

## AHS Board and Executive Expense Report

**Name** Richard Dicerni  
**Title** Board Member  
**Location** Edmonton

Expenses submitted during the month of May 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)
May-16	P-Card	Meetings			390		390			
May-16	Expense Claim	Meetings	1,946	104		315	2,365			
May-16	Direct Bill	Meetings			155		155			
<b>Total</b>			<b>\$ 1,946</b>	<b>\$ 104</b>	<b>\$ 545</b>	<b>\$ 315</b>	<b>\$ 2,910</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Total for the Month** \$ 2,910

Maximum daily single meal expense claimed in the month \$ 21  
 Maximum daily base hotel rate claimed in the month \$ 182  
 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>PROCIUK, LORINDA</u> Cardholder's Name	<u>EXECUTIVE ASSOCIATE</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/05/2016</u>
<u>PRESIDENT &amp; CEO OFFICE</u> Cardholder's Dept	<u>SEVENTH STREET PLAZA</u> Cardholder's Site/Location	Total Statement Amount: <u>██████████</u> <b>\$389.92</b>
<u>LORINDA.PROCIUK@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #: <u>██████████</u>

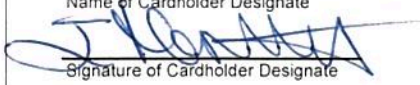
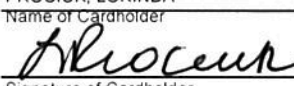
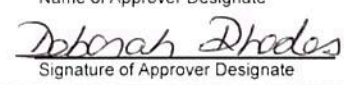
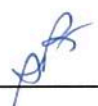
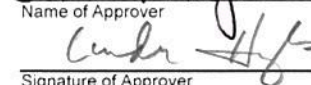
**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
29/04/2016	427648415	DELTA BOW VALLEY, DELTA HOTELS	389.92	CAD	389.92	.00		2 nights accommodation for Board Member, Richard Dicerni to attend Board Meetings in Calgary.

**Transactions without Receipts or supporting documentation**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description



Signatures		
<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>Jennifer Hamstra</u> <small>Name of Cardholder Designate</small>   <small>Signature of Cardholder Designate</small>	<u>Executive Secretary</u> <small>Cardholder Designate Position/Title</small>  <u>June 01, 2016</u> <small>Date of Signature</small>	
<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>PROCIUK, LORINDA</u> <small>Name of Cardholder</small>   <small>Signature of Cardholder</small>	<u>EXECUTIVE ASSOCIATE</u> <small>Cardholder Position/Title</small>  <u>June 02, 2016</u> <small>Date of Signature</small>	
<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>Deborah Rhodes</u> <small>Name of Approver Designate</small>   <small>Signature of Approver Designate</small>	<u>VPCorp Services + CFO</u> <small>Approver Designate Position/Title</small>  <u>June 8, 2016</u> <small>Date of Signature</small>	
<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>Linda Hughes</u> <small>Name of Approver</small>   <small>Signature of Approver</small>	<u>Board Chair</u> <small>Approver Position/Title</small>  <u>June 13/2016</u> <small>Date of Signature</small>	
<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)</li> </ul> <b>And where applicable:</b> <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>	<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: _____



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209 - 4th Avenue S.E., Calgary, Alberta, T2G 0C6  
 Tel: 403-266-1980 Fax: 403-205-5460

GOVT AB  
 Richard Dicerni



Room:   
 Folio:   
 Cashier:  
 Arrival: 04-27-16  
 Departure: 04-29-16

Date	Description	Additional Information	Charges	Credits
04-27-16	Room Charge		182.00	
04-27-16	Destination Marketing Fee (DMF)		5.46	
04-27-16	Tourism Levy		7.50	
04-28-16	Room Charge		182.00	
04-28-16	Destination Marketing Fee (DMF)		5.46	
04-28-16	Tourism Levy		7.50	
04-29-16	Master Card			389.92

GST Summary	
Registration No: 826085417	
Room	0.00
F&B	0.00
Other	0.00
<b>Total</b>	<b>0.00</b>

Total	389.92	389.92
Balance Due	0.00	CDN

✓

Guest Signature: \_\_\_\_\_

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

*Employee #* [REDACTED]

AHS - AP Processing - Internal U
Voucher #
Naming Convention:
T4/ANR Applicable? - If yes, indicate line & amt

## BOARD MEMBER EXPENSE CLAIM FORM

<b>SECTION 1: PAYEE INFORMATION</b>					
Name:	Richard Dicerni			Expense Period Month:	April-May, 2016
Address:	[REDACTED]	City:	[REDACTED]		
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	
Reason for Expense	Expenses to attend Board Meetings (April 27-29, 2016) and Chair Human Resources Committee Meeting (May 12, 2016).				

<b>SECTION 2: FINANCE CODING &amp; TOTAL CLAIM</b>					
Description	Corp/BU/Org	Location (If applicable)	Functional Centre/Primary	Expense/Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	71110300000	45000000	\$103.85 ✓
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$2,260.75 ✓
Other (D)	101	0005	71110300000	41090000	\$0.00
<b>TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE</b>					<b>\$2,364.60</b> ✓

<b>SECTION 3: AUTHORIZATION</b>			
I attest that I have read and understand all applicable policies 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 Board 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 below.			
Claimant (Print Name)	Signature: I, by signing this form, attest that I am compliant to all the above statements	Date	Phone#
Richard Dicerni	<i>See below for signature</i>		[REDACTED]

I attest that I have read and understand all applicable policies of 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 Board 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 below.			
Approved by (Print Name)	Signature	Date	Position Title/Program Group
Linda Hughes	<i>Linda Hughes</i>	Aug. 02, 2016	Board Chair
Signature: I, by signing this form, attest that I am compliant with all the above statements			Date
<i>Richard Dicerni</i>			June 23, 2016

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program

For |  
14<sup>th</sup> Floor, North Tower, Seventh Street Plaza,



tra

**Carry forward from Section 1**

Name: Richard Dicerni Expense Period Month: April-May, 2016

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 below

Rationale is Required for expenses that are not Cost Effective: (supporting analysis and documentation must be attached to this form)

**SECTION 4A: BOARD MEMBER - TRAVEL EXPENSE CLAIM**

Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Meal (Allowance OR Receipt)( A )				Accommodation ( B )	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) ( C )	Other (Itemize) ( D )	Mileage km ( E )
			Allowance		With Receipt					
			Meal Type	Allow-ance	Meal Type	With Receipt				
27-Apr-16	Taxi from residence to YOW Airport to attend Board Meetings in Calgary.	Yes					\$30.00	✓		
27-Apr-16	Flight from Ottawa to Calgary to attend Board Meetings and return on April 29, 2016.	Yes					\$1,000.19	✓		
27-Apr-16	Taxi from YYC to hotel.	Yes	D-\$20.75	\$20.75	✓		\$38.75	✓		
28-Apr-16	Per Diem - Breakfast	Yes	B-\$9.20	\$9.20	✓					
28-Apr-16	Per Diem - Dinner.	Yes	D-\$20.75	\$20.75	✓					
29-Apr-16	Taxi from meeting to Airport.	Yes					\$36.11	✓		
29-Apr-16	Taxi from YOW to residence.	Yes					\$31.00	✓		
11-May-16	Taxi from residence in to YOW to Chair Human Resources Committee in Edmonton on May 12, 2016.	Yes					\$29.90	✓		
11-May-16	Flight from Ottawa to Edmonton to chair Human Resources Committee on May 12, 2016.	Yes					\$470.22	✓		
11-May-16	Taxi from YEG to hotel.	Yes	LD-\$32.35	\$32.35	✓		\$60.00	✓		
12-May-16	Taxi from SSP to YEG.	Yes	BL-\$20.80	\$20.80	✓		\$57.20	✓		
<b>Total: (amount auto fills to page 1)</b>			\$103.85		\$0.00	\$0.00	\$1,753.37	\$0.00	0.00	

**BOARD MEMBER Mileage Rate** 0.505 **Total Mileage** \$ -

For payment please submit to:  
14<sup>th</sup> Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Jennifer Hamstra

**Carry forward from Section 1**

Name: Richard Dicerni Expense Period Month: April-May, 2016

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 below

**Rationale is Required for expenses that are not Cost Effective:** (supporting analysis and documentation must be attached to this form)

**SECTION 4B: BOARD MEMBER - TRAVEL EXPENSE CLAIM**

Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Meal (Allowance OR Receipt)(A)				Accommodation (B)	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C)	Other (Itemize) (D)	Mileage km (E)
			Allowance		With Receipt					
			Meal Type	Allow-ance	Meal Type	With Receipt				
12-May-16	Flight from Edmonton to Ottawa.	Yes					\$475.78	✓		
13-May-16	Taxi from YOW to residence.	Yes					\$31.60	✓		
<b>Total: (amount auto fills to page 1)</b>			\$0.00		\$0.00	\$0.00	\$507.38	\$0.00	0.00	

<b>BOARD MEMBER Mileage Rate</b>	0.505	<b>Total Mileage</b>	\$ -
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For payment please submit to:  
 14<sup>th</sup> Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Jennifer Hamstra

1



Job # \_\_\_\_\_  
RECEIPT FOR CAB FARE

Amount 37.00 Date \_\_\_\_\_  
From \_\_\_\_\_  
To Airport  
Cab No. \_\_\_\_\_ Driver \_\_\_\_\_  
H.S.T. Included in meter fare



3

ASSOCIATED CAB  
ALLIED LIMOUSIN  
307-41 AVENUE NE  
CALGARY AB T2E 2N4  
(403) 299-1111

**SALE**

REF # [REDACTED]  
Batch # 121 SEQ 12100100  
/16 11:30:07  
CODE: [REDACTED]  
AMERICAN EXPRESS  
[REDACTED]

AMOUNT \$34.50  
TIP \$4.25  
TOTAL \$38.75

00 - APPROVED - 000

CAN EXPRESS  
3000000025010801  
00 00 00 80 00  
13 00

THANK YOU  
CUSTOMER COPY

6

316 MURTHIAN ROAD SE  
CALGARY, AB T2A 1x2

DATE: [REDACTED]  
TIME: [REDACTED]  
METER: [REDACTED]  
MILES: [REDACTED]  
RATE: [REDACTED]  
FARE: [REDACTED]  
TAX: [REDACTED]  
TOTAL: 36.11  
PASSENGER COPY

\$36.11

7

Job # \_\_\_\_\_  
RECEIPT FOR CAB FARE

Amount \$31.00 Date 29 APR 16  
From \_\_\_\_\_  
To CAJRAI  
Cab No. \_\_\_\_\_ Driver \_\_\_\_\_  
H.S.T. Included in meter fare



THANK YOU  
(403) 299-9999  
WWW.THECH.CALGROUP.COM



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

**Air Canada**  
1-888-247-2262

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

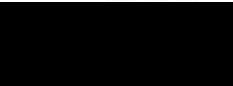
**Main Contact:**

Mr Richard Dicerri



Mobile:

Home:



②

**Online Services**

- **Manage** my booking online (view/change my booking; select seats\*).
- [Request an upgrade](#)
- [Select Seats](#)
- [Maple Leaf Lounge](#) | [Meal Vouchers](#) | [On My Way](#)
- **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.

\* [Can my booking be changed online?](#)

**Flight Itinerary**

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC113	Ottawa, Ottawa Int'l (YOW) Wed 27-Apr 2016 08:45	Calgary (YYC) Wed 27-Apr 2016 11:14	0	4hr29	E90	Flex, G	U S F
	Calgary (YYC)	Toronto, Pearson Int'l (YYZ)				Flex	

AC128	Fri 29-Apr 2016 13:20	 Fri 29-Apr 2016 19:05 - Terminal 1	0	5hr53	<u>321</u>	<u>Flex</u> , G	\$ F
AC466	Toronto, Pearson Int'l (YYZ) Fri 29-Apr 2016 20:10 - Terminal 1	Ottawa, Ottawa Int'l (YOW) Fri 29-Apr 2016 21:13	0		<u>320</u>	<u>Flex</u> , G	

\$ F: Food for purchase on board All Air Canada Café purchases made on board Air Canada and Air Canada rouge flights, as well as on Air Canada Express flights operated by Jazz, are payable only with Visa, MasterCard and American Express credit cards.

## Passenger Information

1: Mr Richard Dicerni : Adult (16+), Ticket Number:

Air Canada - Aeroplan : Meal Preference : **None**

Payment Card: Special Needs: **None**

Seat Selection: (Preferred) , AC128 ,  
(Preferred)

## Purchase Summary

### Fare Summary

Passenger Type Adult

### Air Transportation Charges

Departing Flight - <u>Flex</u>	370.00 ✓
Return Flight - <u>Flex</u>	400.00 ✓
<u>Surcharges</u>	46.00

### Taxes, Fees and Charges

<u>Canada Airport Improvement Fee</u>	57.00
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Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	1.50
Canada Harmonized Sales Tax (GST/HST #10009-2287 RT0001)	111.44
Air Travellers Security Charge (ATSC)	14.25
Total before options (per passenger)	<b>1000.19</b>
Number of passengers	x 1
Total with options	<b>1000.19</b>
Travel Insurance (declined)	0.00
<b>Grand Total - Canadian dollars</b>	<b>\$1000.19</b>



### Payment Information

**Credit/Debit Card** [REDACTED] Amount paid: **\$1000.19**

The following amount (tax inclusive) will appear on your credit card or debit card statement:

- Air Canada: \$1000.19 (Air Transp. Charges - per ticket)

Ticket number(s): [REDACTED]

## Fare Rules

Departing Flight Ottawa (YOW) To Calgary (YYC) - Flex

Return Flight Calgary (YYC) To Ottawa (YOW) - Flex

- **Changes:**
  - Prior to day of departure - **Change fee** per direction, per passenger, is \$75 CAD plus applicable taxes and any additional fare difference. **Changes** can be made up to 2 hours prior to departure.
  - **Same-day confirmed changes** at check-in or at the airport are permitted at a flat fee of \$75 CAD/USD per direction, per passenger (subject to availability). Same-day flights only.
  - **Same-day standby** is available: on flights between Toronto and Montreal or Ottawa, on flights between Calgary, Edmonton and Vancouver, as well as on flights between Toronto Pearson (YYZ) and LaGuardia (LGA), John F. Kennedy (JFK) or Newark (EWR) airports (connecting flights excluded).
  - Flights can only be used in sequence from the place of departure specified on the itinerary.
- **Cancellations:**
  - Tickets are **non-refundable** and **non-transferable**.
  - **Cancellations** can be made up to 45 minutes prior to departure.
  - Provided the original booking is cancelled prior to the original flight departure, the value of the unused ticket can be applied within a one year period from date of issue of the original tickets to the value of a new ticket subject to the change fee per direction, per passenger, plus applicable taxes and any additional fare difference, subject to availability and advance

6

RENT LINE TAXI (164)  
445 COVENTRY RD  
OTTAWA ON K1K 2C5  
TEL: 613-762-8834

TERMINAL # [REDACTED]  
RECEIVED # [REDACTED]  
INVOICE # [REDACTED]  
REQ # [REDACTED]  
CREDIT/AMEX  
DATE 05/11 06:32:24

**PURCHASE**  
FARE \$26.00  
TIP \$3.90  
**TOTAL \$29.90**

AMOUNT 817056 B:0183  
DATE 20160511063238

**TRANSACTION**  
**APPROVED 000**  
THANK YOU

AMERICAN EXPRESS  
CARD # A000000025010801  
ID # CFDAD57580E483BB  
SERIAL # 0000008000  
EXP # F800

CUSTOMER COPY

8

CAPITAL TAXI LTD  
9762 54 AVE NW UNIT  
EDMONTON AB T6E 0A5  
TEL: 780-468-4679 UNIT 376

Terminal ID: [REDACTED]  
Voice [REDACTED]  
**AMEX PURCHASE**  
**CREDIT**  
Label: AMERICAN EXPRESS  
#: A000000025010801  
#: 4000008000  
#: F800

**APPROVED 000**  
**THANK YOU**

AMOUNT \$55  
TIP \$5  
**TOTAL \$60**

Signature required

Seq. #: [REDACTED]  
ID #: [REDACTED]  
043543788  
20160511110301  
Date: 2016/05/11 Time: 11:02:50

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

9

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

Terminal 146/66234818  
Driver 4013  
16/05/12 12:37:43

AMEX  
Card #: [REDACTED]  
Ref #: [REDACTED]  
Auth #: [REDACTED]

**PURCHASE**  
FARE : \$ 52.20  
TIP : \$ 5.00  
**TOTAL : \$ 57.20**

APPROVED - THANK YOU  
(00-025)

Cardholder will pay card  
issuer above amount  
pursuant to Cardholder  
Agreement

IMPORTANT: Retain this  
copy for your records

Customer Copy

Thank you for choosing  
Co-op taxi

11

\*\*\*\*\*

DATE 05/11 06:32:24  
RECEIVED # [REDACTED]  
INVOICE # [REDACTED]  
REQ # [REDACTED]

AMOUNT \$29.90

DATE 20160511063238

AMOUNT \$26.00

TIP \$3.90

**TOTAL \$29.90**

AMOUNT 817056

DATE 20160511063238

TRANSACTION APPROVED 000

CUSTOMER SERVICE 1-800-443-2812  
WWW.CO-OP-TAXI.COM  
TAXI11AB



# Itinerary / Receipt

Your booking is confirmed. Thank you for choosing Air Canada.  
**Please bring your itinerary-receipt to the airport.**

7

## Main Contact Information

Booking reference: 

**Name:** Mr Richard Dicerni  
**E-mail:**   
**Form of payment:** 

**Customer Care**  
**Air Canada Reservations**  
 1-888-247-2262

**Air Canada Flight Information**  
 1-888-422-7533

[International Reservations](#)

Alert me of flight changes  
[Flight notification](#)

## Flight Itinerary

Flight	From	To	Aircraft	Cabin (Booking class)	Status
AC193	Ottawa (YOW)	Edmonton International (YEG)	E90	Economy (G)	Confirmed
	Wed 11-May 2016 07:25	Wed 11-May 2016 09:47			

## Passenger Information

**Passenger 1**

**Name:** Mr Richard Dicerni      **Ticket number:** 

**Frequent Flyer Pgm:** Air Canada Aeroplan      **Program number:** 

## Purchase Summary

**Passenger: 1 Ticket number**

**Date of issue**  
**Fare Amount in Canadian dollars:**  
*(including [navigational & other charges](#))*  
**Taxes, Fees & Charges**

26-Apr 2016  
 386.00

Canada Security Charge (CA)	7.12
Canada Harmonized Sales Tax (HST #10009-2287) (RC)	54.10
Canada Airport Improvement Fee (SQ)	23.00

**Total Fare in Canadian dollars:**

**470.22**

Ticket particularities:  
AC ONLY/NON-REF/CHGE  
FEE-BG:AC

\*Fare calculation:  
11MAY16YOW AC YEA Q23.00R363.00CAD386.00 END ROE1.00

Canadian tax registration numbers:  
XG Canada Goods and Service Tax (GST) #10009-2287  
RC Canada Harmonized Sales Tax (HST) #10009-2287  
XQ Quebec Sales Tax (QST) #1000-043-172

## Fare Rules Summary

- Voluntary changes to your itinerary may require the payment of additional fees and fare upgrades.
- If you are travelling on a non-refundable ticket, Air Canada will be unable to make exceptions in the event of an unexpected trip cancellation or medical emergency. We recommend the purchase of travel insurance.
- Tickets are non transferable.
- Seat selection charges are per passenger and apply to each individual one-way flight segment in your itinerary. Flight segments are identified by a change in flight number, with each new flight number representing a flight segment. Taxes are not included.
- Please note that you may be moved from your selected seat without notice in the event of an involuntary schedule or airport change (e.g. flight disruption, cancellation), to accommodate a passenger with a disability, or for any other reason that requires Air Canada to move you prior to departure or during the flight. If you are moved from your seat for one of these reasons, you may request a refund for your seat charges. We invite you to read additional [terms and conditions](#) related to seat selection

Please read important information and notices regarding Air Canada's [general conditions of carriage](#).

## Baggage Information

Please see below for details on the bags you plan on checking at the baggage counter.

Baggage Information for: <b>Mr Richard Dicerni</b>	
Air Canada baggage rules apply. For flight(s): <span style="background-color: black; color: black;">XXXXXXXXXX</span>	1st bag: Complimentary 2nd bag: 35.00 CAD + taxes* per direction
Max. weight per bag: 23 KG (50 lb)	Max. linear dimensions: 158 CM (62 in)

\* For travel within Canada or between Canada and the United States, a Canadian tax of \$3.00 CAD may apply to bag fees. For travel between Canada or the United States and Mexico, the Dominican Republic and Barbados, an applicable local sales tax of \$4.00 CAD may apply to bag fees. For all other itineraries to/from Mexico, the Dominican Republic and Barbados as well as itineraries to/from South America, an applicable local sales tax of \$21.00 CAD may apply to bag fees. All above tax amounts are based on the maximum applicable tax amounts per itinerary type. Actual amounts may vary and will be charged in the currency used in your departure airport. Tax amounts are subject to change without notice by local government.

Customers may be reassessed checked baggage fees when itineraries include an enroute stopover in excess of 24 hours.

(10)

# Itinerary / Receipt

Your booking is confirmed. Thank you for choosing Air Canada.  
**Please bring your itinerary-receipt to the airport.**

## Main Contact Information

**Booking reference:** [REDACTED]

**Name:** **Mr Richard Dicerni**  
**E-mail:** [REDACTED]  
**Form of payment:** [REDACTED]

**Customer Care**  
**Air Canada Reservations**  
 1-888-247-2262

**Air Canada Flight Information**  
 1-888-422-7533

[International Reservations](#)

Alert me of flight changes  
[Flight notification](#)

## Flight Itinerary

Flight	From	To	Aircraft	Cabin (Booking class)	Status
AC8169	Edmonton International (YEG)	Calgary (YYC)	DH4	Economy (G)	Confirmed
<i>Operated by:</i>	Thu 12-May 2016	Thu 12-May 2016			
<i>Air Canada Express-Jazz</i>	16:50	17:40			
Seat number(s) requested:	6C				
AC124	Calgary (YYC)	Ottawa (YOW)	E90	Economy (G)	Confirmed
	Thu 12-May 2016	Fri 13-May 2016			
	19:10	01:07			
Seat number(s) requested:	18D				

## Passenger Information

**Passenger 1**  
 Name: **Mr Richard Dicerni** Ticket number: [REDACTED]  
 Frequent Flyer Pgm: Air Canada Aeroplan Program number: [REDACTED]

## Purchase Summary

### Passenger: 1 Ticket number

<b>Date of issue</b>	27-Apr 2016
<b>Fare Amount in Canadian dollars:</b>	416.00
<i>(including <a href="#">navigational &amp; other charges</a>)</i>	
<b>Taxes, Fees &amp; Charges</b>	
Canada Security Charge (CA)	7.12
Canada Goods and Services Tax (GST/HST #10009-2287) (XG)	22.66
Canada Airport Improvement Fee (SQ)	30.00
<b>Total Fare in Canadian dollars:</b>	<b>475.78</b> ✓

Ticket particularities:  
 AC ONLY/NON-REF/CHGE  
 FEE-BG:AC

*\*Fare calculation:*  
 12MAY16YEA AC X/YC AC YOW Q23.00R393.00CAD416.00 END ROE1.00

*Canadian tax registration numbers:*  
 XG Canada Goods and Service Tax (GST) #10009-2287  
 RC Canada Harmonized Sales Tax (HST) #10009-2287  
 XQ Quebec Sales Tax (QST) #1000-043-172

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## Baggage Information

Please see below for details on the bags you plan on checking at the baggage counter.



## 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> Richard Dicerni	<b>Reporting Period for the Month of :</b> May-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
11-May-2016	Direct Billing	Hotel	1 night accommodation to Chair Human Resources Committee Meeting on May 12, 2016.	Other	155.32
	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	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
<b>Total Paid in the Month</b>					<b>\$ 155.32</b>

Approved by: Jennifer Hamstra

# MATRIX

HOTEL

Alberta Health Services  
14th Floor North Tower  
10030 107 St  
Edmonton AB T5J3E4

Room Number: [REDACTED]  
Arrival Date: 05-11-16  
Departure Date: 05-12-16  
Page No: 1 of 1

Guest *Dicerni, Richard*  
..

**COPY OF INVOICE**

Folio No: [REDACTED]

05-17-16

Date	Description	Charges	Credits
05-11-16	Room Revenue	145.00	
05-11-16	Destination Marketing Fee - 3%	4.35	
05-11-16	Tourism Levy - 4%	5.97	
<b>Total</b>		<b>155.32</b>	<b>0.00</b>
<b>Balance</b>		<b>155.32</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. #866344302 RT 0001