

AHS Board and Executive Expense Report

Name Dr. Rollie Nichol
Title ACMO Medical Leadership, Workforce & Medical Affairs
Location Calgary
 Expenses submitted during the month of June 2016

Travel (1)										
MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jun-16	P-Card	Meetings				144	144			
Jun-16	Expense Claim	Meetings		117	650	536	1,303			
Jun-16	Direct Billing	Meetings	343				343			
Total			\$ 343	\$ 117	\$ 650	\$ 680	\$ 1,790	\$ -	\$ -	\$ -

Total for the Month \$ 1,790

Maximum daily single meal expense claimed in the month \$ 24
 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.

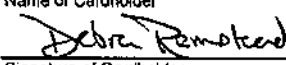
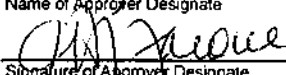
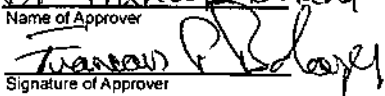
Instruction:

- 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

RAMSTEAD, DEBRA Cardholder's Name	EXECUTIVE ASSISTANT Cardholder's Position/Title	Billing Reporting Period	20/06/2016
PROVINCIAL MEDICAL AFFAIRS Cardholder's Dept	CALGARY SOUTHPORT Cardholder's Site/Location	Total Statement Amount	-\$66.07 \$144.00
DEBRA.RAMSTEAD@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #:	

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
15/06/2016	433094848	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		R. Nichol Patient & Family Advisory Council mtg YEG to Westin ✓ 10
17/06/2016	433094849	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		R. Nichol Patient & Family Advisory Council Mtg ✓ 11

Cardholder Designate (if Applicable)	
By signing this statement	
<ul style="list-style-type: none"> 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. 	
Name of Cardholder Designate _____	Cardholder Designate Position/Title _____
Signature of Cardholder Designate _____	Date of Signature _____
Cardholder	
By signing this statement	
<ul style="list-style-type: none"> 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. 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. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 	
RAMSTEAD, DEBRA Name of Cardholder	EXECUTIVE ASSISTANT Cardholder Position/Title
 Signature of Cardholder	21 June 2016 Date of Signature
Approver Designate (if Applicable)	
By signing this statement	
<ul style="list-style-type: none"> 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. 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. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 	
Audrey Malone Name of Approver Designate	Exec Admin Coord Approver Designate Position/Title
 Signature of Approver Designate	June 22/16 Date of Signature
Approver	
By signing this statement	
<ul style="list-style-type: none"> 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. 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. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 	
Dr. Francois Belanger Name of Approver	IA/VP Quality + CMO Approver Position/Title
 Signature of Approver	June 23 2016 Date of Signature
Attach:	
<ul style="list-style-type: none"> Original (or scanned) itemized receipts with documented business reasons including names of participants where required Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable: <ul style="list-style-type: none"> Copies of pre-approvals for travel Personal cheque payable to "Alberta Health Services" Return, refund and/or credit receipts Disputes letter Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason. 	Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4
Reference #: _____	
Reviewed by: _____	Date: _____

Debra Ramstead

From: Infinity Transportation Inc <infinitytransportationinc@hotmail.com>
Sent: Friday, June 17, 2016 5:21 PM
To: Debra Ramstead
Subject: Receipt June 17/ Dr Nichol

via CloudMagic Email

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

From: INFINITY TRANSPORTATION I <payd_receipt@moneris.com>
Date: Fri, Jun 17, 2016 at 5:18 PM
Subject: Fwd: Transaction Receipt - Do Not Reply
To: <infinitytransportationinc@hotmail.com>

INFINITY TRANSPORTATION I

AB

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Debra Ramstead
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Jun 17 2016 05:18PM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]

AMOUNT (CAD)	----- \$72.00 -----
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Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

01 APPROVED - THANK YOU 027

- IMPORTANT -
Retain this copy for your records

R. Nichol Patient & Family Advisory Mtgs
Edmonton June 16-17, 2016
Mtg location to YEG

Debra Ramstead

11

From: Infinity Transportation Inc <infinitytransportationinc@hotmail.com>
Sent: Wednesday, June 15, 2016 11:15 PM
To: Debra Ramstead
Subject: Receipt June 15/ Dr Nichol

via CloudMagic Email

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

From: INFINITY TRANSPORTATION I <payd_receipt@moneris.com>
Date: Wed, Jun 15, 2016 at 11:13 PM
Subject: Fwd: Transaction Receipt - Do Not Reply
To: <infinitytransportationinc@hotmail.com>

INFINITY TRANSPORTATION I

AB

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Debra Ramstead
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Jun 15 2016 11:13PM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]
AMOUNT (CAD)	----- \$72.00 -----

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

01 APPROVED - THANK YOU 027

- IMPORTANT -

Retain this copy for your records

R. Nichol Patient and Family Advisory Group
Edmonton June 16 and 17
YEG to Westin

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
NICHOL, ROWLAND	ACMO, Medical Leadership, Workforce & Medical Affairs	Calgary	398.02

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
6/26/2016	CMO offsite mtg Physician Compacts	AB - Other Zones	Meals Per Diem	48			CMO offsite mtg Physician Compacts	2			
6/26/2016	CMO offsite mtg Physician Compacts	AB - Other Zones	Accommodations	162.79			CMO offsite mtg Physician Compacts	1			
6/26/2016	CMO offsite mtg Physician Compacts	AB - Other Zones	Car Rental	148.22			CMO offsite mtg Physician Compacts	1			
6/27/2016	CMO offsite mtg Physician Compacts	AB - Other Zones	Fuel	39.01			CMO offsite mtg Physician Compacts	1			
Approver(s) for the claim		Approval Status		Approval Date							
BELANGER, FRANCOIS		Approve		4-Jul-16							

ENTERPRISE RENT A CAR, 1036 - 9 AVENUE SW, CALGARY, AB T2P1L9 (403) 212-5232

RENTAL AGREEMENT REF# SUMMARY OF CHARGES

RENTER
NICHOL, ROWLAND

DATE & TIME OUT
26/06/2016 10:22 AM
DATE & TIME IN
28/06/2016 07:42 AM

BILLING CYCLE
24-HOUR

VEH #1 2016 VOLK GOLF 18TT
VIN# 3VW217AU0GM021435
LIC# [REDACTED]
KM DRIVEN 602

Charge Description	Date	Quantity	Per	Rate	Total
TIME & DISTANCE	26/06 - 28/06	2	DAY	\$40.00	\$80.00
DW	26/06 - 28/06	2	DAY	\$24.99	\$49.98
RAP	26/06 - 28/06	2	DAY	\$4.99	\$9.98
REFUELING CHARGE	26/06 - 28/06				\$0.00
				Subtotal:	\$139.96
Taxes & Surcharges					
GST	26/06 - 28/06			5%	\$7.06
VLV	26/06 - 28/06	2	DAY	\$0.60	\$1.20
				Total Charges:	\$148.22

Total Amount Due **\$0.00**

PAYMENT INFORMATION
AMOUNT PAID **TYPE**
\$148.22 Visa

CREDIT CARD NUMBER
[REDACTED]

Mr Rowland Nichol
[REDACTED]

Room Number: [REDACTED]
 Arrival Date: 06-26-16
 Departure Date: 06-27-16
 Page No: 1 of 1

Guest Name:

INFORMATION INVOICE

Folio No [REDACTED]

06-27-16

Date	Description	Charges	Credits
06-26-16	Room Revenue	145.00	
06-26-16	Destination Marketing Fee - 3%	4.35	
06-26-16	Tourism Levy - 4%	5.97	
06-26-16	Room GST - 5%	7.47	
06-27-16	Room Service	3.00	
06-27-16	Refreshment Centre - Kokanee	5.25	
06-27-16	Room# [REDACTED] : CHECK# [REDACTED] 6 [REDACTED] 05/19		171.04
Total		171.04 -	171.04
Balance		0.00	

Total: 162.79

Signature:

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #105631154 RT 0008

CO-OP

1

Calgary Co-op
North Hill Gas Bar
540 - 16th Avenue NE
Calgary AB (403) 299-4277
GST# R100730894

Member Number:

Type: SALE

Qty Name	Price	Total
1 REGULAR GASOLINE	\$ 0.989	\$ 39.01
Pump:	4	
Litres:	39.440	
Price / Litre:	\$ 0.989	
Subtotal		\$ 39.01
GST [Inc] Pumps]		\$ 1.86
Total		\$ 39.01

ORIGINAL

TYPE: Purchase

ACCT: VISA \$ 39.01

CARD NUMBER: [REDACTED]
DATE/TIME: 06/27/2016 21:46:52
REFERENCE #: [REDACTED] H
TERM:
AUTHOR.# : [REDACTED]
AID: A0000000031010

Visa Credit
01 APPROVED - THANK YOU [REDACTED]

NO SIGNATURE TRANSACTION

IMPORTANT:
retain this copy for your records

CUSTOMER COPY

6/27/16 9:46:38 PM Receipt#
Pos:71 Cashier:63 Store:2

In 2015 Calgary Co-op Members Saved
9 cents per litre on fuel purchases!
3 cents-Revved Up Rewards
6 cents-Petroleum Member Refund

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
NICHOL, ROWLAND	ACMO, Medical Leadership, Workforce & Medical Affairs	Calgary	904.64									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
6/15/2016	Patient & Family Advisory Group Edmonton June 16-17	AB - Other Zones	Accommodations	368.26			Patient & Family Advisory Group Edmonton June 16-17	2				
6/15/2016	Patient & Family Advisory Group mtg June 16-17		Mileage-Local-Home Zone	15.15			Patient & Family Advisory Group mtg June 16-17	1			30	
6/15/2016	Patient & Family Advisory Group meetings June 16 - 17	AB - Other Zones	Parking - Lot or Parkade	58.70			Patient & Family Advisory Group meetings Jun 16-17	1				
6/16/2016	Patient & Family Advisory Group mtg June 16-17	AB - Other Zones	Meals Per Diem	45.00			Patient & Family Advisory Group mtg June 16-17	2				
6/19/2016	Senior Leaders' Mtg Leduc June 20		Mileage-Other	274.72			Senior Leaders' Mtg Leduc June 20	1			544	
6/19/2016	Senior Leadrs' Mtg Leduc June 20	AB - Other Zones	Accommodations	118.81			Senior Leadrs' Mtg Leduc June 20	1				
6/20/2016	Senior Leaders' Mtg Leduc June 20	AB - Other Zones	Meals Per Diem	24.00			Senior Leaders' Meeting June 20	1				
Approver(s) for the claim		Approval Status	Approval Date									
BELANGER, FRANCOIS		Approve	28-Jun-16									

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



Rowland Nichol
 Alberta Health Services

Page Number : 1 Invoice Nbr : [REDACTED]
 Guest Number : [REDACTED]
 Folio ID : A
 Arrive Date : 15-JUN-16 21:58
 Depart Date : 17-JUN-16 12:00
 No. Of Guest : 1
 Room Number : [REDACTED]
 Club Account : [REDACTED]

Information Invoice

Tax ID : 815461330RT0001

The Westin Edmonton 17-JUN-16 03:51 9999

15-JUN-16	[REDACTED]	Room Charge	164.00		
15-JUN-16	[REDACTED]	GST	8.45	✓	
15-JUN-16	[REDACTED]	Destination Marketing Fee	4.92		
15-JUN-16	[REDACTED]	Tourism Levy	6.76		
16-JUN-16	[REDACTED]	Room Charge	164.00	✓	
16-JUN-16	[REDACTED]	GST	8.45		
16-JUN-16	[REDACTED]	Destination Marketing Fee	4.92		
16-JUN-16	[REDACTED]	Tourism Levy	6.76		
17-JUN-16	[REDACTED]	Visa			-368.26
		** Total	368.26	✓	-368.26
		*** Balance	0.00		

Continued on the next page

Executive Royal Hotel Leduc

8450 SPARROW DRIVE
LEDUC, AB T9E7G4

(780) 986-1840

info.ert@royalhotelgroup.ca

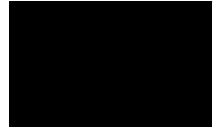
www.executivehotels.net

879535953RT0004

C/O 06/20/2016 09:14 AM HAC

EXECUTIVE ROYAL HOTEL EDMONTON

Room #



Conf #

Arrival

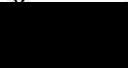
06/19/16

Departure

06/20/16

Registered To:

NICHOL, ROWLAND



Room Type

Guests

1 / 0

Payment

Visa/Master

Acct



Posting Date	Oper	AcctCode	Description	From	Reference	Amount
06/19/16			ROOM CHRG REVENUE			\$109.00
06/19/16			GST			\$5.45
06/19/16			ALBERTA TOURISM LEVY			\$4.36
06/20/16			PAYMENT VISA			\$118.81-

Balance Due	\$0.00
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EXECUTIVE ROYAL HOTEL
EDMONTON
8450 SPARROW DRIVE
LEDUC AB

CARD [REDACTED]
CARD TYPE VISA
DATE 2016/06/20
TIME 0046 09:14:32
CLERK ID 707
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

THE UNDERSIGNED GUEST AGREES TO THE CHARGES ARE TO BE BILLED TO A OF THE CHARGES IN THE EVENT THAT FOR ANY PART OR THE FULL AMOUNT

PRE-AUTH COMPLETION
TOTAL

\$118.81

HE BALANCE DUE PORTION OF THIS INVOICE. IF AGREES TO BE PERSONALLY LIABLE FOR PAYMENT SON, COMPANY OR ASSOCIATION FAILS TO PAY

X _____
GUEST SIGNATURE

Visa Credit
A0000000031010

APPROVED

AUTH# [REDACTED]
THANK YOU

Signature

RECEIPT
GST NO. R122556194

TKT NO: [REDACTED]
POF: C64
IN: 06/15/16 19:44
OUT: 06/17/16 19:09
PAID: \$ 58.70
DURATION: 1 23: 25
(GST INCLUDED)

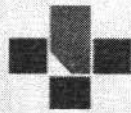
VISA
[REDACTED]

YOU HAVE 10 MIN.
TO EXIT

R. Nichol Patient & Family Advisory
Council meeting
June 16-17, 2016

 flyYYC

 **YYC** CALGARY
INTERNATIONAL
AIRPORT



Expense Report Direct Bill Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive or an AHS Board Member and paid for by a third party vendor. The information will be used for public disclosure reporting.

Expenses Paid Directly to Third Party Vendors:

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS. Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all expenses paid by AHS not mentioned above.
- Copies of invoices and other relevant back up must be attached, approvals for hosting events/working sessions that exceeds \$600 must be provided.
- Information will be used for reporting purposes only.
- A personal cheque must be attached to cover expenses deemed ineligible.
- Indicate whether you have expenses to report in this section for this reporting period: YES

Name : Dr Rollie Nichol	Reporting Period for the Month of : Jun-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
15-Jun-16	Direct Billing	Airline Ticket	YYC to YEG Patient and Family Advisory Council Mtg	Marlin Travel	171.48
17-Jun-16	Direct Billing	Airline Ticket	YEG to YYC Patient and Family Advisory Council Mtg	Marlin Travel	171.48
	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	-
Total Paid in the Month					\$ 342.96

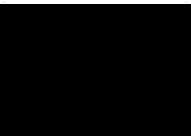
MARLIN TRAVEL
 O-O PERCY HUNT TRAVELGROUP INC
 MAIN FLOOR, 9929 108TH ST.
 EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: N61107
Agent: MEA MOORE Tel: 780-425-8611

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

Invoice Number: [REDACTED]
Date: May 19, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
 DR ROWLAND NICHOL



Wednesday, June 15, 2016

Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 **Arrival:** 15Jun16
Seat(s): 06C
 AIR CANADA E

Flight: 8421 **G CLASS**
 08:40 PM **Equipment:** DH4
 09:30 PM

Mile(s) Flown: 163

Cost:

TKT-	[REDACTED]	E-TKT	[REDACTED]	134.00
			Tax:	37.48
			Ticket Total:	171.48

Total:

	Grand Total:	171.48
	Less Credit Card Payments:	171.48
	Credit / Balance Due To This Invoice:	0.00
	Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
 ACCEPTED:.....DECLINED:.....

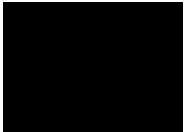
MARLIN TRAVEL
 O-O PERCY HUNT TRAVELGROUP INC
 MAIN FLOOR, 9929 108TH ST.
 EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: N61107
Agent: MEA MOORE Tel: 780-425-8611

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

Invoice Number: [REDACTED]
Date: May 19, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
 DR ROWLAND NICHOL



Friday, June 17, 2016

Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 **Arrival:** 17Jun16
Seat(s): 06C
 AIR CANADA E

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

Mile(s) Flown: 163

Cost:

TKT- [REDACTED]	E-TKT	[REDACTED]	134.00
		Tax:	37.48
		Ticket Total:	171.48

Total:

Grand Total:	171.48
Less Credit Card Payments:	171.48
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
 ACCEPTED:.....DECLINED:.....

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

Invoice Number: [REDACTED]
Date: May 19, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

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.