

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2016-17
056 - Drayton Valley-Devon - Smith, Mark
For Expenses Processed Oct 1 - Dec 31, 2016

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$773.63	\$2,870.85
MLA Parking Cap - \$	\$900.00		
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$			
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$189.10	\$189.10
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$3,585.00	\$10,755.00
Travel Accommodations Allowance		\$310.31	\$1,221.35
Travel Accommodations Allowance (days; 10 max) - NF	10.0	3.0	10.0
Other			
Hosting - \$		\$78.58	\$1,181.70
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	80,000.0	3,444.0	13,724.0
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	5.0	19.0
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

Member Name: Mark Smith
Claimant Name: Mark Smith
Expense Category: _____

For hosting, select one:

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

Purpose:

GAS
\$59.10

Fas Gas Devon Svc
3 St. Lawrence Avenue
Devon, AB, T9G 1H1
780-987-2080
GST/HST# R101745552
Store Code: 40090
Date / Time: 17-Sep-2016 09:06 PM
Receipt# : 50235807
Sales ID : 10 Drawer : REG1

Pump# 7 *ETHANOL BLEND
62.746 L @ \$ 0.989 / L 62.06T
Sub Total
GST
Total
MASTER CARD
Change
*GST Inclusive 2.96

TRANSACTION RECORD
2881 - 110170 - 199425252 - PURCHASE
Card Number : *****
Fas Gas Litre Log
Amount \$ 62.06
CASH BACK (CENTS)
Litre Log Balance
000 APPROVED - THANK YOU
Register your Litre Log
Today at fasgasplus.ca
With initial
password 1234

-- IMPORTANT --
Retain This Copy For Your Records
*** CUSTOMER COPY ***

***** \$66.04
Mastercard C Purchase
Authorization Number
0014990480 01-125600 66181216
09/17/16 21:12:51
01/027 APPROVED - THANK YOU
MasterCard A0000000041010
0000008000 E

Member Name: Mark Smith
Claimant Name: Mark Smith
Expense Category: _____

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

GAS \$31.46

Spruce Grove Fas Gas
104 South AVE
Spruce Grove, AB
T7X 3A3
780.962.1886

DATE: 2016-09-19 TIME: 16:15:39

STORE #: 50306 TRANS #: 031344

Paypoint: 01K

GST: 106180383

FUEL	(L)	(\$/L)	(\$)
Pump 1			
Regular	34.810	0.949	33.03

TOTAL CAD \$

CREDIT \$

* GST INCLUDED IN FUEL \$ 1.57

PURCHASE

MasterCard *****
REFERENCE #: 66255333 0010980470 C
AUTH #:

MasterCard
A0000000041010
0000008000
E800

01/027 APPROVED - THANK YOU

-- IMPORTANT --
Retain This Copy For Your Records

--- Customer's Copy ---

B - PST&GST, P - PST, G - GST

Member Name: Mark Smith
Claimant Name: Mark Smith
Expense Category: _____

For hosting, select one:

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

Purpose:

GAS
\$53.42

Fas Gas Pembina Valley Svc
5001-50 Street
Drayton Valley, AB, T7A 1R6
780-542-7535
GST/HST# R101745552
Store Code: 40025
Date / Time: 24-Sep-2016 09:03 AM
Receipt# : 50473892
Sales ID : 7 Drawer : REG1

Pump# 7 *ETHANOL BLEND
59.102 L @ \$ 0.949 / L 56.09
Sub Total 56.09
Total 56.09
MASTER CARD 56.09
Change 0.00
*GST Inclusive 2.6

TRANSACTION RECORD
2775 - 110115 - 199685937 - PURCHASE
Card Number : *****

Fas Gas Litre Log
Amount \$ 56.09
CASH BACK (CENTS)
Litre Log Balance
000 APPROVED - THANK YOU
Register your Litre Log
Today at fasgasplus.ca
With initial
password 1234

-- IMPORTANT --
Retain This Copy For Your Records
*** CUSTOMER COPY ***

Mastercard C. 456
Authorization Number
0011910600 01-230605 661812
09/24/16 09:08
01/027 APPROVED - THANK YOU
MasterCard A00000000041
0000008000 0000

Member Name: Mark Smith
Claimant Name: Mark Smith
Expense Category: _____

For hosting, select one:

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

Purpose:

GAS \$61.58

Race Trac
Alsike Race Trac Gas

Hwy 20 & 39
Alsike AB
T0C0C0
7806962399
GST:124381104

DATE: 2016/09/27 TIME: 14:49:30
SITE ID: 50415

PURCHASE

PRODUCT	QUANTITY	PRICE	AMOUNT
REGULAR	68.135L	\$0.949/L	64.66

TOTAL \$64.66

GST 5.00% INCLUDED \$3.08

II = TAXES INCLUDED

MASTERCARD ENTRY METHOD: C
2016/09/27 14:50:06
REF#: 28801431 SEQ #:0011710410
RECEIPT#: 00017038 RESP CODE: 01/027
MasterCard BATCH#: 171
A0000000041010
U22A930CA704909C
0000000000
091553E06577CF40
E800

APPROVED - THANK YOU

- IMPORTANT -
RETAIN THIS COPY FOR YOUR RECORDS

Member Name: Mark Smith
Claimant Name: Mark Smith
Expense Category: _____

For hosting, select one:

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

Purpose:

GAS
\$46.32

Fas Gas Pembina Valley Svc
5001-50 Street
Drayton Valley, AB, T7A 1R6
780-542-7535
GST/HST# R101745552
Store Code: 40025
Date / Time: 30-Sep-2016 03:11 PM
Receipt# : 50476847
Sales ID : 15 Drawer REG1
Pump# 5 *ETHANOL BLEND
51.249 L @ \$ 0.949 / L 48.64

*GST Inclusive 2.31

TRANSACTION RECORD

2790 - 110115 - 199967327 - PURCHASE

Card Number : *****

Fas Gas Litre Log

Amount \$ 48.64

CASH BACK (CENTS)

Litre Log Balance

000 APPROVED - THANK YOU

Register your Litre Log

Today at fasgasplus.ca

With Initial

Password 1234

--- IMPORTANT ---

Retain This Copy For Your Records

*** CUSTOMER COPY ***

***** \$52.
Mastercard C Purch
Authorization Number
0012060140 01-232242 66161
09/30/16 15:10
01/027 APPROVED - THANK YOU
MasterCard A00000000411
0000008000 E800

Member Name: Mark Smith
Claimant Name: Mark Smith
Expense Category: _____

For hosting, select one:

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

Purpose:

GAS
\$66.74

PEMBINA ESSO
BOX 124
ENTWISTLE, AB T0E 0S0

00303471

VRN:R805818126

10/02/2016 4:49:12 PM

Register: 2 Trans #: 6985 Op ID: 12
Your cashier: M

EREG CA PUMP# 7
73.071 L @ \$ 0.959/L \$70.08 101
GST Incl In Fuel \$3.34

Subtotal = \$70.08

Total = \$70.08

Change Due = \$0.00

Credit \$70.08

TYPE: PURCHASE
ACCOUNT: MASTERCARD \$70.08

INVOICE: TDE17489

CARD NUMBER: C **** * [REDACTED]

A- MasterCard

B- A0000000041010

01 Approved - Thank You 027

LOYALTY: NO

IMPORTANT - retain this copy for your records

Customer Copy

Thank You

Member Name: Mark Smith
Claimant Name: Mark Smith
Expense Category: _____

For hosting, select one:

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

Purpose:

GAS \$49.05

*** REPRINT *** REPRINT *** REPRINT ***

503 - Highway 1
Strathmore AB T1P1C1

STRATHMORE ESSO

00302529

503 HIGHWAY 1

STRATHMORE, AB T1P

VRN:R121461107

10/03/2016 313779904

02:53:11 PM

PUMP# 3

REGLR 57.287L

PRICE/L \$0.899

FUEL TOTAL \$ 51.50

*** REPRINT *** REPRINT *** REPRINT ***

GST in fuel \$ 2.45

CREDIT \$ 51.50

*** REPRINT *** REPRINT *** REPRINT ***

TYPE: PURCHASE

ACCOUNT: MASTERCARD

\$51.50

INVOICE: TVT64132

CARD NUMBER: C **** * [REDACTED]

VERIFIED BY PIN

A- MasterCard

B- A0000000041010

01 Approved - Thank You 027

LOYALTY: NO

IMPORTANT - retain this copy for your records

*** REPR1

NT ***

Member Name: Mark Smith
Claimant Name: Mark Smith
Expense Category: _____

For hosting, select one:

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

Purpose:

GAS
\$30.89



Want great rewards? Visit myHuskyRewards.ca

Medicine Hat Husky TC

561 15St SW
Medicine Hat AB T1A 4W2
(403) 527-5561

GST# 831144811 Merchant ID:4510509

Receipt 71744965

Type: SALE

Qty	Name	Price	Total
1.87	GAS	\$ 0.904	\$ 1.69
	Pump:	2	
	Litres:	35.873	
	Price / Litre:	\$.904	

Subtotal	
GST / HST	
GST / HST Fuel	\$ 1.54

Total
Purchase

Exp **/** C

MasterCard
10/04/2016 14:38:25
522971EK 71 RESP:001 ISO:00
Ref:254001001013
AID: A0000000041010
TVR: 0000008000 TSI: E800

Approved

No Signature Required

10/4/16 2:38:31 PM

Pos:71 Cashier:13 Store:5229

Earn FREE fuel faster.

Re

Member Name: Mark Smith
Claimant Name: Mark Smith
Expense Category: _____

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

GAS
\$31.02

You're at home here.



South Country Co-op
Taber Gas Bar West
4930 - 46th Ave
Taber AB T1G 2A4
GST# R103619193

Type: SALE

Qty	Name	Price	Total
1	REGULAR GASOLINE	\$ 0.959	\$ 32.57
	Pump:	2	
	Litres:	33.960	
	Price / Litre:	\$ 0.959	
Subtotal			\$ 32.57
GST [Incl Pumps]			\$ 1.55
Total			\$ 32.57

ORIGINAL

TYPE: Purchase

ACCT: MASTERCARD \$ 32.57

CARD NUMBER: *****
DATE/TIME: 10/05/2016 08:13:44
REFERENCE #: 0010019210 C
TERM: 66229720
AUTHOR.# :
AID: A0000000041010
TVR: 0000008000
TSI: E800

MasterCard

01 APPROVED - THANK YOU 027

IMPORTANT:
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CUSTOMER COPY

10/5/16 8:14:25 AM Receipt# 71113961
Pos: 71 Cashier: 10 Store: 169110

Member Name: Mark Smith
Claimant Name: Mark Smith
Expense Category: _____

For hosting, select one:

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

Purpose:

GAS
\$56.09



OKOTOKS ESSO

OKOTOKS HI RD
50 ELIZABETH STREET
OKOTOKS, AB T1S 1J8

DATE: 2016-10-06 TIME: 21:25:27

Paypoint: 01K TRANS #: 116694
Station#: 00318715 Cashier: jongwon
GST: R892095423

FUEL	(L)	(\$/L)	(\$)
Pump 2			
REGLR	56.677	1.039	58.89

TOTAL CAD \$ 58.89

CREDIT CARD \$ 58.89

* GST INCLUDED IN FUEL \$ 2.80

PURCHASE

MASTERCARD C ***** [REDACTED]
INVOICE NO: TSJ00042

MasterCard
A0000000041010
0000001000
E800

01 Approved - Thank You 027

Reconciliation ID: TSJ016100621251036

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- Customer's Copy -

Loyalty: NO

You could have earned 58 Esso Extra points. Your first reward starts at 150 points.

Pick one up in store or visit
essoextra.com

B - PST&GST, P - PST, G - GST

Member Name: Mark Smith
Claimant Name: Mark Smith
Expense Category: _____

For hosting, select one:

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

Purpose:

GAS
\$62.38

Fas Gas Pembina Valley Svc
5001-50 Street
Drayton Valley, AB, T7A 1R6
780-542-7535
GST/HST# R101745552
Store Code: 40025
Date / Time: 08-Oct-2016 09:51 AM
Receipt# : 50480464
Sales ID : 10 Drawer : REG1

Pump# 5 *ETHANOL BLEND
64.283 L @ \$ 1.019 / L 65.50
Sub Total 65.50
Total 65.50
MASTER CARD 65.50
Change 0.00
*GST Inclusive 3.12

TRANSACTION RECORD
2812 - 110115 - 200337618 - PURCHASE
Card Number : *****
Fas Gas Litre Log
Amount \$ 65.50
CASH BACK (CENTS)
Litre Log Balance
000 APPROVED - THANK YOU
Register your Litre Log
Today at fasgasplus.ca
With initial
Password 1234

-- IMPORTANT --
Retain This Copy For Your Records
*** CUSTOMER COPY ***

Mastercard C 465.50
Authorization Number 66181212
0012280700 01-234300 09:50:17
10/08/16
01/027 APPROVED - THANK YOU
MasterCard A0000000041010
00000080

Member Name: Mark Smith
Claimant Name: Mark Smith
Expense Category: _____

For hosting, select one:

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

Purpose:

GAS \$61.01

Fas Gas Pembina Valley Svc
5001-50 Street
Drayton Valley, AB, T7A 1R6
780-542-7535
GST/HST# R101745552
Store Code:40025
Date / Time: 11-Oct-2016 01:27 PM
Receipt# :50481706
Sales ID :15 Drawer :REG

Pump# 1 *ETHANOL BLEND
62.864 L @ \$ 1.019 / L 64.061
Sub Total 64.06
Total 64.06
MASTER CARD 64.06
Change 0.00
*GST Inclusive 3.05

TRANSACTION RECORD
2821 - 110115 - 200446345 - PURCHASE
Card Number : *****
Fas Gas Litre Log
Amount \$ 64.06
CASH BACK (CENTS)
Litre Log Balance
000 APPROVED - THANK YOU
Register your Litre Log
Today at fasgasplus.ca
With initial
password 1234

-- IMPORTANT --
Retain This Copy For Your Records
*** CUSTOMER COPY ***

Mastercard C 164.06
Authorization Number 66181212
0012370480 01-235033 13/26/25
10/11/16
01/027 APPROVED - THANK YOU
MasterCard A00000000041010
0000008000 E800

Member Name: Mark Smith
Claimant Name: Mark Smith
Expense Category: _____

For hosting, select one:

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

Purpose:

GAS
\$47.82

Fas Gas Calgary Tr
3006 Calgary Trail S
Edmonton AB
T6J 6V4
780.461.4338

DATE: 2016-10-13 TIME: 16:00:50

STORE #: 50147 TRANS #: 055071
Paypoint: 02K

FUEL	(L)	(\$/L)	(\$)
Pump 3			
Regular	53.190	0.944	50.21
TOTAL CAD	\$		50.21
CREDIT	\$		50.21

* GST INCLUDED IN FUEL \$ 2.39

PURCHASE

MasterCard
REFERENCE #: 66255327 0012810130 C

MasterCard
A0000000041010
0000008000
E800

01/027 APPROVED - THANK YOU

-- IMPORTANT --
Retain This Copy For Your Records

--- Customer's Copy ---

Member Name: Mark Smith
Claimant Name: Mark Smith
Expense Category: _____

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

GAS
\$61.55

Fas Gas Pembina Valley Svc
5001-50 Street
Drayton Valley, AB, T7A 1R6
780-542-7535
GST/HST# R101745552
Store Code:40025
Date / Time: 15-Oct-2016 10:03 AM
Receipt# :50483544
Sales ID :7 Drawer :REG1

=====

Pump# 7	*ETHANOL BLEND	
63.426 L	@ \$ 1.019 / L	64.63
Sub Total		64.63
Total		64.63
MASTER CARD		64.63
Change		0.00
*GST Inclusive		3.01

=====

TRANSACTION RECORD
2831 - 110115 - 200626918 - PURCHASE

Card Number : *****

Fas Gas Litre Log

Amount \$ 64.63

CASH BACK (CENTS)

Litre Log Balance

000 APPROVED - THANK YOU

Register your Litre Log

Today at fasgasplus.ca

With initial

password 1234

-- IMPORTANT --

Retain This Copy For Your Records

*** CUSTOMER COPY ***

Mastercard C \$64
Authorization Number
0012470370 01-236108 66181
10/15/16 10:02
01/027 APPROVED - THANK YOU
MasterCard A0000000041
0000008000 Expn

Member Name: Mark Smith
Claimant Name: Mark Smith
Expense Category: _____

For hosting, select one:

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

Purpose:

GAS
\$55.20

Fas Gas Pembina Valley Svc
5001-50 Street
Drayton Valley, AB, T7A 1R6
780-542-7535
GST/HST# R101745552
Store Code:40025
Date / Time: 18-Oct-2016 07:58 AM
Receipt# :50484762
Sales ID :7 Drawer :REG1

Pump# 3 *ETHANOL BLEND
56.876 L @ \$ 1.019 / L 57.96
Sub Total 57.96

Total 57.96
MASTER CARD 57.96
Change 0.00

*GST Inclusive 2.76

TRANSACTION RECORD
2840 - 110115 - 200739301 - PURCHASE
Card Number : *****

Fas Gas Litre Log
Amount \$ 57.96
CASH BACK (CENTS)
Litre Log Balance
000 APPROVED - THANK YOU
Register your Litre Log
Today at fasgasplus.ca
With initial
password 1234

-- IMPORTANT --
Retain This Copy For Your Records
*** CUSTOMER COPY ***

Mastercard C Purchase
Authorization Number
0012550210 01-236802 66181212
10/18/16 07:57:38
01/027 APPROVED - THANK YOU
MasterCard A00000000041010
0000008000 E800



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)

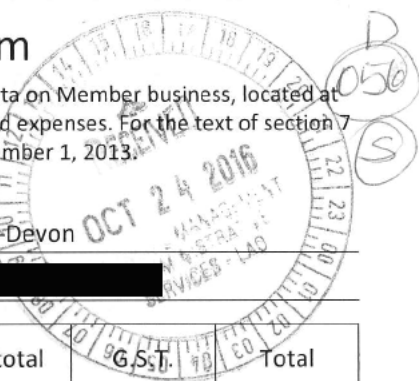
Member Name: Smith, Mark

Constituency: Drayton Valley-Devon

For the Month of: October

Year: 2016

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	60 km from Perm. Res.	Red Deer/ Brooks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
4	60 km from Perm. Res.	Medicine Hat/ Taber	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
5	60 km from Perm. Res.	Taber/ Lethbridge	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
6	60 km from Perm. Res.	Lethbridge/Okotoks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
7	60 km from Perm. Res.	Chestermere/Strathmore/Red Deer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10			<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						\$189.10	\$9.45	\$198.55

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

Mark Smith
Member Signature

Oct 18/16
Date



Members' Temporary Accommodation Allowance Claim Form

56

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: Smith, Mark

Constituency: Drayton Valley-Devon

Date: April 29/16

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: 2016/17

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)

\$ 1,195.00

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.

RECEIVED

OCTOBER 2016

APR 29 2016

FMAS-WZ

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


Member Signature

Updated April 2016



Members' Temporary Accommodation Allowance Claim Form

56

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: Smith, Mark

Constituency: Drayton Valley-Devon

Date: April 29/16

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: 2016/17

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)

\$ 1,195.00

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.

RECEIVED

NOVEMBER 2016

APR 29 2016

FMAS-WZ

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

Member Signature

Updated April 2016



Members' Temporary Accommodation Allowance Claim Form

56

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: Smith, Mark

Constituency: Drayton Valley-Devon

Employee #: [REDACTED]

Date: April 29/16

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: 2016/17

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)

\$ 1,195.00

x 12 = \$ 0.00

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.

RECEIVED

APR 29 2016

FMAS-WZ

DECEMBER 2016

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

Member Signature

Updated April 2016



Comfort Inn & Suites (CN731)

2317 Trans Canada Way SE
Medicine Hat, AB T1B 4E9
(403) 504-1700
GM.CN731@choicehotels.com

Account: [REDACTED]
Date: 10/4/16
Room: 133 LGOC
Arrival Date: 10/3/16
Departure Date: 10/4/16
Check In Time: 10/3/16 8:24 PM
Check Out Time: 10/4/16 8:11 AM

SMITH, MARK

Rewards Program ID:

You were checked out by: sjamie

You were checked in by: mcraip

Total Balance Due: 0.00

Post Date	Description	Comment	Amount
10/3/16	Tourism Levy		4.69
10/3/16	GOODS & SERVICES TAX		5.87
10/3/16	Room Charge	#133 SMITH, MARK	115.00
10/3/16	Destination Marketing Fee		2.30
10/4/16	Master Card	XXXXXXXXXXXX [REDACTED]	(127.86)

Folio Summary 10/3/16 - 10/4/16

Room Charge	115.00
Destination Marketing Fee	2.30
GOODS & SERVICES TAX	5.87
Tourism Levy	4.69
Master Card	(127.86)

Balance Due: 0.00

This rate is eligible for partner rewards. If this rate is changed, you may no longer be entitled to partner rewards.

If payment by credit card, I agree to pay the above total charge amount according to the card issuer agreement.

GST # 89887 5596 RT 001

This hotel is not responsible for valuables left in the room or for lost or stolen articles.

Thank you for choosing the Comfort Inn & Suites Medicine Hat. We hope to see you again.

X _____



You could be earning free nights and other great rewards. Join Choice Privileges today, at www.choiceprivileges.com.

Thank you for your stay. Visit ChoiceHotels.com/VerifiedReviews to post your comments about your recent experience (Click the 'Write a Review' button)

\$ 121.99

Heritage Inn - Taber
4830 46 Ave
Taber, AB
T1G 2A4

Telephone: (403) 223-4424 Fax: (403) 223-1733

Mark Smith

Page # 1
Res. # 121687
Checked in Tue Oct 4/16 - 9:21pm
Checked out Wed Oct 5/16 - 8:08am
Nights 1
Room Rate 77.00
Room 0106

Date	Description	Reference	Charges	Credits
Oct04	Preferred - Breakfast		77.00	
Oct04	Destination Marketing Fee		2.31	
Oct04	GST		3.97	
Oct04	Tourism Levy		3.17	
Oct05	Paid By Mastercard- Thank you			86.45
		\$83.28	0.00	86.45

Thank you for staying with us. Please come again!
Phone 1-888-888-4374 for toll free reservations
Ask about our full catering services
GST #R102881810

Our G.S.T. # is R102881810

Charge Summary:

Paid By Mastercard- Thank	-86.45
Room - Regular	77.00
GST	3.97
Tourism Levy	3.17
Destination Marketing Fee	2.31

HERITAGE INN TABER
4830 46 AVENUE, HWY 3
TABER, AB T1G 2A4

Merchant ID: 000000003462014
Term ID: 05253350
25896440013

PreAuth Complete

MasterCard

AID: A0000000041010

Entry Method: Chip

Batch#: 001069

10/05/16

08:07:53

Ref#: 000092381151

Inv #: 013579 Appr Code:

Total: \$ 86.45

Customer Copy



Quality Inn & Suites (CN828)

4070 2nd Avenue South
Lethbridge, AB T1J 3Z2
(403) 331-6440
GM.CN828@choicehotels.com

Account: [REDACTED]

Date: 10/6/16

Room: 311 BAR

Arrival Date: 10/5/16

Departure Date: 10/6/16

Check In Time: 10/5/16 5:22 PM

Check Out Time:

SMITH, MARK

/

/

Yo

Y

THE QUALITY INN
4070 2 AVE S
LETHBRIDGE AB

Post Date	Description	Comment
10/5/16	Room Charge	#311 [REDACTED]
10/5/16	Goods & Services Tax	[REDACTED]
10/5/16	Occupancy Tax	
10/6/16	Room Charge	Adjustment
10/6/16	Occupancy Tax	Adjustment
10/6/16	Goods & Services Tax	Adjustment
10/6/16	Master Card	XXXXXXXXXX [REDACTED]

	Amount
CARD *****2884	
CARD TYPE MASTERCARD	131.00
DATE 2016/10/06	6.55
TIME 9852 08:02:47	5.24
RECEIPT NUMBER	
C84065548-001-706-011-0	(30.00)
	(1.20)
PURCHASE	
TOTAL	(1.50)
\$110.09	(110.09)

Folio Summary 10/5/16 - 10/6/16

Room Charge
Goods & Services Tax
Occupancy Tax
Master Card

\$105.04

MasterCard
A0000000041010
54EB592D5620F263
0000008000-E800
1F9BDB6F6BBD8E5E

101.00
5.05
4.04
(110.09)

APPROVED

Balance Due: 0.00

Expense Category: Hosting

☒ Group: Constituents visiting the Constituency Office

Water jug for water cooler delivered by Home Hardware



INVOICE

SHIP TO

DATE	LOCATION	INVOICE No.
10/27/16	✓ 01	940411 ✓
TIME	CUSTOMER'S P.O. No.	SL'S M
9:50	[REDACTED]	INF
LOADED BY	CHECKED BY	DELIVERED BY

*** INVOICE ***

<p>WE'VE GOT THE LUMBER!</p> <p>THANK YOU</p> <p>NO CASH REFUNDS WITHOUT ORIGINAL INVOICE</p> <p>GST 871905139</p>		<p>Sub Total</p> <p>G.S.T.</p> <p>P.S.T.</p> <p>TOTAL →</p>	<p>4.95</p> <p></p> <p>.00</p> <p>4.95</p>
---	--	--	--

1. Check Your Load-No Adjustments Made if Not Called To Our Attention At Time Of Delivery
2. A Re-Stocking Charge May Apply On Certain Items.
3. All Returns Must Be Accompanied By Your Sales Invoice.
4. Goods Remain Property Of Drayton Valley HHBC Until Invoice Paid In Full.

G.S.T Registration No.
871905139

Thank You
CUSTOMER COPY

SEMBLY OF ALBERTA
Expense Claim Receipt Description

Member Name: Mark Smith

Claimant Name: Wendy Snow

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Constituents

Purpose:

Constituents visiting the Constituency office

\$19.86

HOW DID WE DO TODAY?

Complete our short customer survey
at SURVEY.WALMART.CA for a

monthly chance to
WIN \$1000

Rules and regulations apply. See contest rules for details.

Walmart
Supercentre

WE SELL FOR LESS
HIGHWAY 22 & 50TH AVE.
DRAYTON VALLEY, AB
T7A 1E1
(780) 514-3207

ST# 01008 OP# 002795 TE# 03 TR# 05295

HP ORNG 6PK	007800002304	\$2.47	J
AB BEV CRF	000030635220	\$0.24	A
AB DEP .60	068113171065	\$0.60	H
HP ORNG 6PK	007800002304	\$2.47	J
AB BEV CRF	000030635220	\$0.24	A
AB DEP .60	068113171065	\$0.60	H
HP BERRY 6PK	007800002302	\$2.47	J
AB BEV CRF	000030635220	\$0.24	A
AB DEP .60	068113171065	\$0.60	H
HP BERRY 6PK	007800002302	\$2.47	J
AB BEV CRF	000030635220	\$0.24	A
AB DEP .60	068113171065	\$0.60	H
HW PUNCH 6PK	007800001918	\$2.47	J
AB BEV CRF	000030635220	\$0.24	A
AB DEP .60	068113171065	\$0.60	H
HW PUNCH 6PK	007800001918	\$2.47	J
AB BEV CRF	000030635220	\$0.24	A
AB DEP .60	068113171065	\$0.60	H

SUBTOTAL

GST 5%

TOTAL

DEBIT TEND

CHANGE DUE

GST/HST 137466199 RT 0001
GST 1016551356 TQ 0001

TRANSACTION RECORD PURCHASE

CHEQUING *****
RRN # 001001663

TERMINAL ID WHTCJ012504
00 APPROVED-THANK YOU

Interac
AID A0000002771010
TC 9FC10BC9A697A7E5
*PIN VERIFIED

12/01/16 21:34:05

ITEMS SOLD

TC# 7854 1253 5704 8302 5180



New Thursday flyer start date
Circulaire maintenant en vigueur Jeudi
12/01/16 21:34:10

Personal Expense Claim Receipt Description

Member Name: Mark Smith

Claimant Name: Marie Moltzan

Expense Category: Hosting

For hosting, select one:

- ☐ Individual Constituent(s)
- ☐ Individual Stakeholder(s)
- ☒ Group: Basketball tournament officials, refs,,players

Purpose:

Snacks for Basketball Tournament

\$18.00

**YOUR RECEIPT
THANK YOU
CALL AGAIN**

REG 00-00-2000 04:51
Donuts 000039

2	X	@9.00
DEPT02		\$18.00
CHECK		\$18.00

DRAYTON VALLEY BAKERY &
CAFE L
5029 51ST AVENUE
DRAYTON VALLEAB

CARD [REDACTED]
CARD TYPE INTERAC
ACCOUNT TYPE CHEQUING
DATE 2016/11/25
TIME 7280 11:00:28
RECEIPT NUMBER
C84009295-001-115-036-0

PURCHASE
TOTAL

\$18.00

INTERAC
A0000002771010
2B4334D48F306DB9
8000008000-6800
4BA1BC2ED32027EB
8000008000-7800

APPROVED

THANK YOU

00-001

CARDHOLDER COPY

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Mark Smith

Claimant Name: Marie Moltzan

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Basketball tournament officials, refs,,players

Purpose:

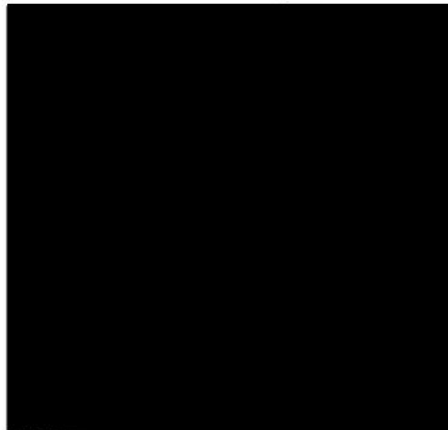
Snacks for Basketball Tournament

\$30.82



YIG #1313 5212-50ST DRAYTON VALLEY
780-542-2645

-----TRANSACTION RECORD-----



21-GROCERY

(2)05827400022	NESTLE PURE LIFE HR	
2 @ \$2.99		5.98
ECOLOGY FEE		
20\$0.48		0.96
DEPOSIT 1		
20\$1.20		2.40

28-SALAD BAR

2318000	LG.FRUIT PLATTER	GHR	10.49
2522790	VEGGIE PLATTER	GHR	10.99

SUBTOTAL 30.82

G=GST 5% 21.48 @ 5.000% 1.07

TOTAL 31.89

-----TRANSACTION RECORD-----

GLOBAL PAYMENTS MERCHANT # 7531932
YIG Drayton Valley 50th St
5212 50th St
Drayton Valley AB
STORE 01513 TERM 20181304
SLIP # 935101 REG 4
RETAIN THIS COPY FOR YOUR RECORDS
** Purchase ** Chip
Chequing
CARD # *****
INTERAC
REF #
493001001027
AID: A0000002771010
TSI 7800 TVR 8000008000

DATE	TIME	AMOUNT
11/25/2015	11:21:23	\$ 31.89

APPROVED

DEBIT TND

31.89