

LEGISLATIVE ASSEMBLY OF ALBERTA  
 Member EDR 2023-24  
 016 - Calgary-Lougheed - MLA Eric Bouchard  
 For Expenses Processed Jul 1 - Sep 30, 2023

	Budget	Reimbursed This Qtr	Reimbursed To-Date
<b>Financial Reporting - \$ (Receipts attached)</b>			
<b>Transportation</b>			
Fuel and Minor Maintenance - \$			
MLA Parking Cap - \$			
Other Travel - Parking - \$	\$900.00		\$60.00
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$			
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$261.76	\$340.85
<b>Accommodation</b>			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,790.00	\$6,511.75
Travel Accommodations Allowance		\$273.68	\$273.68
Travel Accommodations Allowance (days; 10 max) - NF	10.0	2.0	2.0
<b>Other</b>			
Hosting - \$		\$413.32	\$524.28
Event Tickets Disclosable - \$			
<b>Non-Financial Reporting</b>			
<b>Use of Private Automobile (50.5 cents per km)</b>			
Constituency Travel MLA (KM) - NF	35,000.0	250.0	332.0
Constituency Travel Staff (KM) - NF			
Total Constituency Travel (KM) - NF	<u>35,000.0</u>	<u>250.0</u>	<u>332.0</u>
Special Trips (5 trips per year) - NF	5.0		
<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	52.0	3.0	4.5
<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

## MP29219 - Members' Travel Expense Per-Diems Expense Claim Form

Form Type	Members' Travel Expenses Per-Diems Claim
Form ID	MP29219
Description	August 2023 - Per-Diems
Claimant	Eric Bouchard
Employee Number	██████████
Constituency	Calgary-Lougheed 16 (Eric Bouchard)
Date Submitted	August 31, 2023
Date Received	August 31, 2023
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
744	Aug 16, 2023	60 km from Perm. Res.	Edmonton		X	X	30.81	1.54	32.35
745	Aug 17, 2023	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
746	Aug 18, 2023	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
747	Aug 19, 2023	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
748	Aug 20, 2023	60 km from Perm. Res.	Edmonton	X	X	X	39.57	1.98	41.55
749	Aug 21, 2023	60 km from Perm. Res.	Edmonton		X		11.05	0.55	11.60
750	Aug 28, 2023	60 km from Perm. Res.	Edmonton		X	X	30.81	1.54	32.35
751	Aug 30, 2023	60 km from Perm. Res.	Edmonton		X	X	30.81	1.54	32.35
							261.76	13.09	274.85

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

## MR27683 - Members' Temporary Accommodation Allowance Claim Form

Form Type	Members' Temporary Accommodation Allowance Claim
Form ID	MR27683
Description	Edmonton Residence
Claimant	Eric Bouchard
Employee Number	██████████
Constituency	Calgary-Lougheed 16 (Eric Bouchard)
Date Submitted	July 28, 2023
Date Received	July 31, 2023
Mailing Address	██████████ ██████████

Month	Year	Monthly Claim Amount
July	2023	1930.00
	Grand Total	1930.00

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

## MR29201 - Members' Temporary Accommodation Allowance Claim Form

Form Type	Members' Temporary Accommodation Allowance Claim
Form ID	MR29201
Description	Eric Bouchard MLA Temporary Accommodation
Claimant	Eric Bouchard
Employee Number	██████████
Constituency	Calgary-Lougheed 16 (Eric Bouchard)
Date Submitted	August 31, 2023
Date Received	August 31, 2023
Mailing Address	██████████ ██████████

Month	Year	Monthly Claim Amount
August	2023	1930.00
	Grand Total	1930.00

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

## MR29614 - Members' Temporary Accommodation Allowance Claim Form

Form Type	Members' Temporary Accommodation Allowance Claim
Form ID	MR29614
Description	Eric Bouchard Temporary Residence
Claimant	Eric Bouchard
Employee Number	██████████
Constituency	Calgary-Lougheed 16 (Eric Bouchard)
Date Submitted	September 28, 2023
Date Received	September 28, 2023
Mailing Address	██████████ ██████████

Specific Date of Temporary Residency	Subtotal	G.S.T.	Total
September, 2023	1,930.00 ██████████	██████████	1930.00
Grand Total	1,930.00 ██████████	██████████	1930.00

Office Use Only	██████████	1,930.00	██████████	Subtotal
	██████████		██████████	G.S.T
			1930.00	Grand Total


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

## ME29489 - Members' Other Expenses Claim Form

Receipt Description	Red Deer Hotel for Retreat 09/13/23 - 09/15/23
Member Name	Eric Bouchard
Claimant	Eric Bouchard
Expense Category	Member Travel



**RED DEER**  
Resort & Casino

Red Deer Resort and Casino  
3310 50<sup>th</sup> Avenue Red Deer, Alberta T4N 3X9  
Telephone: (403) 346-2091  
Reservations: (403) 755-8830  
Fax: (403) 755-1166  
Email: reservations@rdrcasino.ca  
www.rdrcasino.ca

Eric Bouchard  
[Redacted]  
Canada

Room No. : 0123  
Arrival : 09-13-23  
Departure : 09-15-23  
Page No. : 1 of 2  
Folio No. :  
Conf. No. : [Redacted]  
Cashier No. : 5  
Custom Ref. :

**INFORMATION INVOICE**

Company Name : UC CAUCUS  
Group Name : UCP Caucus  
Guest Name :

Date	Description	Charges	Credits
09-13-23	Room Charge	129.00	
09-13-23	Destination Marketing Fee	2.58	
09-13-23	Tourism Levy	5.26	
09-13-23	Room GST 5% 71125-2676 RT0001	6.58	
09-14-23	Room Charge	129.00	
09-14-23	Destination Marketing Fee	2.58	
09-14-23	Tourism Levy	5.26	
09-14-23	Room GST 5% 71125-2676 RT0001	6.58	
09-15-23	MasterCard XXXXXXXXXXXX [Redacted] XX/XX		286.84
<b>Total Charges</b>		<b>286.84</b>	
<b>Total Credits</b>			<b>286.84</b>
<b>Balance</b>			<b>0.00</b>

Merchant ID \_\_\_\_\_ Credit Card # XXXXXXXXXXXX [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.

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.

Hosting - \$6.85

**SAFeway**  
Water for office mtg.  
Safeway Woodbine  
2525 Woodview Dr. Calgary AB  
Phone: 403.238.1400  
GST # 395588788RT0001

Served by: Mary Ann R

Member card number: \*\*\*\*\*

<b>GROCERY</b>	
Compo Spring Water	\$3.49 D
GNC	\$0.96
Deposit	\$2.40
<hr/>	
SUBTOTAL	\$6.85
TOTAL TAX	\$0.00
<b>TOTAL</b>	<b>\$6.85</b>
Debit	TENDER \$6.85
Cash	CHANGE \$0.00
<hr/>	
NUMBER OF ITEMS	1

<b>SCENE+ POINTS</b>	
Member Number:	*****
Your SCENE+ POINTS Balance	
Scene+ Balance	

Earn 2 Scene+ points for every \$1 spent when using the Scotiabank Scene+ Visa Card. Learn more at [scotiabank.com/2xthepoints](http://scotiabank.com/2xthepoints)

MERCHANT 22256644 RF  
 TERM 502225664404 RCPI 4795000  
 \*\* Purchase \*\* \$ 6.85  
 DEBIT #\*\*\*\*\*  
 ACCOUNT RESP 001  
 DATE 06/21/2023 TIME 08:01:08  
 AUTH #  
 REF# 001510013  
 APP INTERAC  
 ATD A0000002771010

00 APPROVED - THANK YOU

Retain this copy for your record

Term	Tran	Store	Oper	06/21/23
4	4795	8827	112	08:01:11

Thank you for shopping  
Come Again Soon







# Legislative Assembly of Alberta

## SE29405 - Staff Other Expenses Claim Form

Hosting - \$126.87 + GST

Receipt Description	Sub sandwiches for volunteers/ Evergreen Cleanup
Member Name	Eric Bouchard
Claimant	Darlynn Linn
Expense Category	Hosting - Individual Constituent(s)



Safeway Woodbine  
 2525 Woodview Dr., Calgary, AB  
 Phone: 403.238.1400  
 GST# R95986736RT0001

Served by: Dawn M

Member card number: \*\*\*\*\*

DEBIT	
Sndwch Trky Sndwch Lg	\$9.99 GD
Sndwch Trky Sndwch Lg	\$9.99 GD
Sndwch EVO RstBF Lg	\$9.99 GD
Sndwch EVO RstBF Lg	\$9.99 GD
Sndwch EVO RstBF Lg	\$9.99 GD
Sndwch EVO RstBF Lg	\$9.99 GD
Sndwch Trky Sndwch Lg	\$9.99 GD
Sndwch Trky Sndwch Lg	\$9.99 GD
Sndwch Trky Sndwch Lg	\$9.99 GD
Sndwch EVO Veg Lg	\$8.99 GD
Sndwch EVO Veg Lg	\$8.99 GD
Sndwch EVO Veg Lg	\$8.99 GD

SUBTOTAL \$126.87

5% GST \$6.34

TOTAL \$133.21

Visa TENDER \$133.21

Cash CHANGE \$0.00

NUMBER OF ITEMS 12

SCENE+ POINTS  
 Member Number: \*\*\*\*\*  
 Your SCENE+ POINTS Balance  
 Scene+ Balance

Each 2 Scene+ points for every \$1 spent when using the Scotiabank Scene+ Visa Card. Learn more at scotiabank.com/2thepoints

MERCHANT 22256644 MF  
 TERMINAL ID 502225664435  
 \*\* Purchase \*\* \$ 133.21  
 CARD VI REF 9471000  
 NO \*\*\*\*\* REF 001  
 DATE 09/09/2023 TIME 09:32:21  
 AUTH #  
 REF # 001574001  
 APPL. SCOTIABANK VISA  
 AID A000000031010

00 APPROVED - THANK YOU

Term Tran Store Oper 09/09/23  
 35 9471 8827 155 09:32:20

Thank you for shopping  
 Come Again Soon

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**  
**SE29490 - Staff Other Expenses Claim Form**

Hosting - \$149.85 + GST

Receipt Description	Provided lunch volunteers Shawnee Evergreen event
Member Name	Eric Bouchard
Claimant	Darlynn Linn
Expense Category	Other



Safeway Woodbine  
 2525 Woodview Dr Calgary  
 Phone: 403.236.1400  
 GST# R05588788RT0001

Served by: Carmen F.

Member card number: \*\*\*\*\*

<b>DEBIT</b>		
Sndwh BYO	AsstBF Lg	149.95 GD
Sndwh BYO	Turkey Lg	149.95 GD
Sndwh BYO	Turkey Lg	149.95 GD

SUBTOTAL	\$149.85
5% GST	\$7.49
<b>TOTAL</b>	<b>\$157.34</b>
MasterCard	TENDER \$157.34
Cash	CHANGE \$0.00

NUMBER OF ITEMS

<b>SCENE+ POINTS</b>	
Member number:	*****
Your SCENE+ POINTS Balance	
Scene+ Balance	

Earn 2 Scene+ points for every \$1 spent when using the Scotiabank Scene+ Visa Card. Learn more at [scotiabank.com/2/therpoints](http://scotiabank.com/2/therpoints)

MERCHANT 2225064  
 TERMINAL ID 50225064435  
 \*\* Purchase \*\* \$ 157.34  
 CARD NO \*\*\*\*\*  
 NO \*\*\*\*\*  
 DATE 10/26/2018  
 TIME 10:26:38  
 REF# 001561001  
 @P# Scotiabank Mc  
 AID A0000000041010

00 APPROVED THANK YOU

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**  
**SE29510 - Staff Other Expenses Claim Form**

Hosting - \$51.45

Receipt Description	Water/cups Open House & office Bathroom Tissue
Member Name	Eric Bouchard
Claimant	Darlynn Linn
Expense Category	Hosting - Individual Constituent(s)



Sw Calgary #1381  
 12905 Buffalo Run Blvd.  
 Tsuu T'ina, AB T3T 0E3

ILL Member [REDACTED]  
 \*\*\*\*\*Bottom of Basket\*\*\*\*\*  
 \*\*\*\*\*BOB Count 0 \*\*\*\*\*  
 500666 KS WATR500\*\* 4.69  
           ENVIRO FEE C 1.60  
           DEPOSIT CL 4.00  
 500666 KS WATR500\*\* 4.69  
           ENVIRO FEE C 1.60  
           DEPOSIT CL 4.00  
 500666 KS WATR500\*\* 4.69  
           ENVIRO FEE C 1.60  
           DEPOSIT CL 4.00  
 500666 KS WATR500\*\* 4.69  
           ENVIRO FEE C 1.60  
           DEPOSIT CL 4.00  
 500666 KS WATR500\*\* 4.69  
           ENVIRO FEE C 1.60  
           DEPOSIT CL 4.00

[REDACTED]

[REDACTED]

SUBTOTAL  
 TAX  
 \*\*\*\* TOTAL

XXXXXXXXXX: [REDACTED]  
 ACCT: MASTERCARD  
 REFERENCE #: 0010011880 C  
 AUTH #: [REDACTED] 2023/09/20 09:40:33  
 Invoice Number: 004188  
 Purchase - [REDACTED]  
 A0000000041010  
 0000008000 E800

01 APPROVED - THANK YOU 027  
 AMOUNT: [REDACTED]

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.