

LEGISLATIVE ASSEMBLY OF ALBERTA
 Member EDR 2016-17
 047 - Airdrie - Pitt, Angela
 For Expenses Processed July 1 - September 30, 2016

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$1,008.50	\$1,790.10
MLA Parking Cap - \$	\$900.00	\$88.62	\$141.09
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$			\$12.00
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$356.09	\$1,464.09
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$4,650.00	\$9,300.00
Travel Accommodations Allowance		\$720.84	\$720.84
Travel Accommodations Allowance (days; 10 max) - NF	10	6	6
Other			
Hosting - \$		\$298.85	\$514.98
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	80,000	3,313	5,521
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	1	8
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: Angela Pitt
Claimant Name: Angela Pitt
Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

\$46.04

WELCOME

Shell Canada
2007 AVE SE
T1B 2C2

AINDRIE
(403) 948-6285 AB

XXXXXXXXXXXXXXXXXXXX

TRV No. 1141698560
2016/07/04 10:49

00001010
0000

XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

AIR Miles earned: 10

* You got 107 Miles
of Shell purchase of
Premium Miles!

* You have filled 41
7.1 L this month -

8.0 Bonus Miles
at 1 L and an
additional 15 bonus

bonus at 500 L
Get Shell Rewards
- up to 25 Bonus

Miles
for Shelling up at
Shell! Visit

roadtorewards.ca
for details.

V-Power

PUMP No. 04
LITRES 41.712

PRICE/L \$1.159
TOTAL FUEL \$48.34

01 APPROVED - THANK
YOU 001

APPROVAL No. [REDACTED]
TERMINAL No.
89114480

VERIFIED BY PIN

IMPORTANT
retain this copy for
your records

FUEL INCLUDES
GST - Fuel \$2.30
No. 137400032RT

TOTAL SALE \$48.34

STORE: C11448
TRAN: 2496906
2016/07/04 10:51:47

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

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Angela Pitt

Claimant Name: Angela Pitt

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group: _____

Purpose:

Empty box containing handwritten text: \$61.67

PETRO-CANADA
2002 LUXSTONE BLVD
AIRDRIE
ALBERTA T4B 3K8
(403) 945-3164

GST
PC0778242:3897801
TERMINAL: 023897858
PAYPOINT: 023897801

2016-07-12 08:05

PUMP 08
PREMIUM
LITRES L 59.732
PRICE/L \$ 1.084
FUEL SALES \$ 64.75*

TOTAL OWED \$ 64.75

TOTAL PAID
CREDIT CARD \$ 64.75

* GST INCL. \$ 3.08

UISA

AUTH
PURCHASE
C 0010010010 00 027

UISA CREDIT
A0000000031010
0080008000
F800
INVOICE 798853

VERIFIED BY PIN

00 APPROVED
THANK YOU 027

-- IMPORTANT --
RETAIN THIS COPY
FOR YOUR RECORDS
- CUSTOMER'S COPY -

PETRO-POINTS
BALANCE BEFORE
PURCHASE *****

*** BONUS POINTS ***
IF APPLICABLE, WILL
BE UPDATED LATER

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

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Angela Pitt

Claimant Name: Angela Pitt

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

\$37.70

DUPLICATE DUPLICATE DUPLICATE

PETRO-CANADA
 102 LUXSTONE BLVD
 AIRDRIE
 Alberta T4B 3K8

(403) 945-3164
 2016-07-14 PC0780479:3897801 21:40
 TERMINAL 023897852 OPER: A
 PAYPOINT 023897801

FUEL	(L)	(\$/L)	(\$)
Pump 2			
Premium	35.211	1.124	39.58*
Total Owed			39.58

TOTAL PAID
CREDIT CARD \$ 39.58

TAXES INCL. #TAXES EXCL.
 TOTAL \$ 1.88

INV. 40898 AUTH. [REDACTED]
 Purchase
 0010010010 00 027
 Credit
 : A0000000031010
 0008000
 00

VERIFIED BY PIN

--- IMPORTANT ---
 Retain This Copy For Your Records
 CUSTOMER COPY

Survey! Earn Points
 & chance to win gas
 petro-canada.ca/5000

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Angela Pitt

Claimant Name: Angela Pitt

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group: _____

Purpose:

\$62.10

PETRO-CANADA
148 LEVA AVE
RED DEER
ALBERTA T4E 0A5
(403) 348-5003

GST 8233050650
PC0692389:3800001
TERMINAL: 023800060
PAYPOINT: 023800001

2016-07-22 17:33

PUMP 10
SUPERCLEAN
LITRES L 58.269
PRICE/L \$ 1.119
FUEL SALES \$ 65.20*

TOTAL OWED \$ 65.20

TOTAL PAID
CREDIT CARD \$ 65.20

* GST INCL. \$ 3.10

VISA

AUTH
PURCHASE
C 0010010010 00 027

VISA CREDIT
A0000000031010
0080008000
F800
INVOICE 240604

VERIFIED BY PIN

00 APPROVED
THANK YOU 027

-- IMPORTANT --
RETAIN THIS COPY
FOR YOUR RECORDS
- CUSTOMER'S COPY -

SURVEY! EARN POINTS
& CHANCE TO WIN GAS
PETRO-CANADA.CH/REGO

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Angela Pitt

Claimant Name: Angela Pitt

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group: _____

Purpose:

\$60.39

PETRO-CANADA
2002 LUXSTONE BLVD
AIRDRIE
ALBERTA T4D 0K9
(403) 945-3164

GST
PC0790816:3897801
TERMINAL: 023897858
PAYPOINT: 023897801

2016-07-31 12:38

PUMP 08
PREMIUM
LITRES L 57.695
PRICE/L \$ 1.099
FUEL SALES \$ 63.41*

TOTAL OWED \$ 63.41

TOTAL PAID
CREDIT CARD \$ 63.41

* GST INCL. \$ 3.02

UISA

AUTH
PURCHASE
C 0010010010 00 027

UISA CREDIT
A0000000031010
0080008000
F800
INUOICE 810340

VERIFIED BY PIN

00 APPROVED
THANK YOU 027

-- IMPORTANT --
RETAIN THIS COPY
FOR YOUR RECORDS
- CUSTOMER'S COPY -

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

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Angela Pitt

Claimant Name: Angela Pitt

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

\$54.29

WELCOME

Shell Canada
37430 HWY 2 SOUTH
T4E 1B2
RED DEER AB
(403) 346-9230
XXXXXXXXXXXX
VISA
PURCHASE C

INV No. 0036795261
2016/06/24 11:52
Visa Credit
AID A0000000031010
TVR 0080008000
TSI F800
AIR MILES
XXXXXXXX
Term: 00367
Appr: [REDACTED]
6062410053514
Reference: 200407361

AIR MILES earned: [REDACTED]

* You got 10X Miles
on your purchase of
Shell V-Power
Premium Fuels! * You
saved \$2.42 on your
purchase of Shell
Fuels!

* You have filled
131.347 L this
month - get 10
Bonus Miles at 225
L and an additional
15 Bonus Miles at
500 L! * Get Refuel
Rewards - up to 25
Bonus Miles each
month for fuelling
up at Shell! Visit
roadtorewards.ca
for details.

V-Power
PUMP No. 08
LITRES 48.347
PRICE/L \$1.179
TOTAL FUEL \$57.00
01 APPROVED - THANK
YOU 001
APPROVAL No. [REDACTED]
TERMINAL No.
89003670
VERIFIED BY PIN

IMPORTANT
retain this copy for
your records

FUEL INCLUDES
GST - Fuel \$2.71
No. 137400032RT

TOTAL SALE \$57.00

STORE: C00367
TRAN: 6116899
2016/06/24 11:55:40

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

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Angela Pitt

Claimant Name: Angela Pitt

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

\$40.29

WELCOME

Shell Canada
529 2 AVE SE
T4B 2C2

AIRDRIE AB
(403) 948-6285
XXXXXXXXXXXX
VISA
PURCHASE C

INV No. 1144897051
2016/06/22 16:53
Visa Credit
AID XXXXXXX00031010
TVR 0080008000
TSI F800
AIR MILES
XXXXXXXXXX
Term: 11448
Appr: [REDACTED]
6062210053093
Reference: 200188100

AIR MILES earned: [REDACTED]

* You got 10X Miles
on your purchase of
Shell V-Power
Premium Fuels! * You
saved \$1.86 on your
purchase of Shell
Fuels!

* You have filled 83
.137 L this month -
get 10 Bonus Miles
at 225 L and an
additional 15 Bonus
Miles at 500 L! *
Get Refuel Rewards
- up to 25 Bonus
Miles each month
for fuelling up at
Shell! Visit
roadtorwards.ca
for details.

V-Power
PUMP NO. 06
LITRES 37.137
PRICE/L \$1.139
TOTAL FUEL \$42.30
01 APPROVED - THANK
YOU!
APPROVAL No. [REDACTED]
TERMINAL No.
8911448
VERIFIED BY PIN

IMPORTANT
retain this copy for
your records

FUEL INCLUDES
GST - Fuel \$2.01
No. 137400032RT

TOTAL SALE \$42.30

STORE: C11448
TRAN: 2487558
2016/06/22 16:55:37

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?

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Angela Pitt

Claimant Name: Angela Pitt

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

\$53.18

IS FAST, FREE AND EASY

PETRO-CANADA
2002 LUXSTONE BLVD
AIRDRIE
Alberta T4B 3K8

GST: Pending (403) 945-3164
2016-05-29 PC0751358:3897801 13:07
TERMINAL: 023897854 OPER: A
PAYPOINT: 023897801

FUEL	(L)	(\$/L)	(\$)
Pump 4			
Premium	48.813	1.144	55.84*
Total Owed			55.84

TOTAL PAID
CREDIT CARD \$ 55.84

*TAXES INCL. #TAXES EXCL.

GST TOTAL \$ 2.66

VISA *****
INV. 774510 AUTH.
Purchase
C 001010010 00 027

Visa Credit
Aid: A0000000031010
0080008000
F800

VERIFIED BY PIN

--- IMPORTANT ---
Retain This Copy For Your Records

CUSTOMER COPY

PETRO-POINTS
BALANCE BEFORE
PURCHASE *****

Survey! Earn points
& chance to win gas
petro-canada.ca/hero

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Angela Pitt

Claimant Name: Angela Pitt

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

\$67.11

Highway #2 North
Crossfield AB T0H0S0

ESSO EXPRESS PAY

CROSSFIELD ESSO
00302537
HWY 2 N
CROSSFIELD, AB T0H
URN:R121461107
05/28/2016 773390117
12:30:03 PM

PUMP# 2
SUPRM 60.280L
PRICE/L \$1.169
FUEL TOTAL \$ 70.47

GST in Fuel \$ 3.36
CREDIT : 0.47

TYPE: PURCHASE
ACCOUNT: UTSA \$70.47

INVOICE: TEA58206

CARD NUMBER: C **** * [REDACTED]

VERIFIED BY PIN

A- Visa Credit

1- 006990081010

At Approval - Thank You 027

PLS VISIT ACCOUNTCALL 18 0-567 7776

IMPORTANT - retain this copy for your records

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Angela Pitt

Claimant Name: Angela Pitt

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

\$41.24

WELCOME

Shell Canada
5830 104 STREET
T6H 2K3
EDMONTON AB
(780) 437-2220
XXXXXXXXXXXX
VISA
PURCHASE C

INV No. 0004591500
2016/06/02 17:08
Visa Credit
AID A0000000031010
TVR 0080008000
TSI F800
AIR MILES
XXXXXX
Term: 00045
Reference: 200198454

V-Power
PUMP No. 06
LITRES 37.685
PRICE/L \$1.149
TOTAL FUEL \$43.30
01 APPROVED - THANK
YOU 001
APPROVAL No. [REDACTED]
TERMINAL No.
89000450
VERIFIED BY PIN

IMPORTANT
retain this copy for
your records

FUEL INCLUDES

TOTAL SALE \$43.30

STORE: C00045
TRAN: 2094573
2016/06/02 17:10:58

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

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Angela Pitt

Claimant Name: Angela Pitt

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group: _____

Purpose:

\$52.01

SHELL CANADA PRODUCTS
 37547 HWY2
 RED DEER, AB T4E 1B1
 (403) 343-6555
 (DUPLICATE RECEIPT)

Tax Description	Qty	Amount
F V-Power No. 6		
46.32 L @ \$1.179/ L		\$54.61
Offer Discount		
0.050 /L Discount		
AIR MILES	1	\$0.00
Sub Total		\$54.61
5.0% GST tax on	\$0.00	\$0.00
0.0% PST tax on	\$0.00	\$0.00
TOTAL		\$54.61
VISA:		\$54.61
Change		\$0.00

XXXXXXXXXX [REDACTED]
 VISA
 PURCHASE C

INV No. 1062693397
 2016/06/05 20:04
 Visa Credit
 AID A0000000031010
 TVR 008C008000
 TSI F800

01 APPROVED - THANK
 YOU 001
 APPROVAL No. [REDACTED]
 TERMINAL No.
 89106260
 VERIFIED BY PIN

IMPORTANT
 retain this copy for
 your records

AIR MILES
 Card Num : XXXXXX [REDACTED]
 Terminal : 10626
 Approval : [REDACTED]

 AIR MILES earned: [REDACTED]

 * You got 10X Miles
 on your purchase of
 Shell V-Power
 Premium Fuels! * You
 saved \$2.32 on your
 purchase of Shell
 Fuels!

 * Save 5 cents per
 litre on your

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Angela Pitt

Claimant Name: Angela Pitt

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

\$57.14

287165 Costco #1076
300-293020 Crossiron
Rocky View

MEMBER# [REDACTED]

TYPE: PURCHASE

ACCT: Interac CHEQUING

PUMP: 15
GRADE: Premium
LTRS: 53.619
PRICE/LTR: \$ 1.119
FUEL SALE: \$ 60.00

CARD NUMBER:
***** [REDACTED]

DATE: 06/11/2016

TIME: 12:28

REFERENCE:

36613605 0010019990 C

AUTH#: [REDACTED]

TRANSACTION#: 30452

INTERAC
A0000002771010
8080008000 6800

GST INCLUDED = \$ 2.86
GST #121476329

VERIFIED BY PIN

00 APPROVED-THANK YOU 000

- IMPORTANT -
RETAIN THIS COPY
FOR YOUR RECORDS

WE APPRECIATE YOUR COSTCO
MEMBERSHIP.

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Angela Pitt

Claimant Name: Angela Pitt

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

\$51.76

COLLECTING & REDEMING
 DUPLICATE DUPLICATE DUPLICATE

PETRO-CANADA
 800 YANKEE VALLEY
 ATRDRIE
 Alberta T4B 3Y2

GST: P119335453 (587) 775-9147
 2016-06-18 PC0472339:7783401 10:51
 TERMINAL: 027783456 OPER: A
 PAYPOINT: 027783401

FUEL	(L)	(\$/L)	(\$)
Pump #			
SuperClean	44.586	1.219	54.35*
Total Owed			54.35

TOTAL PAID
CREDIT CARD \$ 54.35

*TAXES INCL. #TAXES EXCL.
 GST TOTAL \$ 2.59

VISA *****
 INV. 428555 AUTH.
 Purchase
 C 0010010010 00 027

Visa Credit
 AID: A0000000031010
 0080008000
 F800

VERIFIED BY PIN
 -- IMPORTANT --
 Retain This Copy For Your Records

CUSTOMER COPY

PETRO-POINTS
BALANCE BEFORE
PURCHASE

Survey! Earn Points
 & chance to win gas
petro-canada.ca/hero

FINANCIAL STORER	NON FINANCIAL STORER
000 00	000 00
000 00	000 00
000 00	000 00

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Angela Pitt

Claimant Name: Angela Pitt

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

\$31.91

PETRO-CANADA
2002 LUXSTONE BLVD
AIRDRIE
ALBERTA T4B 3K8
40394531640

GST
PC0765124:3897801
TERMINAL: 023897854
PAYPOINT: 023897801

2016-06-21 10:33

PUMP	04
PREMIUM	
LITRES	L 28.786
PRICE/L	\$ 1.164
FUEL SALES	\$ 33.51*

TOTAL OWED \$ 33.51

TOTAL PAID
CREDIT CARD \$ 33.51

* GST INCL. \$ 1.60

UISA

AUTH
PURCHASE
C 0010010010 00 027

UISA CREDIT
A0000000031010
0080000000
F800
INVOICE 786989

VERIFIED BY PIN

00 APPROVED
THANK YOU 027

-- IMPORTANT --
RETAIN THIS COPY
FOR YOUR RECORDS

PETRO-POINTS
BALANCE BEFORE
PURCHASE *****

*** BONUS POINTS ***
IF APPLICABLE, WILL
BE UPDATED LATER

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

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Angela Pitt

Claimant Name: Angela Pitt

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group: _____

Purpose:

\$66.10

WELCOME

Shell Canada
529 2 AVE
T4R 2C2

AIRDRIE 403 948 6.77 AB
XXXXXXXXXX
PURCHASE

INV No. 114484126
2016/08/10 09:53:36
Visa Credit
AID A000000000000000
TVR 0080000000000000
TSI F800
AIR MILES
XXXXXXXXXX
Term: 11448
Appr: [REDACTED]
6081010053093
Reference: 209 8012

AIR MILES earned! [REDACTED]

* You got 10X [REDACTED]
On your purchase at
Shell V-Power
Premium Fuels!

* You have filled 56
.93 L this month
get 10 Bonus miles
at 225 L and an
additional 15 Bonus
Miles at 500 L! *
Get Refuel Rewards
- up to 25 Bonus
Miles each month
for fuelling up at
Shell! Visit
roadtorewards.ca
for details.

V-Power
PUMP No. 04
LITRES 56.930
PRICE/L \$1.219
TOTAL FUEL \$69.40
01 APPROVED - THANK
YOU 001
APPROVAL No. 035621
TERMINAL No.
89114480
VERIFIED BY PIN

IMPORTANT
retain this copy for
your records

FUEL INCLUDES
GST - Fuel \$3.30
No. 137400032RT
TOTAL SALE \$69.40

STORE: C11448
TRAN: 2531573
2016/08/10 09:53:36

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

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Angela Pitt

Claimant Name: Angela Pitt

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group: _____

Purpose:

\$42.83

PETRO-CANADA
2002 LUXSTONE BLVD
AIRDRIE
ALBERTA T4B 3K8
(403) 945-3164

GST
P 0000292503897801
TERMINAL: 023897854
PAYPOINT: 023897801

2010 08 17 12:05

PUMP 04
PREMIUM
LITRES L 41.874
PRICE/L \$ 1.074
FUEL SALES \$ 44.97*

TOTAL DUE \$ 44.97

TOTAL PAID
CREDIT CARD \$ 44.97

* GST INCL. \$ 2.14

VISA
***** [REDACTED]
AUTH [REDACTED]
PURCHASE
C 0010010010 00 027

VISA CREDIT
A0000000031010
0000008000
F800
INVOICE 820836

NET 30 DAYS

NO APPROVED
THANK YOU 02/

-- IMPORTANT --
RETAIN THIS COPY
FOR YOUR RECORDS
- CUSTOMER'S COPY -

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

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Angela Pitt

Claimant Name: Angela Pitt

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group: _____

Purpose:

\$65.00

PETRO-CANADA
2002 LUXSTONE BLVD
AIRDRIE
ALBERTA T4B 3K8
(403) 945-3164

GST
PC0805104:3897801
TERMINAL: 023897854
PAYPOINT: 023897801

2016-08-23 12:08

PUMP	04
PREMIUM	
LITRES	L 57.401
PRICE/L	\$ 1.189
FUEL SALES	\$ 68.25*

TOTAL OWED \$ 68.25

TOTAL PAID
CREDIT CARD \$ 68.25

* GST INCL. \$ 3.25

VISA

AUTH
PURCHASE
C 0010010010 00 027

VISA CREDIT
A0000000031010
0080008000
F800
INVOICE 823267

VERIFIED BY PIN

00 APPROVED
THANK YOU 027

-- IMPORTANT --
RETAIN THIS COPY
FOR YOUR RECORDS
- CUSTOMER'S COPY -

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

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Angela Pitt

Claimant Name: Angela Pitt

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group: _____

Purpose:

\$117.74



All Fitts Automotive

108 First St. N.
 Airdrie / Alberta
 T4B 0R3
 Tel.#: (403) 948-1825

CUSTOMER	VEHICLE	INVOICE ADDRESS
Angela Pitt [REDACTED]	[REDACTED]	INV # : 14608 Date : 08/16/2016 Time : PO # : REG # : 814994547RT001 Tech. : SHAWNO/ALLFITTS
[REDACTED] B#:	[REDACTED]	

Qty	Description	Parts Ea.	Tot.Parts	Labour	Tx	Total	C
	maint service			25.60	GST	25.60	
5.00	castrol 5w40	13.43	67.15		GST	67.15	
1.00	oil filter	19.43	19.43		GST	19.43	
	ENVIROMENTAL				GST	3.00	
	Shop Supplies			2.56	GST	2.56	

WO# 16445

Copyright 2016 Autogence Inc. - LANKAR 10.0.2

I hereby authorize the above work to be done together with all necessary materials. I also acknowledge my indebtedness for the said repairs being the total amount owing, or balance owing as shown hereon.

If wheels were removed during servicing please have wheel nuts rechecked in 75-100km's.

PAID BY:....
 08/16/2016 Visa 123.63

This company does not assume any responsibility whatever for vehicles or equipment left for repairs, storage or other purposes, or for articles left in same. Vehicles driven by our employees are at the owners risk.

Other Charges			3.00
Sub Tot.	86.58	28.16	117.74
	GST		5.89
	PST		0.00
	Deductible		0.00
	Total		123.63

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Angela Pitt

Claimant Name: Angela Pitt

Expense Category: Member Parking

For hosting, select one:

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

Purpose:

\$15.00

RECEIPT

License Plate Number
[REDACTED]

Expiration Date/Time
11:59 PM
JUN 05, 2016

Purchase Date/Time: 01:00pm Jun 05, 2016
Total Due: \$15.00 Rate: LILAC FEST 2016
Total Paid: \$15.00 Payment Type: Card
Ticket #: 00006884
S/N #: 520014080143
Setting: Holy Cross
Mach Name: Holy Cross West

[REDACTED] Visa
HPARK: 403-828-7337

PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Angela Pitt

Claimant Name: Angela Pitt

Expense Category: Member Parking

For hosting, select one:

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

Purpose:

\$26.00

RECEIPT

Indigo Park
Sandman Hotel
Lot #801

Setting: Sandman \$27.30
Mach Name: Sandman Carc
Vise

License Plate Number



EXPIRATION DATE/TIME

07:00 PM Exp 07:00p
JUN 14, 2016 JUN 14, 2016

Ticket #: 03540521 T#03540521
FOLLOW INSTRUCTIONS ON SIGNS S/N#100007
041E93

\$27.30 CardCard #****- Visa Auth #. Purchased

Day Max \$ 26.00
Total Parking: \$26.00
Total GST: \$1.30
Total Due \$27.30 JUN14, 2016
Total Paid \$27.30 12:52p

GST # 12099-6095
Thank you
Indigo Park
403 269 7275

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Angela Pitt

Claimant Name: Angela Pitt

Expense Category: Member Parking

For hosting, select one:

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

Purpose:

\$23.81

STAMPEDE PARKING
DEPARTMENT
1410 OLYMPIC WAY SE
CALGARY AB

CARD ***** [REDACTED]
CARD TYPE VISA
DATE 2016/07/13
TIME 7210 13:32:59
RECEIPT NUMBER
C85027642-001-303-048-0

PURCHASE
TOTAL
\$25.00

Visa Credit
A0000000031010
01137CE0667B2D71
0080008000-E800
BA335AD989DCE62D
0080008000-F800

APPROVED

[REDACTED] 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS



LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Angela Pitt

Claimant Name: Angela Pitt

Expense Category: Member Parking

For hosting, select one:

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

Purpose:

\$23.81

STAMPEDE PARKING
DEPARTMENT
1410 OLYMPIC WAY SE
CALGARY AB

CARD ***** [REDACTED]
CARD TYPE VISA
DATE 2016/07/12
TIME 5801 13:08:29
RECEIPT NUMBER
C85009831-001-118-042-0

PURCHASE
TOTAL
\$25.00

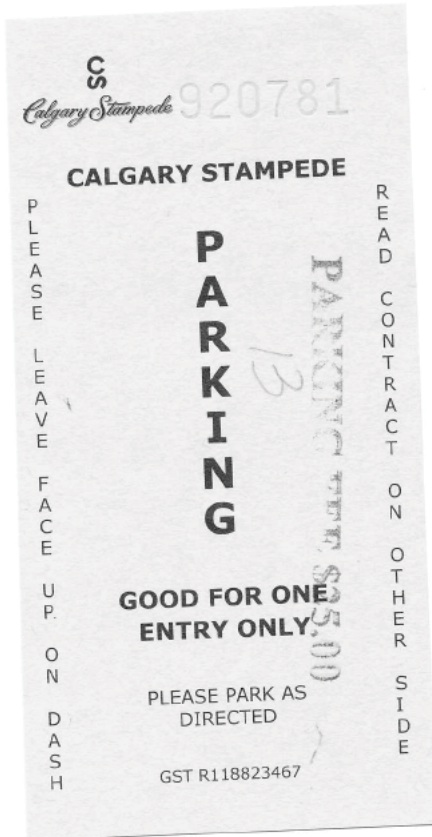
Visa Credit
A0000000031010
DA161EB6B695C13E
0080008000-E800
CA288B4EE427EEDB
0080008000-F800

APPROVED

[REDACTED] 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS





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: Pitt, Angela

Constituency: Airdrie

For the Month of: May

Year: 2016

Employee #: [REDACTED]

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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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						\$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

Angela Pitt

Date

June 27, 2016



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)

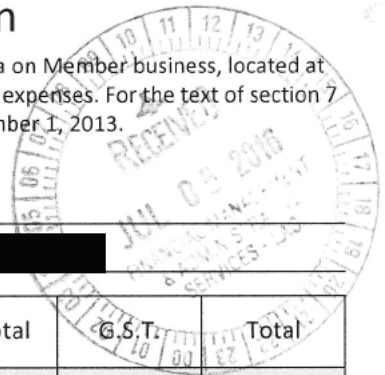
Member Name: Pitt, Angela

Constituency: Airdrie

For the Month of: June

Year: 2016

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	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			<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			<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

June 27, 2016
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)

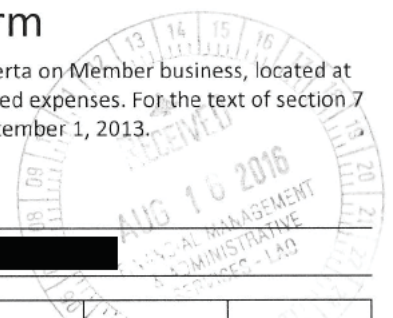
Member Name: Pitt, Angela

Constituency: Airdrie

For the Month of: July

Year: 2016

Employee #: [REDACTED]



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	60 km from Perm. Res.	Red Deer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
21	60 km from Perm. Res.	Red Deer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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						\$59.33	\$2.97	\$62.30

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

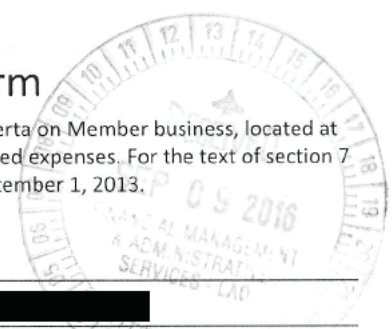
08/08/2016
Date
D m y.



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: Pitt, Angela

Constituency: Airdrie

For the Month of: August

Year: 2016

Employee #: [REDACTED]

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	60 km from Perm. Res.	Ft. McMurray	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
29	60 km from Perm. Res.	Ft. McMurray	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
30	60 km from Perm. Res.	Ft. McMurray	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
31	60 km from Perm. Res.	Ft. McMurray	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
Grand Total						\$138.48	\$6.92	\$145.40

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.

Angela Pitt
Member Signature

6 SEPT 2016
Date



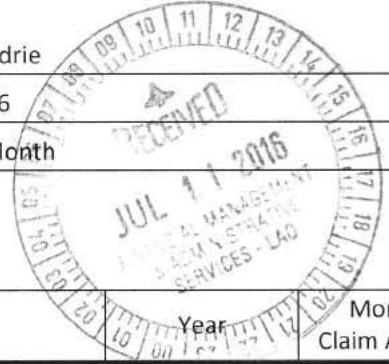
Members' Temporary Accommodation Allowance Claim Form

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: Pitt, Angela **Constituency:** Airdrie

Employee #: [REDACTED] **Date:** 6/30/2016

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
July	2016	1,550.00
Grand Total		\$1,550.00

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 No


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.

JULY 2016

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



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: Pitt, Angela **Constituency:** Airdrie

Employee #: [REDACTED] **Date:** August 1, 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
August	2016	1,550.00
Grand Total		\$1,550.00

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 No

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.

AUG 2016

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



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: Pitt, Angela

Constituency: Airdrie

Employee #: [REDACTED]

Date: 8/31/2016

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
September	2016	1,550.00
Grand Total		\$1,550.00

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

No

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.

SEPTEMBER 2016

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



Black Knight Inn (ST105)

2929 50 Th Ave
Red Deer, AB T4R 1H1
(403) 343-6666
llarsen@blackknightinn.ca

Account: [REDACTED]

Date: 7/22/16

Room: 501 GROUP-

Arrival Date: 7/19/16

Departure Date: 7/22/16

Check In Time: 7/19/16 10:51 PM

Check Out Time:

Rewards Program ID:

You were checked out by:

You were checked in by: jchen1

Total Balance Due: 65.40

Pitt, Angela



Post Date	Description	Comment	Amount
7/20/16	Room Charge	#501 Pitt, Angela	120.00
7/20/16	Tourism Levy		4.80
7/20/16	GST		6.00
7/21/16	Room Charge	#501 Pitt, Angela	120.00
7/21/16	Tourism Levy		4.80
7/21/16	GST		6.00
7/22/16	Visa Payment	XXXXXXXXXXXX [REDACTED]	(196.20)

Folio Summary 7/20/16 - 7/22/16

Room Charge	240.00
GST	12.00
Tourism Levy	9.60
Visa Payment	(196.20)
Balance Due:	65.40

GST #R121889661

\$184.20

x _____

Follow us on:



BLACK KNIGHT INN
2929 50 AVENUE
RED DEER AB

CARD *****
CARD TYPE VISA
DATE 2016/07/22
TIME 3006 09:13:27
CLERK ID A
RECEIPT NUMBER
084041045-001-852-010-0

PURCHASE
TOTAL

\$196.20

Visa Credit
A0000000031010
4F98F3EE59FEF5F7
0080008000-E800
9487417D06045589
0080008000-F800

APPROVED

01-027

[REDACTED]

COUNTER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS



Quality Hotel & Conference Centre
GST 86554 8226 RT0001 (CN456)
 424 Gregoire Drive
 Fort McMurray, AB T9H3R2
 (780) 791-7200
 GM.CN456@choicehotels.com

Account: [REDACTED]

Date: 9/1/16

Room: 247 GROUP-

Arrival Date: 8/28/16

Departure Date: 9/1/16

Check In Time: 8/28/16 5:55 PM

Check Out Time:

Rewards Program ID:

You were checked out by:

You were checked in by: lcox

Total Balance Due: 0.00

PITT, Angela

Post Date	Description	Comment	Amount
8/28/16	Room Charge	#247 PITT, Angela	129.00
8/28/16	State Tax		0.10
8/28/16	Goods & Services Tax		6.45
8/28/16	Occupancy Tax		5.16
8/28/16	Other Tax		2.00
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	#247 PITT, Angela	129.00
8/29/16	Occupancy Tax		5.16
8/30/16	Room Charge	#247 PITT, Angela	129.00
8/30/16	Occupancy Tax		5.16
8/31/16	Room Charge	#247 PITT, Angela	129.00
8/31/16	Occupancy Tax		5.16
9/1/16	Visa Payment		(536.64)
		XXXXXXXXXXXX [REDACTED]	

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

Room Charge	516.00
Goods & Services Tax	0.00
State Tax	0.00
Occupancy Tax	20.64
Other Tax	0.00
Visa Payment	(536.64)
Balance Due:	0.00

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Angela Pitt
Claimant Name: Angela Pitt
Expense Category: Hosting

For hosting, select one:

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

Purpose:

Meeting of Constituent Concern

\$33.29

ORIGINAL JOE'S
RESTAURANT & BAR
35 MACKENZIE WAY UNIT
410
AIRDRIE AB

CARD *****
CARD TYPE VISA
DATE 2016/06/13
TIME 5359 19:02:06
CLERK ID 48
RECEIPT NUMBER
C82032475-001-236-027-0

PURCHASE AMOUNT \$29.40
TIP \$5.29
TOTAL

\$34.69

Visa Credit
A0000000031010
8F6EC0DA07DAD087
0080008000-E800
60CB5E4C65B5DA7A
0080008000-F800

APPROVED

01-027

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

★★★
**ORIGINAL
JOE'S**

RESTAURANT & BAR

Original Joes Airdrie
4105-35 Mackenzie Way
Airdrie, AB
T4B 0V7

Phone: (403) 948-5634

GST: #82424 3661 RT0001

Table #14

Trans #: 256266 Serv: Chelsea 48
6/13/2016 6:54 PM # Cust: 2

Quan	Descript	Cost
1	Parm Chips	\$4.00
1	Cobb Salad	\$15.50
1	Bacon Tom Soup	\$8.50

Net Total: \$28.00
GST \$1.40

TOTAL: \$29.40
Amount Due: \$29.40

Original Joe's cares,
tell us about your experience!!

Complete our Online Survey:
WWW.ORIGINALJOES.CA/SURVEY

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Angela Pitt
Claimant Name: Angela Pitt
Expense Category: Hosting

For hosting, select one:

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

Purpose:

Meeting of constituent concern

\$49.34

ORIGINAL JOE'S
RESTAURANT & BA
35 MACKENZIE WAY UNIT
410
AIRDRIE AB

CARD ***** [REDACTED]
CARD TYPE VISA
DATE 2016/06/15
TIME 3919 12:48:25
CLERK ID 01
RECEIPT NUMBER
C82000919-001-027-004-0

PURCHASE
AMOUNT \$43.58
TIP \$7.84
TOTAL

\$51.42

Visa Credit
A0000000031010
001C82AAC095FA1E
0080008000-E800
0615B115AA39554B
0080008000-F800

APPROVED

[REDACTED] 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS



Original Joes Airdrie
4105-35 Mackenzie Way
Airdrie, AB
T4B 0V7

Phone:(403) 948-5634

GST: #82424 3661 RT0001

Table #11

Trans #: 256646 Serv: Bar AM
6/15/2016 12:37 PM # Cust:2

Quan	Descript	Cost
1	Steak Sandwich	\$19.50
1	->\$Add mush	\$1.50
1	Steak Sandwich	\$19.50
1	->\$Quinoa	\$1.00

Net Total: \$41.50
GST \$2.08

TOTAL: \$43.58
Amount Due: \$43.58

Original Joe's cares,
tell us about your experience!!

Complete our Online Survey:
WWW.ORIGINALJOES.CA/SURVEY

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Angela Pitt

Claimant Name: Angela Pitt

Expense Category: Hosting

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group: _____

Purpose:

Meeting of constituent concern

\$41.60

BREWSTERS BREWING CO
& RESTAURANT

0031 Table 215 #Party 2
SAMANTHA M SvrCk: 9 13:15 06/20/16
Separate checks: 1-of-2

1 FISH & CHIPS 16.99
1 CRAB CAKE LOUIS AB 17.99

Sub Total: 34.98

Tax: 1.75

06/20 14:35 TOTAL: 36.73

GST(5%) # 86281 2112
200 - 3 STONEGATE DR NW
AIRDRIE ALBERTA
T2B 0N2
www.brewsters.ca

NEW OFFSALE BOMBERS!!
ASK YOUR SERVER FOR DETAILS!!

BREWSTERS #13
200 3 Stonegate Drive
Airdrie, AB
T4B 0N2
403-945-2739

** TRANSACTION RECORD **

Tran. #: 23439
Check #: 31
Employee #: 22
Employee Name: SAMANTHA

Visa Credit Purchase
XXXXXXXXXXXX [REDACTED]
AID: A0000000031010

Amount \$36.73

Tip \$6.62

=====
TOTAL CAD\$43.35

APPROVED [REDACTED]
00-001 085721
BR13WS06/BR13WC06
101001001001
2016/06/20 14:39:51

TUR: 0080008000
TSI: F800

Customer Copy

THANK YOU
Come Again

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Angela Pitt

Claimant Name: Angela Pitt

Expense Category: Hosting

For hosting, select one:

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

Purpose:

Drinking water for office use

VISTA WATER
Remit payment to
PO BOX 80020, DOWNTOWN PO
AIRDRIE, ALBERTA, T4B3K3

Invoice #123344

PO #

Vendor #

07/08/2016

Driver

Shane Mooney

12:52:02

Route

10026

Sold To:

Angella Pitt Office - MLA
209 Bowers Street
Airdrie, AB T4B 2B6

Desc	Qty	Unit \$	Total
Water 18.9L Purified	150	1	\$7.50

Subtotal \$7.50
Tax \$0.00

Invoice Total \$7.50

Previous Balance \$7.50

Payments: None

Net Due

Next Delivery: 08/12/2016

For delivery or account inquiries
please contact Shane @ 852-8632

Payment due 30 days from invoice date
Thank-you for your business

GST # 849 941 554 RT0001

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Angela Pitt
 Claimant Name: Angela Pitt
 Expense Category: Hosting

For hosting, select one:

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

Purpose:

Meeting of constituent concern
\$46.66

PEPPERCORNS
 800 YANKEEVALLEY BLVD
 SW,
 AIRDRIE AB

CARD *****
 CARD TYPE VISA
 DATE 2016/07/19
 TIME 0149 12:47:33
 RECEIPT NUMBER
 C82034515-001-001-885-0

PURCHASE
 AMOUNT \$41.95
 TIP \$6.71
 TOTAL

\$48.66

Visa Credit
 A0000000031010
 575CE4F950F002EC
 0080008000-E800
 1DBE6543529CE4DD
 0080008000-F800

APPROVED

THANK YOU 01-027

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
 COPY FOR YOUR RECORDS

#7

Peppercorns
 2 - 91 East Lake Cres
 Airdrie, AB T4A 2H6
 Phone(403)948-0039

=====
 Date: Jul 19, 2016 Time: 12:45PM
 Server: Katrina # Guest: 2
 Bill: 41955 Table : 7

1	Lunch buffet	12.95
1	BBQ ribs	18.00
	NO FRIES ALL SALAD	
1	soft drink	3.50
2	coffee	5.50

 Subtotal 39.95
 GST 8633173190 2.00

Total 41.95

Open Time : Jul 19, 2016 11:33AM

Printed By : Katrina

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Angela Pitt

Claimant Name: Angela Pitt

Expense Category: Hosting

For hosting, select one:

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

Purpose:

Drinking water for office use

VISTA WATER
Remit payment to
PO BOX 80020, DOWNTOWN PO
AIRDRIE, ALBERTA, T4B3K3

Invoice #124381

PO #

Vendor #

08/12/2016

Driver

Shane Mooney

12:06:03

Route

10026

Sold To:

Angella Pitt Office - MLA
209 Bowers Street
Airdrie, AB T4B 2B6

Desc	Qty	Unit \$	Total
Water 18.9L Purified	1	\$7.50	\$7.50
Subtotal			\$7.50
Tax			\$0.00
Invoice Total			\$7.50
Previous Balance			\$0.00
Payments: None			
Net Due			\$7.50

Next Delivery: 09/09/2016

For delivery or account inquiries
please contact Shane @ 852-8632

Payment due 30 days from invoice date
Thank-you for your business

GST # 849 941 554 RT0001

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Angela Pitt

Claimant Name: Angela Pitt


Expense Category: Hosting

For hosting, select one:

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

Purpose:

Drinking water for office use

\$15.00


VISTA WATER
Remit payment to
PO BOX 80020, DOWNTOWN PD
AIRDRIE, ALBERTA, T4B3K3

Invoice #125234

PO #

Vendor #

09/09/2016
Driver
Shane Mooney

13:22:30
Route
10026

Sold To:

 Angela Pitt Office - MLA
209 Bowers Street
Airdrie, AB T4B 2B6

Desc	Qty	Unit \$	Total
Water 18.9L Purified 150	2	\$7.50	\$15.00
Subtotal			\$15.00
Tax			\$0.00
Invoice Total			\$15.00



Next Delivery: 10/14/2016

For delivery or account inquiries
please contact Shane @ 852-8632

Payment due 30 days from invoice date
Thank-you for your business

GST # 849 941 554 RT0001