

LEGISLATIVE ASSEMBLY OF ALBERTA
 Member EDR 2017-18
 047 - Airdrie - Pitt, Angela
 For Expenses Processed Jul 1 - Sep 30, 2017

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$322.63	\$1,521.72
MLA Parking Cap - \$	\$900.00	\$116.57	\$137.28
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$			
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$			\$1,266.29
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,790.00	\$11,580.00
Travel Accommodations Allowance		\$401.70	\$401.70
Travel Accommodations Allowance (days; 10 max) - NF	10.0	3.0	3.0
Other			
Hosting - \$		\$83.52	\$367.67
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	80,000.0	2,201.0	6,002.0
Special Trips (5 trips per year) - NF	5.0	1.0	1.0
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		9.0
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: Angela Pitt

Claimant Name: Angela Pitt

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

\$66.19

HERO - CANADA
2600 STONE BLVD
EDMONTON
ALBERTA T4B 3K8
945-3164

ACCOUNT: 0389780
TERMINAL: 02080
PUMP: 02080

04 18 00

PUMP
PREMIUM
LITRES L 59.708
PRICE/L \$ 1.164
FUEL SALES \$ 69.502

TOTAL OWED \$ 69.50

TOTAL PAID
CREDIT CARD \$ 69.50

* GST INCL. \$ 3.31

UISA

AUTH
PURCHASE
C 0010010010 00 027

UISA CREDIT
A0000000031010
0080008000
F800
INVOICE 996557

VERIFIED BY PIN

00 APPROVED
THANK YOU 027

-- IMPORTANT --
RETAIN THIS COPY
FOR YOUR RECORDS
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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:

\$66.86

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

GST
PC00000913:3897801
TERMINAL: 023897854
PAYPOINT: 023897801

2017-07-12 11:16

PUMP 04
PREMIUM
LITRES L 59.542
PRICE/L \$ 1.179
FUEL SALES \$ 70.20*

TOTAL OWED \$ 70.20

TOTAL PAID
CREDIT CARD \$ 70.20

* GST INCL. \$ 3.34

UISA

AUTH
PURCHASE
C 0010010010 00 027

UISA CREDIT
A0000000031010
0080008000
F800
INVOICE 001317

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PETRO-POINTS
BALANCE BEFORE
PURCHASE

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

SURVEY! EARN POINTS
& CHANCE TO WIN GAS

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:

\$60.86

PETRO-CANADA
9936 109 STREET
EDMONTON
ALBERTA T5K 1H5
(780) 423-1429

GST 0885609321
PC0914053:8598601
TERMINAL: 028598655
PAYPOINT: 028598601

2017-07-24 12:38

PUMP 05
SUPREME
LITRES L 56.599
PRICE/L \$ 1.129
FUEL SALES \$ 63.90*

TOTAL OWED \$ 63.90

TOTAL PAID
CREDIT CARD \$ 63.90

* GST INCL. \$ 3.04

VISA

***** [REDACTED]

AUTH

PURCHASE

C 0010010010 00 027

VISA CREDIT

A0000000031010

0080008000

F800

INVOICE 575022

VERIFIED BY PIN

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PETRO-POINTS

BALANCE BEFORE

PURCHASE [REDACTED]

*** 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:

\$65.48

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

GST
PC0020983:3897801
TERMINAL: 023897852
PAYPOINT: 023897801

2017-08-11 11:41

PUMP 02
PREMIUM
LITRES L 58.064
PRICE/L \$ 1.184
FUEL SALES \$ 68.75*

TOTAL OWED \$ 68.75

TOTAL PAID
CREDIT CARD \$ 68.75

* GST INCL. \$ 3.27

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

VISA CREDIT
A0000000031010
0080008000
F800
INVOICE 019737

VERIFIED BY PIN

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PETRO-POINTS
BALANCE BEFORE
PURCHASE [REDACTED]

*** 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:

\$63.24

**COLLECTING & REDEEMING
 PETRO-POINTS
 IS FAST, FREE AND EASY**

DUPLICATE DUPLICATE DUPLICATE

PETRO-CANADA
4602 46TH ST
OLDS
Alberta T4H 1A1

GST pending (403) 559-2090
 2017-08-28 PC0058170:7792501 16:00
 TERMINAL: 027792552 OPER: A
 PAYPOINT: 027792501

Fill	(L)	(\$/l)	(\$)
Pump 2			
Special	57.789	1.10	66.40*
Total Owed			66.40

TOTAL PAID
CREDIT CARD \$ 66.40

*TAXES INCL. #TAXES EXCL.

GST TOTAL \$ 3.16

VISA [REDACTED] C
 INV. 054815 AUTH. [REDACTED]
 Purchase
 C C010010010 00 027

Visa Credit
 AID: A0000000031010
 0080008000
 F800

VERIFIED BY PIN

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PETRO-POINTS
BALANCE BEFORE
PURCHASE [REDACTED]

Survey! Earn Points
 & Chance to Win Gas
www.petro-canada.ca/hero

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Angela Pitt

Claimant Name: Angela Pitt

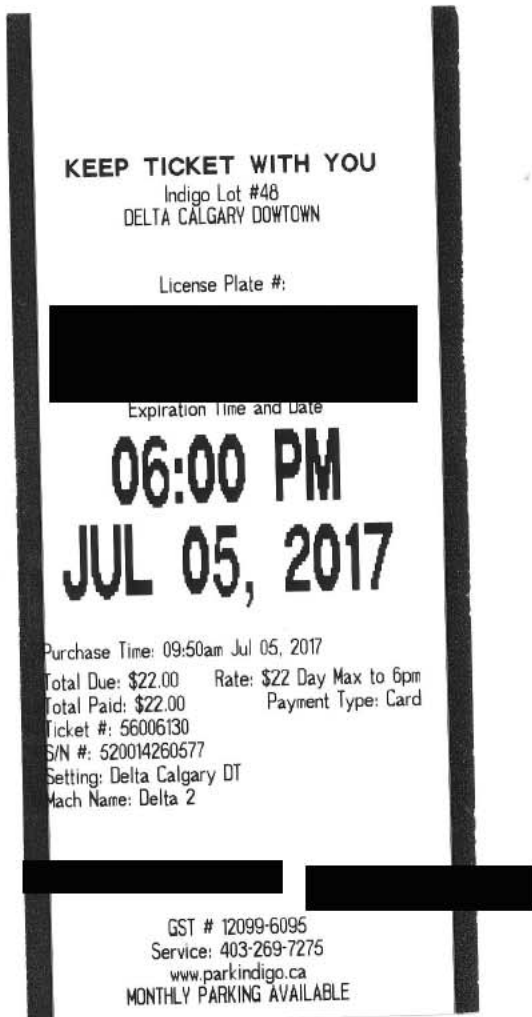
Expense Category: Member Parking

For hosting, select one:

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

Purpose:

\$20.95



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:

\$4.76

RECEIPT
DEVICE: CREDIT CARD 0000004
FROM: 10/07/17 06:16P
TO: 10/07/17 09:38P
CREDIT CARD
10/07/17 09:38P
PRICE: CAD5.00

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:

\$2.29

attery Boosting & Tire Inflation Services (403) 537-7000

Plate: [REDACTED]
Zone: **2574**

Valid through:

TUESDAY
11 JUL 17
6:01 PM

START TIME: 7/11/2017 4:48 PM
AMOUNT PAID: \$2.40 (GST Incl.)

Auth No: [REDACTED]
Trn No: 2746d073cc4db42b
Terminal: 1034
Receipt No: 3520

FREE Battery Boosting

CALGARY PARKING AUTHORITY (403) 537-7000

CALGARY PARK

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:

\$28.57



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

WELCOME TO
CALGARY EXHIBITION &
STAMPEDE LTD.

Station : Booth 13A
Cashier : sherylg
Trans# : 82710
Ticket : 452790211
Time in : 11/07/2017 22:16:21
Paid to : 11/07/2017 23:59:59
Duration : 01:43:37
Plate :

BMOC : \$ 23.81
Subtotal : \$ 23.81
*GST : \$ 1.19
Total : \$ 25.00
CC/DB : \$ 25.00

TYPE : PURCHASE
DATE/TIME : 11 Jul 2017 22:16:33
CARD NUMBER : *****
ACCOUNT : VISA
REFERENCE # : 66252346 0013250090 C
AUTH # :
Visa Credit
A0000000031010
0080008000 F800

01 APPROVED - THANK YOU 027

IMPORTANT - retain this copy for your records



ENJOY YOUR STAY
GST#R118823467
ONE ENTRY ONLY

Calgary Stampede

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:

\$19.05



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:

\$17.14





Members' Temporary Accommodation Allowance Claim Form

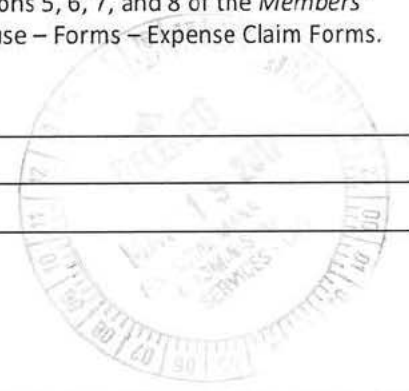
47

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:** 5/12/2017

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. Yes No

Monthly Amount (maximum \$1,930 or less) \$ 1,930.00 **x 12 = \$ 23,160.00**

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

Claim Payment Authorization (please check) **12 Monthly Payments**
I authorize 12 monthly payments in the amount specified above for the entire fiscal year. This monthly amount is static for the entire fiscal year.

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

JULY 2017

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



Members' Temporary Accommodation Allowance Claim Form

47

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: 5/12/2017
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. Yes No

Monthly Amount (maximum \$1,930 or less)	\$ 1,930.00	x 12 = \$ 23,160.00
---	-------------	----------------------------

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

Claim Payment Authorization (please check) **12 Monthly Payments**
I authorize 12 monthly payments in the amount specified above for the entire fiscal year. This monthly amount is static for the entire fiscal year.

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

AUGUST 2017

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



Members' Temporary Accommodation Allowance Claim Form

47

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: 5/12/2017
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.

Yes No

Monthly Amount (maximum \$1,930 or less)	\$ 1,930.00	x 12 =	\$ 23,160.00
---	-------------	---------------	---------------------

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.

SEPTEMBER 2017

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



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
11:17 am

Angela Pitt



Folio #: 57349

Room Number: 314

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		314	\$125.00	
8/27/2017	DMF FEE	Auto Posted		314	\$3.75	
8/27/2017	HOTEL TAX	Auto Posted		314	\$0.15	
8/27/2017	HOTEL TAX	Auto Posted		314	\$5.00	
8/28/2017	ROOM CHARGE	Auto Posted		314	\$125.00	
8/28/2017	DMF FEE	Auto Posted		314	\$3.75	
8/28/2017	HOTEL TAX	Auto Posted		314	\$0.15	
8/28/2017	HOTEL TAX	Auto Posted		314	\$5.00	
8/29/2017	ROOM CHARGE	Auto Posted		314	\$125.00	
8/29/2017	DMF FEE	Auto Posted		314	\$3.75	
8/29/2017	HOTEL TAX	Auto Posted		314	\$0.15	
8/29/2017	HOTEL TAX	Auto Posted		314	\$5.00	
8/30/2017	VISA	CHECKED-OUT		314		\$401.70

Handwritten notes:
- 3%
- 4% OF DMF
- 4% OF ROOM

I agree that my liability for all charges is not waived

Signature _____

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

Balance:

GST EXEMPT.

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Angela Pitt

Claimant Name: Cindy Koch

Expense Category: Hosting

For hosting, select one:

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

Purpose:

Meeting of stakeholder concern

\$6.78



Calgary Co-op
 Sierra Springs Centre #19
 (403) 912-3700
 GST: 100730894
 Marlin Travel

Open: Tues to Sat 930am to 5pm
 Closed: Sun, Mon and Stat Holidays

CG WATER		\$0.99
PLUS .04 CRF/EA		\$0.04
PLUS .10 DEP/EA		\$0.10
CG WATER		\$0.99
PLUS .04 CRF/EA		\$0.04
PLUS .10 DEP/EA		\$0.10
CG WATER		\$0.99
PLUS .04 CRF/EA		\$0.04
PLUS .10 DEP/EA		\$0.10
CG WATER		\$0.99
PLUS .04 CRF/EA		\$0.04
PLUS .10 DEP/EA		\$0.10
CG WATER		\$0.99
PLUS .04 CRF/EA		\$0.04
PLUS .10 DEP/EA		\$0.10
CG WATER		\$0.99
PLUS .04 CRF/EA		\$0.04
PLUS .10 DEP/EA		\$0.10

18 BALANCE DUE \$6.78

TYPE: Purchase INTERAC

ACCT: Chequing \$ 6.78

CARD NUMBER: *****
 DATE/TIME: 05/19/2017 10:29:23
 REFERENCE #: 0010011740 C
 TERM: 66216636
 AUTHOR.# :
 AID: A0000002771010
 Interac
 TVR: 0080008000
 TSI: F800

00 APPROVED - THANK YOU 001

CUSTOMER COPY

INTERAC		\$6.78
Auth Code =		
CHANGE		\$0.00
TOTAL TAX		\$0.00

Member Number

CASHIER NAME: MICHELLE
 C0116 #6418 10:26:38 19MAY2017
 S00019 R004

Your email...Your Savings!
 Do we have your
 current email?
 Sign up today at
calgarycoop.com/signup
 or see Customer Service

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:

Water for office use

\$22.50

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

Invoice #132895

PO # _____
Vendor # _____
07/26/2017 14:07:20
Driver Shane Mooney Route 10044

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

Desc	Qty	Unit \$	Total
Water 18.9L Purified	3	\$7.50	\$22.50
Subtotal			\$22.50
Tax			\$0.00
Invoice Total			\$22.50
Previous Balance			\$0.00
Payments: None			
Net Due			\$22.50

Next Delivery: 09/08/2017

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

VENDOR # _____

VOUCHER # _____

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:

Water for office use	\$15.00
----------------------	---------



VISTA WATER
 Remit payment to
 PO BOX 80928, DOWNTOWN-RO
 AIRDRIE, ALBERTA, T4B 8K9

Invoice # 133422
 & A.L.
 SERVICES - A.

PO #
 Vendor #

09/08/2017 14:22:52
 Driver
 Shane Mooney Route
 10026

Sold To:
 [Redacted] Angella 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
Previous Balance			\$0.00
Payments: None			
Net Due			\$15.00

Next Delivery: 10/13/2017

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	\$39.24
--------------------------------	---------

Toad nTurtle Airdrie
GST #

THU AUGUST 17, 2017
CHECK #453367-1
TABLE #330
CUSTOMER # 1

1 TURKEY WRAP	\$16.00
1 SPINACH N BEET SALAD	\$12.00
1 \$ADD CHICKEN	\$5.00
SUB-TOTAL	: \$33.00
TAX	: \$1.65
TOTAL	\$34.65

GST #802670083RT0001
Time: 19:38 2 CUSTOMERS
2 CHECKS

GST#802670083RT0001
THANK YOU FOR JOINING US!!

YOU HAVE BEEN SERVED
BY : 14-Kari-Ann

TOAD N TURTLE PUBHOUSE &
GRILL
1900 MARKFT STREET
AIRDRIE AB

CARD	[REDACTED]
CARD TYPE	VISA
DATE	2017/08/17
TIME	0940 19:39:35
CLERK ID	14
RECEIPT NUMBER	C85045193-001-102-007-0

PURCHASE	
AMOUNT	\$34.65
TIP	\$6.24
TOTAL	\$40.89

Visa Credit
A0000000031010
E48CA72CEAFCEA65
0080008000-E800
3588A6A591D3CCF6
0080008000-F800

APPROVED

AUTH# [REDACTED] 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
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