

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2016-17
066 - Lacombe-Ponoka - Orr, Ron
For Expenses Processed July 1 - September 30, 2016

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$430.47	\$827.99
MLA Parking Cap - \$	\$900.00		
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$			
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$			\$158.15
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$11,580.00	\$11,580.00
Travel Accommodations Allowance		\$536.64	\$536.64
Travel Accommodations Allowance (days; 10 max) - NF	10	4	4
Other			
Hosting - \$		\$157.48	\$273.49
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	80,000	1,158	1,692
Special Trips (5 trips per year) - NF	5	1	1
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	2	10
Other Travel			
Vehicle Rental (5 Days maximum anywhere in Alberta) - NF	5		

\$ - Reported on CAD dollar amount of actual expense

NF - Reported based on number of trips, number of kilometres, or number of days

Budget reported is the maximum annual amount that may be claimed

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

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Ron Orr

Claimant Name: Ron Orr

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Fuel

Fas Gas Crossroads Service
4576-50 Avenue
Lacombe, AB, T4L 2B6
403-782-4244
GST/HST# R101746552
Store Code:40003
Date / Time: 13-Jun-2016 06:21 PM
Receipt# :60566966
Sales ID :05 Drawer :REG2

Pump# 4 *ETHANOL BLEND
39.060 L @ \$ 1.039 / L 40.58T

Sub Total

Total
Debit (CHEQUING)
Change
*GST Inclusive 1.93

TRANSACTION RECORD

1220 - 110079 - 192385920 - PURCHASE

Card Number

Fas Gas Litre Log

Amount \$ 40.58

CASH BACK (CENTS) 117

Litre Log Balance 216

000 APPROVED - THANK YOU

Register your Litre Log

Today at fasgasplus.ca

With initial

password 1234

IMPORTANT

Retain This Copy For Your Records

*** CUSTOMER COPY ***

Purchase 4-12-85
Interac F 0.000000

00/001 APPROVED - THANK YOU
Interac 00000002771010
0080006000 F800

IMPORTANT

Retain This Copy For Your Records

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Ron Orr

Claimant Name: Ron Orr

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Fuel

Fas Gas Calgary Tr
3006 Calgary Trail S
Edmonton AB
T6J 6V4
780.461.4338

DATE: 2016-06-07 TIME: 14:31:59

STORE #: 50147 TRANS #: 005755
Paypoint: 02K

FUEL	(L)	(\$/L)	(\$)
Pump 4			
Regular	33.495	1.039	34.80

TOTAL CAD \$ 34.80

DEBIT \$ 34.80

* GST INCLUDED IN FUEL \$ 1.66

PURCHASE

ACCT: CHEQUING
REFERENCE #: 66255311 0010250110 C

Interac
A0000002771010
0080008000
F800

00/001 APPROVED - THANK YOU

-- IMPORTANT --
Retain This Copy For Your Records

--- Customer's Copy ---

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Ronald

Claimant Name: Orr

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Fuel

Fas Gas
PONOKA REDDINART
4508 -39 AVE
PONOKA AB
T4J1B5
4037836310
GST:106183583

DATE: 2016-07-27 TIME: 09:02:11
SITE ID: 50131

PURCHASE

ETIMOL REG 86.398L 40.919/L 79.400

TOTAL \$79.40

GST 5.00% INCL 3.78

- TAXES INCLUDED

INTERAC

ENTRY METHOD: C

2016-07-27

CHEQUING

REF#: 28558675

09:02:42

RECEIPT#: 00009695

SEQ #: 0010440190

Interac

RESP CODE: 00-001

00000002771010

BATCH#: 044

158278E100CFFA

0000000000

292360B36419C5EB

F800

APPROVED - THANK YOU

- IMPORTANT -
RETAIN THIS COPY FOR YOUR RECORDS

CUSTOMER COPY

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Ronald

Claimant Name: Orr

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Fuel

Fas Gas Crossroads Service

4576-50 Avenue

Lacombe, AB, T4L 2B6

403-782-4244

GST/HST# R101745552

Store Code: 40003

Date / Time: 20-Jul-2016 06:54 AM

Receipt# 60575645

Sales ID :05 Drawer :REG2

Pump# 4 *ETHANOL BLEND
42.960 L @ \$ 0.904 / L 38.84
Sub Total 38.84

Total 38.84
Debit (CHEQUING) 38.84
Change 0.00

*GST Inclusive 1.85

TRANSACTION RECORD

1257 - 110079 - 196298538 - PURCHASE

Fas Gas Litre Log

Amount \$ 38.84
CASH BACK (CENTS) 129
Litre Log Balance 1089

000 APPROVED - THANK YOU

Register your Litre Log

Today at fasgasplus.ca

With initial
password 1234

-- IMPORTANT --

Retain This Copy For Your Records

*** CUSTOMER COPY ***

Purchase \$38.84
Interac C CHEQUING
Authorization Number
0017900140 02-190760 66179197
07/20/16 06:55:57
00/001 APPROVED - THANK YOU
Interac A0000002771010
0080008000 F800

-- IMPORTANT --

Retain This Copy For Your Records

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Ronald Orr

Claimant Name: Ronald Orr

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

Gas

For Gas Crossroads Service
4576-50 Avenue
Lacombe, AB, T4L 2B6
403-782-4244
GST/AST# R101745562
Store Code: 40003 *Sal*
Date / Time: 13th Jul-2016 07:58 AM
Receipt# : 60574070

Sales ID : 05 Drawer : REC2

Pump# 2 *ETHANOL BLEND
88.620 L @ \$ 0.914 / L 81.00T
Sub Total 81.00

Total 81.00

Debit (CHEQUING) 81.00

Change 0.00

*GST Inclusive 3.86

[REDACTED] Purchase \$81.00

Interac C CHEQUING

Authentic: zafcom Roscoe [REDACTED]

0017830190 02 189813 06/19/19

07/13/16 07:59:47

00.001 APPROVED - THANK YOU

Interac: A0000002771010

0080008000 F800

-- IMPORTANT --

Retain This Copy For Your Records

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Ronald Orr

Claimant Name: Ronald Orr

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

\$36.62

Fas Gas Crossroads Service
4576-50 Avenue
Lacombe, AB, T4L 2B6
403-732-4244
GST/HST# R101745552
Store Code:40003
Date / Time: 28-Aug-2016 09:44 AM
Receipt# :60588043
Sales ID :05 Drawer :REG2

Pump# 6 *ETHANOL BLEND
41.615 L @ \$ 0.924 / L 38.45
Sub Total 38.45

Total 38.45
Debit (CHEQUING) 38.45
Change 0.00

*GST Inclusive 1.83

TRANSACTION RECORD

1296 - 110079 - 198276032 - PURCHASE

Fas Gas Litre Log

Amount \$ 38.45

000 APPROVED - THANK YOU

Register Your Litre Log

Today at Fasgasplus.ca

With Initial

password 1234

--- IMPORTANT ---

Retain This Copy For Your Records

*** CUSTOMER COPY ***

Purchase \$38.45
Interac 0 CHEQUING

0018290110 02-196667 66179197

08/28/16 09:46:07

00/001 APPROVED - THANK YOU

Interac A0000002771010

0080003000 F800

--- IMPORTANT ---

Retain This Copy For Your Records

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Ronald Orr

Claimant Name: Ronald Orr

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

\$42.70

Fas Gas
PONOKA REDDIMART

4508 -39 AVE
PONOKA AB
T4J1B5
4037836310
GST:106103583

DATE: 2016-09-01
SITE ID: 50131

TIME: 19:29:34

PURCHASE

ETHNO REG 44.8851 \$41.9994 44.8851

TOTAL

GST 5.00% INCLUDED

\$2.36

n = TAXES INCLUDED

MASTERCARD

ENTRY METHOD: C

2016-09-01

19:00:01

REF#: 28556075

SEQ #:0010001820

RECEIPT#: 00017656

RESP CODE: 01-027

MasterCard

BATCH#: 080

A0000000041010

A920D71633ED7D83

0000000000

7602BAF16249F811

E800

APPROVED - THANK YOU

- IMPORTANT -
RETAIN THIS COPY FOR YOUR RECORDS

CUSTOMER COPY

Personal Expense Claim Receipt Description

Member Name: Ronald OrrClaimant Name: Ronald OrrExpense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

Vehicle Maintenance

LUBE STOP

4912 46 ST

LACOMBE

AB

CARD TYPE ~~INTERAC~~

ACCOUNT TYPE CHEQUING

DATE 2016/06/11

TIME 8083 14:07:56

RECEIPT NUMBER

C82000200-001-112-008-0

PURCHASE

TOTAL

\$94.09

Interac

A0000002771010

CC10FE2525AE5DA5

0080008000-E800

422223AA6B36CE54

0080008000-F800


APPROVED

**LUBE STOP LACOMBE**

GST#R858234214
4912 46TH STREET
LACOMBE, AB T4L 2B4
403-782-5575

Page 1 of 1

DATE 6/11/2016 2:08 PM
TRANSACTION NO 16061101009791
INVOICE NO 00001-1009791
VEHICLE ID AB-BZ433502

Customer Information						Service History		
Ron Orr						DATE	KILOMETERS	SERVICES
Vehicle Information								
Employees						Service Comments		
UPPER WDP	LOWER BP	COURTESY WDP	CASHIER WDP	DB UPPER NGC	DB LOWER WDP	front differential sweat THANK YOU!		
Service Checklist						Description	Qty.	Price
1. WIPER BLADES			CHECKED OK			GOLD SYNTHETIC BLEND FULL	1.00	72.99
2. LIGHT CHECK			COMPLETED			SERVICE OIL CHANGE		
3. AIR FILTER			REC REPLCD			LF613 OIL FILTER	1.00	0.00
4. CABIN AIR FILTER			N/A			PENNZOIL SYN BLEND DEXOS	5.70	6.64
5. CHECK BELTS			APPEARS OK			Shop Supplies	1.00	5.99
6. CHECK HOSES			APPEARS OK			Environmental Disposal	1.00	3.99
7. TRANS/TRANSAXLE FLUID			GOOD			Fee		
8. REAR DIFF FLUID			GOOD			Media Test Sheet	1.00	0.00
9. TRANSFER CASE FLUID			GOOD			SUBTOTAL		\$89.61
10. FRONT DIFF FLUID			GOOD			SALE		\$89.61
11. RADIATOR FLUID			50 BELOW 0					
12. POWER STEERING FLUID			GOOD					
13. BATTERY			PASSED					
14. WINDSHIELD WASH FLUID			FULL					
15. TIRE PRESSURE			CHECKED OK			GST TAX		4.48
16. CHASSIS LUBRICATION			COMPLETED			TOTAL		\$94.09
17. ENGINE OIL FILTER			REPLACED					94.09
18. ENGINE OIL			INSTALLED					
AUTO EKG ANALYSIS			N/A			CHANGE		\$0.00
Fuel Filter Inspection			OK					
Warranty Statement								
<p>We warrant all workmanship against failure for a period of 1,000 kilometers or 30 days whichever occurs sooner after the date of the work performed. THERE ARE NO OTHER WARRANTIES, EXPRESSED OR IMPLIED. This warranty does not apply when a customer tampers with or alters products or alters manufacturer's original equipment. The customer must notify us of any problems as they occur so that we have the opportunity to cure any defects and/or problems. Failure to notify voids any liability. The customer must have their service report and retain a sample of the product(s) involved to support a claim.</p>								
<p>Have A Great Day! By signing this invoice you have read and agreed to Lube Stop's Limited Warranty. Copies of Lube Stop's Limited Warranty are available at every store or you may request a copy.</p> <p>Recommend next service on 09/09/2016 or 82781 km.</p>						<p>X </p> <p>Cardholder acknowledges receipt of goods and/or services in the amount shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.</p>		



**Quality Hotel & Conference Centre
GST 86554 8226 RT0001 (CN456)**

424 Gregoire Drive
Fort McMurray, AB T9H3R2
(780) 791-7200
GM.CN456@choicehotels.com

Date: 9/1/16

Arrival Date: 8/28/16

Departure Date: 9/1/16

Check In Time: 8/28/16 4:59 PM

Check Out Time:

Rewards Program ID:

You were checked out by:

You were checked in by: lcox

Total Balance Due: 0.00

Orr, Ron

Post Date	Description	Comment	Amount
8/28/16	Room Charge	Orr, Ron	129.00
8/28/16	Occupancy Tax		5.16
8/28/16	Other Tax		2.00
8/28/16	Goods & Services Tax		6.45
8/28/16	State Tax		0.10
8/29/16	Goods & Services Tax	Tax Exemption Refund	(6.45)
8/29/16	Other Tax	Tax Exemption Refund	(2.00)
8/29/16	State Tax	Tax Exemption Refund	(0.10)
8/29/16	Room Charge	Orr, Ron	129.00
8/29/16	Occupancy Tax		5.16
8/30/16	Room Charge	Orr, Ron	129.00
8/30/16	Occupancy Tax		5.16
8/31/16	Room Charge	Orr, Ron	129.00
8/31/16	Occupancy Tax		5.16
9/1/16	Master Card		(536.64)

Folio Summary 8/28/16 - 9/1/16

Room Charge
Goods & Services Tax
State Tax
Occupancy Tax
Other Tax
Master Card

Balance Due: 0.00



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: Orr, Ronald

Constituency: Lacombe-Ponoka

Date: 6/22/2016

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

Temporary Residence Accommodation Allowance in Edmonton - Claimed by Month

Monthly maximum of \$1,930 per month. Total maximum of \$23,160 per fiscal year.

Month	Year	Monthly Claim Amount
April	2016	1,930.00
Grand Total		\$1,930.00

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

Please Note:

- (1) The Member is responsible for retaining all records which support the payment.
- (2) The Member must advise the Clerk in writing of any changes to their permanent or temporary residence at the time it occurs.

I certify that I have met the requirements of sections 5, 6, 7, and/or 8 of the *Members' Allowances Order*, RMSC 1992, c. M-1, as amended, have incurred accommodations expenses on the dates or months selected, and have not previously claimed or been paid for these expenses.

Member Signature

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: Orr, Ronald

Constituency: Lacombe-Ponoka

Date: 6/22/2016

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

Temporary Residence Accommodation Allowance in Edmonton - Claimed by Month
Monthly maximum of \$1,930 per month. Total maximum of \$23,160 per fiscal year.

Month	Year	Monthly Claim Amount
May	2016	1,930.00
Grand Total		\$1,930.00

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

Please Note:

- (1) The Member is responsible for retaining all records which support the payment identified above.
- (2) The Member must advise the Clerk in writing of any changes to their permanent or temporary residence at the time it occurs.

I certify that I have met the requirements of sections 5, 6, 7, and/or 8 of the *Members' Allowances Order*, RMSC 1992, c. M-1, as amended, have incurred accommodations expenses on the dates or months selected, and have not previously claimed or been paid for these expenses.

Member Signature

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: Orr, Ronald

Constituency: Lacombe-Ponoka

Date: 6/22/2016

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

Temporary Residence Accommodation Allowance in Edmonton - Claimed by Month

Monthly maximum of \$1,930 per month. Total maximum of \$23,160 per fiscal year.

Month	Year	Monthly Claim Amount
June	2016	1,930.00
Grand Total		\$1,930.00

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

Please Note:

- (1) The Member is responsible for retaining all records which support the payment.
- (2) The Member must advise the Clerk in writing of any changes to their permanent or temporary residence at the time it occurs.

I certify that I have met the requirements of sections 5, 6, 7, and/or 8 of the *Members' Allowances Order*, RMSC 1992, c. M-1, as amended, have incurred accommodations expenses on the dates or months selected, and have not previously claimed or been paid for these expenses.

Member Signature

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: Orr, Ronald

Constituency: Lacombe-Ponoka

Employee #:

Date: 6/28/2016

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

Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Maximum of \$23,160 per fiscal year.

Fiscal Year:

Have you provided documents evidencing your Temporary Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please attach.

☒ Yes

☐ No

Monthly Amount (maximum \$1,930 or less)

\$ 1,930.00

Please Note: The Member is responsible for retaining all records which support the annual amount identified above.

Claim Payment Authorization (please check)



12 Monthly Payments

I authorize 12 monthly payments in the amount specified above for the entire fiscal year. This monthly amount is static for the entire fiscal year.

Please Note: The Member must advise the Clerk in writing of any changes to their permanent or temporary residence at the time it occurs.

July 2016

I certify that I have met the eligibility criteria (see back of form) for the Temporary Residence Accommodation Allowance and am authorizing that the amount specified above be paid each month during the fiscal period noted above. I acknowledge and agree to immediately notify the Clerk, in writing, if there are any changes to either my Permanent or Temporary Residence that may affect my eligibility to claim this allowance. Furthermore, I agree to immediately reimburse any accommodation allowance payments made to me during a period within which I was ineligible to receive these payments.


Member Signature

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: Orr, Ronald

Constituency: Lacombe-Ponoka

Employee #:

Date: 6/28/2016

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

Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Maximum of \$23,160 per fiscal year.

Fiscal Year:

Have you provided documents evidencing your Temporary Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please attach.

☒ Yes

☐ No

Monthly Amount (maximum \$1,930 or less)

\$ 1,930.00

Please Note: The Member is responsible for retaining all records which support the annual amount identified above.

Claim Payment Authorization (please check)

☒ **12 Monthly Payments**

I authorize 12 monthly payments in the amount specified above for the entire fiscal year. This monthly amount is static for the entire fiscal year.

Please Note: The Member must advise the Clerk in writing of any changes to their permanent or temporary residence at the time it occurs.

August 2016

I certify that I have met the eligibility criteria (see back of form) for the Temporary Residence Accommodation Allowance and am authorizing that the amount specified above be paid each month during the fiscal period noted above. I acknowledge and agree to immediately notify the Clerk, in writing, if there are any changes to either my Permanent or Temporary Residence that may affect my eligibility to claim this allowance. Furthermore, I agree to immediately reimburse any accommodation allowance payments made to me during a period within which I was ineligible to receive these payments.


Member Signature

Updated April 2016



Members' Temporary Accommodation Allowance Claim Form

Note to MLAs: Forms accessed online can be used to claim either the temporary residence accommodations allowance under sections 5 and 6 and meal expenses under section 7 of the *Members' Allowance Order*. Only claims supported by the required documentation will be processed. For the text of sections 5, 6, 7, and 8 of the *Members' Allowance Order*, see reverse. For information on form completion, go to OurHouse – Forms – Expense Claim Forms. Effective date: April 1, 2016

Member Name: Orr, Ronald

Constituency: Lacombe-Ponoka

Employee #:

Date: 6/28/2016

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

Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Maximum of \$23,160 per fiscal year.

Fiscal Year:

Have you provided documents evidencing your Temporary Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please attach.

☒ Yes

☐ No

Monthly Amount (maximum \$1,930 or less)

\$ 1,930.00

Please Note: The Member is responsible for retaining all records which support the annual amount identified above.

Claim Payment Authorization (please check)



12 Monthly Payments

I authorize 12 monthly payments in the amount specified above for the entire fiscal year. This monthly amount is static for the entire fiscal year.

Please Note: The Member must advise the Clerk in writing of any changes to their permanent or temporary residence at the time it occurs.

SEPT 2016

I certify that I have met the eligibility criteria (see back of form) for the Temporary Residence Accommodation Allowance and am authorizing that the amount specified above be paid each month during the fiscal period noted above. I acknowledge and agree to immediately notify the Clerk, in writing, if there are any changes to either my Permanent or Temporary Residence that may affect my eligibility to claim this allowance. Furthermore, I agree to immediately reimburse any accommodation allowance payments made to me during a period within which I was ineligible to receive these payments.


Member Signature

Updated April 2016

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Ron Orr

Claimant Name: Ron Orr

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Hosting

LETO STEAK & SEAFOOD
HOUSE LTD
4944 47A STREET HWY 2A
LACOMBE AB

CARD TYPE MASTERCARD
DATE 2016/06/27
TIME 1370 12:49:45
RECEIPT NUMBER
C84081143-001-094-002-0

PURCHASE
AMOUNT \$40.95
TIP \$4.00
TOTAL

\$44.95

MasterCard
A0000000041010
6ABFD0DBECE8BBDC
0000008000-E800
1DF4C3B078DD3110

APPROVED

01-027

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

CHECK # 155041 DATE 6/27/16
TABLE # 9 TIME 12:45PM

-- DINING : ELEANOR --

ITEMS ORDERED	AMOUNT
1 ACAPULCO SALAD	11.00
1 BBQ PULL PORK	11.00
1 6OZ STK SAN	11.00
2 REG POP	6.00

SUBTOTAL	39.00
GST	1.95

TOTAL DUE 40.95

OF GUESTS 3

LETOS STEAKHOUSE & BAR

GST# 103311866

FOLLOW US ON TWITTER @LETOSLOUNGE

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Ron Orr

Claimant Name: Ron Orr

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Hosting

THE STATION
5038 HIGHWAY 2A
LACOMBE AB

CARD TYPE INTERAC
ACCOUNT TYPE CHEQUING
DATE 2016/06/29
TIME 1072 12:37:55
CLERK ID 0027
RECEIPT NUMBER
C82038840-001-001-940-0
PURCHASE
AMOUNT \$26.23
TIP \$3.00
TOTAL

\$29.23

Interac
A0000002771010
4395BF01C7B2D15D
0080008000-E800
95572BDB1DB9DE15
0080008000-F800

APPROVED

THANK YOU

00-001

CARDHOLDER COPY

W-constituent

THE STATION
Tbl:0 Ref:93677
B4 Chk:146501
Tanya 6/29/2016 11:56 am
Ginger Ale 3.00
2 Steak Sandwich Special 21.98
SubTotal 24.98
GST 1.25
Total 26.23
Total Due 26.23

THE STATION

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Ron Orr

Claimant Name: Lacombe Coop

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: _____

Purpose:

Parade Candy/Office supplies

\$64.52

You're at home here.



CENTRAL ALBERTA CO-OP LTD
LACOMBE FOODS
5842 HWY 2A
403 782-6200
G.S.T. #R104438411

DUPLICATE RECEIPT

MCCAFE PREM ROAST		\$18.99	N
MCCAFE PREM ROAST		\$18.99	N
PEEK FRN CRAN CITR			
1 @ 2 FOR	\$7.00	\$3.50	N
PK FRN BLBRY BR SG			
1 @ 2 FOR	\$7.00	\$3.50	N

WERHER SFT CREME		\$3.29	G
WERHER SFT CREME		\$3.29	G
WERHERS ORIG NSA			
2 @	\$3.19	\$6.38	G
WERHER CHEWY CRML			
2 @	\$3.29	\$6.58	G

14 BALANCE DUE

Charge

CHANGE

TAX-CODE	TAXABLE-VAL	TAX-VALUE
GST	\$47.10	\$2.36

C0403 #3342 10:48:03 26MAY2016
S02142 R003

CO-OP WAYS TO SAVE:

- * WEEKLY FLYER SALE
- * PRICE DROP
- * VALUE PRICED
- * MANAGER'S SPECIAL
- * CO-OP APP COUPONS

BRING SAVINGS HOME
www.connectwithcoop.ca

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Ronald

Claimant Name: Orr

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Chamber President

\$21.98

Ranchers Castle
4213 Hwy 2A
Ponoka AB
1-403-783-2579
GST#68888888 RT0001

1006 JUSTINE

Tot 34/3 Chk 4159 Gst 2
Jul07'16 12:18PM

1 CLSD DENVER SAND 10.99
1 ULTIMATE BLT 8.99

Subtotal 19.98
19.98 GST 1.00
Amount Due 20.98

Thanks for Dining With Us!

PLEASE PAY SERVER

- Mtg. Chamber Ex. Dir.

RANCHERS CASTLE
4213 HIGHWAY 2A UNIT A
PONOKA AB T4J1J8
TEL: 403-426-0039

TERM # 78030312
RECORD # 000614
HOST INVOICE # 0000573
HOST SEQ # 1000471
CLERK ID 0000000005

DEBIT/CHK D
2016/07/07 12:54:48

PURCHASE

AMOUNT \$20.98
TIP \$2.00
TOTAL \$22.98

B:0018

20160707125516

TRANSACTION

APPROVED 000

THANK YOU

Interac

AID: A00000002771010
TC: 60D976FC84057738
TVR: 0000008000
TSI: F800

CUSTOMER COPY