

## AHS Board and Executive Expense Report

**Name** Colleen Turner  
**Title** VP Community Engagement & Communications  
**Location** Edmonton  
 Expenses submitted during the month of June 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)
Jun-16	P-Card	Meetings		8	322	335	665			
Jun-16	Expense Claim	Meetings		81		761	841			
Jun-16	Direct Billing	Meetings	1,164				1,164			
<b>Total</b>			\$ 1,164	\$ 89	\$ 322	\$ 1,095	\$ 2,670	\$ -	\$ -	\$ -

**Total for the Month**      \$      2,670

Maximum daily single meal expense claimed in the month      \$      24  
 Maximum daily base hotel rate claimed in the month              \$      149  
 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.

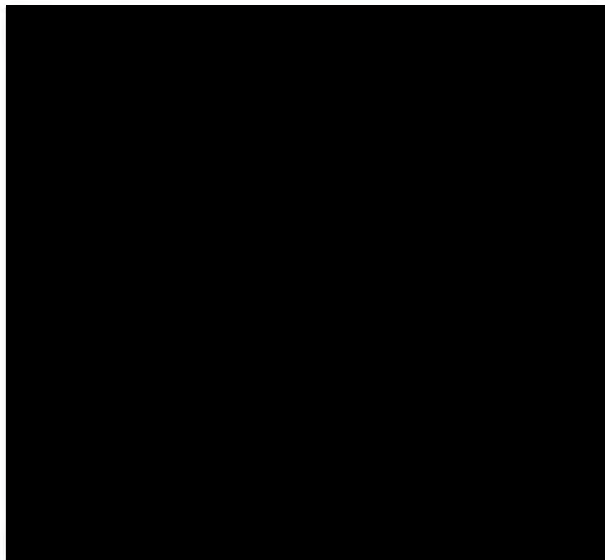
**Instruction:**

- 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

TURNER, COLLEEN Cardholder's Name	ACTING VP Cardholder's Position/Title	Billing Reporting Period	20/06/2016
COMMUNITY ENGAGEMENT & Cardholder's Dept	SPPT Cardholder's Site/Location	Total Statement Amount	\$665.41
COLLEEN.TURNER@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #	████████

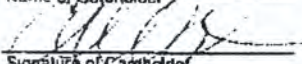

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
① 25/05/2016	130542987	WESTJET 8388211718188 Westjet Airlines	259.61	CAD	259.61	00		00AHS Board Meeting June 2 and 3 2016 - Booked flight after hours ✓
② 31/05/2016	431216009	MATRIX HOTEL LODGING HOTELS MOTELS RESORTS	162.79	CAD	162.79	7.75		ELT Meeting May 31 ✓
③ 07/05/2016	131267296	MATRIX HOTEL LODGING HOTELS MOTELS RESORTS	8.40	CAD	8.40	40		This is for a purchase of water I did not order. Working with Matrix to receive a credit ✓
④ 02/06/2016	431467297	CO OP TAXI LINE LTD LIMOUSINES AND TAXICABS	15.00	CAD	15.00	71		SSP to the Metterra Hotel - Board Meeting - June 2 ✓
⑤ 02/05/2016	431467298	DIAMOND LIMO AND TAXI LIMOUSINES AND TAXICABS	60.00	CAD	60.00	2.80		00Edm Airport to SSP - Board Meeting - June 2 ✓
⑥ 04/05/2016	431672611	METTERRA HOTEL LODGING HOTELS MOTELS RESORTS	159.61	CAD	159.61	7.60		AHS Board Meeting - June 2/3 ✓



**COPY**



<b>Signatures</b>		
<b>Cardholder Designate (if Applicable)</b> By signing this statement <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>		
_____ Name of Cardholder Designate	_____ Cardholder Designate Position/Title	
_____ Signature of Cardholder Designate	_____ Date of Signature	
<b>Cardholder</b> By signing this statement <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>		
TURNER COLLEEN Name of Cardholder	ACTING VP Cardholder Position/Title	
 Signature of Cardholder	2016 June 28 Date of Signature	
<b>Approver Designate (if Applicable)</b> By signing this statement <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>		
_____ Name of Approver Designate	_____ Approver Designate Position/Title	
_____ Signature of Approver Designate	_____ Date of Signature	
<b>Approver</b> By signing this statement <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>		
Vong Yiu Name of Approver	President & CEO Approver Position/Title	
 Signature of Approver	July 3 / 16 Date of Signature	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<b>Attach:</b> <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</li> <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>	<b>Address:</b> Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
<b>Accounts Payable only:</b>		
Reference # _____	Reviewed by _____	Date _____



## eTicket Receipt

Prepared For  
TURNER/COLLEEN MS [ADT]

①

RESERVATION CODE	[REDACTED]
ISSUE DATE	26May16
TICKET NUMBER	[REDACTED]
ISSUING AIRLINE	WESTJET
ISSUING AGENT	WestJet/SSW
FREQUENT FLYER NUMBER	[REDACTED]

## Itinerary Details

TRAVEL DATE	AIRLINE	DEPARTURE	ARRIVAL	OTHER NOTES
02Jun16	WESTJET WS 349	CALGARY INTL AB, CANADA  Time 10:00am	EDMONTON INTL AB, CANADA  Time 10:49am	Fare Family Econo Seat Number 05C - (CONFIRMED) Baggage Allowance NIL Booking Status OK TO FLY Fare Basis DA07 Not Valid Before 02JUN16 Not Valid After 02JUN16
03Jun16	WESTJET WS 3397	EDMONTON INTL AB, CANADA  Time 2:25pm	CALGARY INTL AB, CANADA  Time 3:21pm	Fare Family Econo Seat Number 08B - (CONFIRMED) Baggage Allowance NIL Booking Status OK TO FLY Fare Basis XA05 Not Valid Before 03JUN16 Not Valid After 03JUN16

## Allowances

### Baggage Allowance

YYC to YEG - 0 Pieces WESTJET

Prices of additional baggage pieces:

- 25.00 CAD up to 50 pounds/23 kilograms and up to 62 linear inches/158 linear centimeters
- 35.00 CAD up to 50 pounds/23 kilograms and up to 62 linear inches/158 linear centimeters

YEG to YYC - 0 Pieces WESTJET

Prices of additional baggage pieces:

- 25.00 CAD up to 50 pounds/23 kilograms and up to 62 linear inches/158 linear centimeters
- 35.00 CAD up to 50 pounds/23 kilograms and up to 62 linear inches/158 linear centimeters

ADDITIONAL ALLOWANCES AND/OR DISCOUNTS MAY APPLY DEPENDING ON FLYER-SPECIFIC FACTORS  
/E.G. FREQUENT FLYER STATUS/MILITARY/ CREDIT CARD FORM OF PAYMENT/EARLY PURCHASE OVER  
INTERNET,ETC

### Carry On Allowances

YYC to YEG , YEG to YYC - 1 Piece (WS - WESTJET)

### Carry On Charges

YYC to YEG , YEG to YYC - (WS - WESTJET) - Carry-on fees unknown - contact carrier

## Payment/Fare Details

Form of Payment	CREDIT CARD - MASTERCARD [REDACTED]
Fare Calculation Line	YYC WS YEA60.00WS YYC79.00CAD139.00END
Fare	CAD 139.00
Taxes/Fees/Carrier-Imposed Charges	CAD 14.25 CA1 (AIR TRAVELLERS SECURITY CHARGE)
	CAD 11.86 XG (GOODS AND SERVICES TAX (GST))
	CAD 60.00 SQ (AIRPORT IMPROVEMENT FEE (AIF))
	CAD 24.00 YQI (OTHER AIR TRANSPORTATION CHARGES)
Total Fare	CAD 249.11

## Other Charges

SEAT ASSIGNMENT [REDACTED] (YYC-YEG / QTY 1, YEG-YYC / QTY 1)	CAD 10.00
Taxes	CAD 0.50
Form of Payment	CREDIT CARD - MASTERCARD : [REDACTED]
Total	CAD 10.50
Total Fare and Other Charges	CAD 259.61

### Positive identification required for airport check in

Notice:

#### Travel info

**QST # 1202807956TQ0001 GST # 866112535**

For details about flying with Westjet, print [the important flight information package](#) or browse our travel info:

- [Baggage fees](#) (\$25-\$118 per bag; additional \$75-\$88.50 per bag for overweight or oversize)
- [Baggage allowances](#) (Carry-on, checked, sporting goods, restricted items)
- [Children, infants and expectant mothers](#)
- [Fare families](#) (Econo, Flex, and Plus)
- [Guests with special needs](#)
- [ID requirements](#)
- [Inflight services](#) (Inflight entertainment and buy-on-board menu)
- [Seat selection](#) (Seat maps, seats in Plus)

At Westjet, getting you to your destination safely and on time are top priorities for us. To help ensure an on-time departure, we adhere to our [check-in and baggage cut-off times](#). Please make sure you're familiar with these





②

Ms Colleen Turner  
[Redacted]

Room Number: [Redacted]  
Arrival Date: 05-30-16  
Departure Date: 05-31-16  
Page No: 1 of 1

Guest Name:

**INFORMATION INVOICE**

Folio No: [Redacted]

06-21-16

Date	Description	Charges	Credits
05-30-16	Room Revenue	145.00	
05-30-16	Destination Marketing Fee - 3%	4.35	
05-30-16	Tourism Levy - 4%	5.97	
05-30-16	Room GST - 5%	7.47	
05-31-16	Mastercard [Redacted]		162.79
<b>Total</b>		<b>162.79</b>	<b>162.79</b>
<b>Balance</b>		<b>0.00</b>	

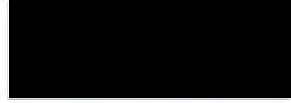
**Signature:** \_\_\_\_\_

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. #105631154 RT 0008

③

ELI MEETING  
\* Bottled water I did not purchase. Matrix will credit the amt of 8.40.

Ms Colleen Turner



Room Number: [REDACTED]  
Arrival Date: 05-30-16  
Departure Date: 05-31-16  
Page No: 1 of 1

Guest Name:

**INFORMATION INVOICE**

Folio No: [REDACTED]

06-21-16

Date	Description	Charges	Credits
06-01-16	Refreshment Centre - VOSS - Water	8.40	
06-01-16	Mastercard [REDACTED]		8.40
<b>Total</b>		<b>8.40</b>	<b>8.40</b>
<b>Balance</b>		<b>0.00</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. #105631154 RT 0008

Co-op Taxi Line **4**  
(780) 425-2525  
www.co-optaxi.com

Terminal [REDACTED]  
Driver 1610  
16/06/02 18:07:36

MASTERCARD  
Card : [REDACTED]  
MasterCard  
CHIP CARD  
A0000000041010  
0000008000

VERIFIED BY PIN

Ref # [REDACTED]  
Auth # [REDACTED]

		PURCHASE
FARE	\$	12.00
TIP 20%	\$	2.40
		<del>3.00</del>
		<del>25%</del>
TOTAL Paid	\$	14.40
		<del>15.00</del>

SSP to Hotel

APPROVED - THANK YOU  
(01-027)

*reimburse .60*

IMPORTANT: Retain this  
copy for your records

Merchant Copy

Thank you for choosing  
Co-op taxi

**5**  
Diamond Limo and Taxi  
2628 43 ST  
EDMONTON, AB T6L 5G1

Merchant ID: 000000004838663  
Term ID: 08128889  
82380190017

### Purchase

MasterCard

AID: A0000000041010

Entry Method: Chip

Batch#: [REDACTED]

06/02/16

11:14:04

Ref#: [REDACTED]

Inv #: [REDACTED]

Amount:	\$	55.00
Tip:	\$	5.00
Total:	\$	60.00

SSP to Hotel

Customer Copy



(6) AHS Board Meeting

Ms Colleen Turner  
 [Redacted]

Room Number: [Redacted]  
 Arrival Date: 06-02-16  
 Departure Date: 06-03-16  
 Page No: 1 of 1

Guest Name:

**INFORMATION INVOICE**

Folio No: [Redacted]

06-21-16

Date	Description	Charges	Credits
06-02-16	Room	149.00	
06-02-16	Destination Marketing Fee - 3%	4.47	
06-02-16	Tourism Levy - 4%	6.14	
06-03-16	Mastercard [Redacted]		159.61
<b>Total</b>		<b>159.61</b>	<b>159.61</b>
<b>Balance</b>		<b>0.00</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. #105631154 RT 0009

## AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
TURNER, COLLEEN	VP Community Engagement & Communications (Acting)	Calgary	841.31								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
5/25/2016	Calgary Health Trust Board meeting		Mileage-Local-Home Zone	3.43			Calgary Health Trust Board meeting	1			6.8
5/25/2016	Calgary Health Trust Board meeting		Mileage-Local-Home Zone	3.43			Calgary Health Trust Board meeting	1			6.8
5/25/2016	Calgary Health Trust Board meeting	AB - Other Zones	Parking - Lot or Parkade	9.00			Calgary Health Trust Board meeting	1			
5/30/2016	CEO announcement/ELT meeting		Mileage-Local-Home Zone	16.67			CEO announcement/ELT meeting	1			33
5/30/2016	CEO announcement/ELT meeting	AB - Other Zones	Taxi	60.00			CEO announcement/ELT meeting	1			
5/31/2016	CEO announcement/ELT meeting	AB - Other Zones	Meals Per Diem	20.80				2			
5/31/2016	CEO announcement/ELT meeting	AB - Other Zones	Parking - Lot or Parkade	29.35			Parking at Calgary International Airport for overnight stay - CEO announcement/ELT meeting	1			

5/31/2016	CEO announcement/ELT meeting		Mileage-Local-Home Zone	16.67		CEO announcement/ELT meeting	1		33
5/31/2016	CEO announcement/ELT meeting	AB - Other Zones	Taxi	60.00		CEO announcement/ELT meeting	1		
6/2/2016	AHS Board meetings	AB - Other Zones	Meals Per Diem	13.00			2		
6/2/2016	AHS Board meetings		Mileage-Local-Home Zone	16.67		AHS Board meetings	1		33
6/3/2016	AHS Board meetings	AB - Other Zones	Meals Per Diem	23.50			2		
6/3/2016	AHS Board meetings	AB - Other Zones	Taxi	14.40		AHS Board meetings - Receipt shows \$15.50 paid out, only claiming the actual expense plus a gratuity of 20% for a total charge of \$14.40	1		
6/3/2016	AHS Board meetings	AB - Other Zones	Parking - Lot or Parkade	58.70		AHS Board meetings	1		
6/3/2016	AHS Board meetings		Mileage-Local-Home Zone	16.67		AHS Board meetings	1		33
6/14/2016	ELT meeting - June 14		Mileage-Local-Home Zone	174.23		ELT meeting - June 14	1		345
6/14/2016	ELT meeting - June 14		Mileage-Local-Home Zone	174.23		ELT meeting - June 14	1		345
6/14/2016	ELT meeting - June 14	AB - Other Zones	Meals Per Diem	13.00		ELT meeting - June 14	2		
6/16/2016	AUMA Meeting		Mileage-Local-Home Zone	52.52		AUMA Meeting	1		104



6/16/2016	AUMA Meeting		Mileage-Local-Home Zone	54.54			AUMA Meeting	1			108
6/20/2016	Senior Leaders Meeting - June 20	AB - Other Zones	Meals Per Diem	10.50				2			
<b>Approver(s) for the claim</b>		<b>Approval Status</b>	<b>Approval Date</b>								
YIU, VERNA		Approve	8-Jul-16								

1 RECEIPT

Alberta Health Services PLC Lot11

RECEIPT  
ENTRY TIME: 25.05.16 11:36  
EXIT TIME: 25.05.16 13:24  
PARK-DUR.: HRS:MIN 0:01:48

AMOUNT: 9.00  
KIND OF PAYMENT: VISA  
[Redacted] alth

Calgary Health Region

2

Diamond Limo and Taxi 2628 43 ST EDMONTON, AB T6L 5G1

Merchant ID: 000000004030663  
Term ID: 08128093  
02380190017

Purchase

VISA  
[Redacted]  
AID: A0000000031010  
Entry Method: Chip  
Batch#: 000022  
05/30/16 21:56:51

Ref#: [Redacted]

Amount: \$ 55.00  
Tip: \$ 5.00  
-----  
Total: \$ 60.00

3

Diamond Limo and Taxi 2628 43 ST EDMONTON, AB T6L 5G1

Merchant ID: 000000004030663  
Term ID: 08128085  
02380190017

Purchase

VISA  
[Redacted]  
AID: A0000000031010  
Entry Method: Chip  
Batch#: 000039  
05/31/16 15:40:26

Ref#: [Redacted]

Amount: \$ 55.00  
Tip: \$ 5.00  
-----  
Total: \$ 60.00

Customer Copy

RECEIPT  
GST NO. R122556194

4

EXIT No. A2  
IN: 05/30/16 19:36  
OUT: 05/31/16 17:57  
DURATION: 0 22: 21  
PAID: \$ 29.35  
(GST INCLUDED)  
VISA  
[Redacted]

THANK YOU FOR YOUR VISIT

5

Diamond Limo and Taxi 2628 43 ST EDMONTON, AB T6L 5G1

Merchant ID: 000000004030663  
Term ID: 08128085  
02380190017

Purchase

VISA  
[Redacted]  
AID: A0000000031010  
Entry Method: Chip  
Batch#: 000040  
06/03/16 08:27:05

[Redacted]

Amount: \$ 12.00  
Tip: \$ 3.50  
-----  
Total: \$ 15.50

Only claiming \$14.40

RECEIPT  
GST NO. R122556194

6

EXIT No. A3  
IN: 06/02/16 09:04  
OUT: 06/03/16 15:22  
DURATION: 1 06: 18  
PAID: \$ 58.70  
(GST INCLUDED)  
VISA  
[Redacted]

THANK YOU FOR YOUR VISIT

FlyYYC

YYC CALGARY INTERNATIONAL AIRPORT

FlyYYC

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

<b>Name :</b> Colleen Turner	<b>Reporting Period for the Month of :</b> Jun-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
30-May-2016	Direct Billing	Airline Ticket	Calgary/Edmonton Return - ELT Meeting	Marlin Travel	390.05
23-Jun-2016	Direct Billing	Airline Ticket	Calgary/Edmonton Return - Compensation Disclosure Mtg	Marlin Travel	372.38
23-Jun-2016	Direct Billing	Airline Ticket	FULL REFUND - Calgary/Edmonton Return - Compensation Disclosure Mtg Cancelled	Marlin Travel	(372.38)
27-Jun-2016	Direct Billing	Airline Ticket	Calgary/Edmonton Return - AH/AHS Retreat	Marlin Travel	376.10
4-Jul-2016	Direct Billing	Airline Ticket	Calgary/Edmonton Return - AH/AHS Joint Meeting	Marlin Travel	397.49
<b>Total Paid in the Month</b>					<b>\$ 1,163.64</b>



MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915  
Branch: N61107  
Agent: ASHLEY QUACH Tel: 780-425-8611

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

Invoice Number: [REDACTED]  
Date: May 27, 2016  
Page: 1/2  
Our Reference: [REDACTED]

# INVOICE

**For**  
COLLEEN TURNER  
AC [REDACTED]

**Monday, May 30, 2016**

 **Air**

AIR CANADA  
**From:** CALGARY AB  
**To:** EDMONTON INTL AB  
**Stops:** 0 **Arrival:** 30May16  
AIR CANADA E  
SEAT 7D - TURNER/COLLEEN MS  
TICKET NUMBER [REDACTED]

**Flight:** 8166 G CLASS  
08:40 PM **Equipment:** DH4  
09:30 PM

**Mile(s) Flown:** 163

**Tuesday, May 31, 2016**

 **Air**

AIR CANADA  
**From:** EDMONTON INTL AB  
**To:** CALGARY AB  
**Stops:** 0 **Arrival:** 31May16  
AIR CANADA E  
SEAT 13C - TURNER/COLLEEN MS  
TICKET NUMBER [REDACTED]

**Flight:** 8169 H CLASS  
04:50 PM **Equipment:** DH4  
05:40 PM

**Mile(s) Flown:** 163

**Cost:**

AIR CANADA WEB [REDACTED]	[REDACTED]	315.09
	<b>Tax:</b>	74.96
	<b>Ticket Total:</b>	<b>390.05</b>

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

Invoice Number: [REDACTED]  
Date: May 27, 2016  
Page: 2/2  
Our Reference: [REDACTED]

## INVOICE

**Total:**

<b>Grand Total:</b>	390.05
<b>Less Credit Card Payments:</b>	390.05
<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 2ECO  
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: N61107  
Agent: BREANN KELLY Tel: 780-425-8611

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

Invoice Number: [REDACTED]  
Date: June 16, 2016  
Page: 1/2  
Our Reference: [REDACTED]

# INVOICE

## For

COLLEEN TURNER  
AC [REDACTED]

Thursday, June 23, 2016

## Air

AIR CANADA **Flight:** 8134 W CLASS  
**From:** CALGARY AB 08:05 AM **Equipment:** DH4  
**To:** EDMONTON INTL AB 08:55 AM **Mile(s) Flown:** 163  
**Stops:** 0 **Arrival:** 23Jun16  
AIR CANADA E  
SEAT 8D - TURNER/COLLEEN MS  
AIR CANADA TICKET NUMBER - [REDACTED]

## Air

AIR CANADA **Flight:** 8169 W CLASS  
**From:** EDMONTON INTL AB 04:50 PM **Equipment:** DH4  
**To:** CALGARY AB 05:40 PM **Mile(s) Flown:** 163  
**Stops:** 0 **Arrival:** 23Jun16  
AIR CANADA E  
SEAT 13D - TURNER/COLLEEN MS  
AIR CANADA TICKET NUMBER - [REDACTED]

## Cost:

AIR CANADA WEB [REDACTED] 297.42  
**Tax:** 74.96  
**Ticket Total:** 372.38



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

Invoice Number: [REDACTED]  
Date: June 16, 2016  
Page: 2/2  
Our Reference: [REDACTED]

## INVOICE

**Total:**

<b>Grand Total:</b>	372.38
<b>Less Credit Card Payments:</b>	372.38
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	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.....  
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MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915  
Branch: N61107  
Agent: BREANN KELLY Tel: 780-425-8611

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

Invoice Number: [REDACTED]  
Date: June 17, 2016  
Page: 1/2  
Our Reference: [REDACTED]

## INVOICE

**For**  
COLLEEN TURNER  
AC [REDACTED]

Thursday, June 23, 2016

 **Air**

AIR CANADA **Flight:** 8134 W CLASS  
**From:** CALGARY AB 08:05 AM **Equipment:** DH4  
**To:** EDMONTON INTL AB 08:55 AM **Mile(s) Flown:** 163  
**Stops:** 0 **Arrival:** 23Jun16  
AIR CANADA E  
SEAT 8D - TURNER/COLLEEN MS  
AIR CANADA TICKET NUMBER - [REDACTED]

 **Air**

AIR CANADA **Flight:** 8169 W CLASS  
**From:** EDMONTON INTL AB 04:50 PM **Equipment:** DH4  
**To:** CALGARY AB 05:40 PM **Mile(s) Flown:** 163  
**Stops:** 0 **Arrival:** 23Jun16  
AIR CANADA E  
SEAT 13D - TURNER/COLLEEN MS  
AIR CANADA TICKET NUMBER - [REDACTED]

**Cost:**

AIR CANADA WEB [REDACTED] -297.42  
**Tax:** -74.96  
**Ticket Total:** -372.38

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

Invoice Number: [REDACTED]  
Date: June 17, 2016  
Page: 2/2  
Our Reference: [REDACTED]

## INVOICE

**Total:**

<b>Grand Total:</b>	-372.38
<b>Less Credit Card Payments:</b>	-372.38
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Previous Payments:</b>	372.38
<b>Total Charges Previous Invoices:</b>	372.38
<b>Total Balance Due:</b>	0.00

FOR YOUR RECORDS.

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Attend AH/AHS Retreat  
June 28

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915  
Branch: N61107  
Agent: TRINA MACAULEY Tel: 780-425-8611

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

Invoice Number: [REDACTED]  
Date: June 23, 2016  
Page: 1/2  
Our Reference: [REDACTED]

# INVOICE

## For

COLLEEN TURNER  
AC [REDACTED]

Monday, June 27, 2016

 Air

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 27Jun16  
AIR CANADA E  
E TICKET [REDACTED]  
SEAT 7D

Flight: 8140 V CLASS  
01:05 PM Equipment: DH4  
01:58 PM

Mile(s) Flown: 163

Tuesday, June 28, 2016

 Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 28Jun16  
AIR CANADA E  
E TICKET [REDACTED]  
SEAT 7D

Flight: 8153 W CLASS  
06:00 PM Equipment: D8 (300 SERIES)  
06:55 PM

Mile(s) Flown: 163

## Cost:

AIR CANADA WEB [REDACTED]	[REDACTED]	301.14
	Tax:	74.96
	Ticket Total:	376.10
AIR CANADA WEB [REDACTED]	[REDACTED]	

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

Invoice Number: [REDACTED]  
Date: June 23, 2016  
Page: 2/2  
Our Reference: [REDACTED]

## INVOICE

**Total:**

<b>Grand Total:</b>	376.10
<b>Less Credit Card Payments:</b>	376.10
<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..  
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MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
**GST Reg#:** 885101915  
**Branch:** N61107  
**Agent:** TIFFANY ASKE Tel: 780-425-8611

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

**Invoice Number:** [REDACTED]  
**Date:** June 30, 2016  
**Page:** 1/2  
**Our Reference:** [REDACTED]

## INVOICE

### For

MS COLLEEN TURNER  
AC [REDACTED]

**Monday, July 4, 2016**

### Air

AIR CANADA  
**From:** CALGARY AB  
**To:** EDMONTON INTL AB  
**Stops:** 0 **Arrival:** 04Jul16

**Flight:** 8142 W CLASS  
11:55 AM **Equipment:** DH4  
12:45 PM

**Mile(s) Flown:** 163

AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 7D

**Tuesday, July 5, 2016**

### Air

AIR CANADA  
**From:** EDMONTON INTL AB  
**To:** CALGARY AB  
**Stops:** 0 **Arrival:** 05Jul16

**Flight:** 8151 Q CLASS  
03:40 PM **Equipment:** D8 (300 SERIES)  
04:35 PM

**Mile(s) Flown:** 163

AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 6D

### Cost:

AIR CANADA WEB [REDACTED]	[REDACTED]	322.53
	<b>Tax:</b>	74.96
	<b>Ticket Total:</b>	<b>397.49</b>



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

Invoice Number: [REDACTED]  
Date: June 30, 2016  
Page: 2/2  
Our Reference: [REDACTED]

## INVOICE

**Total:**

<b>Grand Total:</b>	397.49
<b>Less Credit Card Payments:</b>	397.49
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	0.00

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