

LEGISLATIVE ASSEMBLY OF ALBERTA
 Member EDR 2018-19
 047 - Airdrie - Pitt, Angela
 For Expenses Processed Oct 1 - Dec 31 2018

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$1,336.25	\$3,261.91
MLA Parking Cap - \$	\$900.00	\$84.29	\$182.25
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$		\$59.04	\$119.07
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$949.57	\$2,145.28
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,790.00	\$17,370.00
Travel Accommodations Allowance		\$252.48	\$252.48
Travel Accommodations Allowance (days; 10 max) - NF	10.0	2.0	2.0
Other			
Hosting - \$		\$403.22	\$752.66
Event Tickets Disclosable - \$			
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel MLA (KM) - NF	80,000.0	2,930.0	7,237.0
Constituency Travel Staff (KM) - NF			
Total Constituency Travel (KM) - NF	80,000.0	2,930.0	7,237.0
Special Trips (5 trips per year) - NF	5.0	2.0	2.0
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	4.0	13.0
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



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

CLIENT NO. [REDACTED]
 NO DU CLIENT [REDACTED]
 INVOICE DATE 10/01/18
 DATE DE LA FACTURE
 INVOICE NO. 0007240158
 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]	000509848485 09/03/18	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	61.0	1.40	81.33	4.07 4.07	85.40 85.40
					000509848484 08/28/18	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	61.3	1.46	85.00	4.25 4.25	89.25 89.25
					000510205066 08/24/18	PETRO CANADA MEDICINE HAT AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	46.3	1.32	58.19	2.91 2.91	61.10 61.10
					000509848483 08/10/18	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	60.7	1.39	80.38	4.02 4.02	84.40 84.40
					000509147322 08/08/18	FASGAS DEVON AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT DISCOUNT / RABAIS TOTAL / TOTAL	59.8	1.21	68.87	3.44 3.44	72.31 72.31
					000509848482 08/03/18	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	38.1	1.25	45.43	2.27 2.27	47.70 47.70
					000510407334 07/26/18	CENTEX NISKU NISKU AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH UNLEADED REGULAR GASOLINE REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	54.2	1.31	71.25	3.56 3.56	74.81 74.81
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE DISCOUNT / RABAIS TOTAL / TOTAL	381.4		490.45	24.52	514.97 60- 514.37

Marine Fuel is actually vehicle fuel

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
 INVOICE DATE 10/01/18
 DATE DE LA FACTURE
 INVOICE NO. 0007240158
 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
BKDN TOTALS / TOTAUX CODIFICATION 01-47				HIC	1	FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH		381.4	490.45	24.52		
										BKDN TOTALS / TOTAUX CODIFICATION DISCOUNT / RABAIS TOTAL / TOTAL	514.97 .60- 514.37	

Element Fleet Management



FLEET MANAGEMENT SERVICES DETAIL
 DETAILS SERVICES DE GESTION DE PARC

PAGE - 175 OF 239
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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 11/01/18
 DATE DE LA FACTURE
 NVOICE NO. 0007247545
 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]	000511983923 10/04/18	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	61.0	1.56	90.52	4.53 4.53	95.05 95.05
					000512566313 10/01/18	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	56.3	1.44	77.29	3.86 3.86	81.15 81.15
					000512566312 09/27/18	IMPERIAL OIL RED DEER COUN AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	58.2	1.52	84.29	4.21 4.21	88.50 88.50
					000512566311 09/15/18	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	62.6	1.47	87.38	4.37 4.37	91.75 91.75
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	238.1		339.48	16.97	356.45
					BKDN TOTALS / TOTAUX CODIFICATION 01-47	UNITS / VEHIC 1	FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	238.1		339.48	16.97	
							BKDN TOTALS / TOTAUX CODIFICATION					356.45

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]
 INVOICE DATE 12/01/18
 DATE DE LA FACTURE
 INVOICE NO. 0007291286
 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 DESCRIPTION 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]	000515878256 11/04/18	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	61.8	1.26	74.19	3.71 3.71	77.90 77.90
					000515878255 10/28/18	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	57.8	1.29	71.06	3.55 3.55	74.61 74.61
					000515878254 10/15/18	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	1.36	78.49	3.92 3.92	82.41 82.41
					000515878253 10/05/18	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	21.2 1.0	1.55 11.99	31.20 11.99	1.56 .60 2.16	45.35 45.35
				UNIT TOTAL / TOT UNITE			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	201.4		266.93	13.34	280.27
BKDN TOTALS / TOTAUX CODIFICATION 01-47			UNITS / VEHIC	1			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	201.4		266.93	13.34	
							BKDN TOTALS / TOTAUX CODIFICATION					280.27

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:

NORTHLAND VOLKSWAGEN
4849 NORTHLAND DR NW
CALGARY AB

CARD [REDACTED]

CARD TYPE VISA

DATE 2018/09/17

TIME 4880 16:02:03

INVOICE # 795988

RECEIPT NUMBER
C84080447-001-001-103-0

PURCHASE

TOTAL

\$211.98

Visa Credit
A0000000031010
C35196E2AEE1727E
0080008000-E800
1C95BC7BA2FB5E12
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: Angela Pitt

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

PETRO-CANADA
190 E LAKE CRES NE
AIRDRIE
ALBERTA T4A 2H8
(403) 948-2100

GST 855530911
PC0360328:3766802
TERMINAL: 023766802
PAYPOINT: 023766802

2018-11-25 13:57

PUMP 01
PREPAID GAS SALE
SUPERCLEAN
LITRES L 33.642
PRICE/L \$ 1.189
FUEL SALES \$ 40.00*

TOTAL OWED \$ 40.00

CASH TENDERED
\$ 40.00

* GST INCL. \$ 1.90
APPROVED
THANK YOU

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

LEARN HOW TO
SAVE 3 CENTS/L
EVERY DAY AT
PETRO-CANADA.CA/RBC

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

CUSTOMER #:



795988

NORTHLAND VOLKSWAGEN



Northland Volkswagen Ltd.
4849 Northland Drive N.W.
Calgary, AB T2L 2K3

INVOICE

Tel: 403-286-4849
Fax: 403-288-0931
www.northlandvolkswagen.com

ANGELA DAWN PITT

PAGE 1

SERVICE ADVISOR: 434 PATRICIA W

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL	
A	SERVICE#2	REPLACE OIL AND FILTER, CHECK FLUIDS, TIRE PRESSURES, RESET TIRE PRESSURE MONITOR, CHECK SUSPENSION COMPONENTS, CHECK LIGHTS, CHECK HORN, CHECK EXHAUST SYSTEM, ROTATE TIRES, INSPECT BRAKE, VW FUEL ADDITIVE, HEALTH REPORT,						
	SERVICE2	SERVICE#2 REPLACE OIL AND FILTER, CHECK FLUIDS, TIRE PRESSURES, RESET TIRE PRESSURE MONITOR, CHECK SUSPENSION COMPONENTS, CHECK LIGHTS, CHECK HORN, CHECK EXHAUST SYSTEM, ROTATE TIRES, INSPECT BRAKE, VW FUEL ADDITIVE, HEALTH REPORT,						
		293 CVW				99.95	99.95	
		1 06J-115-403-Q OIL FILTER			20.57	20.57	20.57	
		CORE CHARGE C				0.50	0.50	
		5 G-E52-502-1B-DSP EDGE 5W40			9.99	9.99	49.95	
		CORE CHARGE C				0.50	0.50	
		1 N-911-679-01 PLUG			7.17	7.17	7.17	
		1 N-013-815-7 WASHER			2.43	2.43	2.43	
		1 ZVW-239-003 *ADDITIVE			7.53	7.53	7.53	
PARTS:		88.65	LABOR:	99.95	OTHER:	0.00	TOTAL LINE A:	188.60

16695 Service 2 0.80 Performed service 2. Changed oil and filter. Topped up coolant, washer, and brake fluid as required. Checked lights and wipers operation. Inspected engine and undercarriage. Performed brake inspection fronts at 11mm and rears at 9mm. Tire rotation not required fronts at 9/32" rears at 9/32". Set tire pressures to 38psi. Put fuel additive into tank. Test drove no issues. Reset TPMS and oil change lights if required. Return for customer.



We and our service providers and affiliates will use the information provided by you to (i) perform services as may be directly requested by you; (ii) provide more information regarding the products and services of us, our affiliates and business partners. (iii) Generate statistical and aggregated data that does not identify you personally, and (iv) disclose your information to our service providers and affiliates for the purpose of providing services to you and to provide you more information regarding their products and services. By providing your information to us, you consent to these uses. You may notify us in writing if in the future you do not consent to any of these uses of the information you provide.

Thank you for choosing Northland Volkswagen

"At Your Service"
Monday to Friday
7:30 am to 6:00 pm
Saturday
9:00 am to 4:00 pm

DESCRIPTION	TOTALS
LABOUR AMOUNT	
PARTS AMOUNT	
GAS, OIL, LUBE	
SUBLET AMOUNT	
MISC. CHARGES	
TOTAL CHARGES	
LESS INSURANCE	
SALES TAX	
PLEASE PAY THIS AMOUNT	

GST# 82851 3978 RT0001

CUSTOMER #:



795988

NORTHLAND VOLKSWAGEN



Northland Volkswagen Ltd.
4849 Northland Drive N.W.
Calgary, AB T2L 2K3

INVOICE

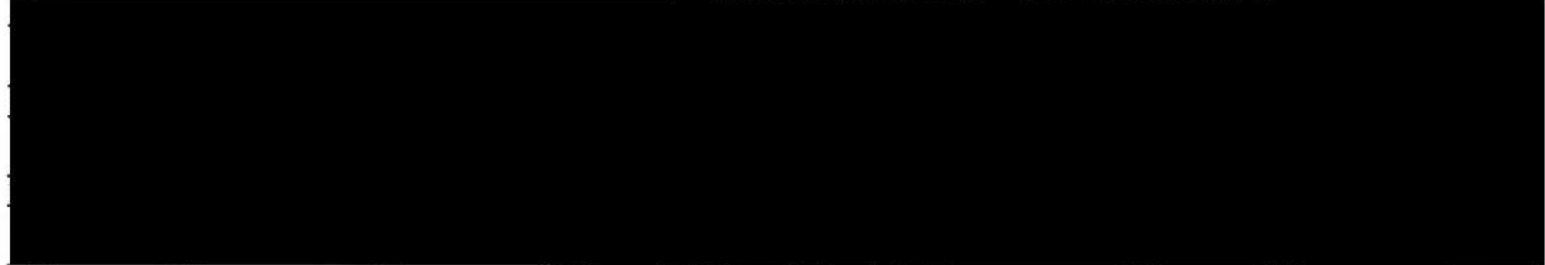
Tel: 403-286-4849
Fax: 403-288-0931
www.northlandvolkswagen.com

ANGELA DAWN PITT

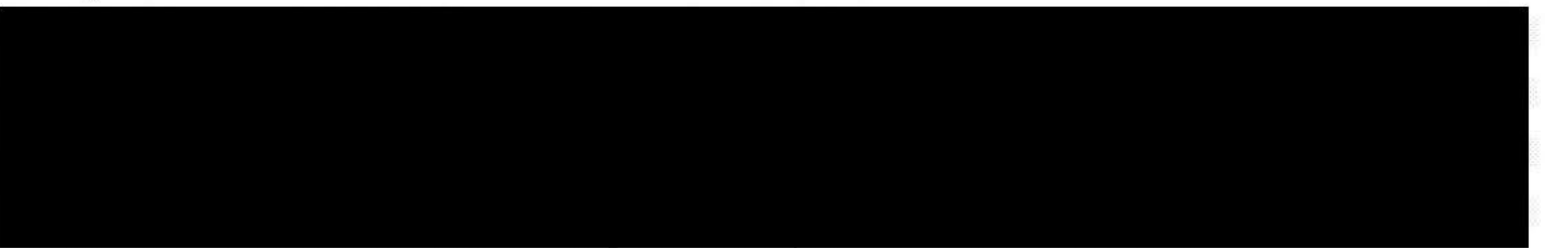


PAGE 2

SERVICE ADVISOR: 434 PATRICIA W



LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
COUNT:							
CLAIM TYPE:							
AUTH CODE:							
*							



C CUSTOMER WILL BE WAITING FROM AIRDRIE

MEMO MEMO NOTE

999 CVW

0.00 0.00

PARTS:	0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE C:	0.00
--------	------	--------	------	--------	------	---------------	------

EST: 200.00 17SEP18 13:21 SA: 434

CUSTOMER PAY SHOP SUPPLIES FOR REPAIR ORDER 13.29

THANK YOU FOR CHOOSING NORTHLAND VOLKSWAGEN

* VISIT US AT OUR WEBSITE AT: *

* www.northlandvolkswagen.com *

SPECIAL ORDER PARTS WILL ONLY BE HELD FOR A
MAXIMUM OF 30 DAYS.

GOODS AND SERVICES TAX (#: R103931507)

10.09



We and our service providers and affiliates will use the information provided by you to (i) perform services as may be directly requested by you; (ii) provide more information regarding the products and services of us, our affiliates and business partners. (iii) Generate statistical and aggregated data that does not identify you personally, and (iv) disclose your information to our service providers and affiliates for the purpose of providing services to you and to provide you more information regarding their products and services. By providing your information to us, you consent to these uses. You may notify us in writing if in the future you do not consent to any of these uses of the information you provide.

Thank you for choosing Northland Volkswagen

"At Your Service"
Monday to Friday
7:30 am to 6:00 pm
Saturday
9:00 am to 4:00 pm

DESCRIPTION	TOTALS
LABOUR AMOUNT	99.95
PARTS AMOUNT	88.65
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	13.29
TOTAL CHARGES	201.89
LESS INSURANCE	0.00
SALES TAX	10.09
PLEASE PAY THIS AMOUNT	211.98

GST# 82851 3978 RT0001

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:

THANK YOU

INDIGO
LOT 804

PARKING PERMIT

Meter: 03014971
Trans: 013961
Paid: \$3.15
Purchase Time:
6:51PM OCT 13, 2018

License Plate:
[REDACTED]

Base Price: \$3.00
GST: \$0.15
Total Price: \$3.15
Card: [REDACTED]
Auth: [REDACTED]

Expires:
OCT13 2018
11:00PM

THANK YOU
GST 120996095RT0004

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:



FIFTH AVENUE PLACE
RECEIPT A2
ENTRY DATE/TIME:
25/10/18 06:49:35
PAY DATE/TIME:
25/10/18 09:06:32
PARK-DUR.: HRS:MIN
0:02:17

PAID: \$ 23.10





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:

THANK YOU

INDIGO
LOT 244

PARKING PERMIT

Meter: 03014917
Trans: 011282
Paid: \$15.00
Purchase Time:
2:33PM NOV 16, 2018

License Plate:
[REDACTED]

Base Price: \$14.29
GST: \$0.71
Total Price: \$15.00

[REDACTED]

Expires:
NOV 16 2018
5:33PM

THANK YOU

GST 120996095RT0004

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

TYPE: PURCHASE
ACCT: INTERAC
CHEQUING
AMOUNT \$15.00

Card #: [REDACTED]

Date: 2018/11/16
Time: 14:34:48
Ref. #
662860200010017270 C
INTERAC
AID: A0000002771010
TVR: 8080008000
TS1: 6800
Auth. #: [REDACTED]

VERIFIED BY PIN

ISO: 00 SPDH: 001
APPROVED
THANK YOU

THANK YOU

CUSTOMER COPY

PARKING RECEIPT

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Angela Pitt

Claimant Name: Angela Pitt

Expense Category: Member Parking

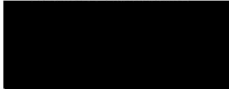
For hosting, select one:

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

Purpose:



License Plate Number



Expiration Date/Time



Purchase Date/Time: 11:10am Aug 13, 2018

Total Due: \$6.75 Rate: \$6.75 - 1 Hr 30 Min
Total Paid: \$6.75 Pmt Type: CC (Swipe)

Ticket #: 00006670

S/N #: 520015160412

Setting: FMC Lot 10 - West

Mach Name: CA-FMC-1002



MasterCard Auth #: _____

www.ahs.ca
Do Not Place On Dash

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:

Edmonton City Centre West
Managed by Advanced Parkings
Rcpt# 8453
10/02/18 17:11 LH 3 AM 33 Txn# 81280
10/02/18 13:14 In 10/02/18 17:11 Out
Regular Rate \$ 16.19
Total Tax \$ 0.81
Total Fee \$ 17.00
VISA \$ 17.00-

Change Due \$ 0.00
GST 122014491RT0003

EDM CITY CENTRE - WEST
PARKADE
10231 - 103RD ST NW
EDMONTON AB

CARD [REDACTED]
CARD TYPE VISA
DATE 2018/10/02
TIME 9740 17:12:47
RECEIPT NUMBER
H85009217-001-004-136-0

PURCHASE
TOTAL

\$17.00

Visa Credit
A0000000031010
79E3A2CF498DDE4F
0000000000-

APPROVED

FF/DT 20

AUTH# [REDACTED]

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: Member Parking

For hosting, select one:

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

Purpose:



RECEIPT
Foothills
Medical Centre
Lot 10 - West Level 1

License Plate Number



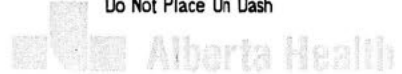
Expiration Date/Time

01:07 PM
NOV 14, 2018

Purchase Date/Time: 12:07pm Nov 14, 2018
Total Due: \$4.50 Rate: \$4.50 - 1 Hour
Total Paid: \$4.50 Pmt Type: CC (Swipe)
Ticket #: 00015495
S/N #: 520015160438
Setting: FMC Lot 10 - Level 1
Mach Name: CA-FMC-1005



www.ahs.ca
Do Not Place On Dash



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:

HIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT

CITY OF EDMONTON

Terminal: 2026a Zone: 2026
Plate: [REDACTED]
106 ST From JASPER AVE to 102 AVE East Side
Valid through:
TUESDAY 02 OCT 18
1:12 PM

Amount Paid: \$2.00 (GST incl.)
Start Time: 10/2/2018 12:32 PM
Trn: A2fc8c667baf71f9

Auth No: [REDACTED]
Receipt No: 25334

HIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR 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:

RECEIPT
Impark Lot 02-4

License Plate Number



Expiration Date/Time

11:00 PM
DEC 03, 2018

Purchase Date/Time: 06:17pm Dec 03, 2018
Total Parking: \$15.19
Total GST: \$0.81
Total Due: \$17.00
Total Paid: \$17.00
Ticket #: 180590-1
S/N #: 500012461 05
Setting: Lot 4
Mach Name: Mete 2

Rate: \$17- until 11pm
Pmt Type: CC (Tap)



gst #667315638RT0006
NO IN AND OUT PRIVILEGES

RECEIPT REÇU DE STATIONNEMENT PARKING RECEIPT REÇU DE STATIONNEMENT PARKING REC

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:

Cindy Koch

From: Angela Pitt [REDACTED]
Sent: Tuesday, November 6, 2018 10:07 AM
To: Cindy Koch
Subject: Fwd: Your Tuesday morning trip with Uber
Attachments: map_6b99421b-b155-4006-be30-61f4dfbd3468_wide; map_6b99421b-b155-4006-be30-61f4dfbd3468

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

From: Uber Receipts <uber.canada@uber.com>
Date: Tue, Nov 6, 2018, 8:00 AM
Subject: Your Tuesday morning trip with Uber
To: [REDACTED]

Uber

Total: CA\$7.91
Tue, Nov 06, 2018

Thanks for riding, Angela

We hope you enjoyed your ride this morning.



Total

CA\$7.91

Trip fare

CA\$7.91

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:

Cindy Koch

From: Angela Pitt [REDACTED]
Sent: Monday, November 19, 2018 10:53 PM
To: Cindy Koch
Subject: Fwd: Your Monday evening trip with Uber
Attachments: map_71b4874d-1600-4b62-b5ea-dd857edc9a7b; map_71b4874d-1600-4b62-b5ea-dd857edc9a7b_wide

----- Forwarded message -----
From: Uber Receipts <uber.canada@uber.com>
Date: Mon, Nov 19, 2018, 8:59 PM
Subject: Your Monday evening trip with Uber
To: [REDACTED]

Uber

Total: CA\$7.75
Mon, Nov 19, 2018

Thanks for riding, Angela

We hope you enjoyed your ride this evening.



Total

CA\$7.75

Trip fare

CA\$7.67

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:

Cindy Koch

From: Angela Pitt [REDACTED]
Sent: Monday, November 19, 2018 10:53 PM
To: Cindy Koch
Subject: Fwd: Your Monday evening trip with Uber
Attachments: map_f12f69e9-532c-4248-9639-b57e2147c721_wide; map_f12f69e9-532c-4248-9639-b57e2147c721

----- Forwarded message -----
From: Uber Receipts <uber.canada@uber.com>
Date: Mon, Nov 19, 2018, 10:50 PM
Subject: Your Monday evening trip with Uber
To: [REDACTED]

Uber

Total: CA\$8.23
Mon, Nov 19, 2018

Thanks for riding, Angela

We hope you enjoyed your ride this evening.



Total

CA\$8.23

Trip fare

CA\$8.23

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:

Cindy Koch

From: Angela Pitt [REDACTED]
Sent: Wednesday, November 21, 2018 12:44 AM
To: Cindy Koch
Subject: Fwd: Your Wednesday morning trip with Uber
Attachments: map_e6e683a9-88e7-4bbc-b90c-966762e67851_wide; map_e6e683a9-88e7-4bbc-b90c-966762e67851


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

From: Uber Receipts <uber.canada@uber.com>
Date: Wed, Nov 21, 2018, 12:18 AM
Subject: Your Wednesday morning trip with Uber
To: [REDACTED]

Uber Total: CA\$7.61
Wed, Nov 21, 2018

Thanks for riding, Angela

We hope you enjoyed your ride this morning.



Total **CA\$7.61**

Trip fare CA\$7.41

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:

\$21.14

SkyShuttle
P.O. Box 9860
Edmonton AB T5J 2T2
780-465-8515

Transaction #: 518890
Date: 12/02/2018 Time: 11:33:58 PM
Cashier: Lena Register #: 1
Location: Edmonton

Item	Description	Amount
00461AT	Matrix Hotel	\$18.00
	Sub Total:	\$18.00
	Total:	\$18.00
	Cash Tendered:	\$18.00

Thank you from
SkyShuttle
Tickets are non refundable.
* GST included

PRESTIGE TRANSPORTATION
10135 31 AVE NW
EDMONTON AB

CARD TYPE INTERAC
ACCOUNT TYPE CHEQUING
DATE 2018/12/02
TIME 7338 23:36:32
CLERK ID 5086
RECEIPT NUMBER
C85025237-001-001-911-0

PURCHASE
AMOUNT \$18.00
TIP \$4.00
TOTAL

\$22.00

INTERAC
A0000002771010
628068E882B090A1
8080008000-6800
69B845AB2DDB9952

APPROVED

00-001

THANK YOU

CARDHOLDER COPY

PRESTIGE 780.463.5000
GOPRESTIGE.CA
GST 862184769

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:

\$7.90

Co-op Taxi Line
(780) 425-2525
www.co-optaxi.com

TRANSACTION RECORD
Terminal 698/66287744
Driver 5237
18/12/03 00:37:22

INTERAC CHEQUING

INTERAC
CHIP CARD
A0000002771010
8080008000 6800
VERIFIED BY PIN
Ref # 0010017010 C

		PURCHASE
FARE	: \$	6.20
TIP	: \$	2.00

TOTAL	: \$	8.20

APPROVED - THANK YOU
(00-001)

IMPORTANT: Retain this
copy for your records

Merchant Copy

Thank you for choosing
Co-op taxi



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: November

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	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
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	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			<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	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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
26	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
27	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
28	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$573.71	\$28.69	\$602.40

I certify that I have met the requirements of section 7 of the *Members' Allowances Order, RMSC 1992, c. M-1*, as amended, have incurred meal expenses on the dates selected, and have not previously claimed or been paid for these expenses.

Member Signature

30 Nov 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

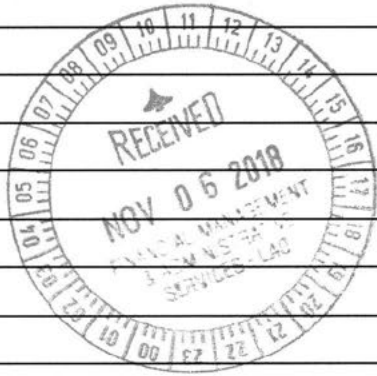
Constituency: Airdrie

For the Month of: October

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28	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						\$178.05	\$8.90	\$186.95



I certify that I have met the requirements of section 7 of the *Members' Allowances Order, RMSC 1992, c. M-1*, as amended, have incurred meal expenses on the dates selected, and have not previously claimed or been paid for these expenses.

Angela Pitt
Member Signature

2 Nov 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: September

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	60 km from Perm. Res.	Lethbridge	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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						\$19.76	\$0.99	\$20.75

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

26 SEPT 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

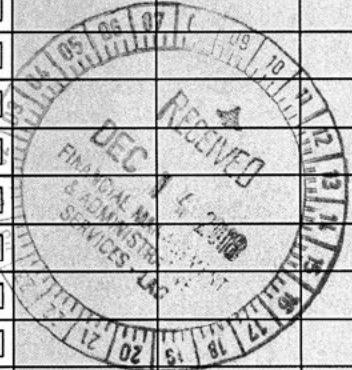
Constituency: Airdrie

For the Month of: December

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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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						\$178.05	\$8.90	\$186.95



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: 10 DEC 2018



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.

October 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.

November 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

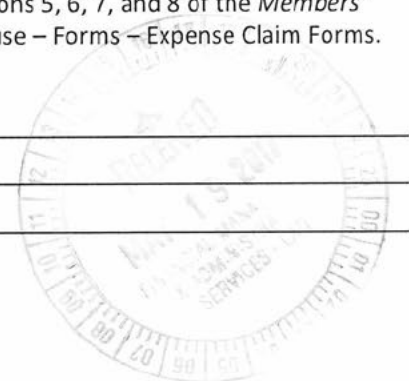


Members' Temporary Accommodation Allowance Claim Form

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.

DECEMBER 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

Signature Lethbridge Lodge
 320 Scenic Drive
 Lethbridge, AB T1J 4B4 CA
 403-328-1123 Fax: 403-328-0002
 www.sandmanhotels.com



Name: Angela Pitt
 [Redacted]

Guest Name: Angela Pitt Arrival: September 12, 2018 Departure: September 15, 2018
 Company:

Group: Ucp Caucus Room: 210

Bill To: Pitt, Angela

Attn:

Property Code: 224 Invoice # 67038 PO #

Res. # 52367

Date	Description	Voucher	Amount
12/9/18	Room Revenue	llh-210	119.00
12/9/18	Destination Marketing Fee	llh-210	2.38
12/9/18	GST	llh-210	6.07
12/9/18	Provincial Tourism Levy	llh-210	4.86
13/9/18	Room Revenue	llh-210	119.00
13/9/18	Destination Marketing Fee	llh-210	2.38
13/9/18	GST	llh-210	6.07
13/9/18	Provincial Tourism Levy	llh-210	4.86
15/9/18	Manual Debit Card	[Redacted]	-264.62
Balance:			0.00

GST/HST #: 12176 7065 RT 001

	Total Tax
Destination Marketing Fee	\$4.76
GST	\$12.14
Provincial Tourism Levy	\$9.72
Total	\$26.62

LETHBRIDGE LODGE
 320 SCENIC DR S
 LETHBRIDGE, AB T1J 4B4
 (403) 328-1123

TERM ID: C6103776 BATCH#: 394
 EMPLOYEE ID: 14 SHIFT#: 001
 CLERK NAME: 14

Sale

INV#: 000000001 Chip
 INTERAC SEQ#: 394001001001
 Account Type: Chequing Application Label: INTERAC
 AID: A0000002771010
 TVR: 00 00 00 00
 ISI: 68 00

Total: CAD\$ 264.62

APPROVED [Redacted]
 001/00

15-Sep -18 10:53:28

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

Total hosting consumable = \$24.88 + GST

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

CARD [REDACTED]
CARD TYPE VISA
DATE 2018/10/25
TIME 0748 13:11:10
SERVR ID 1572
CHECK # 72499
TABLE # 15 RESTAURANT
RECEIPT NUMBER
C82037706-001-001-901-0

PURCHASE
AMOUNT \$21.59
TIP \$4.32
TOTAL

\$25.91

Visa Credit
A0000000031010
494984F2C7C1E6DC
0080008000-E800
162BA5E09A92FB49
0080008000-F800

APPROVED

AUTH# [REDACTED] 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

CHECK # 72499 DATE 10/25/18
TABLE # 15 TIME 1:05PM

--- RESTAURANT : ARMO ---

ITEMS ORDERED	AMOUNT
1 Add Jasmine Rice	1.00
1 Add Bacon	1.99
1 Add Chckn Breast	6.00
1 Add LODGE Patty	3.99
1 Add Yam Fries	3.99
1 TEA	3.59
2 H2O	0.00

SUBTOTAL 20.56
TAX 1.03

TOTAL DUE 21.59

DID WE NAIL IT?
We want to know how we did so lay
it on us. We can take it, we promise.
Keep this receipt and visit
www.mrmikesfeedback.ca
and tell us about your experience today!

MR MIKES Airdrie
GST#63113 1610 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

\$41.02

PEPPERCORNS
800 YANKEEVALLEY BLVD
SW,
AIRDRIE AB

CARD [REDACTED]
CARD TYPE VISA
DATE 2018/02/02
TIME 4368 13:09:00
RECEIPT NUMBER
C82034515-001-001-398-0

PURCHASE
AMOUNT \$36.23
TIP \$6.52
TOTAL

\$42.75

Visa Credit
A0000000031010
3C8AC06DC17F4DA5
0080008000-E800
6DED7F61E9CF1B2
0080008000-F800

APPROVED

AUTH# [REDACTED] 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

#5

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

=====
Date: Feb 02, 2018 Time: 01:04PM
Server: Al # Guest: 2
Bill: 49113 Table : 5

1 soft drink 3.50
1 Gado Bowl 16.00
RICE
1 Smoked Brisket Sandwich 15.00
SOUP SALAD

Subtotal 34.50
GST 8633173190 1.73

Total 36.23

Open Time : Feb 02, 2018 12:12PM

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

\$46.30

Century Downs Racetrack & Casino
 260 Century Downs Drive
 Rocky View County, AB
 (587) 349-7777
 GST# 86027-6658-RT0001

1020 Nicole B

Tbl 224/1 Chk 9876 Gst 3
 Oct04'18 12:35PM

1 WOR WONTON	17.00
1 AVOCADO TOAST	11.00
1 12 Special	12.00
no choice	
Subtotal	40.00
40.00 GST	2.00
Amount Due	42.00

Thanks for Dining With Us!

****PLEASE PAY SERVER****

CENTURY DOWNS RACETRACK
 AND CASINO
 260 Century Downs Drive
 Rocky View County AB
 T4A0V5 587-349-7777

**** TRANSACTION RECORD ****

Tran. #: 1291
 RVC: Grill
 Table #: 224
 Check #: 9876
 Group #: 1
 Employee #: 1020
 Employee Name: Nicole B

INTERAC Purchase

AID: A0000002771010

Amount \$42.00
 Tip \$6.30
 =====
 TOTAL CAD\$48.30

APPROVED [REDACTED]
 00-001 (001)
 CDRACS11/CDRACD11
 001001001006
 2018/10/04 13:20:56

TVR: 8080008000
 TSI: 6800

Customer Copy

THANK YOU
 Come Again

Century Downs Racetrack & Casino
 260 Century Downs Drive
 Rocky View County, AB
 (587) 349-7777
 GST# 86027-6658-RT0001

1020 Nicole B

Chk 9876 Oct04'18 12:35P Gst 3

1 WOR WONTON	17.00
1 AVOCADO TOAST	11.00
1 12 Special	12.00
no choice	
Charge Tip	6.30
DEBIT CARD	48.30
Subtotal	40.00
Service Chrg	6.30
40.00 GST	2.00
Paid	48.30

-----1020 Check Closed-----
 -----Oct04'18 01:19PM-----

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
\$40.01

EggsOasis Airdrie
160 - 2797 Main St.
www.eggsoasis.com
GST # 804118909 RT 0001

Check: 138621
Table: B22
Server: Carley L (19)
Date: 08/31/18 11:12am

1 Chocolate Milk	\$3.25
1 BENE FLORENTINE	\$15.45
1 CINN BUN W STRB	\$14.95
6 WATER	\$0.00
Subtotal:	\$33.65
Tax::	\$1.68
Sub w/Tax:	\$35.33
Total:	\$35.33

Thank you for visiting EggsOasis Rest.
We look forward to serving you again soon.

---- Please pay your server ----

Enjoyed your experience? Please support &
share with everyone by writing a review:
www.calgarian.me/eggsoasis-airdrie
Ask your server about our new 10%
weekend earlybird discount from
6 am to 8 am

EGGSOASIS AIRDRIE
2797 MAIN STREET UNIT
160
AIRDRIE AB

CARD [REDACTED]
CARD TYPE VISA
DATE 2018/08/31
TIME 0329 11:18:28
CLERK ID 19
RECEIPT NUMBER
H85021331-001-164-008-0

PURCHASE
AMOUNT \$35.33
TIP \$6.36
TOTAL
\$41.69

Visa Credit
A0000000031010
3718B353CA1BC8AB
0000000000-

APPROVED

FF/DT 20
AUTH# [REDACTED] 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

\$34.69

TIPPERARY'S PUB
2002 16 AVE NW
CALGARY AB

CARD [REDACTED]
CARD TYPE VISA
DATE 2018/09/03
TIME 5157 13:03:07
CLERK ID 430
RECEIPT NUMBER
C85017221-001-506-010-0

PURCHASE
AMOUNT \$31.47
TIP \$4.72
TOTAL

\$36.19

Visa Credit
A0000000031010
E1CC1EB67FFB6073
0080008000-E800
B80CA25FA379D311
0080008000-F800

APPROVED

AUTH# [REDACTED] 01-027
THANK YOU

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Tipperary's Pub

2002 16th Ave. N.W.
Calgary, Alberta
Phone: (403) 289-5566
GST # 862407848

09/03/18 1:02 PM Transaction #5
Table # Cust 2
Waiter 430 Jill
Bill # 887565
Account:

1 Coffee 2.99
2 Tea 5.98
2 Bowl Daily Soup 14.00
1 Bowl French Soup 7.00

Taxable: 29.97

Sub-total: 29.97

GST: 1.50

Total Due: 31.47

Come join us every weekday between 3 and 6 to enjoy our fantastic Appy Hour. 6 appetizers for \$6.00 each. Choose from our Wings, Dry Ribs, Deep Fried Pickles, Poutine, Hummus and Veggies and our delicious Pizza Rolls at a fantastic price.

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

\$26.58

SUZANNA'S
224A MAIN STREET N.E.
AIRDRIE AB
T4B 0R6
DATE 09/12/2018 WED TIME 13:10

PHILLY CH.STEAK SN T1	\$11.99
CLUB SANDW T1	\$7.99
REGULAR COFFEE T1	\$1.99
GST	\$1.10
TOTAL	\$23.07
CREDIT/DEBIT CARD	\$23.07

THANKYOU!
000012

SUZANNA'S
224A MAIN STREET NE
AIRDRIE AB T4B 0R6
(403) 816-2220

DEBIT SALE

REF#: 00000007
Batch #: 036 SEQ: 036001001007
09/12/18 12:56:46
APPR CODE [REDACTED]
DEBIT/CHEQUING
[REDACTED]

AMOUNT	\$23.07
TIP	\$4.61
TOTAL	\$27.68

00 - APPROVED - 001

INTERAC
AID: A0000002771010
TVR: 80 80 00 80 00
TSI: 68 00

CUSTOMER COPY

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 #142228

PO #
Vendor #

09/14/2018 13:37:05
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: 10/12/2018

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

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

Invoice #142651

PO #

Vendor #

10/12/2018
Driver
Shane Mooney

13:26:17
Route
10026

Sold to:

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

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

Subtotal \$7.50
Tax \$0.00

Invoice Total \$7.50

Previous Balance

Payments: None

Net Due

Next Delivery: 11/09/2018

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

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

Invoice #143719

PO #

Vendor #

11/08/2018

15:59:01

Driver

Route

Shane Mooney

10026

Sold To:

██████████ Angella Pitt Office - MLA

████████████████████

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: 12/14/2018

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

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:

Coffee for constituent appointments



Safeway Tower Lane Mall
 505 Main Street Airdrie AB
 Phone: 403.948.4838
 GST# 895588788RT0001

Served by: Aaron P

GROCERY
 MH Coffee Decaf \$6.99 C
 YOU SAVED \$6.00

	SUBTOTAL	\$6.99
	TOTAL TAX	\$0.00
TOTAL		\$6.99
Cash Rounding	TENDER	-\$0.01
Cash	TENDER	\$10.00
Cash	CHANGE	\$3.00

NUMBER OF ITEMS 1
 *****YOUR SAVINGS*****
 Discounts & Specials \$6.00
 Your Total Savings \$6.00
 Percentage Savings 46%

Term	Tran	Store	Oper	11/16/18
2	7739	8830	148	21:12:37

Thank you for shopping at Our Store
 Come Again Soon

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Angela Pitt

Claimant Name: Cindy Koch

Expense Category: Hosting

For hosting, select one:

- Individual Constituent(s)
 Individual Stakeholder(s)
 Group: Parade Volunteer Committee

Purpose:

Meal for volunteers	\$ 47.75
	\$ 2.39 GST
	\$54.80

Paul's Pizza Steak House Lounge
 528 2ND AVE SE AIRDRIE AB
 GST#: 810068395
 Phone#: 403-948-9888

Check#: 146397
 Table: 20
 Server: MICHELLE
 29/11/18 07:04pm

Seat: [Redacted]

1 SML # 29	\$15.50
FRESH TOM	\$1.50
1 GREEK SALAD SM	\$6.50
1 REUBEN	\$13.75
ONION RINGS	\$0.00
1 1/2 SPAG MARINARA	\$10.50

Subtotal: [Redacted]
 Tax: [Redacted]
 Sub w/fax: [Redacted]
 Total: [Redacted]

Cash

Thank you for your patronage
 for over 20 years

PAUL'S PIZZA & STEAK
 HOUSE
 528 2 AVE SE
 AIRDRIE AB

CARD [Redacted]
 CARD TYPE MASTERCARD
 DATE 2018/11/29
 TIME 3098 19:05:20
 CLERK ID 4
 RECEIPT NUMBER
 C85010029-001-181-026-0

[Redacted]

7.05 tip

MasterCard
 A0000000041010
 89B670D112C19F64
 0000008000-E800
 8E2EB10766532262

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: Cindy Koch
Expense Category: Hosting

CBH
The Canadian Brewhouse
2000, 130 Sierra Springs Dr. SE
587 254 0349
GST# 823770177RT0001
OUR HOUSE IS YOUR HOUSE

100073 Annie L

For hosting, select one:

- Individual Constituent(s)
- Individual Stakeholder(s)
- Group: Parade Volunteer Committee

Purpose:

Meal for volunteers

\$82.95

Tbl 84/2 Chk 1236 Gst 0
Dec01'18 06:52PM

1 FRIED PICKLES	12.99
1 BEEF DIP	16.99
fries	
+SAUT MSHRMS	1.49
+SM KETCHUP	
1 PHILLY CHEESE	18.99
fries	
+SM KETCHUP	
1 10" MEATZA	17.49
Subtotal	67.95
67.95 GST	3.40
Amount Due	71.35

THE CANADIAN BREWHOUSE
#2000 130 Sierra Springs Drive
Airdrie AB T4B 3G6
780-469-5126

** TRANSACTION RECORD **

Tran. #: 532
RVC: Restaurant
Table #: 84
Check #: 1236
Group #: 2
Employee #: 100073
Employee: Annie L
Merch. ID: 23437905

Purchase
Visa (VI)
Card #:
[REDACTED]

Amount \$71.35
Tip \$15.00
=====
TOTAL CAD\$86.35

CBHAIS18 001 (001)
Terminal No EH2343790508

Reference #: 001148015
12/01/2018 10:24:19 PM

VISA CREDIT
AID: A00000000031010
TSI: 7800

00 APPROVED - THANK YOU

VERIFIED BY PIN

Customer Copy

Retain this copy for
your records

For your convenience we are
providing the following
gratuity calculations:

15% is \$10.70
18% is \$12.84
20% is \$14.27



PLEASE PAY SERVER

Thank - You

www.thecanadianbrewhouse.com
Twitter @TheCDNBrewhouse