

(403) 537-7000		CALGARY PARKING AUTHORITY	
Terminal: 587		Zone: 3969	
Plate: [REDACTED]		[REDACTED]	
Valid through:			
THURSDAY 23 NOV 17			
3:26 PM			
AMOUNT PAID: \$4.55 (GST incl.)		Auth No: [REDACTED]	
Start Time: 11/23/2017 1:26 PM		Receipt No: 12488	
parkplus.ca		Pay for your parking online: www	



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

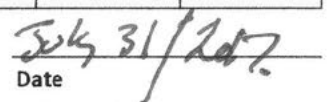
Year: 2017

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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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	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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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	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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$474.81	\$23.74	\$498.55

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


Member Signature


Date



Members' Travel Expenses Per-Diems Claim Form

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

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

Member Name: Nixon, Jason

Constituency: Rimbey-Rocky Mountain House-Sundre

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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$90.14	\$4.51	\$94.65

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

Jan 30/18



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: 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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12	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 type="checkbox"/>	<input type="checkbox"/>	8.76	0.44	9.20
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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
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			<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	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						\$316.52	\$15.83	\$332.35

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

SAN 31/11/18



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: November

Year: 2017

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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
9	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
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	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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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			<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	60 km from Perm. Res.	Calgary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
28	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
29	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
30	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$573.81	\$28.69	\$602.50

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

Member Signature

Date



Members' Travel Expenses Per-Diems Claim Form

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

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

Member Name: Nixon, Jason

Constituency: Rimbey-Rocky Mountain House-Sundre

For the Month of: December

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	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 checked="" type="checkbox"/>	39.57	1.98	41.55
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
12	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
13	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
14	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.76	0.44	9.20
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$285.76	\$14.29	\$300.05

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

Member Signature

Date

JAN 28/18



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: January

Year: 2018

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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.76	0.44	9.20
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
Grand Total						\$68.10	\$3.40	\$71.50

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

Jan 31/18



s APR 12 2018

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: February

Year: 2018

Employee #: [REDACTED]

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		[REDACTED]	<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		[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10		[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11		[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12		[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13		[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14		[REDACTED]	<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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$70.38	\$3.52	\$73.90

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

March 31 / 18



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: March

Year: 2018

Employee #: [REDACTED]

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1		[REDACTED]	<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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
7	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
8	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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	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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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	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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25		[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
26		[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27		[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28		[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29		[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30		[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31		[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$415.48	\$20.77	\$436.25

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

March 31/18



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: 12/5/2017

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:

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)

\$ 1,750.00

x 12 = \$ 21,000.00

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.

January 2018

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: 12/5/2017

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:

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)

\$ 1,750.00

x 12 = \$ 21,000.00

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.

February 2018

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: 12/5/2017

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:

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)

\$ 1,750.00

x 12 = \$ 21,000.00

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.

March 2018

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

Sheraton Cavalier Hotel Calgary
2620 32 Avenue N.E.
Calgary, AB T1Y 6B8
Canada
Tel: 403-291-0107 Fax: 403-291-2834



Sheraton

Mr. Jason Nixon

Page Number : 1
Guest Number : 1424796
Folio ID : A
Arrive Date : 18-FEB-18 00:20
Depart Date : 19-FEB-18 08:54
No. Of Guest : 2
Room Number : 515
Club Account :

Tax Invoice

Tax ID : GST- r100846435

Sheraton Cavalier FEB-19-2018 09:00 BEN

Date	Reference	Description	Charges (CAD)	Credits (CAD)
18-FEB-18	RT515	Room Chrg Restricted SW	159.00	
18-FEB-18	RT515	Alberta TL Tax	6.55	
18-FEB-18	RT515	DMF	4.77	
18-FEB-18	RT515	GST	8.19	
19-FEB-18	VI			-178.51

For Authorization Purpose Only

Date	Code	Authorized
18-FEB-18		

** Total	178.51	-178.51
*** Balance	0.00	

\$170.32 +GST

Continued on the next page

**CANALTA ROCKY MOUNTAIN HOUSE**

4406 41ST AVENUE
ROCKY MOUNTAIN HOUSE AB T4T 1J6
CA

Phone: 403-846-0088

Fax: 403-846-0089

Email:

GM@CANALTAROCKYMOUNTAIN.COM

Printed: 3/2/2018 7:37:58 AM

Folio (Detailed)

Name: NIXON, JASON

Confirmation Number: 877-705046

Address:

Room: 222 Room Type: N1KH, NON SMOKING 1 KING BED WITH HIDE A BED
Nights: 1 Guests: 1/0
Rate Plan: CRP Daily Rate: \$132.05 + \$16.20 Tax GTD:
Arrival: 3/1/2018 (Thu) Departure: 3/2/2018 (Fri)

Room Rate:

3/1/2018 (Thu) - 3/1/2018 (Thu) \$132.05 + \$16.20 Tax per night.

Date	Code	Description	Amount	Balance
3/1/2018	ROOM	ROOM CHARGE	\$132.05	\$132.05
3/1/2018	TAX1	GST	\$6.60	\$138.65
3/1/2018	TAX2	TOURISM LEVY	\$5.28	\$143.93
3/1/2018	TAX3	DESTINATION MARKETING FEE	\$3.96	\$147.89
3/1/2018	TAX4	GST ON DMF	\$0.20	\$148.09
3/1/2018	TAX5	TOURISM LEVY ON DMF	\$0.16	\$148.25
3/2/2018	VI		(\$148.25)	\$0.00

Summary

Room	Tax	F&B	Other	CC	Cash	DB
\$132.05	\$16.20	\$0.00	\$0.00	(\$148.25)	\$0.00	\$0.00

\$141.45 +GST

Guest Signature:

GST# 882858517RT00



Fairfield Inn & Suites[®]
Calgary Downtown

239 12 Ave Sw
Calgary Ab T2r 1h7
403.351.6500

J. Nixon

Room: 226

Room Type: QNQN

Number of Guests: 1

Rate: \$329.00

Clerk:

Arrive: 22Nov17

Time: 12:06AM

Depart: 23Nov17

Time:

Folio Number: 52775

Date _____

Description

Charges

Credits

22Nov17

Room Charge

329.00

22Nov17

GST-Goods and Services Tax

16.94

22Nov17

Convention and Tourism Tax

9.87

22Nov17

Occupancy Sales Tax

13.55

23Nov17

Visa

Balance:	0.00
----------	------

0.00

\$352.42

As a Rewards Member, you could have earned points toward your free dream vacation today. Start earning points and elite status, plus enjoy exclusive member offers. Enroll today at the front desk.

As requested, a final copy of your bill will be emailed to you at: RXXXXXXXXXXXXXXXXXXXXXXXXXXXX@ASSEMBLY.AB.CA. See "Internet Privacy Statement" on Marriott.com.



Hyatt Regency Calgary
700 Centre St. SE
Calgary, AB T2G5P6
Canada
Tel: 403-717-1234
Fax: 403-537-4444

INVOICE

Payee MR Jason Nixon

Room No. 0413
Arrival 10-28-17
Departure 10-29-17
Page No. 1 of 1
Folio Window 1
Folio No. 688993

Confirmation No. 5521536901

Group Name

Date	Description	Charges	Credits
10-28-17	Accommodation	189.00	
10-28-17	DMF 3.0%	5.67	
10-28-17	Alberta Room Tax 4.0%	7.79	
10-28-17	Room - GST 5.0%	9.73	

Total

Guest Signature

Balance

0.00

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

WE HOPE YOU ENJOYED YOUR STAY WITH US!

World of Hyatt Summary

No Membership to be credited

Join World of Hyatt today and start earning points for stays, dining and more. Visit www.worldofhyatt.com

Thank you for choosing Hyatt Regency Calgary. Your feedback is very important to us. For any comments regarding your stay, please feel free to contact our Manager on Duty via email at calgary.regency@hyatt.com.

For inquiries concerning your bill please call 888-587-4589.

For the best rates available, please visit us at www.hyattregencycalgary.com

GST Tax Number: 859734659 RT 0002

Please remit payment to:
Hyatt Regency Calgary
Balboa Hotels Ltd.
PO Box 10104, STN A
Toronto, ON
M5W 2B1

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: \$52.67 + GST

Meeting w Constituents

Original T's Restaurant
401 Main Ave. W, Box 354
Sundre, AB T0M 1X0
Ph: (403) 638-2233
Table #18

Trans #: 205982 Serv: Tamara
7/19/2017 5:46 PM # Cust:2

Quan	Descript	Cost
1	Pepsi	\$3.25
1	Ginger Ale	\$3.25
1	Bison Burger	\$18.00
1	Quesadilla Burger	\$16.00
1	w/ Greek Salad	\$5.00
Net total:		\$45.50
GST		\$2.28
TOTAL:		\$47.78
Amount Due:		\$47.78
Food:		\$39.00
Beverage:		\$6.50
Watch for New Daily Specials GST#R136880739		

ORIGINAL T'S RESTAURANT
401 MAIN AVE WEST
SUNDRE AB

CARD XXXXXXXXXX
CARD TYPE VISA
DATE 2017/07/19
TIME 1163 17:47:48
RECEIPT NUMBER
C85045461-001-001-597-0

PURCHASE
AMOUNT \$47.78
TIP \$7.17
TOTAL

\$54.95

VISA
A0000000031010
54ED72046D06853E
0080008000-E800
FD A15CA30E69C8F
0080008000-F800

APPROVED

AUTH# XXXXXXXXXX 01-027
THANK YOU

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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:

\$56.87 +GST

Lunch Meeting w
Constituents

Coyote Creek Golf & RV Resort
P.O. Box 1499
Sundre, AB
Canada
TOM 1X0

403-638-2450

09/01/2017

11:15 AM

Server: Brie

Transaction ID: -3782

Seating Area: Tabs (No Table)

Table: 19

Customer Name: Guest #1

Item	Qty	Price
Beef Taco Salad	2	29.00
Coffee	2	3.80
Denver Omelet	1	13.00
Large Fountain Pop	1	3.33

Sub Total: 49.13
GST: 2.46

Total: 51.59

COYOTE CREEK GOLF & RV
RESORT

NW 20 32 5 W5

SUNDRE AB

CARD *****

CARD TYPE VISA

DATE 2017/09/01

TIME 1939 12:01:47

RECEIPT NUMBER

H82026259-001-110-005-0

PURCHASE

AMOUNT \$51.59

TIP \$7.74

TOTAL

\$59.33

VISA

A0000000031010

CEF39A34780B5109

0000000000-

APPROVED

AUTH#

01-027

THANK YOU

NO SIGNATURE REQUIRED

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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: \$41.36 +GST

Meeting w
Constituents

Coyote Creek Golf & RV Resort
P.O. Box 1499
Sundre, AB
Canada
TOM 1X0

403-638-2450

09/05/2017

12:34 PM

Server: Annelise

Transaction ID: -3837

Seating Area: Tabs (No Table)

Table: 5

Customer Name: Guest #1

Item	Qty	Price
Chicken Cordon Bleu Burger	1	14.00
Sweet Potato Fries Upcharge	1	2.00
Chicken Taco Salad	1	14.50
Coffee	1	1.90
Large Fountain Pop	1	3.33

Sub Total: 35.73

GST: 1.80

Total: 37.53

www.coyotecreekresort.ca

COYOTE CREEK GOLF & RV

RESORT

NW 20 32 5 W5

SUNDRE AB

CARD *****

CARD TYPE VISA

DATE 2017/09/06

TIME 2536 13:08:35

RECEIPT NUMBER

C82026259-001-120-001-0

PURCHASE

AMOUNT \$37.53

TIP \$5.00

TOTAL

\$43.16

VISA

A0000000031010

F8FEE8CD8A5EA412

0000008000-E800

2F551938DF9DC72C

0080008000-F800

APPROVED

AUTH# 01-027

THANK YOU

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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:

\$48.96 +GST

Meeting w
Constituents

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

SALE

Clerk #: 001405
Table #: 0004
Check #: 0000719152
MID: 4320471
TID: M4320471 REF#: 00000011
Batch #: 345 SEQ: 345001001011
09/21/17 12:48:14
CVC: Y

APPR CODE: [REDACTED]

VISA

***** [REDACTED] *****

AMOUNT	\$44.42
TIP	\$6.66
TOTAL	\$51.08

00 - APPROVED - 001

VISA

AID: A0000000031010

TVR: 00 80 00 80 00

TSI: F8 00

CUSTOMER COPY

CHECK # 719152 DATE 9/21/17
TABLE # 4 TIME 12:39PM

DINING : TARA

ITEMS ORDERED	AMOUNT
1 TACO BEEF SALAD	14.00
1 FEATURE SOUP	0.00
1 LASAGNA/CAESAR	12.00
1 CHKN CAESAR WRAP	12.50
2 COFFEE	3.80

SUBTOTAL 42.30
GST PLUS 2.12

TOTAL DUE 44.42

Tip: _____
Total: _____

Name:(Print) _____
Room #: _____

Name:(Sign) _____

Name:(Sign) _____

GST#: 80645 2074 RT0001

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: \$73.79 +GST

*Meeting w
Constituents*

FO4RTY EIGHT EAT
DRINK ENJOY
4504 45 AVE
ROCKY MOUNTAIN HOUSE
AB T4T 1C4
(403) 871-1777

SALE

Server #: 009419 REF#: 00000071
Batch #: 004 SEQ: 004001001071
09/25/17 22:11:54
Invoice #: 689
APPR CODE: XXXXXXXXXX
VISA
***** XXXXXXXXXX **/*

AMOUNT	\$66.94
TIP	\$10.04
TOTAL	\$76.98

00 - APPROVED - 001

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

THANK YOU
PLEASE COME AGAIN

CUSTOMER COPY

FO4RTY EIGHT
eat.drink.enjoy

4504 48th Ave
Rocky Mountain House A.B.
403 871 1777
GST# 852881689

1018 melissa

Tbl 103/1 Chk 68 Gst 1
Sep25'17 08:19PM
*** Memo Check ***

SEAT:1

2 POP @ 3.75	7.50
2 Calamari @ 13.00	26.00
1 Nachos	18.00
1 Steak Bites	11.00
1 Extra Sauce	1.25
Subtotal	63.75
63.75 GST	3.19
Amount Due	66.94

THANK YOU FOR YOUR PATRONAGE!
LIKE US ON FACEBOOK FOR UPCOMING
SPECIALS, EVENTS AND CONTESTS!
PLEASE PAY SERVER

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: \$35.65 +GST

Meeting w/ constituents

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

SALE

Clerk #: 001792
Table #: 0010
Check #: 0000729523
MD: 4320471
TD: M4320471 REF#: 00000011
Batch #: 402 SEQ: 402001001011
11/17/17 12:32:16
CVC: Y

APPR CODE:
VISA **/01

AMOUNT \$32.36
TIP \$4.85
TOTAL \$37.20

00 - APPROVED - 001

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

CUSTOMER COPY

CHECK # 729523 DATE 11/17/17
TABLE # 10 TIME 12:31PM

-- DINING : SYDNEY --

ITEMS ORDERED	AMOUNT
1 TACO BEEF SALAD	14.00
1 GREAT CAN BURGER	13.00
2 COFFEE	3.80

SUBTOTAL 30.80
GST PLUS 1.55

TOTAL DUE 32.35

Tip: _____
Total: _____

Name:(Print) _____
Room #: _____

Name:(Sign) _____

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

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: \$43.41 +GST

Meeting w
Constituents

Original T's Restaurant
401 Main Ave. W, Box 354
Sundre, AB T0M 1X0
Ph: (403) 638-2233
Table #3

Trans #: 212700 Serv: Alyssa
11/20/2017 1:03 PM # Cust:2

Quan	Descript	Cost
2	Coffee	\$4.50
1	Bison Burger	\$18.00
1	3 Egg Omelette	\$14.00
1	Mushrooms	\$1.00
Net Total:		\$37.50
GST		\$1.88
TOTAL:		\$39.38
Amount Due:		\$39.38
Food:		\$33.00
Beverage:		\$4.50
Watch for New Daily Specials .. RSTHR136880733		

ORIGINAL T'S RESTAURANT
401 MAIN AVE WEST
SUNDRE AB

CARD *****
CARD TYPE **VISA**
DATE 2017/11/20
TIME 0438 13:05:20
RECEIPT NUMBER
C85063486-001-001-363-0

PURCHASE
AMOUNT \$39.38
TIP \$5.91
TOTAL **\$45.29**

VISA
A0000000031010
BE46CEA57460062B
0080008000-E800
DF9B4062837CA1EF
0080008000-F800

APPROVED
AUTH# [REDACTED] 01-027
THANK YOU

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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:



\$85.96

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

Served by: Yuliya A

GROCERY	
Whit Thins 37% L/Fat	\$2.50
1 @ 2/ \$5.00	
YOU SAVED \$0.99	
Vegetable Thins	\$2.50
1 @ 2/ \$5.00	
YOU SAVED \$0.99	
PRODUCE	
Fruit Tray	\$24.99
Chs Fruit Dip 255G	\$2.99
YOU SAVED \$0.30	
Chs Fnt Dip Strwbry	\$2.99
YOU SAVED \$0.30	
DELI	
Kit of Both Worlds	\$49.99
SUBTOTAL \$85.96	
5% GST \$3.75	
TOTAL \$89.71	
visa	TENDER \$89.71
Cash	CHANGE \$0.00
NUMBER OF ITEMS 6	

*****YOUR SAVINGS*****
Discounts & Specials \$2.58
Your Total Savings \$2.58

AIR MILES

LET US REWARD YOU

Air Miles you could have earned
this visit: 4

Enroll today, visit www.airmiles.ca

CLIENT ID: [REDACTED]
TERMINAL ID: 002
** PURCHASE
CARD Visa
NO. ***** [REDACTED]
DATE 12/19/2017
AUTH # [REDACTED]
APPL. VISA
AID A0000000031010
TVR 0000000000
RCPT 489000
RESP 000
TIME 09:20:45
REF # 00000013
TSI

APPROVED

NO SIGNATURE REQUIRED

I AGREE TO PAY THE ABOVE TOTAL AMOUNT
ACCORDING TO THE CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

Card	Tran	Store	Oper	12/19/17
489	3149	122		09:20:49

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

SHARE YOUR THOUGHTS
FOR A CHANCE TO
WIN \$1000
IN SOBEYS
GIFT CARDS!

Hold on to this receipt and complete our
online Customer Survey by visiting:

www.Sobeys.com/MySobeys

SURVEY ACCESS CODE:

[REDACTED]

NO PURCHASE NECESSARY.
Rules on Contest website. Valid for
residents of Alberta; British Columbia;
Manitoba; and Saskatchewan.
Age of majority required.

Contest ends February 3 2018.
Skill testing question required.
Odds of winning depends on entries
received. Access code expires
4 weeks after transaction or on the
Contest end date.

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:

\$79.99

You're at home here.



EVERGREEN CO-OP
ASSOCIATION
RIMBEY FOOD STORE
4625 51 Street, Rimbey

GST# 104593645
NON-MEMBER NUMBER
MEMBER#: [REDACTED]
MEAT & CHS TRAY \$79.99 G

TYPE: Purchase

ACCT: VISA \$ 83.99

CARD NUMBER: *****[REDACTED]
DATE/TIME: 12/20/2017 10:57:48
REFERENCE #: 0010013290 C
TERM: 66209910
AUTHOR.# : [REDACTED]
AID: A000000003TUTU
TVR: 0080008000
ISI: F800

VISA
01 APPROVED - THANK YOU 027

IMPORTANT:
retain this copy for your records

CUSTOMER COPY

1 BALANCE DUE	\$83.99	
VISA	\$83.99	
Auth Code = [REDACTED]		
CHANGE	\$0.00	
TAX-CODE	TAXABLE-VAL	TAX-VALUE
GST	\$79.99	\$4.00 G

Member Number [REDACTED]

C0115 #2147 10:53:44 20DEC2017-
S02214 R004

HAVE A GREAT DAY!

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:

\$108.72



Sundre IGA
557 Main Ave West
403.638.3888
GST # R1233855

Served by: Ray

DL-MtChLg	\$65.99	UD
Produce	\$34.99	C
<hr/>		
White Cran Grape	\$3.50	UD
1 @ 2/ \$7.00		
YOU SAVED \$1.69		
DL-MtChLg	\$0.12	UD
Deposit	\$0.25	R
Cocktail Cran Cherry	\$3.50	UD
1 @ 2/ \$7.00		
YOU SAVED \$1.69		
DL-MtChLg	\$0.12	UD
Deposit	\$0.25	R

SUBTOTAL
5% GST

TOTAL

visa
cash

TENDER
CHANGE

NUMBER OF ITEMS

*****YOUR SAVINGS*****
Discounts & Specials
Your Total Savings

Reward Miles you could have earned
with an AIR MILES Collector Card: 5

CLIENT ID
TERMINAL ID 030

INSERTED

** PURCHASE

**\$

CARD Visa

RCPT 3408000

TO *****

RESP 000

DATE 12/21/2017

TIME 10:26:05

AUTH #

REF # 00000042

APPL VISA

ADD A0000000031010

EXP 0080008000

TSI F800

APPROVED

NO SIGNATURE REQUIRED

BY ENTERING A VERIFIED PIN, CARDHOLDER
AGREES TO PAY ISSUER SUCH TOTAL IN
ACCORDANCE WITH ISSUER'S AGREEMENT WITH
CARDHOLDER

Term	Tran	Store	Oper	
30	3408	5055	104	12/21/17 10:26:11

Thank you for shopping at
Sobeys IGA
PITTSBURGH ALBERTA

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: \$37.04 +GST

Meeting w
Constituents

HARVEST DINER RESTAURANT
4-20-10 AVE
CAROLINE AB T0M 0M0
TEL: 403-722-3777

TERM # 78027882
RECORD # 025473
HOST INVOICE # 0025041
HOST SEQ # 1024860

CARD *****
CREDIT/VISA
2018/01/08 11:09:18

PURCHASE
AMOUNT \$33.60
TIP \$5.04
TOTAL \$38.64

UTH# B:0775
HTS# 20180108110953

00 TRANSACTION
APPROVED 000
THANK YOU

VISA
AID: A0000000031010
TC: 6FA6FE3270CA5FD0
TVR: 0080008000
TSI: F800

CUSTOMER COPY

HARVEST DINER
CAROLINE, AB
(403) 722-3777
GST# 820455178
SERVICE

Server: LYNDEY
Guest:

Table #10

OPEN FOOD	8.00
OPEN FOOD	8.00
DENVER OMELET	13.00
3 x COFFEE @ 1.00	3.00
Total	33.60
Net Sales	32.00
GST Added	1.60
10:38 AM 1/7/2018	

THANK YOU!
FOR DINING AT MYTHO'S
PLEASE PAY CASHIER

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: \$35.30 +GST

*Meeting w
Constituents.*

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

Table #18

Trans #: 214731 Serv: Faye
10/01/2018 12:39 PM # Cust:2

Item Description	Cost
Coffee	\$2.25
1 Tea	\$2.25
1 Half Lasagna	\$10.00
1 3 Egg Omelette	\$14.00
1 Ham	\$1.00
1 Mushrooms	\$1.00

Net Total: \$30.50
GST \$1.53

TOTAL: \$32.03

Amount Due: \$32.03

Food: \$26.00

Beverage: \$4.50

Watch for New
Daily Specials
GST#R136880739

ORIGINAL T'S RESTAURANT
401 MAIN AVE WEST
SUNDRE AB

CARD *****
CARD TYPE VISA
DATE 2018/01/10
TIME 0248 13:02:52
RECEIPT NUMBER
C85045362-001-001-449-0

PURCHASE
AMOUNT \$32.03
TIP \$4.80
TOTAL

\$36.83

VISA
A0000000031010
DCE673574C516E22
0080008000-E800
79ADF41C8D8F58FC
0080008000-F800

APPROVED

AUTH# 01-027
THANK YOU

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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:

\$67.71 +GST

Meeting w
Constituents

ORIGINAL T'S RESTAURANT
401 MAIN AVE WEST
SUNDRE AB

CARD *****
CARD TYPE VISA
DATE 2018/01/12
TIME 1233 12:16:46
RECEIPT NUMBER
C85045362-001-001-491-0

PURCHASE
AMOUNT \$61.43
TIP \$9.21
TOTAL

\$70.64

VISA
A0000000031010
A3E1AC73284048D7
0080008000-E800
8B36C0FAE5E320EC
0080008000-F800

APPROVED

AUTH# 01-027
THANK YOU

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

Table #18

Trans #: 214818
12/01/2018 12:11 PM

Serv: Ashlee
Cust:3

Quan	Descript	Cost
2	Coffee	\$4.50
1	3 Egg Omelette	\$14.00
1	Ham	\$1.00
1	Mushrooms	\$1.00
1	Big Crunch Burger	\$16.00
1	Hot	\$1.00
1	Side Gravy	\$2.00
1	Steak Sandwich	\$16.00
1	Caesar Salad	\$3.00

Net Total: \$58.50
GST \$2.93

TOTAL: \$61.43

Amount Due: \$61.43

Food: \$54.00
Beverage: \$4.50

Watch for New
Daily Specials
GST#R136880739

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: \$55.27 +GST

Meeting w
Constituent

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

Table #18

Trans #: 215185 Serv: Ashlee
19/01/2018 1:04 PM # Cust:2

Quan	Description	Cost
2	Coffee	\$4.50
1	Ice Tea	\$3.25
1	Tuna Flatbread	\$12.00
2	SPECIAL #2	\$28.00
Net Total:		\$47.75
GST		\$2.39
TOTAL:		\$50.14
Amount Due:		\$50.14
Food: \$40.00		
Beverage: \$7.75		
Watch for New Daily Specials GST#R136080739		

ORIGINAL T'S RESTAURANT
401 MAIN AVE WEST
SUNDRE AB

CARD ***** [REDACTED]
CARD TYPE VISA
DATE 2018/01/19
TIME 4447 13:25:03
RECEIPT NUMBER
H85045362-001-001-706-0

PURCHASE
AMOUNT \$50.14
TIP \$7.52
TOTAL \$57.66

VISA
A0000000031010
C04524F79F81405B
0000000000-

APPROVED
AUTH# [REDACTED] 01-027
THANK YOU

NO SIGNATURE REQUIRED

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: \$52.08 +GST

*Meeting w
Constituent*

HARVEST DINER RESTAURANT
4920 50 AVE
CAROLINE AB T0M OMO
TEL: 403-722-3777

TERM # 78027882
RECORD # 000245
HOST INVOICE # 0000231
HOST SEQ # 1025176

CARD *****
CREDIT/VISA
2018/01/23 17:33:20

PURCHASE
AMOUNT \$47.25
TIP \$7.08
TOTAL \$54.33

AUTH# [REDACTED] B:0787
HTS#: 20180123173325

00 TRANSACTION
APPROVED 000
THANK YOU

VISA
AID: A0000000031010
TC: 83C01B94A5364CEB
TVR: 0080008000
TSI: F800

CUSTOMER COPY

HARVEST DINER
CAROLINE, AB
(403) 722-3777
GST# 820455178
SERVICE

Server: MEL
Guest:

Table #5

1/2 FISH & CHIPS	13.00
OPEN FOOD	15.00
DENVER OMELET	13.00
2 x POP @ 2.00	4.00

Total 47.25
Net Sales 45.00
GST Added 2.25
5:18 PM 1/22/2018

THANK YOU!
FOR DINING AT MYTHO'S
PLEASE PAY CASHIER

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: \$54.98 +GST

Meeting w
Constituent

GRILLERS STEAKHOUSE
4815 45TH STREET
ROCKY MOUNTAIN AB
T4T 1L8
(403) 844-4430

SALE

Clerk #: 001405
Table #: 0012
Check #: 0000740145
MID: 4320471
TID: 04320471 REF#: 00000011
Batch #: 030 SEQ: 030001001011
01/23/18 12:20:36
CVC: Y

APPR CODE: [REDACTED]

VISA

***** [REDACTED] ****

AMOUNT	\$49.88
TIP	\$7.48
TOTAL	\$57.36

00 - APPROVED - 001

VISA

AID: A0000000031010

TVR: 00 80 00 80 00

TSI: F8 00

CUSTOMER COPY

CHECK # 740145 DATE 1/23/18
TABLE # 12 TIME 12:18PM

-- DINING : TARA --

ITEMS ORDERED	AMOUNT
1 REGULAR SOUP	8.00
1 TACO BEEF WRAP	13.50
2 BLT ON A BUN	26.00

SUBTOTAL	47.50
GST PLUS	2.38

TOTAL DUE 49.88

Tip: _____
Total: _____

Name:(Print) _____

Room #: _____

Name:(Sign) _____

Name:(Sign) _____

GST#: 80645 2074 RT0001

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: \$43.13 +GST

*Meeting w
Constituent*

DENNYS - 7582
2940 50th Avenue
Red Deer AB T4R 1M4
403-348-5040

** TRANSACTION RECORD **

Tran. #: 290
RVC: RESTAURANT
Table #: 7
Check #: 169
Group #: 0
Employee #: 530
Employee Name: VIJAYKUMAR

App Name: VISA

Amount \$39.12
Tip \$5.87
=====

TOTAL CAD\$44.99

APPROVED
00-001 (601) 015826
D081CS12/D081CC12
049001001017
2018/01/25 18:10:54

TVR: 0000000000

Customer Copy

THANK YOU
Come Again

DENNY'S - #7582

2940 50th Ave, Red Deer, (403)348-5040

0169a Table 7 #Party 2

BRIANNA G SvrCk: 4 17:16 01/25/18

1 REGULAR COFFEE 2.99
1 FISH & CHIPS 15.49

Sub Total: 18.48

GST: 0.92

Guest 1 TOTAL: 19.40

1 REGULAR COFFEE 2.99
1 WILD SALMON SKIL 15.79

Sub Total: 18.78

GST: 0.94

Guest 2 TOTAL: 19.72

Sub Total: 37.26

GST: 1.86

01/25 18:06 TOTAL: 39.12

PLEASE PAY CASHIER

GST# 121757065
VISIT US AT www.dennys.ca
CUSTOMER COMMENT
(604)730-6620



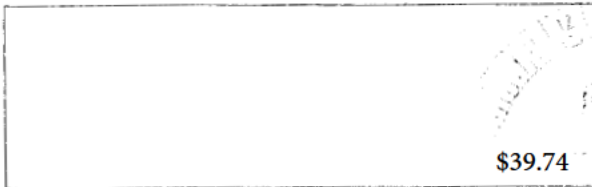
LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

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

For hosting, select one:

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

Purpose:


\$39.74

You could have earned an additional
10 AIR MILES
with a BMO Sobeys AIR MILES MasterCard
Apply today at bmosobeys.com

CLIENT ID [REDACTED]
TERMINAL ID 005
* PURCHASE

INSERTED

RCPT 6546000
RESP 000
TIME 15:07:02
REF # 00000076

DATE 01/26/2018

PPL MasterCard
ID A0000000041010
VR 0000008000

TSI E800

APPROVED

NO SIGNATURE REQUIRED

BY ENTERING A VERIFIED PIN, CARDHOLDER
AGREES TO PAY ISSUER SUCH TOTAL IN
ACCORDANCE WITH ISSUER'S AGREEMENT WITH
CARDHOLDER

Term Tran Store Oper 01/26/18
6546 5055 119 15:07:08

Thank you for shopping at
Sobeys IGA
PLEASE COME AGAIN



Sundre IGA
557 Main Ave West
403.638.3886
GST # 103633855

Served by: Diane B

Member card number: [REDACTED]

Coffee Whitener 450G	\$2.89	C
Nestle Purelife Spr	\$6.99	C
YOU SAVED \$2.00		
+EHCN	\$1.40	GR
+Deposit	\$3.50	R
Sugar Cube Bale 500G	\$2.79	C
Butter Salted 454G	\$3.99	C
Yellow Popcorn 1.81KG	\$6.99	C

Folgers Classic 920G \$11.19 C

SUBTOTAL
5% GST

TOTAL

Master Card
Cash

TENDER
CHANGE

NUMBER OF ITEMS

*****YOUR SAVINGS*****
Discounts & Specials
our Total Savings
percentage Savings

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:

Lunch for guests
in MLA office
for a meeting

\$48.10 +GST

SUBWAY

Subway#16155-0 Phone 403-638-4444
308 MAIN AVE. W
SUNDRE, ALBERTA, T0M 1X0
Served by: Fely 3/2/2018 1:07:17 pm
Term ID-Trans# 1/A-133398

Customer Receipt
GST# 859134454RT0001

Qty	Size	Item	Price
1		Tuna Salad	\$7.69
1		-CAN - Fresh Value Meal	\$3.40
		- Bottled Juice	
		- Chips	
1		Tuna Wrap	\$5.69
		-CAN - Fresh Value Meal	\$3.40
		- Bottled Juice	
		- Chips	
2		Tuna Wrap	\$11.36
		-CAN - Fresh Value Meal	\$6.80
		- Bottled Carbonated Drink B	
		- Chips	
1	6"	B.M.T. Sub	\$5.69
1		-CAN - Fresh Value Meal	\$3.40
		- Bottled Carbonated Drink B	
		- Chips	

Sub Total	\$47.45
GST (5%)	\$2.38
Ref Dep	\$0.50
Tip Fee	\$0.15
Total (Eat In)	\$50.48
Credit Card	\$50.48
Change	\$0.00

MID: 000010143059
TID: 701
Approval No: [REDACTED]
Reference No: 806113070366
Trace No: 00449090
Card Issuer: Interac
Account No: [REDACTED]
Account Type: Chequing
Acquired: Contact_EMV
Amount: \$50.48
Application: Interac
AID: A0000002771010
TVR: 8000008000
TSI: 6800
Date/Time: 3/2/2018 1:07:10 PM

By entering a verified PIN, cardholder
agrees to pay issuer such total in
accordance with issuer's agreement with
cardholder.

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: \$35.01 +GST

*Meeting w
Constituent*

ORIGINAL T'S RESTAURANT
401 MAIN AVE WEST
SUNDRE AB

CARD *****
CARD TYPE VISA
DATE 2018/02/07
TIME 4638 12:39:00
RECEIPT NUMBER
C85063486-001-001-008-0

PURCHASE
AMOUNT \$31.76
TIP \$4.76
TOTAL

\$36.52

VISA
A0000000031010
62D6D5866BAB2916
0080008000-E800
3D8E9CAC1CB17217
0080008000-F800

APPROVED

AUTH# 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

Original T's Restaurant
401 Main Ave. W, Box 354
Sundre, AB T0M 1X0
Ph: (403) 638-2233
Table #18
Trans #: 216055 Serv: Nicky
07/02/2018 12:11 PM # Cust:2

Quan	Descript	Cost
1	Coffee	\$2.25
1	Tuna Flatbread	\$12.00
1	3 Egg Omelette	\$14.00
1	Ham	\$1.00
1	Mushrooms	\$1.00
Net Total:		\$30.25
GST		\$1.51
TOTAL: \$31.76		
Amount Due: \$31.76		
Food: \$28.00		
Beverage: \$2.25		
Watch for New Daily Specials ... GST#R136880739		

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: \$39.94 +GST

Meeting w Constituent

PIROS FAMILY RESTAURANT
110 MAIN AVENUE
SUNDRE AB

CARD *****
CARD TYPE VISA
DATE 2018/02/16
TIME 0653 12:51:53
RECEIPT NUMBER
C84124166-001-089-007-0

PURCHASE
AMOUNT \$36.25
TIP \$5.44
TOTAL

\$41.69

VISA
A0000000031010
288745BA08ADE839
0080008000-E800
3B6172D22A902501
0080008000-F800

APPROVED

AUTH# 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

PIROS FAMILY RESTAURANT
110 MAIN AVE WEST
SUNDRE ALBERTA
PHONE(403)638-3354

RECEIPT: 2427

69 ROOM: Restaurant TABLE: 4
DATE: 02/16/2018 TIME: 12:52 PM

SERVER: Helen *

CLIENT NAME:

QTY	DESCRIPTION	PRICE	AMOUNT
-----	-------------	-------	--------

1	Teriyaki Chicken		
	Burger	12.00	12.00
	+Sub With Greek Salad		4.25
1	Teriyaki Chicken		
	Burger	12.00	12.00
	+Sub With Greek Salad		4.25
1	Coffee	2.00	2.00

SUBTOTAL: 34.50
PST(FOOD): 0.00
GST: 1.73

TOTAL: 36.23

GST #872260005

THE ASSEMBLY OF ALBERTA
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:

\$51.43 + GST

- taco salad
- steak sandwich
- chicken fajita
- 2 ice tea
- 1 diet pepsi

THE THREE BROTHERS FAMIL
4909 50TH ST
RIMBEY, AB. T0C 2J0
403-843-4243

SALE

Server #: 006500

Batch #: 209

02/27/18

APPR CODE: [REDACTED]

Trace: 3

VISA

REF#: 00000003

12.50.00

Chip

AMOUNT
TIP
TOTAL

\$46.57
\$6.99
\$53.56

APPROVED

VISA

AID: A0000000031010

TVR: 00 80 00 80 00

TS: F8 00

THANK YOU / MERCI

CUSTOMER COPY

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Jason Nixon

Claimant Name: _____

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Hosting supplies for office

\$15.99

staples.ca/businessdepot.com

CALGARY, AB T2E 8Z9

TEL: 1-800-668-6888

staples.ca/businessdepot.com

FAX: 1-800-567-2260

bd.support@orders.staples.com GST# 126 152 586

REFER TO THIS ORDER NO. FOR ALL INQUIRIES - MENTIONNER CE NO DE COMMANDE POUR TOUTE QUESTION

CUSTOMER NO. - NO DE CLIENT	SHIP DATE DATE D'EXPEDITION	ORDER NO. - NO DE COMMANDE
	3/06/18	5415153864-A
PURCHASE ORDER NO. - NO DU BON D'ACHAT		RELEASE NO. - NO DE DISTRIBUTION
COST CENTER - CENTRE DE COUTS		REQUISITIONER - DEMANDEUR

SHIPPING LOCATION: STAPLES.CA #361 ALBERTA DELIVE
ENDROIT D'EXPEDITION: RED-33-00023

CARRIER/ROUTE:
TRANSPORTEUR/ROUTE:
DELIVERY SCHEDULE:
HORAIRE DE LIVRAISON:
TOTAL PACKAGES:
NBRE DE PAQUETS AU TOTAL: 5
PAGE: of
PAGE: 1 de

MLA
JASON NIXON
117 CENTRE ST S
SUNDRE, AB T0M1X0

CHARLENE PRESTON
117 CENTRE ST S
SUNDRE, AB T0M1X0
(403) 638-5029

SPECIAL INSTRUCTIONS: Cross Street: NONE
INSTRUCTIONS SPECIALES:

Elev: N Flr: 1 Hrs: NONE NONE

ITEM NUMBER NO D'ARTICLE	QTY ORDERED QTE COMMANDEE	QTY SHIPPED QTE EXPEDIEE	UNIT UNITE DE MES	ITEM DESCRIPTION DESCRIPTION DE L'ARTICLE	MODEL NUMBER NUMERO DU MODEL
2846690	1	1		EA DC SAL CARAMEL HOT CHO 24	15.99
----- CONTINUED -----					

Loaded By: Chargé par:
Boxes Loaded: Boîtes chargées:
Delivery Status - État de la livraison: DLV PDL RDL RBC UDL Notes:

Delivered By: Livré par:
Total Boxes on Order: Boîtes totales sur la comm.:

* N
Customer Signature: Signature du client:
Customer Name (Print): Nom du client (cajac, d'imp.):

PAYMENT METHOD: METHODE DE PAIEMENT:

TOTAL VALUE
OF ORDER: VALEUR TOTALE DE
LA COMMANDE:

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

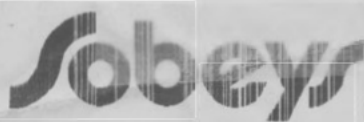
Member Name: Jason Nixon
Claimant Name: Charlene Preston
Expense Category: Hosting

For hosting, select one:

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

Purpose:

\$43.40 + GST



Sobeys Olds
#300, 6700-46 St T4H 0A2
(403) 556-3113
GST 87128827R1

Served by: L12

Welcome to Sobeys

GROCERY

offee KCup SS Orig \$19.99 C

mothys Chai Latte \$7.99 C

YOU SAVED \$3.20

Water 500ML 24PK \$4.49 C

FHC \$0.99 C

Deposit \$2.40 C

owder French Van \$4.39 C

ignal Crys 225G \$1.59 C

ignal Crys 225G \$1.59 C

OTHER

Promo #209 \$0.00 C

SUBTOTAL
5% GST

TOTAL

Debit
Cash

TENDER
CHANGE

NUMBER OF ITEMS

*****YOUR SAVINGS*****
Discounts & Specials
Your Total Savings
Percentage Savings

MERCHANT ID: 00000000000000000000
CLIENT ID: 00000000000000000000
TERMINAL ID: 0002 TRACE# 003/9460

** PURCHASE

ACCOUNT Chequing REF 030
DATE 03/23/2018 TIME 09:32 33
REF # 00000007

APPL Interac
AID A0000002771010
SVR 8000008000 TSI 5800

APPROVED

ENTERING A VERIFIED PIN, CARDHOLDER
NEEDS TO PAY ISSUER SUCH TOTAL IN
ACCORDANCE WITH ISSUER'S AGREEMENT WITH
CARDHOLDER

Tran Store Oper 03/23/18
5334 5436 123 09:32:39

Thank you for shopping at
Sobeys. Sign up for your
Air Miles Card Today.
Better Food For All.

Sobeys West Co. Home 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:

\$70.61 + GST

ORIGINAL T'S RESTAURANT
401 MAIN AVE WEST
SUNDRE AB

CARD
CARD TYPE VISA
DATE 2018/03/27
TIME 2847 12:45:38
RECEIPT NUMBER
C85063486-001-001-396-0

PURCHASE
AMOUNT \$64.05
TIP \$9.61
TOTAL

\$73.66

VISA
A0000000031010
C6FF88E2240BDB4A
0080008000-E800
603056CF22316FE2
0080008000-F800

APPROVED

AUTH# 01-027
THANK YOU

CARDHOLDER COPY

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

Table #18

218727

Serv: Alyse

18 12:44 PM

Cust:3

Descript	Cost
Coffee	\$4.50
1 SPECIAL #1	\$16.00
2 Mediterranean Burger	\$32.00
1 Sweet Potato Fries	\$3.50
1 w/ Greek Salad	\$5.00

Net Total: \$61.00
GST \$3.05

TOTAL: \$64.05
Amount Due: \$64.05
Food: \$56.50
Beverage: \$4.50

Watch for New
Daily
GST#R

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
\$65.69 + GST

Original T's Restaurant
401 Main Ave. W, Box 354
Sundre, AB T0M 1X0
Ph: (403) 638-2233
Table #18
Phone #: 218775 Serv: Alyssa
Date: 09/2018 12:50 PM # Cust: 3

Item Description	Cost
Coffee	\$2.25
Mediterranean Burger	\$32.00
Greek Salad	\$5.00
Sweet Potato Fries	\$3.50
Spicy Buffalo Wrap	\$12.00
Gravy	\$2.00
=====	
Net Total:	\$56.75
GST	\$2.84
=====	

TOTAL: \$59.59
Amount Due: \$59.59
Food: \$54.50
Beverage: \$2.25

Watch for New
Daily Specials
GST

ORIGINAL T'S RESTAURANT
401 MAIN AVE WEST
SUNDRE AB

TYPE VISA
2018/03/28
E 1634 12:51:57
REIPT NUMBER
85063486-001-001-415-0

PURCHASE
AMOUNT \$59.59
TIP \$8.94
TOTAL

\$68.53

VISA
A0000000031010
F91AF0BC407F1C7C
0080008000-E800
5719BBB75002FBFE
0080008000-F800

APPROVED

AUTH# 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS