

LEGISLATIVE ASSEMBLY OF ALBERTA  
Member EDR 2025-26  
050 - Banff-Kananaskis - Sarah Elmeligi  
For Expenses Processed Oct 1 - Dec 31, 2025

	Budget	Reimbursed This Quarter	Reimbursed to Date
<b>Financial Reporting - \$ (Receipts attached)</b>			
<b>Transportation</b>			
Fuel and Minor Maintenance - \$			
MLA Parking Cap - \$	\$900	\$57.14	\$86.66
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$			
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$691.44	\$1929.59
<b>Accommodation</b>			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$26400	\$4218.69	\$6953.45
Travel Accommodations Allowance		\$1170.05	\$1170.05
Travel Accommodations Allowance (days; 10 max) - NF	10.00	5.0	5.0
<b>Other</b>			
Hosting - \$		\$215.44	\$534.44
Event Tickets Disclosable - \$			
<b>Non-Financial Reporting</b>			
<b>Use of Private Automobile (50.5 cents per km)</b>			
Constituency Travel MLA (KM) - NF	80,000.00	5,090.1	9,343.9
Constituency Travel Staff (KM) - NF		1,697.0	2,131.0
Total Constituency Travel (KM) - NF	80,000.0	6,787.1	11,474.9
Adverse Driving Conditions	-		
Special Trips (5 trips per year) - NF	5.00		
<b>Travel To and From the Capital</b>			
Travel by Air, Bus or Train (Unlimited Trips) - NF	-		
Use of a Private Automobile (52 trips per year) - NF	52.00	2.0	5.5
<b>Other Travel</b>			
Vehicle Rental (5 Days maximum anywhere in Alberta) - NF	5.00		

\$ - 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

## ME57244 - Members' Other Expenses Claim Form

MLA Parking Cap - \$57.14 + GST

Receipt Description	Lunch with Canmore Pride executive
Member Name	Sarah Elmeligi
Claimant	Sarah Elmeligi
Expense Category	Hosting - Individual Stakeholder(s) Hosting Purpose - Annual catch up and prepare for pride week

TRANSACTION RECORD  
FAIRMONT BANFF SPRINGS  
405 SPRAY AVE  
BANFF AB  
T1L1J4

Purchase  
Nov 28, 2025 16:15:18  
VISA

ENTRY: Tap EMV (H)  
Ref#: 570 016GLX13PD83HVC  
Auth#: Response: 01 027  
Order: MG01764364516769

Amount \$ 60.00

A0000000031010 Visa Credit  
TVR 0000000000

Approved  
FF/DT 40  
Signature Not Required

Important: Retain

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.



# Legislative Assembly of Alberta

## MP56546 - Members' Travel Expense Per-Diems Expense Claim Form

Form Type	Members' Travel Expenses Per-Diems Claim
Form ID	MP56546
Description	September 2025 - Per-Diems
Claimant	Sarah Elmeligi
Employee Number	
Constituency	Banff-Kananaskis 50 (Sarah Elmeligi)
Date Submitted	October 9, 2025
Date Received	October 10, 2025
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
18785	Sep 6, 2025	60 km from Perm. Res.	Springbank		X		17.15	0.85	18.00
18786	Sep 22, 2025	60 km from Perm. Res.	Cochrane, Sundre	X	X		29.52	1.48	31.00
18787	Sep 23, 2025	60 km from Perm. Res.	Bragg Creek		X		17.15	0.85	18.00
18788	Sep 30, 2025	60 km from Perm. Res.	Jasper	X			12.38	0.62	13.00
							76.20	3.80	80.00

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

## MP57059 - Members' Travel Expense Per-Diems Expense Claim Form

Form Type	Members' Travel Expenses Per-Diems Claim
Form ID	MP57059
Description	October 2025 - Per-Diems
Claimant	Sarah Elmeligi
Employee Number	
Constituency	Banff-Kananaskis 50 (Sarah Elmeligi)
Date Submitted	November 17, 2025
Date Received	November 18, 2025
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
19319	Oct 10, 2025	60 km from Perm. Res.	Bragg Creek		X		17.14	0.86	18.00
19320	Oct 13, 2025	60 km from Perm. Res.	Nordegg		X		17.14	0.86	18.00
19321	Oct 14, 2025	60 km from Perm. Res.	Edson, Grande Cache,	X	X	X	56.19	2.81	59.00
19322	Oct 15, 2025	60 km from Perm. Res.	Grande Prairie, Hinton	X	X	X	56.19	2.81	59.00
19323	Oct 16, 2025	60 km from Perm. Res.	Hinton	X		X	39.05	1.95	41.00
19324	Oct 17, 2025	60 km from Perm. Res.	Hinton, Nordegg	X		X	39.05	1.95	41.00
19325	Oct 21, 2025	Travel to/from Capital	Bragg Creek			X	26.67	1.33	28.00
19326	Oct 22, 2025	Travel to/from Capital	Edmonton	X	X	X	56.19	2.81	59.00
19327	Oct 23, 2025	Travel to/from Capital	Edmonton, Red Deer	X	X	X	56.19	2.81	59.00
19328	Oct 26, 2025	Travel to/from Capital	Red Deer			X	26.67	1.33	28.00
19329	Oct 27, 2025	Travel to/from Capital	Edmonton	X	X	X	56.19	2.81	59.00
19330	Oct 28, 2025	Travel to/from Capital	Edmonton	X	X	X	56.19	2.81	59.00
19331	Oct 29, 2025	Travel to/from Capital	Edmonton	X	X	X	56.19	2.81	59.00
19332	Oct 30, 2025	Travel to/from Capital	Edmonton, Red Deer	X	X	X	56.19	2.81	59.00
							615.24	30.76	646.00

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**  
**ME56547 - Members' Other Expenses Claim Form**

Edmonton Accommodation Allowance - \$2,774.06 + GST

Receipt Description	AirBnB Accommodations during fall session
Member Name	Sarah Elmeligi
Claimant	Sarah Elmeligi
Expense Category	Other

**Sarah Elmeligi**

**From:** Sarah Elmeligi [REDACTED]  
**Sent:** Monday, September 15, 2025 6:52 PM  
**To:** Sarah Elmeligi  
**Subject:** Fwd: Your receipt from Airbnb

**Love and light.**  
**Sarah**

*I go to nature to be soothed and healed, and to have my senses put in tune once more.*  
*John Burroughs (1837-1921).*

----- Forwarded message -----  
**From:** Airbnb <[automated@airbnb.com](mailto:automated@airbnb.com)>  
**Date:** Sat, 13 Sept 2025 at 11:36  
**Subject:** Your receipt from Airbnb  
**To:** [REDACTED]



## Your receipt from Airbnb

Receipt ID: [REDACTED] · September 13, 2025

### Edmonton

33 nights in Edmonton

Sun, Oct 26, 2025 -> Fri, Nov 28, 2025

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.



# Legislative Assembly of Alberta

## ME56547 - Members' Other Expenses Claim Form

Receipt Description	AirBnB Accommodations during fall session
Member Name	Sarah Elmeligi
Claimant	Sarah Elmeligi
Expense Category	Other

Entire home/apt · 2 beds · 1 guest

Confirmation code: [REDACTED]  
[Go to listing](#)

Cancellation policy

Free cancellation before 4:00 p.m. on Sep 26. After that, the first 30 nights are non-refundable. [Learn more](#)

### Price breakdown

\$94.73 x 33 nights	\$3,126.00
Monthly stay discount	-\$461.40
Airbnb service fee	\$376.18
Airbnb service fee savings	-\$93.26
Taxes	\$14.15

Total (CAD)	\$2,961.67
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### Payment

MASTERCARD [REDACTED]	\$2,788.21
September 13, 2025, 11:36:12 a.m. MDT	

Amount paid (CAD)	\$2,788.21
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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.



# Legislative Assembly of Alberta

## ME57060 - Members' Other Expenses Claim Form

Edmonton Accommodation Allowance - \$740.15 + GST

Receipt Description	AirBnB Edmonton accommodations during fall session
Member Name	Sarah Elmeligi
Claimant	Sarah Elmeligi
Expense Category	Other

### Sarah Elmeligi

**From:** Sarah Elmeligi [REDACTED]  
**Sent:** Monday, November 17, 2025 8:53 PM  
**To:** Sarah Elmeligi  
**Subject:** Fwd: Your receipt from Airbnb

Love and light.  
Sarah

*I go to nature to be soothed and healed, and to have my senses put in tune once more.  
John Burroughs (1837-1921).*

----- Forwarded message -----  
**From:** Airbnb <[automated@airbnb.com](mailto:automated@airbnb.com)>  
**Date:** Sun, 16 Nov 2025 at 05:01  
**Subject:** Your receipt from Airbnb  
**To:** [REDACTED]



## Your receipt from Airbnb

Receipt ID: RC9J2JMW8S · November 16, 2025

### Edmonton

40 nights in Edmonton

Sun, Oct 26, 2025 -> Fri, Dec 5, 2025

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.



# Legislative Assembly of Alberta

## ME57060 - Members' Other Expenses Claim Form

Receipt Description	AirBnB Edmonton accommodations during fall session
Member Name	Sarah Elmeligi
Claimant	Sarah Elmeligi
Expense Category	Other

Entire home/apt · 2 beds · 1 guest

Confirmation code [REDACTED]

[Go to listing](#)

Cancellation policy

This reservation is non-refundable. [Learn more](#)

### Price breakdown

Reservation change: +7 nights

Price adjustment	\$603.70
Total adjustment (CAD)	\$603.70
Previous total (CAD)	\$2,961.67
New total (CAD)	\$3,565.37

### Payment

MASTERCARD [REDACTED] \$777.16  
November 16, 2025, 5:00:35 a.m. MST

Amount paid (CAD) \$777.16

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.





# Legislative Assembly of Alberta

## VF35634 - Vendor Payment Submission Form

Edmonton Accommodation Allowance - \$704.48 + GST

Member Name	Sarah Elmeligi
Claimant	Sarah Elmeligi
Expense Category	Other



Sarah Elmeligi  
709 8 St,  
Canmore AB T1W 2B6,  
Canada

### INFORMATION INVOICE

Room No. : 0916  
Arrival : 12-07-25  
Departure : 12-11-25  
Page No. : 1 of 2  
Folio No. :  
Conf. No. :  
Cashier No. : 2000  
Custom Ref. :

Company Name : Government of Canada  
Group Name :  
Guest Name :

Date	Description	Charges	Credits
12-07-25	Package Revenue	164.00	
12-07-25	Destination Marketing Fee	5.94	
12-07-25	Room GST	7.72	
12-07-25	Tourism Levy	6.18	
12-08-25	Package Revenue	164.00	
12-08-25	Destination Marketing Fee	5.94	
12-08-25	Room GST	7.72	
12-08-25	Tourism Levy	6.18	
12-09-25	Package Revenue	164.00	
12-09-25	Destination Marketing Fee	5.94	
12-09-25	Room GST	7.72	
12-09-25	Tourism Levy	6.18	
12-10-25	Package Revenue	164.00	
12-10-25	Destination Marketing Fee	5.94	
12-10-25	Room GST	7.72	
12-10-25	Tourism Levy	6.18	
12-11-25	Mastercard		
	XXXXXXXXXXXX XX/XX		

Total Charges

I agree that I am personally liable for payment of this account, and if this person, company or association indicated does not settle within a reasonable period, my liability for payment should be joint and several with such person, company or association.

Matrix Hotel | 10640 100 Ave NW | Edmonton, AB T5J 3N8  
Reservations: (866) 465-8150 | Telephone: (780) 429-2861 | Fax: (780) 420-4962  
Email: [info@matrixedmonton.com](mailto:info@matrixedmonton.com)  
[www.matrixedmonton.com](http://www.matrixedmonton.com)

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.



# Legislative Assembly of Alberta

## VF35634 - Vendor Payment Submission Form

Member Name	Sarah Elmeligi
Claimant	Sarah Elmeligi
Expense Category	Other



Sarah Elmeligi  
709 8 St,  
Canmore AB T1W 2B6,  
Canada

### INFORMATION INVOICE

Room No. : 0916  
Arrival : 12-07-25  
Departure : 12-11-25  
Page No. : 2 of 2  
Folio No. :  
Conf. No. :  
Cashier No. : 2000  
Custom Ref. :

Company Name : Government of Canada  
Group Name :  
Guest Name :

Total Credits [REDACTED]  
Balance 0.00

Merchant ID		Credit Card #	XXXXXXXXXXXX [REDACTED]
Transaction ID	48605947	Credit Card Expiry	XX/XX
Approval Code	[REDACTED]	Capture Method	Swiped
Approval Amount	[REDACTED]	Transaction Amount	[REDACTED]

I agree that I am personally liable for payment of this account, and if this person, company or association indicated does not settle within a reasonable period, my liability for payment should be joint and several with such person, company or association.

Matrix Hotel | 10640 100 Ave NW | Edmonton, AB T5J 3N8  
Reservations: (866) 465-8150 | Telephone: (780) 429-2861 | Fax: (780) 420-4962  
Email: [info@matrixedmonton.com](mailto:info@matrixedmonton.com)  
[www.matrixedmonton.com](http://www.matrixedmonton.com)

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.



# Legislative Assembly of Alberta

## VF35222 - Vendor Payment Submission Form

Travel Accommodations Allowance - \$232. 4 + GST

Member Name	Sarah Elmeligi
Claimant	Sarah Elmeligi
Expense Category	Other

RESERVATION  
COUNTER  
PART OF TRAVELPASS GROUP™

### Booking Confirmed!



Sarah,

Your booking at Best Western High Road Inn for 2025-10-16 is confirmed. Find your reservation details and other helpful information below.

Have questions?

Give us a call at [800-434-0564](tel:800-434-0564).

### Your Booking

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.



## Legislative Assembly of Alberta

### VF35222 - Vendor Payment Submission Form

Member Name	Sarah Elmeligi
Claimant	Sarah Elmeligi
Expense Category	Other

Booking Itinerary Number

[REDACTED]

Best Western High Road Inn

Address: 300 52nd St, Edson, AB T7E1V8

Phone: [780-712-2378](tel:780-712-2378)

[Manage Booking](#)

#### Booking Information

[REDACTED]

Check In: 2025-10-16 4:00 PM - anytime

Check Out: 2025-10-17 11:00 AM

[REDACTED]

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.



## Legislative Assembly of Alberta

### VF35222 - Vendor Payment Submission Form

Member Name	Sarah Elmeligi
Claimant	Sarah Elmeligi
Expense Category	Other

Reservation:	Subtotal: CAD 187.29
King Room	
Room(s): 1	Taxes & Fees: CAD 36.22
Night(s): 1	
Guests:	Service Fee: CAD 17.99
Sarah Elmeligi	
Total Guests: 1	Total: CAD 241.50

\*We have charged your credit card for the full payment of this reservation. Your booking is guaranteed and paid in full.

\*This transaction will show up as a charge from Web\_beds, our hotel partner. A service fee of CAD 17.99 is non-refundable. If you believe this booking to be the result of fraudulent activity, please contact [800-434-0564](tel:800-434-0564)

#### Payment Information

Michaela Jennings

Credit Card Type: Mastercard

Credit Card Number: [REDACTED]

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.



Sarah Elmeligi

## INFORMATION INVOICE

Room No. : 1516  
 Arrival : 10-21-25  
 Departure : 10-23-25  
 Page No. : 1 of 1  
 Folio No. :  
 Conf. No. :  
 Cashier No. : 1126  
 Custom Ref. :

Company Name :  
 Group Name :  
 Guest Name :

Date	Description	Charges	Credits
10-21-25	Deposit Transfer at C/I		674.15
10-21-25	Room Revenue	265.05	
10-21-25	Destination Marketing Fee	10.60	
10-21-25	Room GST	13.78	
10-21-25	Tourism Levy	11.03	
10-22-25	Room Revenue	329.65	
10-22-25	Destination Marketing Fee	13.19	
10-22-25	Room GST	17.14	
10-22-25	Tourism Levy	13.71	
Total Charges		674.15	
Total Credits			674.15
Balance			0.00

I agree that I am personally liable for payment of this account, and if this person, company or association indicated does not settle within a reasonable period, my liability for payment should be joint and several with such person, company or association.

Matrix Hotel | 10640 100 Ave NW | Edmonton, AB T5J 3N8  
 Reservations: (866) 465-8150 | Telephone: (780) 429-2861 | Fax: (780) 420-4962  
 Email: [info@matrixedmonton.com](mailto:info@matrixedmonton.com)  
[www.matrixedmonton.com](http://www.matrixedmonton.com)



# Legislative Assembly of Alberta

## VF35222 - Vendor Payment Submission Form

Member Name	Sarah Elmeligi
Claimant	Sarah Elmeligi
Expense Category	Other

### Your reservation details

#### Your Reservation

Premium King Room ☐

Confirmation Number : [REDACTED]

Sarah Elmeligi [REDACTED]

**Sale:** Linger Longer ⓘ

Tue, Oct 21, 2025 - Thu, Oct 23, 2025

1 adult | 2 Nights

\$ 594.70

Reservation Subtotal

~~\$ 626.88~~  
**\$ 594.70**

Taxes

\$ 79.45

Total Reservation

**\$ 674.15**

#### Payment Details

MASTERCARD ending in [REDACTED]

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.



# Legislative Assembly of Alberta

## VF35330 - Vendor Payment Submission Form

Travel Accommodations Allowance - \$165.36+ GST

Member Name	Sarah Elmeligi
Claimant	Sarah Elmeligi
Expense Category	Other

Best Western Grande Prairie Hotel & Suites  
10745 117 Ave  
Grande Prairie, AB T8V 7N6

Fax: 780-402-8026  
Email: res@bestwesterngrandeprairie.com

Phone: 780-402-2378

Web: www.bwgrandeprairie.com



### Guest Charges

Folio #: [REDACTED] Guest : ELMELIGEI, SARAH Conf #: [REDACTED]  
Room #: 417 CRS #: [REDACTED]  
Payment Method : Credit Card Billing Reference :  
Rate : 10/14/2025 Company : Government Of Alberta  
\$159.00 [REDACTED]  
Arrival: 10/14/2025  
Departure: 10/15/2025  
Next Payment Due: 10/15/2025  
Estimated Next Payment Amount:

Date	Department	Reference	Voucher	Room	Charge	Credit	Balance
10/14/2025	Room- Sus & Tax	Auto Posted Rate: CG		417	\$159.00		\$159.00
10/14/2025	G.S.T	Auto Posted Rate: CG		417	\$7.95		\$166.95
10/14/2025	Alberta Tourism Levy	Auto Posted Rate: CG		417	\$6.36		\$173.31
10/15/2025	Mastercard	MC [REDACTED]		417		\$173.31	\$0.00
Balance							\$0.00

Additional Estimated Charges (Room, Tax, Other) through 10/14/2025 \$0.00

### Credit Card Payment

Payment Type: Credit Card Amount Paid: \$173.31  
Account: MC [REDACTED] Approval Code: [REDACTED]  
Account Holder: ELMELIGI/SARAH Approval Amount: (\$173.31)

Guest Signature \_\_\_\_\_

By signing this I agree that the above charges are correct.

GST #70249 0335 RT0001

The sustainability fee can be removed from the bill at the request of the guest. Please ask the Front Desk if you require an explanation for these charged.

Each BWHS Hotels property is independently owned and operated.

Guest Signature \_\_\_\_\_

Each BWHS Hotels property is independently owned and operated.

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.





# Legislative Assembly of Alberta

## VF35330 - Vendor Payment Submission Form

Travel Accommodations Allowance - \$129.32+ GST

Member Name	Sarah Elmeligi
Claimant	Sarah Elmeligi
Expense Category	Other



31 10-16-25

Sarah Elmeligi	Folio No. :	Room No. :	119
	A/R Number :	Arrival :	10-15-25
	Group Code :	Departure :	10-16-25
	Company :	Conf. No. :	
	Membership No. :	Rate Code :	IDAS1
	Invoice No. :	Page No. :	1 of 1

Date	Description	Charges	Credits
10-15-25	*Accommodation	122.00	
10-15-25	Tourism Levy	4.88	
10-15-25	DMF Tax	2.44	
10-15-25	GST	6.10	
10-16-25	MasterCard XXXXXXXXXX		135.42
Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - <a href="http://www.ihg.com/reviews">www.ihg.com/reviews</a> . We look forward to welcoming you back soon.		<b>Total</b>	<b>135.42</b>
		<b>Balance</b>	<b>0.00</b>

### Guest Signature:

I have received the goods and / or services in the amount shown hereon. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Holiday Inn Hinton 393 Gregg Avenue Hinton, Alberta Canada T7V 1N1  
Telephone: (780) 865-3321 Fax: (780) 865-7856  
GST 878160969

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.



# Legislative Assembly of Alberta

## ME57244 - Members' Other Expenses Claim Form

Hosting \$168.51 + GST

Receipt Description	Lunch with Canmore Pride executive
Member Name	Sarah Elmeligi
Claimant	Sarah Elmeligi
Expense Category	Hosting - Individual Stakeholder(s) Hosting Purpose - Annual catch up and prepare for pride week

**COMMUNITA CAFE INC**  
117-1001.6 AVE  
CANMORE, AB T1W 3L8  
4036786818  
<https://www.thecommunita.com>

GST# 837735364

Transaction 524992

Total \$84.90  
Tip \$12.74

CREDIT CARD SALE \$97.64  
VISA

Retain this copy for statement validation

17-Sep-2025 11:53:49a.m.  
\$97.64 | Method: CONTACTLESS  
Visa Credit XXXXXXXXXX  
Reference ID: 526000847879  
Auth ID:   
MID: \*\*\*\*\*2087  
AID: A0000000031010  
AthNtwkNm: VISA  
NO CARDHOLDER VERIFICATION

Online: <https://clover.com/p/VXW4ABFYSTFNC>

**Communita Cafe**  
#117 1001 6TH AVENUE  
Canmore, AB T1W 3L8  
(403) 688-2233  
[www.thecommunita.com](http://www.thecommunita.com)

Sep 17, 2025  
11:53 AM

Ticket: #34  
Receipt: J4KH  
GST/HST # 837735364RT0001

PAD THAI x 1	\$19.95
DINE IN // PLATED	
STRAWBERRY KIWI LEMONADE x 1	\$4.75
Cup - 16 oz, DINE IN // PLATED	
AVOCADO SIDE UP x 1	\$9.50
SINGLE, DINE IN // PLATED	
TACO BOWL x 1	\$17.50
DINE IN // PLATED	
AHI TUNA TARTARE x 1	\$13.95
DINE IN // PLATED	
POPCORN - LARGE PACKAGED x 1	\$4.95
1 x CURRY	
KOMBUCHA x 1	\$5.50
LEMONADE x 1	\$4.75
Cup 16oz, DINE IN // PLATED	
Subtotal	\$80.85
GST	\$4.04
Rounding	\$0.01
Total	\$84.90
Cash	\$84.90
Change	\$0.00

TAVERN 1883  
709 9 STREET  
CANMORE, AB T1W2V7  
4037633139

### SALE

Clerk #: 002492  
Table #: 08061  
Check #: 0000008061  
MID: 6757719  
TID: 004  
Batch #: 258001  
09/15/25  
APPR CODE:   
VISA  
\*\*\*\*\*  
REF#: 00000003  
RRN: 00000003  
30756  
Proximity  
\*\*\*

AMOUNT \$66.15  
TIP \$11.91  
TOTAL \$78.06

APPROVED

Misc. Device  
Visa Credit  
AID: A0000000031010  
TTQ 32 AD 40 00

I AGREE TO PAY ABOVE TOTAL AMOUNT  
IN ACCORDANCE WITH CARD ISSUER'S  
AGREEMENT  
(MERCHANT AGREEMENT IF CREDIT VOUCHER)  
RETAIN THIS COPY FOR STATEMENT  
VERIFICATION

THANK YOU! / MERCI!

CUSTOMER COPY



Tavern 1883  
709 9th St  
Canmore AB  
Canada T1W 2V7  
Tel: +1 403 609 2000  
Printed September 15, 2025 at 1:07 PM

September 15, 2025 at 1:07 PM Order #: 8051  
Table: 31, 2 guests

Pop	\$3.50
Pop	\$3.50
Protein Bowl	\$28.00
Chicken Burger	\$28.00

Sub Total	\$63.00
Tax	\$3.15
Total	\$66.15

Tips are not included in Canada.  
Please pay your server if you  
received good service.

18%=\$11.91 20%=\$13.23 22%=\$14.55

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.





# Legislative Assembly of Alberta

## SE56248 - Staff Other Expenses Claim Form

Hosting - \$31.28

Receipt Description	Assorted tea/drinks for MLA on Tour events
Member Name	Sarah Elmeligi
Claimant	Joan Chandoiseau
Expense Category	Hosting - Group (Office of MLA Sarah Elmeligi) Hosting Purpose - MLA on Tour events



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**  
**VF35049 - Vendor Payment Submission Form**

Hosting - \$15.65

Member Name	Sarah Elmeligi
Claimant	Sarah Elmeligi
Expense Category	Office supplies

save-on-foods #6635  
Canmore  
visit [www.saveonfoods.com](http://www.saveonfoods.com)  
G.S.T #R121453583

Oat Zero Vanilla	9.38
2 @ 4.69	
*DEPOSIT	0.20
2 @ 0.10	
*RECYCLE FEE	0.08
2 @ 0.04	
STASH TAX	5.99
Sub Total	\$15.65
Card \$\$ pts- AB	15
BALANCE DUE	\$15.65
Credit	\$15.65
[ ] XXXXXXXXXXXX	

-----TRANSACTION RECORD-----

TYPE: Purchase

ACCT: MASTERCARD \$ 15.65

CARD NUMBER: \*\*\*\*\*

DATE/TIME: 09/18/2025 08:31:24

REFERENCE #: C010018030 C

TERM: 66349422

AUTHOR. # :

AID: A000000041010

TVR: 0000208000

TSI ECO)

Mastercard

01 APPROVED - THANK YOU 027

CARDHOLDER WILL PAY CARD ISSUER ABOVE  
AMOUNT PURSUANT TO CARDHOLDER AGREEMENT

IMPORTANT:  
retain this copy for your records

CUSTOMER COPY

\*\*\*\*\*

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.