

## AHS Board and Executive Expense Report

**Name** Dr. Brenda Hemmelgarn  
**Title** AHS Board Vice-Chair  
**Location** Calgary

Expenses submitted during the month of January 2016

### Travel (1)

MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jan-16	P-Card	Meetings				85	85			
Jan-16	Expense Claim	Meetings				225	225			
Jan-16	Direct Billing	Meetings	1,017		311		1,328			
<b>Total</b>			<b>\$ 1,017</b>	<b>\$ -</b>	<b>\$ 311</b>	<b>\$ 310</b>	<b>\$ 1,638</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Total for the Month** \$ 1,638

Maximum daily single meal expense claimed in the month \$ -  
 Maximum daily base hotel rate claimed in the month \$ 145  
 Non economy air travel in the month \$ -

### 1) Travel expenses

Includes local and out of province/country travel expenses. Other travel includes items such as taxis, parking mileage, car rental and other expenses related to travel.

### 2) Professional Development

Includes conference, seminar and course registration fees and material

### 3) Hosting and Hospitality expenses

Hospitality and Hosting expenses may be incurred to advance AHS' mission, vision and values. For example, may include working lunches with staff and prospective employees meetings with government officials, dignitaries, public interest groups, donors other public or private organizations.

### 4) Other

Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.


### 5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.

Jan. 29 2016  
to Public Disclosure  
F.

**Instruction:**

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

<b>PROCIUK, LORINDA</b> Cardholder's Name	<b>EXECUTIVE ASSOCIATE</b> Cardholder's Position/Title	Billing Reporting Period:	<u>20/01/2010</u>
<b>PRESIDENT &amp; CEO OFFICE</b> Cardholder's Dept	<b>SEVENTH STREET PLAZA</b> Cardholder's Site/Location	Total Statement Amount:	<del>\$500.21</del> <b>\$84.50</b>
<b>LORINDA.PROCIUK@ALBERTAHEALTHSERVICES.CA</b> Cardholder's e-mail address		Last 6 digits of the P-Card	

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Taxes Amount	GST	Freight	Description
23/12/2015	413914454	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	97.00	CAD	<del>97.00</del> <b>\$48.50</b>	4.62		Taxi from Seventh Street Plaza to YES for AHS Board members Glenda Yeates and Brenda Hemmelgarn on Nov 24/15
23/12/2015	413914455	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	<del>72.00</del> <b>\$36.00</b>	3.43		Taxi from Seventh Street Plaza to YES for AHS Board members Glenda Yeates and Brenda Hemmelgarn on Nov 24/15

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Linda Hughes  
Board Chair

Nov. 13/16  
Date

<b>Signatures</b>		
<p><b>Cardholder Designate (If Applicable)</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.</li> </ul>		
<p><u>Walter Mooney</u> Name of Cardholder Designate</p> <p><u>[Signature]</u> Signature of Cardholder Designate</p>	<p><u>Exec. Assistant</u> Cardholder Designate Position/Title</p> <p><u>Jan 22/16.</u> Date of Signature</p>	
<p><b>Cardholder</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.</li> <li>• I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization. A personal cheque for any personal expenses inadvertently charged is attached.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<p><u>PROCIUK, LORINDA</u> Name of Cardholder</p> <p><u>[Signature]</u> Signature of Cardholder</p>	<p><u>EXECUTIVE ASSOCIATE</u> Cardholder Position/Title</p> <p><u>01/26/16</u> Date of Signature</p>	
<p><b>Approver Designate (If Applicable)</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.</li> <li>• I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<p><u>Deborah Rhodes</u> Name of Approver Designate</p> <p><u>[Signature]</u> Signature of Approver Designate</p>	<p><u>VP Corp Sen. &amp; CFO</u> Approver Designate Position/Title</p> <p><u>Feb. 29/2016</u> Date of Signature</p>	<p style="color: blue; font-style: italic;">Approved on-line by R. Hoy</p>
<p><b>Approver</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.</li> <li>• I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<p><u>Verna Yin</u> Name of Approver</p> <p><u>[Signature]</u> Signature of Approver</p>	<p><u>Interim President - CEO</u> Approver Position/Title</p> <p><u>Jan 28/16</u> Date of Signature</p>	
<p>Submit approved statement with attachments to Accounts Payable.</p>		
<p><b>Attach:</b></p> <ul style="list-style-type: none"> <li>• Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>• Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable:             <ul style="list-style-type: none"> <li>• Copies of pre-approvals for travel</li> <li>• Personal cheque payable to "Alberta Health Services"</li> <li>• Return, refund and/or credit receipts</li> <li>• Disputes letter</li> <li>• Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</li> </ul> </li> </ul>	<p><b>Address:</b></p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
<p><b>Accounts Payable only:</b></p>		
<p>Reference #: _____</p>	<p>Reviewed by: _____</p>	<p>Date: _____</p>

①

**Colette Mooney**

**From:** tobias tobias <tobias.goldengoose@gmail.com>  
**Sent:** Wednesday, December 23, 2015 10:47 AM  
**To:** Colette Mooney; Lorinda Prociuk  
**Subject:** Fwd: Transaction Receipt - Do Not Reply

~~Glenda Yeates~~ & Brenda  
Nov.24/2015  
SSP>Ap  
72.00+25.00(extra for waiting)= 97.00

**November 24, 2015 (\$97.00)** **Billed Dec 23/15**  
• Taxi from Seventh Street Plaza to YEG for AHS Board members  
~~Glenda Yeates~~ and Brenda Hemmelgarn on Nov 24/15.

# INFINITY TRANSPORTATION 1

TYPE PURCHASE

ORDER ID [REDACTED]  
CUSTOMER ID Lorinda Prociuk  
CARD NUM [REDACTED]  
ACCOUNT MASTERCARD

DATE Dec 23 2015 10:43AM  
REF NUM [REDACTED]  
AUTH CODE [REDACTED]

AMOUNT (CAD) -----  
\$97.00  
-----

\$48.50

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

**01 APPROVED - THANK YOU 027**

- IMPORTANT -  
Retain this copy for your records

2

**Colette Mooney**

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**From:** tobias tobias <tobias.goldengoose@gmail.com>  
**Sent:** Wednesday, December 23, 2015 10:47 AM  
**To:** Colette Mooney; Lorinda Prociuk  
**Subject:** Fwd: Transaction Receipt - Do Not Reply

~~Glenda Yeates & Brenda~~  
**Dec.01/2015**  
SSP>Ap

**December 1, 2015 (\$72.00)** *Billed Dec 23/15*

- Taxi from Seventh Street Plaza to YEG for AHS Board members  
~~Glenda Yeates and~~ Brenda Hemmelgarn on Dec 1/15.

# INFINITY TRANSPORTATION I

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TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Lorinda Prociuk
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Dec 23 2015 10:44AM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]

AMOUNT (CAD)	<del>\$72.00</del>	<b>\$36.00</b>
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Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

**01 APPROVED - THANK YOU 027**

- IMPORTANT -

Retain this copy for your records

<b>AHS - AP Processing - Internal Use Only</b>	
Voucher #	
Naming Convention	
T4/ANR Applicable? - If yes, indicate line & amt	

## BOARD MEMBER EXPENSE CLAIM FORM

<b>SECTION 1: PAYEE INFORMATION</b>					
Name:	Dr. Brenda Hemmelgarn			Expense Period Month:	Jan-16
Address:	[REDACTED]		City:	[REDACTED]	
Province:	AB	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Attendance at Board Meetings on January 20, 21 and 28, 2016.				

<b>SECTION 2: FINANCE CODING &amp; TOTAL CLAIM</b>					
Description	Com/BU/O ID	Location (if applicable)	Functional Centre/Primary	Expense/ Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	7111030000	45000000	\$0.00
Travel Exp (B+C+E)	101	0005	7111030000	62212000	\$224.80
Other (D)	101	0005	7111030000	41090000	\$0.00
<b>TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE</b>					<b>\$224.80</b>

<b>SECTION 3: AUTHORIZATION</b>			
I attest that I have read and understand all applicable policies that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.			
I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services Board and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization.			
I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.			
Claimant (Print Name)	Signature: I, by signing this form, attest that I am compliant to all the above statements	Date	Phone#
Dr. Brenda Hemmelgarn	<i>B. Hemmelgarn</i>		[REDACTED]

I attest that I have read and understand all applicable policies of that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.	
I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services Board and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization.	
I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.	
Approved by (Print Name)	Position Title/Program Group
Linda Hughes	Board Chair
Signature: I, by signing this form, attest that I am compliant with all the above statements	Date
<i>Linda Hughes</i>	Feb 18/16

Health and Personal Information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.

For payment please submit to:  
14<sup>th</sup> Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T6J 3E4, Attention: Jennifer Hamstra



**Carry forward from Section 1**

Name: **Dr. Brenda Hemmelgarn** Expense Period Month: **42370**

Completion of the "cost effective method used" Column is required. If you select "No" in this column, Further Explanation is Required in the "Rationale is Required" section below

**Rationale is Required for expenses that are not Cost Effective:** (supporting analysis and documentation must be attached to this form)

**SECTION 4A: BOARD MEMBER - TRAVEL EXPENSE CLAIM**

Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Meal (Allowance OR Receipt)( A )				Accommodation ( B )	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) ( C )	Other (Itemize) ( D )	Mileage km ( E )
			Allowance		With Receipt					
			Meal Type	Allow-ance	Meal Type	With Receipt				
20-Jan-16	Parking at Calgary International Airport to attend Board Meetings in Edmonton.	Yes					\$58.70			
20-Jan-16	Taxi from Edmonton International Airport to SSP to attend Board meetings.	Yes					\$63.25			
27-Jan-16	Parking at Calgary International Airport to attend Board Meeting in Edmonton.	Yes					\$39.85			
27-Jan-16	Taxi from Edmonton International Airport to hotel to attend Board Meeting on January 28, 2016.	Yes					\$63.00			
<b>Total: (amount auto fills to page 1)</b>			\$0.00		\$0.00	\$0.00	\$224.80	\$0.00	0.00	

**BOARD MEMBER Mileage Rate** 0.505 **Total Mileage** \$ -

For payment please submit to:  
 14<sup>th</sup> Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Jennifer Hamstra

**RECEIPT**  
**GST NO. R122556194**

EXIT No. A1  
IN: 01/20/16 09:03  
OUT: 01/21/16 18:23  
DURATION: 1 09: 20  
PAID: \$ 58.70  
(GST INCLUDED)  
VISA



THANK YOU FOR  
YOUR VISIT



**RECEIPT**  
**GST NO. R122556194**

EXIT No. A4  
IN: 01/27/16 17:45  
OUT: 01/28/16 18:27  
DURATION: 1 00: 42  
PAID: \$ 39.85  
(GST INCLUDED)  
VISA



THANK YOU FOR  
YOUR VISIT



YELLOW CAB  
10135 31 Avenue NW  
Edmonton AB T6N-1C2  
780-462-3456

Term Id:4502412509440  
Item #:1714  
Visa Credit  
PURCHASE  
Op Id:304089  
Car: [REDACTED]

AID:A000000031010

APPROVED

AMOUNT CAD\$55.00  
TIP CAD\$8.25  
=====  
TOTAL CAD\$63.25

Ref. # [REDACTED]  
Auth. # [REDACTED]  
Resp. Code: 00  
TUR: 0000000000  
TSI: F800

Book on line at  
EDMTAXI.COM  
Thank you for being our guest  
GST 862184769

Date: 2016/01/20 Time: 11:40:59  
Response: [REDACTED]

\*\*\*CUSTOMER COPY\*\*\*

YELLOW CAB  
10135 31 AVENUE NW  
EDMONTON AB T6N-1C2  
780-462-3456

Term Id:412478CB  
Item #:0508  
Interac  
PURCHASE  
Op Id:756010  
Card #: [REDACTED]

AID:A0000002771010

00 APPROVED 001

Chequing  
AMOUNT CAD\$63.00

Ref. # [REDACTED]  
Auth. # [REDACTED]  
Resp. Code: 00  
TUR: 0000000000  
TSI: 7800

BOOK ON LINE AT EDTAXI.COM  
THANK YOU FOR BEING OUR GUEST

GST 100403070

Date: 2016/01/27 Time: 20:51:57  
Response: AUT [REDACTED]

\*\*\*CUSTOMER COPY\*\*\*



## Expense Report Direct Bill Summary

**Purpose of This Form:**

The purpose of this form is to report expenses incurred on behalf of a designated Executive or an AHS Board Member and paid for by a third party vendor. The information will be used for public disclosure reporting.

**Expenses Paid Directly to Third Party Vendors:**

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS.

Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund.

It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

### Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all expenses paid by AHS not mentioned above.
- Copies of invoices and other relevant back up must be attached, approvals for hosting events/working sessions that exceeds \$600 must be provided.
- Information will be used for reporting purposes only.
- A personal cheque must be attached to cover expenses deemed ineligible.
- Indicate whether you have expenses to report in this section for this reporting period: **YES**

<b>Name :</b> Brenda Hemmelgarn	<b>Reporting Period for the Month of :</b> Jan-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
20-Jan-2016	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton to attend Board Meetings on January 20 and 21, 2016 (Invoice # [REDACTED])	Marlin Travel	335.18
21-Jan-2016	Direct Billing	Airline Ticket	Flight changed from AC to WestJet to an earlier flight from Edmonton to Calgary on January 21, 2016 (Invoice # [REDACTED])	Marlin Travel	247.30
20-Jan-2016	Direct Billing	Hotel	1 night accomodation to attend Board Meetings on January 20 and 21, 2016.	Other	155.32
27-Jan-2016	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton and return to attend Board Meeting on January 28, 2016 (Invoice # [REDACTED])	Marlin Travel	335.18

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
27-Jan-2016	Direct Billing	Airline Ticket	Flight change fee (Invoice [REDACTED])	Marlin Travel	100.00
27-Jan-2016	Direct Billing	Hotel	1 night accomodation to attend Board Meeting on January 28, 2016.	Other	155.32
<b>Total Paid in the Month</b>					<b>\$ 1,328.30</b>

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915

Branch:

Agent:

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number:

Date:

Page:

Our Reference:

December 17, 2015

1/2

## INVOICE

For

MS BRENDA HEMMELGARN

AC

Wednesday, January 20, 2016

 Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0 Arrival: 20Jan16

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 2C

Flight: 8161 G CLASS

10:15 AM Equipment: DH4

11:09 AM

Mile(s) Flown: 163

Thursday, January 21, 2016

 Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0 Arrival: 21Jan16

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 2C

Flight: 8172 G CLASS

05:55 PM Equipment: DH4

06:47 PM

Mile(s) Flown: 163

Cost:

AIR CANADA WEB

260.22

Tax:

74.96

Ticket Total:

335.18

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED]  
Date: December 17, 2015  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

**Total:**

<b>Grand Total:</b>	335.18
<b>Less Credit Card Payments:</b>	335.18
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
ACCEPTED:.....DECLINED:.....  
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..  
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....  
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR  
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.  
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY  
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL  
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT  
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0  
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915

Branch: [REDACTED]  
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED]  
Date: January 20, 2016  
Page: 1/2  
Our Reference: [REDACTED]

# INVOICE

## For

MS BRENDA HEMMELGARN  
AC [REDACTED]

Wednesday, January 20, 2016

✈ Air

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 20Jan16

Flight: 8585 G CLASS  
10:10 AM Equipment: DH4  
11:02 AM

Mile(s) Flown: 163

AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 3C

Thursday, January 21, 2016

✈ Air

WESTJET AIRLINES  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 21Jan16

Flight: 3142 Q CLASS  
05:15 PM Equipment: DH4  
06:15 PM

Mile(s) Flown: 163

WESTJET ENCO  
WESTJET CONFIRMATION [REDACTED]

## Cost:

TKT- [REDACTED] E-TKT	[REDACTED]	130.64
	Tax:	49.48
	Ticket Total:	180.12
AIR CANADA W [REDACTED]	[REDACTED]	17.18

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED]  
Date: January 20, 2016  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

<b>Cost:</b>		
AIR CANADA W [REDACTED]	[REDACTED]	50.00
<b>Total:</b>		

<b>Grand Total:</b>	247.30
<b>Less Credit Card Payments:</b>	247.30
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
ACCEPTED:.....DECLINED:.....  
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA..TOURIST CARD..  
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....  
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR  
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.  
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY  
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL  
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT  
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0  
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.



Alberta Health Services



Room Number: [Redacted]  
Arrival Date: 01-20-16  
Departure Date: 01-21-16  
Page No: 1 of 1

Guest Name: Hemmelgarn, Brenda

**COPY OF INVOICE**

Folio N [Redacted]

01-26-16

Date	Description	Charges	Credits
01-20-16	Room Revenue	145.00	
01-20-16	Destination Marketing Fee - 3%	4.35	
01-20-16	Tourism Levy - 4%	5.97	
<b>Total</b>		<b>155.32</b>	<b>0.00</b>
<b>Balance</b>		<b>155.32</b>	

**Signature:** \_\_\_\_\_

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #866344302 RT 0001



MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915

Branch: [REDACTED]  
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED]  
Date: December 17, 2015  
Page: 1/2  
Our Reference: [REDACTED]

# INVOICE

For  
MS BRENDA HEMMELGARN  
AC [REDACTED]

Wednesday, January 27, 2016

 Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 27Jan16

Flight: 8171 G CLASS  
07:30 PM Equipment: DH4  
08:24 PM

Mile(s) Flown: 163

AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 2C

Thursday, January 28, 2016

 Air

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 28Jan16

Flight: 8150 G CLASS  
04:35 PM Equipment: DH4  
05:27 PM

Mile(s) Flown: 163

AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 2C

Cost:

AIR CANADA	[REDACTED]	260.22
	Tax:	74.96
	Ticket Total:	335.18

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number:  
Date:  
Page:  
Our Reference:

December 17, 2015  
2/2

# INVOICE

**Total:**

<b>Grand Total:</b>	335.18
<b>Less Credit Card Payments:</b>	335.18
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
ACCEPTED:.....DECLINED:.....  
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..  
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....  
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR  
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.  
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY  
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL  
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT  
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0  
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915

Branch: [REDACTED]  
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED]  
Date: January 20, 2016  
Page: 1/2  
Our Reference: [REDACTED]

# INVOICE

**For**  
MS BRENDA HEMMELGARN  
AC [REDACTED]

Wednesday, January 27, 2016

✈ Air

AIR CANADA  
From: CALGARY AB Flight: 8170 W CLASS  
To: EDMONTON INTL AB 07:20 PM Equipment: DH4  
Stops: 0 Arrival: 27Jan16 08:12 PM Mile(s) Flown: 163  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 3C [REDACTED]

Thursday, January 28, 2016

✈ Air

AIR CANADA  
From: EDMONTON INTL AB Flight: 8169 V CLASS  
To: CALGARY AB 05:00 PM Equipment: DH4  
Stops: 0 Arrival: 28Jan16 05:54 PM Mile(s) Flown: 163  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 5C [REDACTED]

**Cost:**  
AIR CANADA W [REDACTED] [REDACTED] 100.00

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED]  
Date: January 20, 2016  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

**Total:**

<b>Grand Total:</b>	100.00
<b>Less Credit Card Payments:</b>	100.00
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
ACCEPTED:.....DECLINED:.....  
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..  
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....  
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1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0  
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

MATRIX  
HOTEL

Alberta Health Services  
[Redacted]

Room Number: [Redacted]  
Arrival Date: 01-27-16  
Departure Date: 01-28-16  
Page No: 1 of 1

Guest Name: Hammelgarn, Brenda

COPY OF INVOICE

Folio No [Redacted]

02-04-16

Date	Description	Charges	Credits
01-27-16	Room Revenue	145.00	
01-27-16	Destination Marketing Fee - 3%	4.35	
01-27-16	Tourism Levy - 4%	5.97	
<b>Total</b>		<b>155.32</b>	<b>0.00</b>
<b>Balance.</b>		<b>155.32</b>	

Signature:

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #R66344302 RT 0001

Feb. 09, 2016  
Coded  
101 0005 71110300000  
62312000