

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2017-18
004 - Calgary-Bow - Drever, Deborah
For Expenses Processed Jul 1 - Sep 30, 2017

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$374.57	\$1,413.51
MLA Parking Cap - \$	\$900.00	\$178.09	\$328.31
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$			
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$99.00	\$1,075.62
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	10.0		
Other			
Hosting - \$		\$3,461.46	\$5,729.92
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	35,000.0	576.0	918.0
Special Trips (5 trips per year) - NF	5.0		
Travel To and From the Capital			
Travel by Air, Bus or Train (Unlimited Trips) - NF			1.0
Use of a Private Automobile (52 trips per year) - NF	52.0	1.5	8.0
Other Travel			
Vehicle Rental (5 Days maximum anywhere in Alberta) - NF	5.0		

\$ - Reported on CAD dollar amount of actual expense

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

Budget reported is the maximum annual amount that may be claimed

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

Element Fleet Management



BDFD290001

FLEET MANAGEMENT SERVICES DETAIL
DETAI LS 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.
NO DU CLIENT
NVOICE DATE 08/01/17
DATE DE LA FACTURE
NVOICE NO. 0006873046
NO DE LA FACTURE

UNIT NO NO. D'UNITE	DRIVER NAME DRIVER ID. NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V.I.N. NO. DE SERIE	CARD NO. NO. DE CARTE	KM AUTHORIZE KM AUTORISE	REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION DESCRPTION DES FRAIS	QTY QTE	UNIT COST COUT UNIT	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DUE MONTANT TOTAL DU
	DREVER				000468326561 07/15/17	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	50.7	.98	47.23	2.36 2.36	49.59 49.59
				0059710 MC75669	120014676840 07/13/17	LUBE TOWN CALGARY AB	LUBRICATE-CHANGE OIL & FILTER GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	1.0	106.93	106.93	5.35 5.35	112.28 112.28
					000467904047 07/09/17	HUSKY OIL CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT DISCOUNT / RABAIS TOTAL / TOTAL	49.2	1.02	47.78	2.32 2.32	50.10 50.10 .49- 49.61
					000468654311 06/30/17	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	42.3	.96	38.59	1.93 1.93	40.52 40.52
					000467833491 06/25/17	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	51.8	.91	44.90	2.25 2.25	47.15 47.15
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE DISCOUNT / RABAIS TOTAL / TOTAL	194.0		285.43	14.21	299.64 .49- 299.15
	BKDN TOTALS / TOTAUX CODIFICATION 01-04		UNITS / VEHIC	1			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH BKDN TOTALS / TOTAUX COD FICATION DISCOUNT / RABAIS TOTAL / TOTAL	194.0		285.43	14.21	299.64 .49- 299.15

BLE871

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

FLEET MANAGEMENT SERVICES DETAIL
DETAI LS 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.
NO DU CLIENT
NVOICE DATE 09/01/17
DATE DE LA FACTURE
NVOICE 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 AUTHORIZE KM AUTORISE	REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION DESCRPTION DES FRAIS	QTY QTE	UNIT COST COUT UNIT	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DUE MONTANT TOTAL DU
	DREVER				000469495063 07/27/17	FEDERATED COOPERATIVES LIMITED CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	51.8	.89	43.93	2.20 2.20	46.13 46.13
					000468811476 07/19/17	FEDERATED COOPERATIVES LIMITED 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	.94	45.21	2.26 2.26	47.47 47.47
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	102.3		89.14	4.46	93.60
	BKDN TOTALS / TOTAUX CODIFICATION 01-04				UNITS / VEHIC 1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	102.3		89.14	4.46	
							BKDN TOTALS / TOTAUX CODIFICATION					93.60



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, 2017

Page 1 of 2

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

Statement includes payments and charges received by July 16, 2017

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, 2017

Total Credit Limit \$

Available Credit Limit \$

New Transactions for DEBORAH DREVER

Amount \$

June 27	Calgary Zoo 10687677 CALGARY GOVERNMENT SERVICES	10.00
June 29	CalgParkAuth 2362652 CALGARY GOVERNMENT SERVICES	4.50
June 29	INDIGO PARK CANADA CALGARY Goods or Services	5.00
July 7	HYATT REGENCY CALGAR CALGARY Goods or Services	29.00
July 10	CalgParkAuth 2370334 CALGARY GOVERNMENT SERVICES	24.00
July 11	CalgParkAuth 2371686 CALGARY GOVERNMENT SERVICES	4.50
July 11	CalgParkAuth 2371687 CALGARY GOVERNMENT SERVICES	4.50

Total New Transactions for DEBORAH DREVER

\$77.62 + GST

† 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

Membership Number

	Amount Due \$	Amount Paid \$

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





The American Express® Corporate Card Statement of Account

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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, 2017



Page 1 of 2

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

Statement includes payments and charges received by August 16, 2017

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, 2017

Total Credit Limit \$

Available Credit Limit \$

Listing of Charges and Credits

Foreign Spending

Amount \$

August 3 Payment Received Thank You

New Transactions for DEBORAH DREVER

Amount \$

July 20	INDIGO - DELTA BOW V CALGARY	19.00
	Goods or Services	
July 30	IMPARK00030177U CALGARY	28.35
	Goods or Services	
July 30	IMPARK00030177U CALGARY	28.35
	Goods or Services	

Total New Transactions for DEBORAH DREVER

\$72.10 + GST

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Payment Options

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SENT TO US. See the About Your Payment Section.

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- 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

† Please detach here †

Membership Number	
Amount Due \$	Amount Paid \$

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, 2017

Page 1 of 2

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 15, 2017

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, 2017

Total Credit Limit \$

Available Credit Limit \$

Listing of Charges and Credits

Amount \$

August 30 Payment Received Thank You

New Transactions for DEBORAH DREVER

Amount \$

August 25	CalgParkAuth 2411473 CALGARY GOVERNMENT SERVICES	9.00
September 4	CalgParkAuth 2419646 CALGARY GOVERNMENT SERVICES	5.00
September 11	CalgParkAuth 2425436 CALGARY GOVERNMENT SERVICES	13.34
September 13	CalgParkAuth 2427936 CALGARY GOVERNMENT SERVICES	2.44
Total New Transactions for DEBORAH DREVER		29.78

\$28.37 + GST

↑ 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
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- 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





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: 2017

Employee #:

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
5	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
6	Travel to/from Capital	Calgary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$99.00	\$4.95	\$103.95

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

Member Signature

Date

July 24/17



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

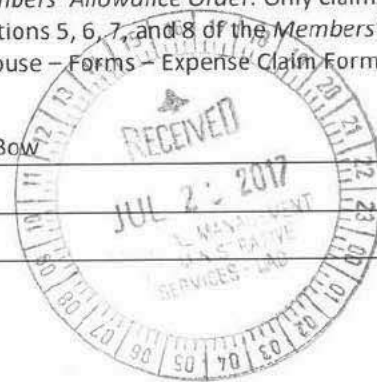
Member Name: Drever, Deborah

Constituency: Calgary-Bow

Employee #: [REDACTED]

Date: 4/1/2017

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



Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Maximum of \$23,160 per fiscal year.

Fiscal Year: 2017-2018

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

☒ Yes

☐ No

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

\$ 1,500.00

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.

July 2017

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

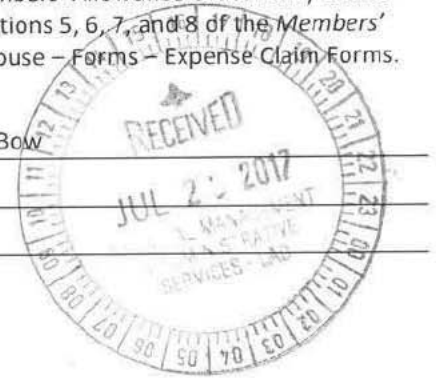
Member Name: Drever, Deborah

Constituency: Calgary-Bow

Employee #: [REDACTED]

Date: 4/1/2017

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



Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Maximum of \$23,160 per fiscal year.

Fiscal Year: 2017-2018

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

☒ Yes

☐ No

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

\$ 1,500.00

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.

August 2017

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

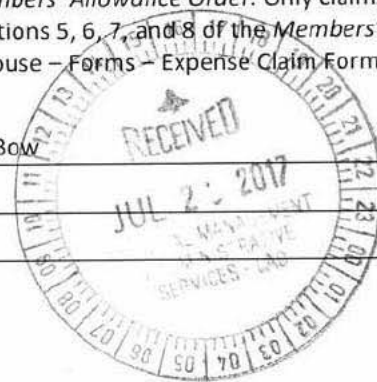
Member Name: Drever, Deborah

Constituency: Calgary-Bow

Employee #: [REDACTED]

Date: 4/1/2017

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



Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Maximum of \$23,160 per fiscal year.

Fiscal Year: 2017-2018

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

☒ Yes

☐ No

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

\$ 1,500.00

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 2017

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: Bowness Clean Up Attendees \$100.00 + GST

Purpose:

Coffee for participants in the community clean up.

CADENCE
CALGARY, AB
(403) 247-9955
GST# 868496431

R E C E I P T

Server: AM CLERK
Guest:

OPEN CATERING 100.00

Total 105.00
Net Sales 100.00
Total Tax 5.00
Debit 105.00

9:10 AM 5/28/2017

43

ORDER #

THANK YOU!

CADENCE COFFEE
6407 BOWNESS RD NW
CALGARY, AB T3B 0E6
(403) 247-9955

TERM ID: G4378052

BATCH#: 212
SHIFT#: 001

Sale

INV#: 0000000026
INTERAC Chip
Account Type: Chequing SEQU: 212001001026
Application Label: Interac
AID: A0000002771010
TVR: 00 80 00 80 00
TSI: F8 00

Total: CAD\$ 105.00

28-May -17

09:10:05

CUSTOMER COPY
THANK YOU
COME AGAIN!

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 Stampede Event \$2922.50

Purpose:

Catering for constituency wide Stampede Lunch at WinSport

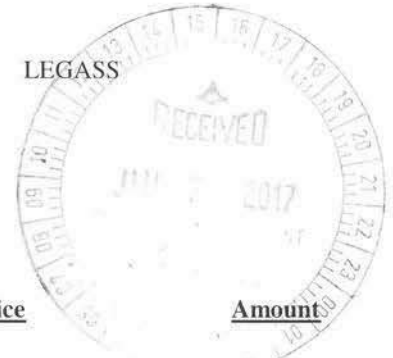
**CANADA
OLYMPIC
PARK**88 Canada Olympic Road S.W.
Calgary, Alberta, Canada
T3B 5R5**winSPORT**
CANADAT 403 247 5452
www.winsport.ca**INVOICE**

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

Invoice No.: 44851
Invoice Date: 7/14/2017
GST Registration # 121962203RT

Cust #: LEGASS

Dept: CATERING
BBQ held on July 9, 2017 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 -	7/9/2017			
	Hot Dogs	130.00	\$3.50	\$455.00
	Hamburgers	220.00	\$4.50	\$990.00
	Vegetarian Burgers	80.00	\$4.00	\$320.00
	Veggie & Dip Platter	225.00	\$4.00	\$900.00
	Assorted Chips	300.00	\$2.25	\$675.00
	Total Food			\$3,340.00
	Coffee Urn	2.00	\$70.00	\$140.00
	Assorted pop, juice, water	215.00	\$3.00	\$645.00
	Total Beverage			\$785.00
	Gratuuity - 18% on all food and beverage services	1.00	\$742.50	\$742.50
	Catering Labour - 4 hours	1.00	\$240.00	\$240.00
	Subtotal 7/9/2017			\$5,107.50

Total before G.S.T. \$5,107.50

G.S.T

Less Deposit Received \$2,185.00

Total Amount Due \$2,922.50

*** 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.

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.

Personal Expense Claim Receipt Description

Member Name: Deborah DreverClaimant Name: Deborah DreverExpense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)☐ Individual Stakeholder(s)☒ Group: Valley Ridge Community

\$ 28.72

Purpose:

Ice for the coolers to keep food supplies cold for the annual Valley Ridge BBQ



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)

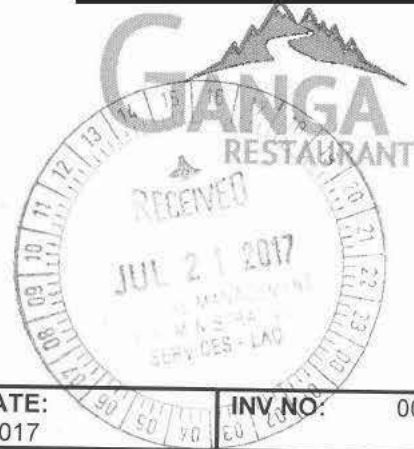
☐ Individual Stakeholder(s)

☒ Group: _____

Purpose:

Celebrating Iftar event hosted in Calgary-McCall

INVOICE



FOR DATE: 29-06-2017	INV NO: 001
TEL:	PAGE NO: 01
BILL TO: Mr. Irfan Sabir Calgary - AB	

DATE	DESCRIPTION	Total Days	Nos. of guest	Per head	Amount CAD
June 2017	Outdoor Catering GST	01	100	15.00	1500.00
				5%	0.00
				TOTAL	1500.00
				ADVANCE	0.00
				BALANCE	1500.00
Total amount chargeable (in words): One Thousand and Five Hundred Canadian Dollars only.					

NOTE:
Amount charged for 100 nos. of guest.

Calgary Bow share is \$200

Personal Expense Claim Receipt Description

Member Name: Deborah Drever

Claimant Name: Calgary - Bow

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Crestmont

\$210.24

Purpose:

Sausage and Buns for Crestmont Neighbour Day



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

INVOICE

Invoice No.: 179998
Date: 17-Jun-2017
Page: 1

Re. Order No.:36247

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	12.44	Kg	Mild Sausage Pre-cooked			16.90	210.24
332	175	Each	Italian Crusty Buns(Golf Tournament)			0.00	0.00



Received by: _____

Comments

Subtotal 210.24
GST 0.00

Total Amount \$210.24

Thank you!