

## AHS Board and Executive Expense Report

**Name** Nancy Guebert  
**Title** Chief Program Officer Cancer Control Alberta (Interim)  
**Location** Calgary

Expenses submitted during the month of January 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)
Jan-16	P-Card	Meetings			737	480	1,217			
Jan-16	Direct Billing	Meetings	1,015				1,015			
<b>Total</b>			\$ 1,015	\$ -	\$ 737	\$ 480	\$ 2,232	\$ -	\$ -	\$ -

**Total for the Month**      \$      2,232

Maximum daily single meal expense claimed in the month      \$      -  
Maximum daily base hotel rate claimed in the month      \$      164  
Non economy air travel in the month      \$      -

### 1) Travel expenses

Includes local and out of province/country travel expenses. Other travel includes items such as taxis, parking mileage, car rental and other expenses related to travel.

### 2) Professional Development

Includes conference, seminar and course registration fees and material

### 3) Hosting and Hospitality expenses

Hospitality and Hosting expenses may be incurred to advance AHS' mission, vision and values. For example, may include working lunches with staff and prospective employees meetings with government officials, dignitaries, public interest groups, donors other public or private organizations.

### 4) Other

Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

### 5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.

**Instruction:**

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

<u>GUEBERT, NANCY</u> Cardholder's Name	<u>CHIEF PROGRAM OFFICER</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/01/2016</u>
<u>CANCER CONTROL ALBERTA</u> Cardholder's Dept	<u>TOM BAKER CANCER CENTRE</u> Cardholder's Site/Location	Total Statement Amount:	<del>\$1,222.82</del> <b>\$1,216.22</b>
<u>NANCY.GUEBERT@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #	<span style="background-color: black; color: black;">XXXXXXXXXX</span>

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
① 04/01/2016	414986701	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	75.90	CAD	75.90	3.61	.00	Taxi: Mtgs - Prov. Clinical Education, AB Health & CCA, CCA/SCN Planning, 1:1 Mtgs (D. Rose, M. Parliament, G. Hufy, B. O'Neill)
② 07/01/2016	414986702	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	79.20	CAD	<del>79.20</del> <b>75.90</b>	3.77	.00	Taxi: Mtgs - Prov. Clinical Education, AB Health & CCA, CCA/SCN Planning, 1:1 Mtgs (D. Rose, M. Parliament, G. Hufy, B. O'Neill)
③ 07/01/2016	415155239	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	117.40	CAD	117.40	5.59	.00	Parking: Mtgs - Prov. Clinical Education, AB Health & CCA, CCA/SCN Planning, 1:1 Mtgs (D. Rose, M. Parliament, G. Hufy, B. O'Neill)
④ 08/01/2016	414986703	WESTIN (WESTIN HOTELS), WESTIN HOTELS	552.39	CAD	552.39	.00	.00	Hotel: Mtgs - Prov. Clinical Education, AB Health & CCA, CCA/SCN Planning, 1:1 Mtgs (D. Rose, M. Parliament, G. Hufy, B. O'Neill)
⑤ 11/01/2016	415399921	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	79.20	CAD	<del>79.20</del> <b>75.90</b>	3.77	.00	Taxi: Mtgs - Tour of ERC, Orientation w ACF Exec Leaders, Breast Recon. Services, CCA Research Strategy, 1:1 Mtgs (G. Hufy, J.
⑥ 12/01/2016	415740282	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	75.90	CAD	75.90	3.61	.00	Taxi: Mtgs - Tour of ERC, Orientation w ACF Exec Leaders, Breast Recon. Services, CCA Research Strategy, 1:1 Mtgs (G. Hufy, J.
⑦ 12/01/2016	415740283	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	58.70	CAD	58.70	2.80	.00	Parking: Mtgs - Tour of ERC, Orientation w ACF Exec Leaders, Breast Recon. Services, CCA Research Strategy, 1:1 Mtgs (G. Hufy, J.
⑧ 13/01/2016	415529051	WESTIN (WESTIN HOTELS), WESTIN HOTELS	184.13	CAD	184.13	.00	.00	Hotel: Mtgs - Tour of ERC, Orientation w ACF Exec Leaders, Breast Recon. Services, CCA Research Strategy, 1:1 Mtgs (G. Hufy, J.

Reimbursed AHS w personal cheque (\$6.60)

<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>		
<u>Lauralee Clarke</u> Name of Cardholder Designate  <u>[Signature]</u> Signature of Cardholder Designate	<u>Executive Associate</u> Cardholder Designate Position/Title  <u>January 21-2016</u> 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>		
<u>GUEBERT, NANCY</u> Name of Cardholder  <u>[Signature]</u> Signature of Cardholder	<u>CHIEF PROGRAM OFFICER</u> Cardholder Position/Title  <u>January 21-2016</u> 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>		
<u>Audrey Marone</u> Name of Approver Designate  <u>[Signature]</u> Signature of Approver Designate	<u>Exec Admin Coord.</u> Approver Designate Position/Title  <u>Jan. 27/16</u> 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>		
<u>Dr. Francois Belanger</u> Name of Approver  <u>[Signature]</u> Signature of Approver	<u>Acting VP, Quality Chief Medical Officer</u> Approver Position/Title  <u>Feb 2016</u> Date of Signature	
Submit approved statement with attachments to Accounts Payable:		
<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:                             <ul style="list-style-type: none"> <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> </li> </ul>	<b>Address:</b>  Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T6J 3E4	
<b>Accounts Payable only:</b>		
Reference #:	Reviewed by:	Date:

RECEIPT  
GST NO. R122556194

TKT NO [REDACTED]  
POF: C52  
IN: 01/04/16 07:17  
OUT: 01/07/16 20:04  
PAID: \$ 117.40  
DURATION: 3 12: 47  
(GST INCLUDED)

MASTERCARD  
[REDACTED]

YOU HAVE 10 MIN.  
TO EXIT

Calgary International Airport Parkade

Parking @ Y4E Airport  
(Jan 4-7)

RECEIPT  
GST NO. R122556194

TKT NO [REDACTED]  
POF: C52  
IN: 01/11/16 07:08  
OUT: 01/12/16 19:45  
PAID: \$ 58.70  
DURATION: 1 12: 37  
(GST INCLUDED)

MASTERCARD  
[REDACTED]

YOU HAVE 10 MIN.  
TO EXIT

Calgary International Airport Parkade

Parking at Y4E Airport  
Jan 11-12

①

②

③

Term Id:4502412509461  
Item #:1264  
MasterCard  
PURCHASE  
Op Id:847895  
Card #: [REDACTED]

AID:A0000000041010

APPROVED

AMOUNT CAD\$66.00  
TIP CAD\$9.90  
=====

TOTAL CAD\$75.90

No signature required

I agree to pay above total,  
as per cardholder or merchant  
agreement. Retain this copy  
for your records.

Ref. # [REDACTED]  
Auth. # [REDACTED]  
Resp. Code: 00  
TUR: 4000000000  
TSI: E800

Book on line at  
EDMPRESTIGE.COM  
Thank you for being our guest  
GST 862184769

Date: 2016/01/04 Time: 09:53:09  
Response: AUTH [REDACTED]

YES Airport to Sav. St. Plaza

Term Id:4502412509461  
Item #:1267  
MasterCard  
PURCHASE  
Op Id:847895  
Card #: [REDACTED]

AID:A0000000041010

APPROVED

AMOUNT CAD\$66.00  
TIP CAD\$13.20  
=====

TOTAL CAD\$79.20

Ref. # [REDACTED]  
Auth. # [REDACTED]  
Resp. Code: 00  
TUR: 4000000000  
TSI: E800

\$75.90

Book on line at  
EDMPRESTIGE.COM  
Thank you for being our guest  
GST 862184769

Date: 2016/01/07 Time: 16:57:08  
Response: AUTH [REDACTED]

\*\*\*CUSTOMER COPY\*\*\*

SunLife Place to  
YEG Airport

PRESTIGE TRANSPORTATION  
10135 31 Avenue NW  
Edmonton AB T6H-1C2  
780-463-5000

Term Id:4502412509461  
Item #:1274  
MasterCard  
PURCHASE  
Op Id:847895  
Card #: [REDACTED]

AID:A0000000041010

APPROVED

AMOUNT CAD\$66.00  
TIP CAD\$13.20  
=====

TOTAL CAD\$79.20

Ref. # [REDACTED]  
Auth. # [REDACTED]  
Resp. Code: 00  
TUR: 4000000000  
TSI: E800

\$75.90

Book on line at  
EDMPRESTIGE.COM  
Thank you for being our guest  
GST 862184769

Date: 2016/01/12 Time: 17:20:07  
Response: AUTH [REDACTED]

\*\*\*CUSTOMER COPY\*\*\*

YES Airport to HICF to SunLife

Term Id:4502412509461  
Item #:1276  
MasterCard  
PURCHASE  
Op Id:847895  
Card #: [REDACTED]

AID:A0000000041010

APPROVED

AMOUNT CAD\$66.00  
TIP CAD\$9.90  
=====

TOTAL CAD\$75.90

Ref. # [REDACTED]  
Auth. # [REDACTED]  
Resp. Code: 00  
TUR: 4000000000  
TSI: E800

Book on line at  
EDMPRESTIGE.COM  
Thank you for being our guest  
GST 862184769

Date: 2016/01/12 Time: 17:20:07  
Response: AUTH [REDACTED]

\*\*\*CUSTOMER COPY\*\*\*

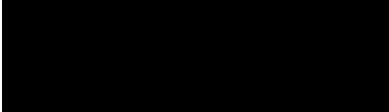
SunLife to YEG Airport

- 1:1 Mtgs (D. Rose, M. Parliament, B. O'Neill, G. Hufty) (4)
- Prov Clinical Education
- ABHealth + CCA
- CCA / SEN planning

The Westin Edmonton  
 10135 100 St  
 Edmonton, AB T5J 0N7  
 Canada  
 Tel: 780-426-3636 Fax: 780-428-1454



Nancy Guebert



Page Number : [Redacted] Invoice Nbr [Redacted]  
 Guest Number : [Redacted]  
 Folio ID : [Redacted]  
 Arrive Date : 04-JAN-16 09:56  
 Depart Date : 07-JAN-16 07:36  
 No. Of Guest : 1  
 Room Number : [Redacted]  
 Club Account : [Redacted]

Tax Invoice

Tax ID : 815461330RT0001

The Westin Edmonton 07-JAN-16 07:40 ANDRBENS

Date	Reference	Description	Charges (CAD)	Credits (CAD)
04-JAN-16	[Redacted]	Room Charge	164.00	
04-JAN-16	[Redacted]	GST	8.45	
04-JAN-16	[Redacted]	Destination Marketing Fee	4.92	
04-JAN-16	[Redacted]	Tourism Levy	6.76	
05-JAN-16	[Redacted]	Room Charge	164.00	
05-JAN-16	[Redacted]	GST	8.45	
05-JAN-16	[Redacted]	Destination Marketing Fee	4.92	
05-JAN-16	[Redacted]	Tourism Levy	6.76	
06-JAN-16	[Redacted]	Room Charge	164.00	
06-JAN-16	[Redacted]	GST	8.45	
06-JAN-16	[Redacted]	Destination Marketing Fee	4.92	
06-JAN-16	[Redacted]	Tourism Levy	6.76	
07-JAN-16	[Redacted]	Mastercard		-552.39
** Total			552.39	-552.39
*** Balance			0.00	

FIND CLARITY, BOOST HAPPINESS - Like a gym membership for your mind, Headspace gives you simple tools to feel happier, work smarter and sleep better. Get some Headspace at [westin.com/headspace](http://westin.com/headspace)

Continued on the next page

- Tour of ERC
- Orientation w ACF Executive Members <sup>(8)</sup>
- Breast Reconstruction Services
- CCA Research Strategy
- 1:1 mtgs (G. Hofty, J. Horyn)

The Westin Edmonton  
 10135 100 St  
 Edmonton, AB T5J 0N7  
 Canada  
 Tel: 780-426-3636 Fax: 780-428-1454



Nancy Guebert



Page Number : [Redacted] Invoice Nbr [Redacted]  
 Guest Number : [Redacted]  
 Folio ID : [Redacted]  
 Arrive Date : 11-JAN-16 19:34  
 Depart Date : 12-JAN-16 08:14  
 No. Of Guest : 1  
 Room Number : [Redacted]  
 Club Account : [Redacted]

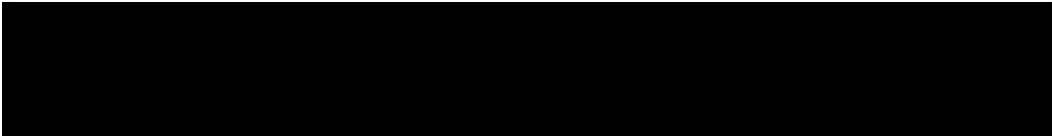
Tax Invoice

Tax ID : 815461330RT0001

The Westin Edmonton 12-JAN-16 08:20 ANDRBENS

Date	Reference	Description	Charges (CAD)	Credits (CAD)
11-JAN-16	[Redacted]	Room Charge	164.00	
11-JAN-16	[Redacted]	GST	8.45	
11-JAN-16	[Redacted]	Destination Marketing Fee	4.92	
11-JAN-16	[Redacted]	Tourism Levy	6.76	
12-JAN-16	[Redacted]	Mastercard		-184.13
		** Total	184.13	-184.13
		*** Balance	-0.00	

KIDS EAT WELL AT WESTIN - Discover kids' meals that are as delicious as they are nutritious with the Westin Eat Well Menu for Kids, developed with Superchefs(TM) to make kids and parents happy. Learn more at [westin.com/eatwell](http://westin.com/eatwell)



Continued on the next page

## 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> Nancy Guebert	<b>Reporting Period for the Month of :</b> December 21, 2015 to January 20, 2016
-----------------------------	--

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
30-Dec-2015	Direct Billing	Airline Ticket	Full Day Senior Leadership Meeting in Edmonton February 22nd	Marlin Travel	344.48
15-Jan-16	Direct Billing	Airline Ticket	Meetings in Edmonton February 1st-3rd (ERC Steering Committee, 1:1 Mtgs, Linac MR Project, Radiation Safety Lead S&S Committee)	Marlin Travel	335.18
15-Jan-16	Direct Billing	Airline Ticket	Meetings in Edmonton February 8th-9th (CCA/SCN Summit Planning, ATP PAC Meeting, CO DYAD Meeting)	Marlin Travel	335.18
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
<b>Total Paid in the Month</b>					<b>\$ 1,014.84</b>



1

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915

Branch: [REDACTED]  
Agent: [REDACTED]  
To: ALBER [REDACTED]

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

Invoice Number: [REDACTED]  
Date: December 30, 2015  
Page: 1/2  
Our Reference: [REDACTED]

# INVOICE

**For**

MS NANCY GUEBERT  
AC [REDACTED]

Monday, February 22, 2016

 Air

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 22Feb16  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 2C

Flight: 8130 G CLASS  
07:30 AM Equipment: DH4  
08:22 AM

Mile(s) Flown: 163

 Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 22Feb16  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 3D

Flight: 8153 G CLASS  
06:40 PM Equipment: DH4  
07:34 PM

Mile(s) Flown: 163

**Cost:**

AIR CANADA WEB [REDACTED] 269.52  
Tax: 74.96  
Ticket Total: 344.48



2

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915

Branch: [REDACTED]  
Agent: [REDACTED]

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

Invoice Number: [REDACTED]  
Date: January 15, 2016  
Page: 1/2  
Our Reference: [REDACTED]

# INVOICE

For [REDACTED]

MS NANCY GUEBERT  
AC [REDACTED]

Monday, February 1, 2016

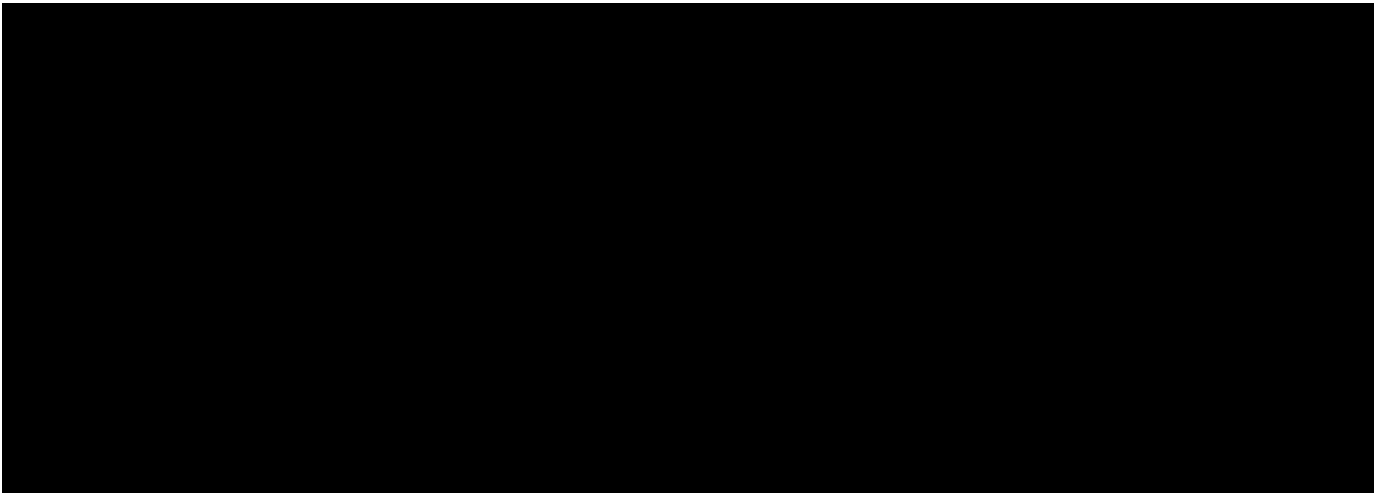
✈ Air

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 01Feb16

Flight: 8441 G CLASS  
08:30 AM Equipment: DH4  
09:22 AM

Mile(s) Flown: 163

AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 3A



Wednesday, February 3, 2016

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

Invoice Number: [REDACTED]  
Date: January 15, 2016  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

Wednesday, February 3, 2016

 Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 03Feb16  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 2A

Flight: 8171 G CLASS  
07:30 PM Equipment: DH4  
08:24 PM

Mile(s) Flown: 163

**Cost:**

AIR CANADA WE [REDACTED]	[REDACTED]	260.22
	Tax:	74.96
	<b>Ticket Total:</b>	<b>335.18</b>

**Total:**

	<b>Grand Total:</b>	335.18
	<b>Less Credit Card Payments:</b>	335.18
	<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 2EC0  
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

3

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915

Branch: [REDACTED]  
Agent: [REDACTED]

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

Invoice Number: [REDACTED]  
Date: January 15, 2016  
Page: 1/2  
Our Reference: [REDACTED]

# INVOICE

For [REDACTED]

MS NANCY GUEBERT  
AC [REDACTED]

Monday, February 8, 2016

✈ Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0 Arrival: 08Feb16

AIR CANADA E

AIR CANADA CONFIRMATION [REDACTED]

TICKET NUMBER [REDACTED]

SEAT 2C

Flight: 8441 G CLASS

08:30 AM Equipment: DH4

09:22 AM

Mile(s) Flown: 163

[REDACTED]

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

Invoice Number: [REDACTED]  
Date: January 15, 2016  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

Tuesday, February 9, 2016

 Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 09Feb16  
AIR CANADA E  
AIR CANADA CONFIRMATIO [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 2C

Flight: 8153 G CLASS  
06:40 PM Equipment: DH4  
07:34 PM

Mile(s) Flown: 163

<b>Cost:</b>	[REDACTED]	[REDACTED]	
AIR CANADA WE	[REDACTED]	[REDACTED]	260.22
		<b>Tax:</b>	74.96
		<b>Ticket Total:</b>	<b>335.18</b>

<b>Total:</b>		<b>Grand Total:</b>	335.18
		<b>Less Credit Card Payments:</b>	335.18
		<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 2EC0  
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.