

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2016-17
004 - Calgary-Bow - Drever, Deborah
For Expenses Processed July 1 - September 30, 2016

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$295.74	\$1,164.52
MLA Parking Cap - \$	\$900.00	\$200.73	\$221.93
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$			\$23.91
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			\$392.37
Member Travel (Meal Per Diems) - \$		\$1,213.52	\$1,872.95
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$4,500.00	\$9,000.00
Travel Accommodations Allowance			
Travel Accommodations Allowance (days; 10 max) - NF	10		
Other			
Hosting - \$		\$2,319.91	\$4,350.97
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	35,000		
Special Trips (5 trips per year) - NF	5		
Travel To and From the Capital			
Travel by Air, Bus or Train (Unlimited Trips) - NF			1
Use of a Private Automobile (52 trips per year) - NF	52		
Other Travel			
Vehicle Rental (5 Days maximum anywhere in Alberta) - NF	5		

\$ - Reported on CAD dollar amount of actual expense

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

Budget reported is the maximum annual amount that may be claimed

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

FLEET MANAGEMENT SERVICES DETAIL
 DETAILS SERVICES DE GESTION DE PARC

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 DE

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
 DIV-04-D DREVER
 - -
 - -
 - -
 - -

CLIENT NO. [REDACTED]
 NO DU CLIENT
 INVOICE DATE 08/01/16
 DATE DE LA FACTURE
 INVOICE NO. [REDACTED]
 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 AUTHORISE 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
	DREVER				000438733874 07/06/16	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	32.4	.88	27.26	1.36 1.36	28.62 28.62
					000438694732 07/05/16	SHELL CANADA INC CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	22.1	.93	19.62	.98 .98	20.60 20.60
					000439264478 07/03/16	IMPERIAL OIL CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	49.7	.97	45.83	2.29 2.29	48.12 48.12
UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	104.2		92.71	4.63	97.34
BKDN TOTALS / TOTALS CODIFICATION 01-04							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	104.2		92.71	4.63	
BKDN TOTALS / TOTALS CODIFICATION												97.34

Element Fleet Management



BFD290001

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

PAGE - 137 OF 262
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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION
SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY DIV-04-D DREVER - - - - - - - -

CLIENT NO. NO DU CLIENT	
INVOICE DATE DATE DE LA FACTURE	09/01/16
INVOICE NO. 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 AUTHORISE 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
	DREVER				000440686343 08/11/16	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	31.9	.99	30.21	1.51 1.51	31.72 31.72
					000440826203 08/04/16	PETRO CANADA CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	50.5	.97	46.63	2.33 2.33	48.96 48.96
					000440826202 07/17/16	PETRO CANADA CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	49.4	.90	42.50	2.13 2.13	44.63 44.63
UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	131.8		119.34	5.97	125.31
BKDN TOTALS / TOTALS CODIFICATION 01-04							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	131.8		119.34	5.97	
BKDN TOTALS / TOTALS CODIFICATION												125.31

BLG871

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

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Deborah Drever

Claimant Name: Deborah Drever

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \$83.69 + GST

Purpose:

Oil change/car maintenance

COURTESY MITSUBISHI
168 GLENDEER CIR SE
CALGARY AB

CARD TYPE INTERAC
ACCOUNT TYPE CHEQUING
DATE 2016/08/19
TIME 0976 17:42:26
INVOICE # 463325
RECEIPT NUMBER
C84017946-001-001-090-0

PURCHASE
TOTAL

\$87.88

Interac
A0000002771010
3289E7D98BEFFE1E
0080008000-E800
E88EE789B37F343C
0080008000-F800

APPROVED

THANK YOU

00-001

CARDHOLDER COPY

CUSTOMER #: [REDACTED]

463325

INVOICE

DEBORAH DREVER

PAGE 1


COURTESY

 IN THE CALGARY AUTO MALL
 168 GLENDEER CIRCLE SE., CALGARY, ALBERTA T2H 2S8
 TELEPHONE: (403) 253-6800 FAX: (403) 253-7705

SERVICE ADVISOR: 310 SHIRLEY GRAY

COLOUR	YEAR	MAKE/MODEL	VIN	LICENSE	ODOMETER IN/ OUT	TAG	
IN SERVICE DATE	DEL. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01JAN15 DD			16:00 19AUG16		0.00	CASH	19AUG16

R.O. OPENED

READY

OPTIONS: DLR:80801

13:08 19AUG16 16:37 19AUG16

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
------	--------	------	------	-------	------	-----	-------

A Replace engine oil and filter USE SYNTHETIC OIL PLEASE

 TYPEA Replace engine oil and filter USE SYNTHETIC
 OIL PLEASE

288 C

1 MD050317 GASKET-ENG OIL PAN DRAI

2.02 2.02 2.02

1 MZ690072 OIL FILTER

7.70 7.70 7.70

1 EHC HANDLING

0.50 0.50 0.50

5 929965020 MOBIL SUPER 3000 0W20

8.87 8.87 44.35

PARTS: 54.07 LABOR: 26.00 OTHER: 0.50 TOTAL LINE A: 80.57

 35357 PERFORMED TYPE A SERVICE REPLACED OIL AND FILTER, CHECKED
 LIGHTS, WIPERS, AIR FILTER, FLUIDS, TIRE PRESSURE.

CUSTOMER PAY SHOP CHARGE FOR REPAIR ORDER 3.12

 MITSUBISHI

"At Your Service"

 Monday to Friday
 7:00 am - 6:00 pm
 Saturday by appointment

SERVICE
253-6800
*Thank you
 for
 allowing us to
 service
 your vehicle*

		4.19
DESCRIPTION		
LABOUR AMOUNT		26.00
PARTS AMOUNT		54.07
		0.00
SUBLET AMOUNT		0.00
MISC. CHARGES		3.62
TOTAL CHARGES		83.69
INSURANCE/PAYABLE		0.00
G.S.T.		4.19
	PAY THIS AMOUNT	87.88

GST # 828514778 R0001

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

CUSTOMER COPY

"Wake Up and Drive"





The American Express® Corporate Card Statement of Account

www.americanexpress.ca
Amex Bank of Canada
Corporate Service Centre
PO Box 7000 Station B
Willowdale (Ontario) M2K 2R6

Prepared For
DEBORAH DREVER
LEGIS ASSEMBLY OF AB

Membership Number

Date
July 16, 2016

Page 1 of 3

Previous Balance	Payments and Credits	New Charges including Delinquency Assessment, if any	New Balance \$

Statement includes payments and charges received by July 16, 2016

\$ 130.24 + GST

Please see "About Your Statement" section for important information.

Please pay your balance in full upon receipt of statement. Thank you for your ongoing membership.

Credit Limit Summary On July 16, 2016

Total Credit Limit \$

Available Credit Limit \$

Listing of Charges and Credits

Amount \$

July 5 Payment Received Thank You

New Transactions for DEBORAH DREVER

Amount \$

June 22	CalgParkAuth 2045177 CALGARY GOVERNMENT SERVICES	11.25
June 22	CalgParkAuth 2044934 CALGARY GOVERNMENT SERVICES	18.75
June 22	CalgParkAuth 2044932 CALGARY GOVERNMENT SERVICES	19.25
July 8	INDIGO - DELTA BOW V CALGARY Goods or Services	30.00
July 12	CalgParkAuth 2061161 CALGARY GOVERNMENT SERVICES	26.00
July 15	CalgParkAuth 2064049 CALGARY GOVERNMENT SERVICES	12.50
July 15	CalgParkAuth 2063884 CALGARY GOVERNMENT SERVICES	19.00

Total New Transactions for DEBORAH DREVER

† Please detach here †

AMERICAN EXPRESS®

Payment Options

PLEASE ALLOW 3 TO 5 BUSINESS DAYS FOR YOUR PAYMENT
TO BE PROCESSED BY YOUR FINANCIAL INSTITUTION AND
SENT TO US. See the About Your Payment Section.

- Phone and Internet banking arranged through your financial institution
- Your local bank branch
- Automatic banking machines

Do Not Enclose Cash



DEBORAH DREVER
LEGIS ASSEMBLY OF AB
4TH FLR 9820 107 ST
EDMONTON AB
T5K 1E9

000133

Membership Number

Amount Due \$	Amount Paid \$

Amex Bank of Canada/
Banque Amex du Canada
PO BOX 2000
West Hill ON M1E 5H4



1706



The American Express® Corporate Card Statement of Account

www.americanexpress.ca
Amex Bank of Canada
Corporate Service Centre
PO Box 7000 Station B
Willowdale (Ontario) M2K 2R6

Prepared For
DEBORAH DREVER
LEGIS ASSEMBLY OF AB

Membership Number

Date
August 16, 2016



Page 1 of 3

Previous Balance	Payments and Credits	New Charges including Delinquency Assessment, if any	New Balance \$

Statement includes payments and charges received by August 16, 2016

\$3.34 + GST

Please see "About Your Statement" section for important information.

Please pay your balance in full upon receipt of statement. Thank you for your ongoing membership.

Credit Limit Summary On August 16, 2016

Total Credit Limit \$

Available Credit Limit \$

Listing of Charges and Credits

Amount \$

August 9 Payment Received Thank You

New Transactions for DEBORAH DREVER

Amount \$

August 10 EDM EPARK PAY MACHIN EDMONTON
GOVERNMENT SERVICES

3.50

Total New Transactions for DEBORAH DREVER

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Payment Options

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TO BE PROCESSED BY YOUR FINANCIAL INSTITUTION AND
SENT TO US. See the About Your Payment Section.

- Phone and Internet banking arranged through your financial institution
- Your local bank branch
- Automatic banking machines

Do Not Enclose Cash

↑ Please detach here ↑

Membership Number

Amount Due \$

Amount Paid \$



DEBORAH DREVER
LEGIS ASSEMBLY OF AB
4TH FLR 9820 107 ST
EDMONTON AB
T5K 1E9

000132

Amex Bank of Canada/
Banque Amex du Canada
PO BOX 2000
West Hill ON M1E 5H4





The American Express® Corporate Card Statement of Account

www.americanexpress.ca
Amex Bank of Canada
Corporate Service Centre
PO Box 7000 Station B
Willowdale (Ontario) M2K 2R6



Prepared For
DEBORAH DREVER
LEGIS ASSEMBLY OF AB

Membership Number [REDACTED] Date
September 16, 2016

Page 1 of 3

Previous Balance	Payments and Credits	New Charges including Delinquency Assessment, if any	New Balance \$
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Statement includes payments and charges received by September 16, 2016

Please see "About Your Statement" section for important information.

Please pay your balance in full upon receipt of statement. Thank you for your ongoing membership.

Credit Limit Summary On September 16, 2016

Total Credit [REDACTED]

Available Credit Limit \$ [REDACTED]

Listing of Charges and Credits

Amount \$

September 1 Payment Received Thank You [REDACTED]

New Transactions for DEBORAH DREVER

Amount \$

August 23	PARKING SERVICES CALGARY GOVERNMENT SERVICES	6.00
September 1	HYATT REGENCY CALGAR CALGARY Goods or Services	29.00
September 3	HYATT REGENCY CALGAR CALGARY Goods or Services	29.00
September 5	CalgParkAuth 2106010 CALGARY GOVERNMENT SERVICES	3.50
September 8	CalgParkAuth 2108987 CALGARY GOVERNMENT SERVICES	3.00

Total New Transactions for DEBORAH DREVER [REDACTED]

\$67.15 + GST

[REDACTED]

† Please detach here †

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Payment Options

PLEASE ALLOW 3 TO 5 BUSINESS DAYS FOR YOUR PAYMENT
TO BE PROCESSED BY YOUR FINANCIAL INSTITUTION AND
SENT TO US. See the About Your Payment Section.

- Phone and Internet banking arranged through your financial institution
- Your local bank branch
- Automatic banking machines

Do Not Enclose Cash



DEBORAH DREVER
LEGIS ASSEMBLY OF AB
4TH FLR 9820 107 ST
EDMONTON AB
T5K 1E9

Membership Number [REDACTED]

Amount Due \$	Amount Paid \$
[REDACTED]	[REDACTED]

Amex Bank of Canada/
Banque Amex du Canada
PO BOX 2000
West Hill ON M1E 5H4



1489



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, for 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)

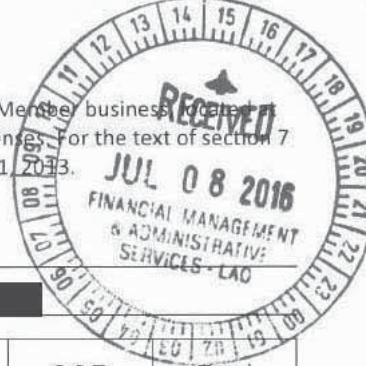
Member Name: Drever, Deborah

Constituency: Calgary-Bow

For the Month of: May

Year: 2016

Employee #: [REDACTED]



Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
2	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
3	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
4	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
5	60 km from Perm. Res.	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
6	Travel to/from Capital	Calgary	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
9	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
10	60 km from Perm. Res.	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
11	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
12	60 km from Perm. Res.	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
13	Travel to/from Capital	Calgary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
16	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
17	60 km from Perm. Res.	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
18	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
19	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
20	Travel to/from Capital	Calgary	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
24	60 km from Perm. Res.	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
25	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
26	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
27	60 km from Perm. Res.	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
28	Travel to/from Capital	Calgary	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
29	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
30	60 km from Perm. Res.	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
31	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
Grand Total						\$828.86	\$41.44	\$870.30

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

June 30, 2016



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: Drever, Deborah

Constituency: Calgary-Bow

For the Month of: June

Year: 2016

Employee #: [REDACTED]

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
2	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
6	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
7	60 km from Perm. Res.	Edmonton	<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	Travel to/from Capital	Calgary	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
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 \$186.76 \$9.34 \$196.10

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

June 30, 2016
Date



Members' Travel Expenses Per-Diems Claim Form

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

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

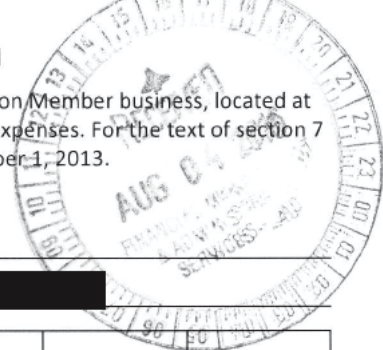
Member Name: Drever, Deborah

Constituency: Calgary-Bow

For the Month of: July

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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
6	60 km from Perm. Res.	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
7	Travel to/from Capital	Calgary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
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						\$59.38	\$2.97	\$62.35

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



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: Drever, Deborah

Constituency: Calgary-Bow

For the Month of: August

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			<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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
10	60 km from Perm. Res.	Calgary	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
11	Travel to/from Capital	Calgary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
15	60 km from Perm. Res.	Calgary	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
16	60 km from Perm. Res.	Calgary	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
17	Travel to/from Capital	Calgary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
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						\$138.52	\$6.93	\$145.45

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

Aug 24, 2016



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: Drever, Deborah

Constituency: Calgary-Bow

Employee #: [REDACTED]

Date: 4/1/2016

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: 2016-2017

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)

\$ 1,500.00

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

Claim Payment Authorization (please check)

☒ 12 Monthly Payments

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

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

July 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



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: Drever, Deborah

Constituency: Calgary-Bow

Employee #: [REDACTED]

Date: 4/1/2016

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: 2016-2017

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)

\$ 1,500.00

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

Claim Payment Authorization (please check)

☒ 12 Monthly Payments

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

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

August 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



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: Drever, Deborah

Constituency: Calgary-Bow

Employee #: [REDACTED]

Date: 4/1/2016

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: 2016-2017

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)

\$ 1,500.00

x 12 = \$ 18,000.00

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

Claim Payment Authorization (please check)

☒ 12 Monthly Payments

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

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

September 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

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Deborah Drever

Claimant Name: Deborah Drever

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: \$38.66

Purpose:

Supplies for Meet and Greet with constituents

CO-OP

Calgary Co-op

West Spring #21

917-85st S.W

(403) 299-4151

GST: 100730894

00 BAKED PRETZEL \$4.69 G

LITE RANCH DIP * \$3.49

RAINBOW CRISPY SQ \$5.00
DLX LARGE VEGGIE T \$15.99 G

KIDS PK MINI CKIES * \$7.00

1 @ 2 FOR \$3.50

STRAWBERRY CUPCAKE * \$5.99

10 BALANCE DUE

TYPE: Purchase INTERAC

ACCT: Chequing

DATE/TIME: 05/13/2016 17:43:32

REFERENCE #: 0010017790 C

TERM: 66216566

AID: A0000002771010

Interac

TVR: 0080008000

TSI: F300

00 APPROVED - THANK YOU 001

CUSTOMER COPY

INTERAC

Auth Code =

CHANGE

\$0.00

TAX-CODE	TAXABLE-VAL	TAX-VALUE
GST		

YOUR SAVINGS TODAY

Promotional Savings	6	6.88
TOTAL DISCOUNTS	6	6.88
TOTAL SAVINGS		6.88

CASHIER NAME: Harjit

C0106 #8593 17:44:24

S00021 R002

13MAY2016

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Deborah Drever

Claimant Name: Deborah Drever

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: \$5.29

Purpose:

Hosting



BOWNESIAN GROCER BIGWAY FOODS
7948 BOWNESS ROAD N.W.
Calgary, AB

#BOW-002 6/16/2016 12:06:05 Heather -
Inv#:00117917 Trs#:118153

CUPCAKES \$5.29

Net Sales \$5.29

TOTAL SALES \$5.29

SUB TOTAL \$5.29

Debit card \$5.29

Item count 1

TYPE: PURCHASE

ACCT: INTERAC CHEQUING

AMOUNT : \$5.29

CASH BACK : \$0.00

TOTAL : \$5.29

CARD NUMBER: [REDACTED]
DATE/TIME : JUN 16 2016 12:06:03
REFERENCE #: 66219369 0010560130 C
AUTHOR.# : [REDACTED]
A0000002771010
Interac
0080008000
F800

00 Approved-Thank You 001

** IMPORTANT **

Retain this copy for your records

Customer Copy

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Deborah Drever

Claimant Name: Harrison Clark

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: _____

Purpose:

Neighbour Day Community Celebrations



1308 - 9 Avenue S.E.
Calgary, AB T2G 0T3
Bus: (403) 264-6452
Fax: (403) 537-1161

INVOICE

Invoice No.: 173019
Date: 18-Jun-2016
Page: 1

Re. Order No.: 25045

Sold To:

Constituency Calgary-Bow Office

Calgary, Alberta
Canada

Ship To:

Constituency Calgary-Bow Office

Calgary AB
Deborah Drever Phone: 216-5400

BUSINESS NO: 132980269

ITEM NO.	QUANTITY	UNIT	DESCRIPTION	GST	PST	UNIT PRICE	AMOUNT
310	6.25	Kg	Mild Sausage Pre-cooked			16.90	105.63
332	70	Each	Italian Crusty Buns(Golf Tournament)			0.00	0.00



Received by: Husein M. Ali

Comments

Subtotal 105.63
GST 0.00

Total Amount \$105.63

Thank you!

Personal Expense Claim Receipt Description

Member Name: Deborah Drever

Claimant Name: Deborah Drever

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Constituents/ Stakeholders

Purpose:

Iftar event dinner was jointly hosted by Calgary- Bow, Calgary - Currie, Calgary-East, Calgary- Glenmore , Calgary -Hawkwood and Calgary- McCall.

Fatima Restaurant

Unit 76-55 Castleridge Blvd. NE Calgary AB T3J 3J8

INVOICE

To,

July 7, 2016

Calgary McCall Constituency
Calgary- AB

RECIEPT

Party for 300 Peoples dated 30th June 2016 , the food includes ;

Vege Pakora
Chicken Biryani
Daal
Naan
Kheer
Salad
Chutney

\$250 is Calgary - Bow share

Manager
Qamar
403-280-0009

Thanks for your Business
GST#765588124 RT0001

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Deborah Drever

Claimant Name: Harrison Clark

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: [REDACTED]

Purpose:

Constituency Office Hosting

7-ELEVEN
6306 BOWNESS RD NW
CALGARY AB T3B 0E5
4032863188
STORE#: 21855
GST# R119335453
Oh Thank Heaven
for 7-Eleven!

1 Drywld 10%Crmo473ml 2.99
1 Btl Dep-No 0.10

TOTAL DEPOSIT 0.10
SUBTOTAL 3.09
TOTAL DUE 3.09
IMPRINT 3.09

HUNGRY? TRY OUR HOTFOOD
SANDWICHES AND GRILL ITEMS
***** REPRINT *****
T#01 0911 T010417 05:17:16

\$3.09

7-ELEVEN 21855 02801
6306 BOWNESS ROAD NW
CALGARY AB T3B 0E5
TEL (403) 266-3188

TERM ID: J4323615

BATCH#: 400
SHIFT#: 001

Sale

INVT#: 0000000062
INTERAC
Account Type: Chequing Chip
Application Label: Interac
AID: A0000002771010
TVR: 00 00 00 00 00
TST: 68 00

Total: CAD\$ 3.09

001/00

NO SIGNATURE REQUIRED

17-Jun -16

10:09:11

THANK YOU

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Deborah Drever

Claimant Name: Harrison Clark

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: [REDACTED]

Purpose:

Constituency Office Hosting

7 ELEVEN
6306 BOWNESS RD NW
CALGARY AB T3B 0E5
4032863188
STORE#: 21855
GST# R119335453
Oh Thank Heaven
for 7-Eleven!

1 Drywld 10%Crmo473ml	2.99
1 Btl Dep-No	0.10
TOTAL DEPOSIT	0.10
SUBTOTAL	3.09
TOTAL DUE	3.09
IMPRINT	3.09

HUNGRY? TRY OUR HOTFOOD
SANDWICHES AND GRILL ITEMS
***** REPRINT *****

6306 BOWNESS ROAD NW
CALGARY AB T3B 0E5
TEL (403) 286-3188

TERM ID: J4323515 BATCH#: 417
SHIFT#: 001

Sale

INV#: 000000050

INTERAC

Account Type: Chequing SEQ#: 417001001050

Application Label: Interac

AID: A0000002771010

TVR: 80 00 00 80 00

TST: 69 00

[REDACTED]

Total: CAD\$ 3.09

[REDACTED]

NO SIGNATURE REQUIRED

04-Jul-16 11:34:31

THANK YOU

\$ 3.09

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Deborah Drever

Claimant Name: Harrison Clark

Expense Category: Hosting

For hosting, select one:

- ☐ Individual Constituent(s)
☐ Individual Stakeholder(s)
☒ Group: Constituency Wide Stampede Lunch

Purpose:

7-ELEVEN

6306 BOWNESS RD NW

CALGARY AB T3B 0E5

4032863188

STORE#: 21855

GST# R119335453

Oh Thank Heaven

for 7-Eleven!

17 Tootsie Pops	8.33T
22 JRLollipopChgnmkr15g	7.70T
SUBTOTAL	16.03
GST/HST ON 16.03	0.80
TOTAL DUE	16.83
IMPRINT	16.83

HUNGRY? TRY OUR HOTFOOD
SANDWICHES AND GRILL ITEMS

THANK YOU FOR YOUR BUSINESS

7-ELEVEN 21855 02801

6306 BOWNESS ROAD NW

CALGARY AB T3B 0E5

TEL (403) 286-3188

TERM ID: K4323515

BATCH#: 423
SHIFT#: 001

Sale

INVT#: 0000000004

VISA

Proximity
SEEN: 423001001004

Application label: VISA

AID: A0000000031010

TVR: 00 00 00 00 00

TSI: 00 00

Total: CAD\$ 16.83

09-Jul-16

08:35:25

CUSTOMER COPY
THANK YOU

\$ 16.03

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Deborah Drever

Claimant Name: Deborah Drever

Expense Category: Hosting

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \$3.99

Purpose:

Hosting

7-ELEVEN
6306 BOWNESS RD NW
CALGARY AB T3B 0E5
4032863188
STORE#: 21855
GST# R119335453
Oh Thank Heaven
for 7-Eleven!

1 BlysCmlCfCrm400ml6ct	3.99
SUBTOTAL	3.99
TOTAL DUE	3.99
IMPRINT	3.99

HUNGRY? TRY OUR HOTFOOD
SANDWICHES AND GRILL ITEMS

***** REPRINT *****

FW02 OP42 FPN5060 09/13/2016 04:15 PM

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Deborah Drever

Claimant Name: Deborah Drever

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Constituency Wide

Purpose:

Free Stampede Lunch Event for the Calgary - Bow Constituency

CANADA
OLYMPIC
PARK

88 Canada Olympic Road S.W.
Calgary, Alberta, Canada
T3B 5R5



WINSPORT
CANADA

T 403 247 5452
www.winsport.ca



\$1894.13 + GST

INVOICE

To: **Harrison Clark**
The Legislative Assembly of Alberta
6307 Bowness Road NW
Calgary, AB
T2E 8Y6

Invoice No.: 42192
Invoice Date: 7/20/2016
GST Registration # 121962203RT

Dept: **CATERING**
BBQ held on July 10, 2016 utilizing our facility.
Thank you for experiencing WinSport's Canada
Olympic Park!

<u>Description</u>		<u>Quantity</u>	<u>Price</u>	<u>Amount</u>
Event -	7/10/2016			
	Hot Dogs	80.00	\$3.50	\$280.00
	Hamburgers	105.00	\$4.50	\$472.50
	Vegetarian Burgers	40.00	\$4.00	\$160.00
	Crisp Vegetable & Dip Platter	200.00	\$4.00	\$800.00
	Assorted Chips	200.00	\$2.25	\$450.00
	Total Food			\$2,162.50
	Starbucks Coffee Urn	2.00	\$70.00	\$140.00
	Assorted Pop, Juice, Water	187.00	\$3.00	\$561.00
	Total Beverage			\$701.00
	Gratuity - 18% on all food and beverage services	1.00	\$515.43	\$515.43
	Catering Labour - 4 hrs	1.00	\$240.00	\$240.00
	Subtotal 7/10/2016			\$3,618.93

* GST Applicable

Due and payable upon receipt of this invoice.
Interest of 1.5% per month will be charged
on overdue accounts.

Note: \$50 fee applied to all NSF payments

No Statement will be issued. Thank you.

Total before G.S.T. \$3,618.93

G.S.T

Less Deposit Received \$1,724.80

Total Amount Due \$1,894.13

Please make your cheque payable to WinSport and remit to:
88 Canada Olympic Rd SW, Calgary, Alberta, T3B 5R5. E.&O.E.

To ensure your payment is properly applied please reference invoice number.