

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2018-19
056 - Drayton Valley-Devon - Smith, Mark
For Expenses Processed Oct 1 - Dec 31 2018

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$1,379.86	\$4,710.95
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) - \$			
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$3,555.00	\$10,665.00
Travel Accommodations Allowance		\$252.48	\$555.00
Travel Accommodations Allowance (days; 10 max) - NF	10.0	2.0	4.0
Other			
Hosting - \$		\$89.95	\$427.79
Event Tickets Disclosable - \$			\$150.00
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel MLA (KM) - NF	80,000.0	4,557.0	15,489.0
Constituency Travel Staff (KM) - NF			
Total Constituency Travel (KM) - NF	80,000.0	4,557.0	15,489.0
Special Trips (5 trips per year) - NF	5.0	1.0	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	9.0	31.0
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

Personal Expense Claim Receipt Description

Member Name: Mark SmithClaimant Name: Mark Smith

Expense Category: _____

For hosting, select one:

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

Purpose:

GAS

Calmar Fas Gas
5001 50 Ave
Calmar, AB
T0C 0V0
780-985-7224

DATE: 2018-08-23 TIME: 20:49:50

STORE #: 50050 TRANS #: 025326

Paypoint: 04C

GST: R869335026

FUEL	(L)	(\$/L)	(\$)
Pump 4			
Regular	63.184	1.187	75.00

TOTAL CAD \$ 75.00

CREDIT \$ 75.00

* GST INCLUDED IN FUEL \$ 3.57

PURCHASE

MasterCard

REFERENCE #:

AUTH #:

MasterCard
A0000000041010
0400008000
E800

01/027 APPROVED - THANK YOU

-- IMPORTANT --

Retain This Copy For Your Records

--- Customer's Copy ---

Thank You For
Shopping At
Calmar Fas Gas

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

For hosting, select one:

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

Purpose:

GAS

CALMAR FAS GAS
5001 50 AVE
CALMAR, AB
T0C 0U0

2018-08-25 20:36:01

STORE #: 50050
TRANS #: 026613
GST #: R869335026

PUMP 4
REGULAR
63.18L AT \$1.187/L

ACCT:
MASTERCARD
\$ 75.00

GST INCLUDED \$ 3.57

TOTAL \$ 75.00

TYPE: PURCHASE



MASTERCARD
A0000000041010
0400000000
E800

VERIFIED BY PIN

01/027 APPROVED
THANK YOU

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FOR YOUR RECORDS
- CUSTOMER'S COPY

THANK YOU FOR
SHOPPING AT
CALMAR FAS GAS

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

For hosting, select one:

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

Purpose:

GAS

Race Trac
Tomahawk Race Trac
Gas

5102 50 Street
Tomahawk AB

T0E2B0
7803392575
GST/HST: 819/05633
PST:

DATE: 2018/08/30
SITE ID: 50484

TIME: 17:33:31

PURCHASE

ITEM	QUANTITY	PRICE	AMOUNT
ETHNOL REG	62.228L	\$1.279/L	79.59

TOTAL \$79.59

FUEL TAXES ON 62.228L OF FUEL
GST 5.00% INCLUDED 3.79
TOTAL FUEL TAXES \$3.79

TOTAL TAXES \$3.79

II = TAXES INCLUDED

MASTERCARD

ENTRY METHOD: C

2018/08/30

17:33:51

REF#:

SEQ #: 001 090099 0

AUTH#:

RESP CODE: 01/027

RECEIPT#: 00014208

BATCH#: 090

MasterCard

A0000000041010

7265866094AEAC1E

8000000000

258F68A93D38C7D1

6800

0000000000

APPROVED - THANK YOU

IMPORTANT
RETAIN THIS COPY FOR YOUR RECORDS

10/10/18 11:00

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

For hosting, select one:

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

Purpose:

GAS

Race Trac
Tomahawk Race Trac
Gas

5102 50 Street
Tomahawk AB
T0E2B0
7803392575
GST/HST: 819705633
PST:

DATE: 2018/09/03 TIME: 12:28:22
SITE ID: 50484

PURCHASE

FUEL	CURRANCY	PRICE/L	AMOUNT
ETHNOL REG	62.87/L	\$1.279/L	80.42H

TOTAL \$80.42

FUEL TAXES ON 62.87/L OF FUEL
GST 5.00% INCLUDED 3.83
TOTAL FUEL TAXES \$3.83
TOTAL TAXES \$3.83

= TAXES INCLUDED

ENTRY METHOD: C

12:28:53
SEQ #:001 094054-0
RESP CODE: 01/027
BATCH#: 094

RECEIPT#: 00014880
Master Card
A0000000041010
EE196581A54C136A
8000000000
27E21C0835C665D0
6800
0000000000

APPROVED - THANK YOU

IMPORTANT -
RETAIN THIS COPY FOR YOUR RECORDS

CUSTOMER COPY

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

For hosting, select one:

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

Purpose:

GAS

TRANSACTION RECORD

ESSO
KOLLBROOK ESSO
4809 52 ST
THORSBY, AB T0C 2P0

DATE: 2018-09-05 TIME: 21:17:20

Paypoint: 06C TRANS #: 048739
Station#: 00303110 Cashier: manager
GST: R102871183

*** DUPLICATE ***

FUEL	(L)	(\$/L)	(\$)
Pump 6			
EREG	50.744	1.149	58.30
TOTAL CAD	\$		58.30
CREDIT CARD	\$		58.30
* GST INCLUDED IN FUEL \$ 2.78			

PURCHASE

INVOICE NO: TCA91177
AUTH #: _____

MasterCard
A0000000041010
0000008000
E800

01 Approved - Thank You 027

VERIFIED BY PIN

-- IMPORTANT --
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*** DUPLICATE ***

Reconciliation ID: TCA918090521172042



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

For hosting, select one:

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

Purpose:

GAS

FASGAS DRAYTONVALLEY
5001 50TH AVE
DRAYTON VALLEY, AB
T7A 1R6

2018-09 09 15:27:31

STORE #: 40025
TRANS #: 328324
GST #: 820168029

PUMP 1
REGULAR
56.714L AT \$1.214/L

ACCT:
MASTERCARD
\$ 68.85

GST INCLUDED \$ 3.28

TOTAL \$ 68.85

TYPE: PURCHASE

MASTERCARD

MASTERCARD
A0000000041010
0000008000
E800

VERIFIED BY PIN

01/027 APPROVED
THANK YOU

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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.

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

For hosting, select one:

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

Purpose:

GAS

FASGAS DRAYTONVALLEY
5001 50TH AVE
DRAYTON VALLEY, AB
T7A 1R6

2018 09 12 13:53:47

STORE #: 40025
TRANS #: 330273
GST #: 820168029

PUMP 3
REGULAR
67.035L AT \$1.214/L

ACCT:
MASTERCARD
\$ 81.38

GST INCLUDED \$ 3.88

TOTAL \$ 81.38

TYPE: PURCHASE

MASTERCARD



MASTERCARD
A0000000041010
0000008000
E800

VERIFIED BY PIN

Personal Expense Claim Receipt Description

Member Name: Mark SmithClaimant Name: Mark Smith

Expense Category: _____

For hosting, select one:

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

Purpose:

GAS

WELCOME

Shell Canada
210 SCENIC DRIVE SOU
T1J 4L3
Lethbridge AB
403-320-8990

Bronze	
PUMP No.	01
LITRES	60.940
PRICE/L	\$1.309
TOTAL FUEL	\$79.77

TOTAL SALE	\$79.77
MASTERCARD	\$79.77

FUEL INCLUDES
GST - Fuel \$3.80
No. 137400032RT

01 APPROVED - THANK
YOU 001

APPROVAL No. [REDACTED]
TERMINAL No.
89114030

VERIFIED BY PIN

IMPORTANT
retain this copy for
your records

[REDACTED]
MASTERCARD
PURCHASE C

INV No. 1140395450
2018/09/15 15:41
MasterCard
AID A0000000041010
TVR 0000008000
TSI E800

AIR MILES
[REDACTED]

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

For hosting, select one:

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

Purpose:

GAS

Husky



Want great rewards? Visit myHuskyRewards.ca

Red Deer Husky/Smitty's

102-135 Leva Ave

Red Deer AB

T4E 1B2

(403) 343-2691

CST# R898490735

Retailer ID 6787

Rct:59560 6787-10

Batch:2121-147

2018/09/30 20:06:29

Pump# 10

Eth Regular \$69.32

52.159 L @ \$1.329/L

AMOUNT \$69.32

GST(Inc Pump) \$3.30

Pre Auth Completion

MasterCard

AID: A0000000041010

Date: 09/30/2018

Time: 20:06:29

AUTHCODE

S234001001014 00 000

TUR: 0000000000 TSI: E800

Approved



PLEASE TELL US

HOW WE DID?

myHusky.ca/feedback

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

For hosting, select one:

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

Purpose:

GAS

Calmar Fas Gas
5001 50 Ave
Calmar, AB
T0C 0V0
780-985-7224

DATE: 2018 10 01 TIME: 19:22:24

STORE #: 50050 TRANS #: 048065
Paypoint: 04C
GST: R869335026

*** DUPLICATE ***

FUEL	(L)	(\$/L)	(\$)
Pump 4			
Regular	47.014	1.199	56.37

TOTAL CAD \$ 56.37

CREDIT \$ 56.37

* GST INCLUDED IN FUEL \$ 2.68

PURCHASE

MasterCard
REFERENCE #:
AUTH #:

MasterCard
A0000000041010
0400008000
E800

01/027 APPROVED THANK YOU

-- IMPORTANT --
Retain This Copy For Your Records

- Customer's Copy

*** DUPLICATE ***

Thank You For
Shopping At
Calmar Fas Gas

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Mark Smith

Claimant Name: Mark Smith

Expense Category: _____

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

GAS

TRANSACTION RECORD

ESSO

7 ELEVEN STORE 37837
4819 - 184TH STREET
EDMONTON, AB T6H 2K5

ESSO EXPRESS PAY

2018-10 06 21:58:13

TRANS #: 359045
STATION#: 00304207
GST #: R119335453

PUMP 4
EREG \$ 80.00
60.196L AT \$1.329/L

GST INCLUDED \$ 3.81
TOTAL : CAD\$ 80.00

TYPE: PURCHASE
MASTERCARD

INVOICE NO: 1M977881
AUTH: [REDACTED]

MASTERCARD
A00000000041010
0000000000
E800

BT APPROVED - TH
AMC YOU 027

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

For hosting, select one:

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

Purpose:

GAS

TRANSACTION RECORD

ESSO
BRETON ESSO
4608 55 AVE
BRETON, AB T0C 0P0

DATE: 2018-10-10 TIME: 19:59:36

Paypoint: 01K TRANS #: 235168
Station#: 00303591 Cashier: manager
GST: R810013383

FUEL	(L)	(\$/L)	(\$)
Pump 1			
EREG	68.144	1.299	88.52
TOTAL	CAD	\$	88.52
CREDIT CARD		\$	88.52

* GST INCLUDED IN FUEL \$ 4.22

PURCHASE
MASTERCARD
INVOICE NO: TCD05468
AUTH #: [REDACTED]

MasterCard
A0000000041010
0000001000
E800

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Reconciliation ID: TCD018101019591939



4 00001 35168 0

Don't miss out on great rewards! Earn
Esso Extra or PC Optimum points on
eligible fuel, car wash and convenience
store purchases! Cards are free
in-store!

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

G - GST @ 5.0000%

Personal Expense Claim Receipt Description

Member Name: Mark SmithClaimant Name: Mark Smith

Expense Category: _____

For hosting, select one:

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

Purpose:

GAS

Calmar Fas Gas
5001 50 Ave
Calmar, AB
T0C 0V0
780-985-7224

DATE: 2018-10-12 TIME: 20:34:40

STORE #: 50050 TRANS #: 054561

Paypoint: 06C
GST: R869335026

*** DUPLICATE ***

FUEL	(L)	(\$/L)	(\$)
Pump 6			
Regular	56.727	1.159	65.75

TOTAL CAD \$ 65.75

CREDIT \$ 65.75

* GST INCLUDED IN FUEL \$ 3.13

PURCHASE

MasterCard [REDACTED]
REFERENCE #: 66289750 0010870100 C
AUTH #: [REDACTED]

MasterCard
AG0000000041010
0000008000
E800

01/027 APPROVED - THANK YOU

-- IMPORTANT --
Retain This Copy For Your Records

--- Customer's Copy ---

*** DUPLICATE ***

Thank You For
Shopping At
Calmar Fas Gas

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

For hosting, select one:

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

Purpose:

GAS

TRANSACTION RECORD

ESSO

7 ELEVEN STORE 37837
4819 - 184TH STREET
EDMONTON, AB T6H 2X5

ESSO EXPRESS PAY

2018 10-15 13:19:56

TRANS #: 365261
STATION#: 00304207
GST #: R119335453

PUMP 4
EREG \$ 84.78
70.123L AT \$1.209/L

GST INCLUDED \$ 4.04
TOTAL : CAD\$ 84.78

TYPE: PURCHASE
MASTERCARD

INVOICE NO: TMY73032
AUTH: [REDACTED]

MASTERCARD
A00000000041010
0000000000
E800

01 APPROVED - TH
ANK YOU 027

VERIFIED BY PIN

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

For hosting, select one:

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

Purpose:

GAS

FASGAS DRAYTONVALLEY
5001 50TH AVE
DRAYTON VALLEY, AB
T7A 1R6

2018 10 18 08:30:04

STORE #: 40025
TRANS #: 352294
GST #: 820168029

PUMP 7
REGULAR
59.124L AT \$1.197/L

ACCT:
MASTERCARD
\$ 70.77

GST INCLUDED \$ 3.37

TOTAL \$ 70.77

TYPE: PURCHASE

MASTERCARD

REFERENCE #:
66255902 0016150010C
AUTH

MASTERCARD
A00000000041010
0000008000
E800

VERIFIED BY PIN

03 / 07 / 2018 10:30:04

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Mark Smith

Claimant Name: Mark Smith

Expense Category: _____

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

GAS

CALMAR FAS GAS
5001 50 AVE
CALMAR, AB
T0C 0V0

2018 10 19 16:50:42

STORE #: 50050
TRANS #: 058516
GST #: R869335026

PUMP 2
REGULAR
67.144L AT \$1.117/L

ACCT:
MASTERCARD \$ 75.00

GST INCLUDED \$ 3.57

TOTAL \$ 75.00

TYPE: PURCHASE

MASTERCARD

REFERENCE #:
66289746 0010960160C
AUTH

MASTERCARD
A00000000041010
0000008000
E800

VERIFIED BY PIN

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

For hosting, select one:

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

Purpose:

GAS

FasGas DraytonValley
5001 50th Ave
Drayton Valley, AB
T7A 1R6
7805427535

DATE: 2018-10-21 TIME: 19:56:10

STORE #: 40025 TRANS #: 354559
Paypoint: 02C
GST: 820168029

FUEL	(L)	(\$/L)	(\$)
Pump 2			
Regular	64.585	1.217	78.60
TOTAL	CAD	\$	78.60
CREDIT		\$	78.60
* GST	INCLUDED IN FUEL	\$	3.74

PURCHASE

MasterCard
REFERENCE #: 66255897 0014350150 C
AUTH #: [REDACTED]

MasterCard
A0000000041010
0000008000
E800

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-- IMPORTANT --
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LitreLog: [REDACTED]
Terminal ID: 174168
BATCH NUMBER: 525
PURCHASE
REWARD: [REDACTED]
CURRENT BALANCE: [REDACTED]
LIFETIME BALANCE: [REDACTED]
000 APPROVED

Register your
Litre Log today
at fasgasplus.ca
with initial
password 1234

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

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

For hosting, select one:

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

Purpose:

GAS

CANADIAN TIRE #1870
6106 50TH STREET
LEDUC, ALBERTA
T9E 6P2
780 986 6427

PAYPOINT : 01P
GST #: 863578019
TRANS #: 576877
HOST TIME :
2018-10 25 07:23:39
LOCAL TIME:
2018-10 25 09:21:20

PUMP 01
REGULAR
63.493L AT \$1.109/L

FUEL SALES \$ 70.41

GST INCLUDED \$ 3.35

TOTAL \$ 70.41

PURCHASE
MASTERCARD

REFERENCE #:
66227541 0010010011C
INVOICE # 172129

Personal Expense Claim Receipt Description

Member Name: Mark SmithClaimant Name: Mark Smith

Expense Category: _____

For hosting, select one:

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

Purpose:

GAS

WELCOME

Shell Canada
127 Leva Ave #100
T4E 1B2
RED DEER AB
(403) 346-9230

Bronze	
PUMP No.	09
LITRES	65.935
PRICE/L	\$1.229
TOTAL FUEL	\$81.03

TOTAL SALE	\$81.03
MASTERCARD	\$81.03

FUEL INCLUDES
GST - Fuel \$3.86
No. 137400032RT

01 APPROVED - THANK YOU 001

APPROVAL No. [REDACTED]

TERMINAL No.

89003670

VERIFIED BY PIN

IMPORTANT
retain this copy for
your records

MASTERCARD
PURCHASE C

INV No. 0036792456
2018/10/25 19:55
MasterCard
AID A0000000041010
TVR 0000008000
TSI E800

YOUR OPINION COUNTS
Tell us about your
recent visit at
www.shell.ca/opinion
and you could win a
FUEL FOR A YEAR
*Receipt Required

THANK YOU
Questions?
1-800-661-1600

STORE: C00367
TRAN: 7622351
10/25/2018 7:57:41

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

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

For hosting, select one:

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

Purpose:

GAS

Calmar Fas Gas
 5001 50 Ave
 Calmar, AB
 T0C 0V0
 780-985-7224

DATE: 2018-10-26 TIME: 21:33:44

STORE #: 50050 TRANS #: 062845

Paypoint: 01K

GST: R869335026

** FINAL RECEIPT **

FUEL	(L)	(\$/L)	(\$)
Pump 2			
Regular	27.804	1.079	30.00

TOTAL CAD \$ 30.00

DEBIT \$ 30.00

* GST INCLUDED IN FUEL \$ 1.43

PURCHASE

ACCT: FLASH DEFAULT
 REFERENCE #: 66289739 0011090010 H
 AUTH #: [REDACTED]

Interac
 A0000002771010
 8000008000

APPROVED - THANK YOU

NO SIGNATURE TRANSACTION

-- IMPORTANT --
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LitreLog: [REDACTED]
 Terminal #: 200231
 BATCH NUMBER: 104
 PURCHASE
 REWARD:
 CURRENT BALANCE:
 LIFETIME BALANCE:
 000 APPROVED

Register your
 Litre Log today
 at fasgasplus.ca
 with initial
 password 1234

Thank You For
 Shopping At
 Calmar Fas Gas



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: Smith, Mark

Constituency: Drayton Valley-Devon

Employee #:

Date: April 30/18

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: 2018-2019

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)

\$ 1,185.00

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.

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

Updated March 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: Smith, Mark

Constituency: Drayton Valley-Devon

Employee #:

Date: April 30/18

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: 2018-2019

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)

\$ 1,185.00

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.

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

Updated March 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: Smith, Mark

Constituency: Drayton Valley-Devon

Employee #:

Date: April 30/18

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: 2018-2019

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)

\$ 1,185.00

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.

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

Updated March 2018

Signature Lethbridge Lodge

320 Scenic Drive

Lethbridge, AB T1J 4B4 CA

403-328-1123 Fax: 403-328-0002

www.sandmanhotels.com

**SANDMANHOTELGROUP****Name:** Mark Smith**Guest Name:** Mark Smith**Company:****Arrival**

September 12, 2018

Departure

September 15, 2018

Group: Ucp Caucus**Room**

407

Bill To: Smith, Mark**Attn:****Property Code: 224 Invoice # 67079 PO #****Res. # 52404**

Date	Description	Voucher	Amount
12/9/18	Room Revenue	llh-407	119.00
12/9/18	Destination Marketing Fee	llh-407	2.38
12/9/18			
12/9/18	Provincial Tourism Levy	llh-407	4.86
13/9/18	Room Revenue	llh-407	119.00
13/9/18	Destination Marketing Fee	llh-407	2.38
13/9/18			
13/9/18	Provincial Tourism Levy	llh-407	4.86
15/9/18	Mastercard		
Balance:			0.00

GST/HST #: 12176 7065 RT 001

Travel Accom = \$252.48 + GST

	Total Tax
Destination Marketing Fee	
GST	
Provincial Tourism Levy	
Total	

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Mark Smith

Claimant Name: Sandy Barager

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Water for office



Your Hometown Advantage

Devon IGA
51 Superior Street
780.987.2526
GST# 846553373RT0001

Served by: Vivian

Welcome to IGA

GROCERY

1st Sprng Water	\$7.19	C
+EHC	\$0.48	R
+Deposit	\$2.40	R

SUBTOTAL	\$10.07
TOTAL TAX	\$0.00
TOTAL	\$10.07
Debit	TENDER \$10.07
Cash	CHANGE \$0.00

NUMBER OF ITEMS 1

Member number:	ATR MILES
Your AI	
Cash Miles	
Dream Miles	

MERCHANT ID 040080047444 TAPPED
CLIENT ID 9803 RECEIPT# 7607000
TERMINAL ID 030 TRACE# 00075148

** PURCHASE ** \$ 10.07

ACCOUNT Chequing RESP 000
DATE 10/23/2018 TIME 12:19:18
REF # 00000052

APPL. INTERAC
AID A0000002771010
TVR 8000008000 TSI

APPROVED

I AGREE TO PAY THE ABOVE TOTAL AMOUNT
ACCORDING TO THE CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

Term	Tran	Store	Oper	10/23/18
3C	7607	5432	146	12:19:20

Thank you for shopping at
Devon IGA

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Mark Smith

Claimant Name: Sandy Barager

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Water for office

Hosting = 6.23



Your Hometown Advantage

Devon IGA
51 Superior Street
780.987.2626
GST# 846553378RT0001

Served by: Effie

Welcome to IGA

GROCERY

Aquafina 12Pk 500ML \$4.79 C
+EHC \$0.24 R
+Deposit \$1.20 R

SUBTOTAL
5% GST

TOTAL

Debit
Cash

TENDER
CHANGE

NUMBER OF ITEMS

*****YOUR SAVINGS*****
Discounts & Specials \$1.80
Your Total Savings \$1.80
Percentage Savings 8%

AIR MILES

Member number:
Total Miles Earned

Your AIR MILES Balances

Cash Miles
Dream Miles

MERCHANT ID 040080047444 TAPPED
CLIENT ID 9803 RECEIPT# 3604000
TERMINAL ID 003 TRACE# 00675518

** PURCHASE ** \$

ACCOUNT Chequing RESP 000
DATE 09/19/2018 TIME 17:20:15
REF # 00000088

APPL. INTERAC
AID A0000002771010
TVR 8000008000

TSI

APPROVED

I AGREE TO PAY THE ABOVE TOTAL AMOUNT
ACCORDING TO THE CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

Term Tran Store Oper 09/19/18
3 3604 5432 116 17:20:18

Thank you for shopping at
Devon IGA

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Mark Smith

Claimant Name: Home Hardware

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Water for office



4221 50TH STREET - P.O. Box 6749
DRAYTON VALLEY, ALBERTA T7A 1S1
PHONE: (780) 542-3883 (780) 542-4044
FAX: (780) 542-7970 (780) 542-6073

SOLD TO

MARK M.L.A. SMITH

MARK SMITH
ONLY TO CHARGE

PH. (780) 542-3355

*** INVOICE ***

DATE	LOCATION	INVOICE No.
08/27/18	01	200300
TIME	CUSTOMER'S P.O. No.	SLS#M
14:52		DAN
LOADED BY	CHECKED BY	DELIVERED BY

[illegible]

A FINANCE CHARGE will be added to your account if it is not paid in full by the end of the month following. The FINANCE CHARGE is computed by applying a periodic rate of 2% per month ANNUAL PERCENTAGE RATE 26.82%.

x

MERCHANDISE RECEIVED COMPLETE AND IN GOOD CONDITION

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 Dravton Valley HHBC Until Invoice Paid in Full.

G.S.T Registration No.
871905139

Thank You
CUSTOMER COPY

Thank You
CUSTOMER COPY

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal 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: All constituents

Purpose:

Holding an open house for any and all constituents to attend.

YOUR RECEIPT
THANK YOU
CALL AGAIN

REG 12 13-2018 11:30
000009

CATERING	T1T2	\$61.75
TAX-AMT 1		\$61.75
TAX 1		\$3.09
CHECK		\$64.84

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

CARD TYPE INTERAC
ACCOUNT TYPE CHEQUING
DATE 2018/12/12
TIME 9273 08:11:20
RECEIPT NUMBER
C84065296-001-019-014-0

PURCHASE
TOTAL

\$64.84

Interac
A0000002771010
46B0BA9198EB66C3
8080008000-6800
E6D914F26D92D687

APPROVED

THANK YOU

CARDHOLDER COPY