

AHS Board and Executive Expense Report

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

Expenses submitted during the month of October 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)
Oct-16	Expense Claim	Meetings				365	365			
Oct-16	Direct Billing	Meetings	806		326		1,132			
Total			\$ 806	\$ -	\$ 326	\$ 365	\$ 1,497	\$ -	\$ -	\$ -

Total for the Month \$ 1,497

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 152
 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.



Employee # [REDACTED]

AHS - AP Processing - Internal Use Only
Voucher #
Naming Convention:
T4A/NR Applicable? - If yes, indicate line & amt

BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION					
Name:	Dr. Brenda Hemmelgarn			Expense Period Month:	Oct-16
Address:	[REDACTED]	City:	[REDACTED]		
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Attendance at Fall Forum for HAC/PACs on October 21-22, 2016 in Edmonton; and attendance at Board Meeting on October 27, 2016.				

SECTION 2: FINANCE CODING & TOTAL CLAIM					
Description	Corp/BU/Org	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	\$365.01
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$365.01

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: I, by signing this form, attest that I am compliant to all the above statements	Date	Phone#
Dr. Brenda Hemmelgarn	<i>[Signature]</i>	Nov 6, 2016	[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>[Signature]</i>	

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the of Privacy (FOIP) Act, respectively for the purpose

Deborah Rhodes Nov. 8/16

For payment ple Deborah Rhodes, VP Corporate Services & CFO
14th Floor, North Tower, Seventh Street Plaza, 10030 - 107 Position #: 40179 DOFA Level: [REDACTED] Date:

Carry forward from Section 1

Name:	Dr. Brenda Hemmelgarn	Expense Period Month:	42644
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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				Accommodation (B)	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C)	Other (Itemize) (D)	Mileage km (E)
			Within Canada		Outside Canada					
			Meal Type	Allowance	Meal Type	Allowance				
21-Oct-16	Parking at YYC to attend HAC/PAC Fall Forum in Edmonton on October 21-22, 2016.	Yes					\$58.70	✓		
21-Oct-16	Taxi from YEG to Westin hotel in Edmonton.	Yes					\$63.25	✓		
22-Oct-16	Taxi from Westin hotel to YEG.	Yes					\$59.11	✓		
26-Oct-16	Parking at YYC to attend Board Meeting in Edmonton on October 27, 2016.	Yes					\$58.70	✓		
26-Oct-16	Taxi from YEG to Matrix hotel in Edmonton.	Yes					\$63.25	✓		
27-Oct-16	Taxi from SSP to YEG following Board Meeting.	Yes					\$62.00	✓		
Total: (amount auto fills to page 1)			\$0.00		\$0.00	\$0.00	\$365.01	\$0.00	0.00	

BOARD MEMBER Mileage Rate	0.505	Total Mileage	\$ -
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For payment please submit to:

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

CAPITAL TAXI
9762 54 AVE NW
EDMONTON AB T6E 0A9
(780) 423 - 2425

SALE

MID: [REDACTED]
TID: [REDACTED] REF#: [REDACTED]
Batch #: [REDACTED] SEQ: 0 [REDACTED]
10/21/16 [REDACTED]

APPR CODE: [REDACTED]
VISA [REDACTED]

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

00 - APPROVED - [REDACTED]

Visa Credit
[REDACTED]

CUSTOMER COPY

2

✓

3

GREATER EDMONTON TAXI
SERVICE
10135 31 AVE NW
EDMONTON AB

CARD [REDACTED]
CARD TYPE VISA
DATE 2016/10/22
TIME 0371 15:20:25
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE
AMOUNT \$51.40
TIP \$7.71
TOTAL

\$59.11

Visa Credit
[REDACTED]

APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

YELLOW CAB 780.462.3456
BARREL TAXI 780.489.7777
EDMTAXI.COM
GST 100403070

✓

RECEIPT
GST NO. R122556194

airport parking

EXIT No. A1
IN: 10/21/16 10:48
OUT: 10/22/16 17:52
DURATION: 1 07: 04
PAID: \$ 58.70
(GST INCLUDED)

VISA [REDACTED]
REF. [REDACTED]
THANK YOU FOR
YOUR VISIT

1

✓

YYC FlyYYC YYC YALCART INTERNATIONAL AIRPORT

Co-op Taxi Line
(780) 425-2525
www.co-optaxi.com

AIRPORT TAXI SERVICE
4608 101 ST.
(780) 890 7070
EDMONTON AB

Terminal [REDACTED]
Driver [REDACTED]
16/10/27 17:35:58

CARD [REDACTED]
CARD TYPE VISA
DATE 2016/10/26
TIME 0075 20:57:16
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

VISA
Card : [REDACTED]
Visa Credit
CHIP CARD [REDACTED]

PURCHASE
AMOUNT \$55.00
TIP \$8.25
TOTAL
\$63.25

VERIFIED BY PIN
Ref \$ [REDACTED]
Auth \$ [REDACTED]

(6)
PURCHASE
FARE : \$ 55.00
TIP : \$ 7.00

TOTAL : \$ **62.00**

Visa Credit
[REDACTED]

APPROVED - THANK YOU
[REDACTED]

(5)
APPROVED
AUTH# [REDACTED]
THANK YOU

IMPORTANT: Retain this
copy for your records

CARDHOLDER COPY

Merchant Copy

Thank you for choosing
Co-op taxi

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

GST 78016 0297 RT0001

RECEIPT
GST NO. R122556194

Airport pks

(4)
TKT NO: 30332199
POF: C52
IN: 10/26/16 17:45
OUT: 10/27/16 20:41
PAID: \$ 58.70
DURATION: 1 02: 56
(GST INCLUDED)

VISA
[REDACTED]

YOU HAVE 10 MIN.
TO EXIT

00 flyYK

YYC CALGARY INTERNATIONAL AIRPORT

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 : Oct-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
21-Oct-2016	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton to attend HAC/PAC Fall Forum on October 21-22, 2016 (Invoice ██████████)	Marlin Travel	349.76
21-Oct-2016	Direct Billing	Hotel	1 night accommodation to attend to attend HAC/PAC Fall Forum in Edmonton.	Other	170.65
26-Oct-2016	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton to attend Board Meeting on October 27, 2016 (Invoice ██████████)	Marlin Travel	381.11
26-Oct-2016	Direct Billing	Airline Ticket	Change Fee as Meeting was changed from 2 days, October 27-28 to 1 day, October 27th (Invoice ██████████)	Marlin Travel	75.00
26-Oct-2016	Direct Billing	Hotel	1 night accommodation to attend Board Meeting on October 27, 2016 in Edmonton.	Other	155.32
Total Paid in the Month					\$ 1,131.84



Trip Statement

ALBERTA HEALTH SERVICES "SUITE 800, NORTH TOWER" 10030-107 ST EDMONTON, AB T5J 3E4 CANADA	Trip #: [REDACTED] Booking Date: 12 Oct 16 Client: [REDACTED] Client Phone #: [REDACTED] Client Email: [REDACTED] Agent: ASHLEY QUACH File Locator: [REDACTED]
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INSURANCE

PASSENGERS: MS BRENDA HEMMELGARN

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	274.80	0.00	\$0.00	74.96	0.00	349.76 CAD
Total:	274.80	0.00	0.00	74.96	0.00	349.76 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	10/12/2016	[REDACTED]	[REDACTED]	349.76 CAD
Total Payment:					349.76 CAD

Balance Due CAD Currency 0.00 CAD

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
 ***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 *****
 PLEASE REVIEW YOUR ITINERARY FOR ACCURACY
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY

ALBERTA HEALTH SERVICES
"SUITE 800, NORTH TOWER"
10030-107 ST
EDMONTON, AB T5J 3E4
CANADA

Trip #: [REDACTED]
Booking Date: 12 Oct 16
Client: [REDACTED]
Client Phone #: [REDACTED]
Client Email: [REDACTED]
Agent: ASHLEY QUACH

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
BRENDA HEMMELGARN	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: BRENDA HEMMELGARN
Booking Date: 12 Oct 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08142	CALGARY INTL 21 Oct 16 11:55AM		EDMONTON INTL 21 Oct 16 12:45PM	W		
AIR CANADA	08169	EDMONTON INTL 22 Oct 16 4:50PM		CALGARY INTL 22 Oct 16 5:46PM	G		

Alberta Health Services - Account No [REDACTED]
 INVOICE: [REDACTED]

*** Individual Guest Charges ***

Guest Name	Room #	Folio #	Room Chg	GST	DMF	Tour Levy	Other	Total
[REDACTED]	[REDACTED]	1114277	\$152.00	\$9.33	\$4.56	\$6.26	\$30.00	\$202.15
[REDACTED]	[REDACTED]	1108034	\$152.00	\$9.33	\$4.56	\$6.26	\$30.00	\$202.15
[REDACTED]	[REDACTED]	1111135	\$152.00	\$9.33	\$4.56	\$6.26	\$30.00	\$202.15
[REDACTED]	[REDACTED]	1111133	\$152.00	\$7.83	\$4.56	\$6.26	\$0.00	\$170.65
[REDACTED]	[REDACTED]	1108038	\$152.00	\$9.33	\$4.56	\$6.26	\$30.00	\$202.15
[REDACTED]	[REDACTED]	1111139	\$152.00	\$9.33	\$4.56	\$6.26	\$30.00	\$202.15
[REDACTED]	[REDACTED]	1115177	\$152.00	\$7.83	\$4.56	\$6.26	\$0.00	\$170.65
[REDACTED]	[REDACTED]	1113453	\$152.00	\$7.83	\$4.56	\$6.26	\$0.00	\$170.65
[REDACTED]	[REDACTED]	1108066	\$152.00	\$9.88	\$4.56	\$6.26	\$30.00	\$202.70
Hennelgarn, Brenda	[REDACTED]	1113571	\$152.00	\$7.83	\$4.56	\$6.26	\$30.00	\$170.65
[REDACTED]	[REDACTED]	1111158	\$9.33	\$9.33	\$4.56	\$6.26	\$30.00	\$202.15
[REDACTED]	[REDACTED]	1108054	\$304.00	\$15.66	\$9.12	\$12.52	\$0.00	\$341.30
[REDACTED]	[REDACTED]	1108112	\$304.00	\$17.16	\$9.12	\$12.52	\$30.00	\$372.80
[REDACTED]	[REDACTED]	1108091	\$152.00	\$9.33	\$4.56	\$6.26	\$30.00	\$202.15
[REDACTED]	[REDACTED]	1111156	\$304.00	\$15.66	\$9.12	\$12.52	\$0.00	\$341.30
[REDACTED]	[REDACTED]	1108042	\$304.00	\$15.66	\$9.12	\$12.52	\$0.00	\$341.30
[REDACTED]	[REDACTED]	1108111	\$304.00	\$18.66	\$9.12	\$12.52	\$60.00	\$404.30
[REDACTED]	[REDACTED]	1108081	\$304.00	\$18.66	\$9.12	\$12.52	\$60.00	\$404.30
[REDACTED]	[REDACTED]	1111162	\$152.00	\$9.33	\$4.56	\$6.26	\$30.00	\$202.15
[REDACTED]	[REDACTED]	1111131	\$152.00	\$7.83	\$4.56	\$6.26	\$0.00	\$170.65
[REDACTED]	[REDACTED]	1108031	\$152.00	\$9.33	\$4.56	\$6.26	\$30.00	\$202.15
[REDACTED]	[REDACTED]	1108099	\$152.00	\$9.33	\$4.56	\$6.26	\$30.00	\$202.15
[REDACTED]	[REDACTED]	1112832	\$152.00	\$9.33	\$4.56	\$6.26	\$30.00	\$202.15
[REDACTED]	[REDACTED]	1108040	\$608.00	\$31.32	\$18.24	\$25.04	\$0.00	\$682.60
[REDACTED]	[REDACTED]	1108093	\$152.00	\$9.33	\$4.56	\$6.26	\$30.00	\$202.15
[REDACTED]	[REDACTED]	1108101	\$304.00	\$18.66	\$9.12	\$12.52	\$60.00	\$404.30
[REDACTED]	[REDACTED]	1108100	\$152.00	\$7.83	\$4.56	\$6.26	\$0.00	\$170.65
[REDACTED]	[REDACTED]	1113489	\$152.00	\$9.33	\$4.56	\$6.26	\$30.00	\$202.15
[REDACTED]	[REDACTED]	1108029	\$152.00	\$9.33	\$4.56	\$6.26	\$30.00	\$202.15
[REDACTED]	[REDACTED]	1111154	\$152.00	\$9.33	\$4.56	\$6.26	\$30.00	\$202.15



Trip Statement

ALBERTA HEALTH SERVICES "SUITE 800, NORTH TOWER" 10030-107 ST EDMONTON, AB T5J 3E4 CANADA	Trip #: [REDACTED] Booking Date: 12 Oct 16 Client: [REDACTED] Client Phone #: [REDACTED] Client Email: [REDACTED] Agent: TIFFANY ASKE File Locator: [REDACTED]
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PASSENGERS: MS BRENDA HEMMELGARN

INSURANCE

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	306.15	0.00	\$0.00	74.96	0.00	381.11 CAD
Total:	306.15	0.00	0.00	74.96	0.00	381.11 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	10/11/2016	[REDACTED]	[REDACTED]	381.11 CAD
Total Payment:					381.11 CAD

Balance Due CAD Currency 0.00 CAD

CORPORATE UNIT 101

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
 ***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 *****
 *****PLEASE REVIEW YOUR ITINERARY FOR ACCURACY*****
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY

ALBERTA HEALTH SERVICES
"SUITE 800, NORTH TOWER"
10030-107 ST
EDMONTON, AB T5J 3E4
CANADA

Trip #: [REDACTED]
Booking Date: 12 Oct 16
Client: [REDACTED]
Client Phone #: [REDACTED]
Client Email: [REDACTED]
Agent: TIFFANY ASKE

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
BRENDA HEMMELGARN	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: BRENDA HEMMELGARN

Booking Date: 11 Oct 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08164	CALGARY INTL		EDMONTON INTL	W		
		26 Oct 16 7:30PM		26 Oct 16 8:24PM			
AIR CANADA	08151	EDMONTON INTL		CALGARY INTL	Q		
		28 Oct 16 3:40PM		28 Oct 16 4:35PM			



Trip Statement

ALBERTA HEALTH SERVICES "SUITE 800, NORTH TOWER" 10030-107 ST EDMONTON, AB T5J 3E4 CANADA	Trip #: [REDACTED] Booking Date: 14 Oct 16 Client: [REDACTED] Client Phone #: [REDACTED] Client Email: [REDACTED] Agent: TIFFANY ASKE File Locator: [REDACTED]
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INSURANCE

PASSENGERS: MS BRENDA HEMMELGARN

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA ONLINE Confirmation # [REDACTED]	75.00	0.00	\$0.00	0.00	0.00	75.00 CAD
Total:	75.00	0.00	0.00	0.00	0.00	75.00 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	10/14/2016	[REDACTED]	[REDACTED]	75.00 CAD
Total Payment:					75.00 CAD

Balance Due CAD Currency 0.00 CAD

CORPORATE UNIT 101

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
 ***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 *****
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 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY -----
 ----AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

ALBERTA HEALTH SERVICES
"SUITE 800, NORTH TOWER"
10030-107 ST
EDMONTON, AB T5J 3E4
CANADA

Trip #: [REDACTED]
Booking Date: 14 Oct 16
Client: [REDACTED]
Client Phone #: [REDACTED]
Client Email: [REDACTED]
Agent: TIFFANY ASKE

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
BRENDA HEMMELGARN	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



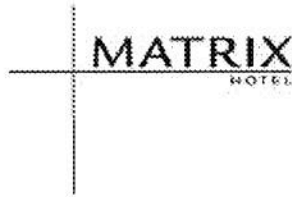
AIR

Passengers: BRENDA HEMMELGARN

Booking Date: 11 Oct 16

File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08164	CALGARY INTL		EDMONTON INTL	W		
		26 Oct 16 7:30PM		26 Oct 16 8:24PM			
AIR CANADA	08155	EDMONTON INTL		CALGARY INTL	W		
		27 Oct 16 7:30PM		27 Oct 16 8:26PM			



Alberta Health Services
14th Floor North Tower
10030 107 St
Edmonton AB T5J3E4

Room Number: [REDACTED]
Arrival Date: 10-26-16
Departure Date: 10-27-16
Page No: 1 of 1

Guest Name: Hemmelgarn, Brenda

COPY OF INVOICE

Folio No: [REDACTED]

11-16-16

Date	Description	Charges	Credits
10-26-16	Room Revenue	145.00	
10-26-16	Destination Marketing Fee - 3%	4.35	
10-26-16	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. #105631154 RT 0008