

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2020-21 30th Leg
052 - Brooks-Medicine Hat - MLA Michaela Glasgo
For Expenses Processed Jul 1 - Sep 30, 2020

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$			
MLA Parking Cap - \$	\$900.00		
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$			
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$1,367.48	\$2,306.21
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$7,690.00	\$11,490.00
Travel Accommodations Allowance		\$271.40	\$271.40
Travel Accommodations Allowance (days; 10 max) - NF	10.0	2.0	2.0
Other			
Hosting - \$		\$33.01	\$33.01
Event Tickets Disclosable - \$			
Non-Financial Reporting			
Use of Private Automobile (50.5 cents per km)			
Constituency Travel MLA (KM) - NF	80,000.0	2,572.8	2,572.8
Constituency Travel Staff (KM) - NF			
Total Constituency Travel (KM) - NF	80,000.0	2,572.8	2,572.8
Special Trips (5 trips per year) - NF	5.0		
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	10.0	16.5
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

MP08852 - Members' Travel Expense Per-Diems Expense Claim Form

Form Type	Members' Travel Expenses Per-Diems Claim
Form ID	MP08852
Description	June 2020 - Per-Diems
Claimant	Michaela Glasgo
Employee Number	
Constituency	Brooks-Medicine Hat 52 (Michaela Glasgo)
Date Submitted	June 30, 2020
Date Received	June 30, 2020
Mailing Address	

B = Breakfast | L = Lunch | D = Dinner

ID	Date	Reason for Travel	Meal Purchase Location(s)	B	L	D	Subtotal	G.S.T.	Total
12544	Jun 1, 2020	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
12545	Jun 2, 2020	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
12546	Jun 3, 2020	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
12547	Jun 4, 2020	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
12548	Jun 9, 2020	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
12549	Jun 10, 2020	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
12550	Jun 11, 2020	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
12551	Jun 15, 2020	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
12552	Jun 16, 2020	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
12553	Jun 17, 2020	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
12554	Jun 18, 2020	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
12555	Jun 24, 2020	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
12556	Jun 25, 2020	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
							514.41	25.74	540.15

This Claim Form has been certified by the Member to 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.



Legislative Assembly of Alberta

MP09207 - Members' Travel Expense Per-Diems Expense Claim Form

Form Type	Members' Travel Expenses Per-Diems Claim
Form ID	MP09207
Description	July 2020 - Per-Diems
Claimant	Michaela Glasgo
Employee Number	
Constituency	Brooks-Medicine Hat 52 (Michaela Glasgo)
Date Submitted	July 29, 2020
Date Received	July 30, 2020
Mailing Address	

B = Breakfast | L = Lunch | D = Dinner

ID	Date	Reason for Travel	Meal Purchase Location(s)	B	L	D	Subtotal	G.S.T.	Total
13513	Jul 5, 2020	60 km from Perm. Res.	Edmonton			X	19.76	0.99	20.75
13514	Jul 6, 2020	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
13515	Jul 7, 2020	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
13516	Jul 8, 2020	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
13517	Jul 9, 2020	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
13518	Jul 12, 2020	60 km from Perm. Res.	Edmonton			X	19.76	0.99	20.75
13519	Jul 13, 2020	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
13520	Jul 14, 2020	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
13521	Jul 15, 2020	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
13522	Jul 16, 2020	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
13523	Jul 19, 2020	60 km from Perm. Res.	Edmonton			X	19.76	0.99	20.75
13524	Jul 20, 2020	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
13525	Jul 21, 2020	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
13526	Jul 22, 2020	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
13527	Jul 23, 2020	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
13528	Jul 24, 2020	60 km from Perm. Res.	Brooks	X	X		19.81	0.99	20.80
13529	Jul 27, 2020	60 km from Perm. Res.	Edmonton		X	X	30.81	1.54	32.35
13530	Jul 28, 2020	60 km from Perm. Res.	Edmonton		X	X	30.81	1.54	32.35
13531	Jul 29, 2020	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
							655.12	32.78	687.90

This Claim Form has been certified by the Member to 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.



Legislative Assembly of Alberta

MP09601 - Members' Travel Expense Per-Diems Expense Claim Form

Form Type	Members' Travel Expenses Per-Diems Claim
Form ID	MP09601
Description	July 2020 - Per-Diems
Claimant	Michaela Glasgo
Employee Number	
Constituency	Brooks-Medicine Hat 52 (Michaela Glasgo)
Date Submitted	August 27, 2020
Date Received	August 31, 2020
Mailing Address	

B = Breakfast | L = Lunch | D = Dinner

ID	Date	Reason for Travel	Meal Purchase Location(s)	B	L	D	Subtotal	G.S.T.	Total
14550	Jul 31, 2020	60 km from Perm. Res.	Brooks	X	X		19.81	0.99	20.80
							19.81	0.99	20.80

This Claim Form has been certified by the Member to 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.



Legislative Assembly of Alberta

MP09602 - Members' Travel Expense Per-Diems Expense Claim Form

Form Type	Members' Travel Expenses Per-Diems Claim
Form ID	MP09602
Description	August 2020 - Per-Diems
Claimant	Michaela Glasgo
Employee Number	
Constituency	Brooks-Medicine Hat 52 (Michaela Glasgo)
Date Submitted	August 27, 2020
Date Received	August 31, 2020
Mailing Address	

B = Breakfast | L = Lunch | D = Dinner

ID	Date	Reason for Travel	Meal Purchase Location(s)	B	L	D	Subtotal	G.S.T.	Total
14551	Aug 4, 2020	60 km from Perm. Res.	Brooks	X	X		19.81	0.99	20.80
14552	Aug 9, 2020	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
14553	Aug 10, 2020	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
14554	Aug 11, 2020	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
14555	Aug 12, 2020	60 km from Perm. Res.	Brooks	X	X		19.81	0.99	20.80
14556	Aug 19, 2020	60 km from Perm. Res.	Brooks	X	X		19.81	0.99	20.80
							178.14	8.91	187.05

This Claim Form has been certified by the Member to 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.



Legislative Assembly of Alberta

MR08850 - Members' Temporary Accommodation Allowance Claim Form

Form Type	Members' Temporary Accommodation Allowance Claim
Form ID	MR08850
Description	July MTAA
Claimant	Michaela Glasgo
Employee Number	
Constituency	Brooks-Medicine Hat 52 (Michaela Glasgo)
Date Submitted	June 30, 2020
Date Received	June 30, 2020
Mailing Address	

Month	Year	Monthly Claim Amount
July	2020	1900.00
	Grand Total	1900.00

Office Use Only

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 Financial Management.

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.



Legislative Assembly of Alberta

MR09526 - Members' Temporary Accommodation Allowance Claim Form

Form Type	Members' Temporary Accommodation Allowance Claim
Form ID	MR09526
Description	January MTAA
Claimant	Michaela Glasgo
Employee Number	
Constituency	Brooks-Medicine Hat 52 (Michaela Glasgo)
Date Submitted	August 23, 2020
Date Received	August 24, 2020
Mailing Address	

Month	Year	Monthly Claim Amount
January	2020	1930.00
	Grand Total	1930.00

Office Use Only

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 Financial Management.

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.



Legislative Assembly of Alberta

MR09205 - Members' Temporary Accommodation Allowance Claim Form

Form Type	Members' Temporary Accommodation Allowance Claim
Form ID	MR09205
Description	August MTAA
Claimant	Michaela Glasgo
Employee Number	
Constituency	Brooks-Medicine Hat 52 (Michaela Glasgo)
Date Submitted	July 29, 2020
Date Received	July 30, 2020
Mailing Address	

Month	Year	Monthly Claim Amount
August	2020	1930.00
	Grand Total	1930.00

Office Use Only

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 Financial Management.

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.



Legislative Assembly of Alberta

MR09525 - Members' Temporary Accommodation Allowance Claim Form

Form Type	Members' Temporary Accommodation Allowance Claim
Form ID	MR09525
Description	September MTAA
Claimant	Michaela Glasgo
Employee Number	
Constituency	Brooks-Medicine Hat 52 (Michaela Glasgo)
Date Submitted	August 23, 2020
Date Received	August 24, 2020
Mailing Address	

Month	Year	Monthly Claim Amount
September	2020	1930.00
	Grand Total	1930.00

Office Use Only

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 Financial Management.

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.



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
MICHAELA GLASGO
LEGIS ASSEMBLY OF AB

Membership Number
XXXX-XXXX

Date
July 16, 2020



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, 2020

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.

0505

Credit Limit Summary On July 16, 2020

Total Credit Limit \$

Available Credit Limit \$

New Transactions for MICHAELA GLASGO

Amount \$

Card XXXX-XXXX

June 23	LETHBRIDGE LODGE	LETHBRIDGE	136.75
	Arrival	Departure	
	22/06/20	24/06/20	

Total New Transactions for MICHAELA GLASGO

136.75

\$130.25 + GST

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

† Please detach here †

Membership Number

Amount Due \$

Amount Paid \$



MICHAELA GLASGO
LEGIS ASSEMBLY OF AB
4103 9820 107 ST NW
EDMONTON AB
T5K 1E7

000095

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





Legislative Assembly of Alberta

SE08714 - Staff Other Expenses Claim Form

Receipt Description	Office supply- water and garbage bags
Member Name	Michaela Glasgo
Claimant	Heather Pigott
Expense Category	Other

COSTCO WHOLESALE
Medicine Hat #593
2350 Box Springs Blvd
Medicine Hat, AB T1C 0C8

L5 Member
*****Bottom of Basket*****

500666 KS WTR500** 3.75
ENVIRO FEE C 1.20
DEPOSIT CL 4.00
*****BOB Count 3 *****

SUBTOTAL
TAX
**** TOTAL \$8.95 + GST

XXXXXXXXXXXX
ACCT: MASTERCARD
REFERENCE #: 6629273 -0010014020 H
AUTH #: 2020/06/08 15:12:05
Invoice Number: 009402
Purchase - CAPITAL ONE
A0000000041010
0000008000

01 APPROVED - THANK YOU 027
AMOUNT: \$89.25

IMPORTANT - retain this copy
for your records
CUSTOMER COPY
MasterCard
CHANGE

G GST 5%
TOTAL NUMBER OF ITEMS SOLD =
2020/06/08 15:12:03 593 9 237 42

22059300902372006081512
OP#: 42 Name: TERRY N

Thank You!
Please Come Again

G = GST F=PST
GST #121476329RT
Whse:593 Trm:9 Trn:237 OP:42

Total BOB Item Count = 3
Items Sold: 3
L5 2020/06/08 15:12

Scanned with CamScanner

I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to my staff or on their behalf.



Legislative Assembly of Alberta

SE08762 - Staff Other Expenses Claim Form

Receipt Description	Office Supplies
Member Name	Michaela Glasgo
Claimant	Kirsten Spisak
Expense Category	Other

SAFeway

Safeway Division Avenue
615 Division Avenue S. Medicine Hat AB
Phone: 403.504.2920
GST# 895588788RT0001

Served by: Lori J

Welcome to Safeway

GROCERY

KCups Pike Place Rst	\$7.99	C
YOU SAVED \$3.00		
KCup GrdGmt MchSwrl	\$6.88	C
YOU SAVED \$2.11		

AIR MILES Base Offer 1 Miles

SUBTOTAL	\$14.87
TOTAL TAX	\$0.00

TOTAL \$14.87

Cash Rounding	TENDER	\$0.02
Cash	TENDER	\$20.00
Cash	CHANGE	\$5.15

NUMBER OF ITEMS 2

*****YOUR SAVINGS*****

Discounts & Specials	\$5.11
Your Total Savings	\$5.11
Percentage Savings	26%

Term	Tran	Store	Oper	06/23/20
4	8623	8915	112	13:42:01

Thank you for shopping at Our Store
Come Again Soon

Want more deals?

Sign up to our e-mails and receive a
Save \$5 Welcome Coupon*!

*Terms and Conditions apply

<https://www.safeway.ca/eflyer-signup>

I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to my staff or on their behalf.



Legislative Assembly of Alberta
SE08762 - Staff Other Expenses Claim Form

Receipt Description	office gifts and office Supplies
Member Name	Michaela Glasgo
Claimant	Kirsten Spisak
Expense Category	Other



Medicine Hat #593
2350 Box Springs Blvd
Medicine Hat, AB T1C 0C8

OB Member

500666 KS WATR500** 3.99
ENVIRO FEE C 1.20
DEPOSIT CL 4.00
SUBTOTAL
TAX
**** TOTAL
CASH
Penny rounding
CHANGE

\$9.19 + GST

G GST 5%
TOTAL NUMBER OF ITEMS SOLD =
2020/06/23 15:38:38 593 3 318 95



22059300303182006231538

OP#: 95 Name: KELLY L

Thank You!
Please Come Again

G = GST P=PST
GST #121476329RT
Whse:593 Trm:3 Trn:318 OP:95

Items Sold: 2
OB 2020/06/23 15:38

I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to my staff or on their behalf.



Legislative Assembly of Alberta
VF04918 - Vendor Payment Submission Form

Receipt Description	
Member Name	Michaela Glasgo
Claimant	Michaela Glasgo
Expense Category	Other



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
MICHAELA GLASGO
LEGISASSEMBLY OF AB

Membership Number
XXXX-XXXX
Date
September 16, 2020

Page 1 of 2

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

Statement includes payments and charges received by September 16, 2020

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, 2020		Total Credit Limit \$	Available Credit Limit \$
Listing of Charges and Credits			Amount \$
August 18	Payment Received Thank You		
New Transactions for MICHAELA GLASGO			Amount \$
Card XXXX-XXXX			
September 3	RAMADA STETTLER RAMA STETTLER Hotel Services		148.20
Total New Transactions for MICHAELA GLASGO			148.20

† 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.
• Your local bank branch
• Automatic banking machines
Do Not Enclose Cash

Membership Number		
	Amount Due \$	Amount Paid \$

MICHAELA GLASGO
LEGISASSEMBLY OF AB
4103 9820 107 ST NW
EDMONTON AB
T5K 1E7

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

I certify that the items listed on this invoice were received as ordered, have not been submitted for payment before and are now approved for payment.