

LEGISLATIVE ASSEMBLY OF ALBERTA  
Member EDR 2018-19  
066 - Lacombe-Ponoka - Orr, Ron  
For Expenses Processed July 1 - Sep 30 2018

	Budget	Used this Quarter	Used To-Date
<b>Financial Reporting - \$ (Receipts attached)</b>			
<b>Transportation</b>			
Fuel and Minor Maintenance - \$		\$309.43	\$713.44
MLA Parking Cap - \$	\$900.00		
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$			\$9.58
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$			\$1,167.23
<b>Accommodation</b>			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$3,803.70	\$7,607.40
Travel Accommodations Allowance			
Travel Accommodations Allowance (days; 10 max) - NF	10.0		
<b>Other</b>			
Hosting - \$		\$191.92	\$456.03
Event Tickets Disclosable - \$			
<b>Non-Financial Reporting</b>			
<b>Use of Private Automobile (43.5 cents per km)</b>			
Constituency Travel MLA (KM) - NF	80,000.0	2,370.0	3,854.0
Constituency Travel Staff (KM) - NF			
Total Constituency Travel (KM) - NF	80,000.00	2,370.00	3,854.00
Special Trips (5 trips per year) - NF	5.0		
<b>Travel To and From the Capital</b>			
Travel by Air, Bus or Train (Unlimited Trips) - NF			
Use of a Private Automobile (52 trips per year) - NF	52.0	1.0	9.0
<b>Other Travel</b>			
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:

\$54.80 + GST

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

2018-07-04 14:46:28

STORE #: 40003  
TRANS #: 172416  
GST #: R101745552

PUMP 1  
Regular  
45.34L AT \$1.269/L

ACCT:  
MasterCard  
\$ 57.54

GST INCLUDED \$ 2.74

TOTAL \$ 57.54

Type: PURCHASE

MasterCard

REFERENCE #: [REDACTED]  
66255762-0012620090 C  
AUTH [REDACTED]

MasterCard  
A0000000041010  
0400008000  
E800

VERIFIED BY PIN

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Tell us how we're  
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WIN 1 OF 20  
\$100 GIFT CARDS  
Visit  
[TELLFASGASPLUS.CA](http://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:

48.57 + GST

PETRO-CANADA  
5302 HIGHWAY 2A  
PONOKA  
ALBERTA T4J 1L9  
(403) 783-2770

GST  
PC0122296:3731001  
TERMINAL: 023731054  
PAYPOINT: 023731001

2018-07-14 08:36

PUMP 04  
REGULAR  
LITRES L 40.193  
PRICE/L \$ 1.269  
FUEL SALES \$ 51.00\*

TOTAL OWED \$ 51.00

TOTAL PAID  
DEBIT CARD \$ 51.00

\* GST INCL. \$ 2.43

INTERAC

AUTH  
FROM CHEQUING  
S/N SP730017

PURCHASE

INTERAC  
A0000002771010  
0280008000  
F800

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THANK YOU

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LEARN HOW TO  
SAVE 3 CENTS/L  
EVERY DAY AT  
PETRO-CANADA.CA/RBC

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

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

\$ 58.10 + GST

Fas Gas Lacombe  
4576 50th Avenue  
Lacombe, AB  
T4L 2B6  
2018-07-31 09:20:45  
STORE #: 40003  
TRANS #: 183873  
GST #: R101745552  
\*\* FINAL RECEIPT \*\*  
PUMP: 2  
Regular  
48.08L AT \$1.269/L  
ACCT:  
MasterCard  
\$ 61.01  
GST INCLUDED \$ 2.91  
TOTAL \$ 61.01  
TOTAL: CAD\$ 61.01  
PURCHASE  
MasterCard  
REFERENCE #: 66256798 0017470040 C  
AUTH  
MasterCard  
A0000000041010  
0000008000  
E800  
VERIFIED BY PIN  
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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:

Fuel

\$ 47.62 + GST

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

2018-08-12 13:55:46

STORE #: 40003  
TERM ID: 35D0132R  
TRANS #: 188981  
GST #: R101745552

PUMP 3  
Regular  
40.68L AT \$1.229/L

ACCT:  
INTERAC \$ 50.00

GST INCLUDED \$ 2.38

TOTAL \$ 50.00

Type: PURCHASE

INTERAC

ACCOUNT TYPE:  
CHEQUING  
REFERENCE #: 35D0132R  
AUTH 0012290090 C

Interac  
A0000002771010  
4280008000  
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:

Fuel
$\$ 52.72 + \text{GST}$

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

2018-08-22 11:20:50

STORE #: 40003  
TRANS #: 193182  
GST #: R101745552

PUMP 4  
Regular  
45.042L AT \$1.229/L

ACCT:  
MasterCard \$ 55.36

GST INCLUDED \$ 2.64

TOTAL \$ 55.36

Type: PURCHASE

MasterCard

REFERENCE #:  
66255766 0012120030 C  
AUTH

MasterCard  
A0000000041010  
0400008000  
E800

VERIFIED BY PIN

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for full details.

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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
$\$47.62 + \text{GST}$

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

2018-08-28 13:22:55

STORE #: 40003  
TRANS #: 195715  
GST #: R101745552

PUMP 3  
Regular  
40.685L AT \$1.229/L

ACCT:  
MasterCard \$ 50.00

GST INCLUDED \$ 2.38

TOTAL \$ 50.00

Type: PURCHASE

REFERENCE #:  
66255765 0012490090 C  
AUTH

MasterCard  
A0000000041010  
0400008000  
E800

VERIFIED BY PIN

01/027 APPROVED  
THANK YOU

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- Customer's Copy -

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With initial  
password 1234



# Members' Temporary Accommodation Allowance Claim Form

*Attn: Darren Joy.*

**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: April 23, 2018

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

*No change to previous*

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

*1267.90*

*\$ 1267.90*

x 12 = ~~\$ 0.00~~ *15,214.80*

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 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.

*[Signature]*  
Member Signature

Updated March 2018





# Members' Temporary Accommodation Allowance Claim Form

*Attn: Darren Joy.*

**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

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Constituency: Lacombe-Ponoka

Employee #: [REDACTED]

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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

*No change to previous*

Monthly Amount (maximum \$1,930 or less) *1267.90* \$ *1267.90* x 12 = \$ *0.00* *15,214.80*

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 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.

*[Signature]*  
Member Signature

Updated March 2018



# Members' Temporary Accommodation Allowance Claim Form

*Attn: Darren Joy.*

**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: April 23, 2018

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

*No change to previous*

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

*1267.90*      \$ *1267.90*      x 12 = \$ *0.00*      *15,214.80*

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.

September 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.

*[Signature]*  
Member Signature

Updated March 2018

### 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	
	\$191.92 + GST

*You're at home here.*



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

DUPLICATE RECEIPT

PARADE MIX  
8 @ \$23.99 EA \$191.92 N  
8 BALANCE DUE \$191.92  
Charge \$191.92  
[K] 93539  
CHANGE \$0.00  
TOTAL TAX \$0.00  
TAX FORGIVEN \$9.60

C0406 #3768 14:11:22 20JUN2018  
S02142 R006

BECOME A  
LIFETIME MEMBER

FOR ONLY \$5  
RECEIVE CASH BACK

OUR PROFITS  
ARE YOUR PROFITS

WWW.CONNECTWITHCOOP.CA

*You're at home here.*



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

Charge

LACOMBE CONSTITU

Amount: \$191.92

SIGNATURE

C0406 #3768 14:11:22  
S02142 R006

20JUN2018

BECOME A  
LIFETIME MEMBER

FOR ONLY \$5  
RECEIVE CASH BACK

OUR PROFITS  
ARE YOUR PROFITS  
WWW.CONNECTWITHCOOP.CA