

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2017-18
047 - Airdrie - Pitt, Angela
For Expenses Processed Jan 1 - Mar 31, 2018

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$991.45	\$3,537.27
MLA Parking Cap - \$	\$900.00	\$25.00	\$162.28
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$		\$8.80	\$37.30
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$1,147.42	\$3,185.28
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,790.00	\$23,160.00
Travel Accommodations Allowance			\$401.70
Travel Accommodations Allowance (days; 10 max) - NF	10.0		3.0
Other			
Hosting - \$		\$371.62	\$1,332.35
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	80,000.0	2,708.0	11,169.0
Special Trips (5 trips per year) - NF	5.0		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	3.0	17.0
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

FLEET MANAGEMENT SERVICES DETAIL
DETAI LS SERVICES DE GESTION DE PARC

PAGE - 177 OF 238
DE

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
DIV-47-A PITT
- -
- -
- -
- -

CLIENT NO.
NO DU CLIENT
NVOICE DATE 03/01/18
DATE DE LA FACTURE
NVOICE NO. 0007042854
NO DE LA FACTURE

UNIT NO NO. D'UNITE	DRIVER NAME DRIVER ID. NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V.I.N. NO. DE SERIE	CARD NO. NO. DE CARTE	KM AUTHORIZE KM AUTORISE	REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION DESCR PTION DES FRAIS	QTY QTE	UNIT COST COUT UNIT	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DUE MONTANT TOTAL DU
	PITT				000489985284 02/15/18	SHELL CANADA INC EDMONTON AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	31.6	1.31	39.43	1.97 1.97	41.40 41.40
					000489349839 02/01/18	PETRO CANADA AIRDRIE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	59.1	1.38	77.63	3.88 3.88	81.51 81.51
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	90.7		117.06	5.85	122.91
	BKDN TOTALS / TOTAUX CODIFICATION 01-47				1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	90.7		117.06	5.85	
							BKDN TOTALS / TOTAUX CODIFICATION					122.91

FLEET MANAGEMENT SERVICES DETAIL
DETAI LS SERVICES DE GESTION DE PARC

PAGE - 181 OF 242
DE

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
DIV-47-A PITT
- -
- -
- -
- -

CLIENT NO.
NO DU CLIENT
NVOICE DATE 04/01/18
DATE DE LA FACTURE
NVOICE NO. 0007066291
NO DE LA FACTURE

UNIT NO ----- NO. D'UNITE	DRIVER NAME DRIVER ID. ----- NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V.I.N. ----- NO. DE SERIE	CARD NO. ----- NO. DE CARTE	KM AUTHORIZE ----- KM AUTORISE	REFERENCE NO ACTIVITY DATE ----- NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION ----- NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION ----- DESCR PTION DES FRAIS	QTY ----- QTE	UNIT COST ----- COUT UNIT	EXTENDED PRICE ----- TOTAL	GST-HST PST/QST ----- TPS-TVH TVP/TVQ	TOTAL DUE ----- MONTANT TOTAL DU
	PITT				000491019811 02/27/18	SHELL CANADA INC EDMONTON AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	57.6	1.19	65.24	3.26 3.26	68.50 68.50
					000492595973 02/19/18	IMPERIAL OIL AIRDRIE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	56.5	1.32	71.29	3.56 3.56	74.85 74.85
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	114.1		136.53	6.82	143.35
	BKDN TOTALS / TOTAUX CODIFICATION 01-47				UNITS / VEHIC 1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	114.1		136.53	6.82	
							BKDN TOTALS / TOTAUX COD FICATION					143.35

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:

\$58.76



BP Fuel Gas Bar 40587
1400 Yarmouth Valley Road
Airdrie AB
T4A 2E4

Fuel 14
PRE 9041 \$61.70
55.337 Litres @ \$1.115
TOTAL \$61.70

Taxes included in fuel:
GST# 793514927 \$2.94

Approved
Pre Auth Completion
Visa Credit
ADV: 00000000000000000000

EXP: 11/11/11
Host Date: 12/09/2017
Host Time: 11:28:49

83809
Ref: 83204 Rept
Est: 14 2076-118

WELL, US HOW WE DID TODAY
MONTHLY CHANCES TO WIN \$5000
VISIT WWW.STOREOFINION.CA
OR CALL 1-877-284-2822
FULL CONTEST RULES AT
WWW.STOREOFINION.CA
STORE: 83809
COD: 020917 112804 8204 83809

Sales Receipt ID:



34811294704

Please come again!

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:

\$48.33

T6H 2K3 AB
EDMONTON
(780) 437-2220

V-Power
PUMP No. 04
LITRES 39.677
PRICE/L \$1.279
TOTAL FUEL \$50.75

TOTAL SALE \$50.75
VISA \$50.75

FUEL INCLUDES
GST - Fuel \$2.42
No. 137400032RT

01 APPROVED - THANK
YOU 001
APPROVAL No. 037351
TERMINAL No.
89000450
VERIFIED BY PIN

IMPORTANT
retain this copy for
your records



VISA PURCHASE C
INV No. 0004592625
2017/12/14 08:54
Visa Credit
ATD A0000000031010
TYR 0080008000
IS1 F800

Reference: 200687184

Accumulate 95 AIR
MILES Cash Miles
and get \$10 off
your purchase! (51)

* You've filled 101
.774 L- get up to 25
Bonus Miles every
month*

Visit shell
.ca/refuelrewards
for details

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

STORE: C00045
TRAN: 2550875
12/14/2017 8:56:50

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:

\$58.67



PETRO-CANADA
217 EDMONTON TR.
AIRDRIE
ALBERTA T4B 1S1
(403) 948-6076

GST 809568272
PC0429777:8541501
TERMINAL: 028541554
PAYPOINT: 028541501

2017-12-18 13:23

PUMP 04
SUPERCLEAN
LITRES L 53.610
PRICE/L \$ 1.149
FUEL SALES \$ 61.60*

TOTAL OWED \$ 61.60

TOTAL PAID
CREDIT CARD \$ 61.60

* GST INCL. \$ 2.93

UTSA

PURCHASE
C 0010010010 00 027

UISA CREDIT
A0000000031010
0000000000
F800
INVOICE 060112

VERIFIED BY PIN

00 APPROVED
THANK YOU 027

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

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

THANK YOU FOR BEING
A LOYAL PETRO-POINTS
& MORE REWARDS
MEMBER!

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:

\$36.67

81 Fuel: Gas Bar 83889

1410 Vanlee Valley Road

Airdrie AB

T4A 2E4

Fuel: 84

PRE TOTAL \$38.50

38.034 Litres @ \$1.899/L

TOTAL \$38.50

Taxes included in fuel:

GST: 733516827 \$1.83

Approved

Pre Auth Completion

Use: Credit

ACD: 0000000000000000

EXP: **/**

Rec Date: 12/20/2017

Rec Time: 08:26:50

83 1114

Rec: 87438 Rept

Batch: 2008-09

TELL US HOW WE DID TODAY
MONTHLY CHANCES TO WIN \$5000

VISIT WWW.STOREOFOPINION.CA

OR CALL 1-877-234-2322

FULL CONTEST RULES AT

WWW.STOREOFOPINION.CA

STORE: 03889

COD: 122017 032504 7438 03889

Sales Receipt ID:



35403254304

Please come again!

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:

\$63.57

ESSO

7 ELEVEN STORE 37801
900 MARKET STREET SE
AIRDRIE, AB T4A 0K9

2017-12-23 11:15:11

TRANS #: 217080
STATION#: 00302751
GST #: R119335453

PUMP 7
SUPRM \$66.75
51.984L AT \$1.284/L

GST INCLUDED \$3.18

CLAIM \$66.75

TYPE: PURCHASE

UISA

C *****

INVOICE NO: TAKA3513

UISA CREDIT
A0000000031010
0080008000
F800

01 APPROVED - TH
ANK YOU 027

VERIFIED BY PIN

LOYALTY: NO

YOU COULD HAVE
EARNED 214 ESSO
EXTRA POINTS. YOUR
FIRST REWARD STARTS
AT 150 POINTS.
PICK ONE UP IN STORE
OR VISIT
ESSOEXTRA.COM

RECONCILIATION ID:
TAKA17122311130466

-- IMPORTANT --
RETAIN THIS COPY
FOR YOUR RECORDS

- CUSTOMER'S COPY -

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:

\$36.19

BC Fuels Gas Bar #3889
1858 Yankee Valley Road
Airdrie AB
T4A 2E4

Pump #2
REGULAR \$38.00
34.731 Litres @ \$1.094/L
TOTAL \$38.00

Taxes included in fuel:
GST# 733514327 \$1.81

Approved

Pre Auth Completion

Visa Credit

AID: A0000000031010

EXP: **/**

Host Date: 12/28/2017

Host Time: 14:34:52

3889-2

Rct#172 Rept

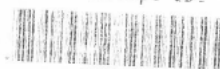
Batch# 2095-185

TELL US HOW WE DID TODAY
MONTHLY CHANCES TO WIN \$5000
VISIT WWW.STOREOPINION.CA
OR CALL 1-877-234-2322
FULL CONTEST RULES AT
WWW.STOREOPINION.CA

STORE: 03889

CODE:122817 149402 0172 03889

Sales Receipt ID:



36214345002

Please come again!

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:

\$77.04

ESSO
7 ELEVEN STORE 37801
900 MARKET STREET SE
AIRDRIE, AB T4A 0K9

DATE: 2018-01-03 TIME: 17:10:01

Paypoint: 05C TRANS #: 228492
Station#: 00302751 Cashier: manager
GST: R119335453

*** DUPLICATE ***

FUEL	(L)	(\$/L)	(\$)
Pump 5			
SUPRM	56.525	1.264	71.45

PRODUCT	QTY	PRICE	AMOUNT
QUK WSH deal	1	8.99	8.99
1 QUICK WASH	@ \$	8.99 G	
		GST 5%	0.45

TOTAL CAD \$ 80.89

CREDIT CARD \$ 80.89

* GST INCLUDED IN FUEL \$ 3.40

PURCHASE

VISA C *****

INVOICE NO: TAK81107

Visa Credit
A0000000031010
0080008000
F800

01 Approved - Thank You 027

VERIFIED BY PIN

Reconciliation ID: TAK818010317100180

-- IMPORTANT --

Retain This Copy For Your Records

- Customer's Copy -

*** DUPLICATE ***

** Quantity Price Savings 2.10

B - &GST, - , G - GST

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

\$43.81

831 Fuels Gas Bar 43809
438 Vanier Valley Road
Airdrie AB
T4A 2E4

Fuels 8/4
8311001 \$46.00
30.532 Litres @ \$1.224/L
Total \$46.00

Total Inc 20.11 Fuel:
831 743517397 \$2.19

Approved
Completion
V. edit
831 3888888883 010

Host Date: 07/15/2018
Host Time: 09:57:59

831 831
Rec: 87469 Rept
Cat: 01 2113-83

CALL US NOW OR DTD TODAY
MONTHLY CHANCES TO WIN \$5000
VISIT WWW.STOREOFOPINION.CA
OR CALL 1-877-234-2322
FILL OUT MY RULES AT
WWW.STOREOFOPINION.CA
STORE: 03809
DOB: 111518 095704 7009 03809

Sales Receipt ID:



01510575904

Please come again!

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:

\$68.10

B3 Fuels Gas Bar #3889
1050 Vantec Valley Road
Airdrie AB
T4A 2E4

Fuels 44
FIR 1004 \$71.50
53.417 Litres @ \$1.224/L
TOTAL \$71.50

Taxes included in fuel:
GST # 793514327 \$3.40

Approved
Pre Auth Completion
Visa Credit
AID: 00000000030010

EXP: **/**
Pos: Date: 01/18/2018
Pos: Time: 13:51:44

8337-1
Pos: 83326 Rept
Batch: 2116-148

TELL US HOW WE DID TODAY
MONTHLY CHANCES TO WIN \$5000
VISIT WWW.STOREOFINION.CA
OR CALL 1-877-234-2322
FULL CONTEST RULES AT
WWW.STOREOFINION.CA

STORE: 03889
COD: 011818 135104 8326 03889

Sales Receipt ID:



01813514304

Please come again!

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:

\$67.62

BC Fuel Gas Bar #3889

1054 Vanlee Valley Road

Airdrie AB

T4A 2E4

Fuel 14

FRE 1004 \$71.00

57.534 Litres @ \$1.234/L

TOTAL \$71.00

Taxes included in fuel:

GST: 733514927 \$9.38

Approved

Pre Auth Completion

Unit Credit

AID: 00000000000000000000

EXP: **/**

Host Date: 01/20/2018

Host Time: 00:48:27

8810-4

Fct: 112131 Rept

Est: 112127-49

TELL US HOW WE DID TODAY

MONTHLY CHANCES TO WIN \$5000

VISIT WWW.STOREOPINION.CA

OR CALL 1-877-234-2022

FULL CONTEST RULES AT

WWW.STOREOPINION.CA

STORE: #3889

COD: 112818 104804 2181 #3889

Sales Receipt ID:



02810482504

Please come again!

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:

\$55.95

80 Fuels Gas Bar #3889
858 Yankee Valley Road
Airdrie AB
T4A 2E4

Fuel \$4
PRE TDM \$58.75
41.391 Litres @ \$1.214/L

TOTAL \$58.75

Taxes included in fuel:
GST # 733514327 \$2.88

Approved

Pre Auth Completion

Visa Credit

ATM #00000000000000000000

EXP: **/**

Host Date: 03/05/2018

Host Time: 11:48:32

383474

Ref: 427271 Rept

Bar: Int 2164-118

TELL US HOW WE DID TODAY
MONTHLY CHANCES TO WIN \$5000
VISIT WWW.STOREOPINION.CA
OR CALL 1-877-234-2322
FULL CONTEST RULES AT
WWW.STOREOPINION.CA

STORE: 03809

110518 114804 7271 03809

Sales Receipt ID:



06411483104

Please come again!

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:

\$36.49

BC Fuels Gas Bar #3809
1050 Yankee Valley Road
Airdrie AB
T4A 2E4

Pump #6
PREMIUM \$38.31
32.630 Litres @ \$1.174/L
TOTAL \$38.31

Taxes included in fuel:
GST# 733514327 \$1.82

Approved

Pre Auth Completion

Visa Credit

AID: 0000000000000000

EXP: **/**

Host Date: 02/14/2018

Host Time: 15:13:15

3809-6

Rct#19509 Rcpt

Batch# 2144-129

TELL US HOW WE DID TODAY
MONTHLY CHANCES TO WIN \$5000
VISIT WWW.STOREOPINION.CA
OR CALL 1-877-234-2322
FULL CONTEST RULES AT
WWW.STOREOPINION.CA

STORE: 03809

CODE: 021418 151306 9509 03809

Sales Receipt ID:



04515131406

Please come again!

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:

\$39.76

BE Fuels Gas Bar #3889
1070 Yankee Valley Road
Airdrie AB
T4B 2E4

Fuel #4
PRE TOTAL \$41.75
34.679 Litres @ \$1.204/L
TOTAL \$41.75

Taxes included in fuel:
GST: 793514827 \$1.99

Approved
Pre Auth Completion
User Credit
AID: 0000000000000000

EXP: **/**
Host Date: 02/27/2018
Host Time: 11:20:56

8830-4
Ref: 022037 Rept
Batch: 2152-128

TELL US HOW WE DID TODAY
MONTHLY CHANCES TO WIN \$5000
VISIT WWW.STOREOFINION.CA
OR CALL 1-877-234-2822
FULL CONTEST RULES AT
WWW.STOREOFINION.CA

STORE: 83809
CODE: 022118 104504 2087 83809

Sales Receipt ID:



05210455504

Please come again!

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:

\$46.90

BC Fuels Gas Bar #3809
1050 Yankee Valley Road
Airdrie AB
T4A 2E4

Pump #6
PREMIUM \$49.25
41.252 Litres @ \$1.194/L

TOTAL \$49.25

Taxes included in fuel:
GST# 733514327 \$2.35

Approved

Pre Auth Completion

Visa Credit

AID: A00000000031010

EXP: **/**

Host Date: 02/26/2018

Host Time: 09:16:47

3809-6

Rct#24113 Rcpt

Batch# 2157-88

TELL US HOW WE DID TODAY
MONTHLY CHANCES TO WIN \$5000
VISIT WWW.STOREOPINION.CA
OR CALL 1-877-234-2322
FULL CONTEST RULES AT
WWW.STOREOPINION.CA

STORE: 03809

CODE: 022618 091606 4113 03809

Sales Receipt ID:



05709164506

Please come again!

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:

\$25.00

RECEIPT

License Plate Number



Expiration Date/Time

06:00 PM

FEB 19, 2018

Purchase Date/Time: 09:18am Feb 19, 2018

Total Parking: \$25.00

Total Federal: \$1.25

Total Due: \$26.25

Total Paid: \$26.25

Ticket #: 00083712

S/N #: 500012260461

Setting: Lot 80

Mach Name: Lot 80-1

Rate: \$25 - 6 pm

Payment Type: Card

GST REG #087315638

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: Taxi, Bus Travel

For hosting, select one:

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

Purpose:

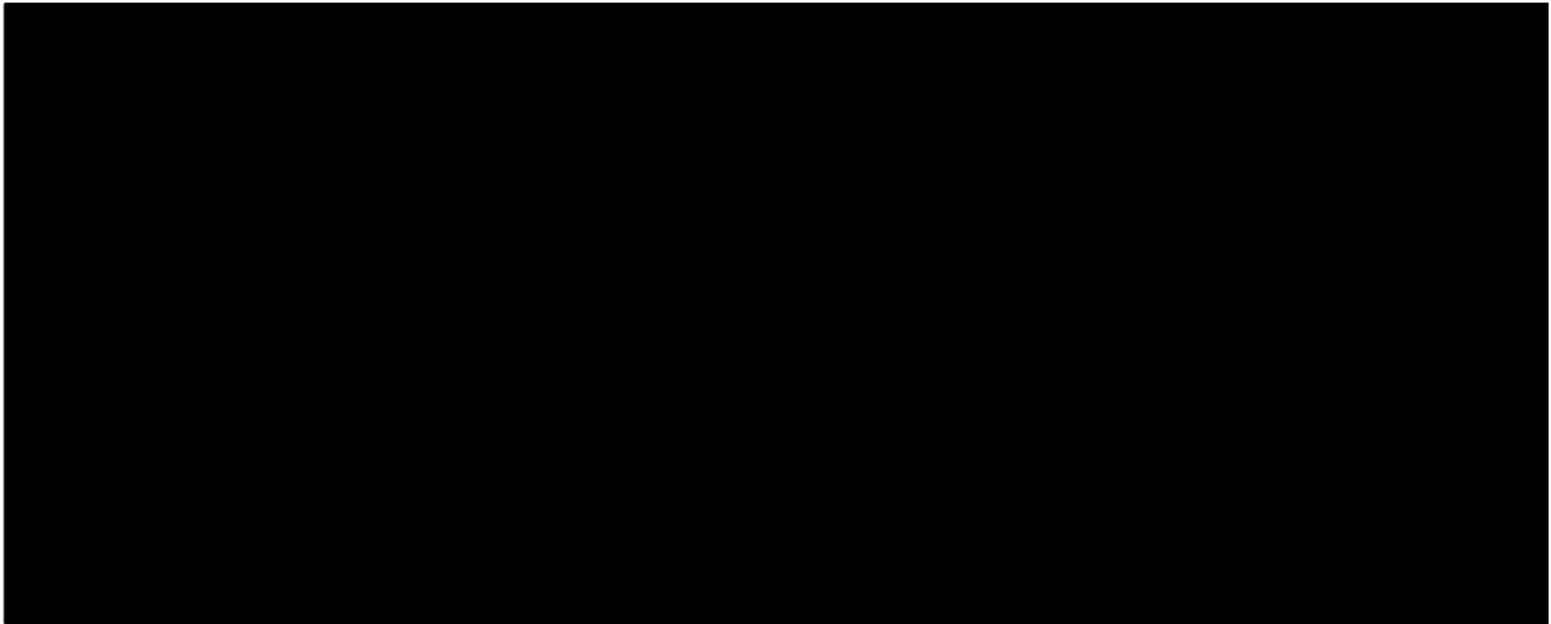
\$8.80

Cindy Koch

From: Angela Pitt [REDACTED]
Sent: Wednesday, March 21, 2018 10:37 AM
To: Cindy Koch
Subject: Fwd: Your Wednesday morning trip with Uber
Attachments: map_7e4afb1c-05db-40e0-b86a-5b8a2a37d0a3

----- Forwarded message -----

From: Uber Receipts <uber.canada@uber.com>
Date: Wed, Mar 21, 2018, 10:15 AM
Subject: Your Wednesday morning trip with Uber
To: [REDACTED]



UBER

\$8.80

Thanks for choosing Uber, Angela

March 21, 2018 | uberX



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: December

Year: 2017

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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
4	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
5	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
6	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
7	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
11	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
12	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
13	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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						\$316.52	\$15.83	\$332.35

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

18 DEC 2017



Members' Travel Expenses Per-Diems Claim Form

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B = Breakfast (\$9.20) | L = Lunch (\$11.60) | D = Dinner (\$20.75)

Member Name: Pitt, Angela

Constituency: Airdrie

For the Month of: January

Year: 2018

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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
16	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
17	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
29	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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						\$257.19	\$12.86	\$270.05

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

20 Feb 2018



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)

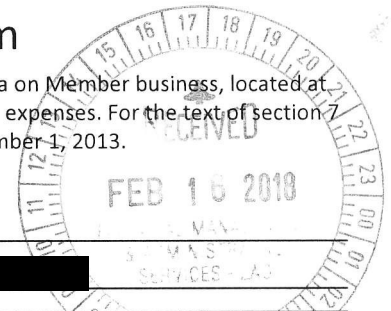
Member Name: Pitt, Angela

Constituency: Airdrie

For the Month of: February

Year: 2018

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			<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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$39.57	\$1.98	\$41.55

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

Angela Pitt

15 FEB 2017



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: March

Year: 2018

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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
5	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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8	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
12	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
13	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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
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17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
19	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
20	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
21	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
22	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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						\$534.14	\$26.71	\$560.85

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

29 MARCH 2018



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.

JANUARY 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.


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)

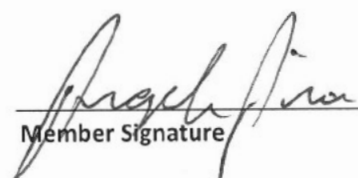
☒ 12 Monthly Payments

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.

FEBRUARY 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.


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.

MARCH 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.


Member Signature

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

\$76.10

HAYLOFT RESTAURANT
403 MACKENZIE WAY SW
UNIT
AIRDRIE AB

CARD [REDACTED]
CARD TYPE INTERAC
ACCOUNT TYPE CHEQUING
DATE 2018/01/09
TIME 7323 13:08:56
RECEIPT NUMBER
C82037403-001-520-001-0

PURCHASE
AMOUNT \$67.20
TIP \$12.10
TOTAL

\$79.30

INTERAC
A0000002771010
97BADABB55FBC512
8080008000-6800
921E91F1CBD59FEE

APPROVED

THANK YOU

CARDHOLDER COPY

5101 403 MacKenzie Way SW
Hayloft Restaurant
www.haylofton8th.com
#hayloftairdrie

Table #14

Trans #: 16251 Serv: KATHRYN
1/9/2018 1:02 PM # Cust:3

Quan	Descript	Cost
1	Coffee	\$3.50
1	Coffee	\$3.50
1	CHICKEN SANDWICH	\$16.00
1	ADD FRIES	\$6.00
1	TUNA MELT	\$17.00
1	DAILY SANDWICH	\$18.00

Net Total: \$64.00
GST \$3.20

TOTAL: \$67.20
Amount Due: \$67.20

Food: \$57.00
Beverage: \$7.00

1/2 PRICE BOTTLES OF WINE
(TUESDAY-FRIDAY LUNCH ONLY)

LUNCH BURGER AND A BEER FOR \$20

KEEP AN EYE OUT FOR OUR BAR SNACK MENU
SOON AVAILABLE EVERY EVENING AT THE BAR

GST#: 8707573522 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:

Water for office use

\$15.00

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

Invoice #136135

PO #

Vendor #

01/09/2018

Driver

Shane Mooney

14:21:13

Route

10026

Sold To:

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: 02/09/2018

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

Menu
Q
Q, Q
Canada, Q
Tel: 1

Printed January 18, 2018 at 12:59 PM

January 18, 2018 at 12:59 PM Order #: 5072
Table: 2, 2 guests
Party Name: 1 Waiter: Kate
GST #: R0123456789

Feature Flatbread	\$18.00
Grilled Cheese	\$15.00

Food Total	\$33.00
------------	---------


Sub Total	\$33.00
GST	\$1.65

Total	\$34.65
-------	---------

Thank You
Please Come Again!

Printed from iPad using TouchBistro Pro

FIRST & VINE
136 1 AVE NE
AIRDRIE AB

CARD 
CARD TYPE VISA
DATE 2018/01/18
TIME 0198 13:00:15
CLERK ID 30
RECEIPT NUMBER
C82001774-001-183-001-0

PURCHASE
AMOUNT \$34.65
TIP \$6.24
TOTAL

\$40.89

Visa Credit
A0000000031010
07730CBA74314B38
0080008000-E800
AC798D79D2AC5A68
0080008000-F800

APPROVED

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: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Meeting of constituent concern

\$22.40

PHO EASTLAKE
VIETNAMESE RESTAURANT
#9-805-EASTLAKE BLVD NE AIRDRIE AB
PH:403-948-6360
GST# 851829580-RT0001

SPECIAL RAINBOW 11.45
BEEF/ROLL VERMICELLI 8.95

SUBTL 20.40
GST 1.02

SUBTL 21.42
CR CRD 21.42

ITEMS 2

CLERK 001

#888-001-090828-0001 01/26/2018 14:48-R

THANK YOU
PLEASE CALL AGAIN

PHO EASTLAKE VIETNAMESE
UNIT 9 805 EAST L T4A2G4
AIRDRIE AB
21066522

|||| PURCHASE ||||

01-26-2018 13:25:43

Acct # [REDACTED]

Exp Date ''/'' Card Type VI

Name: ANGELA PITT

A0000000031010 Visa Credit

Trace # 670026

F52106652201

Inv. # 74077

RRN 001997026

Purchase \$21.42

Tip \$2.00

Total \$23.42

(00) APPROVED-THANK YOU

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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

\$72.95

CHECK # 43675 DATE 2/06/18
TABLE # 34 TIME 1:40PM

-- RESTAURANT : JANET1581 --

SEAT#	ITEMS ORDERED	AMOUNT
1	TOM BRUSCH-SHRE	10.99
	SIRLN BITES	12.99
	LOBSTER DIP	13.39
	STUFF SHROOM	10.99
	SIRLN BITES	12.99

SUBTOTAL 61.35

TAX 3.07

64.42

TOTAL 64.42

SUBTOTAL 61.35

TAX 3.07

TOTAL DUE 64.42

MR MIKES STEAKHOUSE &
BAR
130 SIERRA SPRINGS DR SE
AIRDRIE AB

CARD [REDACTED]
CARD TYPE VISA
DATE 2018/02/06
TIME 4227 13:54:02
SERVR ID 1581
CHECK # 43675
TABLE # 34 RESTAURANT
RECEIPT NUMBER
C82024914-001-001-839-0

PURCHASE
AMOUNT \$64.42
TIP \$11.60
TOTAL

\$76.02

Visa Credit
A0000000031010
E2199C5861046E09
0080008000-E800
106CA9973543267C
0080008000-F800

APPROVED

01-027

THANK YOU

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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 stakeholder concern

\$34.48

Paros on Main

Gst # 861997880 RT 0001

Check#: 106220 Guests: 2

Date: 02/07/18 Time: 11:54am

Terminal: 99 Table: 3

You have been served by --> kim2

-----[Seat 1]-----
2 SOUVLAKI ON STICK \$26.00
CHICKEN
1 TZATIZIKI \$3.00

Subtotal: \$29.00
Gst: \$1.45
Sbt1 w/Tax: \$30.45
Amt Due: \$30.45

Thank You!!

PAROS ON MAIN
113 MAIN ST
AIRDRIE AB

CARD [REDACTED]
CARD TYPE VISA
DATE 2018/02/07
TIME 5105 13:40:04
CLERK ID 4
RECEIPT NUMBER
C82013618-001-001-745-0

PURCHASE
AMOUNT \$30.45
TIP \$5.48
TOTAL

\$35.93

Visa Credit
A0000000031010
D9C7F0C4D0928A2A
0080008000-E800
5E58FF74B0B2153A
0080008000-F800

APPROVED

THANK YOU

01-027

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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

\$81.45

111-2100 Market St. SE
Mio
Stone Grill n Sushi
111 - 2100 Market St. SE
Tel:(587)775-9987
Airdrie, Alberta T4A 0K9
809490485RT0001

Table #11

Trans #: 14837 Serv: LUNCH SERVER
2/9/2018 1:08 PM # Cust:1

Quan	Descript	Cost
1	Green Tea	\$1.00
2	LUNCH COMBO	\$27.50
1	Edamame	\$4.50
1	SashimiSpring Mix	\$10.00
1	Caterpillar	\$12.00
1	Spicy Tuna Roll	\$5.50
1	Inari Pocket	\$2.00
1	Gyoza	\$6.00

Net Total: \$68.50
GST \$3.43

TOTAL: \$71.93
Amount Due: \$71.93

Food: \$67.50
Beverage: \$1.00

Thank You!

TRANSACTION RECORD

MIO STONE GRILL AND SU
2100 MARKET ST. SE T4A0K9
AIRDRIE AB
22635169
GH2263516901

**** PURCHASE ****

02-09-2018 13:11:02

Acct # [REDACTED]

Account Chequing Card Type DP
A0000002771010 INTERAC

Trace # 2055

Inv. # 2196

RRN 001994005

Purchase \$71.93
Tip \$12.95
Total \$84.88

(001) APPROVED-THANK YOU

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LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Angela Pitt

Claimant Name: Vista Water

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Water for the hosting & office purposes

VENDOR # _____

VOUCHER # _____

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

Invoice #136962

PO #

Vendor #

02/07/2018
Driver
Shane Mooney

13:56:49
Route
10026

Sold To:

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: 03/09/2018

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:

Water for office use

\$15.00

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

Invoice #137869

PO #

Vendor #

03/09/2018
Driver
Shane Mooney

11:37:23
Route
10026

Sold To:

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: 04/13/2018

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

