

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2017-18
066 - Lacombe-Ponoka - Orr, Ron
For Expenses Processed Jul 1 - Sep 30, 2017

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$440.80	\$917.70
MLA Parking Cap - \$	\$900.00	\$35.33	\$49.62
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$			
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$79.14	\$1,108.00
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$3,675.00	\$9,465.00
Travel Accommodations Allowance		\$582.73	\$582.73
Travel Accommodations Allowance (days; 10 max) - NF	10.0	4.0	4.0
Other			
Hosting - \$		\$78.58	\$165.32
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	80,000.0	2,294.0	4,558.0
Special Trips (5 trips per year) - NF	5.0		
Travel To and From the Capital			
Travel by Air, Bus or Train (Unlimited Trips) - NF			
Use of a Private Automobile (52 trips per year) - NF	52.0	3.0	6.0
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

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:

\$ 41.36

Humpty's Express Fas
153 Leva Avenue
Red Deer County, AB
T4E 1B9
4033096652

DATE: 2017-06-21 TIME: 06:59:01

STORE #: 50488 TRANS #: 011355
Paypoint: 01K

FUEL	(L)	(\$/L)	(\$)
Pump 4			
Regular	43.914	0.989	43.43
TOTAL	CAD	\$	43.43
CREDIT		\$	43.43

* GST INCLUDED IN FUEL \$ 2.07

PURCHASE

MasterCard
REFERENCE #: 66271392 0010440030 C
AUTH #:

MasterCard
A0000000041010
0000008000
EB00

01/027 APPROVED - THANK YOU

-- IMPORTANT --
Retain This Copy For Your Records

--- Customer's Copy ---

LitreLog:
Terminal ID: 184069
BATCH NUMBER: 44
PURCHASE
REFERENCE #: 214335949
REWARD: 129
CURRENT BALANCE:
LIFETIME BALANCE: 0
000 APPROVED

Register your Litre L
Today at fasgasplus.ca
With initial
password 1234

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:

\$ 68.35

Fas Gas Lacombe
4576 50th Avenue
Lacombe, AB
T4L 2B6
4037824244

DATE: 2017-06-29 TIME: 13:46:35

STORE #: 40003 TRANS #: 060768

Paypoint: 01K

GST: R101745552

FUEL	(L)	(\$/L)	(\$)
Pump 2			
Regular	76.840	0.934	71.77

* GST INCLUDED IN FUEL \$ 3.42

PURCHASE

INTERAC
ACCT: CHEQUING
REFERENCE #: 66256625 0013390640 C
AUTH #:

Interac
A0000002771010
0080008000
F800

00/001 APPROVED - THANK YOU

-- IMPORTANT --
Retain This Copy For Your Records

--- Customer's Copy ---

LitreLog:
Terminal ID: 174098
BATCH NUMBER: 340
PURCHASE
REFERENCE #: 214812424
REWARD: 228
CURRENT BALANCE:
LIFETIME BALANCE: 0
000 APPROVED

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With initial
password 1234

Tell us how we're
doing & you could
WIN 1 OF 20
\$100 GIFT CARDS
Visit
TELLFASGASPLUS.CA
for full details.

B - PST&GST, P - PST, G - GST

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:

--

\$ 63.98

CENTRAL TIRE GAS BAR
9914 109 ST NW
EDMONTON AB

CARD [REDACTED]
CARD TYPE INTERAC
ACCOUNT TYPE CHEQUING
DATE 2017/06/06
TIME 3929 13:45:36
RECEIPT NUMBER
C84066598-001-359-006-0

PURCHASE
TOTAL

\$67.18

Interac
A0000002771010
D05B08901E605241
0080008000-E800
025D1581452BF92D
0080008000-F800

APPROVED

AUTH# [REDACTED] 00-001
THANK YOU

CARDHOLDER COPY

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:

\$ 28.78

SHELL CANADA PRODUCTS
169 EAST LAKE CRESCENT
AIRDRIE, AB T4B 2B5
(403) 948-6988

Tax Description	Qty	Amount
F Bronze No4 33.425 L @ \$0.904/ L		\$30.22
Sub Total		\$30.22
5.0% GST tax on	\$0.00	\$0.00
0.0% PST tax on	\$0.00	\$0.00
TOTAL		\$30.22
Debit:		\$30.22
Change		\$0.00

Fuel Includes	GST	5.0%	\$1.44
Fuel Includes	PST	0.0%	\$0.00
GST - Fuel - AB No. 137400032 RT			

00 APPROVED - THANK YOU 001

INTERAC
CHEQUING
PURCHASE
INV No. 4423128967
APPROVAL No. XXXXXXXXXX
Interac
AID A0000002771010
TVR 0080008000
TSI E800

XXXXXXXXXX
PINPAD No. 28584965
C

VERIFIED BY PIN

IMPORTANT
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***** 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

REG: 2 CSH: Bhinder, Gu TRAN: 4610736
7/5/2017 18:27:37 ST: C44231

Tell us how we're
doing & you could
WIN 1 OF 20
\$100 GIFT CARDS
Visit
TELLFASGASPLUS.CA
for full details.

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:

\$ 64.85

Fas Gas Lacombe
4576 50th Avenue
Lacombe, AB
T4L 2B6
4037824244

DATE: 2017-07-14 TIME: 10:24:26

STORE #: 40003 TRANS #: 065210

Paypoint: 01K

GST: R101745552

FUEL (L) (\$/L) (\$)

Pump 4
Regular 73.687 0.924 68.09

TOTAL CAD \$ 68.09

DEBIT \$ 68.09

* GST INCLUDED IN FUEL \$ 3.24

PURCHASE

INTERAC

ACCT: CHEQUING

REFERENCE #: 66256625 0013570330 C

AUTH #:

Interac

A0000002771010

0080008000

F800

00/001 APPROVED - THANK YOU

-- IMPORTANT --

Retain This Copy For Your Records

--- Customer's Copy ---

LitreLog:

Terminal ID: 174098

BATCH NUMBER: 358

PURCHASE

REFERENCE #: 215606058

REWARD: 219

CURRENT BALANCE:

LIFETIME BALANCE:

000 APPROVED

Register your Litre L
Today at fasgasplus.ca
With initial
password 1234

Tell us how we're
doing & you could

WIN 1 OF 20

\$100 GIFT CARDS

Visit

TELLFASGASPLUS.CA
for full details.

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:

\$ 6.86



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:

Car Wash

\$ 10.63

Soapy's
Car Wash

4876 46th Street
Lacombe, AB
Tel: 403-782-6268

Date: Jun 29/17 3:48 PM

GST# 812016889

Time Charge 12 Min 11.16

Cash: 21.20

=====

Change: 10.04

Have a nice day !!!
Thank You For Stopping By

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:

Gas

\$ 49.36

Fas Gas
PONOKA REDDIMART

4508 -39 AVE
PONOKA AB
T4J1B5
4037836310
GST:106103583

DATE: 2017-07-20
SITE ID: 50131

TIME: 19:13:27

PURCHASE

ETHNOL REG 55.197L \$0.939/L \$51.830

TOTAL \$51.83

GST 5.00% INCLUDED \$2.47

= TAXES INCLUDED

INTERAC

ENTRY METHOD: C

2017-07-20

CHECKOUTG

REF#: 28096203

19:14:03

AUTHN: [REDACTED]

SEQ #: 0010151700

RECEIPT#: 00002673

RESP CODE: 00-001

BATCH#: 015

Interac

A0000002771010

4E745068A04450B1

0080000000

6E7B59B760352331

F800

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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:

Gas
<div>\$ 60.00</div>

Fas Gas
PONOKA REDDIMART

4508 -39 AVE
PONOKA AB
T4J1B5
4037836310
GST: 106103563

DATE: 2017-07-24
SITE ID: 50131

TIME: 09:28:50

PURCHASE

ETHANOL REG 67.093L 10.939/L 63.000

TOTAL \$63.00

GST 5.00% INCLUDED \$3.00

II = TAXES INCLUDED

INTERAC

2017-07-24
REF#: 28096206
AUTH#:
RECEIPT#: 00003293
Interac
A0000002771010
3FD68E05CAC18773
000000000
1E406C1CAAF3A4FF
F800

ENTRY METHOD: C
CHECKING
09:29:17
SEQ #: 0010190180
RESP CODE: 00/001
BATCH#: 019

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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:

Car Wash

\$ 9.05

Soapy's
Car Wash

4876 46th Street

Lacombe, AB

Tel: 403-782-6268

Date: Sep 15/17 1:30 PM

GST# 812016889

Time Charge 10 Min 9.50

Cash: 20.00

Change: 10.50

Have a nice day !!!
Thank You For Stopping By

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Ron Orr

Claimant Name: Ron Orr

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Tourism

Purpose:

--

\$ 13.33

THIS SIDE UP - ON DASH	WESTPARK INC. LOT 244 ALL DAY PERMIT	THIS SIDE UP - ON DASH
THIS SIDE UP - ON DASH	THIS IS YOUR RECEIPT Meter #03008481-5997 Trans: 035588 Purchase Time: 8:38AM JUN 21 17 GST #120998095RT0004 Price: \$14.00 Card: XXXXXXXXXX Auth: XXXXXXXXXX Expires:	THIS SIDE UP - ON DASH
THIS SIDE UP - ON DASH	7:00PM WED JUN 21 17	THIS SIDE UP - ON DASH
THIS SIDE UP - ON DASH	DISPLAY RECEIPT ON DASHBOARD OF VEHICLE THANK YOU!	THIS SIDE UP - ON DASH

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Ron Orr

Claimant Name: Ron Orr

Expense Category: Parking in Calgary (Caucus Meeting)

For hosting, select one:

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

Purpose:

Caucus Meeting in Calgary
\$ 22.00



CALGARY DOWNTOWN

209 - 4th Avenue S.E., Calgary, Alberta, T2G 0C6
Tel: 403-266-1980 Fax: 403-205-5460

Wildrose Caucus
Mr Ron Orr

Room: 1106
Folio: 94488
Cashier: 130
Arrival: 07-04-17
Departure: 07-05-17

Group: Wildrose Caucus Meeting

Date	Description	Additional Information	Charges	Credits
07-04-17	Self Parking		22.00	

Guest Signature: _____

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 of or the full amount of these charges.



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: Orr, Ronald

Constituency: Lacombe-Ponoka

For the Month of: June

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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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			<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						\$79.14	\$3.96	\$83.10

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

Member Signature

Date

June 30, 2017



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 #: [REDACTED]

Date: 4/1/2017

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

Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Maximum of \$23,160 per fiscal year.

Fiscal Year: 2017-2018

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.

July 2017

☒ Yes

☐ No

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

1225.00

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

Claim Payment Authorization (please check)



12 Monthly Payments

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

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

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

Member Signature

Updated April 2016



Members' Temporary Accommodation Allowance Claim Form

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

Member Name: Orr, Ronald

Constituency: Lacombe-Ponoka

Employee #: [REDACTED]

Date: 4/1/2017

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

Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Maximum of \$23,160 per fiscal year.

Fiscal Year: 2017-2018

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.

August 2017



Yes



No

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

1225.00

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

Claim Payment Authorization (please check)



12 Monthly Payments

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

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

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

Member Signature

Updated April 2016



Members' Temporary Accommodation Allowance Claim Form

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

Member Name: Orr, Ronald

Constituency: Lacombe-Ponoka

Employee #: [REDACTED]

Date: 4/1/2017

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

Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Maximum of \$23,160 per fiscal year.

Fiscal Year: 2017-2018

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.

September 2017

☒ Yes

☐ No

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

1225.00

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

Claim Payment Authorization (please check)



12 Monthly Payments

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

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

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

Member Signature

Updated April 2016

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Ron Orr

Claimant Name: Ron Orr

Expense Category: Member Accomodation

For hosting, select one:

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

Purpose:

Caucus meeting in Calgary

\$ 181.03



CALGARY DOWNTOWN

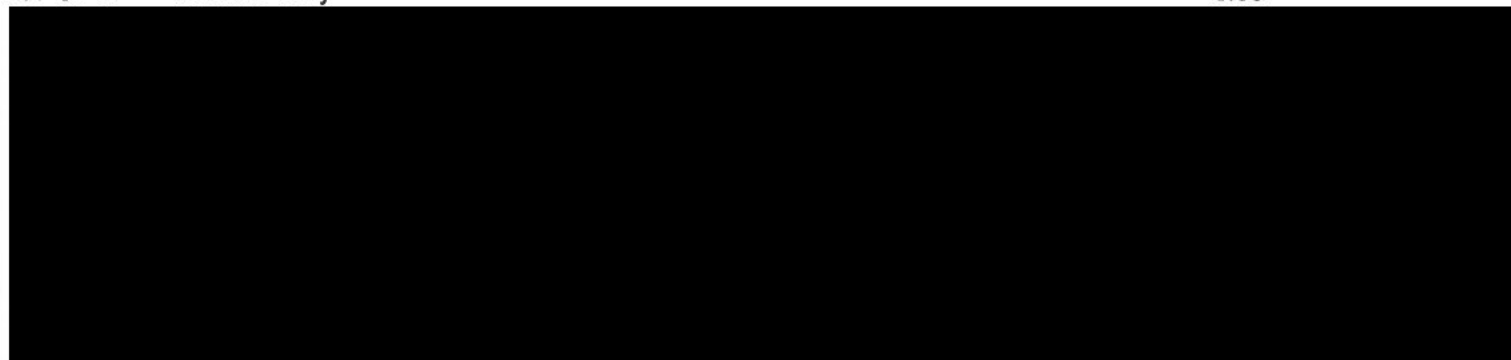
209 - 4th Avenue S.E., Calgary, Alberta, T2G 0C6
Tel: 403-266-1980 Fax: 403-205-5460

Wildrose Caucus
Mr Ron Orr

Room: 1106
Folio: 94488
Cashier: 130
Arrival: 07-04-17
Departure: 07-05-17

Group: Wildrose Caucus Meeting

Date	Description	Additional Information	Charges	Credits
07-04-17	Room Charge		169.00	
07-04-17	Destination Marketing Fee (DMF)		5.07	
07-04-17	Rooms - Federal Tax - GST		8.70	
07-04-17	Tourism Levy		6.96	



Guest Signature: _____

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 of or the full amount of these charges.



Pomeroy Inn & Suites @ Olds College

GST# 824143507

Box 3702 : 4601 46th Avenue

Olds, AB T4H 1P5

Telephone: (403)556-8815 Fax: (403)556-1056

Aug 30, 2017

1:50 am

Ron Orr

Folio #: 57005

Room Number: 215

Rate: \$125.00

Pay Method:

Arrival Date: Sunday, August 27, 2017

Departure Date: Wednesday, August 30, 2017

Member #

Date	Department	Reference	Voucher	Room	Debit	Credit
8/27/2017	ROOM CHARGE	Auto Posted		215	\$125.00	
8/27/2017	DMF FEE	Auto Posted		215	\$3.75	
8/27/2017	HOTEL TAX	Auto Posted		215	\$0.15	
8/27/2017	HOTEL TAX	Auto Posted		215	\$5.00	
8/28/2017	ROOM CHARGE	Auto Posted		215	\$125.00	
8/28/2017	DMF FEE	Auto Posted		215	\$3.75	
8/28/2017	HOTEL TAX	Auto Posted		215	\$0.15	
8/28/2017	HOTEL TAX	Auto Posted		215	\$5.00	
8/29/2017	ROOM CHARGE	Auto Posted		215	\$125.00	
8/29/2017	DMF FEE	Auto Posted		215	\$3.75	
8/29/2017	HOTEL TAX	Auto Posted		215	\$0.15	
8/29/2017	HOTEL TAX	Auto Posted		215	\$5.00	

I agree that my liability for all charges is not waived

Signature _____

Tax Summary	
HOTEL TAX	\$15.45
DMF FEE	\$11.25

Balance: **\$401.70**

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Ron Orr

Claimant Name: Lacombe Coop

Expense Category: Hosting Supplies

For hosting, select one:

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

Purpose:

Coffee - office supplies

\$55.24

You're at home here.



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

DUPLICATE RECEIPT

C/GLD SPRING WATER	\$3.99 N
Enviro Fee	\$0.96 N
Deposit	\$2.40 N
NSTL PUR LIFE	\$7.99 N
Enviro Fee	\$1.12 N
DEPOSIT	\$2.80 N
VH KCUP HOUSE BLND	\$17.99 N
VH KCUP HOUSE BLND	\$17.99 N

20 BALANCE DUE

Charge	
[K]	
CHANGE	\$0.00
TOTAL TAX	\$0.00

Member Number

C0401 #8662 14:57:20 17MAY2017
S02142 R001

CO-OP WAYS TO SAVE:

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

BRING SAVINGS HOME
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CENTRAL ALBERTA CO-OP LTD
LACOMBE FOODS
5842 HWY 2A
403 782-6200
G.S.T. #R104438411
LACOMBE CONSTITUENCY
MEMBER#: [REDACTED]

Charge

ACCOUNT: [REDACTED]
LACOMBE CONSTITU

Amount:

Cheryl Christie
SIGNATURE *Christie*

C0401 #8662 14:57:20 17MAY2017
S02142 R001

CO-OP WAYS TO SAVE:

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

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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:

Coffee for Office
Parade Candy (Lacombe Days)

\$ 23.34

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

Charge

ACCOUNT: [REDACTED]
LACOMBE CONSTITU

Amount: [REDACTED]

SIGNATURE Christie

C0406 #1979 11:55:59 24JUL2017
S02142 R006

CO-OP WAYS TO SAVE:

- . WEEKLY FLYER SALES
- . PRICE DROP
- . VALUE PRICED
- . MANAGER'S SPECIAL
- . CO-OP APP COUPONS

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

DUPLICATE RECEIPT

[REDACTED]
MCCAFE PREM ROAST \$17.99 N
C/GLD SPRING WATER \$4.48 N
LQD DISCOUNT -\$2.49 N
Enviro Fee \$0.96 N
Deposit \$2.40 N
[REDACTED]

4 BALANCE DUE [REDACTED]

Charge [REDACTED]

CHANGE \$0.00
TOTAL TAX \$0.00
[REDACTED]

YOUR SAVINGS TODAY!

TOTAL DISCOUNTS 1 \$2.49

Member Number [REDACTED]

C0406 #1979 11:55:59 24JUL2017
S02142 R006

CO-OP WAYS TO SAVE:

- . WEEKLY FLYER SALES
- . PRICE DROP
- . VALUE PRICED
- . MANAGER'S SPECIAL
- . CO-OP APP COUPONS

BRING SAVINGS HOME
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