

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

	Budget	Used this Quarter	Used To-Date
<b>Financial Reporting - \$ (Receipts attached)</b>			
<b>Transportation</b>			
Fuel and Minor Maintenance - \$		\$617.46	\$1,925.66
MLA Parking Cap - \$	\$900.00	\$84.39	\$97.96
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$			\$60.03
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$118.71	\$1,195.71
<b>Accommodation</b>			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,790.00	\$11,580.00
Travel Accommodations Allowance			
Travel Accommodations Allowance (days; 10 max) - NF	10.0		
<b>Other</b>			
Hosting - \$		\$134.57	\$349.44
Event Tickets Disclosable - \$			
<b>Non-Financial Reporting</b>			
<b>Use of Private Automobile (43.5 cents per km)</b>			
Constituency Travel MLA (KM) - NF	80,000.0	1,885.0	4,307.0
Constituency Travel Staff (KM) - NF			
Total Constituency Travel (KM) - NF	<u>80,000.00</u>	<u>1,885.00</u>	<u>4,307.00</u>
Special Trips (5 trips per year) - NF	5.0		
<b>Travel To and From the Capital</b>			
Travel by Air, Bus or Train (Unlimited Trips) - NF			
Use of a Private Automobile (52 trips per year) - NF	52.0	2.0	9.0
<b>Other Travel</b>			
Vehicle Rental (5 Days maximum anywhere in Alberta) - NF	5.0		

\$ - Reported on CAD dollar amount of actual expense

NF - Reported based on number of trips, number of kilometres, or number of days

Budget reported is the maximum annual amount that may be claimed

GST is not included in the \$ amounts as the Legislative Assembly is GST/HST - exempt

FLEET MANAGEMENT SERVICES DETAIL  
 DETAILS SERVICES DE GESTION DE PARC

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DE

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

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

CLIENT NO. [REDACTED]  
 NO DU CLIENT [REDACTED]  
 NVOICE DATE 08/01/18  
 DATE DE LA FACTURE [REDACTED]  
 NVOICE NO. 0007161443  
 NO DE LA FACTURE [REDACTED]

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]	000503860262 06/30/18	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	58.2	1.26	69.58	3.48 3.48	73.06 73.06
<b>**Marine fuel is actually vehicle fuel**</b>												
					000503860261 06/26/18	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	57.9	1.46	80.29	4.01 4.01	84.30 84.30
					000503860260 06/18/18	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	51.4	1.32	64.44	3.22 3.22	67.66 67.66
					000503860259 06/08/18	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	60.6	1.42	81.67	4.08 4.08	85.75 85.75
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	228.1		295.98	14.79	310.77
					BKDN TOTALS / TOTAUX CODIFICATION 01-47	UNITS / VEHIC 1	FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	228.1		295.98	14.79	
							BKDN TOTALS / TOTAUX CODIFICATION					310.77

FLEET MANAGEMENT SERVICES DETAIL  
 DETAILS SERVICES DE GESTION DE PARC

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DE

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

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

CLIENT NO. [REDACTED]  
 NO DU CLIENT [REDACTED]  
 NVOICE DATE 09/01/18  
 DATE DE LA FACTURE [REDACTED]  
 NVOICE NO. 0007184348  
 NO DE LA FACTURE [REDACTED]

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]	000507325352 07/24/18	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	63.5	1.27	76.84	3.84 3.84	80.68 80.68
					000507325351 07/20/18	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	62.3	1.45	86.00	4.30 4.30	90.30 90.30
					000507325350 07/14/18	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	57.9	1.34	74.12	3.71 3.71	77.83 77.83
					000507325349 07/08/18	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	1.57	84.52	4.23 4.23	88.75 88.75
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	240.2		321.48	16.08	337.56
					BKDN TOTALS / TOTAUX CODIFICATION 01-47	UNITS / VEHIC 1	FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	240.2		321.48	16.08	
							BKDN TOTALS / TOTAUX CODIFICATION					337.56

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:

\$ 3.00

**RECEIPT**  
AFTER HOUR ACCESS CODE  
81391

**Stall # 523**  
#\*Expiration Date/Time\*#  
**06:00 AM**  
**JUL 06, 2018**

Purchase Date/Time: 05:18pm Jul 06, 2018  
Total Parking: \$3.00  
Total FEDERAL: \$0.15  
Total Due: \$3.15      Rate: \$3 - 6 am  
Total Paid: \$3.15      Payment Type: Card  
Ticket #: 83050091  
S/N #: 520014230470  
Setting: Lot 232 Bow Parkade  
Mach Name: Lot 232-2

 Visa

GST REG #887315638

RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Angela Pitt

Claimant Name: Angela Pitt

Expense Category: Member Parking

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group: \_\_\_\_\_

Purpose:

\$ 19.05
----------

THANK YOU

INDIGO  
LOT 209

PARKING PERMIT

Meter: 03014738  
Trans: 010329  
Paid: \$20.00  
Purchase Time:  
6:53PM JUL 08, 2018

License Plate:  
[REDACTED]

Base Price: \$19.05  
GST: \$0.95  
Total Price: \$20.00  
Card: [REDACTED]  
Auth: [REDACTED]

Expires:  
JUL 09 2018  
8:00AM

THANK YOU  
GST 120996095RT0004

TRANSACTION RECORD  
Indigo Calgary  
600 6th Ave SW, STE 288  
Calgary, Alberta T2P 0S8

TYPE: PURCHASE  
ACCT: VISA  
AMOUNT \$20.00

Card #: [REDACTED]

Date: 2018/07/08  
Time: 18:54:14  
Ref. #  
662770980010012420 H  
Visa Credit  
AID: A0000000031010  
Auth. #: [REDACTED]

ISO: 01 SPDH: 027  
APPROVED  
THANK YOU

\*IMPORTANT\*  
retain this copy  
for your records

\*\*\*CUSTOMER COPY\*\*\*

PARKING RECEIPT

THANK YOU

PARKING RECEIPT

THANK YOU

PARKING RECEIPT

THANK YOU

PARKING RECEIPT

THANK YOU

PARKING RECEIPT

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Angela Pitt

Claimant Name: Angela Pitt

Expense Category: Member Parking

For hosting, select one:

- Individual Constituent(s)  
 Individual Stakeholder(s)  
 Group: \_\_\_\_\_

Purpose:

\$ 1.43
---------

Pay for your parking online: [www.parkplus.ca](http://www.parkplus.ca)

Plate: [REDACTED]  
Zone: **2915**

Valid through:  
**TUESDAY**  
**10 JUL 18**  
**4:47 PM**

START TIME: 7/10/2018 4:02 PM  
AMOUNT PAID: \$1.50 (GST Incl.)  
Auth No: [REDACTED]  
Trn No: 3c6f74c711aebc2c  
Terminal: 1289  
Receipt No: 3702

CALGARY PARKING AUTHORITY (403) 537-7000

CALGARY PARKING AUTHORITY

Pay for your I

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Angela Pitt

Claimant Name: Angela Pitt

Expense Category: Member Parking

For hosting, select one:

- Individual Constituent(s)  
 Individual Stakeholder(s)  
 Group: \_\_\_\_\_

Purpose:

\$ 23.81

WELCOME TO  
CALGARY EXHIBITION &  
STAMPEDE LTD.

-----  
Station : Booth 10  
Cashier : debrad  
Trans# : 9582  
Ticket : 586974957  
Time in : 11/07/2018 13:06:55  
Paid to : 11/07/2018 23:59:59  
Duration : 10:53:03  
Plate :

BMOC : \$ 23.81  
Subtotal : \$ 23.81  
\*GST : \$ 1.19  
Total : \$ 25.00  
CASH : \$ 25.00  
-----



ENJOY YOUR STAY  
GST#R118823467  
ONE ENTRY ONLY

STAMPEDE PARKING  
DEPARTMENT  
1410 OLYMPIC WAY SE  
CALGARY AB



CARD [REDACTED]  
CARD TYPE VISA  
DATE 2018/07/11  
TIME 2165 13:06:53  
RECEIPT NUMBER  
H85027781-001-325-008-0

-----  
PURCHASE  
TOTAL  
  
\$25.00  
-----

Visa Credit  
A0000000031010  
13E0CF32503F4143  
0000000000-

APPROVED

AUTH# [REDACTED] 01-027  
THANK YOU

NO SIGNATURE REQUIRED  
CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Angela Pitt

Claimant Name: Angela Pitt

Expense Category: Member Parking

For hosting, select one:

Individual Constituent(s)

Individual Stakeholder(s)

Group: \_\_\_\_\_

Purpose:

\$ 23.81

STAMPEDE PARKING  
DEPARTMENT  
1410 OLYMPIC WAY SE  
CALGARY AB

CARD [REDACTED]  
CARD TYPE VISA  
DATE 2018/07/10  
TIME 2519 13:49:52  
RECEIPT NUMBER  
H85049155-001-319-087-0

PURCHASE

TOTAL

**\$25.00**

-----  
Purchase  
TOTAL  
  
-----  
Visa Credit  
A0000000031010  
F584F27EA0E77239  
0000000000-

**APPROVED**

AUTH# [REDACTED] 01-027  
THANK YOU

**NO SIGNATURE REQUIRED**

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS





LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

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

For hosting, select one:

- Individual Constituent(s)
- Individual Stakeholder(s)
- Group: \_\_\_\_\_

Purpose:

	\$ 9.00
--	---------

PARKING RECEIPT

im park

**DISPLAY TICKET ON DASH**

#\*Expiration Date/Time\*#  
**10:41 AM**  
**JUL 04, 2018**

Purchase Date/Time: 09:11am Jul 04, 2018  
Total Parking: \$9.00  
Total FEDERAL: \$0.45  
Total Due: \$9.45  
Total Paid: \$9.45  
Ticket #: 00140471  
S/N #: 300011480234  
Setting: Lot 243  
Mach Name: Lot 243-1

Rate: \$9 - 1 hr 30 Min  
Pmt Type: CC (Swipe)

Visa  
Auth #

GST REG #887383156

-----  
**RECEIPT**  
-----

#\*Expiration Date/Time\*#: 10:41am Jul 04, 2018  
Purchase Date/Time: 09:11am Jul 04, 2018  
Total Parking: \$9.00  
Total FEDERAL: \$0.45  
Total Due: \$9.45  
Total Paid: \$9.45  
Ticket #: 00140471  
Setting: Lot 243  
Mach Name: Lot 243-1

Rate: \$9 - 1 hr 30 Min  
Pmt Type: CC (Swipe)

Visa  
Auth #

PARKING RECEIPT

im park

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Angela Pitt

Claimant Name: Angela Pitt

Expense Category: Member Parking

For hosting, select one:

- Individual Constituent(s)  
 Individual Stakeholder(s)  
 Group: \_\_\_\_\_

Purpose:

\$ 4.29

Alberta Health  
Services  
PLC Lot11

RECEIPT H40

IN: 20.07.18 13:45  
OUT: 20.07.18 14:47  
DUE: 0:01:02

PAID: 4.50

KIND OF PAYMENT:  
CASH

AHS PLC PARKING BOOTH  
ROOM 0322B 3500-2 T1Y6J4  
CALGARY AB  
20344846  
QC2034484601

SALE

07-20-2018 14:47:54  
Acct # [REDACTED] RF  
Exp Date \*\*/\*\* Card Type VI  
Name: /  
A0000000031010  
Visa Credit

Trace # 880065 Operator 2  
Inv. # 28487  
Auth # [REDACTED] RRN 001489065

Sale \$4.50

TOTAL \$4.50

++++  
00 APPROVED-THANK YOU  
++++

Retain this copy for your  
records  
Customer copy



# Members' Travel Expenses Per-Diems Claim Form

Note to MLAs: Meal allowances may be claimed only for days when you were travelling in Alberta on Member business, located at least 60 kms by primary highway from your declared permanent residence, and you had incurred expenses. For the text of section 7 of the *Members' Allowances Order* and details on form completion, see reverse. Effective September 1, 2013.

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

Member Name: Pitt, Angela

Constituency: Airdrie

For the Month of: July

Year: 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			<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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
26	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
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"/>			
<b>Grand Total</b>						<b>\$59.38</b>	<b>\$2.97</b>	<b>\$62.35</b>

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

2 Aug 2018  
Date



# Members' Travel Expenses Per-Diems Claim Form

Note to MLAs: Meal allowances may be claimed only for days when you were travelling in Alberta on Member business, located at least 60 kms by primary highway from your declared permanent residence, and you had incurred expenses. For the text of section 7 of the *Members' Allowances Order* and details on form completion, see reverse. Effective September 1, 2013.

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

Member Name: Pitt, Angela

Constituency: Airdrie

For the Month of: August

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			<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	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"/>			
<b>Grand Total</b>						<b>\$59.33</b>	<b>\$2.97</b>	<b>\$62.30</b>

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

4 Sept 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 #:** **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.

July 2018

I certify that I have met the eligibility criteria (see back of form) for the Temporary Residence Accommodation Allowance and am authorizing that the amount specified above be paid each month during the fiscal period noted above. I acknowledge and agree to immediately notify the Clerk, in writing, if there are any changes to either my Permanent or Temporary Residence that may affect my eligibility to claim this allowance. Furthermore, I agree to immediately reimburse any accommodation allowance payments made to me during a period within which I was ineligible to receive these payments.

  
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 #:** **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.

**August 2018**

I certify that I have met the eligibility criteria (see back of form) for the Temporary Residence Accommodation Allowance and am authorizing that the amount specified above be paid each month during the fiscal period noted above. I acknowledge and agree to immediately notify the Clerk, in writing, if there are any changes to either my Permanent or Temporary Residence that may affect my eligibility to claim this allowance. Furthermore, I agree to immediately reimburse any accommodation allowance payments made to me during a period within which I was ineligible to receive these payments.

  
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 #:** **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.

**September 2018**

I certify that I have met the eligibility criteria (see back of form) for the Temporary Residence Accommodation Allowance and am authorizing that the amount specified above be paid each month during the fiscal period noted above. I acknowledge and agree to immediately notify the Clerk, in writing, if there are any changes to either my Permanent or Temporary Residence that may affect my eligibility to claim this allowance. Furthermore, I agree to immediately reimburse any accommodation allowance payments made to me during a period within which I was ineligible to receive these payments.

  
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:

Member of constituent concern



State and Main Airdrie  
 Unit 201 30 Market Blvd  
 Airdrie, AB T4A 0K9

Phone: 403-948-0071  
 GST: 81068 7996

Table #21

Trans #: 131002 Serv: Megan 111  
 7/5/2018 1:19 PM # Cust:3

Quan	Descript	Cost
1	Coke	\$3.50
1	Ice Tea	\$3.50
1	Soda	\$3.50
1	Kids Pizza	\$6.50
1	Kids Pizza	\$6.50
1	->\$Add Bacon	\$1.50
1	Gogi Taco Entree	\$15.25
1	->quinoa	\$1.00
1	Chicken Caesar	\$15.50

Net Total: \$56.75  
 GST \$2.31

**TOTAL: \$59.06**  
**Amount Due: \$59.06**

Join us for our  
 daily Happy Hour!!  
 Jukebox Bingo Sunday 7-11

STATE & MAIN AIRDRIE  
 30 MARKET BLVD UNIT 201  
 AIRDRIE AB

CARD [REDACTED]  
 CARD TYPE VISA  
 DATE 2018/07/05  
 TIME 2543 13:19:54  
 SERV ID 111  
 CHECK # 131002  
 TABLE # 21  
 RECEIPT NUMBER  
 C82006055-001-129-012-0

PURCHASE  
 AMOUNT \$59.06  
 TIP \$10.63  
 TOTAL

**\$69.69**

Visa Credit  
 A0000000031010  
 04293674F53B37F2  
 0080008000-E800  
 83DAB040D4930EF0  
 0080008000-F800

**APPROVED**

AUTH# [REDACTED] 01-027  
 THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
 COPY FOR YOUR RECORDS



LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

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

For hosting, select one:

- Individual Constituent(s)  
 Individual Stakeholder(s)  
 Group: \_\_\_\_\_

Purpose: \$15.00

Bottled water for office

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

Invoice #140153

PO # \_\_\_\_\_  
Vendor # \_\_\_\_\_  
07/13/2018 11:38:32  
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	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: 08/10/2018

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

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

CARD XXXXXXXXXX  
CARD TYPE VISA  
DATE 2018/07/17  
TIME 0746 14:20:21  
SERVR ID 4456  
CHECK # 61641  
TABLE # 3 RESTAURANT  
RECEIPT NUMBER  
C82037706-001-001-195-0

-----  
PURCHASE  
AMOUNT \$32.84  
TIP \$5.91  
TOTAL

**\$38.75**  
-----

Visa Credit  
A0000000031010  
72463C2C9362AAB0  
0080008000-E800  
C82A68AEFCC1900E  
0080008000-F800

**APPROVED**

AUTH# XXXXXXXXXX 01-027  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

\*\*\*\*\*  
CHECK # 61641 DATE 7/17/18  
TABLE # 3 TIME 2:06PM  
\*\*\*\*\*

-- RESTAURANT : JENN4456 --

SEAT#	ITEMS ORDERED	AMOUNT
2	TUSCAN BUN	16.29
	Sub Garden Salad	0.00
	BACON MIKE	14.99
	SUBTOTAL	31.28
	TAX	1.56
		-----
		32.84
	TOTAL	32.84

\*\*\*\*\*

SUBTOTAL	31.28
TAX	1.56
	-----
TOTAL DUE	32.84
	-----

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

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

Invoice #141419

PO #

Vendor #

08/10/2018 12:15:52  
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	2	\$7.50	\$15.00

Subtotal \$15.00  
Tax \$0.00

Invoice Total \$15.00

Previous Balance [REDACTED]

Payments: None [REDACTED]

Net Due [REDACTED]

Next Delivery: 09/14/2018

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

