

LEGISLATIVE ASSEMBLY OF ALBERTA  
 Member EDR 2023-24  
 057 - Cypress-Medicine Hat - MLA Justin Wright  
 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 - \$	\$900.00		
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$		\$156.59	\$156.59
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$556.22	\$556.22
<b>Accommodation</b>			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$6,144.02	\$6,410.64
Travel Accommodations Allowance		\$422.67	\$422.67
Travel Accommodations Allowance (days; 10 max) - NF	10.0	2.0	2.0
<b>Other</b>			
Hosting - \$		\$1,903.95	\$1,903.95
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	2,021.0	2,021.0
Constituency Travel Staff (KM) - NF			
Total Constituency Travel (KM) - NF	80,000.0	2,021.0	2,021.0
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		4.0	4.0
Use of a Private Automobile (52 trips per year) - NF	52.0	4.0	6.0
<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**  
**ME26214 - Members' Other Expenses Claim Form**

Taxi, Bus =\$48.99+GST

Receipt Description	Uber from airport to hotel
Member Name	Justin Wright
Claimant	Justin Wright
Expense Category	Taxi, Bus Travel

Uber

June 29, 2023

Thanks for tipping, Justin

We hope you enjoyed your ride this evening.

<b>Total</b>	<b>CA\$51.11</b>
<hr/>	
Trip fare	CA\$37.08
<hr/>	
<b>Subtotal</b>	<b>CA\$37.08</b>
Booking Fee	CA\$2.00
Airport drop-off fee / Airport pick-up fee	CA\$3.25
Tips	CA\$6.66
GST	CA\$2.12

Payments

Visa **** [redacted]	CA\$51.11
6/29/23 1:42 AM	

[Visit the trip page](#) for more information, including invoices (where available)

You rode with Muhyadin

UberX 30.20 kilometers | 29 min



Fare does not include fees that may be charged by your bank. Please contact your bank directly for inquiries.

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

## ME29235 - Members' Other Expenses Claim Form

Receipt Description	Uber to airport
Member Name	Justin Wright
Claimant	Justin Wright
Expense Category	Taxi, Bus Travel <span style="float: right;">Taxi, Bus Travel = \$107.60 + GST</span>



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**  
**ME29235 - Members' Other Expenses Claim Form**

Receipt Description	Uber return from military cup, speaking event
Member Name	Justin Wright
Claimant	Justin Wright
Expense Category	Taxi, Bus Travel

**Uber**

August 28, 2023

Thanks for tipping, Justin

We hope you enjoyed your ride this evening.

**Total** **CA\$13.40**

Trip fare CA\$8.65

**Subtotal** **CA\$8.65**

Booking Fee CA\$2.00


Per-Trip Fee CA\$0.30

Promotion **-CA\$1.10**

Tips CA\$3.00

GST CA\$0.55

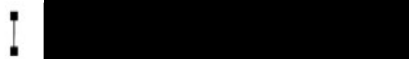
**Payments**

 Visa \*\*\*\* [redacted] **CA\$13.40**  
 8/28/23 9:08 PM

[Visit the trip page](#) for more information, including invoices (where available)

You rode with SAJJAD

**UberX** 3.54 kilometers | 8 min



Fare does not include fees that may be charged by your bank. Please contact your bank directly for inquiries.

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**  
**ME29235 - Members' Other Expenses Claim Form**

Receipt Description	Uber to military cup speaking event
Member Name	Justin Wright
Claimant	Justin Wright
Expense Category	Taxi, Bus Travel

**Uber**

August 28, 2023

Thanks for tipping, Justin

We hope you enjoyed your ride this evening.

**Total** **CA\$11.01**

Trip fare CA\$8.23

Subtotal CA\$8.23

Booking Fee CA\$2.00

Per-Trip Fee CA\$0.30

Promotion ~~CA\$1.05~~

Tip CA\$1.00

GST CA\$0.53

**Payments**

 Visa \*\*\*\* [redacted] CA\$11.01  
 8/28/23 5:30 PM

[Visit the trip page](#) for more information, including invoices (where available)

You rode with SANDEEP

**UberX** 3.55 kilometers | 8 min



Fare does not include fees that may be charged by your bank. Please contact your bank directly for inquiries.

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

## ME29235 - Members' Other Expenses Claim Form

Receipt Description	Uber from airport
Member Name	Justin Wright
Claimant	Justin Wright
Expense Category	Taxi, Bus Travel

### Uber

August 28, 2023

Thanks for tipping, Justin

We hope you enjoyed your ride this evening.

<b>Total</b>	<b>CA\$48.31</b>
<hr/>	
Trip fare	CA\$38.97
<hr/>	
<b>Subtotal</b>	<b>CA\$38.97</b>
Booking Fee	CA\$2.00
Airport drop-off fee / Airport pick-up fee	CA\$3.25
Promotion	-CA\$4.42
Tips	CA\$6.30
GST	CA\$2.21

### Payments

Visa **** [redacted]	CA\$42.01
8/28/23 3:08 PM	
Visa **** [redacted]	CA\$6.30
8/28/23 3:08 PM	

[Visit the trip page](#) for more information, including invoices (where available)

You rode with Harvnder

**UberX** 31.25 kilometers | 33 min



Fare does not include fees that may be charged by your bank. Please contact your bank directly for inquiries.

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

## MP27492 - Members' Travel Expense Per-Diems Expense Claim Form

Form Type	Members' Travel Expenses Per-Diems Claim
Form ID	MP27492
Description	July 2023 - Per-Diems
Claimant	Justin Wright
Employee Number	[REDACTED]
Constituency	Cypress-Medicine Hat 57 (Justin Wright)
Date Submitted	July 14, 2023
Date Received	July 17, 2023
Mailing Address	[REDACTED]

B = Breakfast | L = Lunch | D = Dinner

ID	Date	Reason for Travel	Meal Purchase Location(s)	B	L	D	Subtotal	G.S.T.	Total
309	Jul 9, 2023	60 km from Perm. Res.	Calgary		X	X	30.81	1.54	32.35
310	Jul 10, 2023	60 km from Perm. Res.	Calgary	X	X		19.81	0.99	20.80
311	Jul 11, 2023	Travel to/from Capital	Edmonton	X		X	28.52	1.43	29.95
312	Jul 12, 2023	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
							118.71	5.94	124.65

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

## MP27549 - Members' Travel Expense Per-Diems Expense Claim Form

Form Type	Members' Travel Expenses Per-Diems Claim
Form ID	MP27549
Description	July 2023 - Per-Diems
Claimant	Justin Wright
Employee Number	██████████
Constituency	Cypress-Medicine Hat 57 (Justin Wright)
Date Submitted	July 19, 2023
Date Received	July 21, 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
351	Jul 17, 2023	Travel to/from Capital	Edmonton		X	X	30.81	1.54	32.35
352	Jul 18, 2023	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
353	Jul 19, 2023	Travel to/from Capital	Edmonton	X	X		19.81	0.99	20.80
							90.19	4.51	94.70

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

## MP27570 - Members' Travel Expense Per-Diems Expense Claim Form

Form Type	Members' Travel Expenses Per-Diems Claim
Form ID	MP27570
Description	July 2023 - Per-Diems
Claimant	Justin Wright
Employee Number	██████████
Constituency	Cypress-Medicine Hat 57 (Justin Wright)
Date Submitted	July 21, 2023
Date Received	July 21, 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
359	Jul 20, 2023	60 km from Perm. Res.	Taber	X		X	28.52	1.43	29.95
							28.52	1.43	29.95

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

## MP27946 - Members' Travel Expense Per-Diems Expense Claim Form

Form Type	Members' Travel Expenses Per-Diems Claim
Form ID	MP27946
Description	August 2023 - Per-Diems
Claimant	Justin Wright
Employee Number	[REDACTED]
Constituency	Cypress-Medicine Hat 57 (Justin Wright)
Date Submitted	August 11, 2023
Date Received	August 11, 2023
Mailing Address	[REDACTED]

B = Breakfast | L = Lunch | D = Dinner

ID	Date	Reason for Travel	Meal Purchase Location(s)	B	L	D	Subtotal	G.S.T.	Total
665	Aug 8, 2023	60 km from Perm. Res.	Speaking event at the Western		X		11.05	0.55	11.60
							11.05	0.55	11.60

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

## MP28044 - Members' Travel Expense Per-Diems Expense Claim Form

Form Type	Members' Travel Expenses Per-Diems Claim
Form ID	MP28044
Description	August 2023 - Per-Diems
Claimant	Justin Wright
Employee Number	[REDACTED]
Constituency	Cypress-Medicine Hat 57 (Justin Wright)
Date Submitted	August 21, 2023
Date Received	August 22, 2023
Mailing Address	[REDACTED]

B = Breakfast | L = Lunch | D = Dinner

ID	Date	Reason for Travel	Meal Purchase Location(s)	B	L	D	Subtotal	G.S.T.	Total
678	Aug 16, 2023	Travel to/from Capital	Edmonton		X	X	30.81	1.54	32.35
679	Aug 17, 2023	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
680	Aug 18, 2023	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
							109.95	5.50	115.45

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

## MP29065 - Members' Travel Expense Per-Diems Expense Claim Form

Form Type	Members' Travel Expenses Per-Diems Claim
Form ID	MP29065
Description	August 2023 - Per-Diems
Claimant	Justin Wright
Employee Number	[REDACTED]
Constituency	Cypress-Medicine Hat 57 (Justin Wright)
Date Submitted	August 23, 2023
Date Received	August 23, 2023
Mailing Address	[REDACTED]

B = Breakfast | L = Lunch | D = Dinner

ID	Date	Reason for Travel	Meal Purchase Location(s)	B	L	D	Subtotal	G.S.T.	Total
689	Aug 22, 2023	Travel to/from Capital	Edmonton		X	X	30.81	1.54	32.35
690	Aug 23, 2023	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
							70.38	3.52	73.90

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

## MP29128 - Members' Travel Expense Per-Diems Expense Claim Form

Form Type	Members' Travel Expenses Per-Diems Claim
Form ID	MP29128
Description	August 2023 - Per-Diems
Claimant	Justin Wright
Employee Number	[REDACTED]
Constituency	Cypress-Medicine Hat 57 (Justin Wright)
Date Submitted	August 27, 2023
Date Received	August 28, 2023
Mailing Address	[REDACTED]

B = Breakfast | L = Lunch | D = Dinner

ID	Date	Reason for Travel	Meal Purchase Location(s)	B	L	D	Subtotal	G.S.T.	Total
691	Aug 24, 2023	60 km from Perm. Res.	Ex grizzly defender wainwright			X	19.76	0.99	20.75
692	Aug 25, 2023	60 km from Perm. Res.	Ex grizzly defender wainwright	X	X	X	39.57	1.98	41.55
							59.33	2.97	62.30

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

## MP29234 - Members' Travel Expense Per-Diems Expense Claim Form

Form Type	Members' Travel Expenses Per-Diems Claim
Form ID	MP29234
Description	August 2023 - Per-Diems
Claimant	Justin Wright
Employee Number	[REDACTED]
Constituency	Cypress-Medicine Hat 57 (Justin Wright)
Date Submitted	August 31, 2023
Date Received	September 1, 2023
Mailing Address	[REDACTED]

B = Breakfast | L = Lunch | D = Dinner

ID	Date	Reason for Travel	Meal Purchase Location(s)	B	L	D	Subtotal	G.S.T.	Total
779	Aug 27, 2023	60 km from Perm. Res.	Edmonton		X	X	30.81	1.54	32.35
780	Aug 28, 2023	60 km from Perm. Res.	Edmonton	X		X	28.52	1.43	29.95
781	Aug 29, 2023	60 km from Perm. Res.	Edmonton	X			8.76	0.44	9.20
							68.09	3.41	71.50

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

## MR26215 - Members' Temporary Accommodation Allowance Claim Form

Form Type	Members' Temporary Accommodation Allowance Claim
Form ID	MR26215
Description	Hotel for constituency associate training
Claimant	Justin Wright
Employee Number	[REDACTED]
Constituency	Cypress-Medicine Hat 57 (Justin Wright)
Date Submitted	June 30, 2023
Date Received	July 4, 2023
Mailing Address	, AB

Specific Date of Temporary Residency	Subtotal		G.S.T.		Total
Jun 29, 2023	177.01	176.73	8.56	8.84	185.57
Jun 28, 2023	177.01	176.73	8.56	8.84	185.57
Grand Total	354.02	353.46	17.12	17.68	371.14

Office Use Only	[REDACTED]	354.02	353.46	Subtotal
	[REDACTED]	17.12	17.68	G.S.T
			371.14	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

## MR26162 - Members' Temporary Accommodation Allowance Claim Form

Form Type	Members' Temporary Accommodation Allowance Claim
Form ID	MR26162
Description	Apartment
Claimant	Justin Wright
Employee Number	[REDACTED]
Constituency	Cypress-Medicine Hat 57 (Justin Wright)
Date Submitted	July 2, 2023
Date Received	July 4, 2023
Mailing Address	[REDACTED]

Month	Year	Monthly Claim Amount
July	2023	1930.00
	Grand Total	1930.00

Office Use Only	[REDACTED]
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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

## MR27778 - Members' Temporary Accommodation Allowance Claim Form

Form Type	Members' Temporary Accommodation Allowance Claim
Form ID	MR27778
Description	Aug rent
Claimant	Justin Wright
Employee Number	██████████
Constituency	Cypress-Medicine Hat 57 (Justin Wright)
Date Submitted	August 1, 2023
Date Received	August 1, 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

## MR29129 - Members' Temporary Accommodation Allowance Claim Form

Form Type	Members' Temporary Accommodation Allowance Claim
Form ID	MR29129
Description	Rent
Claimant	Justin Wright
Employee Number	[REDACTED]
Constituency	Cypress-Medicine Hat 57 (Justin Wright)
Date Submitted	August 31, 2023
Date Received	September 1, 2023
Mailing Address	[REDACTED]

Month	Year	Monthly Claim Amount
September	2023	1930.00
	Grand Total	1930.00

Office Use Only	[REDACTED]
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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.



**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  
**JUSTIN WRIGHT**  
**LEGIS ASSEMBLY OF AB**

Account Number  
XXXX-XXXX-XXXX-XXXX  
Date  
September 16, 2023

Previous Balance	Payments and Credits	New Charges including Delinquency Assessment, if any	New Balance \$
0.00	0.00		

Statement includes payments and charges received by September 16, 2023

Travel Accommodations Allowance \$422.67 + GST

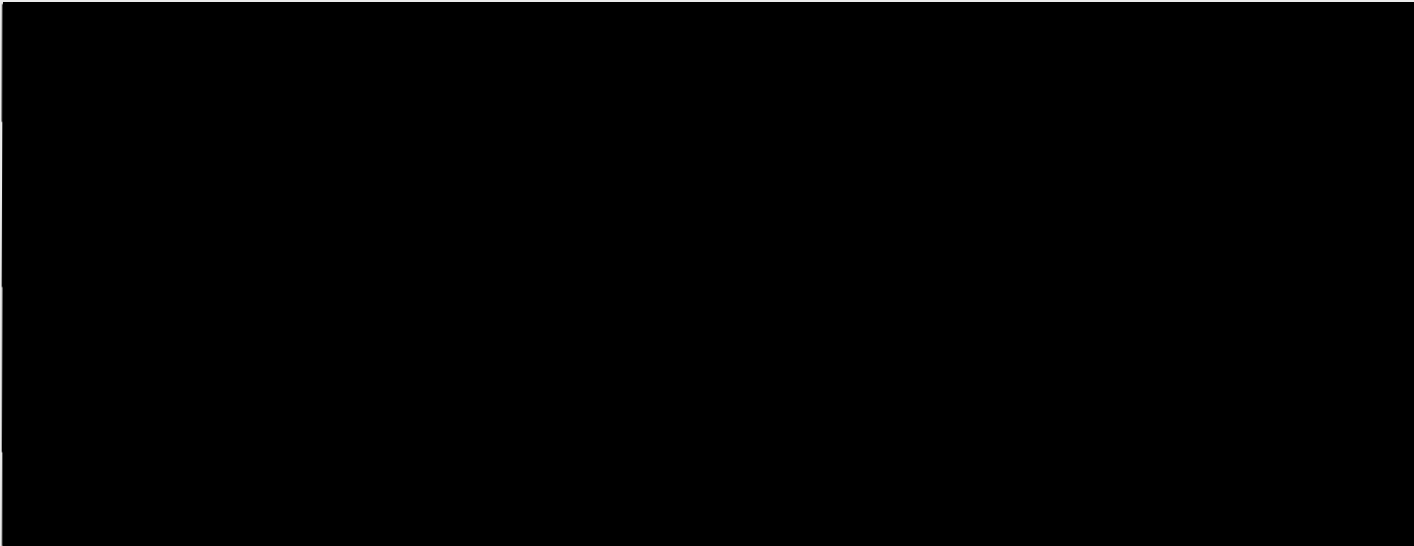
Please see "About Your Statement" section for important information.

Please pay your balance in full upon receipt of statement. Thank you for your ongoing membership.

<b>Credit Limit Summary</b> <b>On September 16, 2023</b>	<b>Total Credit Limit \$</b>	<b>Available Credit Limit \$</b>

**New Transactions for JUSTIN WRIGHT**

Card XXXX-XXXX-XXXX-XXXX		Amount \$
August 25	BEST WESTERN WAINWRI WAINWRIGHT Hotel Services	156.96



September 15	RED DEER RESORT & CA RED DEER Goods or Services	286.84
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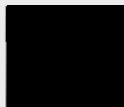
**Total New Transactions for JUSTIN WRIGHT**

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. Learn about all of your payment options, including how to enroll your bank account, make a one-time payment or enroll in our pre-authorized payment plan by visiting www.amex.ca/paymentmethods. Go paperless and get your full statements faster: www.amex.ca/paperless. DETAILS ENCLOSED.

Account Number		
	Amount Due \$	Amount Paid \$



JUSTIN WRIGHT  
LEGIS ASSEMBLY OF AB  
4TH FLOOR  
EDMONTON AB  
T5K 1E7

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







**Legislative Assembly of Alberta**  
**SE27684 - Staff Other Expenses Claim Form**

Hosting = \$172.20

<b>Receipt Description</b>	Brewmaster: cheese and mustard packs
<b>Member Name</b>	Justin Wright
<b>Claimant</b>	Teri-Anne Bowyer
<b>Expense Category</b>	Hosting - Group (CMH Office incurred costs) Hosting Purpose - Joint CMH/BMH Stampede BBQ

**Bill To:**  
 CASH SALE  
 CASH SALE CUSTOMER  
 MEDICINE HAT, AB T1A 1K6



<b>Invoice Date</b>	<b> Cust. No #</b>	<b> Sales Rep</b>	<b> Invoice No #</b>
07/26/23	CASH00	HD	289259
<b>Order Date:</b>	<b> By</b>	<b> Terms:</b>	<b> Due By:</b>
07/26/23	KD	C.O.D.	07/26/23
			<b> PO Number #</b>
			Verbal

**Ship To:**  
 CASH SALE  
 CASH SALE CUSTOMER  
 MEDICINE HAT, AB T1A 1K6

764 7th Street SE  
 Medicine Hat, AB T1A 1K6  
 Phone: (403) 526 0791 / Fax: (403) 526-2019

<b>Special Instructions</b>	<b>Route:</b>	<b>Stop No.:</b>	<b>Page No.:</b>
PICK UP			1 of 1

Item #	Quantity		UOM	Type	Vino	Brand	Description	Pack Size	Billing Units	Unit Price	TAX	Extended Price
	Ord	Ship										
4244074	3	3	BOX	CHEESE	J2	ARMSTRONG	CHEDDAR REBONSUICE 801074	2 X 2KG	3	51.25	0.00	153.75
4489112	1	1	BOX	MUSTARD	G4	VENTURA FOODS	MUSTARD INDIVIDUAL 01021	500 X 7G	1	18.45	0.00	18.45

BREWMASTER COFFEE ENTER  
 764 7TH STREET SE TRAVIS  
 MEDICINE HAT AB  
 T1A 1K6  
 T223337 8/01

**SALE**

Batch #: 00      DATE: 07/26/23  
 Invoice #: 0      DATE: 07/26/23  
 APPR CODE:      DATE: 07/26/23  
 BREWMASTER      Primary

AMOUNT \$172.20

001 APPROVED

Details this area for your CUSTOMER COPY

*Handwritten signature and date: Justin Wright 07/26/23*

<b>Drivers Signature</b> _____		<b>Pickers Signature</b> _____		<b>Sub Total</b>	\$172.20
<b>Customer Signature:</b> _____		<b>Date:</b> _____	<b>Total Pcs:</b> 400	<b>Tax Total</b>	\$0.00
<b>Remit Payment To:</b> BREWMASTER WHOLESALE FOODS & COFFEE 764 7th Street SE Medicine Hat, AB T1A 1K6		<b>CONDITION OF SALES:</b> I HAVE CAREFULLY EXAMINED THIS INVOICE AND ALL ITEMS HAVE BEEN RECEIVED EXCEPT THOSE NOTED. BREWMASTER WILL NOT BE RESPONSIBLE FOR SHORTAGES AND DAMAGES AFTER THIS INVOICE IS SIGNED. NO RETURNS WITHOUT PRIOR APPROVAL.		<b>Grand Total</b>	\$172.20

CUSTOMER COPY

GST# R100638261

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**  
**SE27684 - Staff Other Expenses Claim Form**

Hosting = \$783.93+GST

Receipt Description	Costco Food for BBQ
Member Name	Justin Wright
Claimant	Teri-Anne Bowyer
Expense Category	Hosting - Group (CMH Office incurred costs) Hosting Purpose - Joint CMH/BMH Stampede BBQ

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

SW Member	[REDACTED]	
14 @ 4.99		
	2816 HOT DOG BUNS	69.86
20 @ 5.29		
	5042 JUMBO FRANKS	105.80
13 @ 29.99		
	50846 KS LN BF PAT	389.87
8 @ 19.99		
	575680 KS SMALL W/IE	159.92
5 @ 7.99		
	449002 BULLSEYE BBQ	39.95
	165763 CO ALE	14.69 G
	ENVIRO FREE C	0.61 G
	DEPOSIT SL	3.20
	SUBTOTAL	783.93
	TAX	0.77
	<b>TOTAL</b>	<b>784.70</b>

PAID BY: [REDACTED]  
 AUTH: [REDACTED] 2023/07/26 16:10:31  
 Invoice Number: 005215  
 Purchase - Mastercard  
 30000000041010  
 3000008000 E800

01 APPROVED - THANK YOU @ 7  
 AMOUNT: \$784.70

IMPORTANT - retain this copy  
 for your records  
 CUSTOMER COPY

MasterCard	784.70
CHANGE	0.00
G GST 5%	0.77

TOTAL NUMBER OF ITEMS SOLD = 61  
 2023/07/26 16:10:33 593 5 134 22

2205930050 012:07/26 110  
 OP#: 22 Name: LUCANNE S

Thank You!  
 Please Come Again

G = GST (TAX)  
 GST \$12147:3291.7  
 W/593 Tr:5 Tr:13 OP:22

Items Sold: 61  
 GW 2023/07/26 16:10

*Justin Wright*  
*Teri-Anne Bowyer*  
*BBQ*  
*mlc*

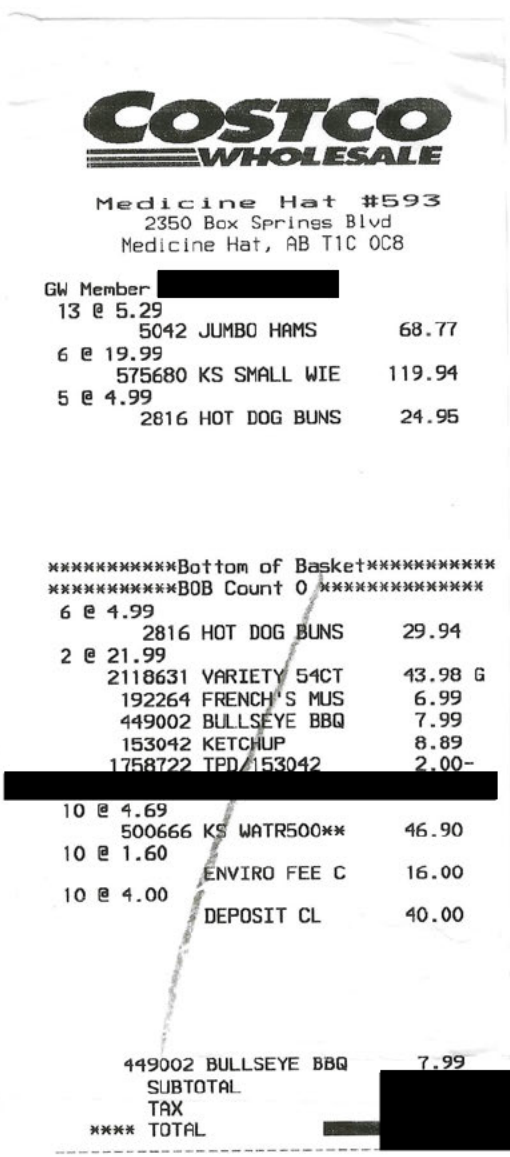
I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to my staff or on their behalf.



**Legislative Assembly of Alberta**  
**SE27684 - Staff Other Expenses Claim Form**

Hosting = \$420.34+GST

Receipt Description	Costco Food for BBQ
Member Name	Justin Wright
Claimant	Teri-Anne Bowyer
Expense Category	Hosting - Group (CMH Office incurred costs) Hosting Purpose - Joint CMH/BMH Stampede BBQ



Thank You!  
 Please Come Again

G = GST P=PST  
 GST #121476329RT  
 Whse:593 Trm:8 Trn:375 OP:99

Items Sold: [REDACTED]  
 GW 2023/07/26 17:36

*July 26/2023*  
*J Bowyer*  
*BBQ*  
*MLC*

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**  
**SE27684 - Staff Other Expenses Claim Form**

Hosting = \$269.91+GST

Receipt Description	Costco Food for BBQ
Member Name	Justin Wright
Claimant	Teri-Anne Bowyer
Expense Category	Hosting - Group (CMH Office incurred costs) Hosting Purpose - Joint CMH/BMH Stampede BBQ

**COSTCO**  
**WHOLESALE**

Medicine Hat #8693  
 2350 Box Springs Blvd  
 Medicine Hat, AB T1C 0C8

GW Member [REDACTED]  
 9 @ 29.99

50846 KS LN BF PAT 269.91  
 SUBTOTAL 269.91  
 TAX 0.00  
 \*\*\*\* TOTAL \*\*\*\*

XXXXXXXXXX  
 ACCT: MA [REDACTED]  
 REFERENCE: 0018240 H  
 AUTH #: 2023/07/26 17:36:56  
 Invoice #: 008824  
 Purchase - Mastercard  
 A0000000041010  
 0000008000

01 APPROVED - THANK YOU 027  
 AMOUNT: \$269.91

*July 26/2023*  
*BBQ*  
*Teri-Anne Bowyer*  
*mk*

IMPORTANT - retain this copy  
 for your records  
 CUSTOMER COPY

MasterCard 269.91  
 CHANGE 0.00

TOTAL NUMBER OF ITEMS SOLD = 9  
 2023/07/26 17:36:55 593 8 376 99



22059300803762307261736

OP#: 99 Name: HEATHER W

Thank You!  
 Please Come Again

G - GST P-PST  
 GST #121476329RT  
 Whse:593 Trn:8 Trn:376 OP:99

**Items Sold: 9**  
**GW 2023/07/26 17:36**

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**  
**SE28045 - Staff Other Expenses Claim Form**

Hosting = \$166.19+GST

Receipt Description	Lunch with Min Loewen and Stakeholders
Member Name	Justin Wright
Claimant	Teri-Anne Bowyer
Expense Category	Hosting - Group (CMH Office) Hosting Purpose - Tour of Cypress Hills with Min Loewen and Stakehol

ELKWATER FUEL STOP  
 301 6 AVE  
 ELKWATER, AB. T0J 1C0  
 403-893-0063

**SALE**

REF#: 00000048  
 Batch #: 012  
 08/21/23 15:47:03  
 APPR CODE: [REDACTED]  
 Tracer: 48  
 MASTERCARD Proximity  
 \*\*\*\*\* [REDACTED] \*\*\*\*\*

**AMOUNT \$150.76**  
**TIP \$22.61**  
**TOTAL \$173.37**

APPROVED

Mastercard  
 AID: A0000000041010  
 TVR: 00 00 00 00 01

THANK YOU / MERCI

CUSTOMER COPY

*Cypress Hills Tour  
 w Minister Loewen  
 Staff  
 = Local Stakeholders  
 - Cy County  
 Councillors  
 - Ranchers*

*MHA Wright  
 - Staff*



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