

LEGISLATIVE ASSEMBLY OF ALBERTA
 Member EDR 2024-25
 057 - Cypress-Medicine Hat - MLA Justin Wright
 For Expenses Processed Oct 1 - Dec 31, 2024

	Budget	Reimbursed This Qtr	Reimbursed To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$			
MLA Parking Cap - \$	\$900.00	\$129.77	\$215.49
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$		\$251.29	\$1,043.63
Taxi, Bus Travel - \$		\$408.89	\$595.77
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$		\$1,767.70	\$5,029.73
Member Travel (Meal Per Diems) - \$			
Accommodation			
Edmonton Accommodation Allowance (\$26,400.00/yr max)	\$23,160.00	\$8,220.00	\$19,800.00
Travel Accommodations Allowance		\$1,264.25	\$1,399.70
Travel Accommodations Allowance (days; 10 max) - NF	10.0	7.0	8.0
Other			
Hosting - \$		\$607.05	\$1,974.81
Event Tickets Disclosable - \$		\$130.00	\$130.00
Non-Financial Reporting			
Use of Private Automobile (50.5 cents per km)			
Constituency Travel MLA (KM) - NF	80,000.0	1,008.0	3,038.0
Constituency Travel Staff (KM) - NF			212.0
Total Constituency Travel (KM) - NF	<u>80,000.0</u>	<u>1,008.0</u>	<u>3,250.0</u>
Adverse Driving Conditions			
Special Trips (5 trips per year) - NF	5.0	1.5	6.0
Travel To and From the Capital			
Travel by Air, Bus or Train (Unlimited Trips) - NF		6.0	13.0
Use of a Private Automobile (52 trips per year) - NF	52.0	2.0	10.0
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



Legislative Assembly of Alberta
VF28999 - Vendor Payment Submission Form

MLA Parking Cap: \$7.86 + GST

Member Name	Justin Wright
Claimant	Justin Wright
Expense Category	Other



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
VF30174 - Vendor Payment Submission Form

MLA Parking Cap: \$7.86 + GST

Member Name	Justin Wright
Claimant	Justin Wright
Expense Category	Other

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE: **28/09/24** EXPIRATION TIME: **20:59**

AMOUNT PAID: **\$ 8.25** 14130001 20:59

PRECISE PARKLINK
1246517

CHARGES ARE FOR THE USE OF THE PARKING SPACE ONLY. WE WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS, HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO FIRE, THEFT OR COLLISION.

NON TRANSFERABLE

DETACH RECEIPT FROM TICKET

DATE ISSUED: **27/09/24** TIME ISSUED: **20:59** AMOUNT PAID: **\$ 8.25**

DRY+ LOT 6302 CC

PRECISE PARKLINK
1246517 **RECEIPT**

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
VF30174 - Vendor Payment Submission Form

MLA Parking Cap: \$30.00 + GST

Member Name	Justin Wright
Claimant	Justin Wright
Expense Category	Other



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

J. Wright Room: 2808
 Room Type: STQQ
 Number of Guests: 1
 Rate: \$189.00 Clerk:
 Arrive: 08Oct24 Time: 09:23PM Depart: 09Oct24 Time: 12:00PM Folio Number:

DATE	DESCRIPTION	CHARGES	CREDITS
08Oct24	Garage Parking	30.00	
08Oct24	Gst #825489552	1.50	
09Oct24	American Express		243.69
Card #: XXXXXXXXXXXX XXXX		Amount: 243.69 Auth: XXXX	
This card was electronically swiped on 08Oct24			
BALANCE:		0.00	

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Legislative Assembly of Alberta
VF30341 - Vendor Payment Submission Form

Member Name	Justin Wright
Claimant	Justin Wright
Expense Category	Other

MLA Parking Cap: \$84.05 + GST



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
VF28999 - Vendor Payment Submission Form

Taxi, Bus Travel: \$40.82 + GST

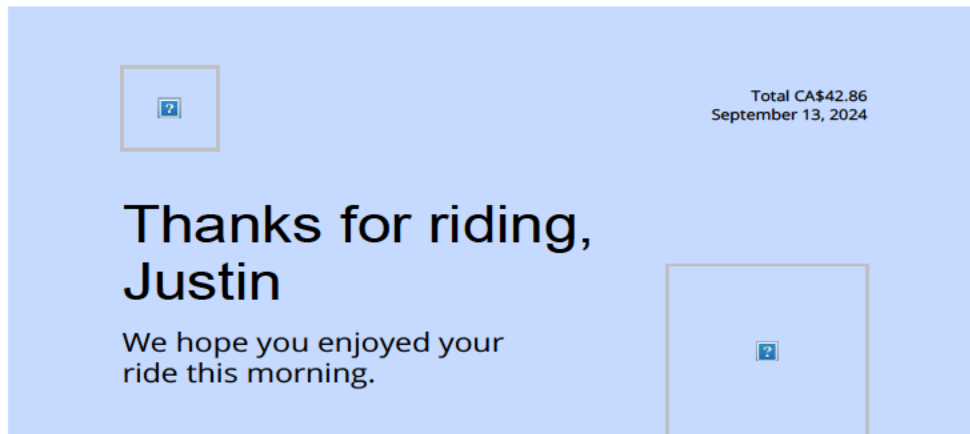
Member Name	Justin Wright
Claimant	Justin Wright
Expense Category	Other

From: [justin.wright](#)
To: [Teri-Anne Bowyer - Cypress-Medicine Hat](#)
Subject: Fwd: Your Friday morning trip with Uber
Date: Friday, September 13, 2024 1:55:19 AM

Sent from my iPhone

Begin forwarded message:

From: Uber Receipts <noreply@uber.com>
Date: September 13, 2024 at 1:01:43 AM MDT
To: [REDACTED]
Subject: Your Friday morning trip with Uber



Total	CA\$42.86
<hr/>	
Trip fare	CA\$37.42
<hr/>	
Subtotal	CA\$37.42
Booking Fee <input type="checkbox"/>	CA\$0.15
Airport drop-off fee / Airport pick-up fee	CA\$3.25
GST	CA\$2.04

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

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Legislative Assembly of Alberta

VF28999 - Vendor Payment Submission Form

Member Name	Justin Wright
Claimant	Justin Wright
Expense Category	Other

[Download PDF](#)

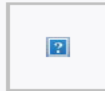
This is not a payment receipt. It is a trip summary to acknowledge the completion of the trip. You will receive a trip receipt when the payment is processed with payment information.

You rode with GURVINDER

4.95 Rating

Has passed a multi-step safety screen

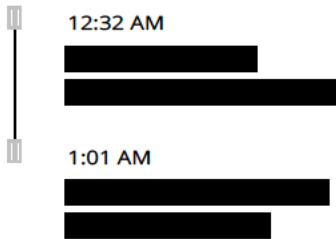
Rate or tip



Every rideshare trip in Edmonton is insured for a covered auto accident by Economical Insurance.

[Learn more](#)

UberX 31.29 kilometers | 29 min



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
VF28999 - Vendor Payment Submission Form

Taxi, Bus Travel: \$43.70 + GST

Member Name	Justin Wright
Claimant	Justin Wright
Expense Category	Other

From: [justin.wright](#)
To: [Teri-Anne Bowyer - Cypress-Medicine Hat](#)
Subject: Fwd: Your Friday afternoon trip with Uber
Date: Friday, September 13, 2024 3:36:02 PM

Sent from my iPhone

Begin forwarded message:

From: Uber Receipts <noreply@uber.com>
Date: September 13, 2024 at 3:13:19 PM MDT
To: [REDACTED]
Subject: Your Friday afternoon trip with Uber

The screenshot shows a blue background with the text "Thanks for riding, Justin" in large black font. Below it, in smaller black font, is "We hope you enjoyed your ride this afternoon." In the top right corner, it says "Total CA\$45.89 September 13, 2024". There are two small square icons with question marks, one in the top left and one in the bottom right of the screenshot area.

Total	CA\$45.89
<hr/>	
Trip fare	CA\$39.00
<hr/>	
Subtotal	CA\$39.00
Green Surcharge <input type="checkbox"/>	CA\$0.50
Airport drop-off fee / Airport pick-up fee	CA\$3.25
Green Future Program <input type="checkbox"/>	CA\$0.50
Booking Fee <input type="checkbox"/>	CA\$0.15

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

VF28999 - Vendor Payment Submission Form

Member Name	Justin Wright
Claimant	Justin Wright
Expense Category	Other

Per-Trip Fee CA\$0.30

GST CA\$2.19

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

[Download PDF](#)

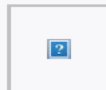
This is not a payment receipt. It is a trip summary to acknowledge the completion of the trip. You will receive a trip receipt when the payment is processed with payment information.

You rode with Rodrigue

4.95 Rating

Has passed a multi-step safety screen

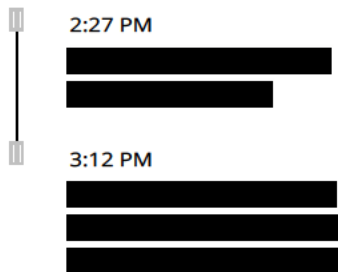
Rate or tip



Every rideshare trip in Edmonton is insured for a covered auto accident by Economical Insurance.

[Learn more](#)

Uber Green 29.85 kilometers | 45 min



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Legislative Assembly of Alberta
VF30174 - Vendor Payment Submission Form

Taxi, Bus Travel: \$39.50 + GST

Member Name	Justin Wright
Claimant	Justin Wright
Expense Category	Other

Teri-Anne Bowyer - Cypress-Medicine Hat

From: justin wright <[REDACTED]>
Sent: Saturday, September 28, 2024 1:28 AM
To: Teri-Anne Bowyer - Cypress-Medicine Hat
Subject: Fwd: Your Saturday morning trip with Uber
Categories: UBER JUSTIN, AMEX STATEMENTS

Sent from my iPhone

Begin forwarded message:

From: Uber Receipts <noreply@uber.com>
Date: September 28, 2024 at 1:21:45 AM MDT
To: [REDACTED]
Subject: Your Saturday morning trip with Uber



Total **CA\$41.48**
 September 28, 2024

Total CA\$41.48

Trip fare CA\$36.10

Subtotal CA\$36.10

Airport drop-off fee / Airport pick-up fee CA\$3.25

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Legislative Assembly of Alberta

VF30174 - Vendor Payment Submission Form

Member Name	Justin Wright
Claimant	Justin Wright
Expense Category	Other

Booking Fee  CA\$0.15

GST CA\$1.98

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

Download PDF

This is not a payment receipt. It is a trip summary to acknowledge the completion of the trip. You will receive a trip receipt when the payment is processed with payment information.

You rode with GURBHEJ

4.93  Rating  Has passed a multi-step safety screen

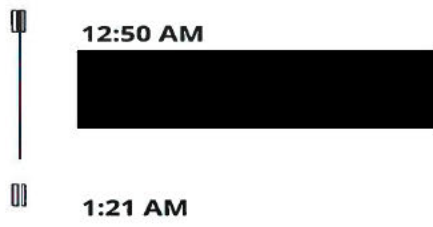
Rate or tip



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[Learn more >](#)

UberX 30.02 kilometers | 30 min



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Legislative Assembly of Alberta
VF30174 - Vendor Payment Submission Form

Taxi, Bus Travel: \$42.46 + GST

Member Name	Justin Wright
Claimant	Justin Wright
Expense Category	Other

Teri-Anne Bowyer - Cypress-Medicine Hat

From: justin wright <[REDACTED]>
Sent: Saturday, September 28, 2024 4:48 PM
To: Teri-Anne Bowyer - Cypress-Medicine Hat
Subject: Fwd: Your Saturday afternoon trip with Uber
Categories: UBER JUSTIN, AMEX STATEMENTS

Sent from my iPhone

Begin forwarded message:

From: Uber Receipts <noreply@uber.com>
Date: September 28, 2024 at 4:34:41 PM MDT
To: [REDACTED]
Subject: Your Saturday afternoon trip with Uber



Total **CA\$44.58**
 September 28, 2024

Total CA\$44.58

Trip fare CA\$38.76

Subtotal CA\$38.76

Airport drop-off fee / Airport pick-up fee CA\$3.25

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Legislative Assembly of Alberta

VF30174 - Vendor Payment Submission Form

Member Name	Justin Wright
Claimant	Justin Wright
Expense Category	Other

Booking Fee	CA\$0.15
Per-Trip Fee	CA\$0.30
GST	CA\$2.12

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

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You rode with MOHOMED

4.96 Rating

Has passed a multi-step safety screen

[Rate or tip](#)



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UberX 29.86 kilometers | 39 min

3:55 PM

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Legislative Assembly of Alberta
VF30341 - Vendor Payment Submission Form

Taxi, Bus Travel: \$40.28 + GST

Member Name	Justin Wright
Claimant	Justin Wright
Expense Category	Other

Teri-Anne Bowyer - Cypress-Medicine Hat

From: justin wright <[REDACTED]>
Sent: Sunday, October 27, 2024 12:10 PM
To: Teri-Anne Bowyer - Cypress-Medicine Hat
Subject: Fwd: Your Sunday morning trip with Uber
Categories: AMEX STATEMENTS, UBER JUSTIN

Sent from my iPhone

Begin forwarded message:

From: Uber Receipts <noreply@uber.com>
Date: October 27, 2024 at 11:25:41 AM MDT
To: [REDACTED]
Subject: Your Sunday morning trip with Uber



Total **CA\$42.29**
 October 27, 2024

Total CA\$42.29

Trip fare	CA\$36.88
Subtotal	CA\$36.88
Airport drop-off fee / Airport pick-up fee	CA\$3.25

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Legislative Assembly of Alberta

VF30341 - Vendor Payment Submission Form

Member Name	Justin Wright
Claimant	Justin Wright
Expense Category	Other

Booking Fee  CA\$0.15

GST  CA\$2.01

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

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This is not a payment receipt. It is a trip summary to acknowledge the completion of the trip. You will receive a trip receipt when the payment is processed with payment information.

You rode with MOHAMMAD

4.93  Rating  Has passed a multi-step safety screen

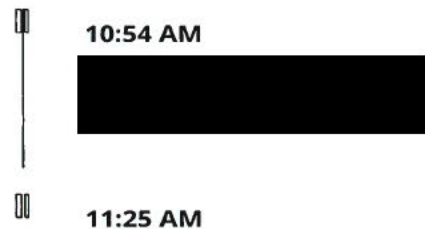
Rate or tip



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UberX 30.03 kilometers | 31 min



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Legislative Assembly of Alberta
VF30341 - Vendor Payment Submission Form

Member Name	Justin Wright
Claimant	Justin Wright
Expense Category	Other



x

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x

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Uber Raster Canada Inc.
 66 Wellington Street West Suite
 5300, TD Bank Tower
 Toronto ON M5K 1E6

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



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
VF30341 - Vendor Payment Submission Form

Taxi, Bus Travel: \$8.65 + GST

Member Name	Justin Wright
Claimant	Justin Wright
Expense Category	Other

Teri-Anne Bowyer - Cypress-Medicine Hat

From: justin wright <[redacted]>
Sent: Wednesday, October 30, 2024 12:24 PM
To: Teri-Anne Bowyer - Cypress-Medicine Hat
Subject: Fwd: Your Wednesday morning trip with Uber
Categories: UBER JUSTIN, AMEX STATEMENTS

Sent from my iPhone

Begin forwarded message:

From: Uber Receipts <noreply@uber.com>
Date: October 30, 2024 at 11:29:59 AM MDT
To: [redacted]
Subject: Your Wednesday morning trip with Uber



Total CA\$9.08
 October 30, 2024

Total CA\$9.08

Trip fare CA\$7.33

Subtotal CA\$7.33

Booking Fee CA\$1.02

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Legislative Assembly of Alberta

VF30341 - Vendor Payment Submission Form

Member Name	Justin Wright
Claimant	Justin Wright
Expense Category	Other

Per-Trip Fee CA\$0.30
 GST CA\$0.43

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You rode with ANTENEH

4.92 Rating

Has passed a multi-step safety screen

Rate or tip



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UberX 2.17 kilometers | 7 min



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Legislative Assembly of Alberta
VF30341 - Vendor Payment Submission Form

Member Name	Justin Wright
Claimant	Justin Wright
Expense Category	Other



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66 Wellington Street West Suite
5300, TD Bank Tower
Toronto ON M5K 1E6

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Legislative Assembly of Alberta
VF30341 - Vendor Payment Submission Form

Taxi, Bus Travel: \$8.85 + GST

Member Name	Justin Wright
Claimant	Justin Wright
Expense Category	Other

Teri-Anne Bowyer - Cypress-Medicine Hat

From: justin wright <[redacted]>
Sent: Wednesday, October 30, 2024 12:38 PM
To: Teri-Anne Bowyer - Cypress-Medicine Hat
Subject: Fwd: Your Wednesday afternoon trip with Uber
Categories: UBER JUSTIN, AMEX STATEMENTS

Sent from my iPhone

Begin forwarded message:

From: Uber Receipts <noreply@uber.com>
Date: October 30, 2024 at 12:26:09 PM MDT
To: [redacted]
Subject: Your Wednesday afternoon trip with Uber



Total **CA\$9.29**
 October 30, 2024

Total CA\$9.29

Trip fare CA\$7.53

Subtotal CA\$7.53

Booking Fee CA\$1.02

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Legislative Assembly of Alberta

VF30341 - Vendor Payment Submission Form

Member Name	Justin Wright
Claimant	Justin Wright
Expense Category	Other

Per-Trip Fee CA\$0.30
 GST CA\$0.44

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

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You rode with Tesfahun

4.97 Rating

Has passed a multi-step safety screen

Rate or tip



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[Learn more >](#)

UberX 2.14 kilometers | 5 min



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Legislative Assembly of Alberta

VF30341 - Vendor Payment Submission Form

Member Name	Justin Wright
Claimant	Justin Wright
Expense Category	Other



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Toronto ON M5K 1E6

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Legislative Assembly of Alberta
VF30341 - Vendor Payment Submission Form

Taxi, Bus Travel: \$7.34 + GST

Member Name	Justin Wright
Claimant	Justin Wright
Expense Category	Other

Teri-Anne Bowyer - Cypress-Medicine Hat

From: justin wright <[redacted]>
Sent: Wednesday, November 6, 2024 9:49 AM
To: Teri-Anne Bowyer - Cypress-Medicine Hat
Subject: Fwd: Your Tuesday evening trip with Uber
Categories: UBER JUSTIN, AMEX STATEMENTS

Sent from my iPhone

Begin forwarded message:

From: Uber Receipts <noreply@uber.com>
Date: November 5, 2024 at 9:49:27 PM MST
To: [redacted]
Subject: Your Tuesday evening trip with Uber



Total **CA\$7.71**
 November 5, 2024

Total CA\$7.71

Trip fare CA\$6.02

Subtotal CA\$6.02

Booking Fee CA\$1.02

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Legislative Assembly of Alberta

VF30341 - Vendor Payment Submission Form

Member Name	Justin Wright
Claimant	Justin Wright
Expense Category	Other

Per-Trip Fee CA\$0.30
 GST CA\$0.37

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

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You rode with MANANDEEP

4.92 Rating

Has passed a multi-step safety screen

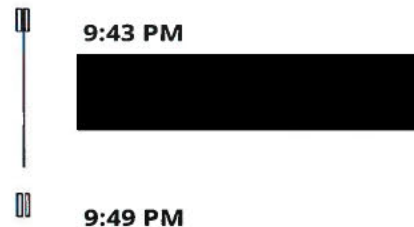
Rate or tip



Every rideshare trip in Edmonton is insured for a covered auto accident by Economical Insurance.

[Learn more >](#)

UberX 1.39 kilometers | 5 min



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Legislative Assembly of Alberta
VF30341 - Vendor Payment Submission Form

Member Name	Justin Wright
Claimant	Justin Wright
Expense Category	Other



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Legislative Assembly of Alberta
VF30341 - Vendor Payment Submission Form

Taxi, Bus Travel: \$8.09 + GST

Member Name	Justin Wright
Claimant	Justin Wright
Expense Category	Other

Teri-Anne Bowyer - Cypress-Medicine Hat

From: justin wright <[REDACTED]>
Sent: Wednesday, November 6, 2024 9:48 AM
To: Teri-Anne Bowyer - Cypress-Medicine Hat
Subject: Fwd: Your Tuesday morning trip with Uber
Categories: UBER JUSTIN, AMEX STATEMENTS

Sent from my iPhone

Begin forwarded message:

From: Uber Receipts <noreply@uber.com>
Date: November 5, 2024 at 7:17:57 PM MST
To: [REDACTED]
Subject: Your Tuesday morning trip with Uber



Total **CA\$8.49**
 November 5, 2024

Total CA\$8.49

Trip fare CA\$6.77

Subtotal CA\$6.77

Booking Fee CA\$1.02

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

VF30341 - Vendor Payment Submission Form

Member Name	Justin Wright
Claimant	Justin Wright
Expense Category	Other

Per-Trip Fee CA\$0.30
 GST CA\$0.40

Payments

 **Works** ●●●  CA\$8.49
 11/5/24 7:17 PM

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

[Switch Payment Method](#)

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You rode with YOHANNES

4.95  Rating

 Has passed a multi-step safety screen

[Rate or tip](#)



Every rideshare trip in Edmonton is insured for a covered auto accident by Economical Insurance.

[Learn more >](#)

UberX 1.66 kilometers | 8 min

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Legislative Assembly of Alberta
VF30341 - Vendor Payment Submission Form

Member Name	Justin Wright
Claimant	Justin Wright
Expense Category	Other

8:20 AM
 [Redacted]

8:28 AM
 [Redacted]

Report lost item >
Contact support >
Contact support >
My trips >

x

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 66 Wellington Street West Suite
 5300, TD Bank Tower
 Toronto, ON M5K 1E6

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

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Legislative Assembly of Alberta
VF30341 - Vendor Payment Submission Form

Taxi, Bus Travel: \$11.60 + GST

Member Name	Justin Wright
Claimant	Justin Wright
Expense Category	Other

Teri-Anne Bowyer - Cypress-Medicine Hat

From: justin wright <[REDACTED]>
Sent: Wednesday, November 6, 2024 9:49 AM
To: Teri-Anne Bowyer - Cypress-Medicine Hat
Subject: Fwd: Your Tuesday evening trip with Uber
Categories: UBER JUSTIN, AMEX STATEMENTS

Sent from my iPhone

Begin forwarded message:

From: Uber Receipts <noreply@uber.com>
Date: November 5, 2024 at 8:15:35 PM MST
To: [REDACTED]
Subject: Your Tuesday evening trip with Uber



Total **CA\$12.18**
 November 5, 2024

Total CA\$12.18

Trip fare CA\$9.74

Subtotal CA\$9.74

Booking Fee CA\$1.56

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

VF30341 - Vendor Payment Submission Form

Member Name	Justin Wright
Claimant	Justin Wright
Expense Category	Other

Per-Trip Fee CA\$0.30
 GST CA\$0.58

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

Download PDF

This is not a payment receipt. It is a trip summary to acknowledge the completion of the trip. You will receive a trip receipt when the payment is processed with payment information.

You rode with Mussie

4.83 Rating

Has passed a multi-step safety screen

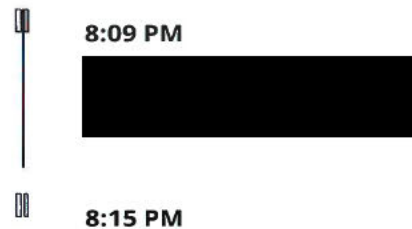
Rate or tip



Every rideshare trip in Edmonton is insured for a covered auto accident by Economical Insurance.

[Learn more >](#)

UberXL 1.35 kilometers | 5 min



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
VF30341 - Vendor Payment Submission Form

Member Name	Justin Wright
Claimant	Justin Wright
Expense Category	Other



✕

Report lost item >
Contact support >
Contact support >
My trips >

✕

Forgot password

Privacy

Terms

Uber Raiser Canada Inc.
 66 Wellington Street West Suite
 5300, TD Bank Tower
 Toronto, ON M5K 1E6

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

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

VF30174 - Vendor Payment Submission Form

Vehicle Lease/Rental: \$228.60 + GST

Member Name	Justin Wright
Claimant	Justin Wright
Expense Category	Other



Rental Agreement Summary
 RA#: 5T82Q7
 Renter: JUSTIN WRIGHT
 GOVERNMENT OF ALBERTA
 Billing Cycle: 24-HOUR

Dates & Times **Location**

Pick up
 Monday, September 23, 2024 11:44 AM
 Start Charges:
 Monday, September 23, 2024 11:44 AM
 1071 TRANS CANADA WAY SE
 MEDICINE HAT, AB T1B 1H9
 (403) 526-8084

Anticipated Return
 Wednesday, September 25, 2024 6:00 PM
 1071 TRANS CANADA WAY SE
 MEDICINE HAT, AB T1B 1H9
 (403) 526-8084

Vehicle

License: [REDACTED]
 VIN: [REDACTED] Vehicle: [REDACTED]
 Pickup: 09/23/2024 @ 11:44 AM ODO:2493Fuel:FULL
 Vehicle Condition:
 Rear Bumper
 Dent:
 Windshield
 Chip: chip bottom mid above wiper
 Chip: chip ds view
 Key
 Other: 2 keys

Summary of Charges

Estimated Renter Charges

Charges	Price/Unit	Total
TIME & DISTANCE 24/23/09-24/25/09	\$45.51 / Day	\$136.53
NO CHARGE DISTANCE 24/23/09-24/25/09	\$0.00 / Kilometre	\$0.00
DAILY RATE:	\$45.51 / Day	
WEEKLY RATE:	\$273.06 / Week	
MONTHLY RATE:	\$1092.24 / Month	
HOURLY RATE:	\$22.75 / Hour	
REFUELING CHARGE	\$1.88 / Litres	\$0.00

Optional Protections Accepted

CDW 24/23/09-24/25/09	\$29.99 / Day	\$89.97
--------------------------	---------------	---------

Optional Protections Declined

PAI/PEC	@ \$6.99 / Day	\$0.00
RAP	@ \$5.99 / Day	\$0.00
CDW	@ \$15.99 / Day	\$0.00

Renter Acknowledgement of Accepted and Declined Protections
 I acknowledge that I have accepted or declined protections as indicated above.

Taxes and Fees

VEHICLE LICENSE FEE RECOVERY	\$0.70 / Day	\$2.10
GOODS AND SERVICES TAX (5%)	5%	\$11.43
Total Estimated Charge:		\$240.03

Payments:
 AMERICAN EXPRESS **** [REDACTED] Auth (\$540.03)

Renter Acknowledgement of Charges
 I acknowledge that I have reviewed and agree to all Estimated Renter Charges and fees listed on Summary of Charges and further agree to pay for final charges in accordance with the Additional Terms and Conditions of this Contract.

Owner: ENTERPRISE RENT-A-CAR CANADA COMPANY GST 88936582

Additional Drivers
 No Additional Drivers are authorized to drive the vehicle with the exception of the drivers listed below.
 (Additional driver names listed here if applicable)

Please keep this Rental Agreement Summary with you in the vehicle during the rental.

Local Addenda

OPTIONAL PRODUCTS NOTICE: OUR CONTRACT OFFERS, FOR AN ADDITIONAL CHARGE, AS OPTIONAL PRODUCTS: DAMAGE WAIVER AND ROADSIDE ASSISTANCE PROTECTION. BEFORE DECIDING WHETHER TO PURCHASE ANY OF THESE PRODUCTS, YOU MAY WISH TO DETERMINE WHETHER YOUR PERSONAL INSURANCE OR CREDIT CARD PROVIDES YOU COVERAGE DURING THE RENTAL

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
VF30174 - Vendor Payment Submission Form

Member Name	Justin Wright
Claimant	Justin Wright
Expense Category	Other

PERIOD. THE PURCHASE OF ANY OF THESE OPTIONAL PRODUCTS IS NOT REQUIRED TO RENT VEHICLE.

TO OWNER'S COLLECTION OF INFORMATION ABOUT RENTER'S USE OF VEHICLE AND TEXTING & CALLING TERMS. SEE PARAGRAPHS WITH THE HEADINGS TEXT & CALL AND OWNER'S COLLECTION AND USE OF VEHICLE DATA: RENTER'S USE OF VEHICLES NAVIGATION AND INFOTAINMENT SYSTEMS AND VEHICLE MANUFACTURER APPS IN THE ADDITIONAL TERMS AND CONDITIONS.

LIABILITY FOR LOSS BY ACCIDENT: PRIORITY OF AUTOMOBILE INSURANCE COVERAGE IS SUBJECT TO PROVINCIAL LAW. IF APPLICABLE, OWNER'S COVERAGE IS SUBJECT TO LIMITATIONS AND RESTRICTIONS. SEE PARAGRAPHS 8 & 9 OF THE RENTAL AGREEMENT JACKET.



5T82Q7
 Additional Terms and Conditions of the Contract electronically accepted on 23/09/24 at 11:46 AM

RENTER IS RESPONSIBLE FOR ALL COSTS ASSOCIATED WITH HIGHWAY TRAFFIC ACT VIOLATIONS, PARKING INFRACTIONS, TOLL FEES, RED LIGHT CAMERA VIOLATIONS, IMPOUND FEES, PLUS AN ADMINISTRATIVE FEE.
 X _____

RENTER ACKNOWLEDGEMENT OF LOCAL ADDENDA

TERMS AND CONDITIONS

[Click to view Additional Terms and Conditions](#)

FORM# C59ALBHC-JK_MY23

RENTER ACKNOWLEDGEMENT OF THE ENTIRE CONTRACT

I, THE "RENTER" BY SIGNING BELOW, HAVE READ AND AGREE TO THE TERMS AND CONDITIONS IN THE ADDITIONAL TERMS AND CONDITIONS, WHICH ARE INCORPORATED BY REFERENCE AS IF FULLY SET FORTH HEREIN, AND THE RENTAL AGREEMENT SUMMARY (COLLECTIVELY, THE ADDITIONAL TERMS AND CONDITIONS AND THE RENTAL AGREEMENT SUMMARY ARE THE "CONTRACT"). BY SIGNING BELOW, I AM AUTHORIZING OWNER TO CHARGE TO THE CREDIT CARD(S) AND/OR DEBIT CARD(S) THAT I HAVE PROVIDED TO OWNER ALL AMOUNTS OWED BY ME UNDER THIS CONTRACT FOR ADVANCE DEPOSITS, INCREMENTAL AUTHORIZATIONS/DEPOSITS, AND OR ANY OTHER AMOUNTS OWED BY ME, AS WELL AS PAYMENTS REFUSED BY A THIRD PARTY TO WHOM BILLING WAS DIRECTED. I ALSO AUTHORIZE OWNER TO RE-INITIATE ANY CHARGE TO MY CARD(S) THAT IS DISHONORED FOR ANY REASON. I CERTIFY THAT THE DRIVER'S LICENSE(S) PRESENTED IS CURRENTLY VALID AND IS NOT SUSPENDED, EXPIRED, REVOKED, CANCELLED OR SURRENDERED. I FURTHER ACKNOWLEDGE AND CONSENT TO THE TERMS AND CONDITIONS SET FORTH IN THE PARAGRAPH WITH THE HEADING "DISPUTE RESOLUTION PROVISION: MANDATORY ARBITRATION AGREEMENT" IN THE ADDITIONAL TERMS AND CONDITIONS. BY SIGNING BELOW RENTER AGREES

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

VF30341 - Vendor Payment Submission Form

Vehicle Lease/Rental: \$180.29 + GST

Member Name	Justin Wright
Claimant	Justin Wright
Expense Category	Other



Rental Agreement Summary
 RA#: 69R6GB
 Renter: JUSTIN WRIGHT
 GOVERNMENT OF ALBERTA
 Billing Cycle: 24-HOUR

Dates & Times	Location
Pick up	
Friday, November 8, 2024 4:39 PM	2000 AIRPORT ROAD NE CALGARY, AB T2E 6W5 (833) 619-3654
Start Charges:	
Friday, November 8, 2024 4:39 PM	
ONE WAY RENTAL - Anticipated Return	
Saturday, November 9, 2024 12:00 PM	

Vehicle	License:	Vehicle:
Pickup: 11/08/2024 @ 4:39 PM	License: [REDACTED]	Vehicle: [REDACTED]
	ODO:2874	Fuel:56.4
Vehicle Condition: No Damage Documented		

Summary of Charges

Estimated Renter Charges

Charges	Price/Unit	Total
TIME & DISTANCE 24/08/11-24/09/11	\$41.07 / Day	\$41.07
NO CHARGE DISTANCE 24/08/11-24/09/11	\$0.00 / Kilometre	\$0.00
DAILY RATE: \$41.07 / Day		
WEEKLY RATE: \$246.42 / Week		
MONTHLY RATE: \$985.68 / Month		
HOURLY RATE: \$20.54 / Hour		
ONE WAY A 24/08/11-24/09/11	\$35.00 / Rental	\$35.00
REFUELING CHARGE	\$1.88 / Litres	\$0.00
Optional Protections Accepted		
CDW 24/08/11-24/09/11	\$29.99 / Day	\$29.99
Optional Protections Declined		
GLASS WAIVER	@ \$15.99 / Day	\$0.00
PAI/PEC	@ \$6.99 / Day	\$0.00
RAP	@ \$5.99 / Day	\$0.00

Renter Acknowledgement of Accepted and Declined Protections
 I acknowledge that I have accepted or declined protections as indicated above.

Taxes and Fees

CONCESSION FEE RECOVERY (15.61%)	15.61%	\$16.67
AIRPORT FACILITY CHARGE	\$6.00 / Day	\$6.00
VEHICLE LICENSE FEE RECOVERY	\$0.70 / Day	\$0.70
GOODS AND SERVICES TAX (5%)	5%	\$6.47
Total Estimated Charge:		\$135.90
Payments:		
AMERICAN EXPRESS **	Auth	(\$0.00)
AMERICAN EXPRESS **	Auth	(\$535.90)

Renter Acknowledgement of Charges
 I acknowledge that I have reviewed and agree to all Estimated Renter Charges and fees listed on Summary of Charges and further agree to pay for final charges in accordance with the Additional Terms and Conditions of this Contract.

Owner: ENTERPRISE RENT-A-CAR CANADA COMPANY GST
 889365821

Additional Drivers
 No Additional Drivers are authorized to drive the vehicle with the exception of the drivers listed below.
 (Additional driver names listed here if applicable)

Please keep this Rental Agreement Summary with you in the vehicle during the rental.

Local Addenda

OPTIONAL PRODUCTS NOTICE: OUR CONTRACT OFFERS, FOR AN ADDITIONAL CHARGE, AS OPTIONAL PRODUCTS: DAMAGE WAIVER AND ROADSIDE ASSISTANCE PROTECTION. BEFORE DECIDING WHETHER TO PURCHASE ANY OF THESE PRODUCTS, YOU MAY WISH TO DETERMINE WHETHER YOUR PERSONAL INSURANCE OR CREDIT CARD PROVIDES YOU COVERAGE DURING THE RENTAL PERIOD. THE PURCHASE OF ANY OF

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

VF30341 - Vendor Payment Submission Form

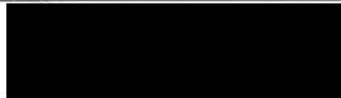
Member Name	Justin Wright
Claimant	Justin Wright
Expense Category	Other

THESE OPTIONAL PRODUCTS IS NOT REQUIRED TO RENT VEHICLE.

LIABILITY FOR LOSS BY ACCIDENT: PRIORITY OF AUTOMOBILE INSURANCE COVERAGE IS SUBJECT TO PROVINCIAL LAW. IF APPLICABLE, OWNER'S COVERAGE IS SUBJECT TO LIMITATIONS AND RESTRICTIONS. SEE PARAGRAPHS 8 & 9 OF THE RENTAL AGREEMENT JACKET.

RENTER IS RESPONSIBLE FOR ALL COSTS ASSOCIATED WITH HIGHWAY TRAFFIC ACT VIOLATIONS, PARKING INFRACTIONS, TOLL FEES, RED LIGHT CAMERA VIOLATIONS, IMPOUND FEES, PLUS AN ADMINISTRATIVE FEE.
X _____

RENTER ACKNOWLEDGEMENT OF LOCAL ADDENDA



TERMS AND CONDITIONS

[Click to view Additional Terms and Conditions](#)

FORM# C59ALBHC-JK_MY23

RENTER ACKNOWLEDGEMENT OF THE ENTIRE CONTRACT

I, THE "RENTER" BY SIGNING BELOW, HAVE READ AND AGREE TO THE TERMS AND CONDITIONS IN THE ADDITIONAL TERMS AND CONDITIONS, WHICH ARE INCORPORATED BY REFERENCE AS IF FULLY SET FORTH HEREIN, AND THE RENTAL AGREEMENT SUMMARY (COLLECTIVELY, THE ADDITIONAL TERMS AND CONDITIONS AND THE RENTAL AGREEMENT SUMMARY ARE THE "CONTRACT"). BY SIGNING BELOW, I AM AUTHORIZING OWNER TO CHARGE TO THE CREDIT CARD(S) AND/OR DEBIT CARD(S) THAT I HAVE PROVIDED TO OWNER ALL AMOUNTS OWED BY ME UNDER THIS CONTRACT FOR ADVANCE DEPOSITS, INCREMENTAL AUTHORIZATIONS/DEPOSITS, AND OR ANY OTHER AMOUNTS OWED BY ME, AS WELL AS PAYMENTS REFUSED BY A THIRD PARTY TO WHOM BILLING WAS DIRECTED. I ALSO AUTHORIZE OWNER TO RE-INITIATE ANY CHARGE TO MY CARD(S) THAT IS DISHONORED FOR ANY REASON. I CERTIFY THAT THE DRIVER'S LICENSE(S) PRESENTED IS CURRENTLY VALID AND IS NOT SUSPENDED, EXPIRED, REVOKED, CANCELLED OR SURRENDERED. I FURTHER ACKNOWLEDGE AND CONSENT TO THE TERMS AND CONDITIONS SET FORTH IN THE PARAGRAPH WITH THE HEADING "DISPUTE RESOLUTION PROVISION- MANDATORY ARBITRATION AGREEMENT" IN THE ADDITIONAL TERMS AND CONDITIONS. BY SIGNING BELOW RENTER AGREES TO OWNER'S COLLECTION OF INFORMATION ABOUT RENTER'S USE OF VEHICLE AND TEXTING & CALLING

TERMS. SEE PARAGRAPHS WITH THE HEADINGS TEXT & CALL AND OWNER'S COLLECTION AND USE OF VEHICLE DATA: RENTER'S USE OF VEHICLES NAVIGATION AND INFOTAINMENT SYSTEMS AND VEHICLE MANUFACTURER APPS IN THE ADDITIONAL TERMS AND CONDITIONS.



69R6GB

Additional Terms and Conditions of the Contract electronically accepted on 08/11/24 at 4:44 PM

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

MP47978 - Members' Travel Expense Per-Diems Expense Claim Form

Form Type	Members' Travel Expenses Per-Diems Claim
Form ID	MP47978
Description	September 2024 - Per-Diems
Claimant	Justin Wright
Employee Number	██████████
Constituency	Cypress-Medicine Hat 57 (Justin Wright)
Date Submitted	October 10, 2024
Date Received	October 15, 2024
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
10796	Sep 12, 2024	60 km from Perm. Res.	LETHBRIDGE	X	X	X	54.29	2.71	57.00
10797	Sep 13, 2024	Travel to/from Capital	Edmonton	X	X	X	54.29	2.71	57.00
10798	Sep 20, 2024	60 km from Perm. Res.	LETHBRIDGE	X	X	X	54.29	2.71	57.00
10799	Sep 27, 2024	Travel to/from Capital	Edmonton			X	25.71	1.29	27.00
10800	Sep 28, 2024	Travel to/from Capital	Edmonton	X	X	X	54.29	2.71	57.00
							242.87	12.13	255.00

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

MP49525 - Members' Travel Expense Per-Diems Expense Claim Form

Form Type	Members' Travel Expenses Per-Diems Claim
Form ID	MP49525
Description	October 2024 - Per-Diems
Claimant	Justin Wright
Employee Number	██████████
Constituency	Cypress-Medicine Hat 57 (Justin Wright)
Date Submitted	November 4, 2024
Date Received	November 6, 2024
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
11210	Oct 2, 2024	Travel to/from Capital	Edmonton		X	X	41.90	2.10	44.00
11211	Oct 3, 2024	60 km from Perm. Res.	Edmonton	X	X	X	54.29	2.71	57.00
11212	Oct 4, 2024	Travel to/from Capital	Edmonton	X	X	X	54.29	2.71	57.00
11213	Oct 20, 2024	60 km from Perm. Res.	LETHBRIDGE			X	25.71	1.29	27.00
11214	Oct 21, 2024	60 km from Perm. Res.	LETHBRIDGE		X	X	41.90	2.10	44.00
11215	Oct 22, 2024	60 km from Perm. Res.	LETHBRIDGE		X	X	41.90	2.10	44.00
11216	Oct 23, 2024	60 km from Perm. Res.	LETHBRIDGE	X			12.38	0.62	13.00
11217	Oct 27, 2024	Travel to/from Capital	Edmonton		X	X	41.90	2.10	44.00
11218	Oct 28, 2024	60 km from Perm. Res.	Edmonton	X	X	X	54.29	2.71	57.00
11219	Oct 29, 2024	60 km from Perm. Res.	Edmonton	X	X	X	54.29	2.71	57.00
11220	Oct 30, 2024	60 km from Perm. Res.	Edmonton	X	X	X	54.29	2.71	57.00
11221	Oct 31, 2024	60 km from Perm. Res.	Edmonton	X	X	X	54.29	2.71	57.00
							531.43	26.57	558.00

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

MP49999 - Members' Travel Expense Per-Diems Expense Claim Form

Form Type	Members' Travel Expenses Per-Diems Claim
Form ID	MP49999
Description	November 2024 - Per-Diems
Claimant	Justin Wright
Employee Number	██████████
Constituency	Cypress-Medicine Hat 57 (Justin Wright)
Date Submitted	December 2, 2024
Date Received	December 4, 2024
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
11953	Nov 1, 2024	60 km from Perm. Res.	RED DEER	X	X	X	54.29	2.71	57.00
11954	Nov 2, 2024	60 km from Perm. Res.	RED DEER	X	X	X	54.29	2.71	57.00
11955	Nov 3, 2024	60 km from Perm. Res.	RED DEER	X	X	X	54.29	2.71	57.00
11956	Nov 4, 2024	60 km from Perm. Res.	Edmonton	X	X	X	54.29	2.71	57.00
11957	Nov 5, 2024	60 km from Perm. Res.	Edmonton	X	X	X	54.29	2.71	57.00
11958	Nov 6, 2024	60 km from Perm. Res.	Edmonton	X	X	X	54.29	2.71	57.00
11959	Nov 7, 2024	60 km from Perm. Res.	Edmonton	X	X	X	54.29	2.71	57.00
11960	Nov 13, 2024	60 km from Perm. Res.	CALGARY		X	X	41.90	2.10	44.00
11961	Nov 14, 2024	60 km from Perm. Res.	CALGARY	X	X		28.57	1.43	30.00
11962	Nov 18, 2024	Travel to/from Capital	Edmonton	X	X	X	54.29	2.71	57.00
11963	Nov 19, 2024	60 km from Perm. Res.	Edmonton	X	X	X	54.29	2.71	57.00
11964	Nov 20, 2024	60 km from Perm. Res.	Edmonton	X	X	X	54.29	2.71	57.00
11965	Nov 21, 2024	60 km from Perm. Res.	Edmonton	X	X	X	54.29	2.71	57.00
11966	Nov 24, 2024	Travel to/from Capital	Edmonton	X	X	X	54.29	2.71	57.00
11967	Nov 25, 2024	60 km from Perm. Res.	Edmonton	X	X	X	54.29	2.71	57.00
11968	Nov 26, 2024	60 km from Perm. Res.	Edmonton	X	X	X	54.29	2.71	57.00
11969	Nov 27, 2024	60 km from Perm. Res.	Edmonton	X	X	X	54.29	2.71	57.00
11970	Nov 28, 2024	60 km from Perm. Res.	Edmonton	X	X	X	54.29	2.71	57.00
11971	Nov 29, 2024	Travel to/from Capital	Edmonton	X	X	X	54.29	2.71	57.00
							993.40	49.60	1043.00

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

MR47975 - Members' Temporary Accommodation Allowance Claim Form

Form Type	Members' Temporary Accommodation Allowance Claim
Form ID	MR47975
Description	ACCOMMODATION OCT 2024
Claimant	Justin Wright
Employee Number	██████████
Constituency	Cypress-Medicine Hat 57 (Justin Wright)
Date Submitted	October 1, 2024
Date Received	October 2, 2024
Mailing Address	██████████ ██████████

Month	Year	Monthly Claim Amount
October	2024	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

MR49523 - Members' Temporary Accommodation Allowance Claim Form

Form Type	Members' Temporary Accommodation Allowance Claim
Form ID	MR49523
Description	ACCOMMODATION NOV 2024
Claimant	Justin Wright
Employee Number	██████████
Constituency	Cypress-Medicine Hat 57 (Justin Wright)
Date Submitted	November 4, 2024
Date Received	November 6, 2024
Mailing Address	██████████ ██████████

Month	Year	Monthly Claim Amount
November	2024	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

MR49947 - Members' Temporary Accommodation Allowance Claim Form

Form Type	Members' Temporary Accommodation Allowance Claim
Form ID	MR49947
Description	DEC 2024 RENT
Claimant	Justin Wright
Employee Number	[REDACTED]
Constituency	Cypress-Medicine Hat 57 (Justin Wright)
Date Submitted	December 2, 2024
Date Received	December 4, 2024
Mailing Address	[REDACTED] [REDACTED]

Month	Year	Monthly Claim Amount
December	2024	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

MR50074 - Members' Temporary Accommodation Allowance Claim Form

Form Type	Members' Temporary Accommodation Allowance Claim
Form ID	MR50074
Description	rental differential
Claimant	Justin Wright
Employee Number	[REDACTED]
Constituency	Cypress-Medicine Hat 57 (Justin Wright)
Date Submitted	December 3, 2024
Date Received	December 4, 2024
Mailing Address	[REDACTED] [REDACTED]

Month	Year	Monthly Claim Amount
December	2024	2430.00
	Grand Total	2430.00

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

VF30174 - Vendor Payment Submission Form

Travel Accommodation Allowance: \$475.14 + GST

Member Name	Justin Wright
Claimant	Justin Wright
Expense Category	Other



14 09-25-24

Justin Wright	Folio No. :	Room No. : 605
[REDACTED]	A/R Number :	Arrival : 09-23-24
	Group Code :	Departure : 09-25-24
	Company : Leisure	Conf. No. : 68010993
	Membership No. : PC	Rate Code : IDME0
	Invoice No. :	Page No. : 1 of 1

Date	Description	Charges	Credits
09-23-24	*Room Charge	217.55	
09-23-24	2% CTR	4.35	
09-23-24	DMF 3%	6.53	
09-23-24	Tourism Levy and hotel fees	9.14	
09-23-24	5% GST Room Tax	11.42	
09-24-24	*Room Charge	217.55	
09-24-24	2% CTR	4.35	
09-24-24	DMF 3%	6.53	
09-24-24	Tourism Levy and hotel fees	9.14	
09-24-24	5% GST Room Tax	11.42	
09-25-24	Manual American Express XXXXXXXXXX [REDACTED]		497.98
Total		497.98	497.98
Balance		0.00	

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 - www.ihgwardsclub.com/review. We look forward to welcoming you back soon.

Guest Signature: _____

I have received the goods and / or services in the amount shown here on. 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 Express & Suites Calgary University
 2373 Banff Trail North West
 Calgary, Alberta Canada T2M 4L2
 Telephone: (587) 390-6100 Fax: (587) 390-6111
 GST R890139793 RT0001

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
VF30174 - Vendor Payment Submission Form

Travel Accommodation Allowance: \$202.46 + GST

Table with 2 columns: Member Name, Claimant, Expense Category and corresponding values: Justin Wright, Justin Wright, Other.



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

J. Wright Room: 2808 Room Type: STQQ Number of Guests: 1 Rate: \$189.00 Clerk:
Arrive: 08Oct24 Time: 09:23PM Depart: 09Oct24 Time: 12:00PM Folio Number:

Table with columns: DATE, DESCRIPTION, CHARGES, CREDITS. Includes line items for Room Charge, Gst, Destination Marketing Fee, Tourism Levy, Garage Parking, Gst, American Express and a 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.

Operated under license from Marriott International, Inc. or one of its affiliates.

To plan your next stay, visit ResidenceInn.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
VF30341 - Vendor Payment Submission Form

Travel Accommodations Allowance: \$416.52 + GST

Member Name	Justin Wright
Claimant	Justin Wright
Expense Category	Other



INVOICE **Sandman Signature Lethbridge Lodge**

Justin Wright
 [Redacted]

Print Date 10/23/24
 Page No. 1 of 2
 Room No. 117
 Arrival 10/20/24
 Departure 10/23/24
 Conf. No. 500993502
 Folio No. [Redacted]
 GST No. 121767065 RT 0001

Group Code: UCP2024

Date	Description	Charges CAD	Credits CAD
10/20/24	Room Charge	129.00	
10/20/24	Room - DMF	2.58	
10/20/24	Room - GST	6.58	
10/20/24	Tourism Levy	5.26	
10/20/24	ECO Fees	2.00	
10/20/24	GST - ECO Fees	0.10	
10/21/24	Room Charge	129.00	
10/21/24	Room - DMF	2.58	
10/21/24	Room - GST	6.58	
10/21/24	Tourism Levy	5.26	
10/21/24	ECO Fees	2.00	
10/21/24	GST - ECO Fees	0.10	
10/22/24	Room Charge	129.00	
10/22/24	Room - DMF	2.58	
10/22/24	Room - GST	6.58	
10/22/24	Tourism Levy	5.26	
10/22/24	ECO Fees	2.00	
10/22/24	GST - ECO Fees	0.10	
10/23/24	American Express XXXXXXXX [Redacted]		436.56

Total	436.56		436.56
Balance	0.00	CAD	
Net Amount	387.00	CAD	
Room - GST	20.04	CAD	
Tourism Levy	15.78	CAD	
Room - DMF	7.74	CAD	
ECO Fees	6.00	CAD	
Total incl. vat	436.56	CAD	

Sandman Signature Lethbridge Lodge | 320 Scenic Drive S. | Lethbridge, AB, T1J 4B4
 Reservations: 1-800-SANDMAN | Telephone: 403-328-1122 | Fax: 403-328-0002 | Email: reservations_lethbridge@sandman.com | www.sandmanhotels.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
VF30341 - Vendor Payment Submission Form

Member Name	Justin Wright
Claimant	Justin Wright
Expense Category	Other



INVOICE

Sandman Signature Lethbridge Lodge

Justin Wright
 [Redacted]

Print Date 10/23/24
 Page No. 2 of 2
 Room No. 117
 Arrival 10/20/24
 Departure 10/23/24
 Conf. No. 500993502
 Folio No. [Redacted]
 GST No. 121767065 RT 0001

Group Code: UCP2024

I agree to be personally liable should the indicated company or person fail to pay for any part of the total charges.

Guest Signature

Merchant ID
 Transaction ID
 Approval Code
 Approval Amount

11724087
 [Redacted]
 436.56

Credit Card #
 Credit Card Expiry
 Capture Method
 Transaction Amount

XXXXXXXXXX [Redacted]
 XX/XX
 Swiped
 436.56

Sandman Signature Lethbridge Lodge | 320 Scenic Drive S. | Lethbridge, AB, T1J 4B4
 Reservation: 1-800-SANDMAN | Telephone: 403-328-1122 | Fax: 403-328-0002 | Email: reception_lethbridge@sandman.ca | www.sandmanhotels.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
VF30341 - Vendor Payment Submission Form

Travel Accommodations Allowance: \$170.13 + GST

Member Name	Justin Wright
Claimant	Justin Wright
Expense Category	Other



14 11-14-24

Justin Wright	Folio No. :	██████████	Room No. :	608
██████████	A/R Number :		Arrival :	11-13-24
	Group Code :		Departure :	11-14-24
	Company :	Leisure	Conf. No. :	46594847
	Membership No. :	PC	Rate Code :	IDME0
	Invoice No. :		Page No. :	1 of 1

Date	Description	Charges	Credits
11-13-24	*Room Charge	155.80	
11-13-24	2% CTR	3.12	
11-13-24	DMF 3%	4.67	
11-13-24	Tourism Levy and hotel fees	6.54	
11-13-24	5% GST Room Tax	8.18	
11-14-24	Manual American Express XXXXXXXXXX ██████████		178.31
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 - www.ihgrewardsclub.com/review . We look forward to welcoming you back soon.		Total	178.31
		Balance	0.00

Guest Signature: _____
 I have received the goods and / or services in the amount shown here on. 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 Express & Suites Calgary University
 2373 Banff Trail North West
 Calgary, Alberta Canada T2M 4L2
 Telephone: (587) 390-6100 Fax: (587) 390-6111
 GST R890139793 RT0001

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
VF29002 - Vendor Payment Submission Form

Hosting: \$517.50

Member Name	Justin Wright
Claimant	Justin Wright
Expense Category	Hosting - Group (MLA WRIGHT OFFICE)

Medicine Hat Exhibition & Stampede

Box 1298
 Medicine Hat, AB T1A 7N1
 Canada

INVOICE

Invoice No.: 505378
 Date: 26/09/2024
 Ship Date:
 Page: 1
 Re: Order No.

Sold to:

Legislative Assembly of Alberta
 Teri-Anne Bowyer

Ship to:

Legislative Assembly of Alberta
 Teri-Anne Bowyer

Business No.: 10522 7839 RT0001

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount
			4th Annual Mental Health Summit - September 17 2024	E		450.00
			Catering - Shooting Star invoice 951420 (Breakfast only)	E		67.50
			15% Gratuity	E		
			E - GST exempt			
Medicine Hat Exhibition & Stampede GST: #10522 7839 RT						
Shipped By: _____ Tracking Number: _____					Total Amount	517.50
Comment: Visit us @ mhstampede.com					Amount Paid	0.00
Sold By: _____					Amount Owning	517.50

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
SE49379 - Staff Other Expenses Claim Form

Receipt Description	PIZZA FOR A STAKEHOLDER MEETING - RAN 4 HOURS
Member Name	Justin Wright
Claimant	Teri-Anne Bowyer
Expense Category	Hosting - Individual Stakeholder(s) Hosting Purpose - NAVIGATION NETWORK-HOMELESS RESPONSE

Thank-you for ordering TJ's Pizza. We appreciate your business.

Ticket # 4
10/25/2024 11:35 am CHAD

*** WALK IN ***

SKIP 424

All Meat Win 16.95
BBQ

Med
#2

Med 30.95
#6

Lg 41.65
#8
Xtra Mozza
Xtra Pepperoni

Lg
#19

Subtotal 89.55
GST AB 4.48
Total 94.03
Debit 94.03
Balance Owing 0.00

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
ME50045 - Members' Other Expenses Claim Form

Receipt Description	REMEMBRANCE DAY DINNER WITH LOCAL REGIMENT
Member Name	Justin Wright
Claimant	Justin Wright
Expense Category	Other

Event Tickets Disclosable: \$130.00

NON-PUBLIC FUNDS RECEIPT
REÇU DE FONDS NON PUBLICS

SERIAL NUMBER
 NUMÉRO DE SÉRIE
8996751

National Defence / Défense nationale

ISSUED FROM / ÉMIS DE: **WRIGHT, J**

AMOUNT / MONTANT: **one hundred thirty** ¹⁰⁰ DOLLARS \$

REGISTRATION # / NUMÉRO DE RÉGISTRATION TPS: **R121491807** GST COLLECTED / TPS PERÇUE

AMOUNT NET OF GST / MONTANT EXCLUANT TPS: **130.00**

DATE / DATE: **9 NOV 24** SIGNATURE / SIGNATURE: **KR SAMRAJ**
LT SALH

Design: Forms Management 993-4050 (07-03)
 Conception: Gestion des formulaires 993-4052

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.