

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2018-19
058 - Fort McMurray-Conklin - Goodridge, Laila
For Expenses Processed Jan. 1 - Mar 31, 2019

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$1,114.73	\$2,641.21
MLA Parking Cap - \$	\$900.00	\$85.72	\$85.72
Other Travel - Parking - \$		\$9.00	\$35.19
Member Travel (overnight stay in constituency) - \$		\$182.00	\$182.00
Taxi, Bus Travel - \$		\$378.60	\$451.93
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$1,697.33	\$1,697.33
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$4,180.65	\$10,580.65
Travel Accommodations Allowance		\$252.48	\$465.65
Travel Accommodations Allowance (days; 10 max) - NF	10.0		
Other			
Hosting - \$		\$119.33	\$144.32
Event Tickets Disclosable - \$			
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel MLA (KM) - NF	80,000.0	3,003.0	3,965.0
Constituency Travel Staff (KM) - NF			
Total Constituency Travel (KM) - NF	80,000.0	3,003.0	3,965.0
Special Trips (5 trips per year) - NF	5.0	2.0	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	7.5	13.0
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

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: LAILA GOODRIDGE

Claimant Name: LAILA GOODRIDGE

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Purchase of Gasoline to travel for constituency work
15-Jan-2019 - Mobil @ #1748- \$65.75

\$62.62 + GST

RELEVÉ DE
TRANSACTION

MOBIL
@ #1748
9 HAINEAULT STREET
FORT MCMURRAY, AB T9H 3A8

TRANSACTION RECORD

MOBIL

2019-01-15 15:35:32

TRANS #: 072437
Station#: 00324354
GST #: R733514327

PUMP 8
EREG \$ 65.75
70.022L AT \$0.939/L

GST INCLUDED \$ 3.13
TOTAL : CAD\$ 65.75

Type: PURCHASE
MASTERCARD

INVOICE NO: TH7B0490
AUTH: [REDACTED]

MasterCard
A0000000041010
0000008000
E800

01 Approved - Thank You 027

VERIFIED BY PIN

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: LAILA GOODRIDGE

Claimant Name: LAILA GOODRIDGE

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group:

Purpose:

Purchase of Gasoline to travel for constituency work
19-Jan-2019 - Petro-Canada \$56.81

\$54.10 + GST?

EDMONTON
ALBERTA T5K 1H5
(780) 423-1429

GST 0885609321
PC0187409:8598601
TERMINAL: 028598651
PAYPOINT: 028598601

2019-01-19 12:59

PUMP 04
REGULAR
LITRES L 66.1
PRICE/L \$ 0.8
FUEL SALES \$ 56.8

TOTAL OWED \$ 56.8

FUEL SAVINGS CARD
@ 5.0 CPL \$ 2.84
TOTAL PAID
CREDIT CARD \$ 53.97

* GST INCL. \$ 2.7

FUEL SAVINGS CARD

EXPIRES
INVOICE 860959
AUTH
CARD BALANCE
0.000 LITRES

MASTERCARD

INVOICE 860960
AUTH
PURCHASE
T 0010010010 00 02
APPROVED
THANK YOU

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LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: LAILA GOODRIDGE

Claimant Name: LAILA GOODRIDGE

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

Purchase of Gasoline to travel for constituency work
24-Jan-2019 - 7-Eleven Esso - \$65.00

\$61.90 + GST

TRANSACTION RECORD

7-ELEVEN ESSO STORE

10002 FRANKLIN AVE
FORT MCHURRA AB T9H 2K6

ESSO EXPRESS PAY

2019-01-24 16:37:55

TRANS #: 236888
STATION#: 00303815
GST #: R119335453

PUMP 4
EREG \$ 65.00
65.065L AT \$0.999/L

GST INCLUDED \$ 3.10
TOTAL : CAD\$ 65.00

TYPE: PURCHASE
MASTERCARD

INVOICE NO: TWH74898
AUTH: [REDACTED]

MASTERCARD
A0000000041010
0000000000
E800

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ANK YOU 027

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PLEASE CALL PC
OPTIMUM MEMBER
SERVICES AT
1-866-727-6468
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

RECONCILIATION ID:
TWH719012416353908

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LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: LAILA GOODRIDGE

Claimant Name: LAILA GOODRIDGE

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Purchase of gasoline to travel for constituency work
17-Jul-18 - Petro Canada \$58.61

\$55.82 + GST

PETRO-CANADA
1-226 GREGOIRE DR
FORT McMURRAY
ALBERTA T9H 4K6
(780) 791-6558

GST 1349812
PC0556586:7781481
TERMINAL: 02778145
PAYPOINT: 02778148

2018-07-17 16:24

PUMP 03
REGULAR
LITRES L 41.80
PRICE/L \$ 1.399
FUEL SALES \$ 58.61*

TOTAL OWED \$ 58.61

TOTAL PAID
CREDIT CARD \$ 58.61

* GST INCL. \$ 2.79

MASTERCARD

INVOICE 222442
AUTH
PURCHASE
T 0010010010 00 027
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THANK YOU

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LEARN HOW TO
SAVE 3 CENTS/L
EVERY DAY AT
PETRO-CANADA.CA/RBC

SURVEY! EARN POINTS
& CHANCE TO WIN GAS
PETRO-CANADA.CA/HERO

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: LAILA GOODRIDGE

Claimant Name: LAILA GOODRIDGE

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Purchase of gasoline to travel for constituency work
17-Jul-18 - 296388 Costco - \$46.01

\$43.82 + GST

296388 Costco #150
13650 50TH ST
Edmonton
T5A-4V3

MEMBER#

TYPE: PURCHASE

ACCT: MasterCard

PUMP: 9
GRADE: Unleaded
L: 37.137
\$/L: \$ 1.239
FUEL SALE: \$ 46.01

CARD NUMBER:

DATE: 07/17/2018
TIME: 11:32
REFERENCE:
36666930 0010014800 C
AUTH#:
TRANSACTION#: 49609

MasterCard
A00000000041010
0000008000 E800

GST INCLUDED = \$ 2.19
GST #121476329

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MEMBERSHIP.

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: LAILA GOODRIDGE

Claimant Name: LAILA GOODRIDGE

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group:

Purpose:

Purchase of gasoline to travel for constituency work
17-Dec-18 - Petro Canada \$67.06

\$63.87 + GST

PETRO-CANADA
2ND STREET
WANDERING RIVER
ALBERTA T0A 3M0
(780) 771-2613

GST 838442929:
PC0509915:7781901
TERMINAL: 027781954
PAYPOINT: 027781901

2018-12-17 14:15

PUMP 04
REGULAR
LITRES L 63.32
PRICE/L \$ 1.05
FUEL SALES \$ 67.06

TOTAL OWED \$ 67.06

TOTAL PAID
CREDIT CARD \$ 67.06

* GST INCL. \$ 3.19

MASTERCARD
[REDACTED]
INVOICE 087743
AUTH [REDACTED]
PURCHASE
T 0010010010 00 027
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THANK YOU

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PETRO-POINTS
BALANCE BEFORE
PURCHASE [REDACTED]

*** BONUS POINTS *
IF APPLICABLE, WILL
BE UPDATED LATER

LEARN HOW TO
SAVE 3 CENTS/L
EVERY DAY AT
PETRO-CANADA.CA/RI

SURVEY! EARN POINTS
& CHANCE TO WIN

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: LAILA GOODRIDGE

Claimant Name: LAILA GOODRIDGE

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Purchase of gasoline to travel for constituency work
1-Feb-19 Petro-Canada \$41.98

\$39.98 + GST

2ND STREET
WANDERING RIVER
ALBERTA T0A 3H0
(780) 771-2613

GST 838442929:
PC0532746:7781901
TERMINAL: 02778195
PAYPOINT: 027781901

2019-02-01 11:38

PUMP 02
REGULAR
LITRES L 43.78
PRICE/L \$ 0.95
FUEL SALES \$ 41.9

TOTAL OWED \$ 41.9

TOTAL PAID
CREDIT CARD \$ 41.9

* GST INCL. \$ 2.0

MASTERCARD

INVOICE 104596
RUTH
PURCHASE
T 0010010010 00 02
APPROVED
THANK YOU

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PETRO-POINTS
BALANCE BEFORE
PURCHASE *****

*** BONUS POINTS ***
IF APPLICABLE, WILL
BE UPDATED LATER

LEARN HOW TO
SAVE 3 CENTS/L
EVERY DAY AT
PETRO-CANADA.CA/RDC

SURVEY! EARN POINTS
TO WIN GAS

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: LAILA GOODRIDGE

Claimant Name: LAILA GOODRIDGE

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Purchase of gasoline to travel for constituency work
10-Feb-19 Petro-Canada \$31.44

\$29.94 + GST

PETRO-CANADA
321 THICKWOOD BLVD
FORT MCMURRAY
Alberta T9H 3W1

Card: 815919923 > (780) 790-0333
2019-02-10 PC0373947:3767901 18:16
TERMINAL: 023767956 OPER: A
PAYPOINT: 023767901

FUEL	(L)	(\$/L)	(\$)
Pump 6			
PLUS	25.579	1.229	31.44*
Total Owed			31.44

TOTAL PAID
CREDIT CARD \$ 31.44

+TAXES INCL. #TAXES EXCL.

GST TOTAL \$ 1.50

MASTERCARD *****
INV. 228317 AUTH.
Purchase
1 0010010010 00 027

DU APPROVED - THANK YOU

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LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: LAILA GOODRIDGE

Claimant Name: LAILA GOODRIDGE

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

Purchase of gasoline to travel for constituency work
10-Feb-19 Petro-Canada \$80.23

\$76.41 + GST

2ND STREET
WANDERING RIVER
ALBERTA T0A 3M0
(780) 771-2613

GST 838442929:
PC0537467:7781901
TERMINAL: 027781955
PAYPOINT: 027781901

2019-02-10 16:04

PUMP 05
PLUS
LITRES L 67.479
PRICE/L \$ 1.189
FUEL SALES \$ 80.23*

TOTAL OWED \$ 80.23

TOTAL PAID
CREDIT CARD \$ 80.23

* GST INCL. \$ 3.82

MASTERCARD
[REDACTED] T
INVOICE 108093
AUTH [REDACTED]
PURCHASE
T 0010010010 00 027
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THANK YOU

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PETRO-POINTS
BALANCE BEFORE
PURCHASE [REDACTED]

*** BONUS POINTS ***
IF APPLICABLE, WILL
BE UPDATED LATER

LEARN HOW TO
SAVE 3 CENTS/L
EVERY DAY AT
PETRO-CANADA.CA/RBC

SURVEY! EARN POINTS
& CHANCE TO WIN GAS
ALONG CO/H500

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: LAILA GOODRIDGE

Claimant Name: LAILA GOODRIDGE

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Gas Receipt for constituency work
19-Feb-19 Esso Grassland - \$50.33

\$47.93 + GST

GRASSLAND ESSO

HUP 63

GRASSLAND AB TOR 108

ESSO EXPRESS PAY

2019-02-19 14:11:15

TRANS #: 246687

STATION#: 00303704

GST #: R817084395

PUMP 4

EREG \$ 50.33

50.382L AT \$0.999/L

GST INCLUDED \$ 2.40

TOTAL : CAD\$ 50.33

TYPE: PURCHASE

MASTERCARD

REFERENCE #:

66440807 0010014260C

INVOICE NO: 017874

AUTH:

MASTERCARD

A0000000041010

0000000000

E800

VERIFIED BY PIN

01/027 APPROVED

THANK YOU

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: LAILA GOODRIDGE

Claimant Name: LAILA GOODRIDGE

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

Gas purchase for constituency work
26-Feb-19 - Esso - \$61.94

\$58.99 + GST

TRANSACTION RECORD

7-ELEVEN ESSO STORE

10002 FRANKLIN AVE
FORT MCMURRA AB T9H 2K6

DATE: 2019-02-26 TIME: 10:40:39

Paypoint: 05C TRANS #: 251852
Station#: 00303815 Cashier: manager
GST: R119335453

*** DUPLICATE ***

FUEL	(L)	(\$/L)	(\$)
Pump 5			
REG	59.047	1.049	61.94

TOTAL CAD \$ 61.94

CREDIT CARD \$ 61.94

* GST INCLUDED IN FUEL \$ 2.95

PURCHASE

MASTERCARD C *****
INVOICE NO: TWH88473
AUTH #:

MasterCard
AC0000000041010
0000008000
ES00

01 Approved - Thank You 027

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-- JHP RIANI --
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LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: LAILA GOODRIDGE

Claimant Name: LAILA GOODRIDGE

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

Gas Receipt for constituency work
1-Mar-19 Petro Canada \$66.69

\$63.51 + GST

9936 109 STRE
EDMONTON
ALBERTA T5K 1H
(780) 423-1400

GST 08856091
PC022205B:859861
TERMINAL: 028598
PAYPOINT: 028598

2019-03-01 16:

PUMP
REGULAR
LITRES L 65.5
PRICE/L \$ 1.01
FUEL SALES \$ 66.20

TOTAL DUE \$ 66.20

TOTAL PAID
CREDIT CARD \$ 66.20

* GST INCL. \$ 3.01

MASTERCARD

INVOICE 883041
AUTH
PURCHASE
T 0010010010 00 00
APPROVED

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: LAILA GOODRIDGE

Claimant Name: LAILA GOODRIDGE

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group:

Purpose:

Gas Receipt for constituency work
3-Mar-19 Esso Express \$72.74

\$69.28 + GST

TRANSACTION RECORD

Gasoline Alley ESSO
172 Leva Avenue Red D
er, Alberta T4E 1B

ESSO EXPRESS PAY

2019-03-03 19:35:44

TRANS #: 006402
Station#: 00325314
GST #: R777652314

PUMP 2
REG \$ 72.74
68.047L AT \$1.069/L

GST INCLUDED \$ 3.46
TOTAL : CAD\$ 72.74

Type: PURCHASE
MASTERCARD
C *****
INVOICE NO: T157821
AUTH:

MasterCard
A00000000041010
0000008000
E800

01 Approved - Th
ank You 027

VERIFIED BY PIN

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: LAILA GOODRIDGE

Claimant Name: LAILA GOODRIDGE

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

Gas Receipt for constituency work
4-Mar-19 Petro Canada ~~\$52.48~~

\$49.98 + GST

PETRO CANADA
2ND STREET
WANDERING RIVER
ALBERTA T0A 3M
(780) 771-261

GST 83844292
PC0549889:778190
TERMINAL: 0277819
PAYPOINT: 0277819

2019-03-04 15:1

PUMP 0.
REGULAR
LITRES L 52.4
PRICE/L \$ 0.9
FUEL SALES \$ 52.4

TOTAL OWED \$ 52.4

TOTAL PAID
CREDIT CARD \$ 52.4

* GST INCL. \$ 2.50

MASTERCARD

INVOICE 117301
AUTH
PURCHASE
- 0010010010 00 007
APPENDIX
INVOICE

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: LAILA GOODRIDGE

Claimant Name: LAILA GOODRIDGE

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Purchase of gasoline to travel for constituency work
6-Mar-19 7-Eleven Esso \$38.96

\$37.10 + GST

TRANSACTION RECORD

7-ELEVEN ESSO STORE

10002 FRANKLIN AVE
FORT MCMURRA AB T9H 2K6

DATE: 2019-03-06 TIME: 08:39:50

Paypoint: 05C TRANS #: 255116
Station#: 00303815 Cashier: manager
GST: R119335453

*** DUPLICATE ***

FUEL	(L)	(\$/L)	(\$)
Pump 5			
EREG	33.904	1.149	38.96
TOTAL	CAD	\$	38.96
CREDIT CARD		\$	38.96
* GST INCLUDED IN FUEL \$ 1.86			

PURCHASE

MASTERCARD C *****
INVOICE NO: TWH83560
AUTH #:

MasterCard
A0000000041010
0000008000
E800

01 Approved - Thank You 027

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*** DUPLICATE ***

Reconciliation ID: TWH819030608395016

Please call PC Optimum member services
at 1-866-727-6468

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%

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: LAILA GOODRIDGE

Claimant Name: LAILA GOODRIDGE

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Purchase of gasoline to travel for constituency work
12-Mar-19 Petro Canada \$47.31

\$45.06 +GST

2ND STREET
WANDERING RIVER
ALBERTA T0A 3H0
(780) 771-2613

GST 838442929:
PC0554426:7781901
TERMINAL: 027781956
PAYPOINT: 027781901

2019-03-12 13:27

PUMP 06
REGULAR
LITRES L 41.98
PRICE/L \$ 1.125
FUEL SALES \$ 47.31

TOTAL OWED \$ 47.31

TOTAL PAID
CREDIT CARD \$ 47.31

* GST INCL. \$ 2.25

MASTERCARD

INVOICE 120612
AUTH
PURCHASE
T 0010010010 00 027
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THANK YOU

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LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: LAILA GOODRIDGE

Claimant Name: LAILA GOODRIDGE

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

Purchase of gasoline to travel for constituency work
17-Mar-19 Petro Canada \$81.95

\$78.05 + GST

PETRO-CANADA
2ND STREET
WANDERING RIVER
ALBERTA T0A 3M0
(780) 771-2613

GST 838442929:
PC0557374:7781901
TERMINAL: 02778195
PAYPOINT: 02778195

2019-03-17 14:40

PUMP 0
REGULAR
LITRES L 70.5
PRICE/L \$ 1.15
FUEL SALES \$ 81.08

TOTAL OWED \$ 81.08

TOTAL PAID
CREDIT CARD \$ 81.08

* GST INCL. \$ 3.00

MASTERCARD

INVOICE 122774
AUTH
PURCHASE
T 0010010010 00 0:
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LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: LAILA GOODRIDGE

Claimant Name: LAILA GOODRIDGE

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group:

Purpose:

Purchase of gasoline to travel home as Election was called
20-Mar-19 7-Eleven Esso \$57.21

\$54.49 + GST

DUPLICATE

DUPLICATE

DUPLICATE

PETRO-CANADA
2ND STREET
WANDERING RIVER
Alberta T0A 3M0

GST: 838442929: (780) 771-2613
2019-03-20 PC0559120:7781901 11:42
TERMINAL: 027781954 OPER: A
PAYPOINT: 027781901

FUEL	(L)	(\$/L)	(\$)
Pump 4			
REGULAR	50.229	1.139	57.21*
Total Owed			57.21

TOTAL PAID
CREDIT CARD \$ 57.21

*TAXES INCL. #TAXES EXCL.

GST TOTAL \$ 2.72

MASTERCARD *****
INV. 124052 AUTH.
Purchase
T 0010010010 00 027

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LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: _____

Claimant Name: _____

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Maintenance on Vehicle
17-Jan-19 Volvo Edmonton Invoice # 254888
\$121.88 \$ \$6.09 - \$127.97

\$121.88 + GST

VOLVO OF EDMONTON
1205 101 STREET
EDMONTON, AB T6X 1A1

Merchant ID: 000000005406094
Term ID: 09387737
82400070017

Purchase

MC

Entry Method: Manual

Batch#: 000643

01/17/19

13:34:49

Ref#: 000004946879

Inv #: 254888 Appr Code: _____

Total: \$ _____

Customer Copy

CUSTOMER #: [REDACTED]

254888

Volvo of Edmonton

1205-101 Street SW
Edmonton, AB T6X 1A1
Phone: (780) 486-5100
Fax (780) 486-4446
Toll Free Phone: 1-888-486-5100

INVOICE

LAILA GOODRIDGE

PAGE 1

SERVICE ADVISOR: 432 MIGUEL MEYER

COLOUR	YEAR	MAKE/MODEL	VIN	LICENSE	ODOMETER IN/ OUT	TAG
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IN SVC. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	CUST. PAY LABOUR RATE	PAYMENT	INV. DATE
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08DEC11 DD		08DEC2014	14:00 17JAN19		0.00	CASH	17JAN19
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R.O. OPENED	READY
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16JAN19	17JAN19
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LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
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A **DELIVERY ONLY** INFORMATION WILL BE GIVEN AT TIME OF DROP OFF ON

16TH- FEDERAL BUILDING 9820 107 ST NW - NIALI - 403 479 2040-

PUP PICK UP/DELIVERY:TIME:ADDRESS:CONTACT:NOTES:

PARTS:	0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE A:	0.00
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8 8889951 5W30 SYNTHETIC CASTROL EDGE PROFF	10.99	10.99	87.92
CORE CHARGE C		0.40	0.40
1 CELV ENVIRO LEVY - VOLVO	4.00	4.00	4.00
1 30750013 OIL FILTER INSERT	29.06	29.06	29.06
CORE CHARGE C		0.50	0.50

C COMPLIMENTARY VOLVO SERVICE FOR LIFE SOFTWARE UPDATE
NSA NO SOFTWARE AVAILABLE

DESCRIPTION	TOTALS
LABOUR AMOUNT	
PARTS AMOUNT	
GAS, OIL, LUBE	
SUBLET AMOUNT	
MISC. CHARGES	
TOTAL CHARGES	
LESS INSURANCE	
TAXES	
PLEASE PAY THIS AMOUNT	

Service Hours
MONDAY TO FRIDAY
7:30 A.M. TO 5:30 P.M.
SATURDAY
7:30 A.M. TO 12:00 P.M.

You agree by your signature below that Volvo of Edmonton may retain any of your personal information we presently have on file and/or any of your personal information on this form. You acknowledge and agree that (i) we collect/use such personal information in order to provide services to you and/or to communicate with you, including marketing communications and (ii) in order to carry out the foregoing purposes we may share your personal information with (a) our computing and marketing service providers, such as CDK Global, (b) motor vehicle manufacturers with whom we have a franchise agreement and (c) others as may be specifically allowed by applicable law.

X

VOLVO OFFERS LIFETIME REPLACEMENT PART & LABOUR WARRANTY.

GST #R84778 7694

CUSTOMER #:

254888

Volvo of Edmonton

1205-101 Street SW
Edmonton, AB T6X 1A1
Phone: (780) 486-5100

Fax (780) 486-4446

Toll Free Phone: 1-888-486-5100

LAILA GOODRIDGE

INVOICE

PAGE 2

SERVICE ADVISOR: 432 MIGUEL MEYER

COLOUR		YEAR	MAKE/MODEL		VIN		LICENSE	ODOMETER IN/OUT		TAG
[REDACTED]										
IN SVC. DATE		PROD. DATE		WARR. EXP.		PROMISED		PO NO.		CUST. PAY LABOUR RATE
										PAYMENT
08DEC11 DD				08DEC2014		14:00 17JAN19				INV. DATE
R.O. OPENED		READY		[REDACTED]						
16JAN19		17JAN19		[REDACTED]						
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GST ----->

(#: R115328346)

Service Hours

MONDAY TO FRIDAY
7:30 A.M. TO 5:30 P.M.

SATURDAY
7:30 A.M. TO 12:00 P.M.

You agree by your signature below that Volvo of Edmonton may retain any of your personal information we presently have on file and/or any of your personal information on this form. You acknowledge and agree that (i) we collect/use such personal information in order to provide services to you and/or to communicate with you, including marketing communications and (ii) in order to carry out the foregoing purposes we may share your personal information with (a) our computing and marketing service providers, such as CDK Global, (b) motor vehicle manufacturers with whom we have a franchise agreement and (c) others as may be specifically allowed by applicable law.

x



DESCRIPTION	TOTALS
LABOUR AMOUNT	
PARTS AMOUNT	
GAS, OIL, LUBE	
SUBLET AMOUNT	
MISC. CHARGES	
TOTAL CHARGES	
LESS INSURANCE	
TAXES	
PLEASE PAY THIS AMOUNT	

VOLVO OFFERS LIFETIME REPLACEMENT PART & LABOUR WARRANTY.

GST #R84778 7694

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: LAILA GOODRIDGE

Claimant Name: LAILA GOODRIDGE

Expense Category: Member Parking

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group:

Purpose:

Parking for constituency work (Attending Lunar New Year Event)
19-Jan-2019 - Impark Lot 02-1 - Edmonton

RECEIPT
Impark Lot 02-1

License Plate Number

Expiration Date/Time

02:30 PM
JAN 19, 2019

Purchase Date/Time: 01:30pm Jan 19, 2019

Total Parking: \$6.67

Total GST: \$0.33

Total Due: \$7.00

Total Paid: \$7.00

Ticket #: 02796410

S/N #: 520014461783

Setting: Lot 1

Mach Name: Meter 2

Rate: \$7.00 - 1 hour
Pmt Type: CC (Swipe)

Visa

Auth #:

NO IN AND OUT PRIVILEGES
GST #867315638RT0006
No In And Out Privileges

PARKING RECEIPT
REÇU DE STATIONNEMENT
PARKING RECEIPT
REÇU DE STATIONNEMENT
PARK

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: LAILA GOODRIDGE

Claimant Name: LAILA GOODRIDGE

Expense Category: Member Parking

For hosting, select one:

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

Purpose:

13-Jul-18 Parking Long Term - Fort McMurray
Trip to Calgary - \$83.00

\$79.05 + GST



17/07/18 16:58 EX03 MC
\$83.00 GST 5% 3.95



- KEEP TICKET WITH YOU.
- PAY AT A PAY STATION
BEFORE RETURNING
TO YOUR VEHICLE

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: LAILA GOODRIDGE

Claimant Name: LAILA GOODRIDGE

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Parking Receipt for constituency work
21-Feb-19 McMurray Aviation - \$9.45

\$9.00 + GST

MCMURRAY AVIATION
531 SNOW EAGLE DRIVE
FORT MCMURRAY, AB. T9H 5
780-791-2182

SALE

Batch #: 499

REF#: 00000004

02/21/19

09:01:08

APPR CODE: [REDACTED]

Trace: 4

MASTERCARD

Chip

AMOUNT

\$9.45

APPROVED

MasterCard

AID: A0000000041010

TVR: 00 00 00 80 00

TSI: E8 00

THANK YOU / MERCI

CUSTOMER COPY



Dene-Cree Inn

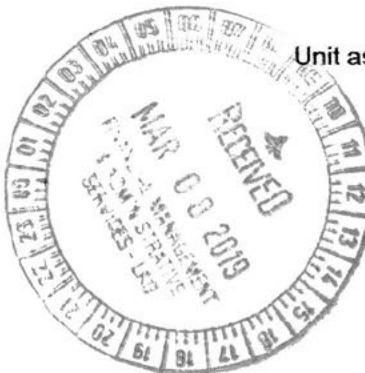
108 Flett Street P.O Box 346
Fort Chipewyan , Alberta, Canada T0P-1B0

Check-in receipt

Name: Laila Goodridge
Check-in: Thursday Feb 21, 2019
Check-out: Friday Feb 22, 2019
Confirmation #: 21088230
Invoice number: 778
Invoice date: 22/02/2019
GST: 101199693

Unit assignment: 102

Laila Goodridge



Date	Description of services	Cost(CAD)
21/02/2019	Unit 102: Standard Queen Suite - Night Room Rate CREE-CREE INN 108 FLETT STREET FORT CHIPWEYAAB CARD ***** CARD TYPE MASTERCARD DATE 2019/02/22 TIME 3336 09:57:42 RECEIPT NUMBER C84027583-001-001-124-0 PURCHASE TOTAL \$190.75 MasterCard A0000000041010 85527EE558BFC112 0000008000-E800 A52ADF3E6661D8CD	175.00
	Sub-total GST Tourism Levy Total	175.00 8.75 7.00 190.75
	APPROVED AUTH# THANK YOU CARDHOLDER COPY	Amount owing (CAD) 190.75

The entire property is non-smoking. Guests are subject to a \$250 fee if found with evidence of smoking in any rooms on sight.

Customer signature: _____

It is required to provide 24 hours notice prior to your arrival to cancel your reservation or a charge of one nights stay will be charged to your credit card for a NO SHOW.

\$182.00 + GST

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: LAILA GOODRIDGE

Claimant Name: LAILA GOODRIDGE

Expense Category: Taxi, Bus Travel

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: UCP CAUCUS

Purpose:

Taxi taken from airport to Sandman Inn.

\$28.57 + GST

BENLEY TAXI

Charge to: _____ Route: _____

Date: Sep 13, 2018 Time: 12:30 AM

From: Airport To: San Juan Inv.

Driver: C. Wild. Amount: 308

Signature: _____

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: LAILA GOODRIDGE

Claimant Name: LAILA GOODRIDGE

Expense Category: Taxi, Bus Travel

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

17-Jan-2019 Taxi to Heartland Event in Edmonton \$6.00

\$5.71 + GST

GREATER EDMONTON TAXI
SERVICE
10135 31 AVE NW
EDMONTON AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2019/01/17
TIME 0868 09:32:30
INVOICE # 889380
RECEIPT NUMBER
C85019982-001-001-284-0

PURCHASE

TOTAL

\$6.00

MasterCard
A0000000041010
1871477EAFCD EBF1
0000008000-E800
7CBB3E621A9C27DD

APPROVED

AUTH# [REDACTED]

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

YELLOW CAB 780.462.3456
BARREL TAXI 780.489.7777
EDMTAXI.COM
GST 100403070

Personal Expense Claim Receipt Description

Member Name: LAILA GOODRIDGE

Claimant Name: LAILA GOODRIDGE

Expense Category: Taxi, Bus Travel

For hosting, select one:

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

Purpose:

Red Arrow - Fort McMurray to Edmonton & Return
(Attend Lunar Event in Edmonton)
25-Jan-19 Red Arrow Receipt # 1901943 - \$188.00

\$179.04 + GST

FortMcMurray Conklin

From: Red Arrow Reservations <itinerary@redarrow.ca>
Sent: Monday, January 28, 2019 9:07 AM
To: FortMcMurray Conklin
Subject: Red Arrow Itinerary/Receipt



ITINERARY/RECEIPT

2019-01-28

You can reach us at:

Website User

Corporate Sales

ORDER#	ORDERED	CUSTOMER#	P.O.	GROUP NAME	DEPARTING	RETURNING	SALES REP	SALES AGENT
1901943	2019-01-25				2019-01-27	2019-01-29	-	Website User

Travellers:

GOODRIDGE/LAILA

PRODUCT DESCRIPTION	DURATION	OCCUPANCY	QTY	PRICE/UNIT	BILLED
FTMEDM 09:00. Assigned to: 03A Departs Fort McMurray (FTMTO / FTO 8217 Franklin Ave) at 09:00 on 2019-01-27. Arrives Edmonton (EDMTO / ETO 10014 104 St) at 14:20 on 2019-01-27. (5 hrs 20 mins)	5 hrs 20 mins	Adult	1	\$ 89.52	\$ 94.00
EDMFTM 17:30. Assigned to: 02A Departs Edmonton (EDMTO / ETO 10014 104 St) at 17:30 on 2019-01-29. Arrives Fort McMurray (FTMTO / FTO	5 hrs 20 mins	Adult	1	\$ 89.52	\$ 94.00

8217 Franklin Ave) at 22:50 on 2019-01-29. (5 hrs 20 mins)

Base Price: \$ 179.04
Discounts: \$ 0.00
Service Charges: \$ 0.00
GST: \$ 8.96
Invoice Total: \$ 188.00
Payments Received: \$ 188.00
Balance Due: \$ 0.00

Payments Received

DATE	GUEST	REFERENCE	AMOUNT
2019-01-25	LAILA GOODRIDGE	MasterCard [REDACTED]	\$ 188.00

**PLEASE NOTE THAT A PAPER TICKET IS NOT REQUIRED FOR CHECK-IN.
PLEASE CHECK IN 15 MINUTES PRIOR TO DEPARTURE**

TERMS: DUE UPON RECEIPT GST# BN139981476 Please note that the maximum luggage allowance per person is 4 pieces including carry on bags, and stowed luggage underneath the coach. Carry on bags include purses, backpacks and laptop bags. Additional luggage will incur additional fees. If you wish to time change, date change, or cancel for a full refund – 30 minutes notice prior to A.M departures; 3 hours notice prior to P.M. departures must be given. All Camrose Departures require 30 minutes notice. December 14 - January 4 to cancel or make any changes to a reservation we require 24 hours notice. Failure to provide proper notice makes the trip non refundable & will result in an additional change fee for a date / time change. Failure to arrive on time or no showing for your departure will result in forfeit of full fare unless rebooked within 30 days for a change fee. **Red Arrow will not be responsible for the loss of or damage to checked luggage in excess of stated maximum liability. In addition, Red Arrow does not accept liability to loss of or damage to unchecked baggage carried on board. For the full policy, please visit www.redarrow.ca or view the policy posted on our information boards at our Ticket Offices** **Red Arrow reserves the right to check I.D. or perform carry-on baggage checks at any time** Corporate Billing Accounts: Payment due 30 days after completion of trip.

If you wish to change or cancel your booking, please contact a Passenger Experience Representative at 1-800-232-1958.

Thank you for booking with Red Arrow Motorcoach. We appreciate your business!

Our Core Values: Safety | Customer Service | Resourcefulness | Integrity | Positive Attitude | Team Work | Loyalty | Accountability | Respect | Dedication

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: LAILA GOODRIDGE

Claimant Name: LAILA GOODRIDGE

Expense Category: Taxi, Bus Travel

For hosting, select one:

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

Purpose:

Red Arrow - Edmonton to Fort McMurray
(Returning by bus due to extreme cold and bad weather
conditions from attending Seniors Event; Prentice Unveiling; Black
History Feb 4-6)
7-Feb-19 Red Arrow Receipt # 1906952 - \$94.00

\$89.52 + GST

FortMcMurray Conklin

From: Red Arrow Reservations <itinerary@redarrow.ca>
Sent: Tuesday, February 5, 2019 11:12 AM
To: FortMcMurray Conklin
Subject: Red Arrow Itinerary/Receipt



ITINERARY/RECEIPT

2019-02-05

You can reach us at:

Website User

Corporate Sales

ORDER#	ORDERED	CUSTOMER#	P.O.	GROUP NAME	DEPARTING	RETURNING	SALES REP	SALES AGENT
1906952	2019-02-04				2019-02-07	2019-02-07	-	Website User

Travellers:

Goodridge/Laila

PRODUCT DESCRIPTION	DURATION	OCCUPANCY	QTY	PRICE/UNIT	BILLED
EDMFTM 09:00. Assigned to: 04B Departs Edmonton (EDMTO / ETO 10014 104 St) at 09:00 on 2019-02-07. Arrives Fort McMurray (FTMTO / FTO 8217 Franklin Ave) at 14:20 on 2019-02-07. (5 hrs 20 mins)	5 hrs 20 mins	Adult	1	\$ 89.52	\$ 94.00

Payments Received

DATE	GUEST	REFERENCE	AMOUNT
2019-02-04	LAILA GOODRIDGE	MasterCard	\$ 94.00

Base Price: \$ 89.52
Discounts: \$ 0.00
Service Charges: \$ 0.00
GST: \$ 4.48
Invoice Total: \$ 94.00

Payments Received:	\$ 94.00
Balance Due:	\$ 0.00

**PLEASE NOTE THAT A PAPER TICKET IS NOT REQUIRED FOR CHECK-IN.
PLEASE CHECK IN 15 MINUTES PRIOR TO DEPARTURE**

TERMS: DUE UPON RECEIPT GST# BN139981476 Please note that the maximum luggage allowance per person is 4 pieces including carry on bags, and stowed luggage underneath the coach. Carry on bags include purses, backpacks and laptop bags. Additional luggage will incur additional fees. If you wish to time change, date change, or cancel for a full refund – 30 minutes notice prior to A.M departures; 3 hours notice prior to P.M. departures must be given. All Camrose Departures require 30 minutes notice. December 14 - January 4 to cancel or make any changes to a reservation we require 24 hours notice. Failure to provide proper notice makes the trip non refundable & will result in an additional change fee for a date / time change. Failure to arrive on time or no showing for your departure will result in forfeit of full fare unless rebooked within 30 days for a change fee. **Red Arrow will not be responsible for the loss of or damage to checked luggage in excess of stated maximum liability. In addition, Red Arrow does not accept liability to loss of or damage to unchecked baggage carried on board. For the full policy, please visit www.redarrow.ca or view the policy posted on our information boards at our Ticket Offices** **Red Arrow reserves the right to check I.D. or perform carry-on baggage checks at any time** Corporate Billing Accounts: Payment due 30 days after completion of trip.

If you wish to change or cancel your booking, please contact a Passenger Experience Representative at 1-800-232-1958.

Thank you for booking with Red Arrow Motorcoach. We appreciate your business!

Our Core Values: Safety | Customer Service | Resourcefulness | Integrity | Positive Attitude | Team Work | Loyalty | Accountability | Respect | Dedication

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: LAILA GOODRIDGE

Claimant Name: LAILA GOODRIDGE

Expense Category: Taxi, Bus Travel

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Taxi to Attend Lunar Event in Edmonton
27-Jan-19 Co-Op Taxi \$9.20

\$8.81 + GST

Co-op Taxi Line
(780) 425-2525
www.co-optaxi.com

TRANSACTION RECORD
Terminal 067/66286094
Driver 3611
19/01/27 18:15:34

Card : XXXXXXXXXX
Ref # 0010016290 T
Auth # XXXXXXXXXX

		PURCHASE
FARE	: \$	8.20
TIP	: \$	1.00

TOTAL	: \$	9.20

APPROVED - THANK YOU
(01-027)
NO SIGNATURE TRANSACTION

IMPORTANT: Retain this
copy for your records

Merchant Copy

Thank you for choosing
Co-op taxi

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: LAILA GOODRIDGE
Claimant Name: LAILA GOODRIDGE
Expense Category: Taxi, Bus Travel

For hosting, select one:
☐ Individual Constituent(s)
☐ Individual Stakeholder(s)
☐ Group: _____

Purpose:
Taxi - home in Fort McMurray to Red Arrow Bus Depot
27-Jan-19 - United Class Cabs \$22.00

\$21.05 + GST

SUN TAXI
6 NIXON ST APT. 3201
FORT MCMURRAYAB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2019/01/27
TIME 9319 08:36:22
RECEIPT NUMBER
T85040369-001-001-483-0

PURCHASE
AMOUNT \$20.00
TIP \$2.00
TOTAL

\$22.00

home to Red Arrow

APPROVED
[REDACTED] 01-027
THANK YOU

NO SIGNATURE REQUIRED

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: LAILA GOODRIDGE

Claimant Name: LAILA GOODRIDGE

Expense Category: Taxi, Bus Travel

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Taxi for constituency work
22-Feb-19 Tuccaro's Taxu Service (Fort Chipewyan) \$30.00

\$28.57 + GST

TUCCARO'S TAXI SERVICE
112 HENRY DRIVE
FORT CHIPEWYAN, AB T0P1B0
7806973400

Merchant ID: 6070833
Term ID: 001

Ref ID: 0006

Sale

XXXXXXXXXX

MASTERCARD

Entry Method: Proximity

02/22/19

10:17:21

Inv #: 000006

Appr Code:

Apprvd

Batch#: 052003

Total:

\$ 30.00

Customer Copy

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: LAILA GOODRIDGE

Claimant Name: LAILA GOODRIDGE

Expense Category: Taxi, Bus Travel

For hosting, select one:

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

Purpose:

Taxi - Red Arrow Bus Depot to home in Fort McMurray
29-Jan-19 - United Class Cabs \$18.10

\$17.33 + GST

UNITED CLASS CABS LTD
360 TAIGANOVA CRES
FORT McMURRAY, AB T9K 0

Merchant ID: 000000005492842
Term ID: 09667183
0003750018

Purchase

MC

Entry Method: Waved

Batch#: 000072

01/29/19

23:05:37

Ref#: 000036482785

Inv #: 001640 Appr Code: [REDACTED]

Amount: \$ 16.10

Tip: \$ 2.00

Total: \$ 18.10

Red Arrow to home

Customer Copy



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: Goodridge, Laila

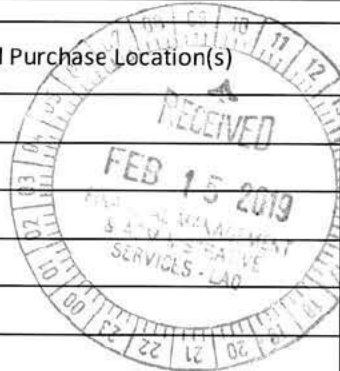
Constituency: Fort McMurray-Conklin

For the Month of: August

Year: 2018

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	Travel to/from Capital	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			<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						\$39.57	\$1.98	\$41.55



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

Member Signature

Date

February 8, 2019



Members' Travel Expenses Per-Diems Claim Form

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

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

Member Name: Goodridge, Laila

Constituency: Fort McMurray-Conklin

For the Month of: December

Year: 2018

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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
4	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
5	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
6	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
18	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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						\$197.81	\$9.89	\$207.70

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

February 8, 2019



Members' Travel Expenses Per-Diems Claim Form

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

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

Member Name: Goodridge, Laila

Constituency: Fort McMurray-Conklin

For the Month of: January

Year: 2019

Employee #: [REDACTED]

Day of Month	Reason for Travel	Meal Purchase Location(s)	B	L	D	Subtotal	G.S.T.	Total
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11			<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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
17	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
18	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
19	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
28	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
29	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$189.10	\$9.45	\$198.55

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

Member Signature

Date

Feb 8/19



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: Goodridge, Laila

Constituency: Fort McMurray-Conklin

For the Month of: July

Year: 2018

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			<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	60 km from Perm. Res.	Calgary	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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						\$129.76	\$6.49	\$136.25

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

February 8, 2019



Members' Travel Expenses Per-Diems Claim Form

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

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

Member Name: Goodridge, Laila

Constituency: Fort McMurray-Conklin

For the Month of: November

Year: 2018

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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 checked="" type="checkbox"/>	39.57	1.98	41.55
6	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
7	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
8	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
20	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
21	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
22	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
27	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
28	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
29	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.52	1.43	29.95
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$503.38	\$25.17	\$528.55

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

Member Signature

Date

Feb 8, 2019



Members' Travel Expenses Per-Diems Claim Form

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

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

Member Name: Goodridge, Laila

Constituency: Fort McMurray-Conklin

For the Month of: October

Year: 2018

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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
12			<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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
30	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
31	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
Grand Total						\$158.29	\$7.91	\$166.20

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

Feb 8, 2019



Members' Travel Expenses Per-Diems Claim Form

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

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

Member Name: Goodridge, Laila

Constituency: Fort McMurray-Conklin

For the Month of: September

Year: 2018

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	Travel to/from Capital	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			<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	60 km from Perm. Res.	Lethbridge	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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						\$59.33	\$2.97	\$62.30

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

February 8, 2019



Members' Travel Expenses Per-Diems Claim Form

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

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

Member Name: Goodridge, Laila

Constituency: Fort McMurray-Conklin

For the Month of: March

Year: 2019

Employee #:

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 & Calgary	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
7	Travel to/from Capital	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			<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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
19	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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						\$180.33	\$9.02	\$189.35

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

March 22/19



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 3, 2013.

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

Member Name: Goodridge, Laila

Constituency: Fort McMurray-Conklin

For the Month of: February

Year: 2019

Employee #:

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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 checked="" type="checkbox"/>	39.57	1.98	41.55
5	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11			<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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21	60 km from Perm. Res.	Fort Chipewyan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
22	60 km from Perm. Res.	Fort Chipewyan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
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	60 km from Perm. Res.	Janvier	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.05	0.55	11.60
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						\$239.76	\$11.99	\$251.75

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

March 7, 2019



Members' Temporary Accommodation Allowance Claim Form - Claimed Annually

58

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

Effective date: June 21, 2018

Member Name: Goodridge, Laila

Constituency: Fort McMurray-Conklin

Employee #:

Date: August 8, 2018

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

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

\$1,600.00

x 12 = \$19,200.00

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:

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

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

I certify that I have met the eligibility requirements of the *Members' Allowances Order*, RMSC 1992, c. M-1, as amended, 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 the Legislative Assembly Office any accommodation allowance payments made to me during a period within which I was ineligible to receive these payments.


Member Signature

Updated June 2018



Members' Temporary Accommodation Allowance Claim Form - Claimed by Month

58

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

Effective date: June 21, 2018

Member Name: Goodridge, Laila

Constituency: Fort McMurray-Conklin

Employee #:

Date: February 1, 2019

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

Temporary Residence Accommodation Allowance in Edmonton - Claimed by Month

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

Month	Year	Monthly Claim Amount
February	2019	1,600.00
Grand Total		\$1,600.00

Please Note:

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

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

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

Member Signature



Updated June 2018



Members' Temporary Accommodation Allowance Claim Form - Claimed by Month

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

Effective date: June 21, 2018

Member Name: Goodridge, Laila

Constituency: Fort McMurray-Conklin

Employee #:

Date: March 19, 2019

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

Temporary Residence Accommodation Allowance in Edmonton - Claimed by Month

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

Month	Year	Monthly Claim Amount
March	2019	980.65
Grand Total		\$980.65

Please Note:

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

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

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

Member Signature



Updated June 2018

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Laila Goodridge

Claimant Name: Laila Goodridge

Expense Category: Hotel

For hosting, select one:

☒ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Sandman Accomodation
<div>\$252.48 + GST</div>

Signature Lethbridge Lodge

320 Scenic Drive

Lethbridge, AB T1J 4B4 CA

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

www.sandmanhotels.com

**SANDMANHOTELGROUP****Name:** Laila Goodridge**Guest Name:** Laila Goodridge**Company:****Arrival**

September 12, 2018

Departure

September 15, 2018

Group: Ucp Caucus**Room**

211

Bill To: Goodridge, Laila**Attn:****Property Code: 224 Invoice # 67024 PO #****Res. # 52353**

Date	Description	Voucher	Amount
12/9/18	Room Revenue	llh-211	119.00
12/9/18	Destination Marketing Fee	llh-211	2.38
12/9/18	GST	llh-211	6.07
12/9/18	Provincial Tourism Levy	llh-211	4.86
13/9/18	Room Revenue	llh-211	119.00
13/9/18	Destination Marketing Fee	llh-211	2.38
13/9/18	GST	llh-211	6.07
13/9/18	Provincial Tourism Levy	llh-211	4.86
14/9/18	Mastercard		-264.62
Balance:			0.00

GST/HST #: 12176 7065 RT 001

	Total Tax
Destination Marketing Fee	\$4.76
GST	\$12.14
Provincial Tourism Levy	\$9.72
Total	\$26.62

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Laila Goodridge

Claimant Name: _____

Expense Category: Hosting

For hosting, select one:

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

Purpose:

\$119.33 + GST



GRAND & TOY

An **Office DEPOT**, Inc. Company
une société d'**Office DEPOT**, Inc.

INVOICE

GRAND & TOY
PO BOX 5500
DON MILLS ON, M3C 3L5

INVOICE NUMBER G345954	SEND TO PURCHASER ORDER NO [REDACTED]	TERMS NET 30 DAYS
ATTENTION Deborah Moses	NET EXPIRY	NET ORDER NO 149814
DATE 01/15/2019	DUPLICATE 02/14/2019	SHIP TO ACCOUNT NO N301327

SHIP TO ACCOUNT NO [REDACTED] 000000 SHIP TO ACCOUNT NO [REDACTED]

LEGISLATIVE ASSEMBLY
REPORTING SOLD TO ONLY
INVOICE TO SHIP TO ACCT
EDMONTON, AB T5K 2N6

AB LEGISLATIVE ASSEMBLY
FORT MCMURRAY CONKLIN
10014 MAIN STREET
CONSTITUENCY OFFICE
FORT MCMURRAY, AB T9H 2G5

R894032192

QTY ORD	QTY SHIP	QTY B/O	U/M	DESCRIPTION	REGULAR UNIT PRICE	DISCOUNT	NET UNIT PRICE	AMOUNT
1	1	0	CT	61-22509	52.48	CONTRACT	52.48	52.48 ✓
				K-CUP FOLGERS LIVELY COLMB				
1	1	0	CT	74-01101	47.08	CONTRACT	47.08	47.08 ✓
				TIMOTHY BREAK BLEND KCUP 24BX				



GRAND & TOY ® MO

An **Office DEPOT**, Inc. Company
une société d'**Office DEPOT**, Inc.

INVOICE

PLEASE PRINT TO

GRAND & TOY
PO BOX 5500
DON MILLS ON, M3C 3L5

PURCHASE ORDER NO G345954	SOLD TO PURCHASE ORDER NO [REDACTED]	TERMS NET 30 DAYS
ATTENTION Deborah Moses	DATE (MM/YY) [REDACTED]	GAT ORDER NO 149814
INVOICE DATE 01/15/2019	DUPLICATE 02/14/2019	INVOICE NO N301327

INVOICE TO ACCT NO



DATE OF INVOICE

000000

DATE OF RECEIPT



LEGISLATIVE ASSEMBLY
REPORTING SOLD TO ONLY
INVOICE TO SHIP TO ACCT
EDMONTON, AB T5K 2N6

AB LEGISLATIVE ASSEMBLY
FORT MCMURRAY CONKLIN
10014 MAIN STREET
CONSTITUENCY OFFICE
FORT MCMURRAY, AB T9H 2G5

GAT R894032192

GAT 1001640701TQ0009

QTY ORD	QTY SHIP	QTY B/O	U/M	DESCRIPTION	REGULAR UNIT PRICE	DISCOUNT	NET UNIT PRICE	AMOUNT	*
1	1	0	CT	12109163 COFFEEMATE SINGLE SERVE LIQUID	19.77	CONTRACT	19.77	19.77 -	



Please Knock On Front or side Door
for Access

Approved By: Melody Babin

*Resaleable Technology products are
returnable

within 30 days only. Software is
non-returnable.

*Extended delivery items are made to
order and
are not cancellable or returnable.

*Consumable items are not returnable.

*No partial return, full quantity are
returnable

within 30 days only.

>Due to product integrity, Grand & Toy
will not accept returns on food
products

For item 74-01101 12109163

Acknowledged by: Deborah Moses

* For balance of order see reference

#:

149815



GRAND & TOY ® MO

An **Office DEPOT**, Inc. Company

une société d'**Office DEPOT**, Inc.

INVOICE

GRAND & TOY
PO BOX 5500
DON MILLS ON, M3C 3L5

BATCH # ORIGIN #	DATE OF PURCHASE	TERMS
G345954		NET 30 DAYS
ATTENTION	DATE OF SALE	DATE OF INVOICE
Deborah Moses		149814
INVOICE DATE	DATE OF SALE	INVOICE NO.
01/15/2019	02/14/2019	N301327

AMOUNT DUE

000000

LEGISLATIVE ASSEMBLY
REPORTING SOLD TO ONLY
INVOICE TO SHIP TO ACCT
EDMONTON, AB T5K 2N6

AB LEGISLATIVE ASSEMBLY
FORT MCMURRAY CONKLIN
10014 MAIN STREET
CONSTITUENCY OFFICE
FORT MCMURRAY, AB T9H 2G5

REF: R894032192

1001640701TQ0009

QTY ORD	QTY SHIP	QTY B/O	U/M	DESCRIPTION	REGULAR UNIT PRICE	DISCOUNT	NET UNIT PRICE	AMOUNT	*
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SUB-TOTAL

PST TOTAL

GST TOTAL

HST TOTAL

PLEASE PAY

We appreciate your business!

For account enquiries: **844-259-9133 X**

*TAXES APPLIED P = P.S.T. G = G.S.T. H = H.S.T.

PAYMENT TERMS ARE NET 30 DAYS FROM DATE OF INVOICE. PAST DUE ACCOUNTS ARE SUBJECT TO A LATE PAYMENT CHARGE. GRAND & TOY RESERVES THE RIGHT TO WITHHOLD SHIPMENTS TO CUSTOMERS THAT DO NOT MEET THESE TERMS.