

LEGISLATIVE ASSEMBLY OF ALBERTA
 Member EDR 2018-19
 047 - Airdrie - Pitt, Angela
 For Expenses Processed April 1 - June 30, 2018

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$1,308.20	\$1,308.20
MLA Parking Cap - \$	\$900.00	\$13.57	\$13.57
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$		\$60.03	\$60.03
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$1,077.00	\$1,077.00
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,790.00	\$5,790.00
Travel Accommodations Allowance			
Travel Accommodations Allowance (days; 10 max) - NF	10.0		
Other			
Hosting - \$		\$214.87	\$214.87
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	80,000.0	2,422.0	2,422.0
Special Trips (5 trips per year) - NF	5.0		
Travel To and From the Capital			
Travel by Air, Bus or Train (Unlimited Trips) - NF			
Use of a Private Automobile (52 trips per year) - NF	52.0	7.0	7.0
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

Element Fleet Management



BFD290001

FLEET MANAGEMENT SERVICES DETAIL
 DETAILS SERVICES DE GESTION DE PARC

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

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

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CLIENT NO. [REDACTED]
 NO DU CLIENT [REDACTED]
 NVOICE DATE 05/01/18
 DATE DE LA FACTURE
 NVOICE NO. 0007089885
 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
[REDACTED]	PITT	[REDACTED]	[REDACTED]	[REDACTED]	000495445482 04/12/18	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	43.6	1.36	56.43	2.82 2.82	59.25 59.25
					000495753433 04/08/18	LOBLAWS INC AIRDRIE AB	UNLEADED PREMIUM GASOLINE ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	60.3	1.35	81.60		81.60 81.60
					000495310606 04/02/18	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	41.7	1.37	54.29	2.71 2.71	57.00 57.00
					000493775428 03/27/18	SHELL CANADA INC AIRDRIE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	59.9	1.40	79.81	3.99 3.99	83.80 83.80
					000495310605 03/24/18	IMPERIAL OIL CROSSFELD AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	27.5	1.41	36.95	1.85 1.85	38.80 38.80
					000493484006 03/22/18	SHELL CANADA INC RED DEER AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	59.0	1.40	78.57	3.93 3.93	82.50 82.50
					000495310604 03/17/18	IMPERIAL OIL AIRDRIE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH CAR WASH GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	55.4 1.0	1.34 12.99	70.76 12.99	3.54 .65 4.19	87.94 87.94
					000495104292 03/16/18	PETRO CANADA EDMONTON AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	78.3	1.15	85.71	4.29 4.29	90.00 90.00
					000495310603 03/09/18	IMPERIAL OIL AIRDRIE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH CAR WASH	52.4 1.0	1.27 10.99	63.14 10.99	3.16	

BLE871

GST-HST REG. NO / NO ENRG TPS-TVH R104164223
 QST ID. NO / NO ID TVQ 1001439118

FLEET MANAGEMENT SERVICES DETAIL
 DETAILS SERVICES DE GESTION DE PARC

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
 DIV-47-A PITT
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CLIENT NO. [REDACTED]
 NO DU CLIENT [REDACTED]
 NVOICE DATE 05/01/18
 DATE DE LA FACTURE
 NVOICE NO. 0007089885
 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	
[REDACTED]	PITT	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]							
										GST-HST / TPS-TVH	.55		
										REF GST-HST / TPS-TVH REF	3.71		
										** REF NO TOT / TOT NO REF **		77.84	
										TOTAL / TOTAL	74.13	3.71	77.84
UNIT TOTAL / TOT UNITE													
								FUEL QTY / QTE CARB	478.1				
								TOT CHARGES / TOT FRAIS		631.24			
								TOT GST-HST / TOT TPS-TVH			27.49		
								UNIT TOTAL / TOT UNITE				658.73	
BKDN TOTALS / TOTAUX CODIFICATION 01-47			UNITS / VEHIC		1			FUEL QTY / QTE CARB	478.1				
								TOT CHARGES / TOT FRAIS		631.24			
								GST-HST/TPS-TVH			27.49		
								BKDN TOTALS / TOTAUX COD FICATION				658.73	

FLEET MANAGEMENT SERVICES DETAIL
 DETAILS SERVICES DE GESTION DE PARC

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
 DIV-47-A PITT
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CLIENT NO. [REDACTED]
 NO DU CLIENT [REDACTED]
 NVOICE DATE 06/01/18
 DATE DE LA FACTURE
 NVOICE NO. 0007112548
 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
[REDACTED]	PITT	[REDACTED]	[REDACTED]		000497936255 04/29/18	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	31.7	1.43	43.15	2.16 2.16	45.31 45.31
					000496089441 04/15/18	FEDERATED COOPERATIVES LIMITED AIRDRIE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	37.5	1.48	52.87	2.64 2.64	55.51 55.51
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	69.2		96.02	4.80	100.82
BKDN TOTALS / TOTAUX CODIFICATION 01-47			UNITS / VEHIC	1			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	69.2		96.02	4.80	
											BKDN TOTALS / TOTAUX CODIFICATION	100.82

FLEET MANAGEMENT SERVICES DETAIL
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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

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

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CLIENT NO. [REDACTED]
 NO DU CLIENT [REDACTED]
 INVOICE DATE 07/01/18
 DATE DE LA FACTURE
 INVOICE NO. 0007137902
 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 DESCRPTION DES FRAIS	QTY QTE	UNIT COST COUT UNIT	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DUE MONTANT TOTAL DU
[REDACTED]	PITT [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	000500931489 06/04/18	LOBLAWS INC AIRDRIELLERAY AB	UNLEADED PREMIUM GASOLINE ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	45.9	1.37	63.00 63.00		63.00 63.00
					000499727834 05/21/18	LOBLAWS INC ARDRIECREEKL AB	UNLEADED PREMIUM GASOLINE ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	59.0	1.46	86.01 86.01		86.01 86.01
					000499124338 05/13/18	LOBLAWS INC AIRDRIEOKNIRI AB	UNLEADED PREMIUM GASOLINE ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	55.9	1.41	79.00 79.00		79.00 79.00
					000501220167 05/12/18	IMPERIAL OIL AIRDRIE AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	63.2	1.30	77.99 3.90 3.90 77.99	3.90 3.90	81.89 81.89
					000501220166 05/04/18	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	54.4	1.47	76.20 3.81 3.81 76.20	3.81 3.81	80.01 80.01
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	278.4		382.20 7.71		389.91
BKDN TOTALS / TOTAUX CODIFICATION 01-47					1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	278.4		382.20 7.71		389.91
							BKDN TOTALS / TOTAUX CODIFICATION					389.91

Marine fuel is actually vehicle fuel

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:

\$ 118.06

NORDEN VOLKSWAGEN
14703 137 AVE NW

EDMONTON, AB T5H 2L5
(780) 484-3000

TERM ID: C5644200
EMPLOYEE ID: 9999

BATCH#: 559
SHIFT#: 001

Sale

INVR: 600208017
VISA

Chip
SER#: 559001001003

Application Label: Visa Credit
ATD: A0000000031010
TVR: 00 00 00 00 00
ISI: FB 00

Total: CAD\$ 123.96

APPROVED: [REDACTED]
001/00

18-Apr-18

09:11:03

CUSTOMER COPY

CUSTOMER #: [REDACTED]

208017



INVOICE

14703 137 Avenue
Edmonton, AB T5L 2L5
Tel (780) 484-3000 · Fax (780) 484-3029
www.nordenautohaus.com

ANGELA PITT

PAGE 1

SERVICE ADVISOR: 10002 JILLENE GORCAK

COLOUR	YEAR	MAKE/MODEL	VIN	LICENSE	ODOMETER IN/ OUT	TAG
--------	------	------------	-----	---------	------------------	-----

IN SVC. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	CUST. PAY LABOUR RATE	PAYMENT	INV. DATE
01JAN17 DD			14:00 17APR18		175.00	CASH	17APR18
R.O. OPENED		READY	OPTIONS: DLR:1584				

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
------	--------	------	------	-------	------	-----	-------

A PERFORM VOLKSWAGEN VEHICLE HEALTH REPORT - A \$24.95 VALUE
 VWIS PERFORM VOLKSWAGEN VEHICLE HEALTH REPORT - A \$24.95 VALUE
 9983 IHR (N/C)
 9116 0.20 Performed Health Report.

B GO CARD #
 GC GO CARD #
 999 CVW 0.00 0.00

C Oil And Filter - Change
 MA10 Oil And Filter - Change
 9983 CVW 49.95 49.95
 1 06J-115-403-Q OIL FILTER 15.67 12.48 12.48
 1 N-013-815-7 WASHER 2.00 2.00 2.00
 5 E521671BDSP CASTROL EDGE PRO 5W40 12.10 12.10 60.50
 9116 0.60 Changed engine oil and filter, topped up fluids, adjusted
 tire pressure, reset SRI and TPMS.

D VACUUM INSIDE OF VEHICLE
 VAC VACUUM INSIDE OF VEHICLE
 10013 CVW 0.00 0.00
 9116 washed

E THERE IS A TICKING NOISE COMING FROM PASSENGER SIDE FRONT DOOR. SEE
 ADVISOR
 0 THERE IS A TICKING NOISE COMING FROM PASSENGER
 SIDE FRONT DOOR. SEE ADVISOR
 9983 CVW 0.00 0.00
 9116 1.00 Took vehicle on a test drive, did not hear anything, got
 back to the shop, inspected roof liner, door trim, handle on the roof,
 and sun visor, everything seems to be secure at this time. Could not
 duplicate customer concern.

SERVICE HOURS
 Monday - Thursday 7:00 am - 7:00 pm
 Friday 7:00 am - 6:00 pm
 Saturday 9:00 am - 4:00 pm
 Early/Latenight Drop-off Available
 "Thank You for Your Business."

O U T	INDEBTEDNESS IS HEREBY ACKNOWLEDGED IN THE	DESCRIPTION	TOTALS
	SUM OF \$ _____ BEING ALL OR THE BALANCE OWING FOR REPAIRS, PARTS & ACCESSORIES DESCRIBED IN THIS INVOICE.	LABOUR AMOUNT	
		PARTS AMOUNT	
		DISCOUNTS	
		SUBLET AMOUNT	
		MISC. CHARGES	
		TOTAL CHARGES	
		CHARGED TO ACCOUNTS	
		GST	
		DATE _____	

ALL AUDI & VOLKSWAGEN ACCESSORIES AND REMANUFACTURED PRODUCTS AS WELL AS DEALER
 LABOUR NECESSARY FOR THE INSTALLATION OF SAID PARTS ARE WARRANTED FOR 12 MONTHS OR
 20,000 KILOMETRES.

CUSTOMER SIGNATURE
 X

PLEASE PAY THIS AMOUNT

G.S.T. NO. R132506981

CUSTOMER #:



208017



INVOICE

14703 137 Avenue
Edmonton, AB T5L 2L5
Tel (780) 484-3000 • Fax (780) 484-3029
www.nordenautohaus.com

PAGE 2

SERVICE ADVISOR: 10002 JILLENE GORCAK

COLOUR	YEAR	MAKE/MODEL	VIN	LICENSE	ODOMETER IN/ OUT	TAG
--------	------	------------	-----	---------	------------------	-----

IN SVC. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	CUST. PAY LABOUR RATE	PAYMENT	INV. DATE
01JAN17 DD			14:00 17APR18		175.00	CASH	17APR18

R.O. OPENED	READY	OPTIONS: DLR:1584
10:06 17APR18	14:28 17APR18	

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
GOC	GO	Card	Discount			-12.49	-12.49
			CVW				5.62
CUSTOMER PAY SHOP/ENVIRO CHRГ FOR REPAIR ORDER							

THANK YOU FOR SERVICING WITH NORDEN VW.
CAN WE BOOK YOUR NEXT SERVICE APPOINTMENT?

IF YOU HAVE ANY QUESTIONS OR CONCERNS PLEASE
CONTACT ME ON MY DIRECT LINE.

\$130.55
 - 12.49 Discount
 \$118.06

GST	(#: R132506981)		5.90	
SERVICE HOURS Monday - Thursday 7:00 am - 7:00 pm Friday 7:00 am - 6:00 pm Saturday 9:00 am - 4:00 pm Early/Latenight Drop-off Available "Thank You for Your Business."	O U T	INDEBTEDNESS IS HEREBY ACKNOWLEDGED IN THE	DESCRIPTION	TOTALS
		SUM OF \$ _____	LABOUR AMOUNT	49.95
		BEING ALL OR THE BALANCE OWING FOR REPAIRS, PARTS & ACCESSORIES DESCRIBED IN THIS INVOICE.	PARTS AMOUNT	74.98
		DATE _____	DISCOUNTS	0.00
		CUSTOMER SIGNATURE	SUBLET AMOUNT	0.00
		X	MISC. CHARGES	5.62
			TOTAL CHARGES	130.55
			CHARGED TO ACCOUNTS	12.49
			GST	5.90
			PLEASE PAY THIS AMOUNT	123.96

G.S.T. NO. R132506981

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:

\$80.68

Mobil

1858 Yankee Valley Road
Airdrie AB
T4A 2E4

Pump #6
SUPRM \$84.71
61.652 Litres @ \$1.374/L
TOTAL \$84.71

Taxes included in fuel:
GST# 733514327 \$4.83

Approved

Pre Auth Completion

AID: A0000000031010

EXP: **/**

Host Date: 04/20/2018

Host Time: 10:05:18

3889-6

Rct#43627 Rcpt

Batch# 2214-98

For inquiries related to the
PC Optimum loyalty
program please contact
PC Optimum member
services 1-866-727-6468
For all other inquiries
related to your Mobil
station experience
please contact
Imperial Oil at
1-800-567-3776

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

STORE: 03809
CODE: 042018 100506 3627 03809

Sales Receipt ID:



11010051606

THE ASSEMBLY OF ALBERTA
Annual 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:

\$14.05

7000 CALGARY PARKING AUTHORITY (403) 537-

Terminal: 854

Zone: Main Parkade Zc

Valid through:

SUNDAY 15 APR 18
6:00 AM

AMOUNT PAID: \$4.25 (GST incl.)
START TIME: 4/14/2018 5:47 PM

RECEIPT NO: 36692

Pay for your parking online: www.parkplus.ca

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:

\$9.52

www.calgaryzoo.com

Terminal: 670

www.calgaryzoo.com

Zone: Plate : 8301

Valid through:

FRIDAY 27 APR 18
9:54 AM



AMOUNT PAID: \$10.00 (GST incl.)
Start Time: 4/26/2018 9:54 AM

Receipt No: 78246

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:

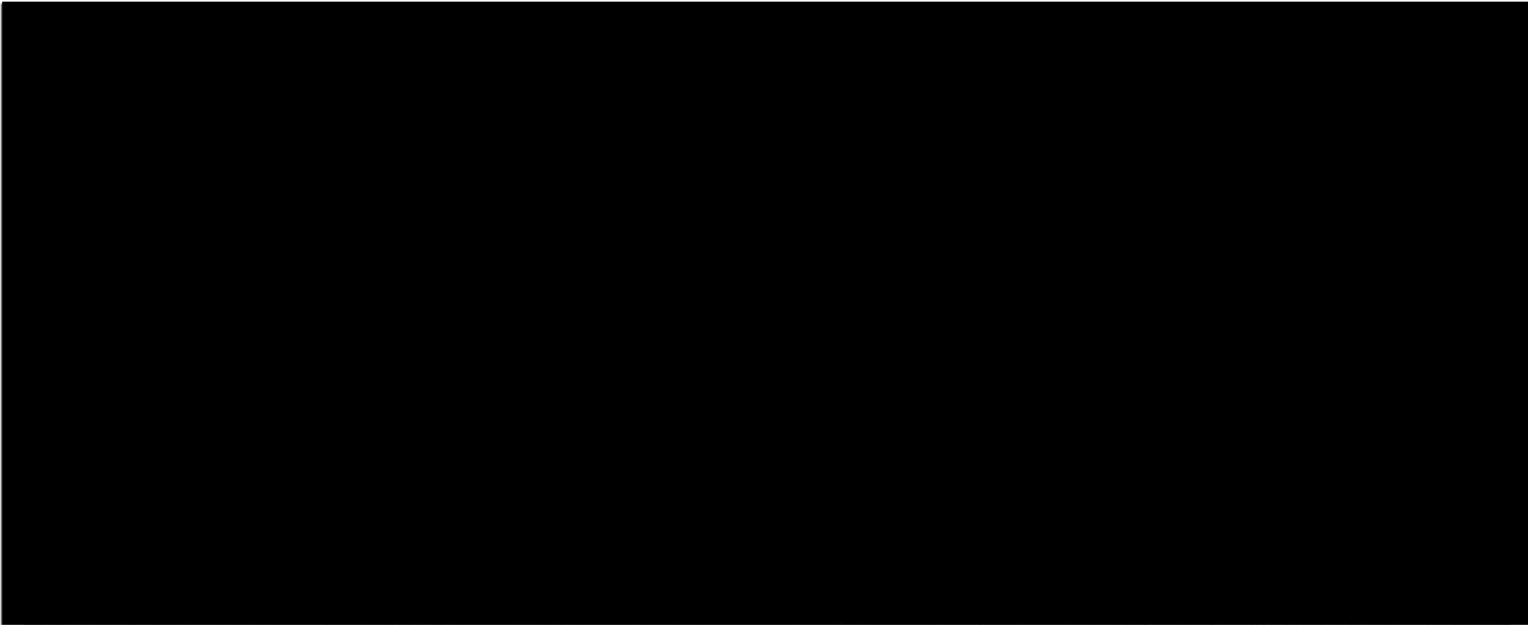
\$9.33

[REDACTED]

From: [REDACTED]
Sent: Tuesday, May 8, 2018 9:00 PM
To: [REDACTED]
Subject: Fwd: Your Tuesday evening trip with Uber
Attachments: map_34308504-e232-4fed-9722-500c575078b1

----- Forwarded message -----
From: Uber Receipts <uber.canada@uber.com>
Date: Tue, May 8, 2018, 6:31 PM
Subject: Your Tuesday evening trip with Uber

[REDACTED]



UBER

CA\$9.33

Thanks for choosing Uber, Angela

May 8, 2018 | uberX

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:

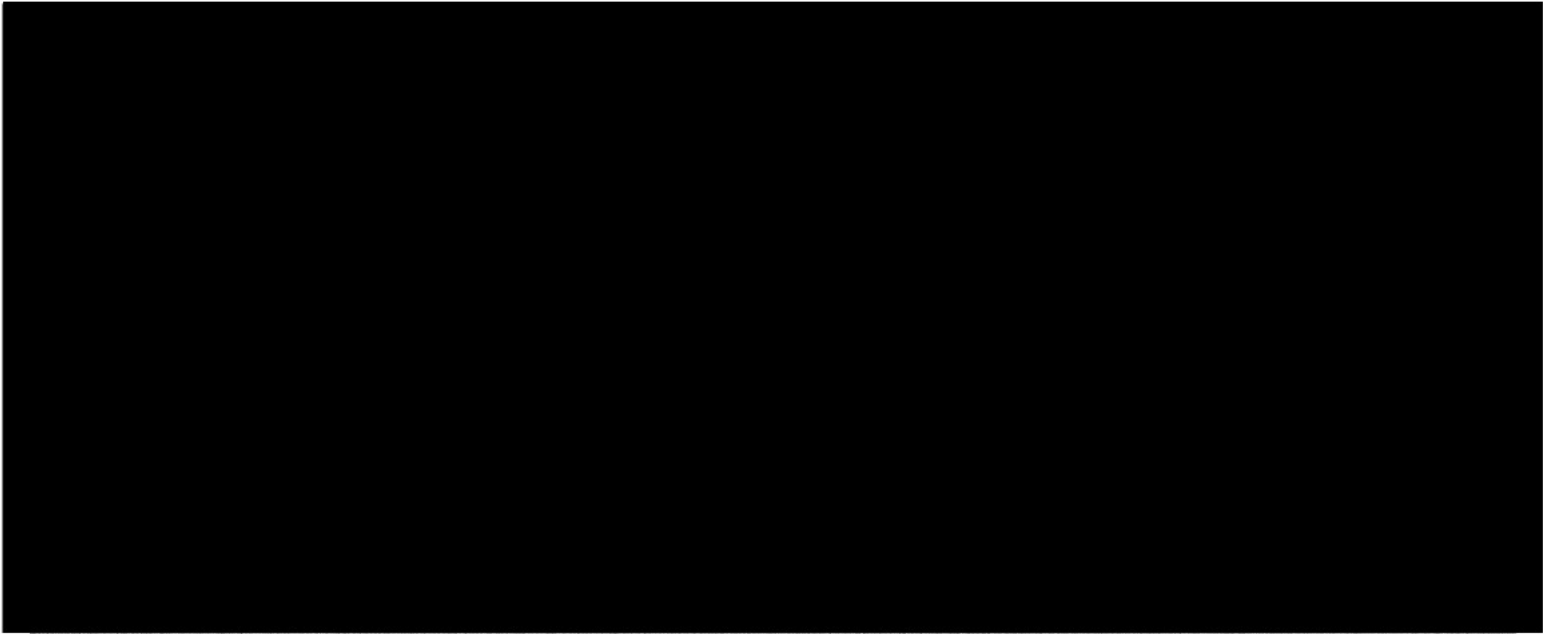
<p>\$9.54</p>

[REDACTED]

From: [REDACTED]
Sent: Wednesday, May 2, 2018 1:43 PM
To: [REDACTED]
Subject: Fwd: Your Wednesday afternoon trip with Uber
Attachments: map_660af08b-fb2a-4ec5-aaba-471287ce0458

----- Forwarded message -----
From: Uber Receipts <uber.canada@uber.com>
Date: Wed, May 2, 2018, 1:37 PM
Subject: Your Wednesday afternoon trip with Uber

[REDACTED]



CA\$9.54

Thanks for choosing Uber, Angela

May 2, 2018 | uberX

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:

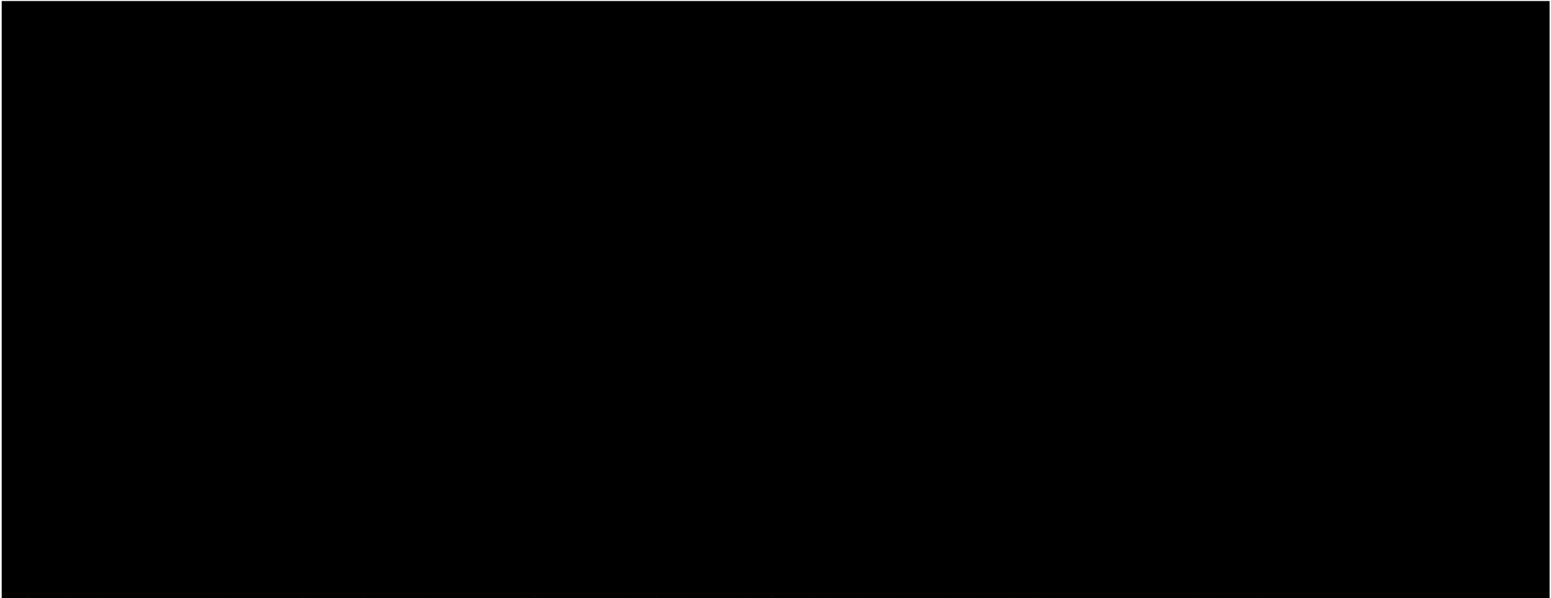
<u>\$ 8.65</u>

[REDACTED]

From: [REDACTED]
Sent: Wednesday, May 2, 2018 11:26 AM
To: [REDACTED]
Subject: Fwd: Your Wednesday morning trip with Uber
Attachments: map_cdf0f35b-7670-43c7-a1a4-db132e699b0f

----- Forwarded message -----
From: Uber Receipts <uber.canada@uber.com>
Date: Wed, May 2, 2018, 11:19 AM
Subject: Your Wednesday morning trip with Uber

[REDACTED]



UBER

CA\$8.65

Thanks for choosing Uber, Angela

May 2, 2018 | uberX

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:

\$8.20

[REDACTED]

From: Angela Pitt <pitt.angela@gmail.com>
Sent: Wednesday, May 16, 2018 9:42 AM
To: [REDACTED]
Subject: Fwd: Your Tuesday evening trip with Uber
Attachments: map_6c58abeb-0a48-487f-a179-c462ecf5bed5

----- Forwarded message -----
From: Uber Receipts <uber.canada@uber.com>
Date: Tue, May 15, 2018, 11:53 PM
Subject: Your Tuesday evening trip with Uber
[REDACTED]

[REDACTED]



CA\$8.20

Thanks for choosing Uber, Angela

May 15, 2018 | uberX

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: _____

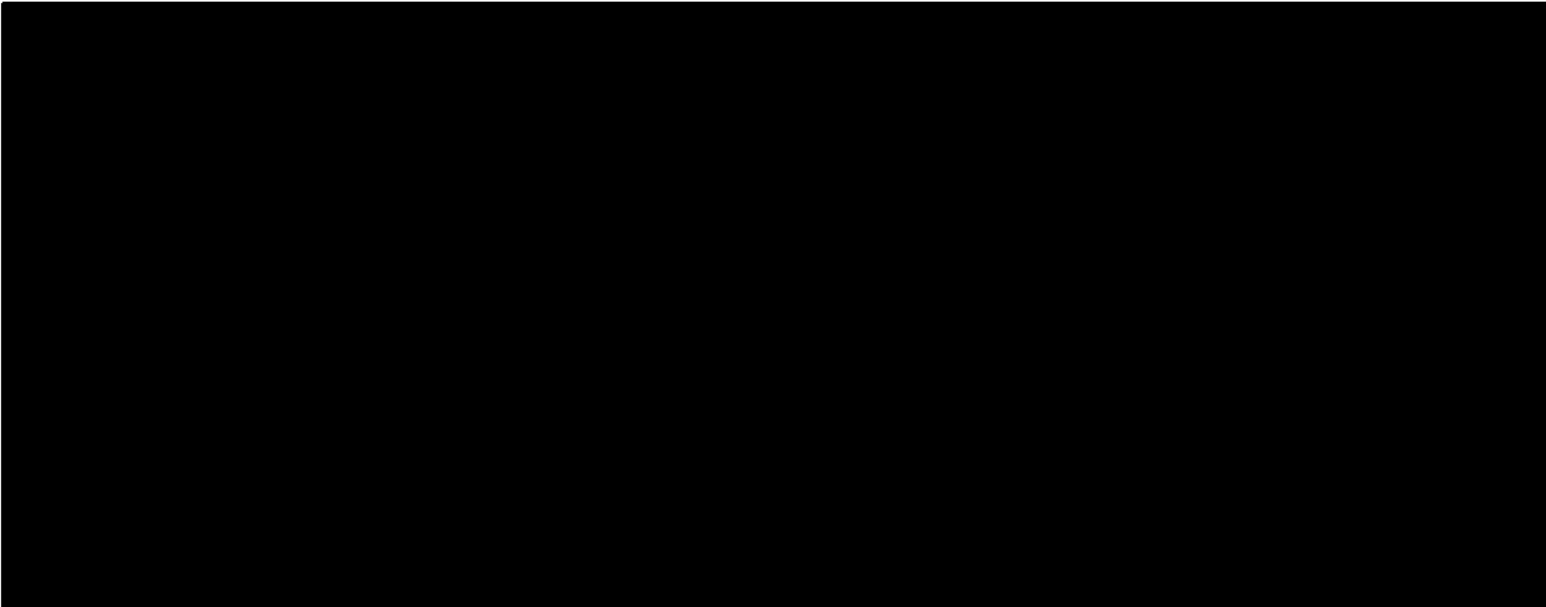
Purpose:

\$ 7.79

[REDACTED]

From: Angela Pitt <pitt.angela@gmail.com>
Sent: Wednesday, May 16, 2018 9:41 AM
To: [REDACTED]
Subject: Fwd: Your Tuesday evening trip with Uber
Attachments: map_3a76aa82-f009-4ca2-a1d6-1b4558f1d69f

----- Forwarded message -----
From: Uber Receipts <uber.canada@uber.com>
Date: Tue, May 15, 2018, 6:49 PM
Subject: Your Tuesday evening trip with Uber
[REDACTED]



UBER

CA\$7.79

Thanks for choosing Uber, Angela

May 15, 2018 | uberX

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: _____

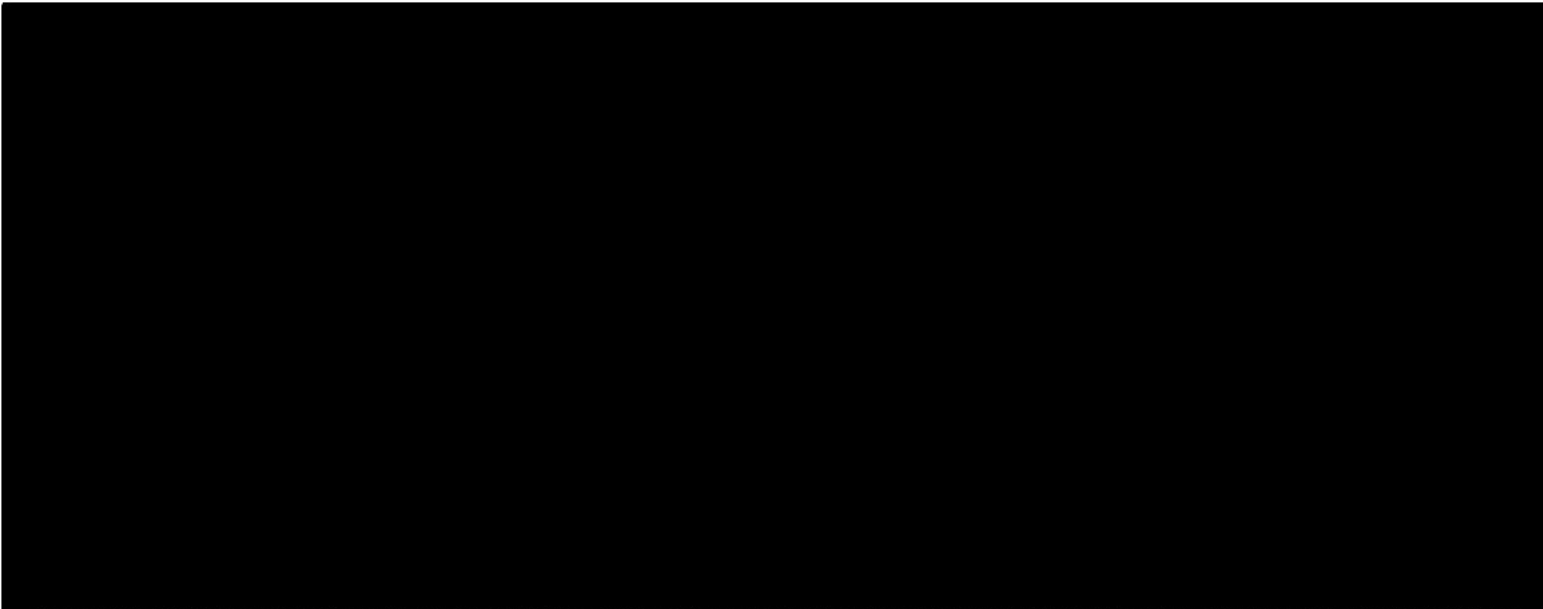
Purpose:

\$7.70

[REDACTED]

From: Angela Pitt <pitt.angela@gmail.com>
Sent: Tuesday, April 17, 2018 12:26 PM
To: [REDACTED]
Subject: Fwd: Your Tuesday morning trip with Uber
Attachments: map_174087a0-ed1b-4c47-8204-37aead92e7ef

----- Forwarded message -----
From: Uber Receipts <uber.canada@uber.com>
Date: Tue, Apr 17, 2018, 12:09 PM
Subject: Your Tuesday morning trip with Uber
[REDACTED]



UBER

CA\$7.70

Thanks for choosing Uber, Angela

April 17, 2018 | uberX

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:

<p><i>\$8.82</i></p>

[REDACTED]

From: Angela Pitt <pitt.angela@gmail.com>
Sent: Tuesday, April 17, 2018 4:16 PM
To: [REDACTED]
Subject: Fwd: Your Tuesday afternoon trip with Uber
Attachments: map_8aaf1613-d92c-4eb4-920f-ff6fa33ee1af

----- Forwarded message -----
From: Uber Receipts <uber.canada@uber.com>
Date: Tue, Apr 17, 2018, 4:11 PM
Subject: Your Tuesday afternoon trip with Uber

[REDACTED]



UBER

CA\$8.82

Thanks for choosing Uber, Angela

April 17, 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: April

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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
3	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
9	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
10	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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 type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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			<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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$542.86	\$27.14	\$570.00

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



30/04/2018



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: May

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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
3	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
9	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
10	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
14	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
15	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
16	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			<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						\$474.81	\$23.74	\$498.55

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

[Handwritten Signature]
[Handwritten Date: 1 June 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: June

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	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			<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						\$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

25 June 2018
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:** 4/1/2018

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

Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually
Maximum of \$23,160 per fiscal year.

Fiscal Year: _____

Have you provided documents evidencing your Temporary Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please attach. Yes No

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.

APRIL 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

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: 4/1/2018

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

Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Maximum of \$23,160 per fiscal year.

Fiscal Year:

Have you provided documents evidencing your Temporary Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please attach.

Yes

No

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.

MAY 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

Updated April 2016



Members' Temporary Accommodation Allowance Claim Form

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

Member Name: Pitt, Angela **Constituency:** Airdrie

Employee #: [REDACTED] **Date:** 4/1/2018

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

Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually
Maximum of \$23,160 per fiscal year.

Fiscal Year: _____

Have you provided documents evidencing your Temporary Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please attach. Yes No

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.

JUNE 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:

Water for office use

\$15.00

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

Invoice #139028

PO #
 Vendor #

05/11/2018 14:59:23
 Driver Route
 Shane Mooney 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 [REDACTED]

Payments: None

Net Due [REDACTED]

Next Delivery: 06/08/2018

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



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 <div style="text-align: right; font-size: 1.5em;">\$22.50</div>

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

Invoice #138186

PO #

Vendor #

04/12/2018	12:30:15
Driver	Route
Shane Mooney	10026

Sold To:

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

Desc	Qty	Unit \$	Total

Water 18.9L Purified			
150	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: 05/11/2018

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

\$31.51

PEPPERCORNS
800 YANKEEVALLEY BLVD
SW,
AIRDRIE AB

CARD [REDACTED]
CARD TYPE VISA
DATE 2018/05/24
TIME 8552 12:54:49
RECEIPT NUMBER
C82034515-001-001-103-0

PURCHASE
AMOUNT \$27.83
TIP \$5.01
TOTAL

\$32.84

Visa Credit
A0000000031010
947838D6C6DF996E
0080008000-E800
800FF0CB5BEF9E9D
0080008000-F800

APPROVED

01-027

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

#32

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

=====
Date: May 24, 2018 Time: 12:52PM
Server: Al # Guest: 2
Bill: 50255 Table : 32

2	soup & salad	20.00
	SIG	
1	Add Chicken Salmon or Shrimp	6.50

Subtotal 26.50
GST 8633173190 1.33

Total 27.83

Open Time: May 24, 2018 12:17PM

Printed By : Al

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

\$27.78

PASTA LA VISTA
 104 532 1ST AVE NE
 AIRDIRE, AB T4B1R9
 4039804766

SALE

MID: 6219916
 TID: 003 REF#: 00000003
 Batch #: 143001 RRN: 00000003
 05/23/18 12:52:53

VISA Chip

AMOUNT \$25.20
TIP \$3.78
TOTAL \$28.98

APPROVED

Visa Credit
 AID: A0000000031010
 TVR: 00 80 00 80 00
 TSI: F8 00

BY ENTERING A VERIFIED PIN, CARDHOLDER AGREES
 TO PAY ISSUER SUCH TOTAL IN ACCORDANCE WITH
 ISSUERS AGREEMENT WITH CARDHOLDER
 ACCORDANCE WITH ISSUER'S
 AGREEMENT
 WITH CARDHOLDER

THANK YOU / MERCI!

MERCHANT COPY

PASTA LA VISTA
 104-532 1 AVE. NE
 AIRDIRE, AB
 (403) 980-4766
 3ST# 716855721 RT001

S E R V I C E

Server: NETTA
 Guest:

Table #12
 Guests: 2

1: VEAL CAN+SALAD	12.00
2: CHEESE MAN+SAL D	12.00

Total	25.20
Net Sales	24.00
TST Added	1.20

2:51 PM 5/23/2018

PASTA LA VISTA BABY!
 PLEASE PAY SERVER

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

\$35.67

Paros on Main
 Gst # 861997880 RT 0001
 Check#: 108868 Guests: 2
 Date: 05/22/18 Time: 11:37am
 Terminal: 99 Table: 2
 You have been served by --> kim2

[Seat 1]	
1 SOUVLAKI ON STICK CHICKEN	\$13.00
1 SOUVLAKI ON STICK PRAWNS	\$14.00
1 TZATIZIKI	\$3.00
<hr/>	
Subtotal:	\$30.00
Gst:	\$1.50
Sbt1 w/Tax:	\$31.50
Amt Due:	\$31.50

Thank You!!

PAROS ON MAIN
 113 MAIN ST N
 AIRDRIE AB

CARD *****
 CARD TYPE VISA
 DATE 2018/05/22
 TIME 4029 12:37:01
 CLERK ID 4
 RECEIPT NUMBER
 H82009529-001-001-194-0

PURCHASE AMOUNT \$31.50
 TIP \$5.67
 TOTAL **\$37.17**

Visa Credit
 A0000000031010
 B4F2A11DD4B37AC2
 0000000000-

APPROVED

TRUST 26



01-027

THANK YOU

NO SIGNATURE REQUIRED

MERCHANT 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
 \$74.91

FIRST & VINE
 136 1 AVE NE
 AIRDRIE AB

CARD *****
 CARD TYPE VISA
 DATE 2018/04/26
 TIME 7487 13:30:55
 CLERK ID 30
 RECEIPT NUMBER
 C82001774-001-247-002-0

PURCHASE
 AMOUNT \$66.15
 TIP \$11.91
 TOTAL

\$78.06

Visa Credit
 A0000000031010
 4BFE9BFE2851113D
 0080008000-E800
 1D80A1BA128D5BCB
 0080008000-F800

APPROVED

01-027

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
 COPY FOR YOUR RECORDS

Menu
 Q
 Q, Q
 Canada, Q
 Tel: 1

Printed April 26, 2018 at 1:29 PM

April 26, 2018 at 1:29 PM Order #: 6271
 Table: 9, 4 guests
 Party Name: 5 Waiter: Kate
 GST #: R0123456789

French Dip	\$17.00
French Dip	\$17.00
Grilled Romaine	\$10.00
PBLT	\$17.00
Food Total	\$63.00
Sub Total	\$63.00
GST	\$3.15
Total	\$66.15

Thank You
 Please Come Again!

Reserve online at OpenTable.ca

SPECIALS

Tapscrowley's \$5 draught pints

1/2 price 111 bowl every Wednesday

\$5 Mimosas w/ Caesar every Sunday brunch

Printed from iPad using TouchBistro Pro

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

\$7.50

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

Invoice #139841

PO #
Vendor #

06/08/2018 10:57:25
Driver Shane Mooney Route 10026

Sold To:
[REDACTED] Angela Pitt Office - MLA
209 Bowers Street
Airdrie, AB T4B 2B6

Desc	Qty	Unit \$	Total
Water 18.9L Purified 150	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: 07/13/2018

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

