

## AHS Board and Executive Expense Report

**Name** Dr. Ted Braun  
**Title** VP & Medical Director Central & Southern Alberta  
**Location** Calgary  
 Expenses submitted during the month of October 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)
Oct-16	P-Card	Meetings			413	309	722			
Oct-16	Expense Claim	Meetings				101	101			
Oct-16	Direct Billing	Meetings	2,123				2,123			
<b>Total</b>			<b>\$ 2,123</b>	<b>\$ -</b>	<b>\$ 413</b>	<b>\$ 410</b>	<b>\$ 2,946</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Total for the Month** \$ 2,946

Maximum daily single meal expense claimed in the month \$ -  
 Maximum daily base hotel rate claimed in the month \$ 184  
 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

BRAUN, THEODORE Cardholder's Name	ACTING-VP AND MEDICAL Cardholder's Position/Title	Billing Reporting Period	20/10/2016
MEDICAL AFFAIRS Cardholder's Dept	SOUTHPORT TOWER Cardholder's Site/Location	Total Statement Amount	\$722.28
TED BRAUN@AHS.CA Cardholder's e-mail address		Last 6 digits of the P-Card #	[REDACTED]

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
07/10/2016	[REDACTED]	CO OP TAXI LINE LTD. LIMOUSINES AND TAXICABS	63.00	CAD	63.00	3.00		Taxi from Edmonton Airport to downtown Edmonton to attend the Provincial AARP Strategy Committee meeting
07/10/2016	[REDACTED]	AIRPORT TAXI SERVICE LIMOUSINES AND TAXICABS	54.97	CAD	54.97	2.52		Taxi from ATB place to River Cree Casino to attend the Round Dance on behalf of Brenda Huband
08/10/2016	[REDACTED]	THE CALGARY AIRPORT AU AUTOMOBILE PARKING LOTS AND	29.35	CAD	29.35	1.40	00	Parking at the Calgary Airport while in Edmonton for Provincial AARP Strategy Committee meeting and the River Cree
10/10/2016	[REDACTED]	WESTIN (WESTIN HOTELS), WESTIN HOTELS	413.16	CAD	413.16	19.67	00	Hotel stay while in Edmonton for two days. To attend AH/AHS Executive Team meeting, and the PCN Consultation committee
12/10/2016	[REDACTED]	GREATER EDMONTON TAXI, LIMOUSINES AND TAXICABS	63.25	CAD	63.25	3.01		Taxi from downtown Edmonton to Edmonton Airport to fly home after the PCN Consultation Committee
12/10/2016	[REDACTED]	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	69.20	CAD	69.20	3.30	00	Parking at the Calgary airport while in Edmonton for three days, to attend AH/AHS Executive Team meeting and the PCN
17/10/2016	[REDACTED]	THE CALGARY AIRPORT AU AUTOMOBILE PARKING LOTS AND	29.35	CAD	29.35	1.40	00	Parking at the Calgary Airport while in Edmonton for Joint AHS/Covenant Meeting

- ①
- ②
- ③
- ④
- ⑤
- ⑥
- ⑦

**Cardholder Designate (if Applicable)**
**Cardholder Designate (if Applicable)**

By signing this statement

- 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**
**Cardholder**

By signing this statement

- 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

BRAUN, THEODORE

Name of Cardholder \_\_\_\_\_

ACTING-VP AND MEDICAL

Cardholder Position/Title \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

Date of Signature \_\_\_\_\_

October 24, 2016

**Approver Designate (if Applicable)**
**Approver Designate (if Applicable)**

By signing this statement

- 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

Name of Approver Designate \_\_\_\_\_

Approver Designate Position/Title \_\_\_\_\_

Signature of Approver Designate \_\_\_\_\_

Date of Signature \_\_\_\_\_

**Approver**
**Approver**

By signing this statement

- 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. Vernay Yiu  
 Name of Approver \_\_\_\_\_

 President + CEO  
 Approver Position/Title \_\_\_\_\_

Signature of Approver \_\_\_\_\_

 Oct 26, 2016  
 Date of Signature \_\_\_\_\_

**Submit approved statement with attachments to Accounts Payable**
**Attach:**

- 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
- 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 \_\_\_\_\_

①

ID# [REDACTED]

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

Terminal 474/66234767  
Driver 5103  
10/10/07 08:24:01

MASTERCARD

MasterCard

CHIEF CARD

ATM :

TVR :

REF #

AUTH #

PURCHASE

FARE : \$ 55.00  
TIP : \$ 8.00 ✓  
-----  
TOTAL : \$ 63.00 ✓

APPROVED - THANK YOU

IMPORTANT: Retain a  
copy for your records

Customer Copy

②

AIRPORT TAXI SERVICE  
4608 101 ST.  
(7808907070)  
EDMONTON AB

ID# [REDACTED]

CARD [REDACTED]  
CARD TYPE MASTERCARD  
DATE 2016/10/07  
TIME 9675 17:02:20  
INVOICE # [REDACTED]  
RECEIPT NUMBER [REDACTED]

PURCHASE  
AMOUNT \$47.80  
TIP \$7.17 ✓  
TOTAL

\$54.97 ✓

MasterCard

APPROVED

AUTH# [REDACTED]

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORD

3

RECEIPT  
GST NO. R122556194

ID # [REDACTED]

EXIT No. A1  
IN: 12/27/16 06:08  
OUT: 12/28/16 01:00  
DURATION: 0 18:52  
PAID: \$ 29.35 ✓  
(GST INCLUDED)  
MASTERCARD

[REDACTED]

REF.  
THANK YOU FOR  
YOUR VISIT

00 FlyYYC YYC CALGARY INTERNATIONAL AIRPORT

5

GREATER EDMONTON TAXI  
SERVICE  
10135 31 AVE NW  
EDMONTON AB

ID # [REDACTED]

CARD [REDACTED]  
CARD TYPE MASTERCARD  
DATE 2016/10/12  
TIME 5579 16:16:02  
INVOICE # [REDACTED]  
RECEIPT NUMBER [REDACTED]

PURCHASE  
AMOUNT \$55.00  
TIP \$8.25 ✓  
TOTAL

\$63.25

MasterCard  
[REDACTED]

APPROVED

AUTH# [REDACTED]  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

YELLOW CAB 780.462.3456  
BARREL TAXI 780.489.7777  
EDMTAXI.COM  
GST 100403070

ID #



4

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

# WESTIN®

HOTELS & RESORTS

Ted Braun  
Alberta Health Services li



Page Number : 1 Invoice Nbr :   
Guest Number :   
Folio ID :   
Arrive Date : 10-OCT-16 20.04  
Depart Date : 12-OCT-16 06.38  
No. Of Guest : 1  
Room Number :   
Club Account :

Tax Invoice

Tax ID 815461330RT0001

The Westin Edmonton 12-OCT-16 06.40

Date	Reference	Description	Charges (CAD)	Credits (CAD)
10-OCT-16		Room Charge	184.00 ✓	
10-OCT-16		GST	9.48	
10-OCT-16		Destination Marketing Fee	5.52	
10-OCT-16		Tourism Levy	7.58	
11-OCT-16		Room Charge	184.00 ✓	
11-OCT-16		GST	9.48	
11-OCT-16		Destination Marketing Fee	5.52	
11-OCT-16		Tourism Levy	7.58	
12-OCT-16		Mastercard-		-413.16
		** Total	413.16	
		*** Balance	0.00	

-413.16 ✓

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](http://westin.com/newbalance)

Continued on the next page

6

RECEIPT  
GST NO. R122556194

ID # [REDACTED]

EXIT No. A1  
IN: 10/10/16 17:27  
OUT: 10/12/16 17:58  
DURATION: 2 00: 31  
PAID: \$ 69.20 ✓  
(GST INCLUDED)  
MASTERCARD  
[REDACTED]  
REF. [REDACTED]  
THANK YOU FOR  
YOUR VISIT

YYC CALGARY INTERNATIONAL AIRPORT

7

RECEIPT  
GST NO. R122556194

ID # [REDACTED]

EXIT No. A5  
IN: 10/17/16 07:57  
OUT: 10/17/16 11:42  
DURATION: 0 03: 45  
PAID: \$ 29.35 ✓  
(GST INCLUDED)  
MASTERCARD  
[REDACTED]  
REF. [REDACTED]  
THANK YOU FOR  
YOUR VISIT

YYC CALGARY INTERNATIONAL AIRPORT

## AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
BRAUN, TED	VP & Medical Director, Central & Southern Alberta (Acting)	Calgary	\$ 101.18								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
10/7/2016	travel from SPTT to Calgary airport to fly to Edmonton to the Provincial AARP Strategy committee meeting.		Mileage-Local-Home Zone	\$ 13.63			travel from SPTT to Calgary airport to fly to Edmonton to the Provincial AARP Strategy committee meeting.	1			29
10/10/2016	travel from SPTT to Calgary airport to fly to Edmonton to attend ELT		Mileage-Local-Home Zone	\$ 13.63			travel from SPTT to Calgary airport to fly to Edmonton to attend ELT	1			29
10/13/2016	travel from SPTT to 2828 23 street NE to attend MPCN Board Strategic Planning		Mileage-Local-Home Zone	\$ 9.82			travel from SPTT to 2828 23 street NE to attend MPCN Board Strategic Planning	1			20.9
10/17/2016	Travel from SPTT to Calgary airport to attend ELT in Edmonton		Mileage-Local-Home Zone	\$ 13.63			Travel from SPTT to Calgary airport to attend ELT in Edmonton	1			29
10/24/2016	Parking at the UofC while at the Quality and Safety Summit reception	AB - Other Zones	Parking - Lot or Parkade	\$ 8.00			Parking at the UofC while at the Quality and Safety Summit reception	1			
10/24/2016	Parking at the UofC while at the Quality and Safety Summit	AB - Other Zones	Parking - Lot or Parkade	\$ 24.00			Parking at the UofC while at the Quality and Safety Summit	1			
10/28/2016	Travel from SPTT to 700 Centre Street SW to attend CWPCN retreat		Mileage-Local-Home Zone	\$ 4.84			Travel from SPTT to 700 Centre Street SW to attend CWPCN retreat	1			10.3



## AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
BRAUN, TED	VP & Medical Director, Central & Southern Alberta (Acting)	Calgary	\$ 101.18

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
10/31/2016	travel from SPTT to Calgary airport to attend Sylvan Lake follow up and ELT in Edmonton		Mileage-Local-Home Zone	\$ 13.63			travel from SPTT to Calgary airport to attend Sylvan Lake follow up and ELT in Edmonton	1			29

Approver(s) for the claim	Approval Status	Approval Date
YIU, VERNA	Approve	10-Nov-16

October 2016

expense

PLACE ON DASH FACE UP	PLACE ON DASH FACE UP
Terminal: 3B	Terminal: 3B
Plate: [REDACTED]	Plate: [REDACTED]
Valid through: MONDAY 24 OCT 16 8:37 PM	VALID THROUGH: 24OCT16 8:37 PM
AMOUNT PAID: \$8.00	AMOUNT PAID: \$8.00
ENTRY TIME: 10/24/2016 6:37 PM	ENTRY TIME: 10/24/2016 6:37 PM
RECEIPT NO: [REDACTED]	RECEIPT NO: [REDACTED]



PLACE ON DASH FACE UP	PLACE ON DASH FACE UP	PLACE ON DASH FACE UP
Terminal: MACEWANA_CW1	Terminal: MACEWANA_CW1	Terminal: MACEWANA_CW1
Plate: [REDACTED]	Plate: [REDACTED]	Plate: [REDACTED]
Valid through: MONDAY 24 OCT16 11:59 PM	VALID THROUGH: 24OCT16 11:59 PM	VALID THROUGH: 24OCT16 11:59 PM
AMOUNT PAID: \$24.00	RECEIPT NO: [REDACTED]	AMOUNT PAID: \$24.00
ENTRY TIME: 10/24/2016 9:01 AM	[REDACTED]	ENTRY TIME: 10/24/2016 9:01 AM
AUTH: [REDACTED]	[REDACTED]	RECEIPT NO: [REDACTED]
TRN: [REDACTED]	[REDACTED]	[REDACTED]

## 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> Dr. Ted Braun	<b>Reporting Period for the Month of :</b> Oct-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
7-Oct-2016	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton; to attend the Provincial AARP Strategy Committee and the Round Dance at River Cree.	Marlin Travel	177.52
7-Oct-2016	Direct Billing	Airline Ticket	Flight from Edmonton back to Calgary; return flight after the Provincial AARP Strategy Committee and the Round Dance at River Cree.	Marlin Travel	193.88
10-Oct-2016	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton and return; to attend face to face meeting with Mauro Chies and Joint AH/AHS Executive Team meeting.	Marlin Travel	437.16
17-Oct-2016	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton and return; to attend Joint AH/AHS Long Range Planning Meeting, Joint AHS/Covenant Meeting and Analytics Executive Committee (AEC) meeting.	Marlin Travel	396.31
19-Oct-2016	Direct Billing	Airline Ticket	Flight from Edmonton to Calgary; to attend the Senior Leaders Meeting.	Marlin Travel	180.12
<b>Total Paid in the Month</b>					<b>\$ 1,384.99</b>

## Expense Report Direct Bill Summary

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### 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.

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### 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> Dr. Ted Braun	<b>Reporting Period for the Month of :</b> October 2016 Part ii
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
25-Oct-2016	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton; to attend the CPSA Opioid Forum and AMA Initiative Kick-Off Leadership Meeting.	Marlin Travel	180.12
26-Oct-2016	Direct Billing	Airline Ticket	Flight from Edmonton to Calgary; return following CPSA Opioid Forum and AMA Initiative Kick-Off Leadership Meetings.	Marlin Travel	180.12
31-Oct-2016	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton and return; to attend ELT.	Marlin Travel	378.26
	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>\$ 738.50</b>

October 2016  
Part i



**Trip Statement**

ALBERTA HEALTH SERVICES  
"SUITE 800, NORTH TOWER"  
10030-107 ST  
EDMONTON, AB T5J 3E4  
CANADA

Trip #: [REDACTED]  
Booking Date: 30 Sep 16  
Client: [REDACTED]  
Client Phone #: [REDACTED]  
Client Email: [REDACTED]  
Agent: MEA MOORE

File Locator: [REDACTED]

**INSURANCE**

PASSENGERS: DR TED BRAUN

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
WESTJET Ticket # [REDACTED]	128.04	0.00	\$0.00	49.48	0.00	177.52 CAD
<b>Total:</b>	<b>128.04</b>	<b>0.00</b>	<b>0.00</b>	<b>49.48</b>	<b>0.00</b>	<b>177.52 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	09/29/2016	[REDACTED]	[REDACTED]	177.52 CAD
<b>Total Payment:</b>					<b>177.52 CAD</b>

**Balance Due CAD Currency 0.00 CAD**

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL

\*\*\*\*\* AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 \*\*\*\*\*

\*\*\*PLEASE REVIEW YOUR ITINERARY FOR ACCURACY\*\*\*

PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY

\*\*\*\*\* FOR AIR TRAVEL TO A FOREIGN COUNTRY PASSENGERS MUST ENSURE THAT THEY HAVE ALL NECESSARY TRAVEL DOCUMENTS SUCH AS A PASSPORT OR VISA AS DIRECTED BY EMBASSIES AND CONSULATES. ALL PASSENGERS ARE ADVISED TO VIEW

[HTTP://WWW.AIRCANADA.COM/EN/TRAVELINFO/BEFORE/TRAVELDOC.HTML](http://www.aircanada.com/en/travelinfo/before/travel.doc.html) FOR IMPORTANT INFORMATION ON IDENTIFICATION REQUIRED FOR TRAVEL. \*\*\*\*\*

\*\*\*PLEASE NOTE CHECKIN TIMES\*\*\*\*\*

\*\*DOMESTIC FLIGHTS--CHECKIN 90 MINUTES PRIOR \*\*DOMESTIC COUNTER WILL CLOSE 45 MINUTES PRIOR -----WESTJET AIRLINE RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY TICKET MUST BE CANCELLED AT LEAST 2 HOURS PRIOR OR NO CREDIT WILL APPLY 24 HOURS IN ADVANCE GO TO WWW.WESTJET.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

ALBERTA HEALTH SERVICES  
"SUITE 800, NORTH TOWER"  
10030-107 ST  
EDMONTON, AB T5J 3E4  
CANADA

Trip #: [REDACTED]  
Booking Date: 30 Sep 16  
Client: [REDACTED]  
Client Phone #: [REDACTED]  
Client Email: [REDACTED]  
Agent: MEA MOORE

File Locator: [REDACTED]

### MY ITINERARY

Passengers	Citizenship	Required Travel Documents
TED BRAUN	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: TED BRAUN  
Booking Date: 29 Sep 16  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
WESTJET	03394	CALGARY INTL 07 Oct 16 7:00AM		EDMONTON INTL 07 Oct 16 7:51AM	M		



**Trip Statement**

ALBERTA HEALTH SERVICES "SUITE 800, NORTH TOWER" 10030-107 ST EDMONTON, AB T5J 3E4 CANADA	<b>Trip #:</b> [REDACTED] <b>Booking Date:</b> 05 Oct 16 <b>Client:</b> [REDACTED] <b>Client Phone #</b> [REDACTED] <b>Client Email:</b> [REDACTED] <b>Agent:</b> MEA MOORE  <b>File Locator:</b> [REDACTED]
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**PASSENGERS:** DR TED BRAUN

**INSURANCE**

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	156.40	0.00	\$0.00	37.48	0.00	193.88 CAD
<b>Total:</b>	<b>156.40</b>	<b>0.00</b>	<b>0.00</b>	<b>37.48</b>	<b>0.00</b>	<b>193.88 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	10/04/2016		[REDACTED]	193.88 CAD
<b>Total Payment:</b>					<b>193.88 CAD</b>

**Balance Due CAD Currency 0.00 CAD**

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
 \*\*\*\*\* AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2ECO \*\*\*\*\*  
 \*\*\*\*\*PLEASE REVIEW YOUR ITINERARY FOR ACCURACY\*\*\*\*\*  
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY  
 \*\*\*\*\* FOR AIR TRAVEL TO A FOREIGN COUNTRY PASSENGERS MUST ENSURE THAT THEY HAVE ALL NECESSARY TRAVEL DOCUMENTS SUCH AS A PASSPORT OR VISA AS DIRECTED BY EMBASSIES AND CONSULATES. ALL PASSENGERS ARE ADVISED TO VIEW  
[HTTP://WWW.AIRCANADA.COM/EN/TRAVELINFO/BEFORE/TRAVELDOC.HTML](http://www.aircanada.com/en/travelinfo/before/traveldoc.html) FOR IMPORTANT INFORMATION ON IDENTIFICATION REQUIRED FOR TRAVEL. \*\*\*\*\*  
 \*\*\*\*\*PLEASE NOTE CHECKIN TIMES\*\*\*\*\*  
 \*\*\*\*\*DOMESTIC FLIGHTS--CHECKIN 90 MINUTES PRIOR \*\*DOMESTIC COUNTER WILL CLOSE 45 MINUTES PRIOR -----AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

ALBERTA HEALTH SERVICES  
"SUITE 800, NORTH TOWER"  
10030-107 ST  
EDMONTON, AB T5J 3E4  
CANADA

Trip #: [REDACTED]  
Booking Date: 05 Oct 16  
Client: [REDACTED]  
Client Phone #: [REDACTED]  
Client Email: [REDACTED]  
Agent: MEA MOORE

File Locator: [REDACTED]

### MY ITINERARY

Passengers	Citizenship	Required Travel Documents
TED BRAUN	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: TED BRAUN  
Booking Date: 04 Oct 16  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08163	EDMONTON INTL 07 Oct 16 10:05PM		CALGARY INTL 07 Oct 16 10:57PM	V		





**Trip Statement**

ALBERTA HEALTH SERVICES  
 "SUITE 800, NORTH TOWER"  
 10030-107 ST  
 EDMONTON, AB T5J 3E4  
 CANADA

Trip #: [REDACTED]  
 Booking Date: 06 Oct 16  
 Client: [REDACTED]  
 Client Phone #: [REDACTED]  
 Client Email: [REDACTED]  
 Agent: MEA MOORE

File Locator: [REDACTED]

PASSENGERS: DR TED BRAUN

**INSURANCE**

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	362.20	0.00	\$0.00	74.96	0.00	437.16 CAD
<b>Total:</b>	<b>362.20</b>	<b>0.00</b>	<b>0.00</b>	<b>74.96</b>	<b>0.00</b>	<b>437.16 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	10/05/2016		[REDACTED]	0.00 CAD
		10/05/2016		[REDACTED]	437.16 CAD
<b>Total Payment:</b>					<b>437.16 CAD</b>
<b>Balance Due CAD Currency</b>					<b>0.00 CAD</b>

CORPORATE UNIT 101

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
 \*\*\*\*\* AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2ECO \*\*\*\*\*  
 \*\*\*\*\*PLEASE REVIEW YOUR ITINERARY FOR ACCURACY\*\*\*  
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY  
 \*\*\*\*\* FOR AIR TRAVEL TO A FOREIGN COUNTRY PASSENGERS MUST ENSURE THAT THEY HAVE ALL NECESSARY TRAVEL DOCUMENTS SUCH AS A PASSPORT OR VISA AS DIRECTED BY EMBASSIES AND CONSULATES. ALL PASSENGERS ARE ADVISED TO VIEW  
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 \*\*\*\*\*PLEASE NOTE CHECKIN TIMES\*\*\*\*\*  
 \*\*DOMESTIC FLIGHTS--CHECKIN 90 MINUTES PRIOR \*\*DOMESTIC COUNTER WILL CLOSE 45 MINUTES PRIOR -----AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

ALBERTA HEALTH SERVICES  
"SUITE 800, NORTH TOWER"  
10030-107 ST  
EDMONTON, AB T5J 3E4  
CANADA

Trip #: [REDACTED]  
Booking Date: 06 Oct 16  
Client: [REDACTED]  
Client Phone #: [REDACTED]  
Client Email: [REDACTED]  
Agent: MEA MOORE

File Locator: [REDACTED]

### MY ITINERARY

Passengers	Citizenship	Required Travel Documents
TED BRAUN	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: TED BRAUN  
Booking Date: 05 Oct 16  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08225	CALGARY INTL 10 Oct 16 6:20PM		EDMONTON INTL 10 Oct 16 7:10PM	H		



AIR

Passengers: TED BRAUN  
Booking Date: 05 Oct 16  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08169	EDMONTON INTL 12 Oct 16 4:50PM		CALGARY INTL 12 Oct 16 5:42PM	Q		



**Trip Statement**

ALBERTA HEALTH SERVICES "SUITE 800, NORTH TOWER" 10030-107 ST EDMONTON, AB T5J 3E4 CANADA	<b>Trip #:</b> [REDACTED] <b>Booking Date:</b> 12 Oct 16 <b>Client:</b> [REDACTED] <b>Client Phone #</b> [REDACTED] <b>Client Email:</b> [REDACTED] <b>Agent:</b> MEA MOORE  <b>File Locator:</b> [REDACTED]
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**PASSENGERS:** DR TED BRAUN

**INSURANCE**

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	321.35	0.00	\$0.00	74.96	0.00	396.31 CAD
<b>Total:</b>	<b>321.35</b>	<b>0.00</b>	<b>0.00</b>	<b>74.96</b>	<b>0.00</b>	<b>396.31 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	10/12/2016		[REDACTED]	0.00 CAD
		10/12/2016		[REDACTED]	396.31 CAD
				Total Payment:	396.31 CAD
				<b>Balance Due CAD Currency</b>	<b>0.00 CAD</b>

CORPORATE UNIT 101

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
 \*\*\*\*\* AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2ECO \*\*\*\*\*  
 \*\*\*\*\* PLEASE REVIEW YOUR ITINERARY FOR ACCURACY \*\*\*\*\*  
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY  
 \*\*\*\*\* FOR AIR TRAVEL TO A FOREIGN COUNTRY PASSENGERS MUST ENSURE THAT THEY HAVE ALL NECESSARY TRAVEL DOCUMENTS SUCH AS A PASSPORT OR VISA AS DIRECTED BY EMBASSIES AND CONSULATES. ALL PASSENGERS ARE ADVISED TO VIEW  
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 \*\*\*\*\* DOMESTIC FLIGHTS--CHECKIN 90 MINUTES PRIOR \*\*DOMESTIC COUNTER WILL CLOSE 45 MINUTES PRIOR -----AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

ALBERTA HEALTH SERVICES  
"SUITE 800, NORTH TOWER"  
10030-107 ST  
EDMONTON, AB T5J 3E4  
CANADA

Trip #: [REDACTED]  
Booking Date: 12 Oct 16  
Client: [REDACTED]  
Client Phone #: [REDACTED]  
Client Email: [REDACTED]  
Agent: MEA MOORE

File Locator: [REDACTED]

### MY ITINERARY

**Passengers**  
TED BRAUN

**Citizenship**  
Not Specified

**Required Travel Documents**  
Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada

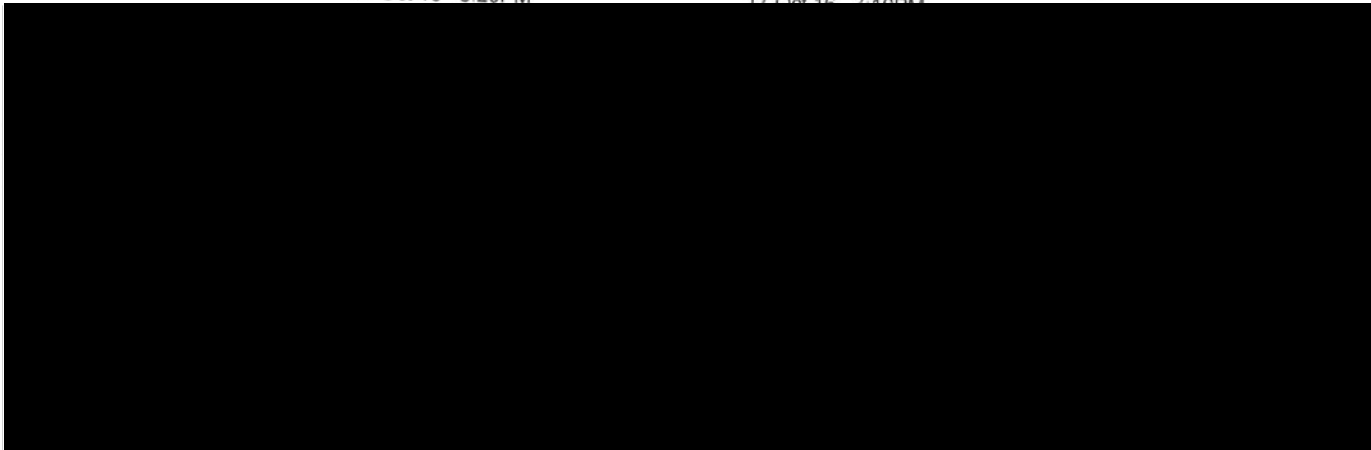


AIR

**Passengers:** TED BRAUN

**Booking Date:** 21 Jun 16  
**File Locator/Ticket #:** [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08225	CALGARY INTL 17 Oct 16 6:20PM		EDMONTON INTL 17 Oct 16 7:40PM	H		



AIR

**Passengers:** TED BRAUN

**Booking Date:** 21 Jun 16  
**File Locator/Ticket #:** [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08153	EDMONTON INTL 22 Oct 16 6:00PM		CALGARY INTL 22 Oct 16 6:56PM	G		



**Trip Statement**

ALBERTA HEALTH SERVICES "SUITE 800, NORTH TOWER" 10030-107 ST EDMONTON, AB T5J 3E4 CANADA	Trip #: [REDACTED] Booking Date: 21 Oct 16 Client: [REDACTED] Client Phone #: [REDACTED] Client Email: [REDACTED] Agent: MEA MOORE
	File Locator: [REDACTED]

**INSURANCE**

**PASSENGERS:** DR TED BRAUN

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
WESTJET Ticket # [REDACTED]	130.64	0.00	\$0.00	49.48	0.00	180.12 CAD
<b>Total:</b>	<b>130.64</b>	<b>0.00</b>	<b>0.00</b>	<b>49.48</b>	<b>0.00</b>	<b>180.12 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	10/19/2016		[REDACTED]	180.12 CAD
				<b>Total Payment:</b>	<b>180.12 CAD</b>

**Balance Due CAD Currency 0.00 CAD**

CORPORATE UNIT 101  
REASON FOR TRAVEL ELT AND SR LEADERS MEETING

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
 \*\*\*\*\* AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2ECO \*\*\*\*\*  
 \*\*\*\*\*PLEASE REVIEW YOUR ITINERARY FOR ACCURACY\*\*\*\*\*  
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY  
 \*\*\*\*\* FOR AIR TRAVEL TO A FOREIGN COUNTRY PASSENGERS MUST ENSURE THAT THEY HAVE ALL NECESSARY TRAVEL DOCUMENTS SUCH AS A PASSPORT OR VISA AS DIRECTED BY EMBASSIES AND CONSULATES. ALL PASSENGERS ARE ADVISED TO VIEW  
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 \*\*\*\*\*PLEASE NOTE CHECKIN TIMES\*\*\*\*\*  
 \*\*DOMESTIC FLIGHTS--CHECKIN 90 MINUTES PRIOR \*\*DOMESTIC COUNTER WILL CLOSE 45 MINUTES PRIOR -----AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

ALBERTA HEALTH SERVICES  
"SUITE 800, NORTH TOWER"  
10030-107 ST  
EDMONTON, AB T5J 3E4  
CANADA

Trip #: [REDACTED]  
Booking Date: 21 Oct 16  
Client: [REDACTED]  
Client Phone #: [REDACTED]  
Client Email: [REDACTED]  
Agent: MEA MOORE

File Locator: [REDACTED]

### MY ITINERARY

Passengers	Citizenship	Required Travel Documents
TED BRAUN	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: TED BRAUN  
Booking Date: 21 Jun 16  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
WESTJET	03288	EDMONTON INTL 19 Oct 16 8:45PM		CALGARY INTL 19 Oct 16 9:38PM	Q		

October 2016  
part 2



**Trip Statement**

ALBERTA HEALTH SERVICES "SUITE 800, NORTH TOWER" 10030-107 ST EDMONTON, AB T5J 3E4 CANADA	<b>Trip #:</b> [REDACTED] <b>Booking Date:</b> 21 Oct 16 <b>Client:</b> [REDACTED] <b>Client Phone #</b> [REDACTED] <b>Client Email:</b> [REDACTED] <b>Agent:</b> MEA MOORE  <b>File Locator:</b> [REDACTED]
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**PASSENGERS:** DR TED BRAUN

**INSURANCE**

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
WESTJET Ticket # [REDACTED]	130.64	0.00	\$0.00	49.48	0.00	180.12 CAD
<b>Total:</b>	<b>130.64</b>	<b>0.00</b>	<b>0.00</b>	<b>49.48</b>	<b>0.00</b>	<b>180.12 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	10/21/2016	[REDACTED]	[REDACTED]	180.12 CAD
<b>Total Payment:</b>					<b>180.12 CAD</b>
<b>Balance Due CAD Currency</b>					<b>0.00 CAD</b>

CORPORATE UNIT 101  
REASON FOR TRAVEL CPSA OPIOD FORUM

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
 \*\*\*\*\* AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 \*\*\*\*\*  
 \*\*\*\*\* PLEASE REVIEW YOUR ITINERARY FOR ACCURACY \*\*\*\*\*  
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 \*\*\*\*\* FOR AIR TRAVEL TO A FOREIGN COUNTRY PASSENGERS MUST ENSURE THAT THEY HAVE ALL NECESSARY TRAVEL DOCUMENTS SUCH AS A PASSPORT OR VISA AS DIRECTED BY EMBASSIES AND CONSULATES. ALL PASSENGERS ARE ADVISED TO VIEW  
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 \*\*\*\*\* PLEASE NOTE CHECKIN TIMES \*\*\*\*\*  
 \*\*\*\*\* DOMESTIC FLIGHTS--CHECKIN 90 MINUTES PRIOR \*\*DOMESTIC COUNTER WILL CLOSE 45 MINUTES PRIOR -----WESTJET AIRLINE RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY TICKET MUST BE CANCELLED AT LEAST 2 HOURS PRIOR OR NO CREDIT WILL APPLY 24 HOURS IN ADVANCE GO TO WWW.WESTJET.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

ALBERTA HEALTH SERVICES  
"SUITE 800, NORTH TOWER"  
10030-107 ST  
EDMONTON, AB T5J 3E4  
CANADA

Trip #: [REDACTED]  
Booking Date: 21 Oct 16  
Client: [REDACTED]  
Client Phone #: [REDACTED]  
Client Email: [REDACTED]  
Agent: MEA MOORE

File Locator: [REDACTED]

### MY ITINERARY

Passengers	Citizenship	Required Travel Documents
TED BRAUN	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: TED BRAUN  
Booking Date: 21 Oct 16  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
WESTJET	00345	CALGARY INTL 25 Oct 16 4:28PM		EDMONTON INTL 25 Oct 16 5:20PM	Q		





**Trip Statement**

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	<b>Trip #:</b> [REDACTED] <b>Booking Date:</b> 26 Oct 16 <b>Client:</b> [REDACTED] <b>Client Phone #</b> [REDACTED] <b>Client Email:</b> [REDACTED] <b>Agent:</b> MEA MOORE  <b>File Locator:</b> [REDACTED]
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**PASSENGERS:** TED BRAUN

**INSURANCE**

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
WESTJET Ticket # [REDACTED]	130.64	0.00	\$0.00	49.48	0.00	180.12 CAD
<b>Total:</b>	<b>130.64</b>	<b>0.00</b>	<b>0.00</b>	<b>49.48</b>	<b>0.00</b>	<b>180.12 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	10/24/2016		[REDACTED]	180.12 CAD
				<b>Total Payment:</b>	<b>180.12 CAD</b>

**Balance Due CAD Currency 0.00 CAD**

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
 \*\*\*\*\* AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 \*\*\*\*\*  
 \*\*\*PLEASE REVIEW YOUR ITINERARY FOR ACCURACY\*\*\*  
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY

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

Trip #: [REDACTED]  
Booking Date: 26 Oct 16  
Client: [REDACTED]  
Client Phone #: [REDACTED]  
Client Email: [REDACTED]  
Agent: MEA MOORE

File Locator: [REDACTED]

### MY ITINERARY

Passengers	Citizenship	Required Travel Documents
TED BRAUN	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: TED BRAUN

Booking Date: 24 Oct 16  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
WESTJET	00348	EDMONTON INTL 26 Oct 16 6:25PM		CALGARY INTL 26 Oct 16 7:16PM	Q		



**Trip Statement**

ALBERTA HEALTH SERVICES MARLIN TRAVEL GOVT CENTER 9929 - 108TH STREET EDMONTON AB T5K1G8	<b>Trip #:</b> [REDACTED] <b>Booking Date:</b> 31 Oct 16 <b>Client:</b> [REDACTED] <b>Client Phone #:</b> [REDACTED] <b>Client Email:</b> [REDACTED] <b>Agent:</b> MEA MOORE  <b>File Locator:</b> [REDACTED]
--	--

**PASSENGERS:** DR TED BRAUN

**INSURANCE**

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	303.30	0.00	\$0.00	74.96	0.00	378.26 CAD
<b>Total:</b>	<b>303.30</b>	<b>0.00</b>	<b>0.00</b>	<b>74.96</b>	<b>0.00</b>	<b>378.26 CAD</b>

PAYMENTS		Invoice #	Payment Date	Card Holder	Form of Payment	Amount
		[REDACTED]	10/28/2016		[REDACTED]	378.26 CAD
<b>Total Payment:</b>						<b>378.26 CAD</b>
<b>Balance Due CAD Currency</b>						<b>0.00 CAD</b>

CORPORATE UNIT 101  
REASON FOR TRAVEL ELT

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
 \*\*\*\*\* AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2ECO \*\*\*\*\*  
 \*\*\*\*\* PLEASE REVIEW YOUR ITINERARY FOR ACCURACY \*\*\*\*\*  
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY  
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 \*\*\*\*\* PLEASE NOTE CHECKIN TIMES \*\*\*\*\*  
 \*\*\*\*\* DOMESTIC FLIGHTS--CHECKIN 90 MINUTES PRIOR \*\*DOMESTIC COUNTER WILL CLOSE 45 MINUTES PRIOR -----AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

ALBERTA HEALTH SERVICES  
MARLIN TRAVEL GOVT CENTER  
9929 - 108TH STREET  
EDMONTON AB  
T5K1G8

Trip #: [REDACTED]  
Booking Date: 31 Oct 16  
Client: [REDACTED]  
Client Phone #: [REDACTED]  
Client Email: [REDACTED]  
Agent: MEA MOORE

File Locator: [REDACTED]

### MY ITINERARY

Passengers	Citizenship	Required Travel Documents
TED BRAUN	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: TED BRAUN

Booking Date: 21 Jun 16  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08130	CALGARY INTL 31 Oct 16 6:45AM		EDMONTON INTL 31 Oct 16 7:39AM	V		



AIR

Passengers: TED BRAUN

Booking Date: 21 Jun 16  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08171	EDMONTON INTL 01 Nov 16 6:00PM		CALGARY INTL 01 Nov 16 6:56PM	V		