

AHS Board and Executive Expense Report

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

Expenses submitted during the month of March 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)
Mar-16	P-card	Meetings				108	108			
Mar-16	Expense Claim	Meetings				181	181			
Mar-16	Direct Billing	Meetings	872		466		1,338			
Total			\$ 872	\$ -	\$ 466	\$ 289	\$ 1,627	\$ -	\$ -	\$ -

Total for the Month \$ 1,627

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.

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

<u>PROCIUK, LORINDA</u>	<u>EXECUTIVE ASSOCIATE</u>	Billing Reporting Period:	<u>20/03/2016</u>
Cardholder's Name	Cardholder's Position/Title		
<u>PRESIDENT & CEO OFFICE</u>	<u>SEVENTH STREET PLAZA</u>	Total Statement Amount:	\$320.42 \$108.00
Cardholder's Dept	Cardholder's Site/Location		
<u>LORINDA.PROCIUK@ALBERTAHEALTHSERVICES.CA</u>		Last 6 digits of the P-Card #	[REDACTED]
Cardholder's e-mail address			

Statement of Transactions									
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description	
①									
②									
③	25/02/2016	420416464 INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Taxi for Board Members B. Hemmelgam and G. Yeates from SSP to Airport on February 25, 2016.	
④									
⑤									
⑥	17/03/2016	422836727 INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Taxi for Board Member B. Hemmelgam from SSP to Airport on March 17, 2016.	

②
9-11

Jennifer Hamstra

From: INFINITY TRANSPORTATION I <payd_receipt@moneris.com>
Sent: Thursday, February 25, 2016 6:15 PM
To: Jennifer Hamstra
Subject: Transaction Receipt - Do Not Reply

INFINITY TRANSPORTATION I

③

B. Hemmelgarn [REDACTED]
SSP - Airport
Feb. 25, 2016.

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Londa Prociuk
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Feb 25 2016 06:13PM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]

AMOUNT (CAD)	----- \$72.00 -----	\$36.00
--------------	--	----------------

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

01 APPROVED - THANK YOU 027

- IMPORTANT -
Retain this copy for your records

Jennifer Hamstra

From: Infinity Transportation Inc <infinitytransportationinc@hotmail.com>
Sent: Thursday, March 17, 2016 4:45 PM
To: Jennifer Hamstra
Subject: Receipt March 17/ Brenda Hemmelgarn

*o From SSP to Airport
on March 17, 2016*

⑥

Sent using CloudMagic Email

-----Forwarded message-----

From: INFINITY TRANSPORTATION I <payd_receipt@moneris.com>
Date: Thu, Mar 17, 2016 at 4:42 PM
Subject: Fwd: Transaction Receipt - Do Not Reply
To: <infinitytransportationinc@hotmail.com>

INFINITY TRANSPORTATION I

AB

B. Hemmelgarn

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

DATE	Mar 17 2016 04:42PM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]

AMOUNT (CAD)	\$72.00
--------------	---------

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

01 APPROVED - THANK YOU 027

- IMPORTANT -

Retain this copy for your records



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

BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION					
Name:	Dr. Brenda Hemmeigarn			Expense Period Month:	Mar-16
Address:	[Redacted]		City:	Calgary	
Province:	AB	Postal Code:	[Redacted]	Country:	Canada
Reason for Expense	Attendance at Board Meetings on March 16, 2016 (Governance and Finance Committees) and March 17th (Board Meeting and Human Resources Committee) and March 28th to attend Board Meetings 29-30, 2016.				

SECTION 2: FINANCE CODING & TOTAL CLAIM					
Description	Corp/BU/O ID	Location (if applicable)	Functional Centre/Primary	Expense/ Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	71110300000	45000000	\$0.00
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$180.65
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$180.65

SECTION 3: AUTHORIZATION			
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	Date	Phone#
Dr. Brenda Hemmeigarn	<i>B. Hemmeigarn</i>	Apr 6/16	[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 <i>Linda Hughes</i>
Signature: I, by signing the form, attest that I am compliant with all the above statements	Date
<i>Linda Hughes</i>	April 13/16

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.

14th Floor, North Tower, Seventh St

Deborah Rhodes April 12/16
Deborah Rhodes, VP Corporate Services & CFO
Position # [Redacted] DOFA Level [Redacted]

iansmra

Carry forward from Section 1

Name: **Dr. Brenda Hemmelgarn** Expense Period Month: **[REDACTED]**

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

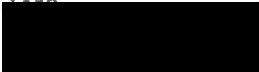
Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Meal (Allowance OR Receipt)(A)				Accommodation (B)	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C)	Other (Itemize) (D)	Mileage km (E)
			Allowance		With Receipt					
			Meal Type	Allowance	Meal Type	With Receipt				
16-Mar-16	Parking at Calgary International Airport to attend Board Meetings in Edmonton.	Yes					\$58.70	✓		
16-Mar-16	Taxi from Edmonton International Airport to SSP to attend Board Meetings in Edmonton.	Yes					\$63.25	✓		
28-Mar-16	Parking at Calgary International Airport to attend Board Meetings in Edmonton.	Yes					\$58.70	✓		
Total: (amount auto fills to page 1)			\$0.00		\$0.00	\$0.00	\$180.65	\$0.00	0.00	

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

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

RECEIPT
GST NO. R122556194

EXIT No. A103
IN: 03/16/16 06:36
OUT: 03/17/16 18:08
DURATION: 1 11: 32
PAID: \$ 58.70
(GST INCLUDED)
VISA



THANK YOU FOR
YOUR VISIT



AIRPORT TAXI SERVICE
4608 101 ST.
(7808907070)
EDMONTON AB

CARD [REDACTED]
CARD TYPE VISA
DATE 2016/03/16
TIME 7957 10:06:56
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE
AMOUNT \$55.00
TIP \$8.25
TOTAL

\$63.25

Visa Credit
H0000000031010
3DC98AF2541E9DB4
0080008000-E800
4FB2ABC08F08C186
0080008000-F800

APPROVED

AUTH [REDACTED] 01-027
THANK YOU

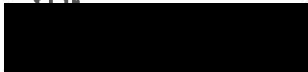
CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

GST 80245 5071 RT0001

RECEIPT
GST NO. R122556194

EXIT No. [REDACTED]
IN: 03/28/16 17:23
OUT: 03/30/16 13:43
DURATION: 1 20: 20
PAID: \$ 58.70
(GST INCLUDED)
VISA



THANK YOU FOR
YOUR VISIT



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

Name : Brenda Hemmelgarn	Reporting Period for the Month of : Mar-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
17-Feb-2016	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton and return to attend Board Meetings on March 16 and 17, 2016 (Invoice [REDACTED])	Marlin Travel	335.18
11-Mar-2016	Direct Billing	Airline Ticket	Change fee for flight from Edmonton to Calgary as meeting on March 16th commenced earlier (Invoice [REDACTED])	Marlin Travel	63.92
16-Mar-2016	Direct Billing	Hotel	1 night accommodation to attend Board Meetings on March 16 and 17, 2016.	Other	155.32
21-Mar-2016	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton and return to attend Board Meetings on March 29 and 30, 2016 (Invoice [REDACTED])	Marlin Travel	372.87
22-Mar-2016	Direct Billing	Airline Ticket	Change fee for flight Edmonton to Calgary as meeting on March 30th ended earlier (Invoice [REDACTED])	Marlin Travel	100.00
28-Mar-2016	Direct Billing	Hotel	2 nights accommodation to attend Board Meetings on March 29 and 30, 2016.	Other	310.64
Total Paid in the Month					\$ 1,337.73

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: February 17, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MS BRENDA HEMMELGARN
AC [REDACTED]

Wednesday, March 16, 2016

 Air

AIR CANADA
From: CALGARY AB Flight: 8585 G CLASS
To: EDMONTON INTL AB 10:10 AM Equipment: DH4
Stops: 0 Arrival: 16Mar16 11:02 AM Mile(s) Flown: 163
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 2C

Thursday, March 17, 2016

 Air

AIR CANADA
From: EDMONTON INTL AB Flight: 8169 G CLASS
To: CALGARY AB 05:00 PM Equipment: DH4
Stops: 0 Arrival: 17Mar16 05:54 PM Mile(s) Flown: 163
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 3D

Cost:
AIR CANADA WE [REDACTED] 260.22
[REDACTED] 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: February 17, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	335.18
Less Credit Card Payments:	335.18
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	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: March 11, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MS BRENDA HEMMELGARN
AC [REDACTED]

Wednesday, March 16, 2016

✈ Air

AIR CANADA
From: CALGARY AB Flight: 8441 W CLASS
To: EDMONTON INTL AB 08:30 AM Equipment: DH4
Stops: 0 Arrival: 16Mar16 09:22 AM Mile(s) Flown: 163
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 8D

Thursday, March 17, 2016

✈ Air

AIR CANADA
From: EDMONTON INTL AB Flight: 8169 G CLASS
To: CALGARY AB 05:00 PM Equipment: DH4
Stops: 0 Arrival: 17Mar16 05:54 PM Mile(s) Flown: 163
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 3D

Cost: [REDACTED]
AIR CANADA WEB [REDACTED] 13.92
AIR CANADA WEB [REDACTED] 50.00

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

Invoice Number: [REDACTED]
Date: March 11, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	63.92
Less Credit Card Payments:	63.92
Credit / Balance Due To This Invoice:	0.00
Total Previous Payments:	335.18
Total Charges Previous Invoices:	335.18
Total Balance Due:	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: 03-16-16

Departure Date: 03-17-16

Page No: 1 of 1

Guest Name: Hemmelgarn, Brenda

COPY OF INVOICE

Folio No [REDACTED]

03-21-16

Date	Description	Charges	Credits
03-16-16	Room Revenue	145.00	
03-16-16	Destination Marketing Fee - 3%	4.35	
03-16-16	Tourism Levy - 4%	5.97	
Total		155.32	0.00
Balance		155.32	

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

Coded: Mar 29, 2016
101 0005 7110300000
62312000

Revised

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: March 21, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MS BRENDA HEMMELGARN
AC [REDACTED]

Monday, March 28, 2016

Air

AIR CANADA Flight: 8170 W CLASS
From: CALGARY AB 07:20 PM Equipment: DH4
To: EDMONTON INTL AB 08:10 PM Mile(s) Flown: 163
Stops: 0 Arrival: 28Mar16
AIR CANADA E
SEAT 9C - HEMMELGARN/BRENDA MS
AIR CANADA TICKET NUMBER [REDACTED]

Wednesday, March 30, 2016

Air

AIR CANADA Flight: 8151 S CLASS
From: EDMONTON INTL AB 03:30 PM Equipment: DH4
To: CALGARY AB 04:20 PM Mile(s) Flown: 163
Stops: 0 Arrival: 30Mar16
AIR CANADA E
SEAT 13C - HEMMELGARN/BRENDA MS
AIR CANADA TICKET NUMBER - [REDACTED]

Cost:		
AIR CANADA WEB	[REDACTED]	287.71
		Tax: 74.96
		Ticket Total: 362.67
AIR CANADA WEB	[REDACTED]	10.00

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

Invoice Number: [REDACTED]
Date: March 21, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	372.67
Less Credit Card Payments:	372.67
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

FOR YOUR RECORDS.

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 TRAVEL SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: March 22, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MS BRENDA HEMMELGARN
AC [REDACTED]

Monday, March 28, 2016

 Air

AIR CANADA Flight: 8170 W CLASS
From: CALGARY AB 07:20 PM Equipment: DH4
To: EDMONTON INTL AB 08:10 PM Mile(s) Flown: 163
Stops: 0 Arrival: 28Mar16
AIR CANADA E
SEAT 9C - HEMMELGARN/BRENDA MS
AIR CANADA TICKET NUMBER - [REDACTED]

Wednesday, March 30, 2016

 Air

AIR CANADA Flight: 8143 S CLASS
From: EDMONTON INTL AB 12:40 PM Equipment: DH4
To: CALGARY AB 01:30 PM Mile(s) Flown: 163
Stops: 0 Arrival: 30Mar16
AIR CANADA E
SEAT 7D - HEMMELGARN/BRENDA MS
AIR CANADA TICKET NUMBER - [REDACTED]

Cost:
AIR CANADA [REDACTED] 100.00

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

Invoice Number: [REDACTED]
Date: March 22, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	100.00
Less Credit Card Payments:	100.00
Credit / Balance Due To This Invoice:	0.00
Total Previous Payments:	372.67
Total Charges Previous Invoices:	372.67
Total Balance Due:	0.00

FOR YOUR RECORDS.

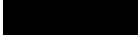
I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
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CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
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24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
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1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.



Alberta Health Services



Room Number:



Arrival Date: 03-28-16

Departure Date: 03-30-16

Page No: 1 of 1

Guest Name: Hemmelgarn, Brenda

COPY OF INVOICE

Folio N

03-31-16

Date	Description	Charges	Credits
03-28-16	Room Revenue	145.00	
03-28-16	Destination Marketing Fee - 3%	4.35	
03-28-16	Tourism Levy - 4%	5.97	
03-29-16	Room Revenue	145.00	
03-29-16	Destination Marketing Fee - 3%	4.35	
03-29-16	Tourism Levy - 4%	5.97	
Total		310.64	0.00
Balance		310.64	

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

April 5, 2016 62312000
Coded to
101 0005 7110300000