

LEGISLATIVE ASSEMBLY OF ALBERTA  
Member EDR 2021-22  
052 - Brooks-Medicine Hat - MLA Michaela Frey  
For Expenses Processed Oct 1 - Dec 31, 2021

	Budget	Reimbursed This Qtr	Reimbursed To-Date
<b>Financial Reporting - \$ (Receipts attached)</b>			
<b>Transportation</b>			
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) - \$		\$1,367.38	\$2,660.40
<b>Accommodation</b>			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	<b>\$5,700.00</b>	\$17,000.00
Travel Accommodations Allowance		<b>\$639.51</b>	\$1,019.97
Travel Accommodations Allowance (days; 10 max) - NF	10.0	<b>3.0</b>	3.0
<b>Other</b>			
Hosting - \$		\$730.97	\$1,039.84
Event Tickets Disclosable - \$			
<b>Non-Financial Reporting</b>			
<b>Use of Private Automobile (50.5 cents per km)</b>			
Constituency Travel MLA (KM) - NF	80,000.0	526.0	6,789.8
Constituency Travel Staff (KM) - NF		805.0	805.0
Total Constituency Travel (KM) - NF	80,000.0	1,331.0	7,594.8
Special Trips (5 trips per year) - NF	5.0		1.0
<b>Travel To and From the Capital</b>			
Travel by Air, Bus or Train (Unlimited Trips) - NF		1.0	1.0
Use of a Private Automobile (52 trips per year) - NF	52.0	5.0	10.0
<b>Other Travel</b>			
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

**Note:**

Expenses are reported in the Quarter the expense is reimbursed and not necessarily the Quarter the expense was incurred.

The reader should take this into account when reviewing the disclosure



# Legislative Assembly of Alberta

## MP15119 - Members' Travel Expense Per-Diems Expense Claim Form

Form Type	Members' Travel Expenses Per-Diems Claim
Form ID	MP15119
Description	September 2021 - Per-Diems
Claimant	Michaela Frey
Employee Number	
Constituency	Brooks-Medicine Hat 52 (Michaela Frey)
Date Submitted	November 16, 2021
Date Received	November 17, 2021
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
21697	Sep 13, 2021	60 km from Perm. Res.	Calgary		X	X	30.81	1.54	32.35
21698	Sep 14, 2021	60 km from Perm. Res.	Calgary	X	X	X	39.57	1.98	41.55
21699	Sep 21, 2021	60 km from Perm. Res.	calgary		X	X	30.81	1.54	32.35
21700	Sep 22, 2021	60 km from Perm. Res.	Calgary	X	X	X	39.57	1.98	41.55
							140.76	7.04	147.80

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

## MP15120 - Members' Travel Expense Per-Diems Expense Claim Form

Form Type	Members' Travel Expenses Per-Diems Claim
Form ID	MP15120
Description	October 2021 - Per-Diems
Claimant	Michaela Frey
Employee Number	
Constituency	Brooks-Medicine Hat 52 (Michaela Frey)
Date Submitted	November 16, 2021
Date Received	November 17, 2021
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
21701	Oct 19, 2021	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
21702	Oct 20, 2021	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
21703	Oct 21, 2021	60 km from Perm. Res.	Calgary	X	X	X	39.57	1.98	41.55
21704	Oct 24, 2021	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
21705	Oct 25, 2021	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
21706	Oct 26, 2021	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
21707	Oct 27, 2021	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
21708	Oct 28, 2021	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
							316.56	15.84	332.40

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

## MP15526 - Members' Travel Expense Per-Diems Expense Claim Form

Form Type	Members' Travel Expenses Per-Diems Claim
Form ID	MP15526
Description	November 2021 - Per-Diems
Claimant	Michaela Frey
Employee Number	
Constituency	Brooks-Medicine Hat 52 (Michaela Frey)
Date Submitted	December 12, 2021
Date Received	December 13, 2021
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
22503	Nov 1, 2021	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
22504	Nov 2, 2021	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
22505	Nov 3, 2021	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
22506	Nov 4, 2021	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
22507	Nov 8, 2021	60 km from Perm. Res.	bassano/brooks	X	X	X	39.57	1.98	41.55
22508	Nov 15, 2021	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
22509	Nov 16, 2021	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
22510	Nov 17, 2021	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
22511	Nov 18, 2021	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
22512	Nov 21, 2021	60 km from Perm. Res.	Edmonton			X	19.76	0.99	20.75
22513	Nov 22, 2021	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
22514	Nov 23, 2021	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
22515	Nov 24, 2021	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
22516	Nov 25, 2021	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
22517	Nov 28, 2021	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
22518	Nov 29, 2021	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
22519	Nov 30, 2021	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
							652.88	32.67	685.55

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

## MP15527 - Members' Travel Expense Per-Diems Expense Claim Form

Form Type	Members' Travel Expenses Per-Diems Claim
Form ID	MP15527
Description	December 2021 - Per-Diems
Claimant	Michaela Frey
Employee Number	
Constituency	Brooks-Medicine Hat 52 (Michaela Frey)
Date Submitted	December 12, 2021
Date Received	December 13, 2021
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
22520	Dec 1, 2021	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
22521	Dec 2, 2021	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
22522	Dec 5, 2021	60 km from Perm. Res.	Edmonton			X	19.76	0.99	20.75
22523	Dec 6, 2021	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
22524	Dec 7, 2021	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
22525	Dec 8, 2021	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
22526	Dec 9, 2021	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
							257.18	12.87	270.05

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

## MR14733 - Members' Temporary Accommodation Allowance Claim Form

Form Type	Members' Temporary Accommodation Allowance Claim
Form ID	MR14733
Description	October MTAA
Claimant	Michaela Glasgo
Employee Number	
Constituency	Brooks-Medicine Hat 52 (Michaela Glasgo)
Date Submitted	October 15, 2021
Date Received	October 15, 2021
Mailing Address	

Month	Year	Monthly Claim Amount
October	2021	1900.00
	Grand Total	1900.00

Office Use Only	
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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

## MR14773 - Members' Temporary Accommodation Allowance Claim Form

Form Type	Members' Temporary Accommodation Allowance Claim
Form ID	MR14773
Description	November MTAA
Claimant	Michaela Frey
Employee Number	
Constituency	Brooks-Medicine Hat 52 (Michaela Frey)
Date Submitted	October 22, 2021
Date Received	October 22, 2021
Mailing Address	

Month	Year	Monthly Claim Amount
November	2021	1900.00
	Grand Total	1900.00

Office Use Only	
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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

## MR15116 - Members' Temporary Accommodation Allowance Claim Form

Form Type	Members' Temporary Accommodation Allowance Claim
Form ID	MR15116
Description	December MTAA
Claimant	Michaela Frey
Employee Number	
Constituency	Brooks-Medicine Hat 52 (Michaela Frey)
Date Submitted	November 16, 2021
Date Received	November 17, 2021
Mailing Address	

Month	Year	Monthly Claim Amount
December	2021	1900.00
	Grand Total	1900.00

Office Use Only	
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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.



Residence Inn® Calgary Downtown/Beltline District  
610 10th Ave SW, Calgary T2R 1M3 P 587.885.2288  
Marriott.com/YCBL

Michaela Glasgo

None Entered

None Entered

Room: 2712

Room Type: STKT

Number of Guests: 2

Rate: \$199.00

Clerk: JAB

Arrive: 10Jul21

Time: 11:40AM

Depart: 15Jul21

Time: 03:40PM

DATE	DESCRIPTION	CHARGES	CREDITS
10Jul21	Room Charge	199.00	
10Jul21	Gst #825489552	10.25	
10Jul21	Destination Marketing Fee	5.97	
10Jul21	Tourism Levy	8.20	
11Jul21	Room Charge	199.00	
11Jul21	Gst #825489552	10.25	
11Jul21	Destination Marketing Fee	5.97	
11Jul21	Tourism Levy	8.20	
12Jul21	Room Charge	199.00	
12Jul21	Gst #825489552	10.25	
12Jul21	Destination Marketing Fee	5.97	
12Jul21	Tourism Levy	8.20	

Card #: XXXXXXXXXXXXXXXXXX

Amount: XXX Auth XXX

This card was electronically swiped on 10Jul21

**BALANCE: 0.00**

As a Marriott Bonvoy Member, you could have earned points towards your free dream vacation today. Start earning points and Elite status, plus enjoy exclusive member offers. Enroll today at the front desk.

See our "Privacy & Cookie Statement" on Marriott.com.



**Legislative Assembly of Alberta**  
**VF07788 - Vendor Payment Submission Form**

Hosting =\$690.00+gst

Receipt Description	
Member Name	Michaela Glasgo
Claimant	Michaela Glasgo
Expense Category	Hosting - Group (Brooks newcomers) Hosting Purpose - Breakfast meet and greet

**Heritage Inn Hotel & Convention Centre**  
1217 - 2nd Street W.  
Brooks, Alberta T1R 1P7  
Telephone: 403-362-6666 Fax: 403-362-7319

Constituency Brooks Medicine Hat

Page # 1 Inv.# 2108310007  
Res. # 227281

Date	Description	Reference	Charges	Credits
Aug24	Banquets Food	#005140	690.00	

Brooks Medicine Hat Const  
Attn: Heather Pigott

Signature: \_\_\_\_\_

P.O. # \_\_\_\_\_  
Interest charged on all accounts outstanding  
over 45 days at a rate of 2%.

Our G.S.T. # is R102201423

Charge Summary:  
Banquets Food 690.00

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.

# Heritage Inn Hotel & Convention Centre

1217 - 2nd Street W. Brooks, Alberta T1R 1P7  
Telephone: 403-362-6666 Fax: 403-362-7319

Event Order #005140

Brooks Medicine Hat Constituency

Post as: Womens Newcomer/Business MLA & Minister Breakfast

Address:

Your Contact:  
Email:

Our Contact: Debbie Szoke

Date Booked: Aug 12/21

## Food

Date	Service Time	Service Type	Description	Qty	Charge	Total
Meeting Rm C Tuesday Aug 24/21	9:30a	Buffet Breakfast	The Continental Buffet Asstorted Muffins/Pastry/Croissants Butter/Ceam Cheese/Jams/Jelly Frest Slices Seasonal Fruit Assorted Juice Boxes Fresh Brewed Coffee & Tea	60.00	\$11.50	\$690.00

"Please note that our kitchen is NOT free of nuts or shell fish. We cannot always guarantee that our food has not come into contact with nuts or shell fish during processing or preparation"



# Legislative Assembly of Alberta

## SE14889 - Staff Other Expenses Claim Form

Receipt Description	office milk for coffee
Member Name	Michaela Frey
Claimant	Kirsten Spisak
Expense Category	

Hosting =\$2.62

**SAFeway**

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

Served by: Ana A

Welcome to Safeway

**GROCERY**

Lucerne Milk 2%	\$2.49 D
+EHC	\$0.03
+Deposit	\$0.10

SUBTOTAL \$2.62  
TOTAL TAX \$0.00  
**TOTAL \$2.62**

Cash Rounding	TENDER	\$0.02
Cash	TENDER	\$20.00
Cash	CHANGE	\$17.40

NUMBER OF ITEMS 1

**AIR MILES**

Member number: [REDACTED]

Your AIR MILES Balances

Cash Miles	[REDACTED]
Dream Miles	[REDACTED]

Term Tran Store Oper 10/05/21  
8 1601 8915 147 09:01:05

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

## SE14947 - Staff Other Expenses Claim Form

Receipt Description	hosting supplies
Member Name	Michaela Frey
Claimant	Kirsten Spisak
Expense Category	Hosting - Individual Constituent(s) Hosting - Individual Stakeholder(s) Hosting Purpose - meetings

Hosting =\$15.74+gst

*You're at home here.*

**CO-OP**

South Country Co-op  
Northlands Food Centre  
10 Northlands Way NE  
403-523-6607

K SPISAK  
MEMBER#: [REDACTED]  
COKE ZERO 4 @ 4 FOR \$10.00 \$10.00 G  
ADVERTISED SPECIAL  
Enviro Fee 4 @ \$0.18 =A \$0.72 G  
Deposit 4 @ \$0.60 =A \$2.40 N  
1LT 1% MILK \$2.49 N  
Enviro Fee \$0.03 N  
Deposit \$0.10 N  
5 BALANCE DUE \$16.28

TYPE: Purchase INTERAC  
ACCT: FLASH DEFAULT \$ 16.28  
CARD NUMBER: [REDACTED]  
DATE/TIME: 11/02/2021 :05  
REFERENCE #: 0010014990 H  
TERM: 66209748  
AUTHOR.# [REDACTED]  
ATC: A0000002  
Interac  
TV3: 0000008000  
TSI: 0000

00 APPROVED - THANK YOU 001

I agree to pay the above total amount  
according to the card issuer agreement  
(merchant agreement if credit voucher)

CUSTOMER COPY

\*\*\*\*\*

INTERAC \$16.28  
Auth Code = [REDACTED] \$0.00  
CHANGE

TAX-CODE TAXABLE VAL TAX-VALUE  
GST \$10.72 \$0.54

Member Number [REDACTED]

C0129 #1211 21:10:26 2NOV2021  
S01691 R001

Thank-you  
for shopping  
CO-OP

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**  
**SE15192 - Staff Other Expenses Claim Form**

Hosting = \$22.61

Receipt Description	office milk for coffee
Member Name	Michaela Frey
Claimant	Kirsten Spisak
Expense Category	Hosting - Individual Constituent(s)

*You're at home here.*

**co-op**

South Country Co-op  
Northlands Food Centre  
10 Northlands Way NE  
403-523-6607

K SPISAK  
MEMBER#: [REDACTED]

McCafe Food JOCY \$19.99 N  
1% 2% MILK \$2.49 N  
Enviro Fee \$0.73 N  
Deposit \$0.10 N

[REDACTED]

TYPE: Purchase INTERAC  
ACCT: FLASH DEFAULT \$ [REDACTED]

CARD NUMBER: \*\*\*\*\* [REDACTED]  
DATE/TIME: 11/25/2021 08:32:43  
REFERENCE #: 0010016220 H  
TERM: 66000748  
AUTHOR.# : [REDACTED]  
ATD: A0000002771010  
Interac  
TVR: 0000009000  
TSI: 0000

00 APPROVED - THANK YOU 001

I agree to pay the above total amount  
according to the card issuer agreement  
(merchant agreement if credit voucher)

CUSTOMER COPY

\*\*\*\*\*  
[REDACTED]

Member Number: [REDACTED]

C0112 #103/ 8:32:14 25NOV2021  
S01691 R001

Thank you  
for Shopping  
co-op

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.