LEGISLATIVE ASSEMBLY OF ALBERTA

Member EDR 2024-25

002 - Calgary-Beddington - MLA Amanda Chapman For Expenses Processed Jul 1 - Sep 30, 2024

	Budget	Reimbursed This Qtr	Reimbursed To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$			
MLA Parking Cap - \$	\$900.00	\$51.32	\$51.32
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$			
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$			\$1,221.93
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$4,500.00	\$10,290.00
Travel Accommodations Allowance			
Travel Accommodations Allowance (days; 10 max) - NF	10.0		
Other			
Hosting - \$		\$300.68	\$321.65
Event Tickets Disclosable - \$			
Non-Financial Reporting			
Lies of Drivete Automobile (EO E cente nor km)			
Use of Private Automobile (50.5 cents per km) Constituency Travel MLA (KM) - NF	35,000.0	941.2	1,533.2
Constituency Travel MEA (KM) - NF	33,000.0	941.2	1,333.2
Total Constituency Travel (KM) - NF	35,000.0	941.2	1,533.2
Total Conditionally Travel (Tan) Ta	00,000.0	041.2	1,000.2
Adverse Driving Conditions			
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		7.0
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

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



Receipt Description	Event Parking
Member Name	Amanda Chapman
Claimant	Amanda Chapman
Expense Category	Member Parking

Account Activity By Phone Report							
2024-Jul-1 to 202	24-Jul-31				As of:	Aug 7 <u>202</u>	4. 10:29 A
Date	Description	Cell #	Nickname	Location	Debits	Credits	Parking Cost
202	rking from 2024-07-05 04:03 pm to 24-07-06 06:00 pm CPA Lot 77: 415 7	via CELL	Amanda	9077			\$4.00
202	rking from 2024-07-07 03:44 pm to 24-07-08 06:00 am CPA Lot 25: 340 - Ave SW	via CELL	Amanda	9025			\$3.80
			-	-			
202	rking from 2024-07-08 11:20 am to 24-07-08 01:20 pm 2 St - 11 Av to 12 SW - W side	via CELL	Amanda	3396			\$3.63

GST Number: 119457869

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

ME45299 Page 2 of 9



Receipt Description	Event Parking
Member Name	Amanda Chapman
Claimant	Amanda Chapman
Expense Category	Member Parking



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

ME45299 Page 5 of 9



Receipt Description	Event Parking
Member Name	Amanda Chapman
Claimant	Amanda Chapman
Expense Category	Member Parking



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

ME45299 Page 6 of 9



Receipt Description	Event Parking
Member Name	Amanda Chapman
Claimant	Amanda Chapman
Expense Category	Member Parking

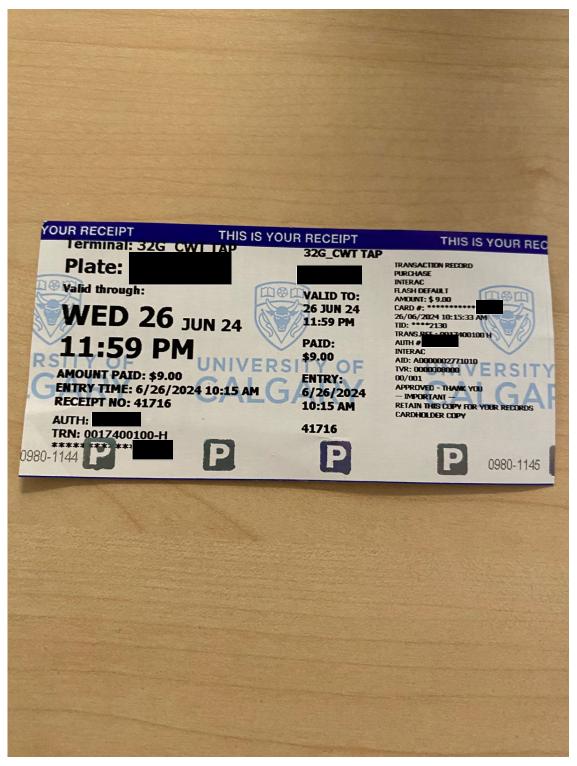


I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to me or on my behalf.

ME45299 Page 7 of 9



Receipt Description	Meeting Parking
Member Name	Amanda Chapman
Claimant	Amanda Chapman
Expense Category	Member Parking

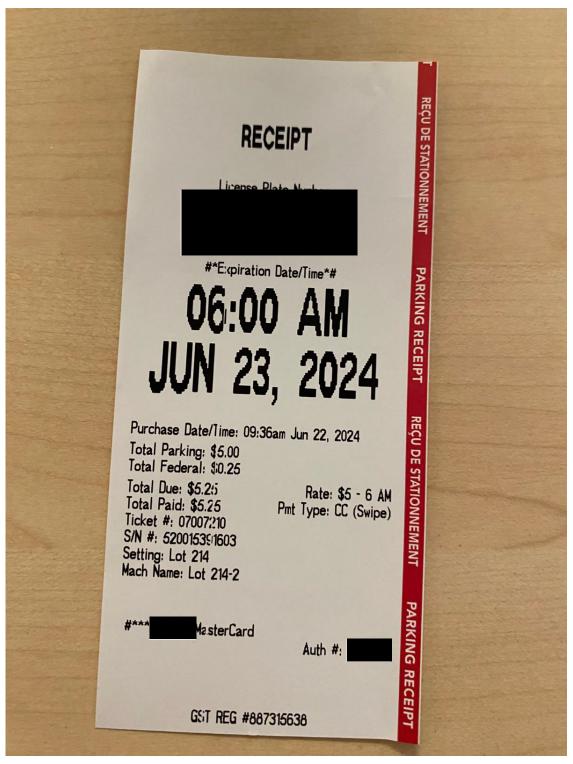


I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to me or on my behalf.

ME45299 Page 8 of 9



Receipt Description	Event Parking
Member Name	Amanda Chapman
Claimant	Amanda Chapman
Expense Category	Member Parking



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

ME45299 Page 9 of 9



Receipt Description	Event Parking
Member Name	Amanda Chapman
Claimant	Amanda Chapman
Expense Category	Member Parking



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

ME46643 Page 2 of 2



Legislative Assembly of Alberta MR42678 - Members' Temporary Accommodation Allowance Claim Form

Form Type	Members' Temporary Accommodation Allowance Claim
Form ID	MR42678
Description	July Rent
Claimant	Amanda Chapman
Employee Number	
Constituency	Calgary-Beddington 02 (Amanda Chapman)
Date Submitted	June 28, 2024
Date Received	June 28, 2024
Mailing Address	

Month	Year	Monthly Claim Amount
July	2024	1500.00
	Grand Total	1500.00

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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.

MR42678 Page 2 of 2



Legislative Assembly of Alberta MR45300 - Members' Temporary Accommodation Allowance Claim Form

Form Type	Members' Temporary Accommodation Allowance Claim
Form ID	MR45300
Description	August Rent
Claimant	Amanda Chapman
Employee Number	
Constituency	Calgary-Beddington 02 (Amanda Chapman)
Date Submitted	August 7, 2024
Date Received	August 8, 2024
Mailing Address	

Month	Year	Monthly Claim Amount
August	2024	1500.00
	Grand Total	1500.00

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.

MR45300 Page 2 of 2



Legislative Assembly of Alberta MR46641 - Members' Temporary Accommodation Allowance Claim Form

Form Type	Members' Temporary Accommodation Allowance Claim
Form ID	MR46641
Description	September Rent
Claimant	Amanda Chapman
Employee Number	
Constituency	Calgary-Beddington 02 (Amanda Chapman)
Date Submitted	September 4, 2024
Date Received	September 4, 2024
Mailing Address	

Month	Year	Monthly Claim Amount
September	2024	1500.00
	Grand Total	1500.00

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.

MR46641 Page 2 of 2



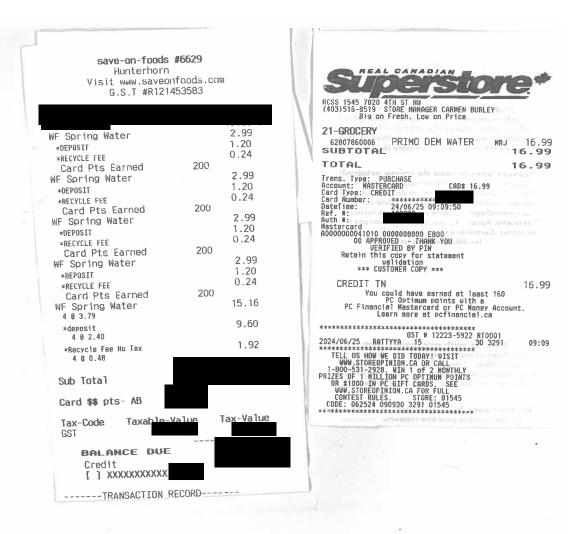
Member Name	Amanda Chapman
Claimant	Amanda Chapman
Expense Category	Office supplies



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.



Member Name	Amanda Chapman
Claimant	Amanda Chapman
Expense Category	Office supplies



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.



Member Name	Amanda Chapman
Claimant	Amanda Chapman
Expense Category	Office supplies



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.



Rocky View #1076 300-293020 Crossiron Common Rocky View, AB T4A 0J6

XXXXXXXXXXXX

ACCT: MASTERCARD

REFERENCE #: 0010013290 C

AUTH #: 2024/06/13 15:03:45 Invoice Number: 014329

Purchase - Mastercard

A0000000041010 0000008000 E800

01 APPROVED - THANK YOU 027

AMOUNT: \$113.88

IMPORTANT - retain this copy for your records CUSTOMER COPY

MasterCard CHANGE 113.88

TOTAL NUMBER OF ITEMS SOLD = 12 20247/4/41: 15:03:47 1076 14 333 632



2210760140333240613150

OP#: 632 Name: TAYYABA B

Thank You! Please Come Again

G = GST P=PST GST #121476329RT Whse:1076 Trm:14 Trn:333 OP:632

Items Sold: 12 KZ 2024/06/13 15:03



Member Name	Amanda Chapman
Claimant	Amanda Chapman
Expense Category	Office supplies

SAFEWAY Safeway Beddington Square 8120 Beddington Blvd Calgary AB Phone: 403.295.6895 GST# 895588788RT0001 Served by: SCO 21 GROCERY Ice Cream Vanilla \$11.99 Ice Cream Vanilla Ċ \$11.99 SUBTOTAL \$23.98 TOTAL TAX \$0.00 TOTAL \$23.98 Master Card **TENDER** \$23.98 Cash CHANGE \$0.00 NUMBER OF ITEMS MERCHANT 22256891 TERMINAL ID S02225689121 ** Purchase CARD MC RCPT 3415000 RESP 001 TIME 11:38:45 REF# 001819034 APPL Mastercard A0000000041010 AID 00 APPROVED - THANK YOU Term Tran Store Oper 06/13/24 21 3415 8849 121 11:38:50 Thank you for shopping at Our Store Come Again Soon SHARE YOUR THOUGHTS FOR A CHANCE TO WIN 1 OF 3 \$500 SAFEWAY GIFT CARDS! Hold on to this receipt and complete our online Customer Survey by visiting: www.Safeway.ca/MySafeway NO PURCHASE NECESSARY. Rules on Contest website. Eligible for residents over the age of majority of Alberta; Western Ontario ; Manitoba; and Saskatchewan. Contest ends Aug 3 2024.

Tim Hortons

Tim Hortons # 105027 100 Beddington Blvd NE, Calgary, AB, T3K 2E2 587-296-3242

Eat In Order #: 220

Muf - Asrt Dozen \$18.99 1 Ont - Asrt Dozen \$13.99

Subtotal:

\$32.98

Mastercard:

Change Due: Cashier: SHIFT 1

\$0.00

GST/HS1#:

06-23-2024 08:47:14 AM Receipt #: 205257002 Order ID: 205691502

Enjoy any French Vanilla, Hot Chocolate,

or Iced Coffee for \$1*

Visit TellTins.ca and Net us know how we did

Survey Code:

8215-6650-2043-0230-40744

Upon survey completion enter validation code

here: __

And return this receipt to a participating Tim Hortons in Canada to receive offer.

*Plus tax. See website for full Terms and Conditions

Mastercard Card Entry: CHIP Trans Type:Purchase Tern #: REF #:

Sequence: 000014 \$32,98 202 00000014

Application Label:

Mastercard A0000000041010

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.