

## AHS Board and Executive Expense Report

**Name** Jitendra Prasad  
**Title** Chief Program Officer, Contracting, Procurement & Supply Management  
**Location** Edmonton  
 Expenses submitted during the month of March 2017

### 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-17	Expense Claim	Meetings	223	47	173	101	544			
Mar-17	Direct Billing	Meetings	594				594			
<b>Total</b>			\$ 817	\$ 47	\$ 173	\$ 101	\$ 1,138	\$ -	\$ -	\$ -

**Total for the Month** \$ 1,138

Maximum daily single meal expense claimed in the month \$ 24  
 Maximum daily base hotel rate claimed in the month \$ 154  
 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.

### AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
PRASAD, JITENDRA	Chief Program Officer, Contracting, Procurement & Supply Management	Edmonton	\$ 321.59

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
3/20/2017	CPSM Meeting/Senior Leaders Meeting	AB - Local	Taxi	\$ 47.30				1			
3/20/2017	CPSM Meeting/Senior Leaders Meeting	AB - Other Zones	Meals Per Diem	\$ 47.50			Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1			
3/20/2017	CPSM Meeting/Senior Leaders Meeting	AB - Other Zones	Accommodations	\$ 172.89				2			
3/21/2017	CPSM Meeting/Senior Leaders Meeting	AB - Local	Taxi	\$ 53.90				1			

Approver(s) for the claim	Approval Status	Approval Date
RHODES, DEBORAH	Approve	29-Mar-17

March 20-21, 2017  
Attended CPSM meeting in Calgary  
also attended Senior Leaders mtg.

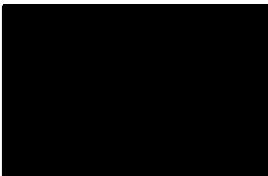
GREATER EDMONTON TAXI  
SERVICE

10135 31 AVE NW  
EDMONTON AB

CARD [REDACTED]  
CARD TYPE VISA  
DATE 2017/03/20  
TIME 0096 04:35:40  
INVOICE # [REDACTED]  
RECEIPT NUMBER [REDACTED]

-----  
PURCHASE  
AMOUNT \$43.00  
TIP \$4.30  
TOTAL  
  
\$47.30  
-----

VISA CREDIT



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

GREATER EDMONTON TAXI  
SERVICE

10135 31 AVE NW  
EDMONTON AB

CARD [REDACTED]  
CARD TYPE VISA  
DATE 2017/03/21  
TIME 0353 20:52:48  
INVOICE # [REDACTED]  
RECEIPT NUMBER [REDACTED]

-----  
PURCHASE  
AMOUNT \$49.00  
TIP \$4.90  
TOTAL  
  
\$53.90  
-----

VISA CREDIT



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

Taxi from residence  
to Edmonton Intl  
Airport.

Taxi from Edmonton  
Intl Airport to  
residence.



MARRIOTT  
CALGARY AIRPORT  
IN-TERMINAL HOTEL

Mr Jitendra Prasad  
Canada

Company: Alberta Health Services

Room Number: [REDACTED]  
Arrival Date: 03-20-17  
Departure Date: 03-21-17  
CRS Number: [REDACTED]  
Rewards No: [REDACTED]  
Page No: 1 of 1

**INFORMATION INVOICE**

Folio No: [REDACTED]

03-23-17

Date	Description	Charges	Credits
03-20-17	Room Charge	154.00	
03-20-17	Rooms Destination Market Fee	4.62	
03-20-17	Rooms Tourism Levy	6.34	
03-20-17	Room GST	7.93	
03-21-17	Visa Card [REDACTED]		172.89
<b>Total</b>		<b>172.89</b>	<b>172.89</b>
<b>Balance</b>		<b>0.00</b>	

Your Marriott Rewards Points/Frequent Flyer Miles earned will be credited to your account and will appear on your next statement.

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)

Expense Date From: 21-Feb-17 To 20-Mar-17  
 Travel Period from: 20-Mar-17 To 21-Mar-17 (if applicable)  
 Out-of-Province Travel No  
 Name: Jitendra Prasad Position (Title): Chief Program Officer  
 Location: SSP Dept: CPSM DOA Level: [REDACTED] (if applicable) Union: [REDACTED] Business Phone #: [REDACTED] Ext: [REDACTED]  
 Employee # (E-People): \_\_\_\_\_

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → Project Number \_\_\_\_\_ Project Task Number \_\_\_\_\_  
 Expenditure Organization \_\_\_\_\_ Expenditure Type \_\_\_\_\_

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT		
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense	Total Section B	Total Section C&D	
2A	101	0006	71135050000	\$222.73						\$222.73		
2B												
2C												
2D												
				\$222.73								

NOTE: This section auto fills from page 2A, 2B, 2C & 2D

\*\*User to enter Coding & \$ Amounts

NOTE: These fields do not automatically fill for Section C & D

SECTION F: AUTHORIZATION

I attest that I have read and understand the "Travel, Hospitality & Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with the principles and mandatory requirements of this 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.  
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

I, by signing this form, attest that I am compliant to all the above statements

Employee Signature: [Signature] Date 23-Mar-17

Approved By (PRINT ONLY): Deborah Rhodes DOA Level [REDACTED] Position # [REDACTED] Phone # [REDACTED] Ext [REDACTED]

I, by signing this form, attest that I am compliant to all the above statements

Signature: Deborah Rhodes Title VP/CFO Date March 27, 17

I attest that I have read and understand all applicable policies of Alberta Health Services 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 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 above.

Approved By (PRINT ONLY): \_\_\_\_\_ DOA Level \_\_\_\_\_ Position # \_\_\_\_\_ Phone # \_\_\_\_\_ Ext \_\_\_\_\_

I, by signing this form, attest that I am compliant to all the above statements

Signature: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**EXPENSE CLAIM DETAILS**

Enter Finance Coding 101 0006 71135050000

Emp # (E-People) \_\_\_\_\_

Page **2A**

If expenses incurred are for **multiple FC's** please use pages 2B,2C,2D (after pg3) as there should be one FC per page **OR** if **more lines** are required for the same FC use these additional pages. Enter total \$ amount on slip, **DO NOT separate any taxes** (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.

**SECTION B: TRAVEL EXPENSES**

**NOTE:** If expenses do not fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C

Select from dropdown (column *Prov*) where expenses were incurred (Out of N.America = Inter'l)  
Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

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 on this page

AHS Travel, Hospitality, and Working Session Expenses Policy #1122

Government of Alberta (GOA) Travel, Meal and Hospitality Expenses Policy

AUPE-AUX, HSAA & UNA - for meal allowances outside Canada, the GOA policy redirects to the National Joint Council (NJC) travel directive for rates (Appendix C for USA, Appendix D for International). Please see links below.

NJC Travel Directive Appendix C

NJC Travel Directive Appendix D

Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Prov, US, or Inter'l where expenses incurred?	What is travel related to?	Cost Effective Method Used? Yes/No	Meal Allowance (Enter Allowance Amounts per AHS Travel Policy or appropriate Collective Agreement)				If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)
					Within Canada		Outside Canada		Airfare	Hotel	Taxi			
					Meal Type	Allowance	Meal Type	Allowance						
20-03-17	Attended CPSM Meetings/Senior Leaders Meeting.	AB - Prov1	Meeting	Yes					\$222.73					
<b>SUBTOTALS</b>									\$222.73					Total Kms

**SUBTOTALS**

Enter \$0.505 km, \$0.47 km OR rate per Union Agreement <i>(see Mileage details to the left)</i>	
Mileage \$	
Travel \$ Subtotal	\$222.73
Auto fills on page 1 - TOTAL TRAVEL \$	\$222.73

**MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle**  
→ details of travel location to & from must be included above under the purpose of travel column  
Rates applicable **\$0.505** per km for under 5,000km/yr or **\$0.47** per km for over 5,000km/yr or per Union Agreement

**Note:** Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

**Rationale is Required for expenses that are not Cost Effective**  
(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)

Evening before flight realized the departure time was incorrect; to meet prebooked meeting requirements had no alternative but to purchase flight leaving the next morning.

**From:** Jitendra Prasad  
**Sent:** Sunday, March 19, 2017 6:42 PM  
**To:** [REDACTED]  
**Subject:** Fwd: Air Canada - MR JITENDRA PRASAD - 20-Mar/YEG-YYC (booking ref [REDACTED]) - Itinerary-Receipt

Sent from my Samsung device

----- Original message -----

**From:** Jitendra Prasad [REDACTED]  
**Date:** 2017-03-19 6:41 PM (GMT-07:00)  
**To:** Jitendra Prasad [REDACTED]  
**Subject:** Fwd: Air Canada - MR JITENDRA PRASAD - 20-Mar/YEG-YYC (booking ref [REDACTED]) - Itinerary-Receipt

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

**From:** Air Canada <[confirmation@aircanada.ca](mailto:confirmation@aircanada.ca)>  
**Date:** Sun, Mar 19, 2017 at 6:32 PM  
**Subject:** Air Canada - MR JITENDRA PRASAD - 20-Mar/YEG-YYC (booking ref [REDACTED]) - Itinerary-Receipt  
**To:** [REDACTED]

\*\*\*\*\* PLEASE DO NOT REPLY TO THIS E-MAIL \*\*\*\*\*

AIR CANADA 

## Itinerary-Receipt

**Your booking is confirmed.** Please print/retain this page for your financial records (for taxation, expense claim or credit card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

Scan this barcode to check in at any Air Canada check in kiosk.

Booking Date: **Mar 19, 2017** Passengers **MR JITENDRA PRASAD**



**Purchase a travel option** Relax in Air Canada's Maple Leaf lounges. Purchase On My Way travel assistance.

### Booking Information

Booking Reference [REDACTED]

Customer Care

Air Canada

**Electronic Ticketing confirmed. This is your official itinerary/receipt.**

**Main Contact**  
JITENDRA PRASAD

**Online Services**

**Select Seats** get more seating options for my flight.  
**Manage My Booking** (change, cancel, upgrade).  
**Alert me** of flight status changes directly to my mobile phone or email.  
**Flight Arrivals & Departures** check online if my flight is on time.  
**Check-in** online and print my boarding pass.

1-888-247-2262\*

**Flight Arrivals and Departures**  
1-888-422-7533

\*For use from phones in Canada, the continental USA, Hawaii and Alaska.

\* Can my booking be changed online?

**Flight Itinerary**

Flight	From	To	Stops	Duration	Aircraft	Fare Type
 AC8580	<b>Edmonton Intl (YEG)</b> Mon 20-Mar 2017 05:50	<b>Calgary (YYC)</b> Mon 20-Mar 2017 06:44	0	0hr54	DH4	Flex V
<p> Flight AC8580 is operated by Air Canada Express - Jazz. Please check in directly at the Air Canada Express - Jazz. Certain smaller carriers conduct airport operations through the ticketing counters of larger airlines.</p>						

Operated by <sup>1</sup> Air Canada Express - Jazz

**Passenger Information**

<b>1: MR JITENDRA PRASAD : Adult (18+), Ticket Number:</b> [REDACTED]			
Frequent Flyer Pgm :	[REDACTED]	Meal Preference :	<b>None</b>
Payment Card :	[REDACTED]	Special Needs :	<b>None</b>
Seat Selection :	AC 8580 (YEG-YYC) - <b>11D</b>		

**Purchase Summary**

**Fare Summary**

Passenger Type	<b>Adult</b>
Departing Flight - Flex	<b>163.00</b>
Surcharges	12.00
<b>Sub Total</b>	<b>175.00</b>

**Taxes, Fees and Charges**

Canada Airport Improvement Fee	30.00
Air Travellers Security Charge (ATSC)	7.12
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	10.61
Total airfare and taxes (per passenger)	<b>222.73</b>
Number Of Passengers	1
Total	<b>222.73</b>
<b>Grand Total - Canadian Dollar (CAD)</b>	<b>\$222.73</b>

**Payment Information**

The following charges (tax inclusive) will appear on your Visa card [REDACTED] statement:



## 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: **NO**

<b>Name :</b> Jitendra Prasad	<b>Reporting Period for the Month of :</b> February 21 to March 20, 2017
-------------------------------	--

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
20-Mar-2017	Direct Billing	Airline Ticket	Travel from Edmonton to Calgary to attend CPSM Meetings/Senior Leaders meeting. Due to erroneous flight departure time, flight was cancelled. Attached is credit note verifying change.	Marlin Travel	399.16
20-Mar-2017	Direct Billing	Airline Ticket	Departure was reissued from Calgary to Edmonton. Returning from CPSM Meetings/Senior Leaders Meeting.	Marlin Travel	194.83
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
<b>Total Paid in the Month</b>					<b>\$ 593.99</b>



**Invoice**

ALBERTA HEALTH SERVICES  
 ALBERTA HEALTH SERVICES  
 10030 - 107 STREET  
 EDMONTON AB  
 T5J 3E4

Trip #: [REDACTED]  
 Booking Date: 17 Mar 17  
 Client: [REDACTED]  
 Agent: [REDACTED]  
 File Locator: [REDACTED]

**PASSENGERS:** MR JITENDRA PRASAD

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	324.20	0.00	\$0.00	74.96	0.00	399.16 CAD
<b>Total:</b>	<b>324.20</b>	<b>0.00</b>	<b>0.00</b>	<b>74.96</b>	<b>0.00</b>	<b>399.16 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	03/17/2017		[REDACTED]	399.16 CAD
<b>Total Payment:</b>					<b>399.16 CAD</b>

**Balance Due CAD Currency 0.00 CAD**

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101  
 REASON FOR TRAVEL SENIOR LEADERS MEETING

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 -----  
 ---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. -----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  
ALBERTA HEALTH SERVICES  
10030 - 107 STREET  
EDMONTON AB  
T5J 3E4

Trip #: [REDACTED]  
Booking Date: 17 Mar 17  
Client: [REDACTED]  
Agent: [REDACTED]  
File Locator: [REDACTED]

## MY ITINERARY

Passengers	Citizenship	Required Travel Documents
JITENDRA PRASAD	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: JITENDRA PRASAD  
Booking Date: 03/01/2017  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08173	EDMONTON INTL 03/20/2017 7:10PM		CALGARY INTL 03/20/2017 8:04PM	V		
AIR CANADA	08164	CALGARY INTL 03/21/2017 7:30PM		EDMONTON INTL 03/21/2017 8:26PM	V		



**Invoice**

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	<b>Trip #:</b> [REDACTED] <b>Booking Date:</b> 21 Mar 17 <b>Client:</b> [REDACTED] <b>Agent:</b> [REDACTED]  <b>File Locator:</b> [REDACTED]
--	---

**PASSENGERS:** MR JITENDRA PRASAD

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	157.35	0.00	\$0.00	37.48	0.00	194.83 CAD
<b>Total:</b>	<b>157.35</b>	<b>0.00</b>	<b>0.00</b>	<b>37.48</b>	<b>0.00</b>	<b>194.83 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	03/20/2017	[REDACTED]	[REDACTED]	194.83 CAD
<b>Total Payment:</b>					<b>194.83 CAD</b>

**Balance Due CAD Currency 0.00 CAD**

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101  
REASON FOR TRAVEL SENIOR LEADERS MEETING

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  
ALBERTA HEALTH SERVICES  
10030 - 107 STREET  
EDMONTON AB  
T5J 3E4

Trip #: [REDACTED]  
Booking Date: 21 Mar 17  
Client: [REDACTED]  
Agent: [REDACTED]  
File Locator: [REDACTED]

### MY ITINERARY

Passengers	Citizenship	Required Travel Documents
JITENDRA PRASAD	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: JITENDRA PRASAD

Booking Date: 03/20/2017  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08164	CALGARY INTL 03/21/2017 7:30PM		EDMONTON INTL 03/21/2017 8:26PM	V		