

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2018-19
047 - Airdrie - Pitt, Angela
For Expenses Processed Jan. 1 - Mar 31, 2019

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$1,634.39	\$4,896.30
MLA Parking Cap - \$	\$900.00	\$80.83	\$263.08
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$			\$119.07
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$197.81	\$2,343.09
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,042.90	\$22,412.90
Travel Accommodations Allowance			\$252.48
Travel Accommodations Allowance (days; 10 max) - NF	10.0		2.0
Other			
Hosting - \$		\$568.72	\$1,321.38
Event Tickets Disclosable - \$			
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel MLA (KM) - NF	80,000.0	4,235.0	11,472.0
Constituency Travel Staff (KM) - NF			
Total Constituency Travel (KM) - NF	80,000.0	4,235.0	11,472.0
Special Trips (5 trips per year) - NF	5.0		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	3.0	16.0
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



BDFD290001

FLEET MANAGEMENT SERVICES DETAIL
DÉTAILS SERVICES DE GESTION DE PARC

PAGE - 171 OF 235
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 01/01/19
DATE DE LA FACTURE
NVOICE NO. 0007336223
NO DE LA FACTURE

UNIT NO NO. D'UNITÉ	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]	000517759252 12/06/18	SHELL CANADA INC RED DEER AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	52.1	1.09	54.01	2.70 2.70	56.71 56.71
					000518433927 12/04/18	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	56.2	.92	49.46	2.47 2.47	51.93 51.93
					000517327937 11/30/18	SHELL CANADA INC EDMONTON AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	52.7	1.15	57.63	2.88 2.88	60.51 60.51
					000518433926 11/19/18	IMPERIAL OIL AIRDRIE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	57.6	1.28	70.27	3.51 3.51	73.78 73.78
					000518433925 11/11/18	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	58.6	1.08	60.30	3.02 3.02	63.32 63.32
					000518433924 11/08/18	IMPERIAL OIL AIRDRIE AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	62.9	1.24	74.29	3.71 3.71	78.00 78.00
UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	340.1		365.96	18.29	384.25
BKDN TOTALS / TOTAUX CODIFICATION 01-47							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	340.1		365.96	18.29	
BKDN TOTALS / TOTAUX COD FICATION												384.25

****Marine fuel is actually vehicle fuel****

BLE871

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

Element Fleet Management



BDFD290001

FLEET MANAGEMENT SERVICES DETAIL
DETAI LS SERVICES DE GESTION DE PARC

PAGE - 155 OF 215
DE

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

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

CLIENT NO.
NO DU CLIENT
NVOICE DATE 02/01/19
DATE DE LA FACTURE
NVOICE NO. 0007379415
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
	PITT				000520644431 12/31/18	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	43.0	.90	36.69	1.83 1.83	38.52 38.52
					000521134176 12/25/18	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	37.3	.99	35.10	1.75 1.75	36.85 36.85
					000520644430 12/24/18	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	30.4	.91	26.49	1.32 1.32	27.81 27.81
					000519398862 12/23/18	SHELL CANADA INC EDMONTON AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	50.1	.92	43.83	2.19 2.19	46.02 46.02
					000520644429 12/19/18	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	60.9	1.06	61.42	3.07 3.07	64.49 64.49
					000520644428 12/13/18	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	57.0	1.08	58.63	2.93 2.93	61.56 61.56
UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	278.7		262.16	13.09	275.25
BKDN TOTALS / TOTAUX CODIFICATION 01-47							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	278.7		262.16	13.09	
							BKDN TOTALS / TOTAUX COD FICATION					275.25

****Marine fuel is actually vehicle fuel****

BLE871

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

Element Fleet Management



BDFD290001

FLEET MANAGEMENT SERVICES DETAIL
DETAI LS SERVICES DE GESTION DE PARC

PAGE - 160 OF 223
DE

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

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

CLIENT NO.
NO DU CLIENT
NVOICE DATE 03/01/19
DATE DE LA FACTURE
NVOICE NO. 0007423305
NO DE LA FACTURE

UNIT NO ----- NO. D'UNITE	DRIVER NAME DRIVER ID. ----- NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V.I.N. ----- NO. DE SERIE	CARD NO. ----- NO. DE CARTE	KM AUTHORIZE ----- KM AUTORISE	REFERENCE NO ACTIVITY DATE ----- NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION ----- NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION ----- DESCR PTION DES FRAIS	QTY ----- QTE	UNIT COST ----- COUT UNIT	EXTENDED PRICE ----- TOTAL	GST-HST PST/QST ----- TPS-TVH TVP/TVQ	TOTAL DUE ----- MONTANT TOTAL DU
	PITT				000524011002 02/13/19	SHELL CANADA INC EDMONTON AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	57.1	1.17	63.57	3.18 3.18	66.75 66.75
					000523887959 02/03/19	IMPERIAL OIL ST. PAUL AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	60.2	1.12	64.20	3.21 3.21	67.41 67.41
					000523887958 02/02/19	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	47.6	1.24	56.19	2.81 2.81	59.00 59.00
					000522307549 01/28/19	SHELL CANADA INC RED DEER AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	53.8	1.24	63.52	3.18 3.18	66.70 66.70
					000523887957 01/27/19	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	36.2	1.14	39.14	1.96 1.96	41.10 41.10
					000523887956 01/22/19	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	48.5	1.03	47.62	2.38 2.38	50.00 50.00
					000523887955 01/18/19	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	58.8	1.00	55.95	2.80 2.80	58.75 58.75
					000523887954 01/07/19	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	62.2	.86	50.96	2.55 2.55	53.51 53.51
					000523887953 01/05/19	IMPERIAL OIL AIRDRIE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF TOTAL / TOTAL	42.4	1.06	43.00	2.15 2.15	

BLE871

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

FLEET MANAGEMENT SERVICES DETAIL
 DETAILS SERVICES DE GESTION DE PARC

PAGE - 161 OF 223
 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 03/01/19
 DATE DE LA FACTURE
 NVOICE NO. 0007423305
 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]	[REDACTED]	** REF NO TOT / TOT NO REF ** TOTAL / TOTAL			43.00	2.15	45.15
UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB 466.8 TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE			484.15	24.22	508.37
BKDN TOTALS / TOTAUX CODIFICATION 01-47							FUEL QTY / QTE CARB 466.8 TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH			484.15	24.22	
BKDN TOTALS / TOTAUX CODIFICATION												508.37

Element Fleet Management



BDFD290001

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

PAGE - 150 OF 209
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]
INVOICE DATE 04/01/19
DATE DE LA FACTURE
INVOICE NO. 0007468371
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]	000526962660 03/19/19	SHELL CANADA INC EDMONTON AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	32.6	1.07	33.19	1.66 1.66	34.85 34.85
					000526443522 02/25/19	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	65.8	1.24	77.73	3.89 3.89	81.62 81.62
					000526443521 02/19/19	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	63.3	1.15	69.29	3.46 3.46	72.75 72.75
					000524607930 02/16/19	CANADIAN TIRE CORPORATION LEDUC AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT DISCOUNT / RABAIS TOTAL / TOTAL	17.5	1.11	18.57	.93 .93	19.50 19.50 18- 18.39
					000526443520 02/14/19	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	55.6	.99	52.42	2.62 2.62	55.04 55.04
					000526443519 02/08/19	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	61.7	1.18	69.33	3.47 3.47	72.80 72.80
					000526443518 02/05/19	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	34.1	1.23	40.01	2.00 2.00	42.01 42.01
					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	330.6		360.54	18.03	378.57 18- 378.39

BLE871

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

The Fuel and Minor Maintenance category is understated by \$35.10 to reflect a repayment.

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:

\$70.95 + GST

Fas Gas Sundre
105 Main Ave. E
Sundre, AB
TOM 1X0

2019-01-12 16:13:53

STORE #: 40153
TRANS #: 325259
GST #: R101745552

PUMP 3
Premium
61.705L AT \$1.209/L

ACCT:
MasterCard

GST INCLUDED

TOTAL

Type: PURCHASE

MasterCard

REFERENCE #:
66256126 0017570090 C
AUTH

MasterCard
A0000000041010
0400008000
E800

VERIFIED BY PIN

01/027 APPROVED
THANK YOU

-- IMPORTANT --
Retain This Copy
For Your Records
- Customer's Copy -

Tell us how we're
doing. You could
WIN 1 OF 20
\$100 GIFT CARDS
Visit
TELLFASGASPLUS.CA
for full details.

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:

\$70.27 + GST

ES 30
HI HO GAS & GROCERY - ATRODRIE
1861 MEADOWBROOK DR. SE
ATRODRIE, AB T4A 1V3

DATE: 2018-11-15 TIME: 07:58:30

Paypoint: 020 TRANS #: 144284
Station#: 00303865 Cashier: manager
GST: R859781403

FUEL	(L)	(\$/L)	(\$)
Pump 2			
SUPRM	57.682	1.279	73.78
TOTAL		\$	73.78

\$ 73.78

+ GST INCLUDED IN FUEL \$ 3.51

PURCHASE

PAYEE NO: TR651811

STATION #:

METER: 0

APPROVED - THANK YOU

-- IMPORTANT --
Retain This Copy for Your Records

- Customer's Copy -

Reconciliation ID: TR6518111907583094

PC Financial points awarded within 72hrs
and are not printed on receipt. PC
Optimum Inquiries: 1-866-727-6468
Imperial Inquiries: 1-800-567-3776

GST @ 5.0000%

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Angela Pitt

Claimant Name: Angela Pitt

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

\$55.64 + GST

7-ELEVEN
6 Prairie Drive
Sherwood Park,
AB, T8H 0A3
DATE: 2019-03-10 TIME: 07:58:53
STORE #: 33188 TRANS #: 179253
Paypoint: 05C
GST: R119335453

*** DUPLICATE ***

FUEL	(L)	(\$/L)	(\$)
Pump 5			
Regular	54.646	1.069	58.42
TOTAL	CAD	\$	58.42
DEBIT		\$	58.42
* GST	INCLUDED IN FUEL	\$	2.78

Purchase

INTERAC

██████████ C
AID: A0000002771010
8080008000
6800
PAYMENT FROM SAVINGS ACCOUNT
INVOICE NO: 000082
TERMIN: 33188DEE
MERCHANT #: 40916145704
REF: 53000100001 ACT/ISO 001/00
████████████████████

*** DUPLICATE ***

Thank You

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 + GST



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:

\$21.43 + GST

CEIPT	THIS IS YOUR RECEIPT	THIS IS YOUR R
Terminal: 3B	Plate: [REDACTED]	Terminal: 3B
Valid through:	THURSDAY 17 JAN19	VALID THROUGH:
	11:59 PM	17JAN19
	AMOUNT PAID: \$22.50 RECEIPT NO: 6907	11:59 PM
	ENTRY TIME: 1/17/2019 5:58 PM	AMOUNT PAID:
		\$22.50
		ENTRY TIME:
		1/17/2019
		5:58 PM
		RECEIPT NO: 6907
	TRN: 9FCF5F46508B457B	

0040-052

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:

\$3.88 + GST

arkplus.ca

Plate:

Zone: **3969**

403) 537-7000

Valid through:

WEDNESDAY

13 FEB 19

3:25 PM

Pay for your parking

START TIME: 2/13/2019 1:25 PM
AMOUNT PAID: \$4.07 (GST incl.)

arkplus.ca

Trn No: 5215f5ca4385adb2
Terminal: 1400
Receipt No: 4511

CALGARY PARKING AUTHORITY (403) 537-7000

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:

\$8.85 + GST

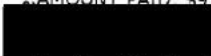
Pay for your parking online: www.parkplus.ca

Plate: 
Zone: **1583**

Valid through:

WEDNESDAY
06 MAR 19
1:30 PM

START TIME: 3/6/2019 11:39 AM
AMOUNT PAID: \$9.29 (GST incl.)


Trn No: 98de00ae2e47e650
Terminal: 1131
Receipt No: 10857

CALGARY PARKING AUTHORITY (403) 537-7000

CALGARY PARKING AUTHORITY

Pay for your

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:

\$27.62 + GST

Hyatt Regency
Calgary

Hyatt Regency Parking Calgary

DATE :03/07/19

TIME :01:30: PM

* Original *

Receipt No. 6/2159/211

Ticket - 40922

TAX included 29.00

Credit Payment 29.00

Entry - 03/07/19 11:32: AM

Valid - 03/07/19 01:30: PM

GST# 859734659 RT0002



Members' Travel Expenses Per-Diems Claim Form

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

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

Member Name: Pitt, Angela

Constituency: Airdrie

For the Month of: February

Year: 2019

Employee #:

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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
12	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
16			<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						\$118.71	\$5.94	\$124.65

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

27/02/2019



Members' Travel Expenses Per-Diems Claim Form

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

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

Member Name: Pitt, Angela

Constituency: Airdrie

For the Month of: March

Year: 2019

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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
18	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
19			<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						\$79.10	\$3.95	\$83.05

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

Member Signature

Date

18 MAR 2019



Members' Temporary Accommodation Allowance Claim Form

47

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

Member Name: Pitt, Angela

Constituency: Airdrie

Employee #: [REDACTED]

Date: 5/12/2017

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

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

Fiscal Year: 2017-2018

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

☒ Yes

☐ No

Monthly Amount (maximum \$1,930 or less)

\$ 1,930.00

x 12 = \$ 23,160.00

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

Claim Payment Authorization (please check)

☒ 12 Monthly Payments

I authorize 12 monthly payments in the amount specified above for the entire fiscal year. This monthly amount is static for the entire fiscal year.

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

JANUARY 2019

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.

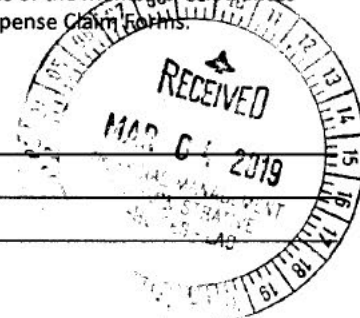

Member Signature



Members' Temporary Accommodation Allowance Claim Form - Claimed by Month

Note to MLAs: Forms accessed online can be used to claim, under the *Members' Allowances Order*, the temporary residence allowance (in or near Edmonton [ss.5-6]), the temporary accommodation allowance (excludes in or near Edmonton, maximum 10 days per fiscal year [s. 7(1)]), and meal per diems (while travelling [s. 7(2)]). Only claims supported by the required documentation will be processed. For the relevant sections of the *Members' Allowances Order* see reverse. For information on form completion go to OurHouse – Forms – Expense Claim Forms.

Effective date: June 21, 2018



Member Name: Pitt, Angela

Constituency: Airdrie

Employee #: [REDACTED]

Date: February 28, 2019

Claim Type: Temporary Residence Accommodation Allowance in Edmonton - Claimed by Month

Temporary Residence Accommodation Allowance in Edmonton - Claimed by Month

Monthly maximum of \$1,930 per month. Total maximum of \$23,160 per fiscal year.

Month	Year	Monthly Claim Amount
February	2019	1,930.00
Grand Total		\$1,930.00

Please Note:

- (1) The Member is responsible for retaining all records that support the payment identified above.
(2) The Member must advise the Clerk in writing of any changes to the Member's permanent or temporary residence at the time it occurs.

- ☒ I confirm that I have completed declarations evidencing: (1) my current permanent residence and (2) my current temporary residence, with supporting documentation as required, and have either provided these documents to FMAS or attached them here.
- ☒ Pursuant to section 6.1 of the *Members' Allowance Order* [Short-term Rental of Temporary Residence], I confirm that I have not, during the period for which the allowance is claimed, used any commercial service through which I, or a third party on my behalf, has rented out my temporary residence for a fee as a vacation rental or any other type of short-term accommodation.
- ☒ I confirm that the amount being claimed does not exceed my costs of maintaining the temporary residence and acknowledge that I will be personally responsible for reimbursing the Legislative Assembly Office for any payment received that exceeds this amount.

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

Member Signature

Updated June 2018



Members' Temporary Accommodation Allowance Claim Form - Claimed by Month

Note to MLAs: Forms accessed online can be used to claim, under the *Members' Allowances Order*, the temporary residence allowance (in or near Edmonton [ss.5-6]), the temporary accommodation allowance (excludes in or near Edmonton, maximum 10 days per fiscal year [s. 7(1)]), and meal per diems (while travelling [s. 7(2)]). Only claims supported by the required documentation will be processed. For the relevant sections of the *Members' Allowances Order* see reverse. For information on form completion go to OurHouse – Forms – Expense Claim Forms.

Effective date: June 21, 2018

Member Name: Pitt, Angela

Constituency: Airdrie

Employee #: [REDACTED]

Date: March 19, 2019

Claim Type: Temporary Residence Accommodation Allowance in Edmonton - Claimed by Month



Temporary Residence Accommodation Allowance in Edmonton - Claimed by Month

Monthly maximum of \$1,930 per month. Total maximum of \$23,160 per fiscal year.

Month	Year	Monthly Claim Amount
March	2019	1,182.90
Grand Total		\$1,182.90

Please Note:

(1) The Member is responsible for retaining all records that support the payment identified above.

(2) The Member must advise the Clerk in writing of any changes to the Member's permanent or temporary residence at the time it occurs.

- ☐ I confirm that I have completed declarations evidencing: (1) my current permanent residence and (2) my current temporary residence, with supporting documentation as required, and have either provided these documents to FMAS or attached them here.
- ☐ Pursuant to section 6.1 of the *Members' Allowance Order* [Short-term Rental of Temporary Residence], I confirm that I have not, during the period for which the allowance is claimed, used any commercial service through which I, or a third party on my behalf, has rented out my temporary residence for a fee as a vacation rental or any other type of short-term accommodation.
- ☐ I confirm that the amount being claimed does not exceed my costs of maintaining the temporary residence and acknowledge that I will be personally responsible for reimbursing the Legislative Assembly Office for any payment received that exceeds this amount.

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

Member Signature

Updated June 2018

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 #145996

PO #

Vendor #

03/08/2019
Driver
Shane Mooney

14:03:18
Route
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: 04/12/2019

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

\$47.56 + GST

HAYLOFT RESTAURANT
403 MACKENZIE WAY SW
UNIT
AIRDRIE AB

CARD *****
CARD TYPE MASTERCARD
DATE 2019/02/08
TIME 6015 14:25:36
RECEIPT NUMBER
C82037403-001-861-021-0

PURCHASE
AMOUNT \$42.00
TIP \$7.56
TOTAL

\$49.56

MasterCard
A0000000041010
2EAE5286E8310419
0000008000-E800
ADB4C0A6F46F8906

APPROVED

01-027

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

5101 403 MacKenzie Way SW

Hayloft Restaurant
www.haylofton8th.com
#hayloftairdrie

Table #44

Trans #: 25152 Serv: KATHRYN
2/8/2019 2:24 PM # Cust:1

Quan	Descript	Cost
2	BEEF BURGER	\$40.00

Net Total: \$40.00
GST \$2.00

TOTAL: \$42.00
Amount Due: \$42.00

Food: \$40.00

<-REPRINTED->

Thank you for dining at Hayloft,
see you again soon!

GST#: 8707573522 RT0001

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Angela Pitt

Claimant Name: Angela Pitt

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Meeting of constituent concern

\$14.26 + GST

CHECK # 199227 DATE 3/06/19
TABLE # BAR1 TIME 3:06PM

-- BAR : DMITRI --

ITEMS ORDERED	AMOUNT
1 16oz MACCHIATO	6.00
1 16oz LONDON FOG COCONUT MILK	6.75

SUBTOTAL 12.75
GST 0.64

TOTAL DUE 13.39

0.01
ROUNDED TOTAL 13.40

OF GUESTS 3

Thank you for dining at Sorso Lounge
** Follow us on Instagram **
** @SORSOLOUNGE **

SORSO LOUNGE
800 YANKEE VALLEY BLVD
40
AIRDRIE AB

CARD *****
CARD TYPE MASTERCARD
DATE 2019/03/06
TIME 5582 15:07:51
RECEIPT NUMBER
H85026445-001-577-030-0

PURCHASE
AMOUNT \$13.39
TIP \$1.51
TOTAL

\$14.90

MasterCard
A0000000041010
DF7FE754AFC36FE2
0000008000-

APPROVED

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: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Meeting of constituent concern

\$47.50 + GST

Chopped Leaf - CL018

Airdrie AB T4B 0V7

GST # 783599095RT0001

Pickup No: 23

Fast Cashier: Donrick Whyte
Wednesday, 13 Mar, 2019 - 12:34 pm

Order #000135123

2 Chopped Water	4.00
1 Dine-in	.00
1 Bangkok Starter No Protein	6.25
1 Bowl#1 No Protein	10.00
1 Kombucha Blueberry Rooibos	5.25
1 Prawn Salad Rolls	8.00
1 Bowl #2 No Protein	10.00

Sales Total	43.50
GST:	2.18

Total	\$45.68
Credit Card Tip	4.00
Debit Card	49.68

Amount Tendered	\$49.68
Change	\$0.00

Mar 13 2019

Trans# 000135123

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

\$70.56 + GST

BREWSTERS #13
200 3 Stonegate Drive
Airdrie AB T4B 0N2
403-945-2739

** TRANSACTION RECORD **
Tran. #: 1323
Check #: 20
Employee #: 69
Employee: LISA
Merch. ID: 23175380

Purchase

Amount \$64.01
Tip \$9.60
=====

TOTAL CAD\$73.61

BRW13S15 001 (001)
Terminal No. FI2317538005
Auth. #:
Reference #: 001907013
01/17/2019 12:54:31 PM

00 APPROVED - THANK YOU

Customer Copy

Retain this copy for
your records

THANK YOU
Come Again

BREWSTERS BREWING CO
& RESTAURANT

0020 Table 54 #Party 3

LISA D SvrCk: 12 12:10 01/17/19

1 HERBAL TEA	3.99
1 TURKEY ENCHILADAS	17.99
1 MAC & MEATLOAF	17.99
1 STEAK SANDWICH, dairy	20.99

Sub Total: 60.96

Tax: 3.05

01/17 12:49 TOTAL: 64.01

GST(5%) # 86231 2112
200 - 3 STONEGATE DR NW
AIRDRIE ALBERTA
T2B 0N2
www.brewsters.ca

NEW OFFSALE BOMBERS!!
ASK YOUR SERVER FOR DETAILS!!

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

\$34.49 + GST

MOXIES - 020
888 SW 7th Avenue
Calgary AB T2P 3J3
403-234-7507

** TRANSACTION RECORD **
Tran. #: 53 Check #: 40
Employee #: 712
Employee: DANIELLE

AID: A0000000041010
App Name: _____

Amount \$29.93
Tip \$5.99
=====

TOTAL CAD\$35.92

00-001 (001) 063971
020MCS17/020MCC17
444001001011
01/15/2019 12:55:46 PM

TVR: 0000008000
TSI: 6800

Customer Copy

THANK YOU
Come Again

MOXIE'S

GRILL & BAR

234-7507

7th Ave. Downtown Calgary

0040a Table 152 #Party 2
DANIELLE P SvrCk: 2 12:04 01/15/19
Separate checks: 1-of-1

MINT MELANGE TEA	3.75
CHAI TEA	3.75
GINGER TUNA SAL	21.00

Sub Total: 28.50
GST: 1.43

01/15 12:52 TOTAL: 29.93

GST# 868413642

PLEASE PAY SERVER

If Charging To Room Please Present
Room Charge Card To Your Server
Mention @moxies_official
in your instagram posts and
share your love for food with us!

We want to hear from you!
www.moxies.ca/contact-us

Thanks ☺

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

\$21.00 + GST

Chopped Leaf - CL018

Airdrie AB T4B 0V7

GST # 783599095RT0001

Pickup No: 94

Fast Cashier: Jayden De Sarno
Wednesday, 19 Dec, 2018 - 12:11 pm

Order #000127994

1 Dine-in	.00
1 Popeye Full No Protein	9.75
1 Tuna Melt	8.75

Sales Total	18.50
GST:	.93

Total	\$19.43
Credit Card Tip	2.50
Debit Card	21.93

Amount Tendered	\$21.93
Change	\$.00

TRANSACTION RECORD

TYPE : PURCHASE

AMOUNT:	\$	19.43
Tip	\$	2.50
TOTAL:	\$	21.93

DATE/TIME: 18/12/19 12:11:18
REFERENCE #: 66287980 0012060180 C
AUTHOR. #:

INTERAC
A0000002771010
8080008000 6600

00/001 APPROVED - THANK YOU

-- IMPORTANT --
Retain This Copy For Your Records

*** CUSTOMER COPY ***

THANKS FOR YOUR BUSINESS
ENJOY YOUR MEAL
PLEASE COME AGAIN
(587)775-8899

ST

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 #144418

PO #

Vendor #

12/14/2018

13:33:52

Driver

Route

Shane Mooney

10026

Sold To:

2340150: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: 01/11/2019

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 #144934

PO #

Vendor #

01/11/2019

14:46:18

Driver
Shane Mooney

Route
10026

Sold To:
2340150:Angella Pitt Office - MLA
209 Bowers Street
Airdrie, AB T4B 2B6

Desc	Qty	Unit \$	Total
Water 18.9L Purified			
150	1	\$7.50	\$7.50
Subtotal			\$7.50
Tax			\$0.00
Invoice Total			\$7.50

Next Delivery: 02/08/2019

For delivery or account inquiries
please contact Shane @ 852-8632

Payment due 30 days from invoice date
Thank-you for your business

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:

Staff Christmas Party.

\$273.35 + GST



Cindy Koch

From: Angela Pitt [REDACTED]
Sent: Monday, December 17, 2018 8:16 AM
To: Cindy Koch
Subject: Fwd: Your order has been placed!



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

From: Skip Team <support@skipthedishes.com>
Date: Sat, Dec 15, 2018, 4:51 PM
Subject: Your order has been placed!
To: [REDACTED]

SKIP^{THE}
DISHES

Order Placed

Your order has been placed with Main Street Beer & BBQ for delivery ASAP.

TRACK ORDER

ORDER #68716538

Main Street Beer & BBQ (Main St. S)
Placed for Delivery ASAP

x6 Brisket (1/2 lb)

\$13.50

- Add Corn Bread
- Add Honey Butter

x2	Pork Spare Ribs (1/2 lb)	\$12.00
x3	Hot Link	\$6.00
x2	Watermelon and Mint Salad "feta on side "	\$12.00
x1	Wedge Salad	\$10.00
x2	Mac, Three Cheese, and Bacon	\$14.00
x3	Coleslaw	\$5.00
x4	Green Beans	\$5.00
x2	One Half Chicken	\$12.00
Food/Beverage Total		\$244.00
Delivery Fee		\$4.95
GST		\$12.45
Tip the Food Courier		\$24.40
Total (CAD)		\$285.80
Paid with Credit Card.		



Get \$7 Off Your Next Order

Refer a friend to try Skip and you'll
both get \$7 off your next order

SHARE WITH FRIENDS |

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 #145449

PO #

Vendor #

02/08/2019
Driver
Shane Mooney

14:13:20
Route
10026

Sold To:
2340150:Angella Pitt Office - MLA
209 Bowers Street
Airdrie, AB T4B 2B6

Desc	Qty	Unit \$	Total
Water 18.9L Purified			
150	1	\$7.50	\$7.50
Subtotal			\$7.50
Tax			\$0.00
Invoice Total			\$7.50
Previous Balance			\$0.00
Payments: None			
Net Due			\$7.50

Next Delivery: 03/08/2019

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