

# **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 July 2016

							Travel (	1)								
MMM-YY	Source Document	Purpose	Air	fare	Me	eals	Accommod	ation	Oth Tra		Total Travel		Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Ot	her 4)
Jul-16 Jul-16	P-Card Direct Billing	Meetings Meetings		688				552		435	98 68					
Total			\$	688	\$	-	\$	552	\$	435	\$ 1,67	6 \$	_	\$ -	\$	

**Total for** 

**the Month** \$ 1,676

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.

# P-Card details Online ® Cardholder Statement Report

Cardholder AND Approver's sign	ceipts and supporting documents in the same vatures required where indicated below	order as it appears on this state	12762139.
SUEBERT NANCY	CHIEF PROGRAM OFFICER		
ardhaider's Name	Cardholder's Position/Title	Billing Reporting Penod	20/07/2016
ANCER CONTROL ALBERTA	TOM BAKER CANCER CENTRE		
ardholder's Dept	Cardholder's Site/Location	Total Statement Amount	\$987.53
IANCY GUEBERT @ALBERTAHEAL	THSERVICES CA		
Jardholder's e-mail address		Last 6 digits of the P-Card #	

Transaction Date	Trans Iti	Merchant Name & Description		Onginal Amount	Currency	Trans Amount	GST	FreignDescription
21/06/2016	433895754	PRESTIGE TRANSPORTATIO IMOUSINES AND TAXICABS	0	78 90	ÇAÐ	<b>1</b> 75.90	361	Ottransportation from YEG to Sunute Plaza Edm mtgs. Prov. Practices, 1.1 CCA Ldrshp, CCA & ACF, Finance Prov. Tumour Teams
21/06/2018	433895755	THE CALGARY AIRPORT AU AUTOMOBILE PARKING LOTS AND	2)	58.70	CAD	JR.70	2.80	OParking at YYC Airport for Edm meetings Jurie 20-21
22/09/2016	433678778	WESTIN (WESTIN HOTELS), WESTIN	3	184 13	CAD	<b>184 13</b>	OX.	OCCIm hotel for migs Senior Leaders mig. Upfi Research governance, Prov. Practices, 1 1 CCA Lifrshp, ECA & ACF Finance, Prov.
22/06/2016	433895758	CelgParkAuth 20445441, GOVERNMENT SERVICES NOT ELSEWHERE CLASSIFIED	(1)	31,25	CAD	J31 25	1 49	Parking to attend Calgary Cancer Project industry Information Meeting
	436037062	VELLOW CAB LIMOUSINES AND TAXICABS	3	15 84	/CAG	-7 15 64	.74	Tasi to CCI from Suntile Plaza migs. Unmeneeds ERG Transition. (LofC Eyes High Discussion
	M35037063	PRESTIGE TRANSPORTATIO. IMOUSINES AND TAXICABS	6	75.90	CAD	J 5 90	3.61	Of transportation from YEG to Sunude Plaza intgs: Prevention & Screening tirmet needs, ERC Transition Uofc Eyes-ligh, Terry Fox
	436037064	YELLOW CAS LIMOUSINES AND TAXICABS	3	14.95	CAD	JA 95	73	Tax if SunLife Plaza to CCI nttgs: Terry Fitx Research Institute, Breast Cancer Support Program
15/07/2018	436205966	PRESTIGE TRANSPORTATIO. LIMOUSINES AND TAXICABS	8)	74.75	/CAD	1275	3.56	Of ransportation from Suntile Plaza to YEG to Fight to YYC
15/07/23/46	436205968	THE CALGARY AIRPORT AU. ALITOMOBILE PARKING LOTS AND	9	86 05	SAD	<b>788.03</b>	4.10	00 Parking at YYC Airport for intgs in Edmenton July 13-15
16/07/2016	436205967	WESTIN (WESTIN HOTELS): WESTIN HOTELS	(10)	369.26	/CAB	/68 26	00	Optional in Edmonton for meetings July 12-15

# P-Card details Online ® Cardholder Statement Report

Signatures		arunoider Statement Rej
Cardholder Designate (if Applicable)		
By signing this statement		
Program User Guide and Tourisment and	reconciled this statement in BMO Online to the best of my ab- allocated the transaction(s) to the proper cost centre	lity in accompany to AUE C
Sur Canada and Training I have	allocated this statement in BMO Online to the best of my ab allocated the transaction(s) to the proper cost centre	Corporate Policies
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Name of Carotholder Drisignate //	TXEC YOU'N	J 400K25
( SALOV	Carobolder Designate Position/Ti	lle / \ / /
Signature of Cardnolder Designate	1 tole 221	3016
	Date of Spinature	
Cardholder		
By signing this statement		
expenses being claimed are in compliand	e "Travel, Hospitality and Working Session Expense Policy (	1122)" of Alberta Health Services and confirm
attest the expenses enclosed in this other	was well and a little of the second of the s	
claimed by me or on my behalf from Albert	n are for valid business purposes for Alberta Health Services ta Health Services or any other Organization. A personal che	and that this claim has not been previously
charged is attached	a garage A personal che	que for any personal expenses inadvedently
provided expenses submitted in this cla	im have been incurred by using a cost effective method, other	rwise rationale and supporting analysis is
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Name of Claranoices	CHIEF PROGRAM OFFICER	
Mallow Michael	Cardholder Position/Title	
Signature of Coldholder	July 22, 2010	1 .
Signarcity of C Amusides	Date of Signature	
Approver Designate (if Applicable)		
By signing this statement		
<ul> <li>l attest that I have read and understand the</li> </ul>	*Travel, Hospitality and Working Session Expense Policy (1 with such policy	199\" of Albaga time to
expenses being claimed are in compliance	with such policy	(22) of Alberta Health Services and confirm
· Lattest the expenses enclosed in this claim	are for valid business purposes for Alberta Health Services :	Automotive to the second
claimed by the claimant or on their behalf for	are not valid dualness purposes for Alberta Health Services a form Alberta Health Services or any other Organization. A per-	and that this claim has not been previously
- Lattest that evaposes submitted	and and algorization where	social cheque for personal expenses inadverter
provided provided	m have been incurred by using a cost effective method, other	wise rationale and supporting analysis is
Sava Cou pland	T 2 1 - 1	1
Name of Approver Designate	EXCUINC HE	sistant
	Approver Designate Position/TiBe	-577
	Aug 2 201.	
Signature of Approver Designate	Date of Granature 1	Source Contract
pprover		
ly signing this statement		
<ul> <li>I attest that I have read and understand the</li> </ul>	"Travel, Hospitality and Working Session Expense Policy (11 with such policy	22th of Albusta Health Consessed
· I attest the expenses enclosed in this claim.	are for valid business purposes for Alberta Health Services a	NAME OF TAXABLE PARTY OF TAXABLE PARTY.
claimed by the claimant or on their behalf from	are for valid business purposes for Alberta Health Services a om Alberta Health Services or any other Organization. A pers	nd that this claim has not been previously
* 1 attest that expenses submitted in this craim		visa criedue for personal expenses madverten
provided	s have been incurred by using a cost effective method, otherw	vise rationale and supporting analysis is
~ ~	10	
D. Francos Blane	W VPauantv+C	MO
Name of Approver	Approver Position/Title	more.
tarrent July	A	
Signature of Approver	HU9 2, 2011	0
The state of the s	Date of Signature	× .
abmit approved statement with attachments to	Accounts Payable:	
tach-		
<ul> <li>Original (or scanned) itemized receipts with do</li> </ul>	cumented business reasons including names of participants	Address:
where required	danies of barucipants	Alberta Health Services
Signed Cardholder Statement Report for replace	s of electronic signatures if signatures are not on report)	Accounts Payable
	w succession arguments if signatures are not on report)	7th Street Plaza
* Copies of pre-approvals for travel		10th Floor, North Tower, 10030-107 Street
Personal cheque payable to "Alberta Health Se	rvices"	Edmonton, AB T5J 3E4
Return returnd and/or credit receipts     Disputes letter		
COMMISSION OF THE STATE OF THE	CANADA CA	
meal), why travel was necessary and detailed es	icriptions - include where travelled to, who attended (if	
	AND THE PROPERTY OF THE PROPER	
counts Payable only:		
Terence #	Reviewed by	Date
- Committee of the Comm		

PRESTIGE TRANSPORTATION 10135 31 Avenue NW Edmonton AB T6N-1E2 780-463-5000

Term Id:4502412509426 ILem #:8863

HasterCard PURCHOSE

APPROVED

AMOUNT TIP

CAD\$66.00 CAD\$9.90 -----

TOTAL

LCAD\$75.98

RECEIPT

GST NO. R122556194

Parking @ yy for time in yes nites

TKT NO POF: IN: 06/20/16 06:54 OUT: 06/21/16 18:12 PAID: \$ 58.78 DURATION: 1 11: 18 (GST INCLUDED)

MASTERCARD

YOU HAVE 18 MIN. TO EXIT

ODMAN

VVC BilinGrown



Book on line at EDMPRESITSE.COM Thank you for being our guest 681 862184769

15148:42 ETYPUSTOMER COPY\*\*\* AUTHORITY (403) 537-7000

Rovinceal Aractices, 1:1 Leadership,

CCA! ACF.

Finance, Provincial

Tumber Teams

Valid through:

6:00 AM

AMOUNT PAID: \$31.25 (6ST incl.) START TIME: 6/22/2016 9:48 AM Tre Inflation Services (403) 537-7006

THURSDAY 23 JUN 16

CALGARY PARKING

Auth Mo: RECEIPT NO: FREE Battery Boosting &

ĒĎMŪNTÔN AB TĒŅ-1EZ 780-462-3456

Term Id:45824124782306 Item #11972

MasterCard PURCHASE Or Id:69793 Card #3

AID: A000000000041010

APPROVED

AMOUNT TIP

CAD\$13.60 CAD\$2.04

TOTAL

CAD\$15.64

Text to CCI from Surhise Plaza: Unmet Needs, ERC Transition, Unf C Eyes High Campaign

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

691 100403070

Date: 2016/07/43 Time: 18:35:39 Responset

\*\*\*

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

Nancy Guebert Alberta Health Services WESTIN°
HOTELS & RESORTS

 Page Number
 1
 Invoice Nbr

 Guest Number
 A

 Folio ID
 A

 Arrive Date
 20-JUN-16
 16.53

 Depart Date
 21-JUN-16
 12:00

 No. Of Guest
 1

 Room Number
 Club Account

Information Invoice

Tax ID 815461330RT0001

The Westin Edmonton 21-JUN-16 04:41 9999

Date Reference	Description	Charges (CAD)	Constitution of the
20-JUN-16 20-JUN-16 20-JUN-16 20-JUN-16	Room Charge GST Destination Marketing Fee Tourism Levy	164.00 8.45 4.92 6.76	Credits (CAD)
21-JUN-16	Mastercard	777	-184.13
	** Total *** Balance	184.13 -0.00	-184 13

For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a \$0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

PACK LIGHT, STAY FIT - With the Westin Gear Lending program, New Balance(TM) workout gear is conveniently delivered to your room so you can keep moving. Experience it during your next stay. Learn more at westin com/newbalance.

Continued on the next page

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

WESTIN'
HOTELS & RESORTS

Nancy Guebert Alberta Health Services 
 Page Number
 2
 Invoice Nbr

 Guest Number
 3

 Folio ID
 A

 Arrive Date
 20-JUN-16
 16:53

 Depart Date
 21-JUN-16
 12:00

 No. Of Guest
 1

 Room Number
 Club Account

As a Starwood Preferred Guest you have earned at least

for this visi

Tell us about your stay, www.westin.com/reviews

#### EXPENSE SUMMARY REPORT

Currency CAD

Date	Room	GST	Tour Levy	FoodBev	Disco	~4		
06-20-2016	164.00	8 45	6.76	0.00	enone	Oner	Total	Payment
	*******		270	(2,00	U.O.U	4.92	184.13	0.00
Total	164.00	248	6 36	M AA			-	manifeldissipa some store.
	104-00	0.43	0.70	0,00	0.00	4.92	184.13	0.00

PRESTIGE TANNOS CO. 10135 31 Avenue NW Edwanton AB TGM-102 780-463-5000

Term Id:4507412509426 Item #:0091 MasterCard PURCHASE On T4082005

Or Id: Card W

AlD: A08800000041010

APPROVED

AMOUNT TIP

CAD\$66.00 CAD\$9.90 \_\_\_\_\_\_ CAD\$75.90

TOTAL

Book on line at EDHPRESTIGE.COM Thank you for being our guest OST 862184769

Date: 2016/07/12 | Time: 09:46:17 Response:

\* FOUSTONER COPY\*\*\*

Revention 9 Scipening, Unmet Needs, ERCTransition, lof Eyestigh, Terry Fox Research

Institute, Breast Cancer Support Program

iransportation from 4001 to Suntife Plaza

10133 31 HZ NO EDMONTON AB 16H-1CZ 780-462-3456

lerm Id:45024124782331 Ilem #11567 MasterCard PURCHASE Or Id:454287 Card #:

AID: A00000000041010

APPROVED

AMOUNT TIP

CAD\$13.00 CAD\$1.95 \_\_\_\_\_\_

Taxi from Sunhile Pazz

Terry Fox Rescorch Instit

Breast Cancer Support

Program

TOTAL

CAD\$14.95



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

GST 108403070

Qate: 2016/07/16 Response:

: 11:17:30

\*\*\*C" TOMER COPY\*\*\*

raid

PRESTIGE TRANSPORTATION 18135 31 Avenue NW Edmonton AB T6N-107 780-463-5000

Term Id:4502412509426 Item #:0097 MasterCard PURCHASE Or Id:847895 Card #

AID: A00000000041910

APPROVED

AMOUNT TIP

CAD\$65.00 CAD\$9.75 --------

TOTAL

CAD\$74.75



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

Date: 2016/07/15 Time: 11:49:25 Response: AUTH

A REAL PROPERTY AND ADDRESS OF THE PARTY OF

transportation

RECEIPT GST NO. R122556194

> TKT NO POF: IN: 07/13/16 05:31 OUT: 97/15/16 15:48 PAID: \$ 88.85 DURATION: 2 10: 17 (GST INCLUDED)

MASTERCARD

YOU HAVE 10 MIN. TO EXIT

and

O O HATTE

V.C.

The Heatings Truly 13-15
Unmet Needs, Eyesthich Compaign,
ERC Transition, Terry fox Research
Unetitate, Breast Concer Support
Program

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

WESTIN\*
HOTELS & RESORTS

Page Number Guest Number Folio ID Arrive Date Depart Date No. Of Guest Room Number Club Account

1 Invoice Nbr
A
13-JUL-16 13:09
15-JUL-16

Information Invoice

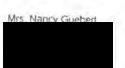
Tax ID: 815461330RT0001

The Westin Edmonton 15-JUL-16 04:00 9999

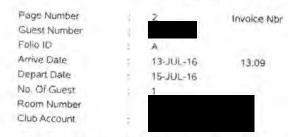
Date Refere	ce Description	P.C	
13-JUL-16 13-JUL-16 13-JUL-16 13-JUL-16 14-JUL-16 14-JUL-16 14-JUL-16 15-JUL-16	Room Charge GST Destination Marketing Fee Tourism Levy Room Charge GST Destination Marketing Fee Tourism Levy Mastercard	164.00 8.45 4.92 6.76 164.00 8.45 4.92 6.76	Credits (CAD)
	** Total *** Balance	368.26 0.00	-368,26

Continued on the next page

The Westin Edmonton 10135 100 St Edmonton, AB T5J 0N7 Canada Tel: 780-425-3636 Fax: 780-428-1454







For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a \$0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

BETTER BALANCE - The soothing scent of White Tea revitalizes and uplifts from the moment you step through our doors. Enhance any environment by taking our signature scent home with you. Learn more at westin.com/store

As a Starwood Preferred Guest you have earned at least

Tell us about your stay, www.westin.com/reviews

Continued on the next page

The Westin Edmonton 10135 100 St Edmonton, AB T5J 0N7 Canada

Tel. 780-426-3636 Fax: 780-428-1454

Mrs. Nancy Guebert



Page Number Guest Number Folio ID Arrive Date Depart Date No. Of Guest Room Number Club Account

A 13-JUL-16 13:09 15-JUL-16 1

EXPENSE SUMMARY REPORT

Currency: CAD

Date	Room	GST	Tour Levy	FoodBev	-					
07-13-2016	164.00				Phone	Other	Total	Payment		
07-14-2016		8.45	5.76	0.00	0.00	4.92	184.13	0.00		
07-14-2010	164,00	164,00	8.45	6.76	0.00	0.00	4.92	184.13	0.00	
	*********	The Superior Assessment			~~~~	***************************************		0.00		
Total	328.00	16.90	13.52	0.00	0.00	9.84	368.26	0.00		



# **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	er you have expenses to report in this section	on for this reporting period:	YES		
Name :	Nancy Guebert	Reporting Period for the Month	of: June 21, 2016 -	July 20, 2016	

VFS

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
8-Jul-2016	Direct Billing	Airline Ticket	To attend Edmonton meetings Aug 9-10, 2016 (COEC, ERC Transition, Radiation Safety, CCA Research Overview & Vision, 1:1 CCA Leads and DYAD Community Oncology)	Marlin Travel	335.1
12-Jul-16	Direct Billing	Airline Ticket	To attend Fall Forum Advisory Councils in Edmonton Oct 21-22, 2016	Marlin Travel	352.9
					-
Total Paid in the	e Month				\$ 688.1

MARLIN TRAVEL

O-O PERCY HUNT TRAVELGROUP INC

MAIN FLOOR, 9929 108TH ST.

EDMONTON, AB T5K 1G8

**GST Reg#:** 885101915 **Branch:** N61107

**Agent:** MEA MOORE Tel: 780-425-8611

To: ALBERTA HEALTH SERVICES

**SUITE 800, NORTH TOWER** 

10030-107 ST EDMONTON AB CA T5J 3E4 **Invoice Number:** 

**Date:** July 8, 2016

Page:

1/2

Our Reference:

# INVOICE

#### For

MS NANCY GUEBERT

AC



#### Tuesday, August 9, 2016

≼ Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0 Arrival: 09Aug16

AIR CANADA E

AIR CANADA CON

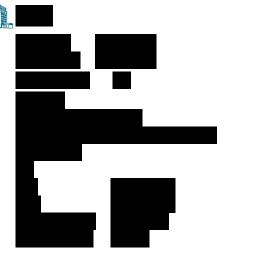
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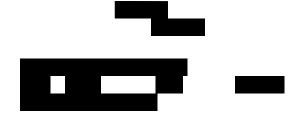




Wednesday, August 10, 2016

**Flight:** 8134 G CLASS 08:05 AM **Equipment:** DH4

08:55 AM Mile(s) Flown: 163



To: ALBERTA HEALTH SERVICES **SUITE 800, NORTH TOWER** 

> 10030-107 ST **EDMONTON AB CA T5J 3E4**

**Invoice Number:** Date:

July 8, 2016 2/2

Page:

**Our Reference:** 

# INVOICE

Wednesday, August 10, 2016

≼ Air

AIR CANADA

From: EDMONTON INTL AB

To: **CALGARY** AB

Stops: 0 Arrival: 10Aug16

AIR CANADA E AIR CANADA CON

TICKE NUMBER

SEAT

**Flight:** 8153 **G CLASS** 

06:00 PM **Equipment:** D8 (300 SERIES)

06:55 PM Mile(s) Flown: 163

**Cost:** 

AIR CANADA WEB 260.22 Tax: 74.96 **Ticket Total:** 335.18

**Total:** 

**Grand Total:** 335.18 **Less Credit Card Payments:** 335.18 **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.

MARLIN TRAVEL

O-O PERCY HUNT TRAVELGROUP INC

MAIN FLOOR, 9929 108TH ST.

EDMONTON, AB T5K 1G8

**GST Reg#:** 885101915 **Branch:** N61107

**Agent:** MEA MOORE Tel: 780-425-8611

To: ALBERTA HEALTH SERVICES

**SUITE 800, NORTH TOWER** 

10030-107 ST EDMONTON AB CA T5J 3E4 **Invoice Number:** 

imber:

**Date:** July 12, 2016

Page: 1/2

**Our Reference:** 

# INVOICE

#### For

MS NANCY GUEBERT

AC



#### Friday, October 21, 2016

≼ Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0 Arrival: 21Oct16

AIR CANADA E

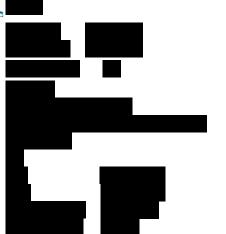
TICKE NUMBER

SEAT

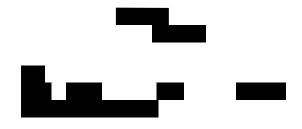
**Flight:** 8148 G CLASS 02:05 PM **Equipment:** DH4

02:55 PM Mile(s) Flown: 163





Saturday, October 22, 2016



To: ALBERTA HEALTH SERVICES SUITE 800, NORTH TOWER

10030-107 ST EDMONTON AB CA T5J 3E4 Invoice Number:

Date: July 12, 2016

Page: 2/2

# Our Reference:

# INVOICE

Saturday, October 22, 2016

≼ Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0 Arrival: 22Oct16

AIR CANADA E TICKE NUMBER

SEAT

Flight: 8153 G CLASS

06:00 PM **Equipment:** D8 (300 SERIES)

06:56 PM Mile(s) Flown: 163

 Cost:

 AIR CANADA WEB
 278.00

 Tax:
 74.96

 Ticket Total:
 352.96

 Total:

 Grand Total:
 352.96

Less Credit Card Payments: 352.96
Credit / Balance Due To This Invoice: 0.00
Total Balance Due: 0.00