

Official Administrator and Executive Expense Report

Name Brian Stevenson
Title Chief Program Officer, Capital Management
Location Calgary
 Expenses submitted during the month of May 2015

Travel (1)										
Month-Year	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
May-15	P-Card	Meetings			152	391	543			
May-15	Expense Claim	Meetings		115		341	456			
May-15	Direct Billing	Meetings	742				742			
Total			\$ 742	\$ 115	\$ 152	\$ 732	\$ 1,741	\$ -	\$ -	\$ -

Total for the Month \$ 1,741

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 139
 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.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

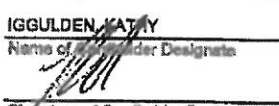
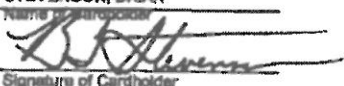
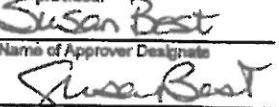
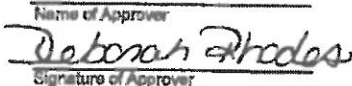
Instruction:

- 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

STEVENSON, BRIAN Cardholder's Name	CHIEF PROGRAM OFFICER Cardholder's Position/Title	Billing Reporting Period: 20/05/2015
CAPITAL MANAGEMENT Cardholder's Dept	SEVENTH STREET PLAZA Cardholder's Site/Location	Total Statement Amount: \$543.31
BRIAN.STEVENSON@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address	Last 6 digits of the P-Card #: XXXXXXXXXX	

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
(1) 12/05/2015	880654360	HAMPTON INNS, HAMPTON INN HOTELS	151.50	CAD	151.50	.00	.00	Hotel - Lloydminster - Central Zone Staff Engagement session & site tour - May 11-12/15
(2) 12/05/2015	880654370	ST ALBERT TAXI, LIMOUSINES AND TAXICABS	80.00	CAD	80.00	3.81	.00	Taxi - Home to Edmonton Airport - Calgary Zone Staff Engagement session & other mtgs
(3) 12/05/2015	880691881	AIRPORT TAXI SERVICE, LIMOUSINES AND TAXICABS	92.00	CAD	92.00	4.38	.00	Taxi - Edmonton Airport to home - Calgary Zone Staff Engagement session & other mtgs
(4) 12/05/2015	880611371	CALGARY UNITED CABS, LIMOUSINES AND TAXICABS	45.80	CAD	45.80	2.18	.00	Taxi - FMC to Calgary airport - Calgary Zone Staff Engagement session & other mtgs
(5) 15/05/2015	880268165	ST ALBERT TAXI, LIMOUSINES AND TAXICABS	80.00	CAD	80.00	3.81	.00	Taxi - Home to Edmonton Airport - South Zone Staff Engagement session & site tour
(6) 16/05/2015	880611370	YELLOW CAB, LIMOUSINES AND TAXICABS	84.00	CAD	84.00	4.48	.00	Taxi - Edmonton Airport to home - South Zone Staff Engagement session & site tour

✓
PAB

Signatures		
Cardholder Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> 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. 		
<u>IGGULDEN, KATY</u> Name of Cardholder Designate  Signature of Cardholder Designate	<u>EXECUTIVE ASSISTANT</u> Cardholder Designate Position/Title <u>May 25/15</u> Date of Signature	
Cardholder By signing this statement <ul style="list-style-type: none"> 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. 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. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<u>STEVENSON, BRIAN</u> Name of Cardholder  Signature of Cardholder	<u>CHIEF PROGRAM OFFICER</u> Cardholder Position/Title <u>May 25/15</u> Date of Signature	
Approver Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> 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. 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. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<u>Susan Best</u> Name of Approver Designate  Signature of Approver Designate	<u>Exec. Assistant</u> Approver Designate Position/Title <u>May 27/15</u> Date of Signature	
Approver By signing this statement <ul style="list-style-type: none"> 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. 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. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<u>RHODES, DEBORAH</u> Name of Approver  Signature of Approver	<u>VP & CHIEF FINANCIAL OFFICER</u> Approver Position/Title <u>May 28/15</u> Date of Signature	
Submit approved statement with attachments to Accounts Payable:		
Attach: <ul style="list-style-type: none"> Original (or scanned) itemized receipts with documented business reasons including names of participants where required Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable: <ul style="list-style-type: none"> Copies of pre-approvals for travel Personal cheque payable to "Alberta Health Services" Return, refund and/or credit receipts Dispute letter Business reasons for travel require detailed descriptions -- include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason. 	Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
Accounts Payable only:		
Reference #:	Reviewed by:	Date:



6286 44TH ST
LLOYDMINSTER, AB T9V 2G8
TELEPHONE 780-874-1118 • FAX 780-874-1108

STEVENSON, BRIAN [Redacted Address]	name nom address adresse	room number numéro de chambre arrival date date d'arrivée departure date date de départ	[Redacted Room Number] 5/10/2015 6:22:00 PM 5/11/2015 6:44:00 AM	If the debit/credit card you are using for check-in is not attached to a bank or checking account, a hold will be placed on the amount for the full anticipated dollar amount to be owed to the hotel including taxes and incidentals, through your date of check-out and such funds will not be released for 72 calendar hours from the date a check-in is made at the discretion of your financial institution. Si le mode de paiement ou de débit à l'encaissement n'est pas relié à un compte bancaire ou un compte courant, un montant en dollars correspondant à un solde anticipé du hôtel, incluant les taxes et accessoires en plus, jusqu'à la date de votre départ sera bloqué dans le compte. Ce montant sera décaissé lorsque pendant les 72 heures suivant votre départ votre décaissement à la discrétion de votre institution financière.
	adult/child adulte/enfant room rate tarif de chambre	1/0 139.00		
		Rate Plan: HH # AL Car	[Redacted]	

Confirmation Number: [Redacted]
5/11/2015

I hereby agree that my liability for this bill is not assumed until I sign to be held personally liable in the event that the indicated person, company or association fails to pay any part, or the full amount of these charges. In the event of an emergency, I, or someone in my party, require special consideration due to a physical disability. Please advise us in writing.

Je soussigné/je soussignée surs ces taxes de service, de tourisme ou pour autre chose. Il est entendu que l'Hôtel n'est pas responsable des dommages ou du vol dans le cas où l'on ne paie pas ou en partie, à défaut de paiement anticipé par la compagnie, l'association, ou son représentant désigné. En cas d'urgence, une évaluation spéciale sera nécessaire pour moi, ou quelqu'un dans mon groupe, à cause d'une incapacité physique. Veuillez indiquer ou l'écouter à l'avance.

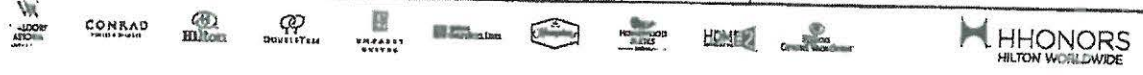
signature: _____

date date	reference	description description	amount montant
5/10/2015	[Redacted]	GUEST ROOM	\$139.00
5/10/2015	[Redacted]	GUEST ROOM TAX	\$6.95
5/10/2015	[Redacted]	TOURISM LEVY	\$5.56
5/11/2015	[Redacted]	**BALANCE**	(\$151.51)
			\$0.00
EXPENSE REPORT SUMMARY			
		5/10/2015 STAY TOTAL	
ROOM AND TAX		\$151.51	\$151.51
DAILY TOTAL		\$151.51	\$151.51

(1) Hotel - Hampton Inns, Lloydminster - Central Zone
Staff Engagement session & site tours - May 11-12/15

For reservations call 1.800.hampton or visit us online at hampton.com | pour vos réservations appelez le 1.800.hampton ou visitez-nous en ligne à hampton.com

account no. numéro de compte [Redacted]	date of charge date des frais 5/11/2015	folio/check no. numéro de folio/chèque [Redacted]
card member name nom du titulaire de carte STEVENSON, BRIAN	authorization [Redacted]	initial initiale
establishment no. and location numéro et emplacement de l'établissement [Redacted]	purchases & services achats et services	
	taxes taxes	
	tips & misc. pourboires et autres	
signature of card member signature du titulaire de carte X	total amount montant total	-151.51



(2) Taxi - Home to Edmonton Airport - Calgary Zone
Staff Engagement session & other mtgs - May 12/15

(3) Taxi - Edmonton Airport to home - Calgary Zone
Staff Engagement session & other mtgs - May 12/15

ST. ALBERT TAXI
3A RAYBORN CRESCENT
ST. ALBERT AB T8N 4A9

TERM # [REDACTED]
RECORD # [REDACTED]
HOST INVOICE # [REDACTED]
HOST SEQ # [REDACTED]

CARD [REDACTED]
CREDIT/MASTERCARD D
2015/05/12 05:40:32

Purchase
AMOUNT \$72.00
TIP \$8.00
TOTAL \$80.00 ✓

AUTH [REDACTED] B:0001
HTS: 20150512054107

TRANSACTION
APPROVED - 000
THANK YOU

MasterCard
AID: A0000000041010
TC: 99A4B46BEBBA9A11
TUR: 000000B000
TS1: EB00

CUSTOMER COPY

POWERED BY MONEX

WWW.MONEXGROUP.COM

AIRPORT TAXI SERVICE
4600 101 ST. (780)6507870
EDMONTON, AB
TAE-669

T- 10/2/15

Purchase

MASTERCARD Entry Method: C

Invoice # [REDACTED]

Amount: \$ 83.00

Tip: \$ 9.00

Total: \$ 92.00 ✓

2015/05/12 18:03:04

Seq #: [REDACTED]

Appr Code: [REDACTED]

Resp Code: 01/027

MasterCard
A0000000041010
03 15 17 69 01 A7 12 E5
00 00 00 00 00
E0 00
BF 9A 00 CD 2C 5F 62 32

APPROVED
Thank You

Customer Copy

- IMPORTANT -
retain this copy for your records

GST 8886 2816 RT0001

(4) Taxi - FMC to Calgary airport - Calgary Zone Staff
Engagement session & other mtgs - May 12/15

(5) Taxi - Home to Edmonton Airport - South Zone Staff
Engagement session & site tour - May 15/15

CALGARY UNITED CABS
5660 10TH STREET NE
SUITE 8
CALGARY AB T2E 8W7
(403) 777-1111

ST. ALBERT TAXI
3A RAYBORN CRESCENT
ST. ALBERT AB T8N 5G5

SALE

ME [REDACTED]
TID [REDACTED] REF [REDACTED]
Batch [REDACTED] SEQ: [REDACTED]
05/12/15 14:23:02
APPR C [REDACTED]
MASTERCARD [REDACTED]

TERM # [REDACTED]
RECORD # [REDACTED]
HOST INVOICE # [REDACTED]
HOST SEQ # [REDACTED]

AMOUNT \$40.80
TIP \$6.00 ✓
TOTAL \$46.80 ✓

CARD [REDACTED]
CREDIT/MASTERCARD D
2015/05/15 05:47:43

Purchase
AMOUNT \$72.00
TIP \$8.00
TOTAL \$80.00 ✓

00 - APPROVED - 001

AUT [REDACTED] B:0002
HTS: 20150515054821

MasterCard
AID: A0000000041010
TVR: 00 00 00 80 00
TSE: EB 00

TRANSACTION

APPROVED - 000

THANK YOU

CUSTOMER COPY

MasterCard
AID: A0000000041010
TC: 2DESBC3DGEAFASD1
TVR: 000008000
TSE: EB00

CUSTOMER COPY

POWERED BY MONEK

WWW.MONEKGROUP.COM

(6) Taxi - Edmonton Airport to home - South Zone Staff
Engagement session & site tour - May 15/15

YELLOW CAB
10135 31 AVENUE NW
EDMONTON AB T6N-1C2
790-462-3456

Term [REDACTED]
Item [REDACTED]
MasterCard
PURCHASE
Or Id: 222259
Card #: [REDACTED]

⑆ 0000000000000000

PROVED

AMOUNT	CAD\$85.
	CAD\$9.
	=====
TOTAL	CAD\$94.



Ref. #: [REDACTED]
Auth. No. [REDACTED]
Resp. Code: 00
YUN: 4000000000
TSI: E000

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

BST 100403070

Date: 2015/05/15 Time: 19:39:57
Response: RUTH [REDACTED]

***CL:

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
STEVENSON, BRIAN	Chief Program Officer, Capital Management	Calgary	456.10

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
5/15/2015	Travel to Medicine Hat for South Zone Staff Engagement Session & site tour		Meals Per Diem	41.55			Travel to Medicine Hat for South Zone Staff Engagement Session & site tour	1			
5/10/2015	Travel to Lloydminster for Central Zone Staff Engagement Session & site tours		Meals Per Diem	53.10			Travel to Lloydminster for Central Zone Staff Engagement Session & site tours	2			
5/12/2015	Travel to Calgary for Calgary Zone Staff Engagement Session & other mtgs		Meals Per Diem	20.80			Travel to Calgary for Calgary Zone Staff Engagement Session & other mtgs	1			
5/11/2015	Central Zone Staff Engagement Session		Mileage	1.52	Hampton Inn, Lloydminster	Lloydminster Continuing Care Centre	To attend Central Zone Staff Engagement Session	1			3
5/10/2015	Central Zone Staff Engagement Session		Mileage	131.81	Home (St Albert)	Lloydminster (Hampton Inn)	To attend Central Zone Staff Engagement Session on May 11/15	1			261
5/11/2015	Tour of Wainwright Health Centre		Mileage	52.52	Lloydminster Continuing Care Centre	Wainwright Health Centre	Tour of Wainwright Health Centre	1			104

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
5/11/2015	Tour of Viking Health Centre		Mileage	36.87	Wainwright Health Centre	Viking Health Centre	Tour of Viking Health Centre	1			73
5/11/2015	Tour of Viking Health Centre		Mileage	80.80	Viking Health Centre	Home (St Albert)	Tour of Viking Health Centre	1			160
5/20/2015	Modular & Offsite Construction Summit		Mileage	0.76	SSP	Shaw Conference Centre	To attend Modular & Offsite Construction Summit sessions	1			1.5
5/22/2015	Retirement celebration for Terry Tuepah		Mileage	1.52	SSP	RAH (one way)	To attend retirement celebration for Terry Tuepah	1			3
4/29/2015	RAH/GRH Master Plan Presentation		Mileage	1.52	RAH	SSP (one way)	To attend RAH/GRH Master Plan Presentation	1			3
5/4/2015	Edmonton Zone Staff Engagement Session		Mileage	3.03	SSP	RAH (round trip)	To attend and present at Edmonton Zone Staff Engagement Session	1			6
5/5/2015	NEXUS security pass interview		Mileage	30.30	SSP	Edmonton International Airport (round trip)	NEXUS security pass interview	1			60
Approver(s) for the claim		Approval Status		Approval Date							
RHODES, DEBORAH		Approve		11-Jun-15							

Executive Expenses Report Direct Billing Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive 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. hotel accommodation, airline tickets, car rental, hosting events and working sessions).
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all other expenses paid by AHS not mentioned above
- Copies of invoices and other relevant back up must be attached including approvals for working sessions/hosting events
- 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 No

Name: Brian Stevenson	Reporting Period for the Month of: May 2015
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Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2015-04-30	Direct Billing	Transportation	Airfare - Edmonton to Calgary, May 12/15 - Calgary Zone Staff Engagement Session & meetings	Marlin Travel	\$308.96
2015-05-05	Direct Billing	Transportation	Airfare - Edmonton to Medicine Hat, May 15/15 - South Zone Staff Engagement Session & site tour	Marlin Travel	\$432.96

	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
Total Paid in the Month					\$741.92

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:

April 30, 2015

1/2

INVOICE

For

BRIAN L STEVENSON

Tuesday, May 12, 2015

Air

WESTJET AIRLINES
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 12May15
Flight: 395 M CLASS
06:45 AM Equipment: 736
07:33 AM
SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE

Mile(s) Flown: 163

Air

WESTJET AIRLINES
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 12May15
Flight: 255 M CLASS
04:45 PM Equipment: 73W
05:34 PM
SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE

Mile(s) Flown: 163

Cost:

TKT	TKT	210.00
	Tax:	98.96
	Ticket Total:	308.96

Total:

Grand Total:	308.96
Less Credit Card Payments:	308.96
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

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

Invoice Number: [REDACTED]
Date: April 30, 2015
Page: 2/2
Our Reference: [REDACTED]

INVOICE

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:

Agent:

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

Invoice Number:

Date:

Page:

Our Reference:

May 5, 2015

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INVOICE

For

BRIAN L STEVENSON

Friday, May 15, 2015

Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 15May15
Seat(s): 02C
AIR CANADA E

Flight: 8133 G CLASS
07:00 AM Equipment: CRJ JET
07:48 AM

Mile(s) Flown: 163

Air

AIR CANADA
From: CALGARY AB
To: MEDICINE HAT
Stops: 0 Arrival: 15May15
Seat(s): 02A
AIR CANADA E

Flight: 7229 G CLASS
09:20 AM Equipment: BEH
10:13 AM

Mile(s) Flown: 164

Air

AIR CANADA
From: MEDICINE HAT
To: CALGARY AB
Stops: 0 Arrival: 15May15
Seat(s): 07A
AIR CANADA E

Flight: 7234 G CLASS
04:05 PM Equipment: BEH
05:03 PM

Mile(s) Flown: 164

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

Invoice Number: [REDACTED]
Date: May 5, 2015
Page: 2/3
Our Reference: [REDACTED]

INVOICE

Friday, May 15, 2015

Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 15May15
Seat(s): 03C
AIR CANADA E

Flight: 8225 G CLASS
06:00 PM Equipment: CRJ JET
06:47 PM

Mile(s) Flown: 163

Cost:

TKT- [REDACTED] E-TKT [REDACTED]	388.00
Tax:	44.96
Ticket Total:	432.96

Total:

Grand Total:	432.96
Less Credit Card Payments:	432.96
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.